AMENDMENT NO. 2

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 2027 - 2030 *(March 1, 2027, through February 28, 2030)*

Release Date: Wednesday, September 9, 2026
Application Due Date: Wednesday, October 7, 2026, by 12:00 PM ET

Community Services Department (CSD) HIV Elimination Services Program (HIVES) 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.

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*: 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 (including Laboratory Diagnostic Testing and Specialty Outpatient Medical Care), Substance Abuse Outpatient Care- MAI only and *Support Services*: Emergency Financial Assistance, Food Bank/Home Delivered Meals, Health Education/Risk Reduction- MAI only, Medical Transportation, Non- Medical Case Management Services, Other Professional Services-Legal Services, Outreach Services- MAI only, Referral for Health Care and Support Services- MAI only.

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 Services 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 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 number of reported cases of HIV. In GY 2026, Palm Beach County was awarded direct services totals of $6,220,683 in Part A funds and $541,481 in MAI funds for the funding period ending February 28, 2027. For GY 2027, the Recipient has proposed to HRSA direct services funding levels as follows: $6,176,102 in Part A funding and $537,601 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 2027 grant year. Actual funding for each service category will be allocated and approved by the CARE Council for GY 2027 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.

MAI Background

Section 2693 of the PHS Act states that the Minority AIDS Initiative (MAI) addresses the disproportionate impact of HIV and AIDS on, and the disparities in access, treatment, care, and outcomes for, racial and ethnic minorities (including African Americans, Alaska Natives, Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders).

Overall, HIV-related health outcomes have improved over time, but racial and ethnic minority populations continue to be disproportionately impacted by HIV. Significant HIV-related disparities still exist. To address these disparities and related gaps in programs and services, MAI supports innovative programs, including implementation science initiatives that integrate evidence-based strategies and interventions to achieve sustainable changes in the Federal response to HIV prevention, care, and treatment.

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.

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

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 holds current and valid 501(c)(3) status as determined by the Internal Revenue Service.
- If a nonprofit organization, chartered or registered with the Florida Department of State, has 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

- Certify via sam.gov that the Proposer is not debarred or suspended from participating in federally funded programs.
- 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

Wednesday, September 9, 2026

DEADLINE DATE

Proposers must complete and submit their application packages to the CSD NOFO submission website by **12:00 pm, Wednesday, October 7, 2026**. 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 16, 2026,** online using WebEx**.** Attendance at the Pre-Proposal Conference is **strongly recommended**.

Join from the webinar link

Webinar topic:
RWHAP & MAI NOFO GY 2027- 2030 Pre-Proposal Conference

Date and time:
Wednesday, September 16, 2026, 9:00 AM | (UTC-04:00) Eastern Time (US & Canada)

Join link:
https://pbc-gov.webex.com/pbc-gov/j.php?MTID=mae0d307612b7aeb94d7e9d60359befc0

Webinar number:
2314 471 6138

Webinar password:
6652Qhx5PFY (66527495 when dialing from a phone or video system)

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

Access code: 231 447 16138

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.

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.

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 , 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.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)

To maintain a fair, impartial and competitive process, questions regarding this NOFO must be made in writing and emailed to 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), Monday, October 5, 2026**, which is two (2) business days 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

DATE	ITEM	RESPONSIBLE
September 9, 2026	RWHAP NOFO Release Date	RWHAP Staff
September 16, 2026	**Pre-Proposal Conference (9:00 AM EST)** ***(Strongly Recommended)***	**RWHAP Staff & Proposers**
October 5, 2026	Deadline to Submit Questions	Proposers
October 7, 2026	**PROPOSAL SUBMISSION DEADLINE DATE 12:00 PM (EST)**	**Proposers**
October 7, 2026	Cone of Silence Begins (12:00 PM EST)	Proposers
October 1, 2026	Reviewer Training	RWHAP Staff & Reviewer
October 27, 2026 October 28, 2026 October 29, 2026 And November 3, 2026 November 4, 2026 November 5, 2026	Non-Conflict Grant (NCG) Review Committee Meetings (October 27-29 & November 3-5, 2026) 9:00 AM to 5:00 PM(EST) NOTE: Check the Ryan White Care webpage for the date the Review Panel will score the proposals submitted for the eligible Service Categories: https://discover.pbc.gov/communityservices/pages/ryan-white-care.aspx	RWHAP Staff & Reviewers
November 20, 2026	Expected Date to Announce Recommended Awards	RWHAP Staff
December 4, 2026	Deadline to Submit Grievance *(or 7 Business Days Following Announcement of Recommended Awards)*	Proposers
February 2, 2027	BCC Approval of Contract Agreements	BCC

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).

Proposers' applications will be grouped together in four (4) groups by service categories and two (2) overflow sessions reviewed by Non-Conflict Grant Review Committees. The 4 groups and overflow sessions are as follows:

Group 1

Review Date: October 27, 2026
Service Categories: Emergency Financial Assistance, Food Bank/Home Delivered Meals, Legal Services, Medical Transportation

Webinar topic:
RWHAP & MIA - Group 1 Review committee meeting

Date and time:
Tuesday, October 27, 2026, 9:00 AM | (UTC-04:00) Eastern Time (US & Canada)

Join link:
https://pbc-gov.webex.com/pbc-gov/j.php?MTID=m26f18008d109e8f4ca572fb3eb9f1296

Webinar number:
2311 500 4123

Webinar password:
umKvwmhp327 (86589647 when dialing from a phone or video system)

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

Access code: 231 527 50720

Group 2
Review Date: October 28, 2026
MAI Service Categories: Outpatient/Ambulatory Health Services, Substance Abuse Outpatient Care, Health Education/Risk Reduction, Outreach Services, Referral for Health Care and Support Services, Non-Medical Case Management

Webinar topic:
RWHAP & MIA - Group 2 Review committee meeting

Date and time:
Wednesday, October 28, 2026, 9:00 AM | (UTC-04:00) Eastern Time (US & Canada)

Join link: https://pbc-gov.webex.com/pbc-gov/j.php?MTID=mba71f58ccb539fd98fdf0cd3af7b6499

Webinar number:
2306 924 0891

Webinar password:
acPg9wqpR77 (22749977 when dialing from a phone or video system)

Join by phone
+1-904-900-2303 United States Toll (Jacksonville)
1-844-621-3956 United States Toll Free
Access code: 231 410 48848

Overflow Group 1&2
Review Date: October 29, 2026
Service Categories: Applications from All Service Categories that were not reviewed

Webinar topic:
RWHAP & MIA - Group 1 & 2 Review committee meeting - Overflow

Date and time:
Thursday, October 29, 2026, 9:00 AM | (UTC-04:00) Eastern Time (US & Canada)

Join link:
https://pbc-gov.webex.com/pbc-gov/j.php?MTID=mba71f58ccb539fd98fdf0cd3af7b6499

Webinar number:
2310 874 0539

Webinar password:
hUP6CER2WJ3 (48762372 when dialing from a phone or video system)

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

Access code: 230 007 07703

Group 3
Review Date: November 3, 2026
Service Categories: Outpatient/Ambulatory Health Services, Oral Health Care, Mental Health Services, Health Insurance Premium and Cost-Sharing Assistance

Webinar topic:
RWHAP & MIA - Group 3 Review committee meeting

Date and time:
Tuesday, November 3, 2026, 9:00 AM | (UTC-04:00) Eastern Time (US & Canada)

Join link:
https://pbc-gov.webex.com/pbc-gov/j.php?MTID=m1dcc35e35280d0b916e30eecdebdabf8

Webinar number:
2315 275 0720

Webinar password:
faGa2m3iqJ6 (32422634 when dialing from a phone or video system)

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

Access code: 231 150 04123

Group 4
Review Date: November 4, 2026
Service Categories: Early Intervention Services, Medical Case Management, Non-Medical Case Management Services

Webinar topic:
RWHAP & MIA - Group 4 Review committee meeting

Date and time:
Wednesday, November 4, 2026, 9:00 AM | (UTC-04:00) Eastern Time (US & Canada)

Join link:
https://pbc-gov.webex.com/pbc-gov/j.php?MTID=m771afda64ed2ed944c66f0efccc005b3

Webinar number:
2314 104 8848

Webinar password:
jxZeJvxf525 (59935893 when dialing from a phone or video system)

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

Access code: 230 692 40891

Overflow Group 3 & 4
Review Date: November 5, 2026
Service Categories: Applications from All Service Categories that were not reviewed

Webinar topic:
RWHAP & MIA - Group 3 & 4 Review committee meeting

Date and time:
Thursday, November 5, 2026, 9:00 AM | (UTC-04:00) Eastern Time (US & Canada)

Join link:
https://pbc-gov.webex.com/pbc-gov/j.php?MTID=m0419a8a962aef73a7eb4c159edc1fd4e

Webinar number:
2300 070 7703

Webinar password:
hbC4BrfPK57 (42242737 when dialing from a phone or video system)

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

Access code: 231 087 40539

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.

