

# Palm Beach County Board of County Commissioners



## NOTICE OF FUNDING OPPORTUNITY (NOFO) INFORMATION GUIDANCE

### **RYAN WHITE HIV/AIDS PROGRAM (RWHAP) & MINORITY AIDS INITIATIVE (MAI)**

GY 2024 - 2026 (*March 1, 2024 through February 28, 2027*)

**Release Date:** Friday, September 8, 2023

**Application Due Date:** Thursday, October 12, 2023 by 5:00 PM ET

Community Services Department (CSD) Ryan White HIV/AIDS Program (RWHAP)  
Dr. Casey Messer  
810 Datura Street  
West Palm Beach, Florida 33401



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**IN ACCORDANCE WITH THE PROVISIONS OF ADA, THIS GUIDANCE AND DOCUMENTS LISTED CAN BE REQUESTED IN AN ALTERNATE FORMAT. AUXILIARY AIDS OR SERVICES WILL BE PROVIDED UPON REQUEST WITH AT LEAST THREE (3) BUSINESS DAYS NOTICE. PLEASE CONTACT THE RYAN WHITE HIV/AIDS PROGRAM (RWHAP) AT 561 355-4730 or [PBC-RWANOFO@PBCGOV.ORG](mailto:PBC-RWANOFO@PBCGOV.ORG).**

## SECTION I: GENERAL INFORMATION

### **INTRODUCTION**

The Palm Beach County Board of County Commissioners (BCC) Community Services Department (CSD), Ryan White HIV/AIDS Program (RWHAP), hereinafter referred to as the “Recipient,” invites proposals from qualified governmental and non-profit entities, hereinafter referred to as the “Proposer,” to provide services to persons with HIV. Services to be contracted include *Core Medical Services*: AIDS Pharmaceutical Assistance, Early Intervention Services, Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals, , Medical Case Management (including Treatment Adherence Services), , Mental Health Services, Oral Health Care, Outpatient/Ambulatory Health Services (plus Laboratory Diagnostic Testing and Specialty Outpatient Medical Care) and *Support Services*: Emergency Financial Assistance, Emergency Financial Assistance-Emergency Medication, Food Bank/Home Delivered Meals, Nutritional Supplements, Emergency Housing, Medical Transportation, Non-Medical Case Management Services, Other Professional Services-Legal Services, Psychosocial Support Services.

### **BACKGROUND**

The Recipient receives RWHAP Part A and Minority AIDS Initiative (MAI) federal funds under the Ryan White Treatment Extension Act of 2009. This legislation represents the largest dollar investment made by the federal government specifically for the provision of core medical and support services for low-income persons with HIV. The purpose of the Act is to improve the quality and availability of care for persons with HIV and their families, and to establish services for persons with HIV who would otherwise have no access to health care. U.S. Department of Health and Human Services (HHS), Health Resources and Service Administration (HRSA) administers the Ryan White HIV/AIDS Program funds. HIV Elimination Services aligns with the Board of County Commissioners’ Strategic Priority of Public Safety.

In accordance with the Ryan White CARE Act, the Palm Beach County HIV CARE Council (CARE Council) was created to determine needs and service priorities in the community to allocate funds, develop a local integrated plan for the delivery of HIV health services, and assess the efficiency of the administrative mechanism to rapidly allocate funds to the areas of greatest need.

Community members, members of the CARE Council, and persons with HIV participate in a comprehensive needs assessment, which informs the Care Council as it carries out its legislative authority of priority-setting and resource allocation. RWHAP Part A and MAI grant funds being disbursed through this Notice of Funding Opportunity (NOFO) have been prioritized by the CARE Council to fund new programs, new services, and the expansion or continuation of existing programs.

The CARE Council applies the following principles in establishing service priorities on an annual basis:

- Decisions will be made based on documented needs;
- All funded services must be responsive to the epidemiology and demographics of the epidemic in Palm Beach County;
- Funded services must strengthen the existing continuum of services through partnerships, alliances and/or networks with HIV service providers in the community;



- Services must be culturally appropriate;
- Services must meet nationally accepted standards of care;
- Services may be added or eliminated as recommended through documentation in the Needs Assessment and Local Integrated Plan;
- Services will address the impact of recent legislative reform, including changes in welfare, Medicaid, and immigration law, as well as the impact of managed care, the Patient Protection and Affordable Care Act (ACA), and other changes to the health care system;
- Services will consider new treatment advances, the changing health status of clients, and the changing information needs of clients and providers;
- Services will prioritize under-served communities and meet unmet needs;
- Services will maximize available resources (including volunteers) while providing a continuum of comprehensive services by focusing on coordination, alliances, and collaboration among providers, avoiding duplication, considering cost-effectiveness, and leveraging other community resources;
- Services will ensure or improve access to primary (outpatient/ambulatory medical) care;
- Services will improve quality of life (i.e., support independent living).

In addition, HRSA requires that at least 75 percent of all funds allocated for direct services are expended for Core Medical Services. Due to the uncertainty of funding levels, as well as the availability of other funding sources, the CARE Council may modify funding priorities and funding levels throughout the grant year.

To meet service needs, RWHAP Part A funding directs assistance to eligible metropolitan areas (EMAs) with the largest numbers of reported cases of HIV. In GY 2023, Palm Beach County was awarded direct services totals of \$6,434,784 in Part A funds and \$619,570 in MAI funds for the funding period ending February 28, 2024. For GY 2024, the Recipient has proposed to HRSA direct services funding levels as follows: \$6,201,698 in Part A funding and \$546,564 in MAI funding. Service Category allocation estimates in this NOFO are based on these proposed amounts and were approved by the CARE Council for the Ryan White 2024 grant year. Actual funding for each service category will be allocated and approved by the CARE Council for GY 2024 and for the two subsequent years covered by this NOFO.

Furthermore, the Recipient continues to seek funding from other sources that may provide additional dollars for service categories that the CARE Council prioritized, but was unable to allocate RWHAP Part A and MAI funding towards, due to limited resources.

The Recipient seeks to evaluate applications from interested Proposers to grant service subawards. The Recipient anticipates entering into several agreements as a result of this NOFO process. Proposers may apply for one service, all services, or any combination thereof. Proposers applying to provide MAI services must apply for all MAI service categories as a bundled intervention. The Recipient seeks to grant service subawards to at least two (2) Proposers in each service category as directed by the CARE Council.

## MAI Background

The goal of MAI, as it is for the RWHAP overall, is viral load suppression. The objective of RWHAP MAI funding is to improve client-level outcomes, including a reduction in HIV morbidity and opportunistic infections, increased life expectancy, and a decrease in the transmission of HIV infection in communities of color disproportionately impacted by HIV by:

- Getting persons with HIV/AIDS into care at an earlier stage in their illness;
- Assuring access to treatments that are consistent with established standards of care; and
- Helping individuals to remain in care.



MAI funding shall be used to address health disparities and health inequalities among racial/minority populations of persons with HIV, such as Black/African Americans, Black Haitians, and Hispanics. This funding must reach these prioritized populations and must be used to:

- Enroll Persons with HIV (PWH) from these severely impacted communities into care at an earlier stage of their illness.
- Assure access to treatments, consistent with established standards of care.
- Provide related support services that will help individuals and families in care.
- Demonstrate the capacity to provide HIV services to the prioritized population(s).
- Demonstrate cultural and linguistic competency for delivering the proposed service(s) with respect to the prioritized population(s).
- Provide services at locations geographically convenient to, and easily accessible by, prioritized population(s).
- Organizations must have documented success in reaching prioritized population(s) to help close deficiencies in accessing services.
- Link clients to non-MAI medical and support services.

As instructed by HRSA, MAI funds address the unique barriers and challenges faced by hard-to-reach, disproportionately-impacted minorities within the EMA. MAI funded services shall be consistent with the epidemiologic data and the needs of the community and be culturally appropriate. MAI funded services shall use population-tailored, innovative approaches or interventions that differ from the usual service methodologies and that specifically address the unique needs of prioritized sub-groups.

Organizations funded to provide MAI services must also meet the following criteria:

- Are located in or near to the prioritized community they are intending to serve.
- Have a documented history of providing services to the prioritized communities.
- Have documented success in reaching prioritized populations so that they can help close the gap in access to service for highly impacted minority communities.
- Provide services in a manner that is culturally and linguistically appropriate.
- Demonstrate understanding of the importance of cross-cultural and language appropriate communications and general health literacy issues in an integrated approach. Demonstrate how this will develop the skills and abilities needed by HRSA-funded providers and staff to effectively deliver the best quality health care to the diverse populations being served.

Proposers must clearly specify the prioritized population/s to be served within the designated client data management information system. Successful Proposers shall track and maintain the following data for each minority population served under MAI:

- Dollars expended
- Number of unduplicated clients served
- Units of service overall and by race/ethnicity and WICY (women, infants, children and youth)
- Client-level outcomes

As directed by the CARE Council, eligible entities applying for MAI funding must apply to provide all core medical and support MAI services included in this notice: *Core Medical Services*: Early Intervention Services and Medical Case Management, *Support Services*: Non-Medical Case Management and Psychosocial Support services. Service definitions and descriptions can be found in [Section III, Scope of Services](#).



## **ELIGIBILITY**

Qualified entities submitting service applications for RWHAP Part A and MAI funding must meet all statutory and regulatory requirements of the Ryan White Treatment Extension Act of 2009. Proposers can be nonprofit organizations, states, local governments, and instrumentalities of state and local governments. For-profit entities are not eligible to apply for grants or to be sub-recipients of Proposers. All sub-recipients of Proposers must also meet the eligibility standards as described in this section.

Proposers must:

- If a nonprofit organization, hold current and valid 501(c)(3) status as determined by the Internal Revenue Service.
- If a nonprofit organization, be chartered or registered with the Florida Department of State, have been incorporated for at least one agency fiscal year, and have provided services for at least six (6) months.
- Create a Vendor Registration Account OR activate an existing Vendor Registration Account through Palm Beach County Purchasing Department's Vendor Self Service (VSS) system, which can be accessed at <https://pbcvssp.co.palm-beach.fl.us/webapp/vssp/AltSelfService>. If Proposers intend to use sub-recipients, Proposers must also ensure that all sub-recipients are registered as agencies in VSS.
- Demonstrate accountability through the submission of acceptable financial audits performed by an independent auditor.
- If Proposers are awarded RWHAP funding, maintain contractual liability insurance as listed in [Exhibit 1, Required Insurance](#), or be self-insured if a state, local government, or instrumentality of state or local government.
- Demonstrate ability to adhere to administrative guidelines, including but not limited to, the implementation of a sliding fee scale and the reporting of program income.

## SECTION II: PROPOSAL SUBMISSION

RWHAP now accepts all its funding applications electronically. Proposers shall submit their application, along with required local application materials and match documentation through the CSD NOFO submission website, located at <https://pbcc.samis.io/go/nofo/>. All documents in the application package must be submitted by the deadline date per application instructions.

- Late applications will not be accepted.
- Incomplete applications cannot be cured prior to being scored by the Non Conflict Grant (NCG) Review Committees. If an application is incomplete, the application will be scored as it was submitted.
- Proposers must submit one application package, which can include one, all or any combination of service categories, to be considered for funding.

***The Proposal Cover Sheet must be signed by an officer of the proposer who is legally authorized to enter into a contractual relationship in the name of the Proposer, and the Proposal Cover Sheet must be notarized by a Notary Public. Proposers must indicate contact information, including email address, of the person(s) who will serve as the primary point of contact for this solicitation.***

## **PUBLISH/RELEASE DATE**

Friday, September 8, 2023



## **DEADLINE DATE**

Proposers must complete and submit their application packages to the CSD NOFO submission website by **5:00 pm, Thursday, October 12, 2023**. Application packages must be submitted to:

<https://pbcc.samis.io/go/nofo/>

**No application will be accepted after the deadline.**

## **PRE-PROPOSAL CONFERENCE AND COMMUNICATION WITH THE COUNTY**

A Pre-Proposal Conference will be held at **9:00 A.M on Wednesday, September 13, 2023** online using WebEx. Attendance at the Pre-Proposal Conference is **strongly recommended**.

Join from the webinar link

Webinar topic:

GY2024-2026 RWHAP Pre-Proposal Conference

Date and time:

Wednesday, September 13, 2023 9:00 AM | (UTC-04:00) Eastern Time (US & Canada)

Join link:

<https://pbc-gov.webex.com/pbc-gov/j.php?MTID=m117079fbbf7a70321d086f91aed9277a>

Webinar number:

2313 504 0177

Panelist password:

aBKx2XJEC26 (22592953 from phones and video systems)

Join by video system

Dial [23135040177@pbc-gov.webex.com](mailto:23135040177@pbc-gov.webex.com)

You can also dial 173.243.2.68 and enter your meeting number.

Join by phone

+1-904-900-2303 United States Toll (Jacksonville)

1-844-621-3956 United States Toll Free

Access code: 231 350 40177

Anyone interested in additional information may contact RWHAP by mail at 810 Datura Street, West Palm Beach, FL 33401, or by email at [PBC-RWANOFO@PBCGOV.ORG](mailto:PBC-RWANOFO@PBCGOV.ORG).

Also, those wishing to make public comments may submit a request to RWHAP via traditional mail to at 810 Datura Street, West Palm Beach, FL 33401, or by email at [PBC-RWANOFO@PBCGOV.ORG](mailto:PBC-RWANOFO@PBCGOV.ORG).

Public participation is solicited without regard to race, color, national origin, religion, ancestry, sex, age, marital status, familial status, sexual orientation, gender identity or expression, disability or genetic information.





Persons who require special accommodations under the Americans with Disabilities Act or who need translation services for a meeting (free of charge), please email [PBC-RWANOFO@PBCGOV.ORG](mailto:PBC-RWANOFO@PBCGOV.ORG) , at least five business days in advance. Deaf and hard of hearing individuals are requested to telephone the Florida Relay System at #711 to assist with a telephone call.

Any subsequent requests for information or assistance must be submitted in writing through email to [PBC-RWANOFO@PBCGOV.ORG](mailto:PBC-RWANOFO@PBCGOV.ORG) to preserve a fair, impartial, and competitive procedure. The public may access all queries and responses on the RW website at [Community Services HIV Services \(pbcgov.org\)](http://Community Services HIV Services (pbcgov.org))

To maintain a fair, impartial and competitive process, questions regarding this NOFO must be made in writing and emailed to [PBC-RWANOFO@PBCGOV.ORG](mailto:PBC-RWANOFO@PBCGOV.ORG). All questions and answers will be made available for the public to review on <https://discover.pbcgov.org/communityservices/Pages/Ryan-White-CARE.aspx>. Questions will also be answered at the Pre-Proposal Conference.

The County will ONLY communicate with Proposers regarding this NOFO at the public Pre-Proposal Conference or via email noted above, during the proposal preparation and evaluation period. The deadline to **submit** RWHAP application **questions** by email to the Recipient is **12:00 PM (noon), Tuesday, October 10, 2023**, which is two (2) business day before the project application submission deadline.

This NOFO Information Guidance is available at the following locations:

- <https://discover.pbcgov.org/communityservices/Pages/Ryan-White-CARE.aspx>
- <http://discover.pbcgov.org/BusinessOpportunities/Pages/default.aspx>

Paper copies of this NOFO are available upon request.

**The RWHAP NOFO Information Guidance is for reference purposes only since the proposal must be submitted electronically through the CSD NOFO submission website.**

**ANTICIPATED SCHEDULE OF EVENTS**

**RWHAP Application Timeline**

<b>DATE</b>	<b>ITEM</b>	<b>RESPONSIBLE</b>
September 8, 2023	RWHAP NOFO Release Date	RWHAP Staff
<b>September 13, 2023</b>	<b>Pre-Proposal Conference (9:00 AM EST)</b> <b><i>(Strongly Recommended)</i></b>	<b>RWHAP Staff &amp; Proposers</b>
October 10, 2023	Deadline to Submit Questions	Proposers
<b>October 12, 2023</b>	<b>PROPOSAL SUBMISSION DEADLINE DATE 5:00 PM (EST)</b>	<b>Proposers</b>
October 12, 2023	Cone of Silence Begins (5:00 PM EST)	Proposers
October 5, 2023	Reviewer Training	RWHAP Staff & Reviewer



November 1, 2023 November 2, 2023 November 3, 2023 November 6, 2023 November 8, 2023 November 9, 2023	Non Conflict Grant (NCG) Review Committee Meetings (November 1-3, 2023; November 6, 8, 9, 2023 ) 9:00 AM (EST)	RWHAP Staff & Reviewers
November 17, 2023	Expected Date to Announce Recommended Awards	RWHAP Staff
December 12, 2023	Deadline to Submit Grievance <i>(or 15 Business Days Following Announcement of Recommended Awards)</i>	Proposers
January 23, 2024	BCC Approval of Contract Agreements	BCC

Proposers’ applications will be grouped together in six (6) groups by service categories and reviewed by Non Conflict Grant Review Committees. The 6 groups are as follows:

**Group 1**

Review Date: November 1, 2023

Service Categories: Early Intervention Services, Medical Case Management, Non-Medical Case Management Services

**Group 2**

Review Date: November 2, 2023

Service Categories: AIDS Pharmaceutical Assistance, Health Insurance Premium and Cost-Sharing Assistance, Emergency Financial Assistance - Emergency Medication, Food Bank/Home Delivered Meals - Nutritional Supplements

**Group 3**

Review Date: November 3, 2023

Service Categories: Outpatient/Ambulatory Health Services, Specialty Medical Care, Labs, Oral Health Care, Mental Health Services

**Group 4**

Review Date: November 6, 2023

Service Categories: Emergency Financial Assistance, Food Bank/Home Delivered Meals, Emergency Housing, Legal Services, Medical Transportation

**Group 5**

Review Date: November 8, 2023

MAI Service Categories: Early Intervention Services, Medical Case Management, Non-Medical Case Management, Psychosocial Support Services

**Overflow**

Review Date: November 9, 2023

Service Categories: Applications from All Service Categories that were not reviewed

**CONE OF SILENCE**

This NOFO includes a Cone of Silence. Proposers will be advised of the **Lobbying "Cone of Silence"** and are advised



that the [Palm Beach County Lobbyist Registration Ordinance \(Ordinance\)](#) is in effect. "Cone of Silence" refers to a prohibition on any non-written communication regarding this NOFO between any Proposer or designated representative and any County Commissioner or Commissioner's staff or any employee authorized to act on behalf of the Commission to award a contract. Proposers' representatives shall include but not be limited to Proposers' employees, partners, officers, directors or consultants, lobbyists, or any actual or potential sub-recipients or consultants of the Proposers. The Cone of Silence is in effect as of the submittal deadline. The provisions of this Ordinance shall not apply to oral communications at any public proceeding, including contract negotiations during any public meeting. The Cone of Silence shall terminate at the time that the BCC awards or approves a contract, when all proposals are rejected, or when an action is otherwise taken that ends the solicitation process.

## SECTION III: SCOPE OF SERVICES

### **CONTACT PERSON**

This NOFO is issued, as with any addenda, for BCC by CSD, the RWHAP Part A and MAI Recipient. The contact for all RWHAP services application inquiries is [PBC-RWANOFO@PBCGOV.ORG](mailto:PBC-RWANOFO@PBCGOV.ORG).

### **TERMS FOR SERVICES**

Project Term: 12 months, with the option to renew for two 12-month periods  
Project Start Date: March 1, 2024  
Project End Date: February 28, 2027

### **TERMS & CONDITIONS**

1. Proposal Guarantee:  
Proposers guarantee their commitment, compliance and adherence to all requirements of the NOFO by submission of their proposal.
2. Late Proposals, Late Modified Proposals Not Considered:  
Proposers shall save any unfinished proposals and continue to modify the proposals until the proposals are submitted. Once submitted, the proposals are final. Proposals and/or modifications to proposals submitted after the deadline are late and shall not be considered.
3. Costs Incurred by Proposers:  
All expenses incurred with the preparation and submission of proposals to the County, or any work performed in connection therewith, shall be borne by Proposers. No payment will be made for proposals received or for any other effort required of or made by Proposers, prior to commencement of work as defined by a contract approved by the BCC.
4. Public Record Disclosure:  
Proposers are hereby notified that all information submitted as part of, or in support of, proposals will be available for public inspection in compliance with the Florida Public Records Act.
5. Palm Beach County Office of the Inspector General Audit Requirements:  
Palm Beach County has established the Office of the Inspector General in Palm Beach County Code 2-421 through 2-440, as may be amended, which is authorized and empowered to review past, present and proposed COUNTY contracts, transactions, accounts and records. The Inspector General has the power to



subpoena witnesses, administer oaths and require the production of records, and audit, investigate, monitor, and inspect the activities of the AGENCY, its officers, agents, employees, and lobbyists in order to ensure compliance with Agreement requirements and detect corruption and fraud.

Failure to cooperate with the Inspector General or interference or impeding any investigation shall be in violation of Palm Beach County Code Section 2-421 through 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.

6. Commencement of Work:

The County's obligation will commence when the contract is approved by the BCC or their designee and upon written notice to Proposers. The County may set a different starting date for the contract. The County will not be responsible for any work done by Proposers, even work done in good faith, if it occurs prior to the contract start date set by the County.

7. Non-Discrimination:

The Proposer must warrant and represent that all of its employees are treated equally during employment without regard to race, color, national origin, religion, ancestry, sex, age, marital status, familial status, sexual orientation, gender identity or expression, disability or genetic information.

