



GY 2024-2026

**Ryan White HIV/AIDS Program (RWHAP)
Minority AIDS Initiative (MAI)**

Notice of Funding Opportunity (NOFO)

Pre-Proposal Conference

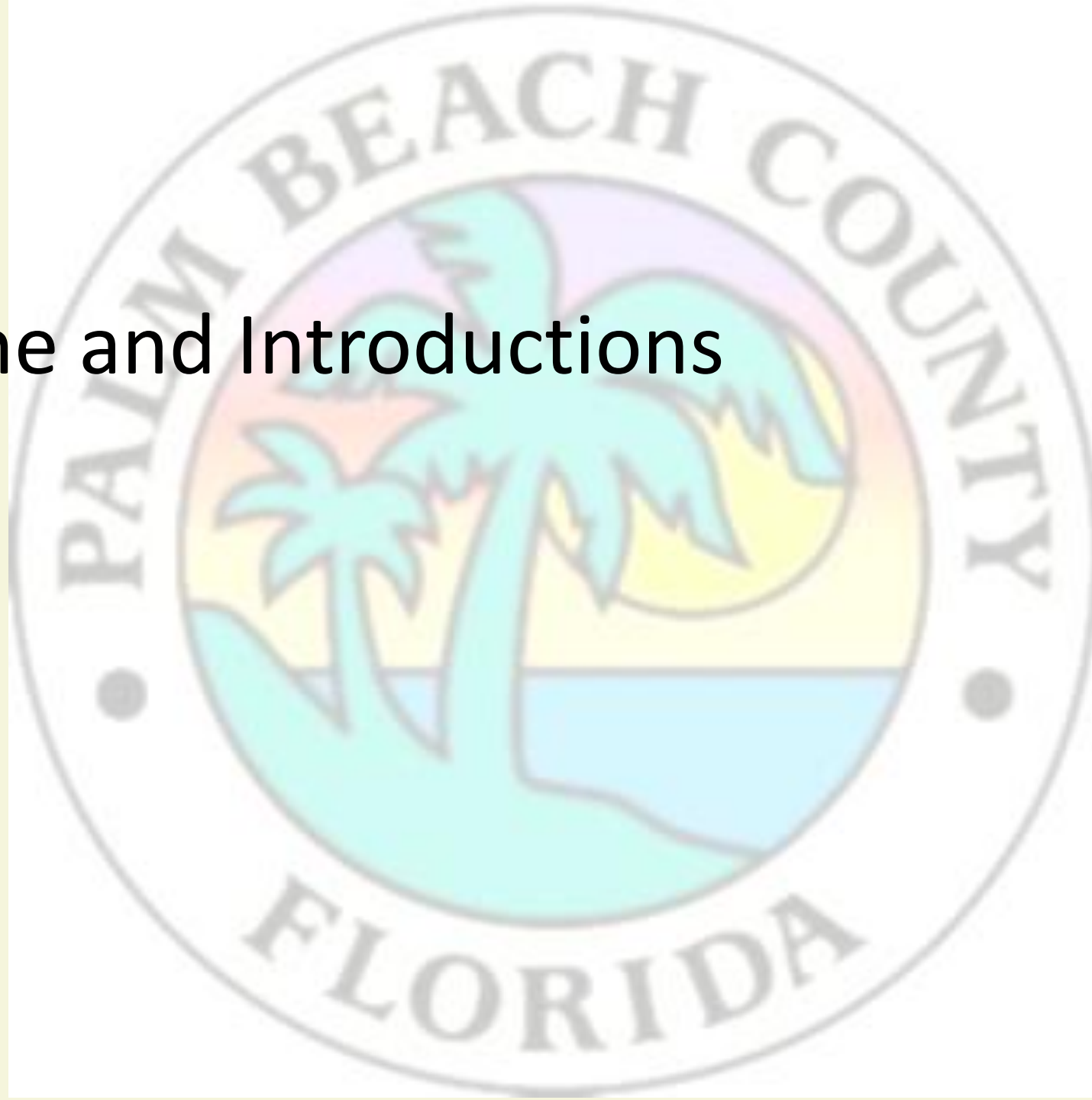
September 13, 2023

RWHAP NOFO PRE-PROPOSAL CONFERENCE

AGENDA

- Welcome and Introductions
- Overview of RWHAP and the GY 2024-2026 NOFO Information Guidance and Application
 - 2023 NOFO Changes as Compared to 2020 NOFO
 - Proposal Categories and Scoring Criteria and Process
 - Legal Considerations
- Epidemiological Overview
- Needs Assessment
- Logic Model Template
- Quality Improvement Plan
- HRSA Implementation Plan Template
- Contracting Process
- Fiscal Considerations and Budget Templates
- Online Application
- Questions and Answers (Q&A)
- Adjournment

Welcome and Introductions



WELCOME AND INTRODUCTIONS

- Dr. James Green, Department Director
- Taruna Malhotra, Assistant Department Director
- Dr. Casey Messer, Ryan White Program Manager
- Staff
- Attendees

Overview of RWHAP and the GY 2024-2026 NOFO Information Guidance and Application



OVERVIEW OF RWHAP AND THE GY 2024-2026 NOFO AND APPLICATION

- The Palm Beach County Board of County Commissioners (BCC) Community Services Department (CSD), Ryan White HIV/AIDS Program (RWHAP) 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.

OVERVIEW OF RWHAP AND THE GY 2024-2026 NOFO AND APPLICATION

- 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.

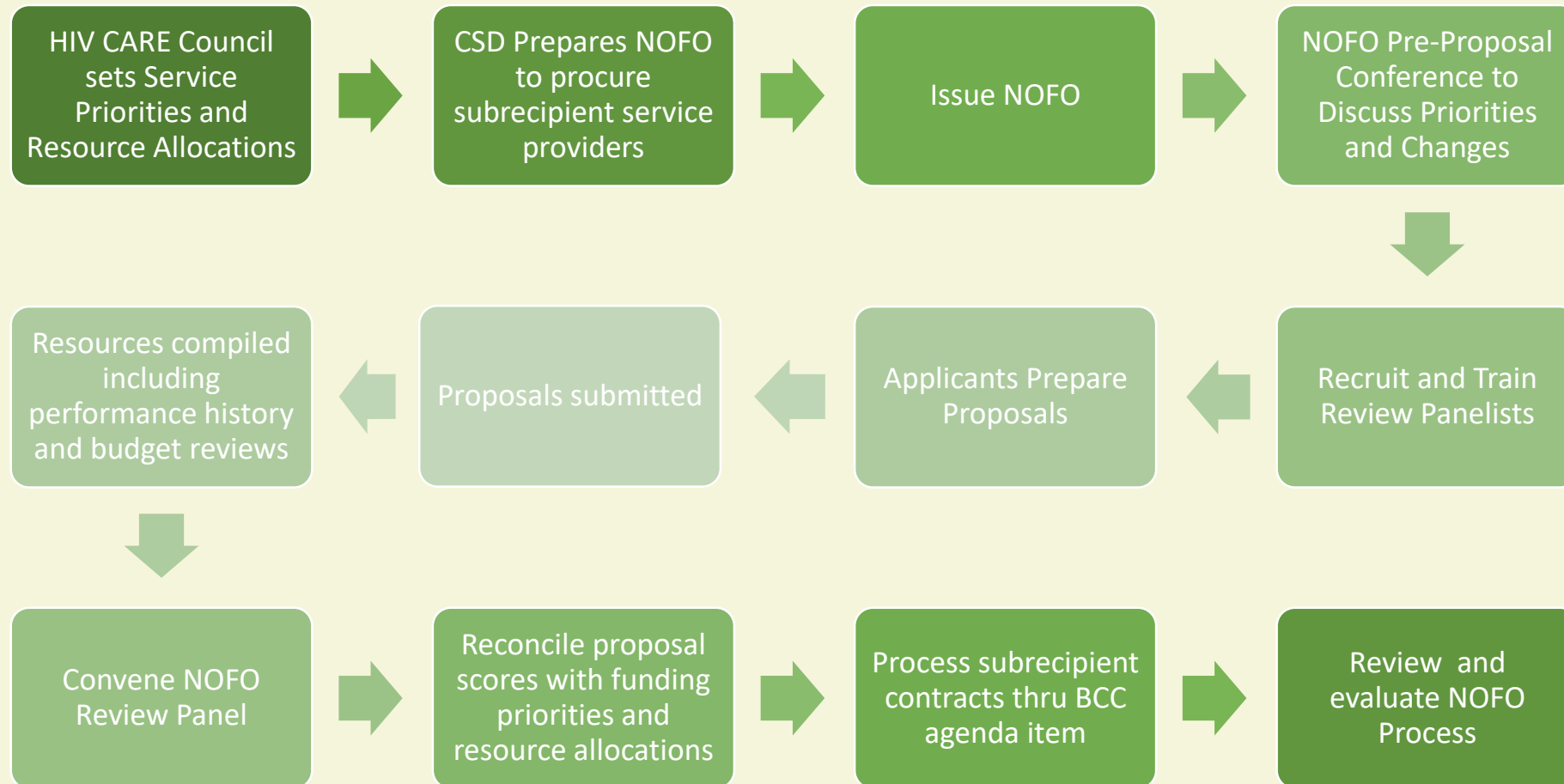
OVERVIEW OF RWHAP AND THE GY 2024-2026 NOFO AND APPLICATION

- The BCC CSD RWHAP invites proposals from qualified governmental and non-profit entities to provide RWHAP Part A and Minority AIDS Initiative (MAI) services to persons with HIV in Palm Beach County.

OVERVIEW OF RWHAP AND THE GY 2024-2026 NOFO AND APPLICATION

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

OVERVIEW OF RWHAP AND THE GY 2021-2023 NOFO AND APPLICATION



Minority AIDS Initiatives (MAI)

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 consistent with established standards of care; and
 - Helping individuals to remain in care.

Minority AIDS Initiatives (MAI)

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.

Minority AIDS Initiatives (MAI)

- Providers must 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.
- As directed by the CARE Council, eligible entities applying for MAI funding must apply to provide all core medical and support MAI services.
- Service definitions and descriptions can be found in **Section III, Scope of Services**.