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.

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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 , 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.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)

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.

TERMS FOR SERVICES

Project Term:	12 months, with the option to renew for two 12-month periods
Project Start Date:	March 1, 2027
Project End Date:	February 28, 2030

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, contractors, subcontractors, 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 pursuant to Palm Beach County Resolution R2025-0748 all 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.

9. **RYAN WHITE HIV/AIDS PROGRAM (RWHAP) & MINORITY AIDS INITIATIVE (MAI)** funding requires compliance with 2 CFR Part 200, State and County requirements.

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.

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

2026 Poverty Guidelines: 48 Contiguous States (all states except Alaska and Hawaii)

Dollars Per Year

Household/ Family Size	50%	75%	100%	125%	130%	133%	135%	138%	150%	175%	180%	185%
1	7,980.00	11,970.00	15,960.00	19,950.00	20,748.00	21,226.80	21,546.00	22,024.80	23,940.00	27,930.00	28,728.00	29,526.00
2	10,820.00	16,230.00	21,640.00	27,050.00	28,132.00	28,781.20	29,214.00	29,863.20	32,460.00	37,870.00	38,952.00	40,034.00
3	13,660.00	20,490.00	27,320.00	34,150.00	35,516.00	36,335.60	36,882.00	37,701.60	40,980.00	47,810.00	49,176.00	50,542.00
4	16,500.00	24,750.00	33,000.00	41,250.00	42,900.00	43,890.00	44,550.00	45,540.00	49,500.00	57,750.00	59,400.00	61,050.00
5	19,340.00	29,010.00	38,680.00	48,350.00	50,284.00	51,444.40	52,218.00	53,378.40	58,020.00	67,690.00	69,624.00	71,558.00
6	22,180.00	33,270.00	44,360.00	55,450.00	57,668.00	58,998.80	59,886.00	61,216.80	66,540.00	77,630.00	79,848.00	82,066.00
7	25,020.00	37,530.00	50,040.00	62,550.00	65,052.00	66,553.20	67,554.00	69,055.20	75,060.00	87,570.00	90,072.00	92,574.00
8	27,860.00	41,790.00	55,720.00	69,650.00	72,436.00	74,107.60	75,222.00	76,893.60	83,580.00	97,510.00	100,296.00	103,082.00
9	30,700.00	46,050.00	61,400.00	76,750.00	79,820.00	81,662.00	82,890.00	84,732.00	92,100.00	107,450.00	110,520.00	113,590.00
10	33,540.00	50,310.00	67,080.00	83,850.00	87,204.00	89,216.40	90,558.00	92,570.40	100,620.00	117,390.00	120,744.00	124,098.00
11	36,380.00	54,570.00	72,760.00	90,950.00	94,588.00	96,770.80	98,226.00	100,408.80	109,140.00	127,330.00	130,968.00	134,606.00
12	39,220.00	58,830.00	78,440.00	98,050.00	101,972.00	104,325.20	105,894.00	108,247.20	117,660.00	137,270.00	141,192.00	145,114.00
13	42,060.00	63,090.00	84,120.00	105,150.00	109,356.00	111,879.60	113,562.00	116,085.60	126,180.00	147,210.00	151,416.00	155,622.00
14	44,900.00	67,350.00	89,800.00	112,250.00	116,740.00	119,434.00	121,230.00	123,924.00	134,700.00	157,150.00	161,640.00	166,130.00

Household/ Family Size	200%	225%	250%	275%	300%	325%	350%	375%	400%	500%	600%	700%
1	31,920.00	35,910.00	39,900.00	43,890.00	47,880.00	51,870.00	55,860.00	59,850.00	63,840.00	79,800.00	95,760.00	111,720.00
2	43,280.00	48,690.00	54,100.00	59,510.00	64,920.00	70,330.00	75,740.00	81,150.00	86,560.00	108,200.00	129,840.00	151,480.00
3	54,640.00	61,470.00	68,300.00	75,130.00	81,960.00	88,790.00	95,620.00	102,450.00	109,280.00	136,600.00	163,920.00	191,240.00
4	66,000.00	74,250.00	82,500.00	90,750.00	99,000.00	107,250.00	115,500.00	123,750.00	132,000.00	165,000.00	198,000.00	231,000.00
5	77,360.00	87,030.00	96,700.00	106,370.00	116,040.00	125,710.00	135,380.00	145,050.00	154,720.00	193,400.00	232,080.00	270,760.00
6	88,720.00	99,810.00	110,900.00	121,990.00	133,080.00	144,170.00	155,260.00	166,350.00	177,440.00	221,800.00	266,160.00	310,520.00
7	100,080.00	112,590.00	125,100.00	137,610.00	150,120.00	162,630.00	175,140.00	187,650.00	200,160.00	250,200.00	300,240.00	350,280.00
8	111,440.00	125,370.00	139,300.00	153,230.00	167,160.00	181,090.00	195,020.00	208,950.00	222,880.00	278,600.00	334,320.00	390,040.00
9	122,800.00	138,150.00	153,500.00	168,850.00	184,200.00	199,550.00	214,900.00	230,250.00	245,600.00	307,000.00	368,400.00	429,800.00
10	134,160.00	150,930.00	167,700.00	184,470.00	201,240.00	218,010.00	234,780.00	251,550.00	268,320.00	335,400.00	402,480.00	469,560.00
11	145,520.00	163,710.00	181,900.00	200,090.00	218,280.00	236,470.00	254,660.00	272,850.00	291,040.00	363,800.00	436,560.00	509,320.00
12	156,880.00	176,490.00	196,100.00	215,710.00	235,320.00	254,930.00	274,540.00	294,150.00	313,760.00	392,200.00	470,640.00	549,080.00
13	168,240.00	189,270.00	210,300.00	231,330.00	252,360.00	273,390.00	294,420.00	315,450.00	336,480.00	420,600.00	504,720.00	588,840.00
14	179,600.00	202,050.00	224,500.00	246,950.00	269,400.00	291,850.00	314,300.00	336,750.00	359,200.00	449,000.00	538,800.00	628,600.00

Note: Each individual program--e.g., SNAP, Medicaid--determines how to round various multiples of the poverty guidelines, what income is to be included, and how the eligibility unit is defined. For more information about the poverty guidelines visit: http://aspe.hhs.gov/poverty.

Source: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation.

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

In calendar year 2024, there were 9,175 people with HIV (PWH) in Palm Beach County according to the Florida Department of Health, HIV Surveillance Epidemiologic Profile. RWHAP Part A/MAI served 2,993 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 2027-2030 (March 1, 2027, through February 28, 2030). Proposers shall apply through CSD's online application process. An estimate of $6,176,102 for Part A services and $537,601 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*: 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 (including Laboratory Diagnostic Testing and Specialty Outpatient Medical Care), Substance Abuse Outpatient Care- MAI only and *Support Services*: Emergency Financial Assistance, Food Bank/Home Delivered Meals, Health Education/Risk Reduction- MAI only, Medical Transportation, Non- Medical Case Management Services, Other Professional Services-Legal Services, Outreach Services- MAI only, Referral for Health Care and Support Services- MAI only.

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 2027 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

Early Intervention Services
Part A Funding Allocated = $156,786

Part A Priority Level 9

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

Procedure:
Unit of Service Description
1 unit=15 minutes of service

Service Specific Criteria & Required Documentation
Client is not required to meet PBC RW Part A/MAI eligibility criteria to receive EIS services

Caps/Limitations
None

PBC RWHAP Local Monitoring Standards
• EIS staff will have documentation of completed written training plan; which includes, at a minimum, HIV 501 training, Trauma Informed Care, Motivational Interviewing, Home/Field Visit Best Practices, Case Note Documentation Best Practices, RW Annual In-Service Training, Local Resources. • Documentation of the Subrecipient effort to link the client to an initial medical appointment, including lab testing and initiation of ART, within 30 days. • Of those clients who attended their initial medical appointment: documentation of the client's attendance (or lack thereof) to a follow-up medical appointment, including completed lab tests, within no more than 90 days from initial appointment. • Documentation of achieving viral suppression OR being referred to case management for adherence support before closing to EIS services.

Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals
Part A Funding Allocated = $3,275,033
Part A Priority Level 1

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.

Program Guidance:
See PCN 18-01: Clarifications Regarding the use of RWHAP Funds for Health Care Coverage Premium and Cost Sharing Assistance

Procedure:
Unit of Service Description
1 unit= 1 deductible, 1 co-payment, OR 1 monthly premium

Service Specific Criteria & Required Documentation
Summary of Benefits from Coverage

Caps/Limitations
An approved plan released annually- *PBC RW Part A/MAI Health Insurance Continuation Guidance*

Medical Case Management (Including Treatment Adherence Services)
Part A Funding Allocated = $1,059,571
Part A Priority Level 2

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.