8. County Options:

The County may, at its sole and absolute discretion, reject any and all, or parts of any and all, proposals; re-advertise this NOFO; postpone or cancel, at any time, this NOFO process; or waive any irregularities in this NOFO or in the proposals received as a result of this NOFO. The determination or the criteria and process whereby proposals are evaluated, the decision as to who shall receive a grant award, or whether or not an award shall ever be made as a result of this NOFO, shall be at the sole and absolute discretion of the County. If an insufficient number of qualified proposals are submitted to meet available funding in any particular service category, the County will directly solicit and select appropriate community-located/based providers to fill these gaps.

Additional terms and conditions shall be included in the service agreement and are contained in part in [Exhibit 2 Additional Terms and Conditions](#) and on the RWHAP website, located at the RWHAP website, **RW Standard Terms and Conditions**, [https://discover.pbcgov.org/communityservices/humanservices/PDF/RW\\_Standard\\_Terms\\_Conditions.pdf](https://discover.pbcgov.org/communityservices/humanservices/PDF/RW_Standard_Terms_Conditions.pdf).

## **FUNDING RESTRICTIONS**

RWHAP funds are made available by the United States Congress in support of services to persons with HIV, their families, and their care givers. Such funds may not be used to support education or prevention activities for the general public, clinical research, or other non-service programs. In general, applicants should assume that **FUNDS MAY ONLY BE SPENT TO PROVIDE SERVICES WHERE NO OTHER REIMBURSEMENT OR PAYMENT SOURCE IS READILY AVAILABLE**. As RWHAP funding is the payer of last resort, all services, particularly medical care services, which are typically covered by third-party payers such as private health insurers, managed-care intermediaries, Medicare or Medicaid, will be rigorously scrutinized to ensure no other payer sources are available for the services provided.

General guidelines for the determination of allowable costs under federal grants funding can be found in the Uniform Grant and Contract Management Act, and Office of Management and Budget (OMB) Circulars A-110, A-122, A-133, and the Super Circular. Disallowed costs, as a general rule, will include but not necessarily be limited to the following:



1. *Capital acquisition and renovation:* Grant funds cannot be used for the purchase or improvement of land, or to purchase, construct or permanently improve any building or other facility.
2. *Payment to recipients of services:* Grant funds cannot be used to make direct cash payments to intended recipients of services, except in the form of food or vouchers, or for reimbursement of reasonable and allowable out of pocket expenses associated with consumer participation in Recipient and CARE Council activities.
3. *Indirect Costs:* Grant funds cannot be used to pay the indirect cost of supervision and operations as a separate line. Such administrative costs must be explained and included as part of the applicant's cost structure, unless the proposer has an established indirect cost rate agreement with the HHS.
4. *Personal Transportation:* Grant funds cannot be used to pay for the transportation of clients to and from work or to handle personal business that cannot be directly or proximately attributed to a specifically prioritized category of service. As a general rule, transportation services can only be used to access RWHAP funded services, but not to the extent that the cost of transportation actually exceeds the benefit such activity would derive.
5. *Social Functions:* Grant funds cannot be used to finance social functions such as picnics, dinner parties and fund-raising banquets or assemblies nor can such funds be used to finance access to these activities.
6. *Windfall, Funding Reserves & Foundations:* Excess or unexpended grant funds cannot be used for anything other than their original designated purpose. Thus, if an agency somehow achieves windfall from a difference between its allowable cost and prevailing reimbursement, such windfall must be re-invested into existing programs or applied as a reduction to future funding distributions. Use of federal funds to establish a private foundation is considered fraudulent if funds for this purpose are used to finance RWHAP funded operations through mark-up or retail charge back mechanisms.
7. *Payer of Last Resort:* Proposers must agree that funds received under the agreement shall be used to supplement not supplant any other funding source such as State and local HIV-related funding or in-kind resources made available in the year for which this agreement is awarded to provide HIV-related services to individuals with HIV/AIDS. Applicants in each funding category will be asked to provide assurances that any funds granted will be used to provide services that are incremental to those otherwise available in the absence of grant funds.

Funds shall not be used to:

- Make payments for any item or service to the extent that payment has been made or can reasonably be expected to be made by a third-party payer, with respect to that item or service:
  - Under any state compensation program, insurance policy, or any Federal or State health benefits program; or
  - By an entity that provides health services on a prepaid basis.

### **LIMITS ON FEES TO CLIENTS RECEIVING SERVICES FUNDED BY RWHAP**

Proposers must have policies and procedures in place to bill RWHAP clients using a sliding fee schedule consistent with RWHAP policy. Client income must be assessed to establish their sliding fee scale (SFS) code according to the



Federal Poverty Guideline below, delineated as code A through G. Clients who fall into code A [less than or equal to 100 percent of the Federal Poverty Level (FPL)] may not be charged any fees for RWHAP funded services. Fees billed to clients may not exceed the stated percentages of their annual gross income within a 12-month period.

Individual/Family Annual Gross Income (%FPL)	Maximum Allowable Annual Charges
< 100%	No Charges Permitted
101-200%	5% or Less of Gross Annual Income
201-300%	7% or Less of Gross Annual Income
301-400%	10% or Less of Gross Annual Income
> 400%	(Ineligible to Receive Ryan White Services)

2023 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Per Year

Household/ Family Size	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%	200%	225%	250%	275%	300%	325%	350%	375%	400%
1	\$14,580	\$18,225	\$18,954	\$19,391	\$19,683	\$20,120	\$21,870	\$25,515	\$26,244	\$26,973	\$29,160	\$32,805	\$36,450	\$40,095	\$43,740	\$47,385	\$51,030	\$54,675	\$58,320
2	\$19,720	\$24,650	\$25,636	\$26,228	\$26,622	\$27,214	\$29,580	\$34,510	\$35,496	\$36,482	\$39,440	\$44,370	\$49,300	\$54,230	\$59,160	\$64,090	\$69,020	\$73,950	\$78,880
3	\$24,860	\$31,075	\$32,318	\$33,064	\$33,561	\$34,307	\$37,290	\$43,505	\$44,748	\$45,991	\$49,720	\$55,935	\$62,150	\$68,365	\$74,580	\$80,795	\$87,010	\$93,225	\$99,440
4	\$30,000	\$37,500	\$39,000	\$39,900	\$40,500	\$41,400	\$45,000	\$52,500	\$54,000	\$55,500	\$60,000	\$67,500	\$75,000	\$82,500	\$90,000	\$97,500	\$105,000	\$112,500	\$120,000
5	\$35,140	\$43,925	\$45,682	\$46,736	\$47,439	\$48,493	\$52,710	\$61,495	\$63,252	\$65,009	\$70,280	\$79,065	\$87,850	\$96,635	\$105,420	\$114,205	\$122,990	\$131,775	\$140,560
6	\$40,280	\$50,350	\$52,364	\$53,572	\$54,378	\$55,586	\$60,420	\$70,490	\$72,504	\$74,518	\$80,560	\$90,630	\$100,700	\$110,770	\$120,840	\$130,910	\$140,980	\$151,050	\$161,120
7	\$45,420	\$56,775	\$59,046	\$60,409	\$61,317	\$62,680	\$68,130	\$79,485	\$81,756	\$84,027	\$90,840	\$102,195	\$113,550	\$124,905	\$136,260	\$147,615	\$158,970	\$170,325	\$181,680
8	\$50,560	\$63,200	\$65,728	\$67,245	\$68,256	\$69,773	\$75,840	\$88,480	\$91,008	\$93,536	\$101,120	\$113,760	\$126,400	\$139,040	\$151,680	\$164,320	\$176,960	\$189,600	\$202,240

The poverty guidelines will be updated to reflect the current guidelines when service agreements are in effect.

**CONTINUUM OF CARE AND LINKAGE TO SERVICES**

All successful proposers must participate in a community-based Coordinated Service Network, defined as a collaborative group of organizations that provide medical and support services to persons with HIV in order to improve health outcomes and reduce health disparities. The concept of a Coordinated Service Network suggests that services must be organized to respond to the individual or family’s changing needs in a holistic, coordinated, timely, and uninterrupted manner, reducing fragmentation of care between service providers. Proposers will be asked to describe how they are currently, or are proposing to, coordinate services with other medical and support service providers to establish Coordinated Service Network.

Additionally, Proposers will be asked to describe their knowledge, involvement and activities with the Early Identification of Individuals with HIV/AIDS (EIIHA) efforts within Palm Beach County. This includes efforts to link clients who are aware of their HIV status to medical and support services, as well as any efforts to make people aware of their HIV status. Linkages work to facilitate access to advanced medical treatments and medications, and facilitate access to private/public benefits and entitlements.

Priority will be given to proposals that lead to the establishment of a comprehensive system of care by demonstrating participation/involvement in a full service, comprehensive continuum of care including HIV prevention, testing and counseling, referral, linkage, and retention in care. Examples of this may be through linkage agreements with other agencies within the continuum of care; participation in prevention, testing and counseling, referral and linkage efforts; participation in Advisory/Planning bodies for the continuum of care like Community



Prevention Partnership, Minority AIDS Network and HIV Care Council. Special consideration will be given to proposals that demonstrate the willingness and ability to leverage community resources from non-Ryan White funding sources to facilitate the linkage of priority populations to needed services.

## **PALM BEACH COUNTY PRIORITIZED POPULATIONS**

Between January 1, 2021 and December 31, 2021, there were 8,417 people with HIV (PWH) in Palm Beach County according to the Florida Department of Health, HIV Surveillance Epidemiologic Profile. RWHAP Part A-MAI served 3,744 PWH during the same period. In developing priorities for PBC Ryan White direct services, the HIV Care Council has determined that special emphasis will be placed on populations that are disproportionately impacted, persons with co-morbidities, and newly diagnosed individuals.

Disproportionately impacted prioritized populations include Black/African-American cisgender men and women with heterosexual and male-to-male sexual contact exposure histories (including U.S.-born and those from Haiti or of Haitian descent), Latinx/Hispanic cisgender men and women with male-to-male sexual contact and heterosexual contact exposure histories, White/Caucasian cisgender men with male-to-male sexual contact exposure histories, individuals who identify as transgender and persons over the age of 50 years. Populations with co-morbidities or co-occurring circumstances include individuals with substance use disorder, mental illness, and/or other sexually transmitted infections, as well as individuals experiencing homelessness and/or who have a history of incarceration.

## **SCOPE OF SERVICES**

The Recipient is accepting one-year project applications with the option to renew for two additional years for RWHAP Part A and MAI services for GYs 2024-2026 (March 1, 2024 through February 28, 2027). Proposers shall apply through CSD's online application process. An estimate of \$6,201,698 for Part A services and \$546,564 for MAI services will be available for the first of the three-year programs. Project budgets shall be for 12 months, and shall not exceed the total amount allocated for service categories included in the proposal.

Services to be contracted include *Core Medical Services*: AIDS Pharmaceutical Assistance, Early Intervention Services, Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals, Medical Case Management (including Treatment Adherence Services), Mental Health Services, Oral Health Care, Outpatient/Ambulatory Health Services (plus Laboratory Diagnostic Testing and Specialty Outpatient Medical Care) and *Support Services*: Emergency Financial Assistance, Emergency Financial Assistance-Emergency Medication, Food Bank/Home Delivered Meals, Nutritional Supplements, Emergency Housing, Medical Transportation, Non-Medical Case Management Services, Other Professional Services-Legal Services, Psychosocial Support Services.

Proposals should indicate specific, prioritized subpopulations, a description of proposed services, and an explanation of how these services will result in improved health outcomes for PWH. Proposals should include a budget and implementation plan, and indicate that these items are separate and distinct from other funding, including other Ryan White funding sources.

The HIV Care Council objectives for GY 2024 include increased support for existing HIV-related services, with a specific emphasis on populations/geographic areas of the County with a high prevalence of HIV, which may also lack adequate levels of service. The County is seeking qualified entities to provide the following Part A and MAI funded services to persons with HIV. Service categories Service Definitions mirrors HRSA service category definitions. Priorities and allocations are approved by the HIV CARE Council:

[HIV Care Council Priority Core Medical Services](#)



### **AIDS Pharmaceutical Assistance**

*Part A Funding Allocated = \$4,000*

*Part A Priority Level 16*

*1 Unit = 1 medication fill/refill*

#### **Description:**

AIDS Pharmaceutical Assistance may be provided by HRSA RWHAP Part A funding through a Local Pharmaceutical Assistance Program (LPAP).

A Local Pharmaceutical Assistance Program (LPAP) is operated by a RWHAP Part A sub-recipient as a supplemental means of providing ongoing medication assistance when Florida RWHAP ADAP has a restricted formulary, waiting list and/or restricted financial eligibility criteria.

RWHAP Part A recipients using the LPAP to provide AIDS Pharmaceutical Assistance must adhere to the following guidelines:

- Provide uniform benefits for all enrolled clients throughout the service area
- Establish and maintain a recordkeeping system for distributed medications
- Participate in the LPAP Committee
- Utilize the drug formulary that is approved by the LPAP Committee\*
- Establish and maintain a drug distribution system
- Screening for alternative medication payor sources, including but not limited to Patient Assistance Programs (PAP), rebate/discount programs, Healthcare District, and Florida RWHAP ADAP prior to dispensing.
- Implementation in accordance with requirements of the 340B Drug Pricing Program (including the Prime Vendor Program)

#### **Program Guidance:**

LPAP funds are not to be used for emergency or short-term financial assistance. The Emergency Financial Assistance service category may assist with short-term assistance for medications.

\*Florida Medicaid PDL: <https://ahca.myflorida.com/content/download/22289/file/PDL.pdf>

Medications may be added to the LPAP formulary by request to the Ryan White Program Manager. LPAP formulary additions must be approved by the PBC HIV CARE Council LPAP Committee.

### **Early Intervention Services**

*Part A Funding Allocated = \$558,259*

*Part A Priority Level 9*

*1 Unit = 15 Minutes of Service*

#### **Description:**

The RWHAP legislation defines EIS for Parts A. See § 2651(e) of the Public Health Service Act

#### **Program Guidance:**





The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. HRSA RWHAP Part recipients should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

- HRSA RWHAP Parts A EIS services must include the following four components:
  - Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be living with HIV
    - Recipients must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
    - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
  - Referral services to improve HIV care and treatment services at key points of entry
  - Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care
  - Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

### **MAI- Early Intervention Services**

*MAI Funding Allocated = \$220,550*

*MAI Priority Level 9*

*1 Unit = 15 Minutes of Service*

In addition to the guidance for Early Intervention Services under the Part A funding, the HIV Care Council has given directive to provide MAI Early Intervention Services to the focus populations of

- Individuals living in the Western geography of Palm Beach County (Glades population)
- Individuals who are 50 years old and over
- Individuals who are justice-involved or re-entering society from incarceration

### **Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals**

*Part A Funding Allocated = \$2,354,741*

*Part A Priority Level 1*

*1 Unit = 1 Deductible, 1 Co-Payment, or 1 Monthly Premium*

Description:

Health Insurance Premium and Cost Sharing Assistance provides financial assistance for eligible clients living with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. The service provision consists of the following:

- Paying health insurance premiums to provide comprehensive HIV Outpatient/Ambulatory Health Services, and pharmacy benefits that provide a full range of HIV medications for eligible clients; and/or
- Paying cost sharing on behalf of the client.

### **Medical Case Management (Including Treatment Adherence Services)**

*Part A Funding Allocated = \$974,307*

*Part A Priority Level 3*

*1 Unit = 15 Minutes of Service*



Description:

Medical Case Management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Activities provided under this service category may be provided by an interdisciplinary team that includes other specialty care providers. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).

Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy and/or review of utilization of services

In addition to providing the medically oriented activities above, Medical Case Management may also provide benefits counseling by assisting eligible clients in obtaining access to other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, and insurance plans through the health insurance Marketplaces/Exchanges).

Program Guidance: Activities provided under the Medical Case Management service category have as their objective improving health care outcomes (including Treatment Adherence), whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatments shall be considered Medical Case Management or Outpatient/Ambulatory Health Services. Treatment Adherence services provided during a Medical Case Management visit shall be reported in the Medical Case Management service category whereas Treatment Adherence services provided during an Outpatient/Ambulatory Health Service visit shall be reported under the Outpatient/Ambulatory Health Services category.

**MAI- Medical Case Management (Including Treatment Adherence Services)**

*MAI Funding Allocated = \$164,069*

*MAI Priority Level 3*

*1 Unit = 15 Minutes of Service*

In addition to the guidance for Medical Case Management under the Part A funding, the HIV Care Council has given directive to provide MAI Medical Case Management services to the focus populations of

- Individuals living in the Western geography of Palm Beach County (Glades population)
- Individuals who are 50 years old and over
- Individuals who are justice-involved or re-entering society from incarceration

**Mental Health Services**

*Part A Funding Allocated = \$123,122*



*Part A Priority Level 2*

*1 Unit = 1 Hour*

Description:

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:

Mental Health Services are allowable only for PWH who are eligible to receive HRSA RWHAP services.

**Oral Health Care**

*Part A Funding Allocated = \$427,750*

*Part A Priority Level 6*

*1 Unit = 1 CDT Code*

*Reimbursement is based on Florida Medicaid Dental General Fee Schedule with a 1.5X multiplier*

Description:

Oral Health Care activities include outpatient diagnosis, prevention, and therapy provided by dental health care professionals, including general dental practitioners, dental specialists, dental hygienists, and licensed dental assistants.

**Outpatient/Ambulatory Health Services**

*Part A Funding Allocated = \$128,396*

*Part A Priority Level 4*

*1 Unit = 1 CPT Code*

*Reimbursement is based on Medicare Physician Fee Schedule (MPFS) which includes 1.815 Geographic Practice Cost Index (GPCI)*

Description:

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:

- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy



- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Program Guidance:

Provision of Outpatient/Ambulatory Health Services must be adherent to *HHS Clinical Guidelines for the Treatment of HIV/AIDS*

<https://clinicalinfo.hiv.gov/en/guidelines>

Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

The local HIV CARE Council has allocated funding to the OAHS subcategories of OAHS- Primary Care, Laboratory/Diagnostic Testing, and Specialty Outpatient Medical Care. Each of the three subcategories are addressed separately.

**Laboratory Diagnostic Testing**

*Part A Funding Allocated = \$61,040*

*Part A Priority Level 4*

*1 Unit = 1 Lab Test*

*Reimbursement is based on Medicare Clinical Diagnostic Laboratory Fee Schedule*

HIV viral load testing, CD4/CD8, CBC with differential, blood chemistry profile, and other FDA approved routine tests for the treatment of patients with HIV disease. In addition, routine tests pertinent to the prevention of opportunistic infections (VDRL, IGRA, AFB, pap smear, toxoplasmosis, hepatitis B, and CMV serologies) and all other laboratory tests as clinically indicated (e.g. HCV serology) that are generally accepted to be medically necessary for the treatment of HIV disease and its complications and have an established Florida Medicaid or Medicare reimbursement rate, as well as new tests that may not have an established reimbursement rate.

**Specialty Outpatient Medical Care**

*Part A Funding Allocated = \$167,262*

*Part A Priority Level 4*

*1 Unit = 1 CPT Code*

*Reimbursement is based on Medicare Physician Fee Schedule (MPFS) which includes 1.815 Geographic Practice Cost Index (GPCI)*

Short term treatment of specialty medical conditions and associated diagnostic outpatient procedures for HIV positive patients based upon referral from a primary medical care provider. Specialties may include, but are not limited to, outpatient rehabilitation, dermatology, oncology, obstetrics and gynecology, urology, podiatry, pediatrics, rheumatology, physical therapy, speech therapy, occupational therapy, developmental assessment, and psychiatry.



**Note:** For the purpose of this NOFO, primary care provided to persons with HIV disease is not considered specialty care. Providers must offer access to a range of specialty services.

Prior to the provision of Specialty Medical Care, a specialty medical care referral form shall be completed by the Primary Care Provider electronically through the Recipient database management information system, including the following:

- Primary Care Provider (PCP) verification that Specialty Medical Care relates to HIV infection and/or
- conditions arising from the use of HIV medications resulting in side effects Specialty Medical Care services are included on the list of conditions on the Palm Beach County Ryan
- White Program Allowable Medical Conditions List for Specialty Medical Referrals form.
- Routine medical diagnostic testing (e.g., Pap smear, mammogram, bone density test, colonoscopy, colorectal cancer screening, prostate cancer screening, and ophthalmologic screening) is allowable as long as such testing follows established medical guidelines, such as U.S. Public Health Service (PHS), American Medical Association, Health Resources and Services Administration (HRSA), or other local guidelines, as a standard of care. Please see the most current, local Ryan White Program Service Delivery Guidelines for more information.
- For Specialty Medical Care services that do not meet all of the above criteria, Sub-recipient may request an override from Recipient.

Specialty service providers shall have a written agreement with the sub-recipient. A file of all written agreements shall be maintained and made available to the Recipient upon request.

Specialty service providers shall be credentialed by Medicaid and/or Medicare.

All specialty providers of services available in the Medicaid State plan shall have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.

All encumbered services shall be lifted within 90 days if not initiated.

Specialty service report shall be received by the primary care provider prior to specialty service invoice being paid.

### HIV Care Council Priority Support Services

#### **Emergency Financial Assistance (EFA)**

*Part A Funding Allocated = \$5,131*

*Part A Priority Level 15*

*1 Unit = 1 Emergency Assistance*

Description:

Emergency Financial Assistance provides limited one-time or short-term payments to assist a RWHAP client with an urgent need for essential items or services necessary to improve health outcomes, including: utilities, housing, food (including groceries and food vouchers), transportation, and medication not covered by an AIDS Drug Assistance Program or AIDS Pharmaceutical Assistance, or another HRSA RWHAP-allowable cost needed to improve health outcomes. Emergency Financial Assistance must occur as a direct payment to an agency or through a voucher program.

