

GY 2025-2029 PROGRAM APPLICATION NOTICE OF FUNDING OPPORTUNITY (NOFO)



INFORMATION GUIDANCE

Health Resources and Services Administration (HRSA) Ending the HIV Epidemic (EHE) Initiative

Grant Years (GY) 2025 through 2029
March 1, 2025 through February 28, 2030

Release Date: Tuesday, November 19, 2024
Due Date: Friday, December 13, 2024 12:00 PM (Noon) EST

Palm Beach County (PBC) Board of County Commissioners (BCC)
Community Services Department
810 Datura Street Basement
West Palm Beach, Florida 33401
(561) 355-4700



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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 561 355-4788 or PBC-RWANOFO@PBCGOV.ORG.

SECTION I: GENERAL INFORMATION

INTRODUCTION

The Palm Beach County Board of County Commissioners (BCC) Community Services Department (CSD), Ending the HIV Epidemic (EHE) Initiative, 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 Rapid Entry to Care (REC), and Health Insurance Premium Services (HIPS)

BACKGROUND

The Recipient receives EHE federal funds under The Public Health Service Act, Section 311(c) (42 U.S.C. 243(c)) and Subchapter XXIV (42 U.S.C. § 300ff, et seq.). This initiative takes on the bold goal of Ending the HIV Epidemic (EHE) by 2030. EHE is organized in two phases. Phase 1 focuses on 48 priority jurisdictions in the United States where more than 50% of new HIV infections occur. Palm Beach County is identified as one of these priority jurisdictions and has applied for a 5-year cooperative agreement with the United States Health Resources & Services Administration (HRSA) starting in 2025.

In coordination with the Ryan White HIV/AIDS Programs (RWHAP), and other HIV treatment programs in the jurisdiction, EHE identifies and addresses the needs of clients who are not currently in the local system of care and implements strategies to ensure quality care for all persons with HIV in the jurisdiction, regardless of income, residency status, or other social determinants of health.

Palm Beach County has multiple service categories that are part of this initiative. Rapid Entry to Care (REC) is utilized to ensure clients are guaranteed swift access to a medical appointment and medications within 72 hours of referral. Health Insurance Premium Services (HIPS) provide financial assistance to maintain continuity of commercial health insurance. All EHE service categories work in collaboration to address client barriers to care, and assist clients to improve health outcomes.

EHE services are not intended to supplant existing HIV care services and are instead intended to supplement and support the existing system of care by addressing gaps that RWHAP and other care systems are unable to address. Due to this intention, EHE may prioritize different activities or programs throughout the life of the initiative.

For GY 2025, Palm Beach County requested a total of \$5,000,000 in EHE funds for the funding period ending February 28, 2026. The Total Amount for this NOFO is based on the GY 2025 requested amount and estimated period of service.

The Recipient seeks to evaluate applications from interested Proposers for grant service sub-awards. The Recipient anticipates entering into multiple agreements as a result of this Notice of Funding Opportunity (NOFO) process. The recipient will recommend sub-awards based on the availability of funds and anticipated capacity of the proposers.



ELIGIBILITY

Qualified entities submitting service applications for Ending the HIV Epidemic funding must meet all statutory and regulatory requirements of The Public Health Service Act, Section 311(c) (42 U.S.C. 243(c)) and Subchapter XXIV (42 U.S.C. § 300ff, et seq.). Proposers can be nonprofit organizations, states, local governments, and instrumentalities of state and local governments. For-profit entities are not eligible to apply for grants, or to be sub-recipients of Proposers. All sub-recipients of Proposers must also meet the eligibility standards as described in this section.

Proposers must:

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

SECTION II: PROPOSAL SUBMISSION

CSD 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

Tuesday, November 19, 2024

DEADLINE DATE

Proposers must complete and submit their application packages to the CSD NOFO submission website by 12:00noon, Friday, December 13, 2024. 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 **11:00 am on Friday, November 22, 2024** online using WebEx. Attendance at the Pre-Proposal Conference is **strongly recommended**.