Procedure:
Unit of Service Description
1 unit=15 minutes of service

Service Specific Criteria & Required Documentation
None

Caps/Limitations
None

PBC RWHAP Local Monitoring Standards
• Case Management staff will have documentation of completed written training plan; which includes, at a minimum, HIV 501 training, Trauma Informed Care, Motivational Interviewing, Home/Field Visit Best Practices, Case Note Documentation Best Practices, RW Annual In-Service Training, Local Resources.

Mental Health Services
Part A Funding Allocated = $111,382
Part A Priority Level 3

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.

Procedure:
Unit of Service Description
1 unit=1 CPT Code
Reimbursement is based on the Florida Medicaid Practitioner Fee Schedule

Service Specific Criteria & Required Documentation
None

Caps/Limitations

None

PBC RWHAP Local Monitoring Standards

Psychological Assessment:
• Clients receiving assessment have documentation of a referral in Provide.
• Assessments include:
  • Relevant history
  • Current functioning
  • Assessment of medical/psychological/ social needs
  • Mental status
  • Diagnostic impression based on the current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM)
• Clients have initial screening within 10 business days of referral. If not completed within 10 days, documented attempts must be evident.
• Clients that present with imminent risk to self or others have immediate crisis intervention.
• Clients receive assessment of cultural/language preferences.
(eliminated Initial Treatment Plan as it's required under HRSA NMS)
Progress in Treatment Plan:
• Client Records document progress towards meeting goals or variance explained.
• Desired outcomes should be achieved in accordance with treatment plan.
• Client treatment plans are updated (at a minimum) every 12 sessions or every 6 months, whichever occurs first, and/or at discharge.
• Progress reports shared with case management agency for clients who have provided consent.

Oral Health Care

Part A Funding Allocated = $82,500

Part A Priority Level 6

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.

Procedure:

Subrecipient shall adhere to the American Dental Association Dental Practice Parameters.

Unit of Service Description

1 unit=1 CDT Code

Reimbursement is based on Florida Medicaid Dental General Fee Schedule

Service Specific Criteria & Required Documentation

None

Caps/Limitations

Maximum of 24 visits per client annually

PBC RWHAP Local Monitoring Standards
• Review Medical/Dental history at least annually • Clients receive oral hygiene education as part of the routine visit and self-management of infections and lesions when necessary • Documentation of current medications, CD4 and Viral Loads at time of visit. • Treatment of oral opportunistic infection is coordinated with the client's medical provider

Outpatient/Ambulatory Health Services
Part A Funding Allocated = $391,899
Part A Priority Level 4

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
- Vaccinations/Immunizations
- 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.

Procedure:
Unit of Service Description
1 unit=1 CPT Code
Reimbursement is based on the Florida Medicaid Practitioner Fee Schedule

Service Specific Eligibility Criteria & Required Documentation

Specialty Care Medical Referral Form signed by Primary Care Provider

Caps/Limitations

Unallowable expenses for Specialty Medical Care include services for cosmetic purposes only, corrective lenses, or any service provided that does not follow Specialty Medical Care service procedures.

Allowable Specialty Medical Care services are included on the *Palm Beach County Ryan White Program Allowable Medical Conditions List for Specialty Medical Referrals* form.

PBC RWHAP Local Monitoring Standards
• Maintain written agreements/contracts with Specialty Medical Care Providers • Ensure Specialty Medical Care service providers are credentialed by Medicaid and/or Medicare. • Ensure Specialty Medical Care service providers have entered into a participation agreement under the Medicaid State plan and be qualified to receive payments under such plan or have received a waiver from this requirement. • Release encumbered services if services are not initiated within 90 days of Specialty Medical Care approval. •Ensure Specialty Medical Care service reports are received by the PCP prior to Specialty Medical Care service invoice being paid.

In addition:

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 = $31,696
Part A Priority Level 15

Description:
Emergency Financial Assistance (EFA) 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 (ADAP) 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 must not be funded through emergency financial assistance.

Procedure:
Unit of Service Description
1 unit=1 emergency assistance

Service Specific Criteria & Required Documentation
Documented need for assistance based on income/expense ratio (Financial Assessment)

Caps/Limitations
Up to 4 accesses per grant year for no more than a combined total of $1,000, and/or housing assistance as one access per 12 month period to equal 1 month of rent and/or one security deposit.

Food Bank/Home Delivered Meals
Part A Funding Allocated = $362,353
Part A Priority Level 8

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.

Procedure:
Unit of Service Description
1 unit=1 $25 voucher or 1 $25 equivalent value food box

Service Specific Criteria & Required Documentation
Must apply for and maintain enrollment in Food Stamps, when eligible

Caps/Limitations
At or below 200% FPL; with 0-150% FPL receiving up to $75 per client per month and 151-200% FPL receiving up to $50 per client per month

Medical Transportation
Part A Funding Allocated = $92,055
Part A Priority Level 7

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.

Procedure:
Unit of Service Description
1 unit=1 trip/voucher

Service Specific Criteria & Required Documentation
None
Caps/Limitations

None

Non-Medical Case Management Services
Part A Funding Allocated = $417,686
Part A Priority Level 10

Description:
Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. Non-Medical Case Management Services (NMCM) provides coordination, 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 private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, 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
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plans
- 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:
NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

Procedure:
Unit of Service Description
1 unit=15 minutes of service

Service Specific Criteria & Required Documentation
None

Caps/Limitations
None

PBC RWHAP Local Monitoring Standards
• Case Management staff will have documentation of completed written training plan; which includes, at a minimum, HIV 501 training, Trauma Informed Care, Motivational Interviewing, Home/Field Visit Best Practices, Case Note Documentation Best Practices, RW Annual In-Service Training, Local Resources.

Other Professional Services – Legal Services
Part A - Funding Allocated = $195,141
Part A Priority Level 11

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 PWH and involving legal matters related to or arising from their HIV, 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 2 CFR § 200.459

Procedure:
Unit of Service Description
1 unit=1 hour of service
Reimbursement is based on $90 per billable hour of legal services

Service Specific Criteria & Required Documentation
None

Caps/Limitations
None

PBC RWHAP Local Monitoring Standards
• Legal Services staff will have documentation of completed written training plan; which includes, at a minimum, HIV 501 training, Trauma Informed Care, Motivational Interviewing, Home/Field Visit Best Practices, Case Note Documentation Best Practices, RW Annual In-Service Training, Local Resources. • Records display intake documentation and outcome or resolution of presenting issue. • Notification of progress and outcome for resolution is provided to referring agency, if applicable. • Clients or caretakers receive disposition or resolution of legal issue.

HIV Care Council Priority Minority AIDS Initiative (MAI) Services

MAI Core Medical Services

Outpatient/Ambulatory Health Services
MAI Funding Allocated = $345,000
MAI Priority Level 5

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:
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.

See PCN 13-04: Clarifications Regarding Clients Eligible for Private Insurance and Coverage of Services by Ryan White HIV/AIDS Program

Substance Abuse Outpatient Care
MAI Funding Allocated = $68,952
MAI Priority Level 14

Description:
Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:

- o Pretreatment/recovery readiness programs
- o Life-saving overdose prevention and response services or supplies such as opioid reversal supplies, substance test kits, and overdose reversal education and training services
- o Behavioral health counseling associated with substance use disorder
- o Outpatient drug-free treatment and counseling
- o Medication assisted therapy
- o Neuro-psychiatric pharmaceuticals
- o Relapse prevention

Program Guidance:
Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the HRSA RWHAP, it is included in a documented plan.

Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

See also Substance Abuse Services (residential)

Procedure:
Unit of Service Description
1 unit=1 CPT Code

Service Specific Criteria & Required Documentation
None

Caps/Limitations
None

HIV Care Council Priority MAI Support Services

Health Education/Risk Reduction
MAI Funding Allocated = $15,000
MAI Priority Level 6

Description:
Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as preexposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education on health care coverage options (e.g., qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Program Guidance:
Health Education/Risk Reduction services cannot be delivered anonymously.

See also Early Intervention Services

Procedure:

Unit of Service Description

1 unit=15 minutes of service

Service Specific Criteria & Required Documentation

None

Caps/Limitations

None

Non-Medical Case Management Services

MAI Funding Allocated = $48,649

MAI Priority Level 12

Description:

Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. Non-Medical Case Management Services (NMCM) provides coordination, 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 private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, 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
- Client-specific advocacy and/or review of utilization of services
- Continuous client monitoring to assess the efficacy of the care plans
- 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:

NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

Procedure:

Unit of Service Description

1 unit=15 minutes of service

Service Specific Criteria & Required Documentation

None

Caps/Limitations

None

PBC RWHAP Local Monitoring Standards
• Case Management staff will have documentation of completed written training plan; which includes, at a minimum, HIV 501 training, Trauma Informed Care, Motivational Interviewing, Home/Field Visit Best Practices, Case Note Documentation Best Practices, RW Annual In-Service Training, Local Resources.