Program Guidance:



The Emergency Financial Assistance service category may assist with short-term assistance for medications.

LPAP funds are not to be used for emergency or short-term financial assistance. Direct cash payments to clients are not permitted.

Continuous provision of an allowable service to a client shall not be funded through emergency financial assistance.

**Emergency Financial Assistance - Emergency Medication**

*Part A Funding Allocated = \$4,585*

*Part A Priority Level 15*

*1 Unit = 1 Medication Fill/Refill*

For EFA medication, sub-recipients must adhere to the following guidelines:

- Provide uniform benefits for all enrolled clients throughout the service area
- Establish and maintain a recordkeeping system for distributed medications
- Utilize the drug formulary that is approved by the LPAP Committee
- Screening for alternative medication payor sources, including but not limited to Patient Assistance Programs (PAP), rebate/discount programs, Healthcare District, and Florida RWHAP ADAP prior to dispensing.
- Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)

In addition:

- Dispensing of one (1) emergency medication not exceeding a thirty (30) day supply to a client during any 12 month period.
- Medications dispensed shall be included on the most recently published Florida Medicaid PDL-Preferred Drug List.\*
- Medications defined by Florida Medicaid PDL as “Clinical PA Required”, “Cystic Fib Diag Auto PA”, or “Requires Med Cert 3” shall require submission and approval of an override request prior to dispensing.
- One (1) additional dispensing of an emergency medication not exceeding a thirty (30) day supply during any 12 month period may be permitted in instances where a client has applied, and been denied access to the medication from all other medication assistance programs for which the client may be eligible (ADAP, pharmaceutical manufacturer patient assistance program, etc.). Documentation of medication access denial must be provided, and shall require submission and approval of an override request prior to dispensing.
- Dispensing of any medication under Emergency Financial Assistance may not exceed a sixty (60) day supply during any 12 month period.
- Any emergency medication needs not specified in this service standard shall require submission and approval of an override request prior to dispensing. Override requests shall not be submitted as exception to policy (e.g. more than a sixty (60) day supply during any 12 month period).

\*Florida Medicaid PDL: <https://ahca.myflorida.com/content/download/22289/file/PDL.pdf>

**Food Bank/Home Delivered Meals**

*Part A Funding Allocated = \$365,245*

*Part A Priority Level 8*



*1 Unit = 1 Voucher*

Description:

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance:

Unallowable costs include household appliances, pet foods, and other non-essential products.

**Nutritional Supplements**

*Part A Funding Allocated = \$2,228*

*Part A Priority Level 8*

*1 Unit = 1 Prescription*

All nutritional supplements require a written prescription from a medical provider indicating the associated diagnostic code necessitating the dispensing of nutritional supplements.

**Emergency Housing**

*Part A Funding Allocated = \$206,786*

*Part A Priority Level 5*

*1 Unit = 1 Day of Housing*

Description:

Housing services provide transitional, short-term, or emergency housing assistance to enable a client or family to gain or maintain outpatient/ambulatory health services and treatment, including temporary assistance necessary to prevent homelessness and to gain or maintain access to medical care. Housing services must also include the development of an individualized housing plan, updated annually, to guide the client's linkage to permanent housing. Housing may provide some type of core medical (e.g., mental health services) or support services (e.g., residential substance use disorder services).

Housing services also include housing referral services, including assessment, search, placement, and housing advocacy services on behalf of the eligible client, as well as fees associated with these services.

Program Guidance:

Sub-recipients that use funds to provide Housing must have mechanisms in place to assess and document the housing status and housing service needs of new clients, and at least annually for existing clients.

Housing services cannot be in the form of direct cash payments to clients and cannot be used for mortgage payments or rental deposits.

Housing shall be prioritized based on the Housing Waitlist rank in client database.



## **Medical Transportation**

*Part A Funding Allocated = \$92,055*

*Part A Priority Level 7*

*1 Unit = 1 Trip/Voucher*

Description:

Medical Transportation is the provision of non-emergency transportation services that enables an eligible client to access or be retained in core medical and support services.

Program Guidance:

Medical transportation may be provided through:

- Contracts with providers of transportation services
- Mileage reimbursement (through a non-cash system) that enables clients to travel to needed medical or other support services, but shall not in any case exceed the established rates for federal Programs (Federal Joint Travel Regulations provide further guidance on this subject)
- Purchase or lease of organizational vehicles for client transportation programs, provided the recipient receives prior approval for the purchase of a vehicle
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)
- Voucher or token systems

Unallowable costs include:

- Direct cash payments or cash reimbursements to clients
- Direct maintenance expenses (tires, repairs, etc.) of a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees.

## **Non-Medical Case Management Services**

*Part A Funding Allocated = \$485,591*

*Part A Priority Level 10*

*1 Unit = 15 Minutes of Service*

Description:

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. Non-Medical Case management services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including face-to-face, phone contact, and any other forms of communication deemed appropriate by the RWHAP Part recipient. Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Continuous client monitoring to assess the efficacy of the care plan





- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the client’s and other key family members’ needs and personal support systems

Program Guidance:

Non-Medical Case Management services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes (including Treatment Adherence).

**MAI- Non-Medical Case Management Services**

*MAI Funding Allocated = \$60,641*

*MAI Priority Level 10*

*1 Unit = 15 Minutes of Service*

In addition to the guidance for Non-Medical Case Management under the Part A funding, the HIV Care Council has given directive to provide MAI Non-Medical Case Management services to the focus populations of

- Individuals living in the Western geography of Palm Beach County (Glades population)
- Individuals who are 50 years old and over
- Individuals who are justice-involved or re-entering society from incarceration

**Other Professional Services – Legal Services**

*Part A - Funding Allocated = \$241,200*

*Part A Priority Level 11*

*1 Unit = 1 Hour*

*Reimbursement is based on \$90 per billable hour of legal services*

Description:

Other Professional Services allow for the provision of professional and consultant services rendered by members of particular professions licensed and/or qualified to offer such services by local governing authorities. Such services may include:

- Legal services provided to and/or on behalf of the HRSA RWHAP-eligible PLWH and involving legal matters related to or arising from their HIV disease, including:
  - Assistance with public benefits such as Social Security Disability Insurance (SSDI)
  - Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the HRSA RWHAP
  - Preparation of healthcare power of attorney, durable powers of attorney, and living wills
- Permanency planning to help clients/families make decisions about the placement and care of minor children after their parents/caregivers are deceased or are no longer able to care for them, including:
  - Social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney
  - Preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption
- Income tax preparation services to assist clients in filing Federal tax returns that are required by the



Affordable Care Act for all individuals receiving premium tax credits.

Program Guidance:

Legal services exclude criminal defense and class-action suits unless related to access to services eligible for funding under the RWHAP.

See 45 CFR § 75.459.

**Psychosocial Support Services (MAI only)**

*MAI Funding Allocated = \$101,305*

*MAI Priority Level 14*

*1 Unit = 15 Minutes of Service*

Description:

Psychosocial Support Services provide group or individual support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. Services provided may include:

- Bereavement counseling
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)
- Pastoral care/counseling services

Program Guidance:

Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals).

RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation.

Funds may not be used for social/recreational activities or to pay for a client's gym membership.

In addition to the guidance for Psychosocial Support Services under the Part A funding, the HIV Care Council has given directive to provide MAI Psychosocial Support Services to the focus populations of

- Individuals living in the Western geography of Palm Beach County (Glades population)
- Individuals who are 50 years old and over
- Individuals who are justice-involved or re-entering society from incarceration

## SECTION IV: CONTENTS OF PROPOSALS AND INSTRUCTIONS

Proposals must contain each component described below, each fully completed, signed, and notarized where required. CSD has moved to an online proposal submission platform. Therefore, Proposers must submit proposals that follow the prescribed format provided on the online application and contained in this NOFO. It is the responsibility of each Proposer to address all of the topics within the online application and described in this NOFO.

The Proposal, General Information, and RW Attachments, Organizational Overview, HIV Services Overview, and



Budget sections of the application must be completed only once. The Service Category-Specific Elements must be addressed separately, for each service proposed. Please label the service categories being addressed within each completed service category section. Responses are to consist only of the answers to the questions posed. *Extraneous material or information should be omitted.*

The deadline for application package submission is **Thursday, October 12, 2023 by 5:00 pm**. Application Packages shall be submitted on the CSD's NOFO Application Submission Website:

<https://pbcc.samis.io/go/nofo/19>

**No application will be accepted after the deadline.**

### **Project Scoring:**

Overall project scoring will be based on percentage of applicable points on which projects are eligible to be scored.

The Non-Conflict Grant (NCG) Review Committee meeting, during which the Review Committee will review and score all applications, is scheduled as follows based on the Service Category being reviewed. Each meeting will be held in-person from 9 am to 5 pm (end time is dependent on the number of applications received):

### **Group 1**

Wednesday, November 1, 2023

<https://pbc-gov.webex.com/pbc-gov/j.php?MTID=m3ff8696372c7ed2329159daee6a5c301>

Webinar number:

2302 038 1724

Webinar password:

9M6ekgg5iyC (96635445 from phones and video systems)

Join by phone

+1-904-900-2303 United States Toll (Jacksonville)

1-844-621-3956 United States Toll Free

Access code: 2302 038 1724

### **Group 2**

Thursday, November 2, 2023

<https://pbc-gov.webex.com/pbc-gov/j.php?MTID=mcee8de7dc9b7459dac21dc7251a3a62c>

Webinar number:

2312 392 7921

Webinar password:

ihCBSvPW695 (44227879 from phones and video systems)



Join by phone  
+1-904-900-2303 United States Toll (Jacksonville)  
1-844-621-3956 United States Toll Free

Access code: 231 239 27921

### **Group 3**

Friday, November 3, 2023

<https://pbc-gov.webex.com/pbc-gov/j.php?MTID=m0c90fe676a861aa0b50c5358d94eedc0>

Webinar number:  
2305 168 3351

Webinar password:  
crPjJSQJ264 (27755775 from phones and video systems)

Join by phone  
+1-904-900-2303 United States Toll (Jacksonville)  
1-844-621-3956 United States Toll Free

Access code: 230 516 83351

### **Group 4**

Monday, November 6, 2023

<https://pbc-gov.webex.com/pbc-gov/j.php?MTID=m0c90fe676a861aa0b50c5358d94eedc0>

Webinar number:  
2305 168 3351

Webinar password:  
crPjJSQJ264 (27755775 from phones and video systems)

Join by phone  
+1-904-900-2303 United States Toll (Jacksonville)  
1-844-621-3956 United States Toll Free

Access code: 230 516 83351

### **Group 5**

Wednesday, November 8, 2023

<https://pbc-gov.webex.com/pbc-gov/j.php?MTID=mec55764a87fee26bad5f49477c0d4efb>

Webinar number:  
2306 197 6628



Webinar password:  
WuVrH9nbD53 (98874962 from phones and video systems)

Join by phone  
+1-904-900-2303 United States Toll (Jacksonville)  
1-844-621-3956 United States Toll Free

Access code: 230 619 76628

### **Overflow**

Thursday, November 9, 2023

<https://pbc-gov.webex.com/pbc-gov/j.php?MTID=md39cd0b81842f6d2077c2d49aedfa8d0>

Webinar number:  
2303 748 8249

Webinar password:  
pDQC23Dwrm3 (73722339 from phones and video systems)

Join by phone  
+1-904-900-2303 United States Toll (Jacksonville)  
1-844-621-3956 United States Toll Free

Access code: 230 374 88249

Anyone interested in additional information may contact RWHAP by mail at 810 Datura Street, West Palm Beach, FL 33401, or by email at [PBC-RWANOFO@PBCGOV.ORG](mailto:PBC-RWANOFO@PBCGOV.ORG).

Also, those wishing to make public comments may submit a request to RWHAP via traditional mail to at 810 Datura Street, West Palm Beach, FL 33401, or by email at [PBC-RWANOFO@PBCGOV.ORG](mailto:PBC-RWANOFO@PBCGOV.ORG).

Public participation is solicited without regard to race, color, national origin, religion, ancestry, sex, age, marital status, familial status, sexual orientation, gender identity or expression, disability or genetic information.

Persons who require special accommodations under the Americans with Disabilities Act or who need translation services for a meeting (free of charge), please email [PBC-RWANOFO@PBCGOV.ORG](mailto:PBC-RWANOFO@PBCGOV.ORG), at least five business days in advance. Deaf and hard of hearing individuals are requested to telephone the Florida Relay System at #711 to assist with a telephone call.

Any subsequent requests for information or assistance must be submitted in writing through email to [PBC-RWANOFO@PBCGOV.ORG](mailto:PBC-RWANOFO@PBCGOV.ORG) to preserve a fair, impartial, and competitive procedure. The public may access all queries and responses on the RW website at [Community Services HIV Services \(pbcgov.org\)](http://Community Services HIV Services (pbcgov.org))

### **Application Instructions:**

- The Proposal Cover Sheet must be signed by an officer of the proposer who is legally authorized to enter into a contractual relation in the name of the Proposer, and the Proposal Cover Sheet must be notarized by a Notary Public.



- Only the online applications will be accepted. Contact RWHAP at [PBC-RWANOFO@PBCGOV.ORG](mailto:PBC-RWANOFO@PBCGOV.ORG) to request waivers.
- Narrative answers/statements should be self-explanatory and understandable to members of the NCG Review Committee who will read, evaluate and score your proposal. Assume that these individuals are unfamiliar with your organization and its programs, and that they have limited information about your prioritized population.
- The section regarding your prioritized population and its HIV/AIDS service needs should be as specific as possible to the demographic/geographic community area(s) that your proposed project will prioritize. For example, if your organization is proposing to serve the migrant population in the Glades Community, your narrative should clearly and simply describe the characteristics of the migrant community (women, children, etc.) and the geographic area where they live.
- Applicants must address every issue raised in the Scoring Criteria, and provide all required documentation noted in the application Checklist.

## **APPLICATION COMPONENTS**

### **PROPOSAL**

**Federal ID**

**Agency Name**

**Address**

**City**

**State**

**Zip Code**

**NOFO/RFP**

**Additional Editors**

**Program Name**

#### **RWHAP GY 2024-2026 Proposal Cover Sheet**

Click to download the REQUIRED **RW GY 2024-2026 Cover Sheet Template**. See [Exhibit 3, RWHAP Proposal Cover Sheet](#). Complete the template and include the service(s) proposed and the amount of funds being requested to provide the service(s).

This form must be signed by an officer of the Proposer who is legally authorized to enter into a contractual relationship in the name of the Proposer. The Proposer’s email address must be included on the Proposal Cover Sheet.

Please upload once you have completed this form.

#### **RWHAP GY 2024-2026 Proposal Submission Checklist**

Click to download the REQUIRED **RW GY 2024-2026 Proposal Submission Checklist Template**. See [Exhibit 4 Proposal Submission Checklist](#).

Please upload once you have completed this form.

#### **RWHAP GY 2024-2026 NOFO Information Guidance**

Click to download the RWHAP GY 2024-2026 NOFO Information Guidance document for reference throughout the application.



## GENERAL CONTACT INFORMATION

**CEO/Executive Director Name and Title**  
**CEO/Executive Director Email**  
**Agency Contract Person Name and Title**  
**Agency Contract Person Phone**  
**Agency Contract Person Email**

### **Total Funding Amount Requested**

Please enter total funding amount *across all service categories* that you are requesting.

### **Total People Expected to Serve**

Please enter total number of *unduplicated* people expected to be served with the funding requested.

### **Internal Control Questionnaire**

Click to download the REQUIRED **Internal Control Questionnaire**. Please upload once you have completed the form. See [Exhibit 5, Internal Control Questionnaire](#).

### **Policies and Procedures**

Please upload your agency's policies and procedures.

### **Performance Improvement Plan (2000 Characters)**

Please describe how your agency responds to requests for performance improvement plan.

## REQUIRED RWHAP ATTACHMENTS

### **SunBiz Form**

Provide a print out of the **Detail by Entity Name** page from the Florida Department of State, Division of Corporations at [www.sunbiz.org](http://www.sunbiz.org) dated within twelve (12) months of the due date of this Proposal/Application, identifying the Proposer's status as "active". Please note that a copy of the **Articles of Incorporation** or any similar document does not meet the requirements of this section. This does not apply to Public Entities.

### **IRS Letter**

Provide proof of non-profit status. A copy of your **501c(3) IRS Letter** must be included. This does not apply to Public Entities.

### **Board List**

Provide a list of the Proposer's Board of Directors. This does not apply to Public Entities.

### **Grievance Policy**

Provide Proposer's grievance policy and any grievance form(s) to be used by clients(s). Combine policy and forms in one PDF document to upload.

### **Non-Expendable Property Inventory**

Click [HERE](#) to download the REQUIRED **RW Inventory of Non-Expendable Property** Template for use to provide an Inventory of Non-Expendable Property for the last three (3) years.

Please upload once you have completed this form. [See Exhibit 6 Inventory of Non-Expendable Property for the last three \(3\) years.](#)



## Agency License/Accreditation

Provide service or agency appropriate license(s) and/or accreditation certificates.

## ORGANIZATION PROFILE AND CAPACITY REVIEW

### A. Organizational Overview (20 Points)

#### 1. Description of Organization (4000 Characters)

Provide a brief description of proposing organization, including:

- Years of operation;
- Experience administering government funds;
- Mission statement;
- Any major changes that have taken place, including achievements and progress that have been made;
- List the full range of services that your organization currently provides. If your organization is part of a multi-program organization, provide a description of the parent organization and its involvement in the ongoing operation of your organization.

#### 2. Experience w/HIV Population (3000 Characters)

Describe your organization's history of providing services to persons with HIV. Indicate the approximate number of unduplicated clients served annually over the past five years. Please provide this information specifically for the Palm Beach County area.

#### 3. Cultural Competence/Humility (3000 Characters)

Describe your organization's guiding principles and standards addressing Cultural Competence/Humility. Describe your organization's capabilities to respond to special client groups and to special client needs, demonstrating Cultural Competence/Humility in care planning for clients. Additionally, describe your organization's professional development standards/staff training requirements to ensure Cultural Competence/Humility in service delivery. Please highlight how these activities are reflective of CLAS standards.

#### 4. Early Identification of PWH (3000 Characters)

Describe the organization's knowledge, involvement and activities with the early identification of individuals with HIV/AIDS (EIIHA) efforts within Palm Beach County. This includes efforts to link clients who are aware of their HIV status to medical and support services, as well as any efforts to make people aware of their HIV status, particularly highlighting efforts prioritizing the populations described in [Sections I](#) and [Section III Linkage and Population](#) of this NOFO.

#### 5. Eligibility Criteria (3000 Characters)

Describe how the organization ensures eligibility criteria are followed. If the Proposer is requesting funding for core medical services, describe processes in place to assure that third-party insurance coverage is verified at point of service. Also describe how changes to third-party insurance coverage is communicated to eligibility staff and how changes in client eligibility are documented in the RWHAP client data system (Provide Enterprise).

#### 6. Consumer Publicity (3000 Characters)

Describe the ways in which the organization publicizes its program(s) to consumers, (i.e. social media, newsletters, radio, television or primarily word of mouth), and the availability of its programs and services to the prioritized population(s) and other service providers. If proposing new or expanded services, describe how the number of clients served will increase to match the proposed level and cost of service.





### **7. Client Level Data (3000 Characters)**

Describe the organization's system for collecting and reporting both agency, administrative, and client level data. Explain the system to be utilized to ensure compliance with contract reporting requirements.

### **8. HIPAA (3000 Characters)**

Describe how the organization is complying with the Health Insurance Portability and Accountability Act (HIPAA). Please detail your agency's efforts to comply with HIPAA regulations to the extent that such regulations are applicable to your agency. If your agency does not provide services that fall under HIPAA Privacy Rules, please provide a statement to that effect.

### **9. Fiscal Staff Training (3000 Characters)**

Provide a description of fiscal staff training and retention over the past three (3) years. Include types of fiscal training for the CFO/Financial Director including OMB Circulars A-110, A-122, A-133 and Super Circular.

### **10. Litigation-Regulatory Action (3000 Characters)**

Identify whether your organization has been a party, whether plaintiff, defendant, claimant, complainant, respondent or other, to any litigation or regulatory action in any state in the United States, or in any other County, for the period from January 1, 2010 to the present. This includes but is not limited to any litigation initiated by the Proposer related to HIV medical or support services. For each instance of litigation or regulatory action cited, please indicate the court or agency in which the litigation or regulatory action was or is pending, and the outcome of that litigation or regulatory action if concluded.

### **11. Corrective Action (3000 Characters)**

Please indicate whether or not your organization has been placed on Corrective Action by the Palm Beach County Community Services Department at any time over the past three (3) years. If your organization has been placed on Corrective Action please describe the issues and resolution.

### **12. Underutilization (3000 Characters)**

Identify whether or not your organization has underutilized Palm Beach County RWHAP funds over the past three (3) years (expending less than 95% of funds awarded). If there has been underutilization of funds, please specify the service category, cause and resolution to the underutilization of funds.

### **13. Trauma-Informed Care (4000 Characters)**

Describe your agency's ability to provide services using a trauma-informed approach. Please include training or certification in trauma-informed care and motivational interviewing practices that your staff has undertaken.

### **14. Racial Equity (4000 Characters)**

What steps has your agency taken or does it plans to take in order to establish, develop or continue policies, practices, and procedures that increase racial equity in the following areas: Training, hiring and retention, board development, community engagement and partnerships, and other organizational work.