<https://pbc-gov.webex.com/pbc-gov/j.php?MTID=m4a544fb576559447653109b09f86cd86> [pbc-gov.webex.com]

Audio Conference Only: 1-844-621-3956
Audio Conference Access Code: 2316 834 3371
Event Password: yTkFFW6pa52

Members of the public who plan to attend the meeting in person are asked to please notify CSD, as soon as possible at PBC-RWANOFO@PBCGOV.ORG or call 561 355-3129.

Communication Media Technology (CMT) may be accessed at the following location, which is normally open to the public at 810 Datura Street, West Palm Beach, FL 33401, Human Service Conference Room, Second Floor.

People wishing to attend in person may do so at 810 Datura Street, West Palm Beach FL 33401, Human Service Conference Room, Second Floor.

Anyone interested in additional information may contact EHE by mail at 810 Datura Street, West Palm Beach, FL 33401, or by email at PBC-RWANOFO@PBCGOV.ORG, or by phone at 561-355-3129.

Also, those wishing to make public comments may submit a request to CSD 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 persons who require translation services for a meeting (free of charge), please submit a request by email to PBC-RWANOFO@PBCGOV.ORG. Hearing impaired individuals are requested to telephone the Florida Relay System at #711.

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 the CSD website located at <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** NOFO application **questions** by email to the Recipient is **12:00 pm (noon), Tuesday, December 10, 2024**, which is three (3) business day before the project application submission deadline.

This NOFO Information Guidance is available at the following locations:

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

Paper copies of this NOFO are available upon request.

The EHE 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

EHE Application Timeline

DATE	ITEM	RESPONSIBLE
November 19, 2024	EHE NOFO Release Date	EHE Staff
November 22, 2024	Pre-Proposal Conference (11:00 AM EST) (Strongly Recommended)	EHE Staff & Proposers
December 10, 2024	Deadline to Submit Questions	Proposers
December 13, 2024	PROPOSAL SUBMISSION DEADLINE DATE 12:00 PM EST Noon	Proposers
December 13, 2024	Cone of Silence Begins 12:00 PM EST Noon	Proposers
December 10, 2024	Reviewer Training	EHE Staff & Reviewer
December 18, 2024	Non Conflict Grant (NCG) Review Committee Meetings	EHE Staff & Reviewers
December 31, 2024	Expected Date to Announce Recommended Awards	EHE Staff
January 10, 2025	Deadline to Submit Grievance (or 10 Calendar Days Following Announcement of Recommended Awards)	Proposers
March 11, 2025	BCC Approval of Subrecipient Agreements	BCC

Proposers’ applications will be reviewed together on December 18, 2024.

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 EHE Recipient. The contact for all EHE services application inquiries is PBC-RWANOFO@PBCGOV.ORG.

TERMS FOR SERVICES

Project Term: 12 months, with the option to renew for four (4) 12-month periods
Project Start Date: March 1, 2025
Project End Date: February 28, 2026

TERMS & CONDITIONS

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



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

6. Commencement of Work:

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

7. Non-Discrimination:

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

8. County Options:

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

Additional terms and conditions shall be included in the service agreement and are contained in part in [Exhibit 2 Additional Terms and Conditions](#) and on the CSD 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

EHE 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 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 EHE 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 activities.

3. *Indirect Costs:* Grant funds cannot be used to pay the indirect cost of supervision and operations as a separate line item. 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 or EHE 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 EHE

No fees should be assessed to any client receiving EHE services, regardless of income or other factors.

CONTINUUM OF CARE AND LINKAGE TO SERVICES

All successful proposers must participate in a community-based HIV 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 an HIV Coordinated Service Network (CSN) 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.

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, counseling and testing, referral, linkage, and retention in care. Examples of this may be through 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 Palm Beach County Community Prevention Partnership and Palm Beach County HIV CARE Council. Special consideration will be given to proposals that demonstrate the willingness and ability to leverage community resources outside Ryan White and EHE funding sources to facilitate the linkage of priority populations to needed services.