RWHAP NOFO PRE-PROPOSAL CONFERENCE AGENDA – Part A Allocations - Projected

Type	GY24 Rankings	Service Category (HRSA)	GY24 Funding Levels
Core	1	*Health Insurance Premium and Cost-Sharing Assistance	\$ 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	\$ 128,396.28
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 (EIS)	\$ 558,259.26
Core	16	AIDS Pharmaceutical Assistance	\$ 4,000.00
Core Total			\$ 4,798,878.22

RWHAP NOFO PRE-PROPOSAL CONFERENCE AGENDA – Part A Allocations - Projected

Type	GY24 Rankings	Service Category (HRSA)	GY24 Funding Levels
Support	5	Emergency Housing Services	\$ 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 Management	\$ 485,590.90
Support	11	Legal Services	\$ 241,200.00
Support	15	EFA	\$ 5,130.61
Support	15	EFA Prior Auth.	\$ 4,584.72
Support Total			\$ 1,402,819.54

RWHAP NOFO PRE-PROPOSAL CONFERENCE AGENDA – MAI Allocations - Projected

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
Core Total			\$ 384,619.00

Type	GY24 Rankings	Service Category (HRSA)	GY24 Funding Levels
Support	10	Non-Medical Case Management	\$ 60,640.66
Support	14	Psychosocial Support Services	\$ 101,304.79
Support Total			\$ 161,945.45

OVERVIEW OF RWHAP AND THE GY 2024-2026 NOFO AND APPLICATION

- Application Release Date: Friday, September 8, 2023 at 5:00p.m.
- Application Due Date: **Thursday, October 12, 2023 at 5:00p.m.**
- Application Submission Online at:
<https://pbcc.samis.io/go/nofo/>
- No application will be accepted after the deadline

OVERVIEW OF RWHAP AND THE GY 2024-2026 NOFO AND APPLICATION

- RWHAP Pre-Proposal Conference: Today, Wednesday, September 13, 2023
- All questions about the application and submission process must be sent via email to PBC-RWANOFO@PBCGOV.ORG
- Responses to questions will be posted to the Palm Beach County Community Services Department, Ryan White Program Website page so all applicants can benefit from the responses.
<https://discover.pbcgov.org/communityservices/Pages/Ryan-White-CARE.aspx>
- Application Questions Submission Deadline: Tuesday, October 10, 2023

Overview of RWHAP and the GY 2024-2026 NOFO Information Guidance and Application

- 2024 NOFO Changes as Compared to Previous NOFO

2024 NOFO CHANGES AS COMPARED TO PREVIOUS NOFO

- MAI Service Categories Separated with Focus Populations
 - 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
- Adjustments to Service Category Unit definitions (medical categories) and Service Delivery Standards updated to reflect HRSA guidance and local Planning Council directives.
- Notable changes to Reimbursement models for selective services.
 - OAHS: Reimbursement is based on Medicare Physician Fee Schedule (MPFS) which includes 1.815 Geographic Practice Cost Index (GPCI)
 - Labs: Reimbursement is based on Medicare Clinical Diagnostic Laboratory Fee Schedule
 - Specialty Medical Care: Reimbursement is based on Medicare Physician Fee Schedule (MPFS) which includes 1.815 Geographic Practice Cost Index (GPCI)
 - Oral Health Care: Reimbursement is based on Florida Medicaid Dental General Fee Schedule with a 1.5X multiplier
 - Legal Services: Reimbursement is based on \$90 per billable hour of legal services
- 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.
- Clear distinction between proposals for MAI and Part A for similar categories. Clear distinction between proposals for MCM versus NMCM categories.

Overview of RWHAP and the GY 2024-2026 NOFO Information Guidance and Application

- Proposal Categories, Scoring Criteria, and Review Panels

PROPOSAL CATEGORIES AND SCORING CRITERIA

- Organizational Capacity (20 points):
 - General overview of organizational history serving PLWHA, and capacity to provide RWHAP services
- HIV Services Overview (20 points):
 - Specific HIV-related experience; description of service mix and processes to assure quality services
- Budget/Budget Narrative (30 points):
 - Fiscal justification of requested funding level; service category implementation plan
- Service Category Proposal (30points):
 - Service delivery model, leveraging of resources, other service category-specific information

*Exhibit #14 in NOFO Guidance

PROPOSAL CATEGORIES AND SCORING CRITERIA

- Service Categories will be grouped for review.
- There are five scheduled Non Conflict Grant Review Committee Meetings to review the applications.
- Final funding recommendations will be based on Review Committee scores, performance on past agreements, and agency capacity/internal controls.

PROPOSAL CATEGORIES AND REVIEW PANEL MEETINGS

Date	Meeting
November 1, 2023	Group 1 Service Categories: Early Intervention Services, Medical Case Management, Non Medical Case Management Services
November 2, 2023	Group 2 Service Categories: AIDS Pharmaceutical Assistance, Health Insurance Premium and Cost-Sharing Assistance, Emergency Financial Assistance – Emergency Medication, Food Bank/Home Delivered Meals - Nutritional Supplements
November 3, 2023	Group 3 Service Categories: Outpatient/Ambulatory Health Services, Specialty Medical Care, Labs, Oral Health Care, Mental Health Services

PROPOSAL CATEGORIES AND REVIEW PANEL MEETINGS

Date	Meeting
November 6, 2023	Group 4 Service Categories: Emergency Financial Assistance, Food Bank/Home Delivered Meals, Emergency Housing, Legal Services, Medical Transportation
November 8, 2023	Group 5 MAI Service Categories: Early Intervention Services, Medical Case Management, Non-Medical Case Management, Psychosocial Support Services
November 9, 2023	Overflow Service Categories: Applications from All Service Categories that were not reviewed

CONE OF SILENCE

This NOFO includes a Cone of Silence. The Cone of Silence will apply from the Electronic Submission Deadline Date and terminate at the time the awards are approved by the Board of County Commissioners.

Proposers are advised that the "Palm Beach County Lobbyist Registration Ordinance" (Ordinance), a copy of which can be accessed at https://pbcgov.org/legislativeaffairs/Misc_Documents/Lobbyist_Registration_Ordinance.pdf, is in effect. The Proposer shall read and familiarize themselves with all of the provisions of said Ordinance, but only for convenience, the provisions relating to the Cone of Silence are summarized here.

"Cone of Silence" means a prohibition on any non-written communication regarding this NOFO between any Proposer or Proposer's representative and any County Commissioner or Commissioner's staff. A Proposer's representative shall include, but not be limited to, the Proposer's employee, partner, officer, director or consultant, lobbyist, or any, actual or potential subcontractor or consultant of the Proposer.

CONE OF SILENCE

When Does the Cone of Silence End?

The Cone of Silence is in effect as of the Electronic Submission Deadline Date. The Cone of Silence shall terminate at the time that the BCC approves awards or contracts, all proposals are rejected, or other action is taken which ends the solicitation process.

When Oral Communications are Allowed

The provisions of this Ordinance shall not apply to oral communications at any public meeting, including but not limited to pre-proposal conferences, and selection committee meetings. The Cone of Silence shall not apply to contract negotiations between any employee and the intended awardee.

Ethics Commission

If anyone has a question regarding ethics they should not be addressed to our department, but should be addressed directly with the Ethics Commission. <http://www.palmbeachcountyethics.com/>

Minority AIDS Initiative (MAI)

MAI funding shall be used to address health disparities and health inequalities among racial/ethnic minority persons with HIV.

Funding must reach prioritized populations and must be used to:

- Enroll Persons with HIV (PWH) 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 stay 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.

Minority AIDS Initiative (MAI)

MAI Services Prioritized Populations

- 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

As directed by the HIV CARE Council, eligible entities applying for MAI funding must apply to provide all MAI core medical and support services.

Minority AIDS Initiative (MAI)

Organizations funded to provide MAI services must 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.

Epidemiological Overview



Epidemiological Overview

To understand the care status of individuals living with HIV in Palm Beach County, Ryan White Part A uses the HIV Care Continuum provided by the Florida Department of Health and its own data.

The last presentation provided to the public was on July 11 & 12, 2023 and includes data from 2021 for Palm Beach County and 2022 for Ryan White Part A/MAI in Palm Beach County. You can reference the information in this presentation in your applications.

The data presentation may help you complete the “Priority Populations” section, among other sections. The HIV Care Continuum is presented by race/ethnicity, gender, age, and transmission histories. The HIV Care Continuum by housing status and health insurance status for Ryan White Part A clients is presented – but is not available for the jurisdiction as a whole for all individuals living with HIV.




Full presentation for Annual Status of HIV in Palm Beach County:

<https://discover.pbcgov.org/carecouncil/Pages/data-reports.aspx>



Epidemiological Overview

HIV Care Continuum Definitions

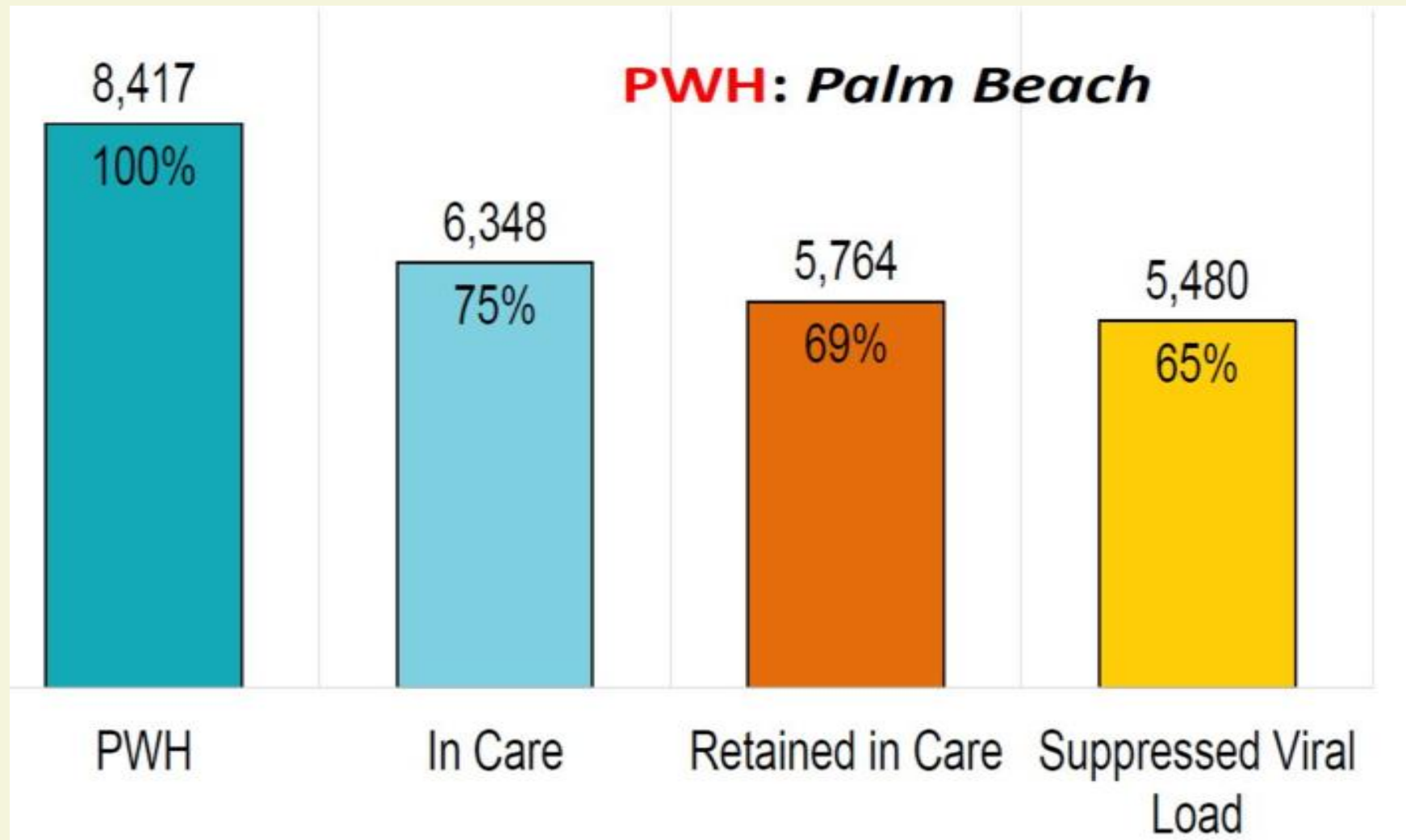
-  **PWH:** Persons with HIV living in Palm Beach at the end of 2021.
-  **In Care:** PWH with at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2021 through 3/31/2022.
-  **Retained in Care:** PWH with two or more documented VL or CD4 labs, medical visits or prescriptions at least three months apart from 1/1/2021 through 6/30/2022.