## **B. HIV Services Overview (20 Points)**

### **15. Service Mission Alignment (3000 Characters)**

Overview of organizational mission and how the provision of HIV services for persons with HIV/AIDS is aligned with the agency mission.

### **16. Logic Model**

Click to download the REQUIRED RW Logic Model to provide a logic model illustrating how Part A and/or MAI



services contribute to the health outcomes of clients served, and how Part A and/or MAI services are organized in the context of services supported by other funding sources.

Please upload once you have completed this form. (See [Exhibit 7: RW Logic Model](#))

#### **17. All HIV Services Funding**

A table of the organization's total agency budget for HIV-related services from all funding sources. This includes federal funding for HIV prevention and patient care services, other sources of state and local funding, and program income (third party reimbursements, sliding fee scale, 340B revenue, etc.).

#### **18. Demographics (3000 Characters)**

Describe the demographic composition of the agency's client census, including gender, ethnicity, race, age, income, and insurance status.

#### **19. Staff (5000 Characters)**

Number of staff and position titles, and staff credentialing, where applicable, for requested service categories. If new staff positions are being proposed, describe any anticipated delays in providing services due to the onboarding process.

#### **20. Organizational Chart**

Provide an Organizational Chart indicating where the Proposed Program(s) Services would function within the Proposer if requested funds are provided.

#### **21. Job Descriptions**

Provide Proposer's job descriptions for all program-designated staff. Combine descriptions in one PDF document to upload.

#### **22. Training & Staff Development Plan**

Provide the organization's Training and Staff Development Plan.

#### **23. Priority Populations (3000 Characters)**

Describe the community/geographic area(s), and socio-demographics, including housing status, HIV risk factors, and socio-economic status of your priority population.

#### **24. Agency Demographics – MAI Only**

Provide Agency Demographics.

Click to download the REQUIRED RW Agency Demographics Template. See [Exhibit 8 Agency Demographics for MAI proposals only](#).

Please upload once you have completed this document.

#### **25. MAI Leadership Demographics (5000 Characters)**

##### **MAI REQUESTS ONLY**

The HIV CARE Council has directed the Recipient to seek MAI services Proposers that meet and document the following criteria. Does the Proposer meet the following criteria? If no, provide a plan to meet and document these criteria within the first year of the program period.



- Have more than 50 percent of positions on the executive board or governing body filled by persons of the racial/ethnic minority group proposed to be served.
- Have more than 50 percent of key management, supervisory and administrative positions (e.g. executive director, program director, fiscal director) filled by persons of the racial/ethnic population(s) proposed to be served.
- Have more than 50 percent of key direct service provision positions filled by persons of the racial/ethnic population(s) proposed to be served.

**26. Billing (5000 Characters)**

Process to verify client eligibility and assurance RWHAP funding is payer of last resort. This should include a detailed description of client flow processes between intake and point of service delivery, how third-party funding sources are identified, and how billing procedures correctly identify payer sources prior to submitting reimbursement requests to CSD. Describe how changes in income or third-party insurance coverage are documented and communicated between clinical providers, social service providers, and billing staff.

**27. Partnerships (3000 Characters)**

Describe any collaboration, referral agreements, or linkage and/or co-linkage agreements that have been newly developed or renewed, specifically for this project or how your organization intends to handle such needs.

**28. Similar Communities (3000 Characters)**

Describe how requested service categories are integrated with similar/related programs in the community, and how RWHAP funds are leveraged through interagency agreements and/or service coordination.

**29. InterAgency Agreement**

For agencies applying in partnership, provide any InterAgency (IA) Agreement(s) the Proposer has in place to successfully provide the proposed services. Combine all IA Agreements in one PDF document to upload.

**30. MOA-IA Agreements**

For agencies that describe collaborations between agencies, provide Memorandums of Agreements (MOAs) and/or Inter-Agency (IA) Agreements. Combine all MOAs and IA Agreements in one PDF document to upload.

**31. Service Barriers (5000 Characters)**

Explain specific barriers to the provision of services that exist in the population and area(s) proposed to be served (e.g., confidentiality and geographic barriers to services). Address how your agency plans to reduce or alleviate these barriers, and your plans to ensure client access to the services that will be provided.



## BUDGETS

### C. Budgets (30 Points)

#### 32. Service Category Budgets

Download the REQUIRED **RW Program Budget Template** for Part A or MAI services for use to submit separate line item budgets for each Service Category. See [Exhibit 9 Program Budget \(for each service category\)](#). Each program page in the Excel Workbook shall be named and associated with a proposed service category. Each service category is its own page but only one Excel Workbook shall be uploaded. Each budget must include:

1. Personnel
2. Fringe Benefits
3. Travel
4. Equipment
5. Supplies
6. Contractual
7. Other (Identify)

- Salary cost must be computed on the total days in the funding period requested in the proposal.
- For fringe benefits expenses, indicate on budget the formulas used to calculate the amounts.
- The line item budget(s) must include all program and administrative related expenses for which funds are being requested.
- Providers must have sufficient financial resources to meet the expenses incurred during the period between the service delivery and payment by the County. It is anticipated that the County will reimburse for services rendered within eight (8) weeks of the receipt of invoices, deemed correct and acceptable by the County.
- Administrative expenses of up to 10% of allowable program costs in every category, but these must be specifically delineated, allowable and justified in the application.
- Identify other funding sources for projects within the service proposal, as well as the total agency budget.

Click to download the budget template for Part A services.

Please upload once you have completed the template document.

#### 33. Service Category Budgets

Click to download the budget template for MAI services.

Please upload once you have completed the template document.

#### 34. Budget Narrative Justification (8000 Characters)

Use the categories below to submit budget narratives justifications for each requested Service Category.

1. Personnel
2. Fringe Benefits
3. Travel
4. Equipment
5. Supplies
6. Contractual
7. Other (Identify)



Allocation of cost must be supported with a written explanation of the methodology used to arrive at the percentage allocation or a copy of an allocation plan for the Proposer. If services being proposed for RWHAP funding receive support from other sources, indicate how these other funds will not duplicate services being requested from RWHAP. If Proposer receives revenue from Palm Beach County-located operations through the 340B Program (HRSA, Office of Pharmacy Affairs), provide a detailed explanation of how this revenue is reinvested in the Proposer's agency operations. This should include a revenue history for the last three years, indicating specific areas where these funds have been budgeted.

- Administrative expenses of up to 10% of allowable program costs in every category but these must be specifically delineated, allowable, and justified in the application.
- Identify other funding sources for projects within the service proposal.

### **35. Total Agency Budget**

Click to download the REQUIRED **RW Total Agency Budget Template** for use to submit a line item budget for the Total Agency Budget. See [Exhibit 10 Total Agency Budget](#). Identify other funding sources for the total agency budget. Include the following categories in the Total Agency Budget:

- Personnel
- Fringe Benefits
- Travel
- Equipment
- Supplies
- Contractual
- Other (Identify)

Please upload once you have completed this document

### **36. Sliding Fee Scale Policy**

Provide the organization's Sliding Fee Scale Policy and include the process to track charges and payments and how revenue will be used to enhance and support the proposed service.

### **37. Audited Financial Statement**

Provide the organization's most recent audited financial statement.

### **38. HRSA Implementation Plan**

Download the REQUIRED **HRSA Implementation Plan Template** for Part A or MAI services for use to provide implementation plans for each requested service category, indicating projected number of clients served, units of service, and health outcomes. See [Exhibit 11 HRSA Implementation Plan](#).

Click to download the implementation plan template for Part A services.

Please upload once you have completed the template document.

### **39. HRSA Implementation Plan - MAI**

Click to download the implementation plan template for MAI services.

Please upload once you have completed the template document.

### **40. HRSA Implementation Plan Explanation (8000 Characters)**



Provide a detailed explanation of how the agency will implement and serve the projected number of clients and units in the work plan. Justification must be provided to support the funding being requested. Provide baseline percentages for Performance Measures for year one, with a target percentage for year three for each service category proposed.

## SERVICE PROPOSALS

### D. Service Category – Specific Element (30 Points)

Proposers can complete this section once or multiple times to apply for one or more selected service category and associated funding source for services Proposers would like to provide.

In this section, Proposers must describe how Ryan White Part A or MAI services will contribute to the health outcomes of priority populations, and how requested Part A or MAI funding supplements other payer sources.

Proposers may request funding for any service listed in the RWHAP GY 2024-2026 NOFO Guidance according to the service category and unit definitions. Proposers can request a continuation or expansion of existing services, or to establish a new service category for the agency.

All Proposers must apply for Non-Medical Case Management or have an MOU with a Ryan White funded entity to provide Non-Medical Case Management services to improve client access to care.

#### 41. Funding Source

Identify the funding source for the service category for which funding is requested.

Select One:      RWHAP Part A                      RWHAP MAI

#### 42. Service Category

Select Service Category for which funding is being requested.

Select One:

AIDS Pharmaceutical Assistance	Early Intervention Services
Medical Case Management	Mental Health Services
Oral Health Care	Outpatient/Ambulatory Health Services
Emergency Financial Assistance	Emergency Financial Assistance - Emergency Medication
Food Bank/Home Delivered Meals	Nutritional Supplements
Emergency Housing	Medical Transportation
Non-Medical Case Management Services	Psychosocial Support Services (MAI
only) Laboratory Diagnostic Testing	Specialty Outpatient Medical Care
Health Insurance Premium and Cost Sharing Assistance	

#### 43. Amount Requesting for Service Category

Indicate the amount requesting for selected service category.

#### 44. Number of People

Specify the total number of unduplicated persons that are expected to be served with the requested amount for selected service category.

#### 45. Service Category Justification (3000 Characters)

Provide justification of how the proposed model will increase access to services, reduce racial disparities, and/or improve client health outcomes.



**46. Access to Service Impacts (3000 Characters)**

Describe any anticipated impacts the proposed change will have on access to services in the HIV system of care, and measures to overcome any barriers clients may experience in accessing care.

**47. Improvement to System (3000 Characters)**

Describe how the proposed services will be an improvement over the existing system of care.

**48. Service Delivery Model (3000 Characters)**

Provide an overall description of the service delivery model proposed at the agency.

**49. Funding – Prioritizing Clients (3000 Characters)**

Where available funds are insufficient to meet client demand, describe the agency’s ability to ensure the continuation of services using other available resources.

**50. Leveraging Resources (3000 Characters)**

Describe the dollar amount and/or in-kind value of leveraged resources available to provide the same or similar service.

**51. Services Contribution to Outcomes (3000 Characters)**

Describe how the selected service contributes, singly or in combination with other services, to positive health outcomes.

**52. Part A NMCM (5000 Characters)**

**NON-MEDICAL CASE MANAGEMENT REQUEST ONLY**

Are you proposing to provide NMCM services directly or in collaboration with another Ryan White funded entity? Describe how your agency will provide NMCM services directly or upload an agreement with a Ryan White funded entity to provide NMCM services. Non-Medical Case Management services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes (including Treatment Adherence). If applying for both NMCM and MCM service funding, describe the difference between the proposals to provide NMCM services (whose purpose is access to care) and MCM services (whose purpose is adherence to care).

**53. MAI NMCM (5000 Characters)**

**MAI NON-MEDICAL CASE MANAGEMENT REQUEST ONLY**

Non-Medical Case Management services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management services have as their objective improving health care outcomes (including Treatment Adherence). Describe the difference between the proposals to provide NMCM services (whose purpose is access to care) and MCM services (whose purpose is adherence to care). Describe the difference between the proposal(s) to provide MAI NMCM services compared to NMCM services funded by Part A. Describe how services will be provided to one or more of the specific populations directed by the HIV Care Council (Individuals living in the Western geography of Palm Beach County (Glades population), Individuals who are 50 years old and over, Individuals who are justice-involved or re-entering society from incarceration).

**Note:** Proposers applying for MAI NMCM must also apply for all other MAI service categories, which includes Early Intervention Services, Medical Case Management, Non-Medical Case Management, and Psychosocial Support Services.

**54. Part A MCM (5000 Characters)**

**MEDICAL CASE MANAGEMENT REQUEST ONLY**



For Proposers requesting Medical Case Management (MCM) funding, describe how Medical Case Managers interact with clinical staff to assure adherence to treatment plans. Describe the frequency and nature of interactions with clinical staff. Activities provided under the Medical Case Management service category have as their objective improving health care outcomes (including Treatment Adherence), whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services. If applying for both MCM and NMCM service funding, describe the difference between the proposals to provide MCM services (whose purpose is adherence to care) and NMCM services (whose purpose is access to care).

#### **55. MAI MCM (5000 Characters)**

##### **MAI MEDICAL CASE MANAGEMENT REQUEST ONLY**

For Proposers requesting Medical Case Management (MCM) funding, describe how Medical Case Managers interact with clinical staff to assure adherence to treatment plans. Describe the frequency and nature of interactions with clinical staff. Activities provided under the Medical Case Management service category have as their objective improving health care outcomes (including Treatment Adherence), whereas those provided under the Non-Medical Case Management service category have as their objective providing guidance and assistance in improving access to needed services. Describe the difference between the proposals to provide MCM services (whose purpose is adherence to care) and NMCM services (whose purpose is access to care). Describe the difference between the proposal(s) to provide MAI MCM services compared to MCM services funded by Part A. Describe how services will be provided to one or more of the specific populations directed by the HIV Care Council (Individuals living in the Western geography of Palm Beach County (Glades population), Individuals who are 50 years old and over, Individuals who are justice-involved or re-entering society from incarceration).

**Note:** Proposers applying for MAI MCM must also apply for all other MAI service categories, which includes Early Intervention Services, Medical Case Management, Non-Medical Case Management, and Psychosocial Support Services.

#### **56. Part A Early Intervention Services (5000 Characters)**

##### **EARLY INTERVENTION SERVICES REQUEST ONLY**

For Proposers requesting funds for HIV testing under the Early Intervention Services service category, provide justification and evidence that Part A-funded testing services are not duplicative of other available testing resources. Provide evidence of a lack of available testing resources to justify funds under Part A. Describe the difference between the proposals to provide EIS and Case Management services.

#### **57. MAI Early Intervention Services (5000 Characters)**

##### **EARLY INTERVENTION SERVICES REQUEST ONLY**

For Proposers requesting funds for HIV testing under the Early Intervention Services service category, provide justification and evidence that Part A-funded testing services are not duplicative of other available testing resources. Provide evidence of a lack of available testing resources to justify funds under Part A. Describe the difference between the proposals to provide EIS and Case Management services. Describe the difference between the proposal(s) to provide MAI EIS services compared to EIS services funded by Part A. Describe how services will be provided to one or more of the specific populations directed by the HIV Care Council (Individuals living in the Western geography of Palm Beach County (Glades population), Individuals who are 50 years old and over, Individuals who are justice-involved or re-entering society from incarceration).

#### **58. Service Sites**

Click [HERE](#) to download the REQUIRED **RW Current-Proposed Service Site** Template for use to provide current or proposed service locations for the proposed services. See [Exhibit 12 Current/Proposed Site Locations](#).





Please upload once you have completed this document.

## SECTION V: RWHAP NOFO APPLICATION REVIEW PROCESS

The NOFO application process is welcoming to persons with disabilities, persons who have experienced or are experiencing homelessness, and persons with limited English proficiency. If you need any accommodations, please contact RWHAP office at [PBC-RWANOFO@pbcgov.org](mailto:PBC-RWANOFO@pbcgov.org).

- The HIV CARE Council shall approve allocations for each service category totaling a budget consistent with the amount of funds for the NOFO. The allocations shall be the result of a thorough review of data, including but not limited to the following: Recent, local HIV/AIDS needs assessment and epidemiological data; RWHAP Part A and MAI utilization and funding trends; and local, state and federal environmental impacts. The HIV CARE Council shall not make any recommendations regarding funding to specific agencies.
- RWHAP Manager, and/or designated staff, shall develop, secure approval for and notify BCC of, and publish the NOFO reflective of the allocations approved by the HIV CARE Council.
- RWHAP Program Manager, and/or designee, shall hold a Proposal Workshop approximately one week after the NOFO publish date to review the NOFO with prospective applicants in attendance, and respond to their verbal inquiries about the NOFO. The Proposal Workshop shall be publicly noticed and recorded.
- The Proposal Workshop shall be the only time whereby questions related to the NOFO are answered verbally. All questions following the Proposal Workshop shall be submitted by email. The questions and responses shall be posted on the County RWHAP website within forty-eight (48) hours of receipt of the questions.
- The NOFO includes a Cone of Silence, which is in effect as of the NOFO submittal deadline. The provisions of the Ordinance shall not apply to oral communications at any public proceeding, including the Proposal Workshop, oral presentations before selection committees, and contract negotiations during any public meeting. The Cone of Silence shall terminate at the time that the BCC awards or approves a contract, when all proposals are rejected, or when an action is otherwise taken that ends the solicitation process.
- The due date for submission of the NOFO application shall be the date specified in the NOFO Guidance. The due date shall be at least thirty (30) days but no more than sixty (60) days after the NOFO is published. Any submission received after the date and hour of closing for receipts shall be rejected.
- The NOFO application shall be submitted electronically through the CSD Application Submission website: <https://pbcc.samis.io/go/nofo/>
- Within three (3) business days following the application due date, RWHAP Manager, and/or designee shall review all applications for compliance with the NOFO Checklist.
- Within five (5) business days following the due date, CSD financial staff shall complete a financial review of all applications. The financial review shall include, but is not limited to, a review of the applicant's audited financial statements and proposed budget form response/s. The financial review shall be completed by financial staff at or above Financial Analyst I level.
- Within ten (10) business days, NCG Review Committee shall begin the review all applications. NCG Reviewers, to the extent possible, shall consist of one (1) member of the RWHAP Part A Recipient staff and outside stakeholders who are knowledgeable in the field of services being requested. NCG Review Committee members will not present a conflict of interest with any agency submitting an application for the service being reviewed. This review shall be publically-noticed and shall be open to the public.
- All proposals shall be reviewed using the evaluation criteria contained in the NOFO.
- RWHAP Manager, and/or designated staff, shall inform all Proposers of the NCG Review Committees' scores and of the RWHAP funding recommendations in writing.
- Within fifteen (15) business days of NCG Review Committees' scores, and RWHAP announcement of its



funding recommendations, Proposers who wish to initiate a grievance must transmit by mail or email a written Grievance Notice Form.

- All timely-submitted proposals shall be considered for funding. The numerical score ranking is one consideration, but does not by itself indicate that the proposal will be funded.
- Following CSD allocation, the RWHAP Manager shall notify the applicants of the outcome and begin contract negotiations.
- CSD shall present the contract agreements to the BCC for approval.
- Following the conclusion of the NOFO Process RWHAP Manager shall consider revisions to the forms and the process leading to improvements in future NOFOs.

## SECTION VI: WHERE TO FIND RWHAP NOFO AND APPLICATION DOCUMENTS YOU NEED

### Timeline

- Please refer to the [Section II, Timeline](#) of this Guidance Document for deadline dates.

### RWHAP Application and NOFO Guidance

- Visit Palm Beach County Ryan White HIV/AIDS Program website to access NOFO:  
<https://discover.pbcgov.org/communityservices/Pages/Ryan-White-CARE.aspx>.
- Visit Palm Beach County's Vendor Self-Serve (VSS) Website  
<http://discover.pbcgov.org/BusinessOpportunities/Pages/default.aspx>
- Visit CSD NOFO Application Submission Website  
<https://pbcc.samis.io/go/nofo/>

### Proposer's most recent audited financial statement

- Agencies' finance office

### RWHAP Legislation and HRSA Policy Notices and Program Letters

- Visit HRSA Website  
<https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>

### RWHAP Part A/MAI Manuals

- PBC Part A/MAI Program Manual  
[https://discover.pbcgov.org/communityservices/PDF/RWHAP\\_Program\\_Manual\\_GY23.pdf](https://discover.pbcgov.org/communityservices/PDF/RWHAP_Program_Manual_GY23.pdf)
- Visit PBC RWHAP Website  
<https://discover.pbcgov.org/communityservices/Pages/Ryan-White-CARE.aspx>
- Visit HRSA Website  
<https://ryanwhite.hrsa.gov/grants/manage/recipient-resources>



## RWHAP Part A National Monitoring Standards

- Visit HRSA Website  
<https://ryanwhite.hrsa.gov/grants/manage/recipient-resources>

## Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care Standards 2020

- Visit HHS Website  
<https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

## Florida Medicaid Preferred Drug List

- Visit Florida's Agency for Health Care Administration  
<https://ahca.myflorida.com/medicaid/prescribed-drugs/medicaid-pharmaceutical-therapeutics-committee/florida-medicaid-preferred-drug-list-pdf>

## Palm Beach County HIV CARE Council (Local RWHAP Planning Council)

- Visit HIVCARE Council Website  
[www.carecouncil.org](http://www.carecouncil.org)

## RWHAP NOFO and Application Reference Documents

The following reference documents shall be required should the Proposer move to the contracting phase can be found in Exhibits 15 through 20.