PALM BEACH COUNTY PRIORITIZED POPULATIONS FOR EHE

Ending the HIV Epidemic prioritizes persons with HIV who are newly diagnosed, who are not in care, and who are in care but not virally suppressed. In addition, other priority populations include justice-involved persons, syringe services program participants, persons experiencing housing instability and unsheltered homelessness, persons with behavioral health and substance use disorders, veterans of the United States Armed Forces, uninsured persons, persons without legal residency status, and survivors of sexual assault, domestic violence, and human trafficking.

In addition to the above mentioned populations, intersecting demographics that are prioritized are cisgender men who have sex with men (MSM) of all races and ages, trans-identifying individuals of all races and ages, persons who are Haitian-born, Black/African descent heterosexual cisgender men and women, and persons aged 50+.

SCOPE OF SERVICES

The Recipient is accepting 12-month project applications with the option to renew for four additional years for EHE services for GYs 2025-2029 (March 1, 2025 through February 28, 2030). Proposers shall apply through CSD's online application process. An estimate of \$1,500,000 for EHE services will be available for the first twelve-month project period. Project budgets shall be for 12 months, and shall not exceed the total amount allocated for service categories included in the proposal.

Service to be contracted	Budget
Rapid Entry to Care (REC)	\$500,000
Health Insurance Premium Services (HIPS)	\$1,000,000



ENDING THE HIV EPIDEMIC

SERVICE CATEGORY DESCRIPTION

Rapid Entry to Care (REC)

Description

Rapid Entry to Care (REC) services provide an EHE client with a low barrier medical appointment after a new diagnosis or when (re)engaging in HIV care. A REC appointment will take place no later than 72 hours after referral, and will include a full initial medical visit standard for persons with HIV, provide a 30-day supply of HIV Anti-Retroviral Therapy (ART), and provide 30-days of Transitional Care Management (TCM) to ensure retention in care with a long-term medical home.

Program Guidance

Rapid Entry to Care (RES) is expected to be offered to all persons with HIV who are newly diagnosed or not in care. Clients who have a REC appointment are expected to be served promptly and with as few barriers as possible. A REC visit should be a full medical visit, no different from a standard initial medical visit for any person with HIV. A full medical visit includes, but is not limited to:

- Medical history taking;
- A physical examination;
- Confirmatory testing (if not previously completed);
- HIV viral load testing, CD4/CD8, CBC with differential, blood chemistry profile, and other FDA approved routine tests for the treatment of patients with HIV disease;
- Routine tests pertinent to the prevention of opportunistic infections (VDRL, IGRA, AFB, pap smear, toxoplasmosis, hepatitis B, and CMV serologies) and all other laboratory tests as clinically indicated (e.g. HCV serology) that are generally accepted to be medically necessary for the treatment of HIV disease and its complications and have an established Florida Medicaid or Medicare reimbursement rate, as well as new tests that may not have an established reimbursement rate;
- Screening for and treatment and management of physical and behavioral health conditions;
- Referral to specialty care related to HIV diagnosis;
- Education and counseling on health and prevention issues;
- Preventive care

While dispensing medication during a Rapid Entry to Care appointment, sub-recipients must adhere to the following guidelines:

- Provide uniform benefits for all enrolled clients throughout the service area
- Establish and maintain a recordkeeping system for distributed medications
- Utilize the drug formulary that is approved by the RWHAP CARE Council LPAP Committee
- Implementation in accordance with requirements of the HRSA 340B Drug Pricing Program (including the Prime Vendor Program)
- Dispensing of one (1) emergency medication not exceeding a thirty (30) day supply to a client during any 12-month period.