Epidemiological Overview

HIV Care Continuum Definitions, cont.

- Suppressed Viral Load:** PWH with a suppressed VL (<200 copies/mL) on their last VL lab from 1/1/2021 through 3/31/2022.
- Not in Care:** PWH with no documented VL or CD4 lab, medical visit or prescription from 1/1/2021 through 3/31/2022.
- Linked to Care:** PWH with at least one documented VL or CD4 lab, medical visit, or prescription following their first HIV diagnosis date.

Epidemiological Overview



Needs Assessment



NEEDS ASSESSMENT

As Defined by the Ryan White HIV/AIDS Program Part A Manual

- ▶ **Needs Assessment:** A process of collecting information about the needs of people with HIV (PWH)—both those receiving care and those not in care.
- ▶ Steps involve gathering data from multiple sources on the number of HIV and AIDS cases, the needs of PWH, and current resources available to meet those needs (RWHAP and other).
- ▶ This information is then analyzed to identify what services are needed and by which groups of PWH.

NEEDS ASSESSMENT

Elements of a Needs Assessment

- ▶ Epidemiologic profile
- ▶ Resource inventory
- ▶ Profile of provider capacity and capability
- ▶ Estimate and assessment of unmet need
- ▶ Estimate and assessment of people with HIV who are unaware of their status
- ▶ Assessment of service needs gaps

Needs Assessment Overview

- Epidemiological Profile
- Unmet Need
- Unaware people with HIV data,
- Assessment of Service Needs and Barriers

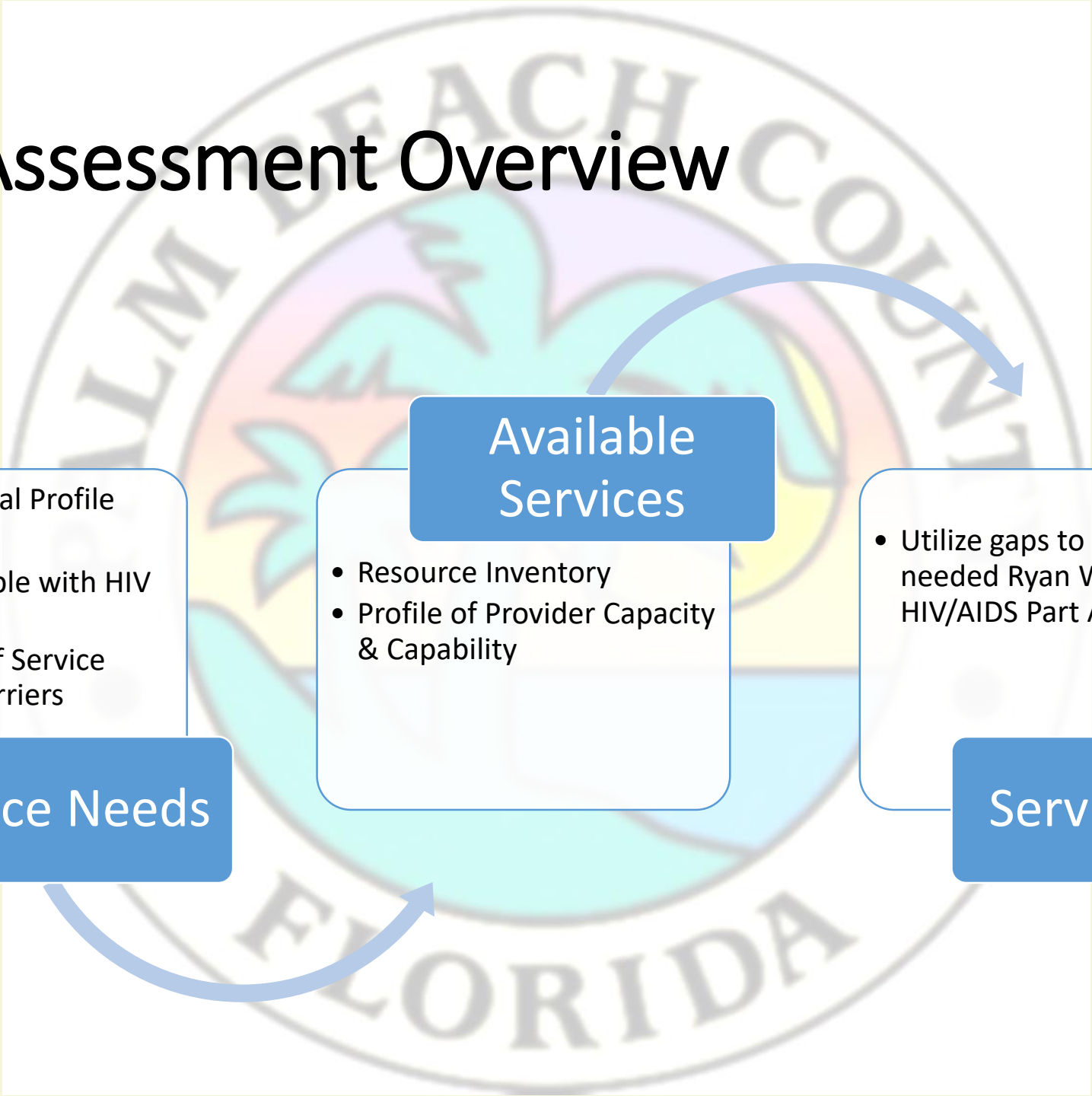
Service Needs

- Resource Inventory
- Profile of Provider Capacity & Capability

Available Services

- Utilize gaps to determine needed Ryan White HIV/AIDS Part A allocations

Service Gaps



Needs Assessment Timeline Overview Example

Year 1

- Epidemiologic Profile (updated yearly)
- Assessment of Service Needs and Barriers
 - PLWH Survey



Year 2

- Special Studies on Unmet Needs
- Resource Inventory (reviewed annually)

Year 3

- Estimate and assessment of people with HIV who are unaware of their status
- Profile of Provider Capacity and Capability

Logic Model Template

 Palm Beach County Ryan White Part A/MAI Logic Model 					
Project Period GY2024-2026					
Agency Name					
Problem Statement	Low income people with HIV in Palm Beach County who are uninsured and underinsured do not have access to HIV primary medical care, essential support services, and medications needed to achieve optimal health outcomes and reduce HIV transmission.				
Program Goals	To establish a Ryan White coordinated services network that improves access and adherence to a comprehensive system of HIV care and treatment.				
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 outcome(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. <i>Example: Increase the number of unduplicated clients receiving outpatient/ambulatory health services by 15% (numerator/denominator).</i>	The quantitative measure of the projected change expected of clients receiving services. <i>Example: Increase the number of clients retained in care by 10% (numerator/denominator).</i>	The quantitative measure of the projected change expected of clients receiving services. <i>Example: Increase the number of clients achieving viral suppression by 5% (numerator/denominator).</i>

LOGIC MODEL TEMPLATE

Palm Beach County Ryan White Part A/MAI Logic Model

Project Period GY2024 - 2026

Problem Statement:

Low income people with HIV in Palm Beach County who are uninsured and underinsured do not have access to HIV primary medical care, essential support services, and medications needed to achieve optimal health outcomes and reduce HIV transmission.

Program Goals:

To establish a Ryan White coordinated services network that improves access and adherence to a comprehensive system of HIV care and treatment.

LOGIC MODEL TEMPLATE

INPUTS	ACTIVITIES	OUTPUTS
Resources (people, money, space, etc.) needed to do the work.	The services or interventions provided to achieve the desired outcome(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).

Inputs: (nouns) Specified resources needed to conduct or carry out the goal; key staff, volunteers, EHR, standard documents, collaborative partners, budget, other resources

Activities: (verbs) Approach to reach the goal, listing key interventions; frequency of data collection, consultations, referrals, marketing, monitoring, trainings

Outputs: Direct products or deliverables of program activities; data entry in to database/EHR, reporting, referrals to PCP/coordinated care/support services

LOGIC MODEL TEMPLATE

OUTCOMES		
Short Term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)
<p>The quantitative measure of the projected change expected of clients receiving services.</p> <p>Example: Increase the number of unduplicated clients receiving outpatient/ambulatory health services by 15% (numerator/denominator).</p>	<p>The quantitative measure of the projected change expected of clients receiving services.</p> <p>Example: Increase the number of clients retained in care by 10% (numerator/denominator).</p>	<p>The quantitative measure of the projected change expected of clients receiving services.</p> <p>Example: Increase the number of clients achieving viral suppression by 5% (numerator/denominator).</p>

Outcomes: Results of a program, typically describing a change in people or systems; clients know their HIV-related health information, increased linkage to care, increased adherence, undetectable viral loads, increased engagement in care, empowerment of clients to take control of their overall health (Care Continuum)

3 Year proposal for short term, intermediate, and long term outcomes

Quality Improvement Plan



QUALITY IMPROVEMENT PLAN

- Recipients are required to implement continuous quality improvement activities for the Ryan White Program that are aimed at improving patient care, health outcomes and patient satisfaction.
- Sub-recipients are required to participate in CQM program activities, including quality improvement projects, among others.
- The RWHAP Part A Recipient Office and the RWHAP Part B Lead Agency have designed a Clinical Quality Management (CQM) Program called the Palm Beach County CQM collaborative for the West Palm Beach Eligible Metropolitan Area (EMA).
- The QM Plan is a core component of the PBC CQM collaborative infrastructure and includes all aspects of the CQM Program, aimed at improving health outcomes for PWH who receive care through the EMA's subrecipient providers.
- Link for the current CQM Plan can be found on the PBC Care Council Website:
https://discover.pbcgov.org/carecouncil/PDF/Quality%20Management/QM_Plan.pdf