Outreach Services
MAI Funding Allocated = $45,000
MAI Priority Level 7

Description:
The Outreach Services category has as its principal purpose identifying PLWH who either do not know their HIV status, or who know their status but are not currently in care. As such, Outreach Services provide the following activities: 1) identification of people who do not know their HIV status and/or 2) linkage or re-engagement of PLWH who know their status into HRSA RWHAP services, including provision of information about health care coverage options.
Because Outreach Services are often provided to people who do not know their HIV status, some activities within this service category will likely reach people who are HIV negative. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Outreach Services must:

- use data to target populations and places that have a high probability of reaching PLWH who
  - have never been tested and are undiagnosed,
  - have been tested, diagnosed as HIV positive, but have not received their test results, or
  - have been tested, know their HIV positive status, but are not in medical care;
- be conducted at times and in places where there is a high probability that PLWH will be identified; and
- be delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort.

Outreach Services may be provided through community and public awareness activities (e.g., posters, flyers, billboards, social media, TV or radio announcements) that meet the requirements above and include explicit and clear links to and information about available HRSA RWHAP services. Ultimately, HIV-negative people may receive Outreach Services and should be referred to risk reduction activities. When these activities identify someone living with HIV, eligible clients should be linked to HRSA RWHAP services.

Program Guidance:
Outreach Services provided to an individual or in small group settings cannot be delivered anonymously, as some information is needed to facilitate any necessary follow-up and care.

Outreach Services must not include outreach activities that exclusively promote HIV prevention education. Recipients and subrecipients may use Outreach Services funds for HIV testing when HRSA RWHAP resources are available and where the testing would not supplant other existing funding.

Procedure:
Unit of Service Description
1 unit=15 minutes of service

Service Specific Criteria & Required Documentation
None

Caps/Limitations

None

Referral for Health Care and Support Services
MAI Funding Allocated = $15,000
MAI Priority Level 26

Description:
Referral for Health Care and Support Services directs a client to needed core medical or support services in person or through telephone, written, or other type of communication. Activities provided under this service category may include referrals to assist HRSA RWHAP-eligible clients to obtain 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, and other state or local health care and supportive services, or health insurance Marketplace plans).

Program Guidance:
Referrals for Health Care and Support Services provided by outpatient/ambulatory health care providers should be reported under the Outpatient/Ambulatory Health Services category.

Referrals for health care and support services provided by case managers (medical and non-medical) should be reported in the appropriate case management service category (i.e., Medical Case Management or Non-Medical Case Management).

See also Early Intervention Services

Procedure:
Unit of Service Description
1 unit=15 minutes of service

Service Specific Criteria & Required Documentation
None

Caps/Limitations
None

Palm Beach County HIV Elimination Services

GY27 Ryan White Part A/MAI Reimbursement Model Summary

Service Category	Reimbursement Model	Reimbursement Rate/Unit
Outpatient/Ambulatory Health Services	FFS	1 CPT Code Florida Medicaid Practitioner Fee Schedule
Oral Health Care	FFS	1 CDT Code Florida Medicaid Dental General Fee Schedule
Mental Health Services	FFS	1 CPT Code Florida Medicaid Practitioner Fee Schedule
Substance Abuse Outpatient Care	FFS	1 CPT Code Florida Medicaid Practitioner Fee Schedule
Legal Services	FFS	1 hour $90 per billable hour of legal services
Health Insurance Premium and Cost-Sharing Assistance	Actual**	1 deductible, co-payment, or monthly premium
Emergency Financial Assistance	Actual	1 Emergency Assistance
Food Bank/Home Delivered Meals	Actual	1 $25 voucher or 1 $25 equivalent value food box
Medical Transportation	Actual	1 Trip/Voucher
Early Intervention Services	Actual*	15 minutes of service
Medical Case Management	Actual*	15 minutes of service
Non-Medical Case Management	Actual*	15 minutes of service
Health Education/Risk Reduction	Actual*	15 minutes of service
Outreach	Actual*	15 minutes of service
Referral for Health Care and Support Services	Actual*	15 minutes of service

*Reimbursement based on staff time and effort

**Reimbursement on actual cost, plus $26 admin transaction fee per monthly premium payment

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 **Wednesday, October 7, 2026 by 12:00 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.

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 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 2027-2030 Proposal Cover Sheet
Click to download the REQUIRED **RW GY 2027-2030Cover 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 2027-2030 Proposal Submission Checklist
Click **HERE** to download the REQUIRED **RW GY** 2027-2030 **Proposal Submission Checklist Template.** See **Exhibit 4 Proposal Submission Checklist**.

RWHAP GY 2027-2030 NOFO Information Guidance
Click **HERE** to download the RWHAP GY 2027-2030 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** 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**.

Risk Assessment
Provide a completed Agency Risk Assessment see **Exhibit 21 Risk Assessment**.

Please upload it once you have completed this form. See **Exhibit 21** Risk Assessment

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. 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.

4. 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

5. 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.

6. 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.

7. 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.

8. Fiscal Staff Training (3000 Characters)
Provide a description of fiscal staff training and retention over the past three (3) years. Include training completed by the CFO/Financial Director and other staff responsible for grant fiscal management. At a minimum, address the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200); RWHAP fiscal requirements; Program Income, reimbursement submission, internal controls; allowable costs; cost allocation; time-and-effort documentation; procurement; indirect costs; audit requirements; coordination between fiscal and program staff; and Palm Beach County reimbursement, Provide Enterprise, and fiscal reporting procedures, as applicable.

9. 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.

10. Corrective Action (3000 Characters)
Please indicate if 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.

11. Underutilization (3000 Characters)
Identify if 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.

12. 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.

B. HIV Services Overview (20 Points)

13. 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.

14. Logic Model
Click **HERE** 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**)

15. 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.).

16. Demographics (3000 Characters)
Describe the demographic composition of the agency's client census, including gender, ethnicity, race, age, income, and insurance status.

17. 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.

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

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

20. Training & Staff Development Plan
Provide the organization's Training and Staff Development Plan.

21. Priority Populations (3000 Characters)
Describe the community/geographic area(s); including behavior health/substance use disorder co-occurrence, housing status, HIV risk factors, and socio-economic status of your priority population.

22. 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.

23. 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.

24. 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.

25. Interagency Agreement

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

26. MOA-MOU-IA Agreements

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

27. 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.

C. Budgets (30 Points)

28. Service Category Budgets

Click **HERE** to download the REQUIRED RWHAP Program Budget Template for Part A or MAI services (**Exhibit 8**) and prepare a separate line-item budget for each proposed Service Category. Each worksheet in the Excel workbook must be named for and associated with one proposed Service Category. Submit one completed Excel workbook containing all proposed Service Category budgets. 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.

Please upload once you have completed the template document.

29. MAI Service Category Budgets

Click **HERE** to download the budget template for MAI services.

Upload one completed Excel workbook in SAMIS containing all proposed MAI Service Category budgets.

30. 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)

For each shared or allocated cost, provide a written explanation of the allocation methodology and the basis used to determine the amount charged to each Service Category, or attach the Proposer's cost allocation plan. Identify all other funding sources supporting the proposed services and explain how the proposed RWHAP costs will avoid duplication and comply with payer-of-last-resort requirements. If the Proposer receives revenue from Palm Beach County operations through participation in the 340B Drug Pricing Program, provide the requested three-year revenue history and explain how those resources support agency operations and services for persons with HIV.

- Administrative costs, including applicable indirect costs, must not exceed ten percent (10%) of the RWHAP funds awarded to the subrecipient and must be separately identified, allowable, allocable, reasonable, necessary, and justified in the application.
- Identify other funding sources for projects within the service proposal.

31. Total Agency Budget

Click **HERE** to download and complete the REQUIRED **RW Total Agency Budget Template** for use to submit a line item budget for the Total Agency Budget. See **Exhibit 9 Total Agency Budget**. The Total Agency Budget must identify all agency funding sources and include the following categories:

- Personnel
- Fringe Benefits
- Travel
- Equipment
- Supplies
- Contractual

- Other (Identify)
- Indirect Costs

Upload the completed Exhibit 9 Excel workbook in SAMIS

32. 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.

33. Audited Financial Statement
Provide the organization's most recent audited financial statement.

34. HRSA Implementation Plan
Click **HERE** to 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 10 HRSA Implementation Plan.**

Please upload once you have completed the template document.

35. HRSA Implementation Plan - MAI
Click **HERE** to download the implementation plan template for MAI services.

Please upload once you have completed the template document.

36. 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 must complete this section separately for each individual service category in which funding is being requested.

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 2027-2030 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.

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

Select One:

RWHAP Part A RWHAP MAI

38. Service Category
Select Service Category for which funding is being requested.

Select One:

Non-Medical Case Management	Early Intervention Services	Health Insurance Premium and Cost Sharing Assistance
Medical Case Management (incl. Treatment Adherence)	Mental Health Services	Oral Health Care
Outpatient/Ambulatory Health Services	Medical Transportation	Emergency Financial Assistance
Other Professional Services- Legal Services	Food Bank/Home Delivered Meals	
MAI- Outpatient/Ambulatory Health Services	MAI- Substance Abuse Outpatient Care	MAI- Health Education/Risk Reduction
MAI- Outreach Services	MAI- Referral for Health Care and Support Services	MAI- Non-Medical Case Management

39. Amount Requesting for Service Category
Indicate the amount requesting for selected service category.

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

41. Service Category Justification (3000 Characters)
Provide justification of how the proposed model will increase access to services and/or improve client health outcomes.