### References

- [Exhibit 15 Affidavit Form Certifications PHS-5161-1](#)
- [Exhibit 16 Affidavit Form Assurances Non-Construction Programs](#)
- [Exhibit 17 Affidavit Form Assurance of Compliance HHS-690](#)
- [Exhibit 18 Affidavit Form Cash Flow Commitment](#)
- [Exhibit 19 HRSA Policy 11-02: Contracting with For-Profit Entities](#)
- [Exhibit 20 Eligibility Criteria](#)
- [Exhibit 21 Current CARE Council Approved Part A and MAI Budget Allocations](#)

## SECTION VII: GRIEVANCE POLICY AND APPEALS PROCEDURES

*(Ryan White Part A RFP Grievance Procedure)*

An entity submitting an NOFO (Proposer) that is aggrieved in connection with deviations from the established contracting and awards PROCESS, or deviations from the established PROCESS for any subsequent changes to the selection of contractors or awards, may initiate a grievance. The grievance shall relate only to a determination regarding the Proposer's eligibility, or the PROCESS utilized in arriving at recommended awards. A Proposer may not initiate a grievance concerning the recommended award amounts. Within fifteen (15) business days of the CSD RWHAP's announcement of the recommended awards, Proposers who wish to initiate a grievance must transmit



by mail or email a written Grievance Notice Form ([See Exhibit 13 Grievance Notice Form](#)) to the CSD Director. The Grievance Notice Form must be in writing, must identify the grieving Proposer, and must contain a detailed statement of the alleged deviation, including how the Proposer was directly affected and what remedy the Proposer seeks. The grievance is considered filed when it is received by the CSD Director. An untimely filed Grievance Notice Form will not be referred to a special master.

### **Funding of Contracts While a Grievance is in Process**

Due to the stringent time frames associated with administration of RWHAP grant funds, and to ensure the provision of HIV-related services while a grievance is in process, BCC will implement its funding decision according to its original recommended awards while a grievance is in process. Remedies sought through the grievance procedure are limited to prospective remedies, and are not applied retroactively.

### **Special Magistrate**

Within ten (10) business days of receipt of a timely filed Grievance Notice Form, and if the grievance cannot be resolved by CSD through informal means, the grievance will be referred to a county-designated special magistrate who shall have jurisdiction and authority to hear grievances and render a non-binding determination. The special magistrate shall state in writing any conflicts of interest that exist between the special magistrate and the parties.

### **Conduct of Special Magistrate Hearing**

CSD shall notify the grieving Proposer by regular mail and/or email of the time, date, and location of the scheduled special magistrate hearing at least fifteen (15) business days before the hearing date. All hearings shall be open to the public and a record shall be kept of all hearings. CSD and RWHAP representatives, and the grieving Proposer shall be entitled to appear as parties at the hearing, submit evidence, and present testimony of witnesses.

A party may request a postponement or continuance of a scheduled hearing by filing a written request with the CSD Director at least five (5) business days before the scheduled hearing. The request must contain the party's reasons for making the request. The CSD Director shall have sole discretion to grant or deny the party's request. The formal rules of evidence shall not apply, but fundamental due process shall be observed and shall govern the proceedings. Irrelevant, immaterial or unduly repetitious evidence as determined by the special magistrate may be excluded, but all other evidence of a type commonly relied upon by reasonably prudent persons in the conduct of their affairs shall be admissible, whether or not such evidence would be admissible in a trial in the courts of the state. Any part of the evidence may be received in written form.

The hearing shall be concluded after the parties in attendance have had an opportunity to present their case, and the special magistrate shall have five (5) business days from the day of the hearing to render a non-binding determination regarding the grievance and any recommended prospective remedy.

If the grieving Proposer and CSD are not able to resolve the grievance by accepting the non-binding determination, the grieving Proposer may file a Request for Binding Arbitration Form within five (5) business days from the date of the special magistrate's non-binding determination.

### **Binding Arbitration**

After exhausting the special magistrate hearing procedure, if attempts to resolve a grievance have not resulted in a solution acceptable to both parties, eligible Proposers may request Binding Arbitration. Such requests must be submitted to the CSD Director within five (5) business days from the date of the special magistrate's non-binding



determination on the Request for Binding Arbitration Form, a copy of which is attached. If a Request for Binding Arbitration Form is not received by the CSD Director within five (5) business days of the date of the special magistrate's non-binding determination, the grieving Proposer will have waived all further rights to grieve the process used in contractor selections and awards.

The Proposer must agree to pay one-half of the total cost of arbitration when submitting a Request for Binding Arbitration Form. Within three (3) business days of receiving the Form, the CSD Director will provide the Proposer with the names of two disinterested arbitrators from the Palm Beach County Alternative Dispute Resolution Office. Within three (3) business days of receipt of those names, the Proposer must choose one of the two arbitrators and advise the CSD Director of the Proposer's choice. If the parties are unable to agree on the selection of an arbitrator, the CSD Director will select an arbitrator.

Within five (5) business days of appointment, the arbitrator will contact the grieving Proposer and the CSD Director and agree on a day, time, and location of the arbitration meeting. The arbitrator shall review all correspondence, records, or documentation related to the process of the funding decision that is the subject of the grievance, and conduct any further interviews or investigations as are necessary to resolve the grievance. Within twenty (20) business days of appointment, the arbitrator will deliver to the CSD Director and the grieving Proposer an Arbitration Decision summarizing findings of fact and resolving the grievance. The Proposer shall have no further remedies after rendition of the Arbitration Decision. The Arbitration Decision will be final.

## SECTION IX: SCORE SHEET

Each application is scored by NCG Review Committee. Scores are averaged together to obtain the final score in each category. See [Exhibit 14 Scoring Criteria/Score Sheet](#) to review the Application Score Sheet.

## SECTION XI: DEFINITIONS

For a full listing of definitions of grants management terms, see the Public Health Services Grants Policy Statement, which can be accessed at:

[https://grants.nih.gov/grants/policy/nihgps/html5/section\\_1/1.2\\_definition\\_of\\_terms.htm](https://grants.nih.gov/grants/policy/nihgps/html5/section_1/1.2_definition_of_terms.htm).)

**AIDS Education and Training Center (AETC):** Regional centers providing education and training for primary care professionals and other AIDS-related personnel. AETCs are authorized under Part F of the Ryan White HIV/AIDS Program.

**Bureau of Health Resources Development (BHRD):** Bureau within the Health Resources and Services Administration (HRSA, [her-sa]), U.S. Department of Health and Human Services, which is responsible for administering the Ryan White Part A, Part B and SPNS (Special Projects of National Significance), among other programs.

**CARE Act (Ryan White Comprehensive AIDS Resources Emergency Act):** Now referred to as the Ryan White HIV/AIDS Program, this was the name of the original federal legislation (link is external) created to address the unmet health care and service needs of people with HIV Disease (PWH) disease and their families. The legislation was enacted in 1990 and reauthorized in 1996 and 2000. The legislation was subsequently reauthorized as the Ryan White HIV/AIDS Treatment Modernization Act of 2006 and later as the Ryan White HIV/AIDS Treatment Extension Act of 2009.

**Centers for Disease Control and Prevention (CDC):** The Department of Health and Human Services (DHHS) agency



that administers HIV/AIDS prevention programs, including the HIV Prevention Community Planning process, among other programs. The CDC is responsible for monitoring and reporting infectious diseases, administers AIDS surveillance grants and publishes epidemiologic reports such as the HIV/AIDS Surveillance Report.

**Chief Elected Official (CEO):** The official recipient of the Ryan White Part A funds within the EMA, usually a city mayor, county executive, or chair of the county board of supervisors. The CEO is ultimately responsible for administering all aspects of the Ryan White Act in the EMA and ensuring that all legal requirements are met. In EMAs with more than one political jurisdiction, the recipient of Ryan White Part A funds is the CEO of the city or urban county that administers the public health agency that provides outpatient and ambulatory services to the greatest number of people with AIDS in the EMA. In Palm Beach County the CEO is the Board of County Commissioners.

**Cone of Silence:** A prohibition on any non-written communication regarding an RFP between any respondent or respondent's representative and any County Commissioner.

**Continuous Quality Improvement:** An ongoing process that involves organization members in monitoring and evaluating programs to continuously improve service delivery. CQI seeks to prevent problems and to maximize the quality of care by identifying opportunities for improvement.

**Continuum of Care:** An approach that helps communities plan for and provide a full range of emergency and long-term service resources to address the various needs of PLWH/A.

**Contract:** A legal instrument by which a non-Federal entity purchases property or services needed to carry out the project or program under a Federal award. The term as used in this part does not include a legal instrument, even if the non-Federal entity considers it a contract, when the substance of the transaction meets the definition of a Federal award or sub-award.

**Core Medical Services:** Essential, direct, health care services for HIV/AIDS care specified in the Ryan White legislation. Recipient/Sub-recipient expenditures are limited to core medical services, support services, and administrative expenses.

**Corrective Action:** Action taken by the auditee that:

- (1) Corrects identified deficiencies;
- (2) Produces recommended improvements; or
- (3) Demonstrates that audit findings are either invalid or do not warrant auditee action.

**Cost Effective:** Economical and beneficial in terms of the goods or services received for the money spent.

**Cultural Competence:** The knowledge, understanding and skills to work effectively with individuals from differing cultural backgrounds.

**Cultural Humility:** The ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]. Cultural humility is different from other culturally-based training ideals because it focuses on self-humility rather than achieving a state of knowledge or awareness. Cultural humility was formed in the physical healthcare field and adapted for therapists, social workers, and medical librarians, to learn more about experiences and cultural identities of others and increase the quality of their interactions with clients and community members.

**Data:** Information that is used for a particular purpose.



**Defined Populations:** People grouped together by gender, ethnicity, age, or other social factors.\*

**Department of Health and Human Services (HHS):** The U.S. government's principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. HHS includes more than 300 programs, covering a wide spectrum of activities. The Department's programs are administered by 11 operating divisions such as the Centers for Disease Control and Prevention, the Food and Drug Administration and the National Institutes of Health (see the entries for these agencies). HHS works closely with state and local governments, and many DHHS-funded services are provided at the local level by state or county agencies, or through private-sector grantees. Internet address: <http://www.hhs.gov/>.

**Department of Housing and Urban Development (HUD):** The federal agency responsible for administering community development, affordable housing, and other programs including Housing Opportunities for Persons with HIV/AIDS (HOPWA).

**Disallowed Costs:** Charges to a Federal award that the Federal awarding agency or pass-through entity determines to be unallowable, in accordance with the applicable Federal statutes, regulations, or the terms and conditions of the Federal award.

**Diverse/Diversity:** Made up of all kinds; a variety of people and perspectives in one organization, process, etc.

**Division of HIV Services (DHS):** The entity within Bureau of Health Resources Development (BHRD) responsible for administering Ryan White Part A and B.

**Documentation:** Papers and documents required from clients, as defined by the recipient, in order to assure all RWHAP statutory requirements are met.

**EMA (Eligible Metropolitan Area):** The geographic area eligible to receive Ryan White Part A funds. The boundaries of the eligible metropolitan area are defined by the Census Bureau. Eligibility is determined by AIDS cases reported to the Centers for Disease Control and Prevention (CDC). Some EMAs include just one city and others are composed of several cities and/or counties. Some EMAs extend over more than one state.

**Epidemic:** A disease that occurs clearly in excess of normal expectation and spreads rapidly through a demographic segment of the human population. Epidemic disease can be spread from person to person or from a contaminated source such as food or water.

**Epidemiologic Profile:** A description of the current status and projected future spread of an infectious disease (an epidemic) in a specified geographic area; one of the required components of a needs assessment.

**Epidemiology:** The branch of medical science that studies the incidence, distribution, and control of disease in a population.

**Ethnicity:** A group of people who share the same place or origin, language, race, behaviors, or beliefs.

**Evidence-based:** In prevention planning, evidence is based on scientific data, such as AIDS cases reported to health departments and needs assessments conducted in a scientific manner.

**Expenditures:** Charges made by a non-Federal entity to a project or program for which a Federal award was received.



**Federal Agency:** An “agency” as defined at 5 U.S.C. 551(1) and further clarified by 5 U.S.C. 552(f).

**Federal Award:** Means, depending on the context, in either paragraph (1) or (2) of this definition:

(1)(i) The Federal financial assistance that a non-Federal entity receives directly from a Federal awarding agency or indirectly from a pass-through entity, as described in §75.101; or

(ii) The cost-reimbursement contract under the Federal Acquisition Regulations that a non-Federal entity receives directly from a Federal awarding agency or indirectly from a pass-through entity, as described in §75.101.

(2) The instrument setting forth the terms and conditions. The instrument is the grant agreement, cooperative agreement, other agreement for assistance covered in paragraph (2) of *Federal financial assistance*, or the cost-reimbursement contract awarded under the Federal Acquisition Regulations.

(3) Federal award does not include other contracts that a Federal agency uses to buy goods or services from a contractor or a contract to operate Federal Government owned, contractor operated facilities (GOCOs).

**Federal Awarding Agency:** Federal agency that provides a Federal award directly to a non-Federal entity.

**Federal Financial Assistance:**

(1) Assistance that non-Federal entities receive or administer in the form of:

- (i) Grants;
- (ii) Cooperative agreements;
- (iii) Non-cash contributions or donations of property (including donated surplus property);
- (iv) Direct appropriations;
- (v) Food commodities; and
- (vi) Other financial assistance (except assistance listed in paragraph (b) of this section).

(2) For §75.202 and subpart F of this part, Federal financial assistance also includes assistance that non-Federal entities receive or administer in the form of:

- (i) Loans;
- (ii) Loan Guarantees;
- (iii) Interest subsidies; and
- (iv) Insurance.

(3) Federal financial assistance does not include amounts received as reimbursement for services rendered to individuals as described in §75.502(h) and (i).

**Federal Poverty Level (FPL):** A measure of income issued every year by HHS. Federal poverty levels are commonly used to determine eligibility for certain programs and benefits such as Medicaid, Food Stamps, the Children’s Health Insurance Program (CHIP), and RWHAP.

**Federal Program:** (1) All Federal awards which are assigned a single number in the CFDA.

**Fiscal Year:** A twelve-month period set up for accounting purposes. For example, the federal government’s fiscal year runs from October 1st to September 30th of the following year.

**Financial Status Report (Form 269):** A report that is required to be submitted within 90 days after the end of the budget period that serves as documentation of the financial status of grants according to the official accounting





records of the grantee organization.

**Formula Grant Application:** The application used by EMAs and States each year to request an amount of Ryan White funding which is determined by a formula based on the number of reported AIDS cases in their location and other factors; the application includes guidance from DHS on program requirements and expectations.

**Generally Accepted Accounting Principles (GAAP):** As specified in accounting standards issued by the Government Accounting Standards Board (GASB) and the Financial Accounting Standards Board (FASB).

**Grant:** The money received from an outside group for a specific program or purpose. A grant application is a competitive process that involves detailed explanations about why there is a need for the money and how it will be spent.

**Grant Agreement:** A legal instrument of financial assistance between a Federal awarding agency or pass-through entity and a non-Federal entity that, consistent with 31 U.S.C. 6302, 6304:

(1) Is used to enter into a relationship the principal purpose of which is to transfer anything of value from the Federal awarding agency or pass-through entity to the non-Federal entity to carry out a public purpose authorized by a law of the United States (see 31 U.S.C. 6101(3)); and not to acquire property or services for the Federal awarding agency or pass-through entity's direct benefit or use;

(2) Is distinguished from a cooperative agreement in that it does not provide for substantial involvement between the Federal awarding agency or pass-through entity and the non-Federal entity in carrying out the activity contemplated by the Federal award.

(3) Does not include an agreement that provides only:

- (i) Direct United States Government cash assistance to an individual;
- (ii) A subsidy;
- (iii) A loan;
- (iv) A loan guarantee; or
- (v) Insurance.

**Guidelines:** Rules and structures for creating a program.

**Health Resources and Services Administration (HRSA):** The HHS agency that is responsible for administering the Ryan White Act.

**HIV/AIDS Bureau (HAB):** The bureau within the Health Resources and Service Administration (HRSA) of the DHHS that is responsible for administering the Ryan White funding. Within HAB, the Division of Service Systems administers Part A, Part B, and the AIDS Drug Assistance Program (ADAP); the Division of Community Based Programs administers Part C, Part D, and the HIV/AIDS Dental Reimbursement Program; and the Division of Training and Technical Assistance administers the AIDS Education and Training Centers (AETC) Program. The Bureau's Office of Science and Epidemiology administers the Special Projects of National Significance (SPNS) Program.

**HIV Care Continuum:** The stages of HIV care, from initial diagnosis to achieving the goal of viral suppression. The effectiveness of HIV testing and care in a given jurisdiction is typically depicted as the proportion of individuals with HIV who are engaged at each stage.



**HIV-Related Mortality Data:** Statistics that represent deaths caused by HIV infection.

**Housing Opportunities for Persons with AIDS (HOPWA):** A program administered by the U.S. Department of Housing and Urban Development (HUD) which provides funding to support housing for PWH and their families.

**Human Immunodeficiency Virus (HIV):** The virus that causes AIDS.

**Internal Controls:** A process, implemented by a non-Federal entity, designed to provide reasonable assurance regarding the achievement of objectives in the following categories:

- (1) Effectiveness and efficiency of operations;
- (2) Reliability of reporting for internal and external use; and
- (3) Compliance with applicable laws and regulations.

**Lead Agency:** The agency responsible for contract administration; also called a fiscal agent. An incorporated consortium sometimes serves as the lead agency. The lead agency for HOPWA is the City of West Palm Beach, the lead agency for Part B is Treasure Coast Health Council, the lead agency for County Health Department Patient Care and AIDS Network is the Department of Health.

**Maintenance of Effort:** The Part A and Part B requirement to maintain expenditures for HIV-related services/activities at a level equal to or exceeding that of the preceding year.

**Measurable Objective:** An intended goal that can be proved or evaluated.

**Minority:** A racial, religious, political, national or other group regarded as different from the larger group of which it is a part.

**Minority AIDS Initiative (MAI):** A national HHS initiative that provides special resources to reduce the spread of HIV/AIDS and improve health outcomes for people with HIV/AIDS within communities of color. Enacted to address the disproportionate impact of the disease in such communities. Formerly referred to as the Congressional Black Caucus Initiative because of that body's leadership in its development.

**Non-Federal Entity:** A state, local government, Indian tribe, institution of higher education (IHE), or nonprofit organization that carries out a Federal award as a recipient or sub-recipient.

**Nonprofit organization:** Any corporation, trust, association, cooperative, or other organization, not including IHEs, that:

- (1) Is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest;
- (2) Is not organized primarily for profit; and
- (3) Uses net proceeds to maintain, improve, or expand the operations of the organization.

**Notification/Notice of Funding Opportunity (NOFO):** A formally issued announcement of the availability of funding through a financial assistance program. The announcement invites applications and provides such information as eligibility and evaluation criteria, funding preferences/priorities, how to obtain application kits and the submission deadline. This process results in a Federal Sub-Recipient Agreement or Agreement for Financial Assistance.

**Office of Management and Budget (OMB):** The office within the executive branch of the Federal government which prepares the President's annual budget, develops the Federal government's fiscal program, oversees administration of the budget, and reviews government regulations.



**Palm Beach County Board of County Commissioners (BCC):** The PBC Board of County Commissioners is the CEO (recipient) of Ryan White Part A funds.

**Palm Beach County Community Services Department (CSD):** CSD acts as fiscal agent for the PBC Board of County Commissioners and is responsible for the disbursement of Ryan White Part A funds.

**Pandemic:** An epidemic that occurs in a large area or globally, such as with HIV and AIDS.

**Part A:** The part of the Ryan White Act that provides emergency assistance to localities (EMAs) disproportionately affected by the HIV epidemic.

**Part B:** The part of the Ryan White Act that enables States and Territories to improve the quality, availability, and organization of health care and support services to individuals with HIV and their families.

**Part C:** The part of the Ryan White Act that supports outpatient primary medical care and early intervention services to people with HIV disease through grants to public and private nonprofit organizations.

**Part D:** The part of the Ryan White Act that supports coordinated services and access to research for children, youth, and women with HIV disease and their families.

**Part F:** The part of the CARE Act that includes the AETC Program, the SPNS Project, and the HIV/AIDS Dental Reimbursement Program.

**People with HIV (PWH):** Descriptive term for persons with HIV.

**Planning Council/HIV Health Services Planning Council:** A planning body appointed or established by the Chief Elected Official of an EMA whose basic function is to establish a plan for the delivery of HIV care services in the EMA and establish priorities for the use of Ryan White Part A funds.

**Priorities & Allocations Process (P&A):** A decision-making process utilized by the P&A Committee of the HIV Care Council to establish priorities among service categories and develop funding allocation recommendations addressing locally identified needs.

**Prioritized Population:** Populations to be reached through some action or intervention; may refer to groups with specific characteristics (e.g., race/ethnicity, age, gender, socioeconomic status) or to specific geographic areas.

**Priority Setting:** The process used by a planning council or consortium to establish numerical priorities among service categories, to ensure consistency with locally identified needs, and to address how best to meet each priority.

**Procurement:** The process of selecting and contracting with providers, often through a competitive RFP process. For Part A, a responsibility of the grantee, not the planning council; for Part B, consortia are sometimes involved.

**Program Income:** Gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as provided in §75.307(f). (See Period of performance.) Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and



interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also §§75.307, 75.407 and 35 U.S.C. 200-212 (applies to inventions made under Federal awards).

**Project Costs:** Total allowable costs incurred under a Federal award and all required cost sharing and voluntary committed cost sharing, including third-party contributions.

**Provider (or service provider):** The agency that provides direct services to clients (and their families) or the recipient. A provider may receive funds as a recipient (such as under RWHAP Parts C and D) or through a contractual relationship with a recipient funded directly by RWHAP. Also see Sub-recipient.

**Quality Assurance (QA):** A system of establishing standards and measuring performance in the attainment of those standards and with feedback of results in order to better meet those standards.

**Quality Improvement (QI):** A system of repetitive analysis of areas of potential improvement, ever increasing standards of performance, measurement of performance, and systems change to improve performance.