HRSA Implementation Plan Template



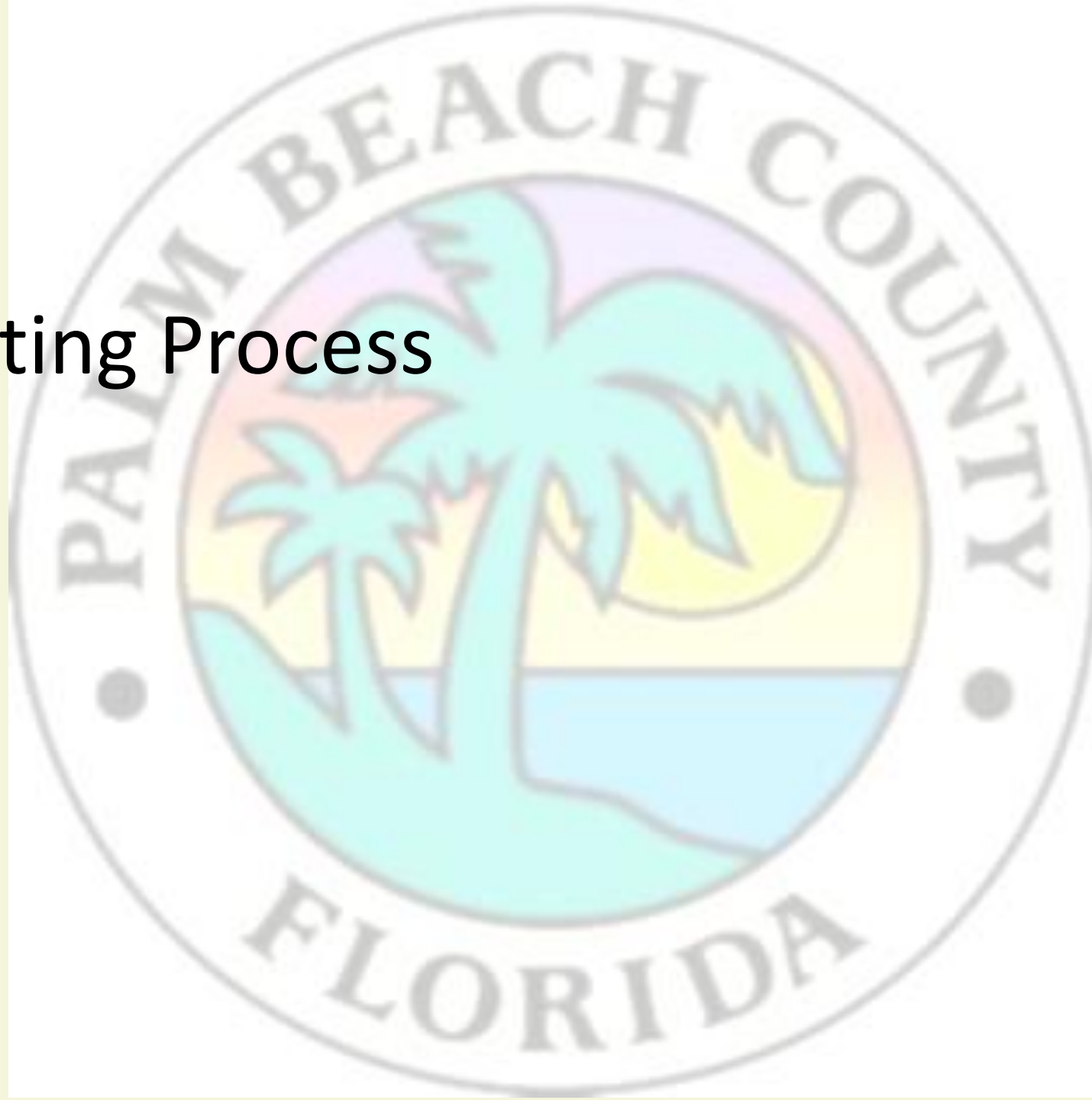
HRSA IMPLEMENTATION PLAN

- HRSA Implementation Plans are required for each requested service category
- Requested funding must be aligned with appropriate level/cost of service
- Combine Implementation Plans in one Excel Workbook

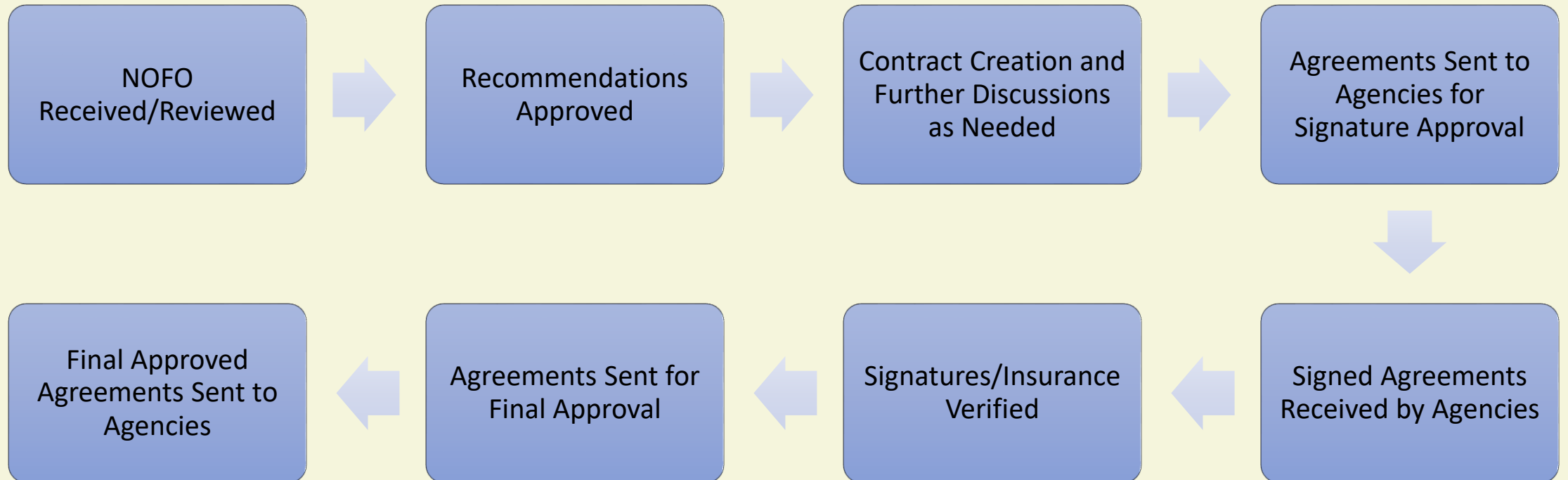
OVERVIEW OF HRSA IMPLEMENTATION PLAN

Ryan White Part A Implementation Plan: Service Category Table			
Agency Name:			
Fiscal Year: 2024		Service Category:	Medical Case Management
		Total Requested:**	
<p>Service Category Goal: The provision of a range of client-centered activities focused on improving health outcomes in support of the HIV care continuum. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication).</p>			
Objective: List quantifiable time-limited objective related to the service listed above (SMART Goal)		Service Unit Definition	Number of Persons to be Served
At the end of the project period...		1 unit= 15 minutes of service	
Performance Measure Outcome:		HIV Viral Load Suppression	
(Baseline= 1st yr; Target= 3rd year)		Baseline (%)	
		Target (%)	
		Retention in HIV Medical Care	
		Baseline (%)	
		Target (%)	
**Total Requested Amount is subject to change			

Contracting Process



CONTRACTING PROCESS



CONTRACTING PROCESS

- The term of the Agreement shall be for one (1) year and will automatically renew for two (2) one (1) year terms, unless either party notifies the other prior to the expiration of the initial term or any extended term of its intent not to renew in accordance with the time parameters stated herein ***(March 1, 2024 – February 28, 2027)***
- Reports and other items shall be delivered or completed in accordance with the detailed schedule set forth in THE PROGRAMMATIC REQUIREMENTS.

CONTRACTING PROCESS

- Issues that can slow down the process:
 - Improper Insurance Coverage
 - Improper Signature Authority
 - Incorrect information on Implementation Plans
 - Incomplete Signature of Forms

CONTRACTING PROCESS

- Agreements can be amended when there is a change:
- To the implementation plan
- In funding
- To unit cost
- To federal, state, and local laws or policies affecting the agreement/terms and conditions
- An emergency

Fiscal Considerations and Budget Templates



FISCAL CONSIDERATIONS AND BUDGET TEMPLATES

Payer of Last Resort

By statute, the programs funded under the Ryan White legislation are the Payer of last resort

- **Meaning:** Ryan White HIV/AIDS Program grant funds may not be used for any item/service for which payment has been made, or can reasonably be expected to be made by any other payer.
- Other payer may include:
 - Medicaid
 - Medicare
 - Veterans Affairs
 - Private Health Insurance
 - Employer-Provided Health Insurance
 - Other Federal Assistance Programs
 - Other State and Local Service Programs

Failure to adhere to this requirement will result in a payback situation

FISCAL CONSIDERATIONS AND BUDGET TEMPLATES

- Part A grants to Eligible Metropolitan Areas (EMAs) include formula and supplemental components as well as Minority AIDS Initiative (MAI) funds.
 - Formula grants are based on reported living HIV/AIDS cases in the EMA
 - Supplemental grants are awarded based on demonstrated need
 - MAI funding awarded according to distribution of living HIV/AIDS cases among racial and ethnic minorities

All funding is subject to certain restrictions that affect the Recipient (Palm Beach County) and Service Providers (Successful NOFO Proposers)

FISCAL CONSIDERATIONS AND BUDGET TEMPLATES

– FORMULA FUNDING REQUIREMENTS

- The EMA will lose future funding if it does not spend at least **95%** of Formula funding.
- This means the Recipient will monitor Service Providers expenditures closely. If it becomes clear a Service Provider cannot spend all contracted funds, **the Priorities and Allocations Committee through the Care Council will reallocate funds**

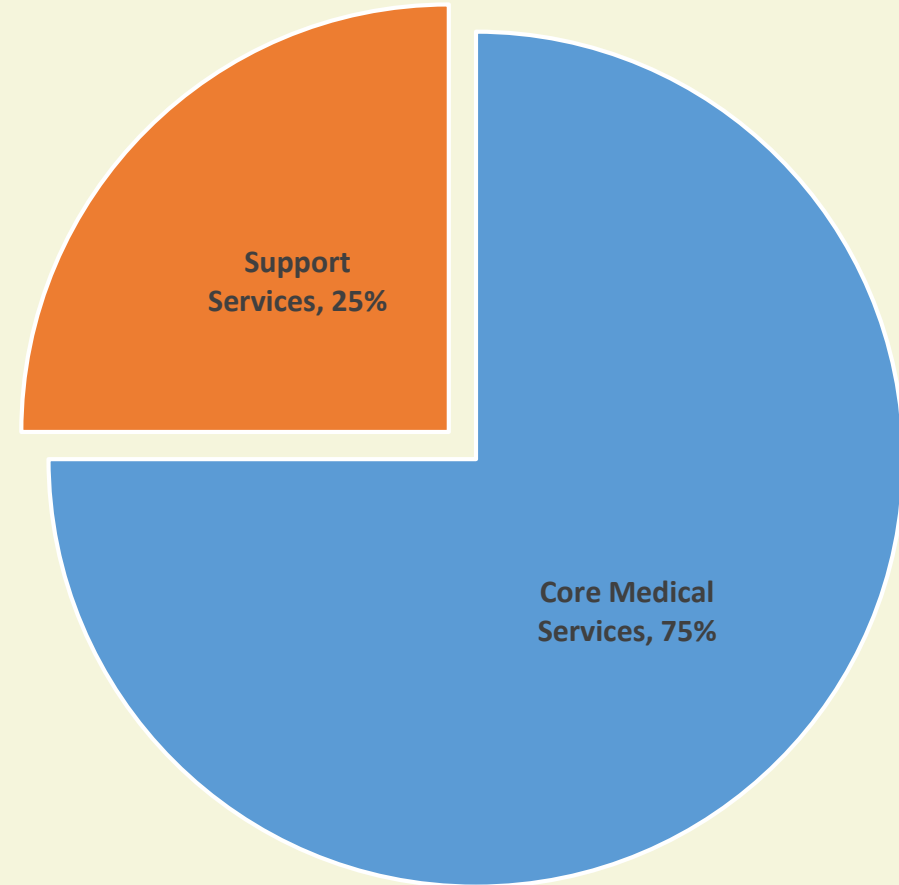
FISCAL CONSIDERATIONS AND BUDGET TEMPLATES

- CARE Council establishes priorities for the provision of HIV services in the community based on Needs Assessment.
- Service priorities are based on different factors including: size and demographics of the HIV/AIDS population, cost effectiveness of proposed services, coordination of HIV program services, availability of other governmental/non-governmental resources in the area, others.
- Once service priorities are established, CARE Council makes allocations in accordance with legislative requirement to use not less than 75% of funds for core medical services.