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

*Florida Medicaid PDL: https://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/pdf/PDL.pdf

Transitional Care Management (TCM) is a time-limited service that assists clients transitioning from REC to a long-term medical home. TCM includes a face-to-face visit with the client at the initial REC medical encounter, followed by additional face-to-face, and virtual encounters with clients. TCM is provided for a 30-day period beginning with the initial REC medical encounter and continuing for the next 29 days. Transitional Care Management (TCM) services include, but are not limited to:

- Assessment of barriers to linkage, engagement, and retention in HIV care and treatment
- Development of a transitional care plan
- Assisting clients in establishing access to ongoing HIV medical care following REC
- Assisting clients in establishing access to ongoing HIV medications following REC
- Referrals to obtain access to other public and private programs for which they may be eligible (e.g., Ryan White, Medicaid, ADAP, Pharmaceutical Manufacturer’s Patient Assistance Programs, and other state or local health care and supportive services, or health insurance Marketplace plans)
- Client advocacy, support, and health literacy education

Health Insurance Premium Services (HIPS)

Description

Health Insurance Premium Services provide financial assistance for eligible clients with HIV to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. The service provision includes paying health insurance premiums to provide access to comprehensive HIV medical and pharmacy benefits.

Program Guidance

Health Insurance Premium Services (HIPS) are expected to be offered to all persons with HIV who are uninsured. Eligible health insurance plans may be public or private with coverage of at least one U.S. Food and Drug Administration (FDA) approved medicine in each drug class of core antiretroviral medicines outlined in the U.S. Department of Health and Human Services’ Clinical Guidelines for the Treatment of HIV, as well as appropriate HIV outpatient/ambulatory health services. HIPS does not provide assistance for client deductible, co-pay, or other cost-



sharing responsibilities. The payor of last resort requirement applies if a client is eligible for any other available programs that provide health insurance premium assistance, including Ryan White Part A and Part B/ADAP. Priority populations and approved plans will be designated annually during Affordable Care Act Open Enrollment periods to improve cost-effectiveness in the provision of HIV care and treatment services and may include:

- Persons who are categorically ineligible for ACA plans
- Persons who lost coverage from Medicaid, Medicare, or an employer-sponsored plan
- Persons who are justice-involved and re-entering society
- Persons with behavioral health/substance use disorders
- Persons experiencing homelessness
- RWHAP-eligible clients who have utilized specialty medical services, and
- Other high-utilizers of direct medical services

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

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 **Friday, December 13, 2024 by 12:00 noon**. Application Packages shall be submitted on the CSD's NOFO Application Submission Website:

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

No application will be accepted after the deadline.

Project Scoring:

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

The Non-Conflict Grant (NCG) Review Committee meeting, during which the Review Committee will review and score all applications, is scheduled as follows. Each meeting will be held in a public location, with in-person and remote attendance of reviewers, and will also be available online using WebEx from 9 am to 5 pm (end time is dependent on the number of applications received):

Review Panel

Wednesday, December 18, 2024



Members of the public who plan to attend the meeting in person are asked to notify CSD as soon as possible at PBC-RWANOF@PBCGOV.ORG or call 561 355-3129

Communication Media Technology (CMT) may be accessed at the following location, which is normally open to the public at 810 Datura Street, West Palm Beach, FL 33401, Basement Conference Room.

People wishing to attend in person may do so at 810 Datura Street, West Palm Beach FL 33401, Basement Conference Room.

Anyone interested in additional information may contact CSD by mail at 810 Datura Street, West Palm Beach, FL 33401, or by email at PBC-RWANOF@PBCGOV.ORG, or by phone at 561 355-3129.

Also, those wishing to make public comments may submit a request to CSD via traditional mail to at 810 Datura Street, West Palm Beach, FL 33401, or by email at PBC-RWANOF@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 persons who require translation services for a meeting (free of charge), please submit a request by email to PBC-RWANOF@PBCGOV.ORG. Hearing impaired individuals are requested to telephone the Florida Relay System at #711.

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 CSD at PBC-RWANOF@PBCGOV.ORG to request a waiver of this rule.

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

EHE GY 2025-2029 Proposal Cover Sheet

Click to download the REQUIRED **EHE GY 2025-2029 Cover Sheet Template**. See [Exhibit 3, EHE 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.

