**Request for Proposals for the HIV Prevention Regional Implementation Group for Illinois’ Region 8**

**Questions & Answers**

**Q:** Does the proposal have to be submitted as two separate PDF attachments? One for the Narrative Application and one for Appendices? Can we submit everything as one single PDF document?

**A:** They should be submitted as two separate documents, i.e. the Narrative Application as one PDF and then the Appendices as another.

**Q:** Our Health Department cannot be a 501(c)3 as a governmental agency (we are still tax-exempt, however), and although the RFP says local governments are eligible to apply, do I have to indicate that we are not a 501(c)3 in the letter of intent and in the application? Will this disqualify us from the proposal process?

 **A:** You are more than welcome to apply and still qualify as a health department.

**Q:** Our agency is located in Region 9, on the southwest side of Chicago, but we see a good number of patients who reside in Region 8, from nearby Suburban Cook County. To be eligible for this grant, do we need advanced written approval from the Lead Agencies of both Region 9 and Region 8, and would we have to request that exception as part of the application?

**A:** All services in Region 8 (and any region for that matter) need to physically occur within, and be provided to, people within the regional boundaries. Funds and services need to remain geographically specific to the region. That being said, an agency not physically located in Region 8 can most certainly apply, as long as they are applying to offer services physically in that region to residents of the area. A request for an exemption is not required or needed.

**Q:** Do applications need to focus on all five funding categories or can organizations pick and choose which funding categories they want to apply for? For example, could we apply exclusively for capacity building funds to help our organization scale out our HIV prevention and support services?

**A:** Agencies are not required to submit for all funding categories. However, agencies should be helping complete the scopes for Region 8. New applicants (not current RIG grantees) may apply for capacity building funds only.

**Q:** Can organizations jointly apply?

 **A:** No

**Q:** In the RFP, Sections 9 and 10 seem to be missing as it skips to Section 11 after Section 8. Is there something missing, or were they just misnumbered?

**A:** This is an error on our part. As addressed in the pre-proposal webinar recording, sections 9-10 are missing in the RFP proposal narrative instructions. Please disregard these two missing sections and number your sections in your application in the order as follows: Section 1, Section 2, Section 3, Section 4, Section 5, Section 6, Section 7, Section 8, Section 11, Section 12.

**Q:** Are we able to put general capacity building funds toward the wages of a contract employee with our department? We would also use general capacity building funds for travel for that person to relevant trainings, field work, supplies, etc. Are those all eligible expenses as well?

**A:** General capacity building funds can be used for salary and fringe as long as the staff person is new to the RIG grant and is working on enhancing the overall capacity of the program. Programmatic costs such as travel, materials, supplies, etc. can be used for the new staff person who is working to enhance the overall capacity of the program.

**Q:** What if my agency is a government affiliated and not a 501(c)3?

**A:** Please submit a letter on the organization letterhead explaining that the agency is a government entity, not a 501(c)3.

**Q:** Can we also be a Fiscal Agent for another nonprofit organization that does not currently have its own 501c3 tax exempt status, but wants to also submit an application for this funding?

 **A:** Yes, you may still apply. There is no barrier to an agency applying for themselves and being a

fiscal agent for another agency who is applying. The only requirements are that each agency must do its own work separately, and the relationship must be clearly indicated in each agency's application.

**Q:** On page 6 under the “Fee for Service” subheading, it says “This funding is earmarked for grantees approved to provide Prevention for Positives Risk Reduction Activities, Prevention for Positives Surveillance-Based Services, Risk-Targeted HIV Testing, Prevention for Negatives Risk Reduction Activities, Risk-Based Condom Distribution, and Routine HIV Testing.” Can you explain what it means for an agency to be “approved” to provide these services?

**A:** This means the agency is funded for the intervention(s) through the grant. For example, if an agency is not funded for Prevention for Negatives Risk Reduction in their executed contract and letter of award, they cannot bill for it through RIG. Agencies must also have staff who have received required training in the intervention(s) before providing those intervention(s).

**Q:** For the capacity-building and social networking components, can these funds be used to support personnel time for folks who would be doing work to support these activities (e.g., a percentage of a staff member’s FTE equivalent to the amount of time they have allocated to doing social media outreach)? Or are these funds designed more for other resources (e.g., cost of ads, network incentives) and training?

**A:** Yes, social media capacity building funds can be used to pay staff costs for staff who are doing social media work for the grant, as well as cost of ads, social media training, etc. Capacity building general funds can include reimbursement for indirect costs; program costs; training for new staff in interventions; protocols for testing; phlebotomy; Partner Services; Surveillance Based Services; engagement strategies for prioritized populations to achieve full service plan implementation

**Q:** What exactly is the "Certificate of Good Standing from the Illinois Secretary of State" (Appendix J)?

**A:** Here is information from the Secretary of State: <https://www.cyberdriveillinois.com/departments/business_services/corp.html>

**Q:** Is the "Certificate of Good Standing from the Illinois Secretary of State" something we are eligible for as a government agency?

**A:** I would suggest reaching out to the Secretary of State directly for eligibility criteria and application information. This is something the particular agency’s finance or business department may know. As a government entity, you may be exempt from this requirement, but I’m not positive.

**Q:** If the "Certificate of Good Standing from the Illinois Secretary of State" does not apply to municipalities, what should we provide for Appendix J?

**A:** if the municipality finds they are not eligible/do not need a Certificate of Good Standing, they can include a letter on letterhead stating that.

**Q:** Page 21 of the RFP (under section 6) provides a long list of referral services listed (starting with HIV case management and ending with insurance enrollment assistance programs). Would you like us to specifically list agencies that we would refer a client to for each of those services?

 **A:** Yes.

**Q:** Within the intent, we did not indicate exact amounts requested due to our records in the past few years; we had different amounts awarded previously, therefore we left it blank. We wanted to ensure that we are not hurting out chances of continuing with this grant because it has provided us with opportunities to help our community.

 **A:** This is ok as long as the applicant documents the requested amounts in their application

**Q:** Does Region 8 refer to the where the organization is located at or where the patients are from?

**A:** Region 8 refers to the location of where the service is being delivered.

**Q:** Is it mandatory for the organization to enroll in the Ryan White Case Management?

**A:** If the agency does not have a Ryan White Case Management program, it’s in their best interest to identify an agency who does in which clients can be referred to.

**Q:** Under Unallowable Services, “Services that are reimbursable through Medicaid or private insurance” does it mean the patients don’t get additional reimbursement from PHIMC for any services that are covered by Medicaid or private insurance or does it mean the provider doesn’t get additional reimbursement from PHIMC for any services that are covered by Medicaid or private insurance.

**A:** Both.