FISCAL CONSIDERATIONS AND BUDGET TEMPLATES

– CORE MEDICAL/SUPPORT SERVICES REQUIREMENTS


- HRSA restricts funding to no more than 25% of funds for support services
- HRSA requires at least 75% of allocated funds are spent on core medical services; CARE Council may adjust this allocation higher as needed
- **Failure to adhere to this requirement will result in a payback situation**
- Minority AIDS Initiative (MAI) funding is awarded separately;
 - CARE Council requires that applicants have at least 50% minority on staff and Boards of Directors



FISCAL CONSIDERATIONS AND BUDGET TEMPLATES

- **Grantee Administrative Cap**
 - 10% administrative costs
 - 5% quality management
- **Provider Administrative Cap**
 - 10% administrative costs (*based on direct expenditures*)
 - (Personnel salaries, accounting costs, facilities maintenance, rent, supplies, etc.)

FISCAL CONSIDERATIONS AND BUDGET TEMPLATES – SAMPLE AWARD BREAKDOWN

1. DATE ISSUED: 01/28/2016		2. PROGRAM CFDA: 93.914	
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: H99H40034-23-00	4b. GRANT NO.: H99H40034	5. FORMER GRANT NO.: BRH990034	
6. PROJECT PERIOD: FROM: 04/04/1994 THROUGH: 02/28/2017			
7. BUDGET PERIOD: FROM: 03/01/2016 THROUGH: 02/28/2017			
 <p>U.S. Department of Health and Human Services HRSA HEALTH RESOURCES SERVICES ADMINISTRATION</p> <p>NOTICE OF AWARD AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Title XXVI, Section 2652b Public Health Service Act Section 2652(b), 42 U.S.C. 300F-13(b) FY 2007 Title XXVI of the PHS Act, 42 U.S.C. section 300-5-11 et seq. (as amended), Part A Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-57) Public Health Service Act, Sections 2601-2610 Public Health Service Act, Sections 2601-2610 (42 USC 300F-11 - 300F-20), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-57) Public Health Service Act, Sections 2601-2610, and 2693(b)(2)(A) (42 USC 300F-11 - 300F-20, and 300F-121(p)(2)(A)), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-57)</p>			
8. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS			
9. GRANTEE NAME AND ADDRESS: PALM BEACH COUNTY BOARD OF COMMISSIONERS PO BOX 4036 WEST PALM BEACH, FL 33402- DUNS NUMBER: 078470451		10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Charmel Wilkins PALM BEACH COUNTY BOARD OF COMMISSIONERS MailStop Code: 810 Datura St. Division Line: Dept. of Community Services 810 Datura St. West Palm Beach, FL 33401	
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: a. Authorized Financial Assistance This Period \$4,189,216.00 b. Less Unobligated Balance from Prior Budget Periods I. Additional Authority \$0.00 II. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Awards(s) This Budget Period \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$4,189,216.00	
a. Salaries and Wages: \$0.00		13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)	
b. Fringe Benefits: \$0.00		YEAR TOTAL COSTS	
c. Total Personnel Costs: \$0.00		Not applicable	
d. Consultant Costs: \$0.00		14. APPROVED DIRECT ASSISTANCE BUDGET: (in lieu of cash)	
e. Equipment: \$0.00		a. Amount of Direct Assistance \$0.00	
f. Supplies: \$0.00		b. Less Unawarded Balance of Current Year's Funds \$0.00	
g. Travel: \$0.00		c. Less Cumulative Prior Awards(s) This Budget Period \$0.00	
h. Construction/Alteration and Renovation: \$0.00		d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00	
i. Other: \$0.00			
j. Concession/Contractual Costs: \$0.00			
k. Trainee Related Expenses: \$0.00			
l. Trainee Stipends: \$0.00			
m. Trainee Tuition and Fees: \$0.00			
n. Trainee Travel: \$0.00			
o. TOTAL DIRECT COSTS: \$4,189,210.00			
p. INDIRECT COSTS (Rate: % of S&WITADC): \$0.00			
q. TOTAL APPROVED BUDGET: \$4,189,210.00			
I. Less Non-Federal Share: \$0.00			
II. Federal Share: \$4,189,210.00			
15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A]			
Estimated Program Income: \$0.00			
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.			
REMARKS: (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)			
Electronically signed by Brad Barney, Grants Management Officer on: 01/26/2016			

HRSA Award: 5,000,000
 Less 10% grantee admin: 500,000
 Less 5% Quality Assurance: 250,000
 Available to Contract: 4,250,000

4,250,000 Available in Service Provider Contracts:

- 3,187,500 must be contracted in core medical services
- 1,062,500 could be contracted in support services



FISCAL CONSIDERATIONS AND BUDGET TEMPLATES – SAMPLE AWARD BREAKDOWN

AGENCY 1

Contract awarded:	770,000
Direct Expenses:	700,000
Max administrative costs allowed:	70,000

AGENCY 2

Contract awarded:	1,100,000
Direct Expenses:	1,000,000
Max administrative costs allowed:	100,000

FISCAL CONSIDERATIONS AND BUDGET TEMPLATES

	<i>Long Distance Travel Sub-Total</i>	-		-		-		-
	Travel Total	\$ -		\$ -		\$ -		\$ -
	Supplies	RW Budgeted		Other Funding Source		Other Funding Source		Total Budget
	Office Supplies-Description							
	Supplies Total	\$ -		\$ -		\$ -		\$ -
	Contractual	RW Budgeted		Other Funding Source		Other Funding Source		Total Budget
	Description of contracted service if any.							
	Contracts Total	\$ -		\$ -		\$ -		\$ -
	Construction	Not Applicable						
	Direct Assistance to Clients	RW Budgeted		Other Funding Source		Other Funding Source		Total Budget
	Description of direct assistance to clients.							0
	Direct Assistance to Clients Total	\$ -		\$ -		\$ -		\$ -
	Total Direct Cost	RW Budgeted		Other Funding Source		Other Funding Source		Total Budget
		\$ -		\$ -		\$ -		\$ -
	Total ADMIN Cost	RW Budgeted		Other Funding Source		Other Funding Source		
	10% Administrative Costs will be automatically added to all direct service dollars.	\$ -		\$ -		\$ -		\$ -
	ADMIN Cost Total	\$ -		\$ -		\$ -		\$0.00
	Part A SERVICE CATEGORY Total	RW Budgeted		Other Funding Source		Other Funding Source		
		\$0.00		\$0.00		\$0.00		\$0.00
	ERROR CELL-SEE INSTRUCTIONS	0						

Online Application



ONLINE APPLICATION

Enter link
(<https://pbcc.samis.io/go/nofa/>)
to access NOFO proposal page
Please note there may be other
applications on the page so be
sure to select the correct
application:
**RWHAP GY 2024-2026 NOFO
Guidance/Application**

pbcc.samis.io/go/nofa/

NOFO

RW MAI GY 2020 NOFO and Application

Open Date 6/9/2020

Application Deadline 6/26/2020

Start New Application or Continue a Previous Application

Click here to begin a new application or to continue to complete an application that was already started

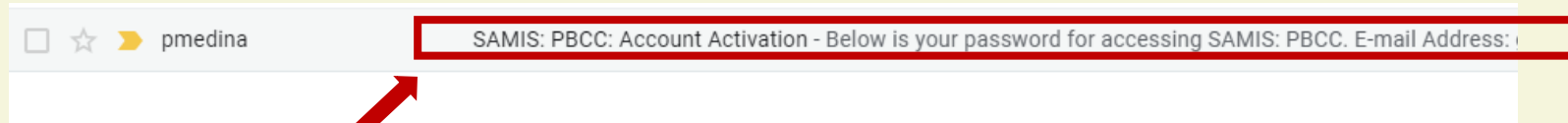
ONLINE APPLICATION

The screenshot shows a web browser window with the URL `pbcc.samis.io/go/nofo/index.cfm?actionxm=RegisterSignIn&rfp=1004&xm_dbform_template_id=1003`. The page features two main sections: 'Existing User' and 'New User'. The 'Existing User' section has fields for 'Email *' (containing 'name@domain.com') and 'Password *', with a 'Log In' button below. The 'New User' section has fields for 'First Name *', 'Last Name *', and 'Email *' (containing 'name@domain.com'), with a 'Register' button below. A red arrow points to the 'Log In' button, and another red arrow points to the 'Register' button. The footer contains the text: 'COPYRIGHT 2020. POWERED BY WEBAUTHOR.COM. PRIVACY POLICY. ALL RIGHTS RESERVED. NEW-CF-2-CFUSION'.

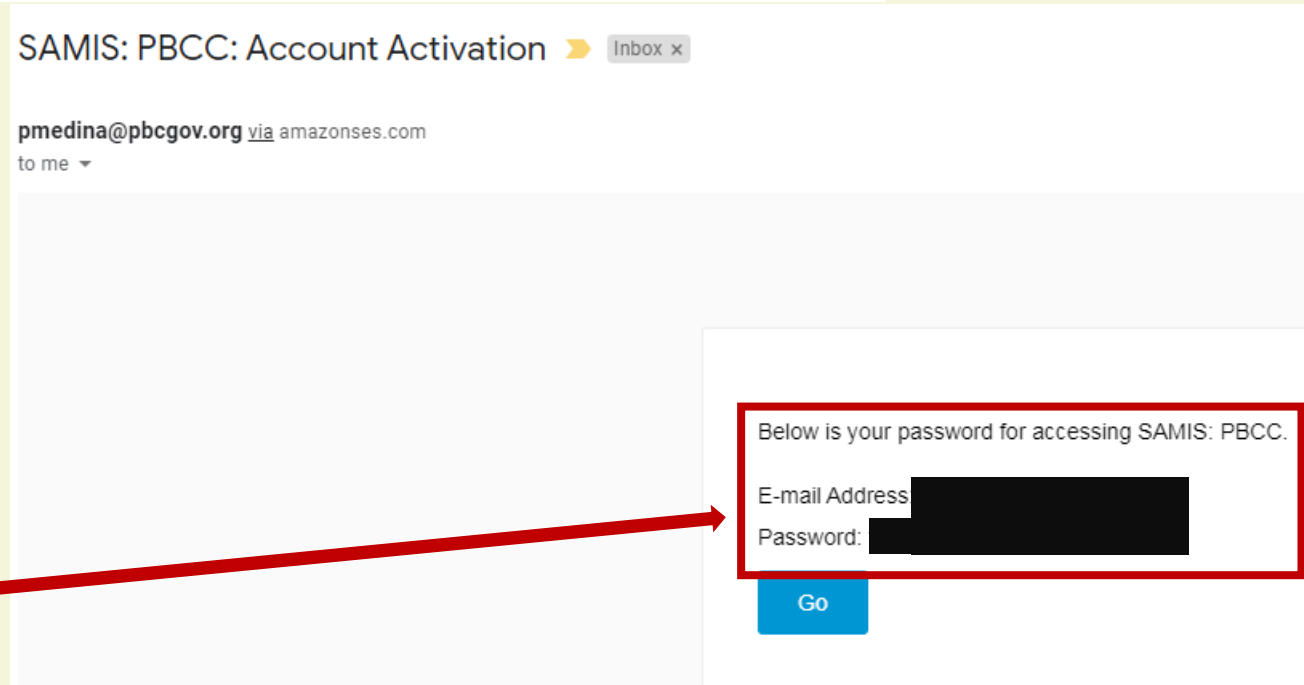
If you submitted an application previously through SAMIS or already started your application, you will use the email and password you created to log in under “Existing User.”