EHE GY 2025-2029 Proposal Submission Checklist

Click to download the REQUIRED **EHE GY 2025-2029 Proposal Submission Checklist Template**. See [Exhibit 4 Proposal Submission Checklist](#).

Please upload once you have completed this form.

EHE GY 2025-2029 NOFO Information Guidance

Click to download the **EHE GY 2025-2029 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 corrective action and/or performance improvement plans.

REQUIRED EHE 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](#).

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 with HIV Population (3000 Characters)

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



3. Cultural Competence/Humility (3000 Characters)

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

4. 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.

5. 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.

6. Fiscal Staff Training (3000 Characters)

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

7. 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, 2012 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.

8. Corrective Action (3000 Characters)

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

9. Underutilization (3000 Characters)

Identify whether or not your organization has underutilized federal, state, or local grant funding over the past three (3) years. If there has been underutilization of funds, please specify the service category, cause and resolution to the underutilization of funds.

10. Trauma-Informed Care (4000 Characters)

Describe your organization'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 completed.



11. Racial Equity (4000 Characters)

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

B. HIV Services Overview (20 Points)

12. 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.

13. Logic Model

Click to download the REQUIRED EHE Logic Model to provide a logic model illustrating how EHE services contribute to the health outcomes of clients served.

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

14. 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 (sliding fee scale and 340B revenue).

15. Demographics (3000 Characters)

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

16. 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.

17. Organizational Chart

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

18. Job Descriptions

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

19. Training & Staff Development Plan

Provide the organization's Training and Staff Development Plan.

20. Priority Populations (5000 Characters)

Describe how the agency engages with EHE priority clients in the jurisdiction and how they can ensure that REC services will reach the priority populations.

Priority populations for EHE:

- Newly Diagnosed
- Out of Care
- In care, but Not Virally Suppressed



21. Billing (5000 Characters)

Process to verify client eligibility and assurance EHE 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.

22. MOA-IA Agreements

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

BUDGETS

C. Budgets (10 Points)

23. Service Category Budget

Download the REQUIRED **EHE Program Budget Template** for EHE services for use to submit a line item budget for Rapid Entry to Care. See [Exhibit 8 Program Budget \(for each service category\)](#). Only one budget should be submitted here and for only one service category. Rapid Entry to Care medical services will be reimbursed on a fee-for-service schedule, with medications reimbursed at actual costs. Health Insurance Premium Services will be reimbursed at actual cost of premiums, plus a \$26 transaction fee per premium payment. EHE will not provide direct salary/fringe reimbursement.

24. Total Agency Budget

Click to download the REQUIRED **EHE Total Agency Budget Template** for use to submit a line item budget for the Total Agency Budget. See [Exhibit 9 Total Agency Budget](#). Identify other funding sources for the total agency budget. Include the following categories in the Total Agency Budget:

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

Please upload once you have completed this document

25. Audited Financial Statement

Provide the organization's most recent audited financial statement.

26. HRSA Implementation Plan

Download the REQUIRED **HRSA Implementation Plan Template** for EHE 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](#).

Click to download the implementation plan template for EHE services.

Please upload once you have completed the template document.

27. HRSA Implementation Plan Explanation (5000 Characters)

If Proposer is projecting an increase in the number of clients to be served from the prior year (or establishing a new



service category for the organization), provide a detailed explanation of how the agency will implement the service and secure the projected number of clients projected in the work plan. Justification must be provided to support the funding being requested.

SERVICE PROPOSALS

D. Service Category – Specific Element (50 Points)

In this section, Proposers must describe how their proposal helps reduce or remove existing barriers to care for their clients and how it will bring more clients into care.

Proposers are expected to review the Service Category Descriptions as defined by this NOFO. Proposers should adequately illustrate their agencies ability to provide the service as described. Any deviation from or addition to the defined service standards must be supported narratively.

28. Amount Requested for Service Category

Indicate the amount requested for selected service category.