**Resource Allocation:** The legislatively mandated responsibility of planning councils to assign the Ryan White Act funding amounts or percentages to established priorities across specific service categories, geographic areas, populations, or sub-populations.

**Recipient:** An entity, usually but not limited to non-Federal entities, that receives a Federal award directly from a Federal awarding agency to carry out an activity under a Federal program. The term may also include an Individual. The term recipient does not include sub-recipients, except as indicated below.

**Request for Proposal (RFP):** A formal competitive process to procure goods or services needed for operations of a program for which the scope of work/specifications may not be closely defined. This process results in a Contract for the Provision of Services.

**Ryan White HIV/AIDS Program Services Report (RSR):** Data collection and reporting system for reporting information on programs and clients served (Client Level Data).

**Ryan White HIV/AIDS Treatment and Modernization Act:** The Federal legislation created to address the health care and service needs of people with HIV/AIDS (PWH/As) disease and their families in the United States and its Territories. The Act was enacted in 1990 (Pub. L.101- 381) and reauthorized in 1996, 2001 and 2006.

**Socio-demographics:** Demographic (e.g. race, age, gender identity, sex) and socioeconomic data (e.g. income, education, health insurance status) characteristics of individuals and communities. Also known as: SES, demographic data.

**Sub-award:** An award provided by a pass-through entity to a sub-recipient for the sub-recipient to carry out part of a Federal award received by the pass-through entity. It does not include payments to a contractor or payments to an individual that is a beneficiary of a Federal program. A sub-award may be provided through any form of legal agreement, including an agreement that the pass-through entity considers a contract.

**Substance Abuse and Mental Health Services Administration (SAMHSA):** The HHS agency that administers programs in alcohol abuse, substance abuse, and mental health.



**Supplemental Grant Application:** An application for funding that supplements the Part A formula grant, and is awarded to EMAs on a competitive bases based on demonstrated need and ability to use and manage the resources.

**Sub-recipient:** A non-Federal entity that receives a sub-award from a pass-through entity to carry out part of a Federal program; but does not include an individual that is a beneficiary of such program. A sub-recipient may also be a recipient of other Federal awards directly from a Federal awarding agency.

**Support Services:** Services needed to achieve medical outcomes that affect the HIV-related clinical status of a person with HIV/AIDS. Recipient/Sub-recipient expenditures are limited to core medical services, support services, and administrative expenses.

**Technical Assistance (TA):** Training and skills development, which allows people and groups to perform their jobs better. This includes education and knowledge development in areas that range from completing grant applications, leadership and communication to creating an effective needs assessment tool and understanding statistical data.

**Termination:** The ending of a Federal award, in whole or in part at any time prior to the planned end of period of performance.

**Uniform Reporting System (URS):** Data collection system designed by HRSA to document the use of Title I and Title II funds.

**Unmet Needs:** Service needs of those individuals not currently in care as well as those in care whose needs are only partially met or not being met. Needs might be unmet because available services are either inappropriate for or inaccessible to the prioritized population.

**Unobligated Balance:** The amount of funds authorized under a Federal award that the non-Federal entity has not obligated. The amount is computed by subtracting the cumulative amount of the non-Federal entity's unliquidated obligations and expenditures of funds under the Federal award from the cumulative amount of the funds that the Federal awarding agency or pass-through entity authorized the non-Federal entity to obligate.

## EXHIBIT 1: REQUIRED INSURANCE

Prior to execution of this Agreement by the COUNTY, the AGENCY must obtain all insurance required under this article and have such insurance approved by the COUNTY'S Risk Management Department.

- A. AGENCY shall, at its sole expense, agree to maintain in full force and effect at all times during the life of this Agreement, insurance coverages and limits (including endorsements), as described herein. AGENCY shall agree to provide the COUNTY with at least ten (10) day prior notice of any cancellation, non-renewal or material change to the insurance coverages. The requirements contained herein, as well as COUNTY'S review or acceptance of insurance maintained by AGENCY are not intended to and shall not in any manner limit or qualify the liabilities and obligations assumed by AGENCY under the Agreement.
- B. **Commercial General Liability** AGENCY shall maintain Commercial General Liability at a limit of liability not less than **\$500,000** Each Occurrence. Coverage shall not contain any endorsement excluding Contractual Liability or Cross Liability unless granted in writing by COUNTY'S Risk Management Department. AGENCY shall provide this coverage on a primary basis.
- C. **Business Automobile Liability** AGENCY shall maintain Business Automobile Liability at a limit of liability not



less than **\$500,000** Each Accident for all owned, non-owned and hired automobiles. In the event AGENCY does not own any automobiles, the Business Auto Liability requirement shall be amended allowing AGENCY to agree to maintain only Hired & Non-Owned Auto Liability. This amended requirement may be satisfied by way of endorsement to the Commercial General Liability, or separate Business Auto coverage form. AGENCY shall provide this coverage on a primary basis.

- D. **Worker’s Compensation Insurance & Employers Liability** AGENCY shall maintain Worker’s Compensation & Employers Liability in accordance with Florida Statute Chapter 440. AGENCY shall provide this coverage on a primary basis.
- E. **Professional Liability** AGENCY shall maintain Professional Liability or equivalent Errors & Omissions Liability at a limit of liability not less than **\$1,000,000** Each Claim. When a self-insured retention (SIR) or deductible exceeds **\$10,000**, COUNTY reserves the right, but not the obligation, to review and request a copy of AGENCY’s most recent annual report or audited financial statement. For policies written on a “Claims-Made” basis, AGENCY shall maintain a Retroactive Date prior to or equal to the effective date of this Agreement. The Certificate of Insurance providing evidence of the purchase of this coverage shall clearly indicate whether coverage is provided on an “occurrence” or “claims - made” form. If coverage is provided on a “claims - made” form the Certificate of Insurance must also clearly indicate the “retroactive date” of coverage. In the event the policy is canceled, non-renewed, switched to an Occurrence Form, retroactive date advanced, or any other event triggering the right to purchase a Supplement Extended Reporting Period (SERP) during the life of this Agreement, AGENCY shall purchase a SERP with a minimum reporting period not less than 3 years. AGENCY shall provide this coverage on a primary basis.

**Additional Insured** AGENCY shall endorse the COUNTY as an Additional Insured with a CG 2026 Additional Insured - Designated Person or Organization endorsement, or its equivalent, to the Commercial General Liability. The Additional Insured endorsement shall read “Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees and Agents.” AGENCY shall provide the Additional Insured endorsements coverage on a primary basis.

- F. **Waiver of Subrogation** AGENCY hereby waives any and all rights of Subrogation against the COUNTY, its officers, employees and agents for each required policy. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss contract to waive subrogation without an endorsement to the policy, then AGENCY shall agree to notify the insurer and request the policy be endorsed with a Waiver of Transfer of rights of Recovery Against Others, or its equivalent. This Waiver of Subrogation requirement shall not apply to any policy, which specifically prohibits such an endorsement, or which voids coverage should AGENCY enter into such a contract on a pre-loss basis.
- G. **Certificate(s) of Insurance** No later than the execution of this Agreement, AGENCY shall deliver to the COUNTY’s representative as identified in Article 24, a Certificate(s) of Insurance evidencing that all types and amounts of insurance coverages required by this Agreement have been obtained and are in full force and effect. Such Certificate(s) of Insurance shall include a minimum thirty (30) day endeavor to notify due to cancellation or non-renewal of coverage. The certificate of insurance shall be issued to

Palm Beach County Board of Commissioners  
c/o Community Services Department  
810 West Datura Street  
West Palm Beach, FL 33401  
ATTN: Contracts Manager



- H. **Umbrella or Excess Liability** If necessary, AGENCY may satisfy the minimum limits required above for Commercial General Liability, Business Auto Liability, and Employer’s Liability coverage under Umbrella or Excess Liability. The Umbrella or Excess Liability shall have an Aggregate limit not less than the highest “Each Occurrence” limit for either Commercial General Liability, Business Auto Liability, or Employer’s Liability. The COUNTY shall be specifically endorsed as an “Additional Insured” on the Umbrella or Excess Liability, unless the Certificate of Insurance notes the Umbrella or Excess Liability provides coverage on a “Follow-Form” basis.
- I. **Right to Review** COUNTY, by and through its Risk Management Department, in cooperation with the contracting/monitoring department, reserves the right to review, modify, reject or accept any required policies of insurance, including limits, coverages, or endorsements, herein from time to time throughout the term of this Agreement. COUNTY reserves the right, but not the obligation, to review and reject any insurer providing coverage because of its poor financial condition or failure to operate legally.

## EXHIBIT 2: ADDITIONAL TERMS AND CONDITIONS

1. **PROGRAM IMPLEMENTATION AND IMPLEMENTATION PLAN**  
Proposers are required to submit a detailed implementation plan for each funded service or program that reflects a service start date appropriate for the funding period of the proposal. Proposers are required to inform the County, in writing, of any proposed deviation from the approved implementation plan. Proposers will also be required to obtain written approval from the County for any revisions to the approved implementation plan.
2. **GRANT AGREEMENT PROCESS**  
Successful Proposer(s) (hereinafter referred to as the “Provider”) will be required to submit all documents necessary for grant agreement process (e.g. revised budgets, implementation plan, insurance certificates, affidavits, etc.) prior to agreement execution.
3. **REIMBURSEMENT**  
Providers must invoice the County on a monthly basis, on or before the twenty-fifth (25<sup>th</sup>) working day of each month. Reimbursement requests shall be on the basis of actual cost, as documented in the agency’s general ledger and/or negotiated fees established on the basis of Current Procedural Terminology (CPT) or Code on Dental Procedures (CDT).
4. **AWARD/BUDGET REDUCTION**  
Providers must submit to the County a plan to expend its full allocation within the grant period in the form of a line item budget and budget narrative, consistent with the Provider’s approved implementation plan. Expenditure reports will be distributed to the Palm Beach County HIV CARE Council and the Board of County Commissioners throughout the grant period. If it is determined, based on average monthly reimbursements, that a Provider will not expend their full allocation within the contract period, the County may, upon written notification, reduce the dollar amount for any category of service.
5. **AUDIT**  
A copy of the Proposer’s most recent audit must accompany the proposal. If a copy of the most recent audit has already been furnished to the Department a new copy must still be supplied.

Providers shall maintain adequate records to justify all charges, expenses and costs incurred in estimating and performing the work for at least seven (7) years after completion of the grant, or until resolution of any audit findings and/or recommendations. The County shall have access to such books, records, and



documents as required in this section for the purpose of inspection or audit during normal business hours, at the provider's place of business.

Providers shall provide the County with an annual financial audit report which meets the requirements of sections 11.45 and 216.349, Florida Statutes, and Chapter 10.550 and 10.600, Rules of the Auditor General, and, to the extent applicable, the Single Audit Act of 1984, 31 U.S.C. § 7501-7507, OMB Circulars A-128 or A-133 for the purposes of auditing and monitoring the funds awarded under this contract.

The annual financial audit report shall include all management letters and the Provider's response to all findings, including corrective actions to be taken.

The annual financial audit report shall include a schedule of financial assistance specifically identifying all contracts, agreements and grant revenue by sponsoring agency and contract /grant number.

The complete financial audit report, including all items specified herein, shall be sent directly to:

Fiscal Manager  
Palm Beach County Community Services Department  
810 Datura Street, Suite 200  
West Palm Beach, Florida 33401

Providers shall have all audits completed by an independent certified public accountant (IPA) who shall either be a certified public accountant or a public accountant licensed under Chapter 473, Florida Statutes. The IPA shall state that the audit complied with the applicable provisions noted above.

The audit is due within (9) months after the end of the Provider's fiscal year.

Providers will provide a final close out report and Financial Reconciliation Statement accounting for all funds expended hereunder no later than 30 days from the contract end date.

A copy of all grant audits and monitoring reports by other funding entities are required to be provided to the County.

Providers shall establish policies and procedures and provide a statement, stating that the accounting system or systems, has/have appropriate internal controls, checking the accuracy and reliability of accounting data and promoting operating efficiency.

## 6. ELIGIBILITY DOCUMENTATION

Clients must provide all documentation regarding eligibility as required by the Eligibility Criteria. This documentation must be maintained in the Ryan White client services database, Provide Enterprise, and be available for review by the Recipient. The documentation must be scanned into Provide Enterprise.

## 7. REPORTS

Providers must submit any and all reports to the County for each individual service, for which a grant has been awarded, by the date(s) and time(s) set by the Recipient. Required data must be entered into the client database. These reports and/or data must include, but are not limited to the following:

- Accumulating Unexpended Funds Report
- Participation in Client Satisfaction Survey





- Monthly Request for Reimbursement
- Provide Enterprise Eligible Client Services Report
- Data elements for the Annual RWHAP Service Report
- Quality Management Outcomes and Performance Metrics Data
- Client Service Utilization Data
- WICY (women, infants, children & youth) Data
- Special requirements for information (as required)

All reports and data are subject to verification and audit of Provider records.

#### 8. PROGRAM EVALUATION

All providers funded under this NOFO will be required to participate in a standardized evaluation and quality assurance process that is coordinated by Palm Beach County Community Services Department and adhere to the HRSA, HIV/AIDS Bureau, Division of Service Systems Monitoring Standards for Ryan White. The HRSA standards are located at <https://ryanwhite.hrsa.gov/grants/manage/recipient-resources> The local Quality Management Plan, as well as the Standards of Care can be located at <https://discover.pbcgov.org/communityservices/Pages/Ryan-White-CARE.aspx> under *Useful Links*. [https://discover.pbcgov.org/communityservices/PDF/RWHAP\\_Program\\_Manual\\_GY23.pdf](https://discover.pbcgov.org/communityservices/PDF/RWHAP_Program_Manual_GY23.pdf)

Providers must establish and maintain a Quality Management program to plan, assess, and improve health outcomes through implementation of quality improvement processes. Provider must have at least 1 quality improvement project in-process at any time during the Agreement period. Provider must also participate in System of Care-level Quality Management activities initiated by CSD and the Palm Beach County HIV CARE Council to assess the effectiveness and quality of services delivered through Ryan White HIV/AIDS Treatment Extension Act of 2009 funding. Provider must track outcomes for each client.

Providers must also agree to participate in evaluation studies sponsored by HRSA and/or analysis carried out by or on behalf of the Recipient and/or the HIV CARE Council to evaluate the effect of patient service activities, or on the appropriateness and quality of care/services. This participation shall at a minimum include permitting right of access of staff involved in such efforts to the Provider's premises and records. Further, the provider agrees to participate in ongoing meetings or task forces aimed at increasing, enhancing and maintaining coordination and collaboration among HIV-related health and support Providers.

#### 9. RIGHT TO INSPECT

All Provider books and records, as they relate to the grant, must be made available for inspection and/or audit by the County, HRSA, and any organization conducting reviews on behalf of the HIV CARE Council without notice. In addition, all records pertaining to the grant must be retained in proper order by the Provider for at least seven (7) years following the expiration of the agreement, or until the resolution of any questions, whichever is later.

#### 10. ASSIGNMENT

Providers shall not assign, transfer, convey, sublet or otherwise dispose of any of its rights or obligations to any person, company or corporation without prior written consent of the County.

#### 11. RULES, REGULATIONS AND LICENSING REQUIREMENTS

Providers and their staff must possess all required State of Florida licenses, as well as, all required Palm Beach County occupational licenses. In addition, Providers shall comply with all laws, ordinances and regulations applicable to the contracted services, especially those applicable to conflict of interest.



Providers are presumed to be familiar with all Federal, State and local laws, ordinances, codes, rules, and regulations that may in any way affect the delivery of services.

12. PERSONNEL

In submitting their proposals, the Proposers are representing that the personnel described in their proposal shall be available to perform services described, barring illness, accident or other unforeseeable events of a similar nature, in which case, the Provider must be able to provide a qualified replacement. The County must be notified of all changes in key personnel within five (5) working days of the change. Furthermore, all personnel shall be considered to be, at all times, the sole employees of the Provider under its sole direction, and not employees or agents of the County.

13. INDEMNIFICATION

AGENCY shall protect, defend, reimburse, indemnify, save and hold the COUNTY, its agents, employees, officers and elected officials harmless from and against any and all claims, liability, expense, loss, cost, damages or causes of action of every kind or character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during and as a result of their performance of the terms of this Agreement or due to the acts or omissions of AGENCY.

AGENCY will hold the COUNTY harmless and will indemnify the COUNTY for any funds that the COUNTY is obligated to refund the Federal Government based on the AGENCY's provision of services, or failure to provide services, pursuant to this Agreement, including but not limited to, determinations of client eligibility for Ryan White HIV/AIDS Treatment Extension Act of 2009 funds. The AGENCY also agrees that funds made available pursuant to this Agreement shall not be used by the AGENCY for the purpose of initiating or pursuing litigation against the COUNTY.

14. CERTIFICATIONS, ASSURANCES, CASH FLOW COMMITMENT AND PUBLIC ENTITY CRIMES

No Proposer shall be awarded or receive a County contract or management agreement for procurement of goods or services (including professional services) unless such Proposer has submitted the completed Certifications, Assurances and Cash Flow Commitment forms.

In accordance with Sections 287.132-133, F.S., a Provider, its affiliates, suppliers, subcontractors and consultants who will perform under this grant, shall not have been placed on the convicted vendor list maintained by the State of Florida Department of Management Services within the 36 months immediately preceding the date of contract.

15. AMERICANS WITH DISABILITIES (ADA)

Providers must meet all the requirements of the Americans with Disabilities Act (ADA), which shall include, but not be limited to, posting a notice informing service recipients and employees that they can file any complaints of ADA violations directly with the Equal Employment Opportunity Commission (EEOC), One Northeast First Street, Sixth Floor, Miami, Florida 33132.

16. NON-EXPENDABLE PROPERTY

Non-expendable property is defined as tangible property of a non-consumable nature that has an acquisition cost of \$1000 or more per unit, and an expected useful life of a least one year (including books). All such property purchase requested in your proposal shall include a description of the property, the model number, manufacturer, and cost. An inventory of all property purchased with Ryan White funds must be attached to your proposal. (See [Exhibit 6 Inventory of Non-Expendable Property for the last three \(3\) years.](#))



## 17. STANDARDS OF CONDUCT FOR EMPLOYEES

Provider organizations must establish safeguards to prevent employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private financial gain for themselves or others such as those with whom they have family, business or other ties. Therefore, each institution receiving financial support must have written policy guidelines on conflict of interest and the avoidance thereof. These guidelines should reflect State and local laws and must cover financial interests, gifts, gratuities and favors, nepotism, and other areas such as political participation and bribery. These rules must also indicate the conditions under which outside activities, relationships or financial interest are proper or improper, and provide for notification of these kinds of activities, relationships or financial interests to a responsible and objective institution official. For the requirements of code of conduct applicable to procurement under grants, see the procurement standards prescribed by 45 CFR Part 74, Subpart P and 45 CFR Part 92.36.

The rules of conduct must contain a provision for prompt notification of violations to a responsible and objective Recipient official and must specify the type of administrative action that may be taken against an individual for violations. Administrative actions, which would be in addition to any legal penalty (ies), may include oral admonishment, written reprimand, reassignment, demotion, suspension or separation. Suspension or separation of a key official must be reported promptly to the County.

A copy of the rules of conduct must be given to each officer, employee, board member and consultant of the Provider organization who is working on the grant supported project or activity and the rules must be enforced to the extent permissible under state and local law or to the extent to which the Recipient determines it has legal and practical enforcement capacity. The rules need not be formally submitted to and approved by the County; however, they must be made available for a review upon request, for example, during a site visit.

## 18. HIPAA PRIVACY RULES

Proposers must describe how they are complying with the Health Insurance Portability and Accountability Act (HIPAA). Providers will need to detail their efforts to comply with HIPAA regulations to the extent that such regulations are applicable to the Provider. If the Provider does not provide services that fall under HIPAA Privacy Rules, a statement to that effect may be provided.

Additional terms and conditions are contained the RW Standard Terms and Conditions, as amended, which are located at <https://discover.pbcgov.org/communityservices/Pages/Ryan-White-CARE.aspx>.