If you are a brand new SAMIS user, you will type in your first name, last name and email under “New User” to begin the process for creating an account. By creating an account, you will be able to return to an application you have started and apply for future grants using your newly created account.

ONLINE APPLICATION



For new users, you will receive an email with subject line :SAMIS:PBCC: Account Activation.



This email will contain a password for you to sign into SAMIS to complete your registration and the application

ONLINE APPLICATION

Before using this site, you must agree to the terms and conditions of use.

Terms of Use - 1/18/2011 - Version 2.0

BY CLICKING A BOX OR PRESSING A BUTTON INDICATING YOUR ACCEPTANCE YOU AGREE TO THESE TERMS OF USE. IF YOU ARE USING THIS WEB SITE ON BEHALF OF A COMPANY OR OTHER LEGAL ENTITY, YOU REPRESENT THAT YOU HAVE THE AUTHORITY TO BIND SUCH ENTITY TO THESE TERMS OF USE, IN WHICH CASE THE TERMS "YOU" OR "YOUR" SHALL REFER TO SUCH ENTITY AND ITS AFFILIATES. IF YOU DO NOT HAVE SUCH AUTHORITY, OR IF YOU DO NOT UNDERSTAND AND AGREE WITH THESE TERMS OF USE, YOU SHOULD SEEK LEGAL COUNSEL, NOT ACCEPT THE TERMS OF USE, AND NOT USE THE SERVICES.

Definitions

"Affiliate" means, with respect to a party, any entity which directly or indirectly controls, is controlled by, or is under common control with such party.

"Assignment" means this Terms of Use.

...and, to change your password. Please make note of your password. You will be able to use the password to return to your saved application and to apply for future CSD grant opportunities.

You will be asked to accept the terms of use for SAMIS...

Reset Password

Your password has either expired or is a temporary one. Please enter a new password below to access the system.

Change Password

New Password *

Confirm Password *

ONLINE APPLICATION

Once signed in, you will be directed to your proposal records landing page. Here you will see the list of all the proposals you have started.

Proposals ▾ View ▾ Reports Review ▾ Design ▾ Options

My Records [Create New](#)

Click on an existing entry below to continue updating that record or click on Create New to start a new one.

Title	% Complete	Modified
		9/11/20 8:24 AM
		8/13/20 12:12 PM
		7/29/20 11:30 AM

To start a new proposal, click on the “Create New” button.

To continue a proposal that you have started or that you are sharing, click on the proposal name.

ONLINE APPLICATION

CREATE NEW ENTRY

1272 Pending RWHAP GY 2021-2023 NOFO Guidance/Application 10/13/2020 12:00 PM 27 days 21:29:20

ID	Status	Agency Name	NOFO/RFP	Due Date	Time Remaining
----	--------	-------------	----------	----------	----------------

Proposals

Federal ID *

Agency Name *

Address

City

State Select State

Zip Code

NOFO/RFP * RWHAP GY 2021-2023 NOFO Guidance/Application

Additional Editors

Program Name *

RWHAP GY 2021-2023 Cover [Click HERE](#) to download the REQUIRED RW GY 2021-2023 Cover Sheet Template. Complete the template

Sections

0%

- * Proposals
- ✗ General Contact Information
- ✗ RW Org. Profile&Capacity - Attachments
- ✗ RW Org. Profile&Capacity - Organizational Overview
- ✗ RW Org. Profile&Capacity - HIV Services Overview
- ✗ RW Budgets
- ✗ RW Service Proposal(s)

The application will appear. A valid Federal ID will populate the applicant's agency name and address.

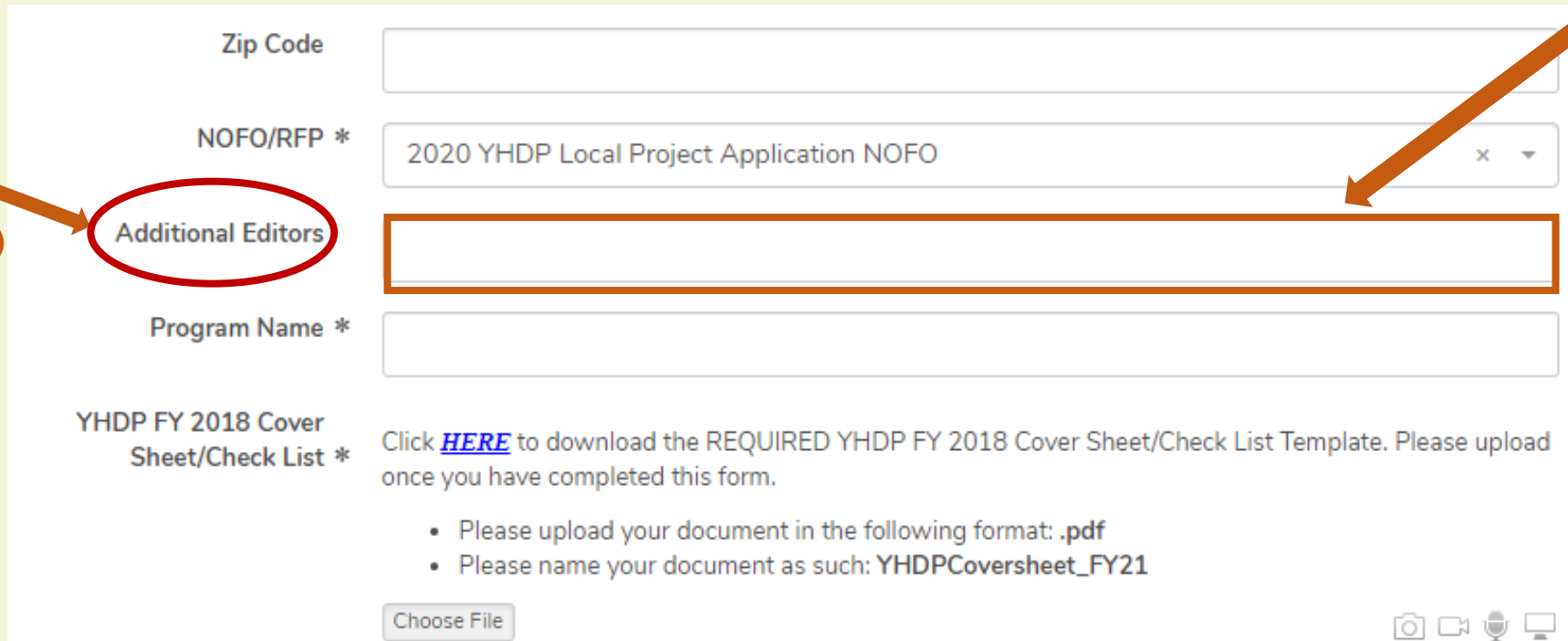
Check the NOFO/RFP to confirm you are in the correct application

Use this status panel to track your application's progress. A green "✓" (checkmark) means the section is marked as completed. A red "X" means the section is not marked as completed. All sections must be marked complete to submit the application

ONLINE APPLICATION

You can share the application with another reviewer/editor.

To add another reviewer/editor to the application, go to the “Additional Editors” field in the first section of the application (first page)



The screenshot shows a web form with the following fields and instructions:

- Zip Code**: A text input field.
- NOFO/RFP ***: A dropdown menu with the selected option "2020 YHDP Local Project Application NOFO".
- Additional Editors**: A text input field, circled in red. An arrow points from the text on the left to this field.
- Program Name ***: A text input field.
- YHDP FY 2018 Cover Sheet/Check List ***: A section with instructions: "Click [HERE](#) to download the REQUIRED YHDP FY 2018 Cover Sheet/Check List Template. Please upload once you have completed this form."
 - Please upload your document in the following format: .pdf
 - Please name your document as such: YHDPcoversheet_FY21A "Choose File" button is located below the instructions.

At the bottom right of the form, there are icons for camera, video, microphone, and a desktop monitor.

Click on the drop-down box to type in the name(s) of the additional reviewer(s)/ editors

You can select up to two (2) additional editors. Each additional editor must have already registered on the SAMIS system.

ONLINE APPLICATION

Proposals ▾ View ▾ Reports Review ▾ Design ▾ Options

My Records Create New


Click on an existing entry below to continue updating that record or click on Create New to start a new one.

Title	% Complete	Modified
		9/11/20 8:24 AM
		8/13/20 12:12 PM
		7/29/20 11:30 AM



The application will then appear in the additional reviewer's/editor's list of applications.

ONLINE APPLICATION



RWHAP GY 2021-2023 NOFO
Guidance

Click [HERE](#) to download a copy of the RWHAP GY 2021-2023 NOFO Information Guidance document for reference throughout the application.

Mark this Section Completed

Download the RWHAP GY 2024-2026 NOFO Information Guidance document for details on the program and reference throughout the application.

ONLINE APPLICATION

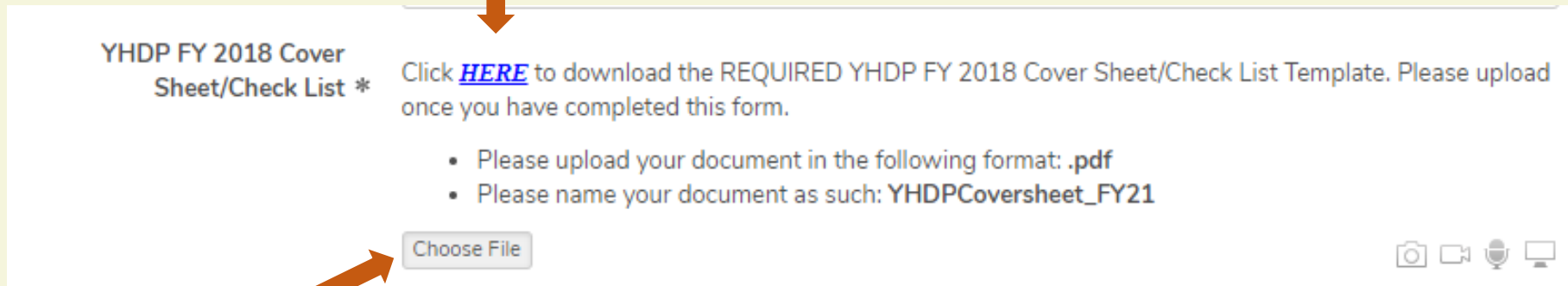
CEO/Executive Director * Agency CEO/Executive Director

Agency Contact Person/Title * Agency Contact Person/Title

Throughout the application, an “*” (asterisk) next to an item indicates that the field is required to mark the page as complete. However, there are required documents that do not have an asterisk because it is required for a specific funding source or service category.

ONLINE APPLICATION

Throughout the application, there will be several documents that you will be required to download, complete and re-upload to the application. Click on the link to preview and download the document.



YHDP FY 2018 Cover Sheet/Check List *

Click [HERE](#) to download the REQUIRED YHDP FY 2018 Cover Sheet/Check List Template. Please upload once you have completed this form.

- Please upload your document in the following format: **.pdf**
- Please name your document as such: **YHDP Coversheet_FY21**

Choose File

Camera Video Microphone Desktop

Complete and save the document in the suggested document formats and with the naming convention indicated. Select “Choose File” to re-upload the document. The system will accept Word Documents, Excel Workbooks and PDF files.