29. Number of People

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

30. Rapid ART Initiation - REC Proposals Only (3000 Characters)

Describe current process for providing rapid ART for clients and what changes would need to be made to adhere with the Rapid Entry to Care service category description. If none exists, describe the proposed rapid entry process, including how clients will get medication to take home.

31. Linkage to Care - REC Proposals Only (5000 Characters)

Describe how clients will be rapidly linked to support and primary/HIV-related medical services after receiving Rapid Entry to Care services. If you already provide rapid linkage services, explain the current process for that service and any proposed changes for Rapid Entry to Care services.

32. Rapid Appointments - REC Proposals Only (3000 Characters)

Please provide current wait times for new patient appointments and provider encounter times for new and established patient visits. Explain how your agency will ensure that clients are provided a medical appointment within 3 days of referral. Explain how your agency ensures that clients are seen promptly by medical providers at their scheduled appointment time.

33. Availability of Same-day Appointments - REC Proposals Only (3000 Characters)

Describe how the agency will assure availability of same-day and walk in appointments for clients.

34. Screening for Other Health Insurance Premium assistance programs (HIPS Only) (3000 Characters)

Describe how the agency will screen clients for eligibility for other health insurance premium assistance programs

35. Improvement to System (3000 Characters)

Describe how the proposed services will improve the existing HIV system of care.

36. Hours of Operation (3000 Characters)

Provide agency hours of operation in which client services will be offered. Specifically highlight any non-traditional hours of operation outside of 8am-5pm Monday through Friday. How do the agency hours of operation accommodate diverse client scheduling needs?



37. Equity and Inclusion (5000 Characters)

Explain how your agency will ensure equitable and inclusive provision of Rapid Entry to Care services to minimize client disruption. This section should focus on differences in language, ability, lifestyle (career, family, etc.), health diagnoses, mental health, housing status, residency status, work schedule, culture, religious beliefs, education, etc. Rapid Entry to Care services should be structured to cause the least disruption for a client as possible.

38. Internally Identified Barriers to Care (5000 Characters)

Please describe how your agency internally identifies barriers to care for clients and what agency processes are in place to reduce or remove these barriers. Explain how these processes have improved service delivery in the past and how Rapid Entry to Care services will be used to address currently identified barriers.

39. Service Sites

Click [HERE](#) to download the REQUIRED EHE 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.

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 CSD at PBC-RWANOF@pbcgov.org.

- EHE Program Coordinator, and/or designated staff, shall develop, secure approval for and notify BCC of, and publish the NOFO.
- EHE Program Coordinator, and/or designee, shall hold a Pre-Proposal Workshop within one week of the NOFO published 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 where 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 Proposal Workshop 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. 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/>
- The first business day following the application due date, EHE Program Coordinator, and/or designee shall review all applications for compliance with the NOFO Checklist.
- Within three (3) business days following the due date, CSD financial staff shall complete a financial review of all applications. The financial review shall include, but is not limited to, a review of the applicant's audited financial statements and proposed budget form response/s. The financial review shall be completed by financial staff at or above Financial Analyst I level.
- Within ten (10) business days, NCG Review Committee shall begin the review of all applications. NCG Reviewers, to the extent possible, shall consist of one (1) member of the EHE Recipient staff and outside stakeholders who are knowledgeable in the field of services being requested. NCG Review Committee



members will not present a conflict of interest with any agency submitting an application for the service being reviewed. This review shall be publically-noticed and shall be open to the public.

- All proposals shall be reviewed using the evaluation criteria contained in the NOFO.
- EHE Program Coordinator, and/or designated staff, shall inform all Proposers of the NCG Review Committees' scores and of the funding recommendations both during the public Review Committee meetings and in writing.
- Within ten (10) calendar days of NCG Review Committees' scores, and 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 subaward recommendations, the EHE Program Coordinator 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 EHE Program Coordinator shall consider revisions to the forms and the process leading to improvements in future NOFOs.