42. 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.

43. Improvement to System (3000 Characters)
Describe how the proposed services will be an improvement over the existing system of care.

44. Service Delivery Model (5000 Characters)
Provide an overall description of the service delivery model proposed at the agency.

45. 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.

46. Leveraging Resources (3000 Characters)
Describe the dollar amount and/or in-kind value of leveraged resources available to provide the same or similar service.

47. Program Income (3000 Characters)

Describe the dollar amount and/or percentage of Program Income by service category that will be committed or reinvested to support and expand access to this service. If no Program Income will be used for this service, please enter N/A.

48. Services Contribution to Outcomes (3000 Characters)

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

49. 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).

50. MAI- NMCM (5000 Characters)

MAI- NON-MEDICAL CASE MANAGEMENT REQUEST ONLY

Describe how this service will be provided in a mobile capacity within one or more of the specific zip codes directed by the HIV Care Council (33407, 33404, 33430, 33460, 33463, 33444, 33436).

51. 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).

52. 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.

53. MAI- Substance Abuse Outpatient Care (5000 Characters)

SUBSTANCE ABUSE OUTPATIENT CARE REQUEST ONLY

Describe how this service will be provided in a mobile capacity within one or more of the specific zip codes directed by the HIV Care Council (33407, 33404, 33430, 33460, 33463, 33444, 33436).

54. MAI- Health Education/Risk Reeducation (5000 Characters)

HEALTH EDUCATION/RISK REDUCTION REQUEST ONLY

Describe how this service will be provided in a mobile capacity within one or more of the specific zip codes directed by the HIV Care Council (33407, 33404, 33430, 33460, 33463, 33444, 33436).

55. MAI- Outreach Services (5000 Characters)
OUTREACH SERVICES REQUEST ONLY
Describe how this service will be provided in a mobile capacity within one or more of the specific zip codes directed by the HIV Care Council (33407, 33404, 33430, 33460, 33463, 33444, 33436).

56. MAI- Referral for Health Care and Support Services (5000 Characters)
REFERRAL FOR HEALTH CARE AND SUPPORT SERVICES REQUEST ONLY
Describe how this service will be provided in a mobile capacity within one or more of the specific zip codes directed by the HIV Care Council (33407, 33404, 33430, 33460, 33463, 33444, 33436).

57. MAI- Outpatient/Ambulatory Health Services(5000 Characters)
MAI- OUTPATIENT/AMBULATORY HEALTH SERVICES REQUEST ONLY
Describe how this service will be provided in a mobile capacity within one or more of the specific zip codes directed by the HIV Care Council (33407, 33404, 33430, 33460, 33463, 33444, 33436).

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 11 Current/Proposed Site Locations.**

Please upload once you have completed this document.

59. Checklist Submission
Please upload your completed RW GY 2027-2030 Proposal Submission Checklist.

If needed, you may click HERE to download the RW GY 2027-2030 **Proposal Submission Checklist (Exhibit 4)** again.

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.

- 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 Pre-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 Pre-Proposal Workshop shall be publicly noticed and recorded.
- The Pre-Proposal Workshop shall be the only time whereby questions related to the NOFO are answered verbally. All questions following the Pre-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 Pre-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.
- The NCG Review Committee shall review all applications. NCG Reviewers, to the extent possible, shall consist of one (1) member of the RWHAP Part A/MAI 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 publicly-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 seven (7) 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 **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://ryanwhite.hrsa.gov/program-letters/policy-notices

RWHAP Part A/MAI Manuals

- PBC Part A/MAI Program Manual
  https://discover.pbcgov.org/communityservices/PDF/GY26_PBC_RW_Part_%20A_MAI_Program_Manual.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/sites/default/files/ryanwhite/resources/rwhap-nms-part-a.pdf

Florida Medicaid Preferred Drug List

- Visit Florida's Agency for Health Care Administration
  https://ahca.myflorida.com/file/medicaid/PDL%20Effective%2007.01.2026.pdf

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

- Visit HIVCARE Council Website
  https://discover.pbc.gov/carecouncil/Pages/default.aspx

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 14 through 20.

References

- ***Exhibit 14 Affidavit Form Certifications PHS-5161-1***
- ***Exhibit 15 Affidavit Form Assurances Non-Construction Programs***

- ***Exhibit 16 Affidavit Form Assurance of Compliance HHS-690***
- ***Exhibit 17 Affidavit Form Cash Flow Commitment***
- ***Exhibit 18 HRSA Policy 11-02: Contracting with For-Profit Entities***
- ***Exhibit 19 Eligibility Criteria***
- ***Exhibit 20 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 seven (7) 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 12 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 VIII: SCORE SHEET

Each application is scored by NCG Review Committee. Scores are averaged together to obtain the final score in each category. See **Exhibit 13 Scoring Criteria/Score Sheet** to review the Application Score Sheet.

SECTION IX: 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.)

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.

HRSA HIV/AIDS Bureau (HAB): Bureau within the Health Resources and Services Administration (HRSA), U.S. Department of Health and Human Services, that administers the Ryan White HIV/AIDS Program to provide medical care, medications, and support services to low-income people with HIV.

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 Services 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 or 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 occurrence, and $2,000,000 per aggregate. 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** Except where prohibited by law, 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:

EBIX, Inc. **pbcounty@ebix.com**

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.

H. **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 monthly, on or before the twenty-fifth (25th) working day of each month. Reimbursement requests shall be based on actual cost, as documented in the agency's general ledger, or established fee for service, or based on Current Procedural Terminology (CPT) and Code on Dental Procedures (CDT), or fee for value based on quality-of-care performance metrics and outcomes.

4. AWARD/BUDGET REDUCTION

   Providers must submit to the County a plan to extend their 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. ACCESS AND AUDITS

   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 five (5) 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.

   Palm Beach County has established the Office of the Inspector General in Palm Beach County Code sections 2-421 - 2-440, as may be amended. The Inspector General's authority includes but is not limited to the power to review past, present and proposed County contracts, transactions, accounts and records, to require the production of records, and to audit, investigate, monitor, and inspect the activities of the Consultant, its officers, agents, employees, and lobbyists in order to ensure compliance with contract requirements and detect corruption and fraud. Failure to cooperate with the Inspector General or interfering with or impeding any investigation shall be in violation of Palm Beach County Code, sections 2-421 - 2-440, as may be amended, and punished pursuant to section 125.69, Florida Statutes, as may be amended, in the same manner as a second-degree misdemeanor.

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 10.650, Rules of the Auditor General, and, to the extent applicable, shall comply with applicable federal audit requirements under the Single Audit Act and 2 CFR Part 200, Subpart F, as amended, and any applicable federal awarding agency requirements. for the purpose 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 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 and be available for review by the Recipient. The documentation must be scanned into the Ryan White client services database.

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 Needs Assessment, Client Satisfaction Survey, Focus Groups, etc.
   - Monthly Request for Reimbursement

- Data elements for the Annual RWHAP Service Report (RSR)
- 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/GY26_PBC_RW_Part_%20A_MAI_Program_Manual.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.

If any legal action or other proceeding is brought for the enforcement of this contract, or because of an alleged dispute, breach, default or misrepresentation in connection with any provisions of this contract, each party shall bear its own attorney's fees, court costs and all expenses (including taxes and, without limitation, all such fees, costs, and expenses incident to appeals) incurred in that action or proceeding.

This article shall survive termination or expiration of this contract.

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 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.

19. DIGITAL ACCESSIBILITY COMPLIANCE
    Providers must acknowledge that the County is a public entity subject to Title II of the Americans with Disabilities Act (ADA) and applicable federal accessibility regulations. Consultant represents and warrants that all websites, web-based applications, digital services, electronic documents, multimedia, and other electronic content created, developed, provided, submitted, maintained, or delivered under this Contract that may be electronically displayed, accessed, distributed, or made available to the public by the County shall conform to the Web Content Accessibility Guidelines (WCAG) 2.1, Level AA, or any successor standard adopted by the U.S. Department of Justice

20. PROHIBITION AGAINST USING DIVERSITY, EQUITY AND INCLUSION MATERIAL – F.S. 287.139:
    Pursuant to section 287.139, Florida Statutes, as may be amended, by entering into this Agreement or

performing any work in furtherance thereof, UNIVERSITY hereby certifies to the County that AGENCY does not and will not use County funds in requiring its employees, contractors, volunteers, vendors, or agents to ascribe to, study, or be instructed using materials relating to diversity, equity, and inclusion as defined in section 125.595, Florida Statutes, as amended.