EXHIBIT 3: RW PROPOSAL COVER SHEET

PROPOSAL COVER SHEET			
Full, Legal Name or Organization		Local Address of Organization	
Telephone Number		Fax Number	
Name of Contact		Telephone Number	
Primary Contact Email Address			
Proposed Service(s)	Total Request (\$)	Proposed Service(s)	Total Request (\$)
I certify that all of the information contained in this proposal is true and accurate. I further understand that material omission or false information contained in this proposal constitute grounds for disqualification of the Proposer(s) and this proposal.			
Signature	Typed Name	Title	Date
Sworn to and subscribed before me this _____ day of _____, 2023			
NOTARY PUBLIC, State of Florida at Large			



## EXHIBIT 4: RWHAP PART A AND MAI PROPOSAL SUBMISSION CHECKLIST

### PROPOSAL SUBMISSION CHECKLIST

The online application, including attachments must be included, except those required for specific programs. **PROPOSAL DUE NO LATER THAN OCTOBER 12, 2023 AT 5:00 P.M.**

✓	ITEM
	Proposal Cover Sheet
	Application Submission Checklist
	Online Application
	Internal Control Questionnaire
	Proposer's Policies and Procedures
	SunBiz: Certificate of Corporation, a printout of the Detail by Entity Name page from Florida Department of State, Division of Corporations at sunbiz.org, dated within twelve (12) months of the due date of this Proposal/Application. This certificate must state on its face that the Proposer is 'active'. Please note that a copy of the Articles of Incorporation or any similar document does not meet the requirements of this section. (Public Entities N/A)
	IRS Letter: Proof of 501c3 status is submitted. Applicable to not-for-profit organizations. Not applicable for Public Entities
	Proposer's List of Board of Directors. Not applicable to Public Entities
	Proposer's grievance policy or form(s) to be used by client(s)
	Inventory of Non-Expendable Property for the last three (3) years
	Agency License(s)/Accreditation Certificates
	Proposer's Logic Model
	Table of All Proposer's HIV Funding
	Organizational Chart indicating where the Proposed Program fall. Services would function within the Proposer's agency if the requested funds are provided
	Proposer's job descriptions for all designated staff
	Training and Staff Development Plan
	Agency Demographics for MAI proposals only
	Any Interagency Agreement(s) the Proposer has in place to successfully provide the proposed service(s) for agencies applying in partnership
	Memorandums of Agreement and/or Interagency Agreements for agencies that describe collaborations between agencies
	Part A Program Budgets (for each service category)
	MAI Program Budgets (for each service category)
	Total Agency Budget
	Sliding Fee Scale Policy
	Proposers Audited Financial Statement
	Part A HRSA Implementation Plan
	MAI HRSA Implementation Plan
	Current/Proposed Site Locations





	YES	NO	N/A
10. Are there controls to prevent expenditure of funds in excess of approved, budgeted amounts? For example, are purchase requisitions reviewed against remaining amount in budget category?			
11. Has any aspect of the organization's activities been audited within the past 2 years by another governmental agency or independent public accountant?			
12. Has the organization obtained fidelity bond coverage for responsible officials?			
13. Has the organization obtained fidelity bond coverage in the amounts required by statutes or organization policy?			
14. Are grant financial reports prepared for required accounting periods within the time imposed by the grantors?			
15. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate?			

**CASH RECEIPTS**

1. Does the organization have subgrant agreements which provide for advance payments and/or reimbursement of cost?			
2. If advance payments have been made to the organization:			
a. Are funds maintained in a bank with sufficient federal deposit insurance?			
b. Is there an understanding of the terms of the advance (i.e. to be used before costs can be submitted for reimbursement)?			

**PURCHASING, RECEIVING, AND ACCOUNTS PAYABLE**

The following conditions are indicative of satisfactory control over purchasing, receiving, and accounts payable.

1. Prenumbered purchase orders are used for all items of cost and expense.
2. There are procedures to ensure procurement at competitive prices.
3. Receiving reports are used to control the receipt of merchandise.
4. There is effective review by a responsible official following prescribed procedures for program coding, pricing, and extending vendors' invoices.
5. Invoices are matched with purchase orders and receiving reports.
6. Costs are reviewed for charges to direct and indirect cost centers in accordance with applicable grant agreements and applicable Federal Management circulars pertaining to cost principles.
7. When accrual accounting is required, the organization has adequate controls such as checklists for statement closing procedures to ensure that open invoices and uninvoiced amounts for goods and services received are properly accrued or recorded in the books or controlled through worksheet entries.



8. There is adequate segregation of duties in that different individuals are responsible for (a) purchase (b) receipt of merchandise or services, and (c) voucher approval.

**PURCHASING**

	YES	NO	N/A
1. Is the purchasing function separate from accounting and receiving?			
2. Does the organization obtain competitive bids for items, such as rental or service agreements, over specified amounts?			
3. Is the purchasing agent required to obtain additional approval on purchase orders above a stated amount?			
4. Are there procedures to obtain the best possible price for items not subject to competitive bidding requirements, such as approved vendor lists and supply item catalogs?			
5. Are purchase orders required for purchasing all equipment and services?			
6. Are purchase orders controlled and accounted for by prenumbering and keeping a logbook?			
7. Are the organization's normal policies, such as competitive bid requirements, the same as grant agreements and related regulations?			
8. Is the purchasing department required to maintain control over items or dollar amounts requiring the ADECA to give advance approval?			
9. Under the terms of 2 CFR 200, certain costs and expenditures incurred by units of State and local governments are allowable only upon specific prior approval of the grantor Federal agency. The grantee organization should have established policies and procedures governing the prior approval of expenditures in the following categories.			
a. Automatic data processing costs.			
b. Building space rental costs.			
c. Costs related to the maintenance and operation of the organization's facilities.			
d. Costs related to the rearrangement and alteration of the organization's facilities.			
e. Allowances for depreciation and use of publicly owned buildings.			







4. Are extensions on invoices and applicable freight charges checked by accounts payable personnel?
5. Is the program to be charged entered on the invoice and checked against the purchase order and approved budget?
6. Is there an auditor of disbursements who reviews each voucher to see that proper procedures have been followed?
7. Are checks adequately cross referenced to vouchers?
8. Are there individuals responsible for accounts payable other than those responsible for cash receipts?
9. Are accrual accounts kept for items which are not invoiced or paid on a regular basis?
10. Are unpaid vouchers totaled and compared with the general ledger on a monthly basis?

YES	NO	N/A

### CASH DISBURSEMENTS

The following conditions are indicative of satisfactory controls over cash disbursements.

1. Duties are adequately separated; different persons prepare checks, sign checks, reconcile bank accounts, and have access to cash receipts.
2. All disbursements are properly supported by evidence of receipt and approval of the related goods and services.
3. Blank checks are not signed.
4. Unissued checks are kept in a secure area.
5. Bank accounts are reconciled monthly.
6. Bank accounts and check signers are authorized by the board of directors or trustees.
7. Petty cash vouchers are required for each fund disbursement.
8. The petty cash fund is kept on an imprest basis.

1. Are checks controlled and accounted for with safeguards over unused, returned, and voided checks?
2. Is the drawing of checks to cash or bearer prohibited?
3. Do supporting documents, such as invoices, purchase orders, and receiving reports, accompany checks for the check signers' review?
4. Are vouchers and supporting documents appropriately cancelled (stamped or perforated) to prevent duplicate payments?

YES	NO	N/A



	YES	NO	N/A
5. If check signing plates are used, are they adequately controlled (i.e., maintained by a responsible official who reviews and accounts for prepared checks)?			
6. Are two signatures required on all checks or on checks over stated amounts?			
7. Are check signers responsible officials or employees of the organization?			
8. Is the person who prepares the check or initiates the voucher other than the person who mails the check?			
9. Are bank accounts reconciled monthly and are differences resolved?			
10. Concerning petty cash disbursements:			
a. Is petty cash reimbursed by check and are disbursements reviewed at that time?			
b. Is there a maximum amount, reasonable in the circumstances, for payments made in cash?			
c. Are petty cash vouchers written in ink to prevent alteration?			
d. Are petty cash vouchers canceled upon reimbursement of the fund to prevent their reuse?			

**PAYROLL**

The following conditions are indicative of satisfactory controls of payroll.

1. Written authorizations are on file for all employees covering rates of pay, withholdings and deductions.
2. The organization has written personnel policies covering job descriptions, hiring procedures, promotions, and dismissals.
3. Distribution of payroll charges is based on documentation prepared outside the payroll department.
4. Payroll charges are reviewed against program budgets and deviations are reported to management for follow-up action.
5. Adequate timekeeping procedures, including the use of timeclock or attendance sheets and supervisory review and approval, are employed for controlling paid time.
6. Payroll checks are prepared and distributed by individuals independent of each other.
7. Other key payroll and personnel duties such as timekeeping, salary authorization and personnel administration are adequately separated.



- |   | YES | NO | N/A |
|---|-----|----|-----|
| 8. Are payroll and personnel policies governing compensation in accordance with the requirements of grant agreements?                       |     |    |     |
| 9. Are there procedures to ensure that employees are paid in accordance with approved wage and salary rates?                                |     |    |     |
| 10. Is the distribution of payroll charges checked by a second person and are aggregate amounts compared to the approved budget?            |     |    |     |
| 11. Are wages paid at or above the Federal minimum wage?  |     |    |     |
| 12. Are procedures adequate for controlling: (a) overtime wages, (b) overtime work authorization, and (c) supervisory approval of overtime? |     |    |     |
| 13. Are payroll checks distributed by persons not responsible for preparing the checks?   |     |    |     |

**PROPERTY AND EQUIPMENT**

The following conditions are indicative of satisfactory control over property and equipment.

1. There is an effective system of authorization and approval of capital equipment expenditures.
2. Accounting practices for recording capital assets are reduced to writing.
3. Detailed records of individual capital assets are kept and periodically balanced with the general ledger accounts.
4. There are effective procedures for authorizing and accounting for disposals.
5. Property and equipment is stored in a secure place.

- |  | YES | NO | N/A |
|--|-----|----|-----|
| 6. Are executive authorizations and approvals required for originating expenditures for capital items? |     |    |     |
| 7. Are expenditures for capital items reviewed for board approval before funds are committed?          |     |    |     |



9. Does the organization have established policies covering capitalization and depreciation?
10. Does the organization charge depreciation or use allowances on property and equipment against any grant programs which it administers?
11. Is historical cost the basis for computing depreciation or use allowances?
12. Are the organization's depreciation policies or methods of computing use allowances in accordance with the standards outlined in Federal circulars or agency regulations?
13. Are there detailed records showing the asset values of individual units of property and equipment?
14. Are detailed property records periodically balanced to the general ledger?
15. Are detailed property records periodically checked by physical inventory?
16. Are differences between book records and physical counts reconciled and are the records adjusted to reflect shortages?
17. Are there procedures governing the use of property and equipment?

YES	NO	N/A
YES	NO	N/A

**INDIRECT COSTS**

1. Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate?
2. Is the plan prepared in accordance with the provisions of 2 CFR 200?
3. Has audit cognizance for the plan been established and are the rates accepted by all participating Federal and State agencies?
2. Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges as direct or indirect costs to all grants?





EXHIBIT 6: INVENTORY OF NON-EXPENDABLE PROPERTY PURCHASED WITH RWHAP FUNDING

Inventory of Non-Expendable Property Purchased with Part A Ryan White Funding

Description (Include Contract No.)	Model Number	Manufacturer Serial No.	Date of Acquisition	Cost	Inventory Number	Location	Condition	Trans/Repl Disposition



EXHIBIT 7: RW LOGIC MODEL

 <b>Palm Beach County Ryan White Part A/MAI Logic Model</b> <b>Project Period GY2024-2026</b> 					
Agency Name					
Problem Statement					
Program Goals					
INPUTS					
ACTIVITIES					
OUTPUTS					
OUTCOMES					
Short Term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)			
Resources (people, money, space, etc.) needed to do the work.	The services or interventions provided to achieve the desired outcomes(s).	(1) The number of unduplicated clients provided Core medical services (across all core medical service categories); (2) The number of unduplicated clients provided Support services (across all support service categories); (3) The number of unduplicated clients provided any service (across all core medical and support service categories).	The quantitative measure of the projected change expected of clients receiving services. Example: increase the number of unduplicated clients receiving outpatient/ambulatory health services by 15% (numerator/denominator).	The quantitative measure of the projected change expected of clients receiving services. Example: increase the number of clients retained in care by 10% (numerator/denominator).	The quantitative measure of the projected change expected of clients receiving services. Example: increase the number of clients achieving viral suppression by 5% (numerator/denominator).



# EXHIBIT 8: AGENCY DEMOGRAPHICS *(For MAI Proposals Only)*

## Agency Demographics Form

FOR MAI PROPOSALS ONLY

Organization Name: \_\_\_\_\_

	TOTAL AGENCY						HIV/AIDS Direct Services					
	BOARD OF DIRECTORS		STAFF		UNDUPLICATED CLIENTS		STAFF		UNDUPLICATED CLIENTS		OTHER VOLUNTEERS	
	#	%	#	%	#	%	#	%	#	%	#	%
White, not Hispanic												
Black, not Hispanic												
Haitian												
Hispanic												
Asian/Pacific Islander												
American Indian/Alaska Native												
Not Specified												
TOTAL MINORITY												
TOTAL WHITE												
TOTAL WOMEN												
TOTAL MEN												
Gay/Lesbian/Bisexual*												
PWHIV/PWA*												

\* Give the number of persons on our Board of Directors and HIV/AIDS program staff who openly self-identify as such





EXHIBIT 9: PROGRAM BUDGET (Required for each service category)

SUB RECIPIENT: NAME OF AGENCY							
AIDS PHARMACEUTICAL ASSISTANCE							
GRANT YEAR: 2024							
		<b>Award Amount \$ 325,000</b>					
Personnel							
RYAN WHITE FTE	Name, Position, Duties	RW Requested Amount	Other Funding Source %	Other Funding Source-Name of Agency	Other Funding Source %	Other Funding Source-Name of Agency	Total Agency Budget
85%	Name, Position, This position is responsible for Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV Care and treatment services if found to be HIV-Infected. Also coordinates the testing services with other HIV prevention and testing programs to avoid duplication of efforts. HIV Testing paid for by EIS can not supplant testing efforts paid for by other sources.	\$ 48,748	\$ 0	\$ 5,735	\$ 0	\$ 2,868	\$ 57,350
80%	Name, Position, This position is responsible for Referring clients to services to improve HIV care and treatment services at key points of entry.	\$ 34,169	\$ 0	\$ 4,271	\$ 0	\$ 4,271	\$ 42,711
82%	Name, Position, This position is responsible for Access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Care Management, and Substance Abuse Care.	\$ 43,460	\$ 0	\$ 4,770	\$ 0	\$ 4,770	\$ 53,000
82%	Name Position, This position provides Outreach Services and Health Education/Risk Reduction related to HIV diagnosis.	\$ 53,300	\$ 0	\$ 5,850	\$ 0	\$ 5,850	\$ 65,000
32%	Name, Secretary, This position supports staff and is responsible for coordination; as well as general office administration, filing, copying, etc.	\$ 12,800	\$ 0	\$ 13,600	\$ 0	\$ 13,600	\$ 40,000
<b>3.61</b>	<b>Personnel Total</b>	<b>\$ 192,476</b>	<b>\$ 1</b>	<b>\$ 34,226</b>	<b>\$ 1</b>	<b>\$ 31,359</b>	<b>\$ 258,061</b>
Fringe Benefits							
Percentage	Category	RW Requested Amount		Other Funding Source		Other Funding Source	Total Agency Budget
19.00%	Insurance(Medical/Dental)	\$ 36,570		\$ 6,502		\$ 5,958	\$ 49,030
6.20%	Social Security	\$ 11,933		\$ 2,122		\$ 1,944	\$ 15,999
7.52%	Retirement	\$ 14,474		\$ 2,573		\$ 2,358	\$ 19,405
1.45%	Medicare	\$ 2,790		\$ 496		\$ 454	\$ 3,740
5.00%	Others (Disability, Unemployment, Workers Comp, Life Insurance, and Supp. Ret.)	\$ 9,623		\$ 1,711		\$ 1,567	\$ 12,901
	<b>Fringe Benefits Total</b>	<b>\$ 75,390</b>		<b>\$ 13,404</b>		<b>\$ 12,281</b>	<b>\$ 101,075</b>



# EXHIBIT 10: TOTAL AGENCY BUDGET

## TOTAL AGENCY BUDGET

Agency Name: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_  
 Program Name: \_\_\_\_\_ AGENCY BUDGET

REVENUES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local	Total
1. Funds from Government Sources							0
2. Foundations							0
3. Other Grants							0
4. Fund Raising							0
5. Contributions/ Legacies/Bequests							0
6. 340B Revenue							0
7. Program Service Fees/Sales to Public							0
8. Investment Income							0
9. In-Kind							0
10. Miscellaneous - Indirect Income							0
11. Total Revenue	0	0	0	0	0	0	0



### TOTAL AGENCY BUDGET

Agency Name: \_\_\_\_\_  
Program Name: \_\_\_\_\_

Fiscal Year: \_\_\_\_\_

EXPENDITURES	Ryan White Part A	Ryan White Part B	HO PWA	PER/ECC Tax Dollars	Other Federal	Other Local				TOTAL
12. Total Salaries List all employee salaries individually	0	0	0	0	0	0				0
										0
										0
										0
										0
										0
										0
										0
										0
										0
										0
										0
										0
										0
										0
										0
										0
										0





Agency Name:  
Program Name:

AGENCY BUDGET

Fiscal Year

EXPENDITURES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local	TOTAL
13. Employee Benefits:							0
a. FICA							0
b. Florida Unemployment							0
c. Workers' Compensation							0
d. Health Plan							0
e. Retirement							0
14. Sub-Total Employee Benefits	0	0	0	0	0	0	0
15. Sub-Total Salaries/Benefits	0	0	0	0	0	0	0
16. Travel							0
a. Travel/Transportation							0
b. Conferences/Registration/Travel							0
17. Sub-Total Travel	0	0	0	0	0	0	0
18. Building/Occupancy							0
a. Rent							0

**TOTAL AGENCY BUDGET**

Agency Name: \_\_\_\_\_ Fiscal Year: \_\_\_\_\_  
 Program Name: \_\_\_\_\_ AGENCY BUDGET

EXPENDITURES	Ryan White Part A	Ryan White Part B	HO PWA	PBC/BCC Tax Dollars	Other Federal	Other Local	TOTAL
b. Depreciation							0
19. Communications/Utilities							
a. Telephone							0
b. Postage & Shipping							0
c. Utilities & Utility Asst. (Power/Water/Gas)							0
20. Sub-Total	0	0	0	0	0	0	0
Communications/Utilities							
21. Printing & Supplies							
a. Office Supplies							0
b. Program Supplies							0
c. Printing							0
22. Sub-Total Printing/Supplies	0	0	0	0	0	0	0
23. Food Service							0
24. Other							
a. Professional Fees/Contractual							0
b. Insurance							0
c. Building Maintenance							0



**TOTAL AGENCY BUDGET**

Agency Name: \_\_\_\_\_  
 Program Name: \_\_\_\_\_  
 AGENCY BUDGET

Fiscal Year

EXPENDITURES	Ryan White Part A	Ryan White Part B	HD PWA	PBC/BCC Tax Dollars	Other Federal	Other Local	TOTAL
d. Equipment Rental/Maintenance							0
e. Specific Assistance to Individuals							0
f. Dues & Subscriptions							0
g. Training & Development							0
h. Awards & Grants							0
i. Sponsored Events							0
j. Payments to Off-Organizations							0
k. Litigation Cost							0
l. Copy Cost							
m. Advertising							
n. Audit Fees							
o. Office Furniture and Equip.							
p. Miscellaneous							0
25. Sub-Total/Other	0	0	0	0	0	0	0
26. Indirect Costs							0
27. Capital Expenses (Equipment)							0
28. Total Expenditures		0	0	0	0	0	0

All Financial Information Rounded to Nearest Dollar



## EXHIBIT 11: HRSA IMPLEMENTATION PLAN

Ryan White Part A Implementation Plan: Service Category Table									
<b>Agency Name:</b>									
<b>Fiscal Year: 2024</b>		<b>Service Category:</b>		Early Intervention Services					
<b>Total Requested:**</b>									
<b>Service Category Goal:</b> The provision of targeted HIV testing (only when other funding for testing is unavailable), referral services to improve HIV care and treatment services at key points of entry, access and linkage to HIV care and treatment services such as HIV Outpatient/Ambulatory Health Services, Medical Case Management, and Substance Abuse Care, and outreach services and health education/risk reduction related to HIV diagnosis.									
<b>Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)</b>				<b>Service Unit Definition</b>		<b>Number of Persons to be Served</b>		<b>Number of Units to be Provided</b>	
At the end of the project period...				1 unit= 15 minutes of service					
<b>Performance Measure Outcome:</b>		In Care- Linkage to Medical Care							
(Baseline= 1st yr; Target= 3rd year)		<b>Baseline (%)</b>							
		<b>Target (%)</b>							
<b>**Total Requested Amount is subject to change</b>									



# EXHIBIT 12: CURRENT & PROPOSED SITE LOCATION

## Current/Proposed Service Site Location

Organization Name: \_\_\_\_\_

### CURRENT SERVICE SITE LOCATION

Provide information about the current and proposed service sites of the organization. Delineate the services provided at each site. Indicate what services and sites are current and proposed.

#	Name of the Site	Location (address)	List of Service Provided at this site	C=Current P=Proposed
1				
2				
3				
4				
5				
6				
7				





EXHIBIT 13: GRIEVANCE NOTICE FORMS

Grievance Notice Form

Palm Beach County Board of County Commissioners
RWHAP Part A & MAI

Grievances may be filed by an entity submitting a NOFO (Proposer) that is aggrieved in connection with:

- Deviations from the established contracting and awards PROCESS; and
• Deviations from the established PROCESS for any subsequent changes to the selection of contractors or awards.

The procedures that will govern the handling of this grievance are contained in the Palm Beach County Board of County Commissioners (BCC) RWHAP Part A MAI NOFO Guidance, Section VII Grievance Policy and Appeals Procedures.

If a Proposer wishes to file a grievance with the RWHAP, this Grievance Notice Form must be completed, submitted, and received by the Community Services Department Director within fifteen (15) business days of the date that recommended awards are announced. Proposers will be contacted within ten (10) business days of the receipt of this form. There are no administrative fees associated with filing this grievance.

When completed, submit this Grievance Notice Form via mail or email to:

Mr. James Green, Director
Department of Community Services
810 Datura Street, First Floor
West Palm Beach, Florida 33401
PBC-RWANOF@pbcgov.org

Entity Filing Grievance: \_\_\_\_\_

Which process was allegedly deviated from? \_\_\_\_\_

\_\_\_\_\_

Describe in detail the alleged deviation, including how you were directly affected and what remedy you seek (add additional pages as needed):

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE

DATE

PRINT NAME

## Request for Binding Arbitration Form

### Palm Beach County Board of County Commissioners RWHAP Part A & MAI

The following entity: \_\_\_\_\_ requests binding arbitration to resolve the grievance it initiated. Binding arbitration may be used to resolve grievances involving only:

- Deviations from the established contracting and awards PROCESS; and
- Deviations from the established PROCESS for any subsequent changes to the selection of contractors or awards.