ONLINE APPLICATION

ATTACHMENT 1 - YHDP COVERSHEET-CHECKLIST.PDF

Posted 3/20/20 by Gillian Moxey

Back

Download File

Webauthor.com

Click "Download File" to download the previewed document, then click "Back" to return to the application



2020 – 2022 YHDP Local Projects Application Package Checklist-Cover Sheet and Instructions Certification

Except where noted, all agencies applying for HUD 2020 YHDP Local Project funds must complete and submit all items listed below.

The deadline for application package submission is **Thursday, April 23, 2020 by 12:00 noon**. Application Package shall be submitted on the Palm Beach County, Community Services Department, Division of Human and Veteran Services NOFO Application Submission Website:

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



ONLINE APPLICATION

There are several navigation buttons at the bottom of each page/section of the application.

You will find this checkbox and accompanying text “Mark this Section Completed.”

Check the box only after you have completed the section.

You can move between sections if this box is un-checked. The application will default to a checked box.

All boxes at the end of each section must be checked in order to submit the application.

Mark this Section Completed

Back Next Save & Continue Later Cancel

The “Next” button will take you to the next section of the application. The “Back” button will take you to the previous section of the application.

The “Save & Continue Later” button will take you to the application preview page. You will be able to save your application there and return to complete the application at a later time.

The “Cancel” button cancels your input on the page.

ONLINE APPLICATION

YHDP TEST

Details

1179	YHDP Test	Pending	YHDP Test PSH	2020 YHDP Local Project Application NOFO	4/23/2020 12:00 PM	21 days 23:24:16
ID	Title	Status	Agency Name	NOFO/RFP	Due Date	Time Remaining

YHDP Application Information

Organizational Type * Specify the organizational type.

After you have completed the first section of the application, you will see this status bar at the top of each application sections. The status bar will include your agency name, the name of the proposal and a countdown to the application deadline date.

ONLINE APPLICATION

All applicants are required to complete the first six (6) sections of the application only once.

1272 Pending RWHAP GY 2021-2023 NOFO Guidance/Application 10/13/2020 12:00 PM 27 days 21:29:20

ID	Status	Agency Name	NOFO/RFP	Due Date	Time Remaining
----	--------	-------------	----------	----------	----------------

Proposals

Federal ID *

Sections

0%

General Contact Information

GENERAL INFORMATION

CEO/Executive Director Name and Title * Agency CEO/Executive Director

RW Org. Profile&Capacity - Attachments

REQUIRED RWHAP ATTACHMENTS

SunBiz Form Provide a print out of the *Detail by Entity Name* page from the Florida Department of State, Division of

Sections

0%

- Proposals
- * General Contact Information
- RW Org. Profile&Capacity - Attachments
- RW Org. Profile&Capacity -

Sections

0%

- Proposals
- General Contact Information
- RW Org. Profile&Capacity -

ONLINE APPLICATION

Continued:
Sections of the
application to
complete only
once.

RW Org. Profile&Capacity - Organizational Overview	Sections
A. ORGANIZATIONAL OVERVIEW (20 POINTS) 1. Description of Organization (4000 Characters) * Provide a brief description of proposing organization, including:	0% X Proposals X General Contact Information X RW Org. Profile&Capacity -
RW Org. Profile&Capacity - HIV Services Overview	Sections
B. HIV SERVICES OVERVIEW (20 POINTS) 15. Services Mission Alignment * Describe your organization's history of providing services to persons with HIV. Indicate the approximate	0% X Proposals X General Contact Information
RW Budgets	Sections
C. Budgets (30 Points) 32. Service Category Budgets Download the REQUIRED <i>RW Program Budget Template</i> for Part A or MAI services for use to submit separate line item budgets for each Service Category. Each program page in the Excel Workbook shall be	0% X Proposals X General Contact Information X RW Org. Profile&Capacity -

ONLINE APPLICATION

In the HIV Services Overview Section, Questions 24 and 25 must be completed if applying for MAI service categories.


24. Agency Demographics

MAI PROPOSALS ONLY

Provide the agency demographics.

Click [HERE](#) to download the MAI REQUIRED *RW Agency Demographics* Template. Please upload once you have completed this document.

- Please upload your document in the following formats: .pdf OR .xls OR .xlsx
- Please name your document as such: *(Agency Name or Initials)AgencyDemographics*

 Choose File

25. MAI Leadership Demographics (5000 Characters)

MAI PROPOSALS ONLY

The 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.

ONLINE APPLICATION

In the Budgets section, applicants for Part A service categories must download, complete and re-upload the Service Category Budgets Template in Question 32.

Applicants for MAI service categories must download, complete and re-upload the Service Category Budgets Template in Question 33.

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. 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 [HERE](#) to download the budget template for Part A services.

Please upload once you have completed the template document.

- Please upload your document in the following formats: .pdf OR .xls OR .xlsx
- Please name your document as such: *{Agency Name or Initial}ServiceCategoryBudgetsA*

33. Service Category Budgets - MAI

Click [HERE](#) to download the budget template for MAI services.

Please upload once you have completed the template document.

Applicants for both Part A and MAI service categories must download, complete and re-upload the Service Category Budgets Template in both Questions 32 and 33.

ONLINE APPLICATION

In the Budgets Section, applicants for Part A service categories must download, complete and re-upload the HRSA Implementation Plans Template in Question 38.

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. Complete implementation plans for each service category proposed and combine them in one Excel Workbook or PDF file.

Click [HERE](#) to download the implementation plan template for Part A services.

Please upload once you have completed this document.

- Please upload your document in the following formats: .pdf OR .xls OR .xlsx
- Please name your document as such: *(Agency Name or Initial)ImplementationPlanA*

Choose File

39. HRSA Implementation Plan - MAI

Click [HERE](#) to download implementation plan template for MAI services.

Please upload once you have completed this document.

- Please upload your document in the following formats: .pdf OR .xls OR .xlsx
- Please name your document as such: *(Agency Name or Initial)ImplementationPlanMAI*

Choose File

Applicants for MAI service categories must download, complete and re-upload the HRSA Implementation Plans Template in Question 39.

Applicants for both Part A and MAI service categories must download, complete and re-upload the HRSA Implementation Plans Template in both Question 38 and 39.

ONLINE APPLICATION

Applicants can complete the 7th section of the application, Service Category-Specific Elements section, once or multiple time

Select "New Entry," which will open the section for completion

CREATE NEW ENTRY

1272 Pending RWHAP GY 2021-2023 NOFO Guidance/Application 10/13/2020 12:00 PM 27 days 20:32:30

ID	Status	Agency Name	NOFO/RFP	Due Date	Time Remaining
----	--------	-------------	----------	----------	----------------

RW Service Proposal(s) (1)

New Entry

ID	Service Category-Specific Elements	41. Funding Source	42. Service Category	43. Amount Requesting for Service Category	44. Number of People	Modified	Modified By
1000		RWHAP Part A	AIDS Pharmac...	0	0	9/1/2020	Gillian Moxey

Mark this Section Completed

Sections

0%

- Proposals
- General Contact Information
- RW Org. Profile&Capacity - Attachments
- RW Org. Profile&Capacity - Organizational Overview
- RW Org. Profile&Capacity - HIV Services Overview
- RW Budgets
- RW Service Proposal(s)

ONLINE APPLICATION

RW Service Proposal(s)

D. SERVICE CATEGORY-SPECIFIC ELEMENT (30 POINTS)

Service Category-Specific Elements 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 RWHAP Part A or MAI services will contribute to the health outcomes of priority populations, and how requested Part A/MAI funding supplements other payer sources.

Proposers may request funding for any service listed in the RWHAP GY 2021-2024 NOFO Guidance according to the service category and unit definitions. Proposers can request a continuation or expansion of existing services or establishment of a new service category for the agency.

41. Funding Source * Identify the funding source for the service category for which funding is requested.

Select One

42. Service Category * Select Service Category for which funding is being requested.

Select One

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 is expected to be served with the requested amount for selected service category.

Sections

0%

✗	Proposals
✗	General Contact Information
✗	RW Org. Profile&Capacity - Attachments
✗	RW Org. Profile&Capacity - Organizational Overview
✗	RW Org. Profile&Capacity - HIV Services Overview
✗	RW Budgets
*	RW Service Proposal(s)

Select the
"Funding Source"

Select the "Service
Category"

ONLINE APPLICATION

In the Service Category Section, if the applicant selected Part A Non-Medical Case Management for Part A or MAI in this section, complete Question 52.

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).

If the applicant selected MAI Non-Medical Case Management, complete Question 53.

ONLINE APPLICATION

In the Service Category Section, if the applicant selected Part A Medical Case Management in this section, complete Question 54.

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 services 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

If applicant selected MAI Medical Case Management in this section, complete Question 55.

ONLINE APPLICATION

In the Service Category Section, applicant who has plans to apply for multiple service categories must select "Add New" in the "After Saving, Go To" field.

This will take you to a new blank Service Category page.

Selecting "Modify Page" will take you to the sections summary page.

56. 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.

Please upload once you have completed this document.

- Please upload your document in the following formats: .pdf OR .xls OR .xlsx
- Please name your document as such: *(Agency Name or Initials)ServiceSite*

After Saving, Go To

- Modify Page
- Modify Page
- Detail Page
- Add New [RW Service Proposal(s)]

Click "Save Entry" once the section is completed.

ONLINE APPLICATION

Selecting “Modify Page” will take you to the Service Category Section’s summary page where you can view all the selected service category applications.

Select item to modify.

Once Applicant has completed all selected service categories, select “Save & Continue Later” to go to the Application Detail Page.

CREATE NEW ENTRY

1272 Pending RWHAP GY 2021-2023 NOFO Guidance/Application 10/13/2020 12:00 PM 27 days 15:40:19

ID	Status	Agency Name	NOFO/RFP	Due Date	Time Remaining
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RW Service Proposal(s) (2)

New Entry

ID	Service Category-Specific Elements	41. Funding Source	42. Service Category	43. Amount Requesting for Service Category	44. Number of People	Modified	Modified By
1000		RWHAP Part A	AIDS Pharmac...	0	0	9/1/2020	Gillian Moxey
1002		RWHAP Part A	AIDS Pharmac...	0	0	9/15/2020	Gillian Moxey

Mark this Section Completed

Sections

0%

- Proposals
- General Contact Information
- RW Org. Profile&Capacity - Attachments
- RW Org. Profile&Capacity - Organizational Overview
- RW Org. Profile&Capacity - HIV Services Overview
- RW Budgets
- RW Service Proposal(s)**

Back Save & Continue Later Cancel

ONLINE APPLICATION

If you forget to mark a section complete, you will have the opportunity to return to the application by clicking the “Modify” button, then press “Next” until you reach the section you need to mark complete. You can also click on the section in the status bar. Click on the “Save and Continue Later” button to return to the detail page.

YHDP TEST

Modify Delete Detail History [↑ Submit](#) Download Applications (Zip) ↔

When you are done editing, click the Submit button above to complete your entry.