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 _____, 2026

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 7, 2026, AT 12:00 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 falls. Services would function within the Proposer's agency if the requested funds were 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
	Agency's Risk Assessment

EXHIBIT 5: INTERNAL CONTROL QUESTIONNAIRE

INTERNAL CONTROL QUESTIONNAIRE (to be completed by applicant)

	YES	NO	N/A
GENERAL The following questions relate to the internal accounting controls of the overall organization. 1. Are the duties for key employees of the organization defined?			
2. Is there an organization chart which sets forth the actual lines of responsibility?			
3. Are written procedures maintained covering the recording of transactions? a. Covering an accounting manual? b. Covering a chart of accounts?			
4. Do the procedures, chart of accounts, etc., provide for identifying receipts and expenditures of program funds separately for each grant?			
5. Does the accounting system provide for accumulating and recording expenditures by grant and cost category shown in the approved budget?			
6. Does the organization maintain a policy manual covering the following: a. approval authority for financial transactions? b. guidelines for controlling expenditures, such as purchasing requirements and travel authorizations?			
7. Are there procedures governing the maintenance of accounting records? a. Are subsidiary records for accounts payable, accounts receivable, etc., balanced with control accounts on a monthly basis? b Are journal entries approved, explained and supported? c. Do accrual accounts provide adequate control over income and expense? d. Are accounting records and valuables secured in limited access areas?			
8. Are duties separated so that no one individual has complete authority over an entire financial transaction?			
9. Does the organization use an operating budget to control funds by activity?			

	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.			

	Yes	NO	N/A
f. The cost of space procured under a rental-purchase or a lease-with-option-to-purchase agreement.			
g. Capital expenditures.			
h. Insurance and indemnification expenses.			
i. The cost of management studies.			
j. Preagreement costs.			
k. Professional services costs.			
l. Proposal costs.			
10. Under the terms of 2 CFR 200 certain costs incurred by units of State and local governments are <u>not</u> allowable as charges to Federal grants. The grantee organization should have established policies and procedures to preclude charging Federal grant programs with the following types of costs.			
a. Bad debt expenses.			
b. Contingencies.			
c. Contribution and donation expenditures			
d. Entertainment expenses.			
e. Fines and penalties.			
f. Interest and other financial costs.			
g. Legislative expenses.			
h. Charges representing the nonrecovery of costs under grant agreements.			
RECEIVING			
1. Does the organization have a receiving function to handle receipt of all materials and equipment?			
2. Are supplies and equipment inspected and counted before acceptance for use?			
3. Are quantities and descriptions of supplies and equipment checked by the receiving department against a copy of the purchase order or some other form of notification?			
4. Is a logbook or permanent copy of the receiving ticket kept in the receiving department?			
ACCOUNTS PAYABLE			
1. Is control established over incoming vendor invoices?			
2. Are receiving reports matched to the vendor invoices and purchase orders, and are all of these documents kept in accessible files?			
3. Are charges for services required to be supported by evidence of performance by individuals other than the ones who incurred the obligations?			

	YES	NO	N/A
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?			

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 <u>not</u> 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.

	YES	NO	N/A
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
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?			

	YES	NO	N/A
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?			

INDIRECT COSTS

	YES	NO	N/A
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

Palm Beach County Ryan White Part A/MAI Logic Model

Project Period GY2027-2030

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. 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: RWHAP PROGRAM BUDGET TEMPLATE (Required Excel workbook for each service category)

SUB RECIPIENT: NAME OF AGENCY						
MEDICAL CASE MANAGEMENT						
GRANT YEAR: 2027						
Award Amount		325,000				
Personnel						
RYAN WHITE FTE	Name, Position, Duties	RW Requested Amount	Program Income	Other Funding Source-Name of Agency	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 ERS can not supplant testing efforts paid for by other sources.	48,748	300	300		49,348
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		34,169
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		43,460
82%	Name Position, This position provides Outreach Services and Health Education/Risk Reduction related to HIV diagnosis.	53,300		0		53,300
32%	Name, Secretary, This position supports staff and is responsible for coordination; as well as general office administration, filing, copying, etc.	12,800		0		12,800
						0
						0
						0
3.61	Personnel Total	192,476	300	300	0	193,076
Fringe Benefits						
Percentage	Category	RW Requested Amount	Program Income	Source-Name of Agency	Source-Name of Agency	Total Agency Budget
19.00%	Insurance(Medical/Dental)	36,570				36,570
6.20%	Social Security	11,933				11,933
7.52%	Retirement	14,474				14,474
1.45%	Medicare	2,790				2,790
5.00%	Others (Disability, Unemployment, Workers Comp, Life Insurance, and Supp. Ret.)	9,623				9,623
	Fringe Benefit Total	75,390		0		75,390
Travel						
Local		RW Requested Amount	Program Income	Source-Name of Agency	Source-Name of Agency	Total Agency Budget
Local travel at IRS rate of .76 for an approximate 3,650 miles for the year.		2,003				2,003
	Local Travel Sub-Total	2,003	0	0	0	2,003
Long Distance		RW Requested Amount	Program Income	Source-Name of Agency	Source-Name of Agency	Total Agency Budget
						0
	Long Distance Travel Sub-Total	0	0	0	0	0
	Travel Total	2,003	0	0	0	2,003
Supplies		RW Requested Amount	Program Income	Source-Name of Agency	Source-Name of Agency	Total Agency Budget
Office Supplies		722	722	722	722	2,888
	Supplies Total	722	722	722	722	2,888
Contractual		RW Requested Amount	Program Income	Source-Name of Agency	Source-Name of Agency	Total Agency Budget
		0		0		0
	Contracts Total	0		0		0
Construction						
Not Applicable						
Direct Expenses		RW Requested Amount	Program Income	Other Funding Source-Name of	Other Funding Source-Name of	Total Agency Budget
Professional Fees		25,343				25,343
	Other Costs Total	25,343	0	0	0	25,343
Total Direct Cost		RW Requested Amount	Program Income	Source-Name of Agency	Source-Name of Agency	Total Agency Budget
		295,934	1,022	1,022	722	298,700
Total Admin/Indirect Cost		RW Requested Amount	Program Income	Source-Name of Agency	Source-Name of Agency	
Direct Admin or Indirect Cost charges as allowed per indirect cost rate. 10% Maximum.		29,593				29,593
	Indirect Cost Total	29,593	0	0	0	29,593
Part A AIDS Pharmaceutical Assistance Total		RW Requested Amount	Program Income	Source-Name of Agency	Source-Name of Agency	
		325,528	1,022	1,022	722	328,294

EXHIBIT 9: RWHAP TOTAL AGENCY BUDGET TEMPLATE (Required Excel workbook)

TOTAL AGENCY BUDGET

Agency Name: _____

Program Name: AGENCY BUDGET

Fiscal Year

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. Miscelaneous - Indirect Income											0
11. Total Revenue	0	0	0	0	0	0	0	0	0	0	0

TOTAL AGENCY BUDGET

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
12. Total Salaries		0	0	0	0	0					0
List all employee salaries individually											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:											
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											
a. Travel/Transportation											0
b. Conferences/ Registration/Travel											0
17. Sub-Total Travel	0	0	0	0	0	0					0
18. Building/Occupancy											
a. Rent											0

TOTAL AGENCY BUDGET

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
b. Depreciation											0
19. Communications/ Utilities a. Telephone											0
b. Postage & Shipping											0
c. Utilities & Utility Asst. (Power/Water/Gas)											0
20. Sub-Total Communications/Utilities	0	0	0	0	0	0					0
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	HOPWA	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 10 A & 10 MAI: HRSA IMPLEMENTATION PLAN

Ryan White Part A Implementation Plan: Service Category Table		
Agency Name:		
Grant Year: 2025	**Service Category:**	Medical Case Management
	Total Amount:	

Service Category Goal: The provision of a range of client-centered activities focused on **improving health outcomes (including treatment adherence)** 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).

Objective: Quantifiable time limited objective related to the service listed above	***Service Unit Definition***	***Number of Persons to be Served***	***Number of Units to be Provided***
At the end of the project period, increase the number of clients retained in HIV medical care and virally suppressed from baseline % to target % through the provision of Medical Case Management Services with outcomes addressing disparities that persist among populations overburdened by HIV.	1 unit= 15 minutes of service		
		Cost per Person	***Cost per Unit***
		#DIV/0!	#DIV/0!

Performance Measure Outcome:	HIV Viral Load Suppression	
(Baseline= 1st yr; Target= 3rd year)	**Baseline (%)**	
	Target (%)	
	Retention in HIV Medical Care	
	Baseline (%)	
	Target (%)	

EXHIBIT 11: 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 12: 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 seven (7) business days of the date that recommended awards are announced. Proposers will receive a written response within fifteen (15) 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-RWANOFO@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-RWANOFO@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 13: 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	The response provides a clear, focused, well-defined description with relevant analysis and accurate details answering the question(s) asked. The proposer describes; • a strong history of providing HIV service in PBC, • the ability to address cultural competence/humility in responding to and care planning for clients, • proficient plans to establish, develop, or continue racial equity within staff, boards, community partnerships, and other organizational work, • significant knowledge, involvement, and activities with early identification of individuals w/HIV in PBC, • a complete process to ensure eligibility criteria are followed, including communication regarding third- party insurance coverage, • comprehensive data and reporting systems, including HIPAA compliance, and • Previous issues and resolutions for any corrective actions by PBC, including underutilization of funds.