The procedures that will govern the handling of this grievance are contained in the Palm Beach County Board of County Commissioners (BCC) RWHAP Part A MAI NOFO Guidance, Section VII Grievance Policy and Appeals Procedures.

If you wish to request binding arbitration in connection with a grievance, this form must be completed, submitted, and received by the Community Services Department Director within five (5) business days from the date of the special magistrate's non-binding determination. Once the parties agree on an arbitrator, arbitration will be scheduled by the arbitrator at a mutually convenient time. By signing below, you agree to pay one-half of the total cost of arbitration.

When completed, submit this Request for Binding Arbitration Form via mail or email to: Mr. James Green, Director  
Department of Community Services  
810 Datura Street, First Floor  
West Palm Beach, Florida 33401  
[PBC-RWANOF@pbcgov.org](mailto:PBC-RWANOF@pbcgov.org)

I, \_\_\_\_\_, (individual's name), signing below on behalf of  
\_\_\_\_\_(entity's name), agree to pay one-half of the total cost of arbitration to be held in connection with this Request for Binding Arbitration. I further understand that the decision of the arbitrator will be final, and the entity will have no further remedies after rendition of the arbitrator's order. The undersigned states that s/he is the CFO or other individual dually authorized to sign this type of document on behalf of the above-named entity.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT NAME



# EXHIBIT 14: SCORING CRITERIA/SCORE SHEET

## Ryan White Program Part A Scoring Criteria

Agency Name: \_\_\_\_\_  
 Service Category: \_\_\_\_\_  
 Funding Request: \_\_\_\_\_  
 Total Score: \_\_\_\_\_

Scoring Criteria A.- Organizational Overview (20 Points):		A. Total: _____
Incomplete or Limited Response	0-3 points	The response is missing and/or cannot be found in the appropriate section.
	4-6 points	Limited information is provided with very vague descriptions. The narrative is difficult to follow and there is no clear purpose defined.
	7-9 points	The response includes sporadic details that are very disjointed and do not connect with the main point.
Acceptable Response	10-13 points	General information on the topic is provided, with limited details. The response included provides a basic description of the question(s) asked.
	14-17 points	The information provided answers the question(s) and is informative, but does not provide clear details.
Excellent Response	18-20 points	<p>The response provides a clear, focused, well-defined description with relevant analysis and accurate details answering the question(s) asked. The proposer describes;</p> <ul style="list-style-type: none"> <li>• a strong history of providing HIV service in PBC,</li> <li>• the ability to address cultural competence/humility in responding to and care planning for clients,</li> <li>• proficient plans to establish, develop, or continue racial equity within staff, boards, community partnerships, and other organizational work,</li> <li>• significant knowledge, involvement, and activities with early identification of individuals w/HIV in PBC,</li> <li>• a complete process to ensure eligibility criteria are followed, including communication regarding third- party insurance coverage,</li> <li>• comprehensive data and reporting systems, including HIPAA compliance, and</li> <li>• Previous issues and resolutions for any corrective actions by PBC, including underutilization of funds.</li> </ul>



<b>Scoring Criteria B.- HIV Services Overview (20 Points):</b>		<b>B. Total: _____</b>
Incomplete or Limited Response	0-3 points	The response is missing and/or cannot be found in the appropriate section.
	4-6 points	Limited information is provided with very vague descriptions. The narrative is difficult to follow and there is no clear purpose defined.
	7-9 points	The response includes sporadic details that are very disjointed and do not connect with the main point.
Acceptable Response	10-13 points	General information on the topic is provided, with limited details. The response included provides a basic description of the question(s) asked.
	14-17 points	The information provided answers the question(s) and is informative, but does not provide clear details.
Excellent Response	18-20 points	<p>The response provides a clear, focused, well-defined description with relevant analysis and accurate details answering the question(s) asked. The proposer describes or provides;</p> <ul style="list-style-type: none"> <li>• a detailed overview of organization mission and how provision of HIV services is aligned, including a Logic Model illustration of how RW services are organized in the context of other funded services,</li> <li>• a completed table with a budget for all funding sources of HIV services,</li> <li>• a detailed description of staff and positions, including an organizational chart and training plans,</li> <li>• a thorough description of client demographics and target populations,</li> <li>• a comprehensive presentation of agency demographics in the required template {for MAI proposals only},</li> <li>• a complete process to ensure RW is payer of last resort for services provided,</li> <li>• a robust description of partnerships, interagency agreements, other collaborations for providing services, and</li> <li>• A full explanation of any service barriers identified and how the organization plans to reduce or alleviate barriers to care.</li> </ul>

<b>Scoring Criteria C.- Budgets (30 Points):</b>		<b>C. Total: _____</b>
Incomplete or Limited Response	0-5 points	The response is missing and/or cannot be found in the appropriate section.
	6-10 points	Limited information is provided with very vague descriptions. The narrative is difficult to follow and there is no clear purpose defined.
	11-15 points	The response includes sporadic details that are very disjointed and do not connect with the main point.



Acceptable Response	16-20 points	General information on the topic is provided, with limited details. The response included provides a basic description of the question(s) asked.
	21-25 points	The information provided answers the question(s) and is informative, but does not provide clear details.
Excellent Response	26-30 points	<p>The response provides a clear, focused, well-defined description with relevant analysis and accurate details answering the question(s) asked. The proposers budget narratives for each requested service category describes;</p> <ul style="list-style-type: none"> <li>• a logical methodology used to arrive at allocation percentages,</li> <li>• the elimination of possibilities that RW funds duplicate services being provided by other funds,</li> <li>• a complete process to how 340B revenue is reinvested in operations,</li> <li>• a thorough delineation of 10% administrative expenses, and</li> <li>• The identification of other funding sources within the service proposal.</li> </ul> <p>The proposer describes or provides;</p> <ul style="list-style-type: none"> <li>• a reasonable total agency budget required template,</li> <li>• an inclusive process to track charges and payments of sliding fee scale, as well as how revenue will be used to enhance and support services.</li> </ul>

<b>Scoring Criteria D.- Service Category- Specific Elements (30 Points):</b>		<b>D. Total: _____</b>
Incomplete or Limited Response	0-5 points	The response is missing and/or cannot be found in the appropriate section.
	6-10 points	Limited information is provided with very vague descriptions. The narrative is difficult to follow and there is no clear purpose defined.
	11-15 points	The response includes sporadic details that are very disjointed and do not connect with the main point.
Acceptable Response	16-20 points	General information on the topic is provided, with limited details. The response included provides a basic description of the question(s) asked.
	21-25 points	The information provided answers the question(s) and is informative, but does not provide clear details.



Excellent Response	26-30 points	<p>The response provides a clear, focused, well-defined description with relevant analysis and accurate details answering the question(s) asked. The proposer describes or provides;</p> <ul style="list-style-type: none"> <li>• comprehensive narrative on how services will contribute to the health outcomes of priority populations, as well as how RW funding will supplement other payer sources,</li> <li>• realistic implementation plan templates for each requested service, including narrative explanation to justify the funding being requested with number of clients, units, and health outcomes proposed,</li> <li>• ample justifications of services being proposed, including access to services impacts,</li> <li>• a strong explanation of how proposed services will improve existing system of care,</li> <li>• comprehensive description of the service delivery model,</li> <li>• an inclusive method of prioritizing clients to receive services if funding is insufficient and leveraging community resources to provide similar or same services,</li> <li>• a solid explanation of how selected services contribute to positive health outcomes,</li> <li>• a required service site template of diverse locations to provide services,</li> <li>• a thorough description of how MCM interact with clinical staff, whether internal or external to organization, including barriers of communication and how they will be overcome,</li> <li>• a systematic description of how MCM services are integrated between the client’s medical home and other medical and supportive services, and how this results in improved health outcomes,</li> <li>• a thorough description of how MCM and NMCM services differ according to adherence versus access needs (for both Part A and MAI),</li> <li>• a thorough description of how Part A services differ from MAI services (for EIS, NMCM and MCM),</li> <li>• a solid justification and evidence that Part A funded testing are not duplicated through other available testing resources, by providing evidence of a lack of available testing resources to justify funds under Part A and</li> <li>• A thorough description of how EIS and Case Management services differ according to service delivery descriptions.</li> </ul>
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Panelist Printed Name: \_\_\_\_\_

Panelist Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# EXHIBIT 15: AFFIDAVIT FORM – CERTIFICATIONS PHS-5151-1

## CERTIFICATIONS

### 1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

### 2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central



- point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted-
- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management  
 Office of Grants Management  
 Office of the Assistant Secretary for Management and Budget  
 Department of Health and Human Services  
 200 Independence Avenue, S.W., Room 517-D  
 Washington, D.C. 20201

### 3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the under-

signed, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### 4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.





**5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED



# EXHIBIT 16: AFFIDAVIT FORM – ASSURANCES NON-CONSTRUCTION PROGRAMS

OMB Approval No. 0348-0040

## ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

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9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

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# EXHIBIT 17: AFFIDAVIT FORM - ASSURANCE OF COMPLIANCE HHS-690



DEPARTMENT OF HEALTH AND HUMAN SERVICES

## ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person whose signature appears below is authorized to sign this assurance and commit the Applicant to the above provisions.

Date

Signature of Authorized Official

Please mail form to:

Name and Title of Authorized Official (please print or type)

U.S. Department of Health & Human Services  
Office for Civil Rights  
200 Independence Ave., S.W. Room 509F  
Washington, D.C. 20201

Name of Agency Receiving/Requesting Funding

Street Address

City, State, Zip Code



**CASH FLOW COMMITMENT**

As the authorized representative of the applicant agency, I hereby certify that our agency has adequate cash available (or access to a credit line) to cover up to two (2) months cash expenses.

\_\_\_\_\_  
Authorized Representative

\_\_\_\_\_  
Date



## EXHIBIT 19: HRSA POLICY 11-02 CONTRACTING WITH FOR-PROFIT ENTITIES

### Policy Notice-11-02: Clarification of Legislative Language Regarding Contracting with For Profit Entities

**History:** First issued March 6, 1997, to Parts A and B of the Ryan White HIV/AIDS Program Grantees as a "Dear Colleague" letter; reissued on June 1, 2000.

Parts A, B and C of the Ryan White HIV/AIDS Program permit Grantees to contract with for-profit entities under certain limited circumstances. Specifically, Parts A, B and C funds may be used to *"provide direct financial assistance" through contracts with "private for-profit entities if such entities are the only available provider of quality HIV care in the area."*<sup>1</sup> This Program policy provides formal clarification of this legislative language.

1. Based on the Ryan White HIV/AIDS Program legislative limitations, Parts A, B, and C Grantees and other contracting agents including Part B Consortia must observe the following conditions when developing and implementing Requests for Proposals (RFP) and other local procurement procedures.
  - a. *"Only available provider"* means that there are no non-profit organizations able and willing to provide a particular *"quality HIV/AIDS care"* (core medical or support service), and the Grantee or the contracting agent has documented this fact.
  - b. *"Quality HIV/AIDS care"* must be defined in a reasonable manner and take into account clinical performance measures issued by the Health Resources and Services Administration's HIV/AIDS Bureau. Quality HIV/AIDS care **may not** be defined exclusively as a numerical score in a RFP process (i.e., all funds go to the highest scored proposal, regardless of corporate status). An entity may only be deemed incapable of providing quality HIV/AIDS care if written documentation of substantive deficiencies of quality care exists.
  - c. Cost of service **may not** be the sole determinant in the vendor selection processes, whether internal or external (i.e., all funds go to the lowest bidder regardless of corporate status). However, Grantees and contracting agents should not overlook cost considerations in developing and implementing RFP processes and are in fact expected to seek maximum productivity for each Ryan White HIV/AIDS Program dollar.
  - d. Grantees and contracting agents must prohibit non-profit contractors from serving as conduits who pass on their awards to for-profit corporations, and may find it necessary to monitor membership of corporate boards to enforce this prohibition. Federal Grants Management Policy is clear that eligibility requirements that apply to first-level entities cannot be evaded by passing awards through to second- or subsequent-level entities that could not have received awards in the original competition. Ultimately, the primary Grantee remains the responsible fiscal agent for the federal funds.

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<sup>1</sup> Sections 2604(b), 2613(a)(1), 2651(e)(3), and 2652(b)(1)(B) of the Public Health Service Act.



- e. Proof of non-profit status (local and/or state registration and approved articles of incorporation) should be required of all provider/contractor applicants claiming such status. Grantees and contracting agents are also strongly advised to require copies of letters of determination from the Internal Revenue Service.
  - f. Parts A, B and C Grantees and their contracting agents may not contract with non-profit and for-profit entities for the same service in the same geographic area unless qualified non-profit providers do not have the capacity to meet identified need.
  - g. Failure to comply with the above requirements may result in required return of Parts A, B or C funds to the federal government, suspension of grant awards, or other remedies deemed necessary.
2. When developing and publishing RFP materials, Parts A, B and C Grantees and/or their contracting agents are strongly encouraged to include disclaimers advising private for-profit organizations of the significant legislative barriers to receiving contracts. Alternatively, and if local/state regulations and laws allow it, Grantees may seek to define "qualified applicants" at the beginning of the process in a way which would save private for-profit organizations the time and effort needed to develop applications, which could not be considered for funding.

Questions about this program policy should be directed to the Grantee's Project Officer.



## EXHIBIT 20: RWHAP ELIGIBILITY CRITERIA

### **Section II. Chapter 3.- Eligibility Determination Purpose**

To establish eligibility requirements for persons seeking services through the Ryan White Part A program of Palm Beach County.

#### **Policy**

The RWHAP legislation requires that individuals receiving services through HRSA RWHAP must:

- Have a documented diagnosis of HIV;
- Be low-income, defined as at or below 400% Federal Poverty Level (FPL); and
- Be a resident of Palm Beach County

By statute, HRSA RWHAP funds may not be used “for any item or service to the extent that payment has been made, or can reasonably be expected to be made...” by another payment source. Sub-recipients must make reasonable efforts to secure non-RWHAP funds for services, prior to utilizing PBC RWHAP-funded services. Sub-recipients are expected to vigorously pursue enrollment into health care coverage for which their clients may be eligible (e.g., Medicaid, CHIP, Medicare, state-funded HIV/AIDS programs, employer sponsored health insurance coverage and/or other private health insurance). PBC RWHAP is the payer of last resort and will provide services not covered, or partially covered, by public or private health insurance plans.

Additional caps/limitations for specific service categories may be implemented to meet program goals under principles of health equity. When setting priorities and allocating funds, the HIV CARE Council may optionally limit certain services more precisely. Further information can be found within each service category guideline and summarized on the Caps/Limitations Table (formerly known as the Eligibility Table).

#### **HRSA Policy Clarification Notices: PCN#13-01, PCN#13-02, PCN#13-03, PCN#13-04, PCN#13-05, PCN#21-02**

#### **Procedures**

Sub-recipients providing PBC RWHAP services must certify and document client eligibility prior to, or simultaneously with, services being rendered. Sub-recipients are required to make a determination of client eligibility/ineligibility within 24 hours of receiving all required documentation.

#### Initial Eligibility Certification Documentation

##### Required Eligibility Documentation

- a) HIV diagnosis; AND
- b) Palm Beach County residency; AND
- c) Income at or below 400% FPL.

##### Required Coordinated Services Network (CSN) Enrollment Documentation

- Authorization to Use and Disclose Protected Health Information
- Notice of Privacy Practices





- Client Rights and Responsibilities
- Grievance Policy
- Verification of enrollment and/or screening for other third-party insurance programs or payer sources

#### Required Client Profile Documentation

- Eligibility Assessment
- Notice of Eligibility Determination

#### Annual Eligibility Confirmation Documentation

Sub-recipients must conduct timely eligibility confirmations to assess if the client's income and/or residency status has changed at least every twelve (12) months OR at any time when changes may affect a client's eligibility for services.

#### Required Eligibility Confirmation Documentation

- Palm Beach County residency
- Income at or below 400% FPL

#### Required Client Profile Documentation

- HIV Coordinated Services Network (CSN) consent form
- Verification of enrollment and/or screening for other third-party insurance programs or payer sources
- Eligibility Assessment
- Notice of Eligibility Determination

#### Rapid Eligibility Determination

For both initial and annual recertification procedures, eligibility determinations may be performed simultaneously with testing and treatment. Sub-recipients assume the risk that PBC RWHAP funds utilized for clients ultimately determined to be ineligible will not be reimbursed by the Recipient, and Sub-recipient must identify an alternate payment source for the services rendered. All funded service categories may be provided on a time-limited basis, not to exceed 30 days. Sub-recipients may determine if and which services they are willing to provide to clients during this time-limited rapid eligibility determination period. All clients must be registered in the client database (Provide Enterprise) to establish the 30 day rapid eligibility period while an eligibility determination is being made.

#### Eligibility Status Notification

1. The applicant shall be provided written Notice of Eligibility (NOE) determination identifying the service categories for which they are eligible.
2. The applicant will be ineligible for all service categories not listed on the NOE and shall be provided reason for ineligibility.

#### Additional Information

1. Immigration status is irrelevant for the purpose of eligibility for RWHAP services. Immigration status should not be shared with immigration enforcement agencies.
2. RWHAP does not require documentation to be provided in-person nor be notarized.
3. Clients are required to report any changes that may effect eligibility. This includes changes to income, residency, or third-party insurance programs or payer sources.



4. Clients with access to local, state or federal programs that deliver the same type of services provided through HRSA RWHAP must utilize services through those programs since PBC RWHAP is payer of last resort. This requirement does not preclude an individual from receiving allowable services not provided or available by other local, state or federal programs, or pending a determination of eligibility from other local, state or federal programs.
5. PBC RWHAP eligibility shall only be determined by PBC RWHAP Recipient/Sub-recipients. PBC RWHAP will allow an active, current (less than 12 months old) Notice of Eligibility from a RW HIV/AIDS Program Part A or Part B/ADAP within the state of Florida as acceptable source documentation for PBC RWHAP eligibility so long as the NOE contains sufficient information from which an eligibility determination can be made (current address, income/household size/FPL, 3rd party payer source, etc.). If the information contained in the NOE is insufficient (i.e. address outside of PBC), additional documentation must be provided.

Appendix C- PBC RWHAP Client Eligibility Determination Table

Appendix D- PBC RWHAP Allowable Eligibility Documentation List

Appendix E- PBC RWHAP Coordinated Services Network (CSN) Client Consent

\* Notice that these policies are subject to adjust as necessary.



## EXHIBIT 21: HIV CARE COUNCIL APPROVED GY 2024 PART A & MAI BUDGET ALLOCATIONS

GY24 Part A			
Type	GY24 Rankings	Service Category (HRSA)	GY24 Funding Levels
Core	1	*Health Insurance Premium and Cost-Sharing	\$ 2,354,741.02
Core	2	Mental Health Services	\$ 123,122.42
Core	3	Medical Case Management (Incl. Treatment Adherence)	\$ 974,307.43
Core	4	Outpatient/Ambulatory Health Services	\$ 126,396.28
Core	4	Specialty Medical	\$ 167,261.87
Core	4	Labs	\$ 61,039.95
Core	6	Oral Health Care	\$ 427,750.00
Core	9	*Early Intervention Services	\$ 558,259.26
Core	12	Substance Abuse Outpatient Care	\$ -
Core	16	AIDS Pharmaceutical	\$ 4,000.00
Core	17	Home and Community-Based Health Services	\$ -
Core	18	Medical Nutrition Therapy	\$ -
Core	19	Hospice	\$ -
Core	20	Home Health Care	\$ -
<b>Core Total</b>			<b>\$ 4,798,878.22</b>
Support	5	Emergency Housing	\$ 206,785.99
Support	7	Medical Transportation	\$ 92,054.55
Support	8	Food Bank/Home Delivered Meals	\$ 365,244.60
Support	8	Nutritional Supplements	\$ 2,228.19
Support	10	Non-Medical Case	\$ 485,590.90
Support	11	Legal Services	\$ 241,200.00
Support	13	Substance Abuse	\$ -
Support	14	Psychosocial Support	\$ -
Support	15	EFA	\$ 5,130.61
Support	15	EFA Prior Auth.	\$ 4,584.72
Support	21	Child Care Services	\$ -
Support	22	Health Education / Risk Reduction	\$ -
Support	23	Linguistic Services	\$ -
Support	24	Permanency Planning	\$ -
Support	25	Outreach Services	\$ -
Support	26	Referral for Health Care and Support Services	\$ -
Support	27	Rehabilitation Services	\$ -
Support	28	Respite Care	\$ -
<b>Support Total</b>			<b>\$ 1,402,819.54</b>
<b>Grand Total</b>			<b>\$ 6,201,697.75</b>



MAI			
Type	GY24 Rankings	Service Category (HRSA)	GY24 Funding Levels
Core	3	Medical Case Management	\$ 164,069.00
Core	9	Early Intervention Services (EIS)	\$ 220,550.00
<b>Core Total</b>			<b>\$ 384,619.00</b>
Support	10	Non-Medical Case Management	\$ 60,640.66
Support	14	Psychosocial Support Services	\$ 101,304.79
<b>Support Total</b>			<b>\$ 161,945.45</b>
<b>Grand Total</b>			<b>\$ 546,564.45</b>