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

Timeline

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

EHE Application and NOFO Guidance

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

Proposer's most recent audited financial statement

- Agencies' finance office

RWHAP Legislation and HRSA Policy Notices and Program Letters

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

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

- Visit HHS Website



<https://thinkculturalhealth.hhs.gov/pdfs/enhancednationalclasstandards.pdf>

Florida Medicaid Preferred Drug List

- Visit Florida’s Agency for Health Care Administration
https://ahca.myflorida.com/Medicaid/Prescribed_Drug/pharm_thera/pdf/PDL.pdf

EHE NOFO and Application Reference Documents

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

References

- [Exhibit 15 Affidavit Form Certifications PHS-5161-1](#)
- [Exhibit 16 Affidavit Form Assurances Non-Construction Programs](#)
- [Exhibit 17 Affidavit Form Assurance of Compliance HHS-690](#)
- [Exhibit 18 Affidavit Form Cash Flow Commitment](#)
- [Exhibit 19 HRSA Policy 11-02: Contracting with For-Profit Entities](#)
- [Exhibit 20 Eligibility Criteria](#)

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 ten (10) calendar 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 IX: SCORE SHEET

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

SECTION XI: DEFINITIONS

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

https://grants.nih.gov/grants/policy/nihgps/html5/section_1/1.2_definition_of_terms.htm.)

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.

Anti-Retroviral Therapies (ART): Medications that are prescribed for persons with HIV and are required to reach viral suppression.

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

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

Centers for Disease Control and Prevention (CDC): The Department of Health and Human Services (DHHS) agency that administers HIV/AIDS prevention programs, including the HIV Prevention Community Planning process, among other programs. The CDC is responsible for monitoring and reporting infectious diseases, administers AIDS surveillance grants and publishes epidemiologic reports such as the HIV/AIDS Surveillance Report.

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

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

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.

Community Outreach, Response and Engagement (CORE): Palm Beach County provided service that identified and reengaged out of care clients in the community and assists them with removing personal or systemic barriers to care. CORE services respond to new diagnoses, clusters and outbreaks to prevent further spread of HIV and engage people in care rapidly.

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.

Ending the HIV Epidemic (EHE): The federal initiative that aims to end the HIV Epidemic in the United States by 2030. EHE is authorized by the Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff11 et seq.).

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

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

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

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

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

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

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

Federal Award: Means, depending on the context, in either paragraph (1) or (2) of this definition:
(1)(i) The Federal financial assistance that a non-Federal entity receives directly from a Federal awarding agency or indirectly from a pass-through entity, as described in §75.101; or
(ii) The cost-reimbursement contract under the Federal Acquisition Regulations that a non-Federal entity receives directly from a Federal awarding agency or indirectly from a pass-through entity, as described in §75.101.
(2) The instrument setting forth the terms and conditions. The instrument is the grant agreement, cooperative



agreement, other agreement for assistance covered in paragraph (2) of *Federal financial assistance*, or the cost-reimbursement contract awarded under the Federal Acquisition Regulations.

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

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

Federal Financial Assistance:

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

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

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

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

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

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

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

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

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

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

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

Grant: The money received from an outside group for a specific program or purpose. A grant application is a



competitive process that involves detailed explanations about why there is a need for the money and how it will be spent.

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

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

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

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

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

Guidelines: Rules and structures for creating a program.

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

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

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

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

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

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

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

- (1) Effectiveness and efficiency of operations;
- (2) Reliability of reporting for internal and external use; and



(3) Compliance with applicable laws and regulations.

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

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

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

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

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

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

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

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

Notification/Notice of Funding Opportunity (NOFO): A formally issued competitive announcement of the availability of funding through a financial assistance program. The announcement invites eligible entities to submit applications and provides such information as applicant and target population eligibility and evaluation criteria, funding preferences/priorities, how to access and complete the application 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 Care Council to establish priorities among service categories and develop funding allocation recommendations addressing locally identified needs.