1 OF 4

Scoring Criteria B.- HIV Services Overview (20 Points):		B. 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	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; • 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, • a completed table with a budget for all funding sources of HIV services, • a detailed description of staff and positions, including an organizational chart and training plans, • a thorough description of client demographics and target populations, • a comprehensive presentation of agency demographics in the required template {for MAI proposals only}, • a complete process to ensure RW is payer of last resort for services provided, • a robust description of partnerships, interagency agreements, other collaborations for providing services, and • A full explanation of any service barriers identified and how the organization plans to reduce or alleviate barriers to care.

Scoring Criteria C.- Budgets (30 Points):		C. Total:_____
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	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; • a logical methodology used to arrive at allocation percentages, • the elimination of possibilities that RW funds duplicate services being provided by other funds, • a complete process to how 340B revenue is reinvested in operations, • a thorough delineation of 10% administrative expenses, and • The identification of other funding sources within the service proposal. The proposer describes or provides; • a reasonable total agency budget required template, • 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.

Scoring Criteria D.- Service Category- Specific Elements (30 Points):		**D. Total:_____**
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	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; • 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, • 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, • ample justifications of services being proposed, including access to services impacts, • a strong explanation of how proposed services will improve existing system of care, • comprehensive description of the service delivery model, • an inclusive method of prioritizing clients to receive services if funding is insufficient and leveraging community resources to provide similar or same services, • a solid explanation of how selected services contribute to positive health outcomes, • a required service site template of diverse locations to provide services, • 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, • 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, • a thorough description of how MCM and NMCM services differ according to adherence versus access needs (for both Part A and MAI), • a thorough description of how Part A services differ from MAI services (for EIS, NMCM and MCM), • 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 • A thorough description of how EIS and Case Management services differ according to service delivery descriptions.

Panelist Printed Name: _____

Panelist Signature: _____ Date: _____

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EXHIBIT 14: AFFIDAVIT FORM – CERTIFICATIONS PHS-5151-1

OMB Approval No. 0920-0428

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, In eligibility, 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, dis-pensing, 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 undersigned, 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 an mental health of the American people.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE	
APPLICANT ORGANIZATION		DATE SUBMITTED

EXHIBIT 15: 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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Prescribed by OMB Circular A-102

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

Standard Form 424B (Rev. 7-97) Back

EXHIBIT 16: 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 rational 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

HHS 690 (05/16) FSC Publishing Services (301) 443-6690 ET

EXHIBIT 17: AFFIDAVIT FORM – CASH FLOW COMMITMENT

CASH FLOW COMMITMENT STATEMENT

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 three (3) months cash expenses.

_____
AGENCY NAME

_____
Authorized Representative

_____
Date

Attachments:

a. Statement of Cash flows
b. Statement of Activities
c. Statement of Financial Position

EXHIBIT 18: 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.*"[1] 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.

[1] 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 19: RWHAP ELIGIBILITY CRITERIA

Section II.

Ch 3. Client Eligibility Determination

Purpose
To establish client eligibility determination standards for Subrecipients providing any service through PBC RW Part A/MAI.

Policy
The RWHAP legislation requires that individuals receiving services through RW Part A/MAI must:
a) Have a documented diagnosis of HIV;
b) Be low-income, defined as at or below 400% Federal Poverty Level (FPL); AND
c) 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. Subrecipients must make reasonable efforts to secure non- RWHAP funds for services, prior to utilizing PBC RW Part A/MAI - funded services. Subrecipients 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 RW Part A/MAI 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
2026 Federal Poverty Level Chart:
https://aspe.hhs.gov/sites/default/files/documents/b1bfa16b20ae9b89d525bc35de7c1643/detailed-guidelines- 2026.pdf

Procedures
Subrecipients providing PBC RW Part A/MAI services must certify and document client eligibility prior to, or simultaneously with, services being rendered. Subrecipients 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 HIV 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

Subrecipients 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. Subrecipients assume the risk that PBC RW Part A/MAI funds utilized for clients ultimately determined to be ineligible will not be reimbursed by the Recipient, and Subrecipient 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. Subrecipients 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. RW Part A/MAI does not require documentation to be provided in-person nor be notarized.
3. Clients are required to report any changes that may affect 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 RW Part A/MAI must utilize services through those programs since PBC RW Part A/MAI 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 RW Part A/MAI eligibility shall only be determined by PBC RW Part A/MAI Recipient/Subrecipients. PBC RW Part A/MAI 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 RW Part A/MAI 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 RW Part A/MAI Client Eligibility Determination Table Appendix D- PBC RW Part A/MAI Allowable Eligibility Documentation List Appendix E- PBC RWHAP Coordinated Services Network (CSN) Client Consent

EXHIBIT 20: HIV CARE COUNCIL-APPROVED GY 2027 PART A AND MAI BUDGET ALLOCATIONS

PART A - CORE			
Type	**GY27 Priority Ranking**	**Service Category (HRSA)**	**GY27 Allocations**
Core	4	Outpatient/Ambulatory Health Services	391,899
Core	6	Oral Health Care	82,500
Core	1	Health Insurance Premium and Cost-Sharing Assistance	3,275,033
Core	3	Mental Health Services	111,382
Core	2	Medical Case Management (Incl. Treatment Adherence)	1,059,571
Core	9	Early Intervention Services (EIS)	156,786
		Total PART A Core Services	**5,077,171**
PART A - SUPPORT			
Type	**GY27 Priority Ranking**	**Service Category (HRSA)**	**GY27 Allocations**
Support	10	Non Medical Case Management Services	417,686
Support	7	Medical Transportation	92,055
Support	8	Food Bank/Home Delivered Meals	362,353
Support	15	EFA	31,696
Support	11	Legal Services	195,141
		Total PART A Support Services	**1,098,931**
		TOTAL PART A 5,990,989	**185,113**
MAI - CORE			
Type	**GY27 Priority Ranking**	**Service Category (HRSA)**	**GY27 Allocations**
CORE	15	Substance Abuse Outpatient Care	68,952
CORE	5	Outpatient/Ambulatory Medical Care	345,000
		Total MAI Core Services	**413,952**
MAI - SUPPORT			
Type	**GY27 Priority Ranking**	**Service Category (HRSA)**	**GY27 Allocations**
SUPPORT	12	Non-Medical Case Management Services	48,649
SUPPORT	6	Health Education / Risk Reduction	15,000
SUPPORT	7	Outreach Services	45,000
SUPPORT	26	Referral for Health Care and Support Services	15,000
		Total MAI Support Services	**123,649**
		TOTAL MAI	**537,601**
		TOTAL RW ALLOCATION	**6,713,703**

EXHIBIT 21 - RISK ASSESSMENT

Monitoring Grant Compliance
Risk Assessment (RA) Tool

Agency Name:

Date: Reviewer: **Score:** #VALUE!

Monitoring Strategy: ( ) On Site Visit ( ) Desk Review **Risk** #VALUE!

Areas to be monitored: Program Operations - Update when RA is completed
Probability of Occurrence: 1=Low 2=Medium 3=High
Impact: 1=Low 2=Medium 3=High

Probability = (or likelihood) measures the chance of a risk event occurring
Impact = (or severity) measures the magnitude of the consequences (financial, operational, or reputational) if that event occurs

NOTE: Probabilty and impact scores are based on the liklihood of the High Risk scenario occurring.