ID	Status	Agency Name	NOFO/RFP	Due Date	Time Remaining
1179	Pending	YHDP Test PSH	2020 YHDP Local Project Application NOFO	4/23/2020 12:00 PM	15 days 22:03:00

Proposals

Federal ID	789654123
Agency Name	YHDP Test PSH
Address	810 Datura Street
City	West Palm Beach
State	FL
Zip Code	33401
NOFO/RFP	2020 YHDP Local Project Application NOFO
Additional Editors	Gillian Moxey
Program Name	YHDP Test
YHDP FY 2018 Cover Sheet/Check List	Click HERE to download the REQUIRED YHDP FY 2018 Cover Sheet/Check List Template. Please upload once you have completed this form.

Section

100%

- Proposals
- Contract Trigger
- YHDP Application Information
- YHDP Sub-Recipient Information
- YHDP Applicant Experience
- YHDP Project Type Selection
- YHDP Project Information (PH-PSH)
- YHDP Project Information (PH-RRH)/Joint TH-RRH)
- YHDP Housing Services (PSH/RRH)/Joint TH & RRH)
- YHDP Housing Type and Location (PH-PSH)
- YHDP Housing Type and Location (PH-RRH)
- YHDP Housing Type and Location (Joint TH & RRH)

Once you have pressed “Save and Continue Later,” you will be taken to the summary page, which will show all the sections of the application, as well as the status panel and all the documents you have uploaded.

ONLINE APPLICATION

On the summary page, you will have one more opportunity to review your complete application before you submit. Click on the "Submit" button to submit your application.

YHDP TEST

Modify Delete Detail History **Submit** Download Applications (Zip) ↗

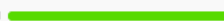
When you are done editing, click the Submit button above to complete your entry.

ID	Status	Agency Name	NOFO/RFP	Due Date	Time Remaining
1179	Pending	YHDP Test PSH	2020 YHDP Local Project Application NOFO	4/23/2020 12:00 PM	15 days 22:03:00

Proposals

Federal ID	789654123
Agency Name	YHDP Test PSH

Section

100% 

✓ Proposals

YHDP TEST

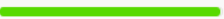
Modify Delete Detail History Download Applications (Zip) ↗

ID	Status	Agency Name	NOFO/RFP	Due Date	Time Remaining
1179	Submitted	YHDP Test PSH	2020 YHDP Local Project Application NOFO	4/23/2020 12:00 PM	15 days 21:23:58

Proposals

Federal ID	789654123
Agency Name	YHDP Test PSH

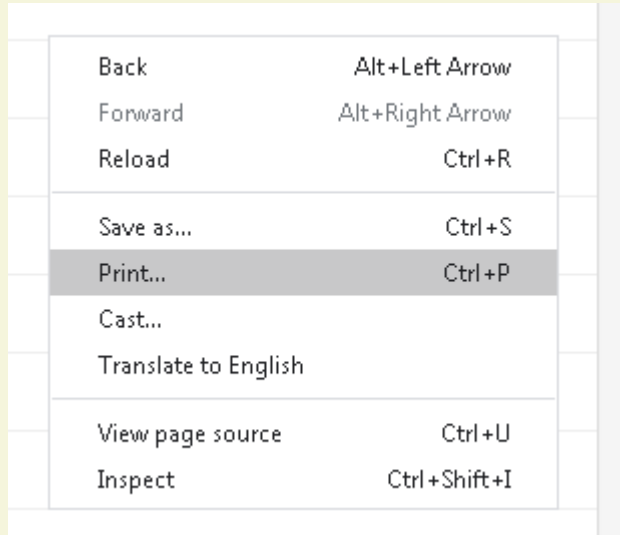
Section

100% 

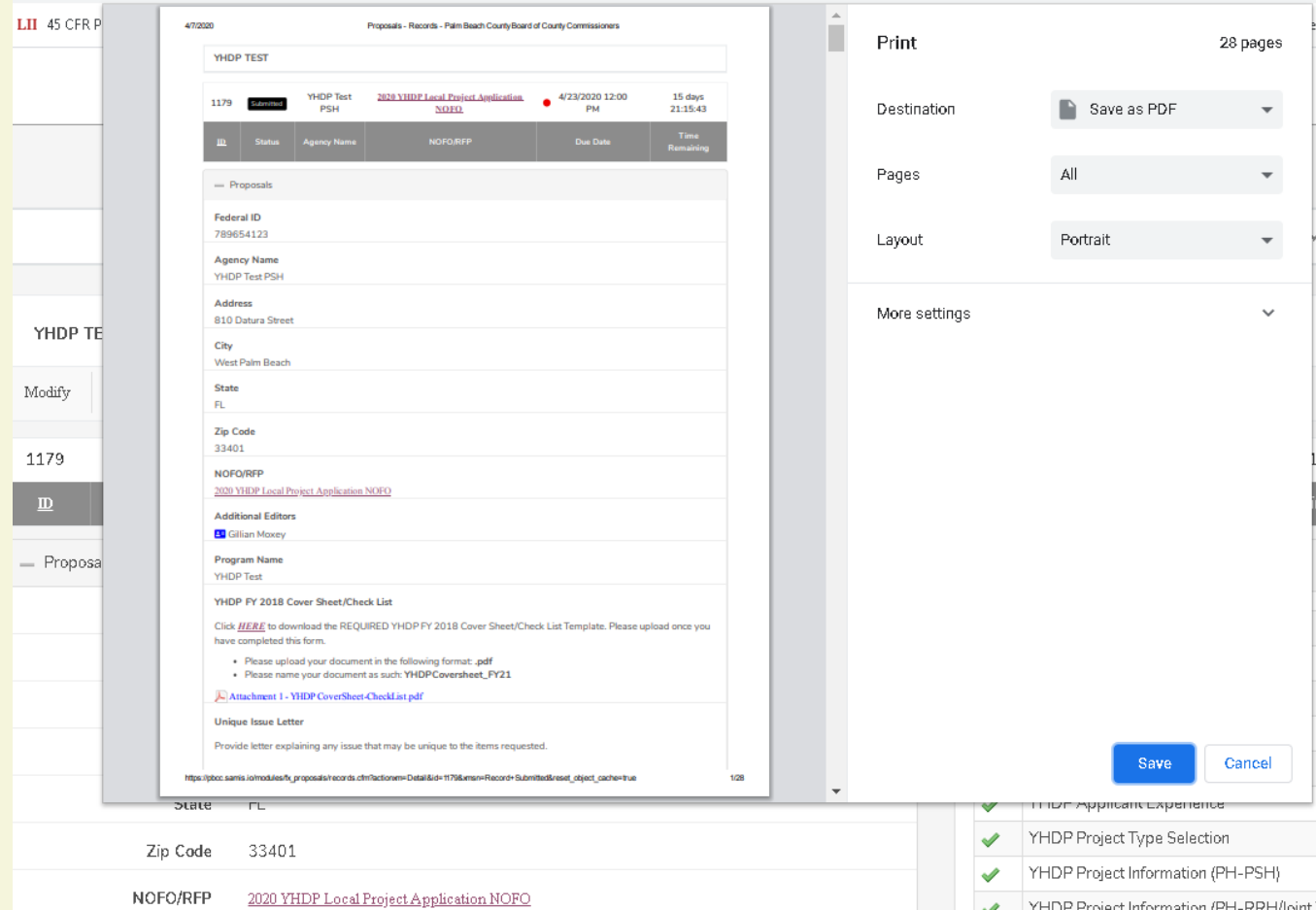
✓ Proposals

When you have submitted your application, you will see a black "Submitted" box on the status bar.

ONLINE APPLICATION



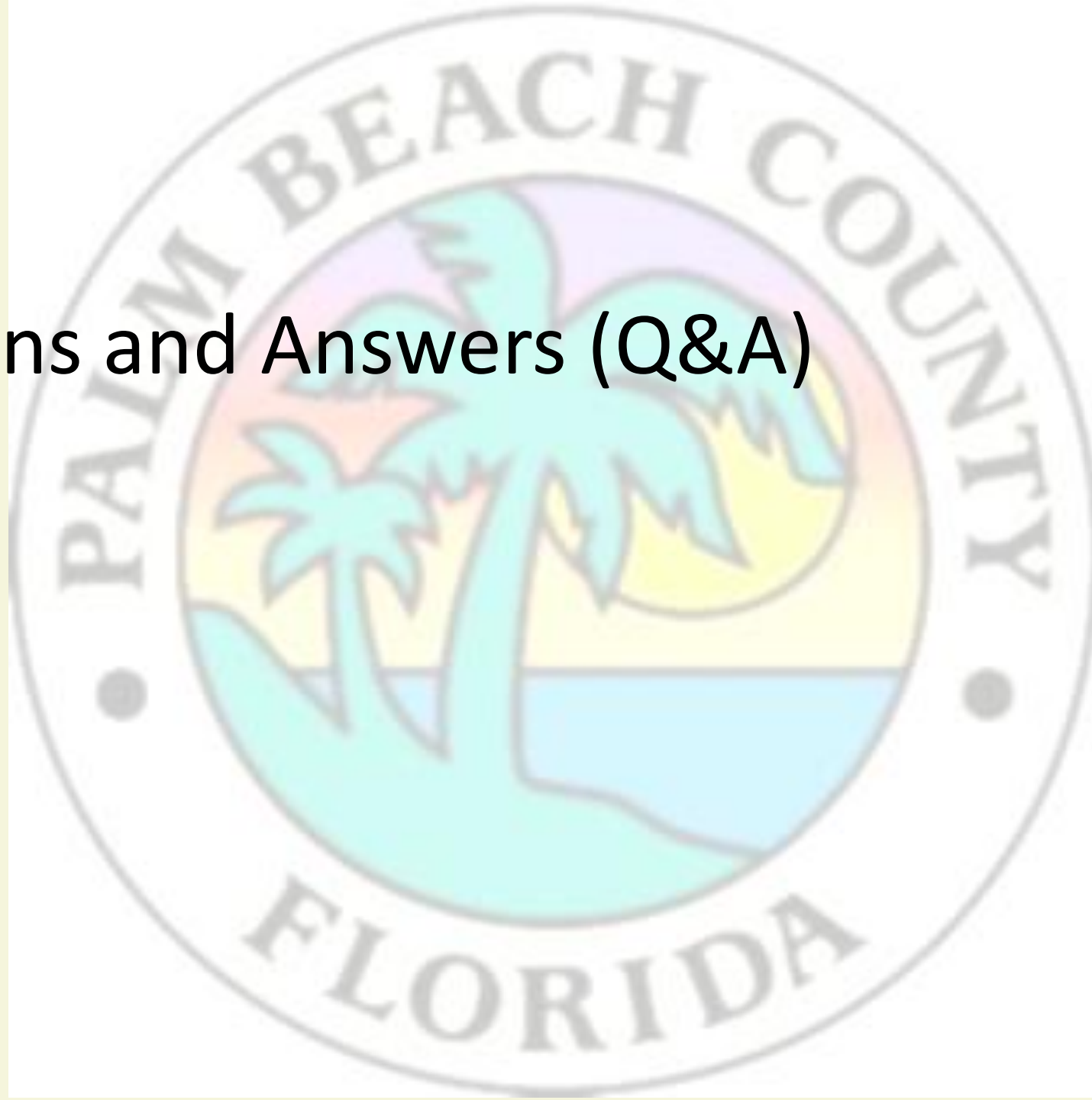
You can print your application (hard copy or PDF) for your records by clicking the right button on your computer's mouse. Select print then select printer or PDF. Be sure that all the sections are fully displayed before printing.



RWHAP NOFO Invitation Code

RWHAPGY24@

Questions and Answers (Q&A)



Adjournment