Low Risk = 1	34-55
Medium Risk = 2	56-75
High Risk = 3	>75

MAX Score = 102
MIN Score = 34

	Area	Risk Elements	Risk Factors	Score	Factor Score	Probability	Impact	Data Source
1	Agency Experience / Program Operations	Experience managing grant funds	**High:** Agency has less than 2 years managing ANY TYPE of grant funds **Medium:** Agency has 2-5 years managing ANY TYPE of grant funds **Low:** Agency has 5+ years managing ANY TYPE of grant funds	#VALUE!		1	2	
2		Experience administering **funded project**	**High:** Agency has less than 2 years managing RWHAP funds **Medium:** Agency has 2-3 year managing RWHAP funds **Low:** Agency has 3+ years managing RWHAP funds	#VALUE!		2	2	
3		Staffing	**High:** High Turnover rate over (25%) of key program staff (including CEO/CFO) and /or no Continuity of Operations Plan **Medium:** Low turnover of staff no Continuity of Operations Plan **Low:** Continuity of Operations Plan in place and low staff turnover	#VALUE!		2	3	
4		Staff Expertise	**High:** Very little evidence of training provided to key personnal/staff and no evidence of staff expertise in program fields (including fiscal staff) **Medium:** Some evidence of training provided to key personnal/staff and some evidence of staff expertise in program fields (including fiscal staff)	#VALUE!		2	3	
5		Contract History with CSD	**High:** No previous grant/contract history with CSD **Medium:** Agency with 2-3 years grant/contract history with CSD **Low:** More than 3 years grant/contract history with CSD	#VALUE!		2	2	
6		Prior Monitoring Findings	**High:** Legislative or contractual findings in more than 1 section (Admn, SD or Fiscal and CQM) or repeated findings in any section in more than 1 year resulting in a Corrective Action Plan **Medium:** Previous monitoring identified 1 or more findings in at least 1 section (Admn, SD or Fiscal and CQM) and no repeated findings for more than 1 year. **Low:** Previous monitoring identified 0 findings	#VALUE!		2	3	
7		Non Profits First Certification	**High:** Agency does not have a Nonprofit First Certificate or is in jeopardy of losing Nonprofit First Certificate **Medium:** Non Profit status has expired and has not been renewed or agency did not request Non Profit Waiver for the FAA Contract if not requested by other funding agencies **Low:** Agency Nonprofit Certificate/waiver was current (not required by HHS /HRSA)	#VALUE!		1	3	
8		Compliance Requirements (regulatory requirements including background checks, federal grant requirements, etc.)	**High:** Many regulatory requirements (greater than 5) **Medium:** Several regulatory requirements (2-5) **Low:** Regulatory requirements (1-2)	#VALUE!		2	3	
9		Suspension or Disbarment	**High:** Agency disbarred or suspended****(do not award) **Medium:** Agency previously disbarred or suspended **Low:** Agency never disbarred or suspended	#VALUE!		1	3	
10		Non Discrimination Policy	**High:** . Agency does not have written Non-Discrimination policy in place **Low:** Agency has a written policy	#VALUE!		1	3	
11		Americans with Disabilities Amendment Act (ADAA) Compliance	**High:** Agency did not have policies that comply with Americans with Disabilities Amendment Act (ADAA) **Low:** Agency has policies that comply with Americans with Disabilities Amendment Act (ADAA)	#VALUE!		1	3	
12		Internal Monitoring	**High:** Agency did not have a quality assurance process in place to ensure grant compliance **Medium:** Agency quality assurance process did not clearly describe how the process will be carried out and results will be communicated to management staff and funders **Low:** Agency had a quality assurance process in place to ensure grant compliance	#VALUE!		1	2	
13		Eligibility Criteria	**High:** Agency does not have policies and procedures in place to determine client eligibility for Ryan White Program Services. **Low:** Agency has policies and procedures in place to determine client eligibility for Ryan White Program Services.	#VALUE!		1	3	
14		Number of agencies for specific program or service	**High:** Agency is sole provider for specific program or service **Medium:** Agency is one of 2-3 providers for specific program or service **Low:** Agency is one of more than 3 providers for specific program or service	#VALUE!		1	2	
15		Board Members	**High:** Frequent turnover of board members **Medium:** Moderate turnover of board members **Low:** Experienced board members in place	#VALUE!		1	2	
16		Organizational policies and procedures	**High:** Organizational policies and procedures are not approved by BOD and/or no evidence of delegation **Medium:** Organizational polices and procedures approval delegated by board to CEO or president **Low:** Organizational policies and procedures are approved by BOD	#VALUE!		1	2	
17		Funder Monitoring Reports	**High:** All audit reports are not presented to BOD **Low:** Audit reports are presented to BOD (all must be presented otherwise high risk)	#VALUE!		1	3	
18		Operating Budgets	**High:** Agency's Annual operating budgets are not approved by BOD prior to start of agency's fiscal year. **Low:** Annual operating budgets are approved by BOD prior to start of agency's fiscal year.	#VALUE!		1	3	
19		Conflict of Interest Reporting	**High:** Agency's by-laws do not require board members to report conflict of interest an recuse themselves on voting on issues where conflict exists **Low:** Agency's by-laws required board members to report conflict of interest an recuse themselves on voting on issues where conflict exists	#VALUE!		1	3	
20		Board Approval for large purchases or applications	**High:** Agency's policies and procedures do not require BOD approval for large purchases and all applications for projects, grants, contracts, and sub awards **Low:** Agency's policies and procedures required BOD approval for large purchases and all applications for projects,	#VALUE!		1	3	
21		Board Demogrphics	**High:** Agency is not governed by a BOD which is representative of the target population they serve and is demographically reflective of PBC **Low:** Agency is governed by a BOD which is representative of the target population they serve and is demographically	#VALUE!		1	2	
22		Board Approval for Salaries	**High:** BOD does not establish or approve the salary ranges for all entity positions and approves the salary increases for the organization's President or CEO **Low:** BOD establishes or approves the salary ranges for all entity positions and approves the salary increases for the organizations President or CEO	#VALUE!		1	2	

23	Service Delivery/CQM	Client Outcomes	**High**: **For core medical services applicants**: Agency has less than 80% in overall viral suppression as recorded in GY25 Quarter 4 Performance Measures for currently funded applicants or from own data sources for new applicants in previous grant year (thru date February 28, 2026). Or if new applicants proposing core medical services do not have viral suppression data available. **For support services only applicants**: Agency has less than 80% in overall retention in care as recorded in GY25 Quarter 4 Performance Measures for currently funded applicants or from own data sources for new applicants in previous grant year (thru date February 28, 2026). Or if new applicants proposing only support services do not have retention in care data available. **Medium**: **For core medical services applicants**: Agency has 80-89% in overall viral suppression as recorded in GY25 Quarter 4 Performance Measures for currently funded applicants or from own data sources for new applicants in previous grant year (thru date February 28, 2026). **For support services only applicants**: Agency has 80-89% in overall retention in care as recorded in GY25 Quarter 4 Performance Measures for currently funded applicants or from own data sources for new applicants in previous grant year (thru date February 28, 2026). **Low**: For core medical services applicants: Agency has 90%+ in overall viral suppression as recorded in GY25 Quarter 4 Performance Measures for currently funded applicants or from own data sources for new applicants in previous grant year (thru date February 28, 2026). **For support services only applicants**: Agency has 90%+ in overall retention in care as recorded in GY25 Quarter 4 Performance Measures for currently funded applicants or from own data sources for new applicants in previous grant year (thru date February 28, 2026).	#VALUE!		2	3	
24	Fiscal	Independent Audits	**High**: Previous independent (CPA) audit findings. Agencies that have had material weaknesses and/or deficiencies in internal controls based on annual audits. Adverse or disclaimer of opinion **Medium**: Agencies with qualified audit opinion **Low**: No prior independent audit (CPA) findings; unqualified opinion	#VALUE!		1	3	
25		Debt-to-asset ratio	**High**: Debt-to-asset ratio greater than 1 **Low**: Debt-to-asset ratio less than 1	#VALUE!		1	3	
26		Days Cash on Hand	**High**: Days Cash on Hand less than 2 months **Medium**: Days cash on Hand 2-3 months **Low**: Days cash on Hand 3 months or greater	#VALUE!		1	2	
27		Agency Program Award Amount relative to total program funds	**High**: Agency receives 50% or greater of total program funding from Community Services Department of Palm Beach County **Medium**: Agency receives 25%-49% of total program funding from Community Services Department of Palm Beach County	#VALUE!		1	3	
28		Total Funding	**High**: CSD funding is greater than $750,001. **Medium**: CSD funding between $250,001- $750,000. **Low**: CSD funding is less than $250,000.	#VALUE!		1	3	
29		Revenue Diversity	**High**: Revenue received from 1 revenue source. **Medium**: Revenue received from more than 2 different revenue sources. **Low**: Revenue receive from more than 3 revenue sources.	#VALUE!		1	3	
30		Financial Management System	**High**: No evidence of a sound financial Management systems in place. **Low**: Evidence of sound financial Management systems in place.	#VALUE!		1	3	
31		Budget -total percentage	**High**: % of proposed CSD funding vs agency budget over 25% (cannot be over 25% for FAA) **Medium**: % of proposed CSD funding vs agency budget between 11% - 25% **Low**: % of proposed CSD funding vs agency budget under 10%	#VALUE!		1	3	
32		Timeliness of Submission reports (Outcomes, Utilization, etc.)	**High**: History of late submission of required quarter outcome/utilization reports without notice more than 5 business days past due date. **Low**: No history of late submissions	#VALUE!		2	2	
33		Timeliness of Submission for reimbursements	**High**: History of late submission of required reimbursement invoices without notice more than 5 business days past due **Medium**: History of late submission of required reimbursement invoices without notice less than 5 business days past due	#VALUE!		2	2	
34		Financial Statements	**High**: Financial Statements are not provided to the BOD at least on a quarterly basis **Low**: Financial Statements are provided to the BOD at least on a quarterly basis	#VALUE!		1	3	

Revised Guide		Total Scored
36-55	LOW	#VALUE!
56-75	MEDIUM	
>75	HIGH	