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

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

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

Program Income: Gross income earned by the non-Federal entity that is directly generated by a supported activity or earned as a result of the Federal award during the period of performance except as provided in §75.307(f). (See Period of performance.) Program income includes but is not limited to income from fees for services performed, the use or rental of real or personal property acquired under Federal awards, the sale of commodities or items fabricated under a Federal award, license fees and royalties on patents and copyrights, and principal and interest on loans made with Federal award funds. Interest earned on advances of Federal funds is not program income. Except as otherwise provided in Federal statutes, regulations, or the terms and conditions of the Federal award, program income does not include rebates, credits, discounts, and interest earned on any of them. See also §§75.307, 75.407 and 35 U.S.C. 200-212 (applies to inventions made under Federal awards).

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

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



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

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

Rapid Entry to Care (REC): A Palm Beach County service that assured HIV medical appointments for recently diagnosed or returning to care persons with HIV within three days of referral, including a 30-day supply of ART.

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.

Tele-Adherence Counseling (TAC): A Palm Beach County provided service that assists clients in developing self-monitoring skills to improve adherence to care plans and improve viral suppression rates.

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

If a proposal is approved for funding, the Proposer must agree to language substantially similar to the following regarding insurance requirements:

The AGENCY shall maintain at its sole expense, in force and effect at all times during the term of this Contract, insurance coverage and limits (including endorsements) as described herein. Failure to maintain at least the required insurance shall be considered default of the Contract. 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 Contract. AGENCY agrees to notify the COUNTY at least ten (10) days prior to cancellation, non-renewal or material change to the required insurance coverage. Where the policy allows, coverage shall apply on a primary and non-contributory basis.

- A. Commercial General Liability: AGENCY shall maintain Commercial General Liability at a limit of liability not less than \$500,000 combined single limit for bodily injury and property damage each occurrence. Coverage shall not contain any endorsement(s) excluding Contractual Liability or Cross Liability.

Additional Insured Endorsement: The Commercial General Liability policy shall be endorsed to include, "Palm Beach County Board of County Commissioners, a Political Subdivision of the State of Florida, its Officers, Employees, and Agents" as an Additional Insured. A copy of the endorsement shall be provided to COUNTY upon request.

- B. Workers' Compensation Insurance & Employer's Liability: AGENCY shall maintain Workers' Compensation & Employer's Liability in accordance with Chapter 440 of the Florida Statutes.
- C. 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 warrants the Retroactive Date equals or precedes the effective date of this Contract. 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 term of this Contract, AGENCY shall purchase a SERP with a minimum reporting period not less than three (3) years after the expiration of the contract term. The requirement to purchase a SERP shall not relieve the AGENCY of the obligation to provide replacement coverage. 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.

- D. 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 except Professional Liability. When required by the insurer, or should a policy condition not permit an insured to enter into a pre-loss agreement to waive subrogation without an endorsement, then AGENCY shall 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 that includes a condition to the policy specifically prohibiting such an endorsement or voids coverage should AGENCY enter into such an agreement on a pre-loss basis.

- E. Certificates of Insurance: On execution of this contract, renewal, within forty-eight (48) hours of a request by COUNTY, and upon expiration of any of the required coverage throughout the term of this Agreement, the AGENCY shall deliver to the COUNTY or COUNTY's designated representative a signed Certificate(s) of Insurance evidencing that all types and minimum limits of insurance coverage required by this Contract have been obtained and are in force and effect. Certificates shall be issued to:

Palm Beach County Board of County Commissioners

And may be addressed:

c/o Department

Using the address as indicated in the "Notices" article or another address on agreement of the parties.

Right to Revise or Reject: 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, coverage, or endorsements.

EXHIBIT 2: ADDITIONAL TERMS AND CONDITIONS

Additional terms and conditions applicable to all proposers who receive awards under this NOFO include, but are not limited to:

1. PROGRAM IMPLEMENTATION AND IMPLEMENTATION PLAN

Proposers are required to submit a detailed implementation plan for each funded service or program that reflects a service start date appropriate for the funding period of the proposal. Proposers are required to



inform the County, in writing, of any proposed deviation from the approved implementation plan. Proposers will also be required to obtain written approval from the County for any revisions to the approved implementation plan.

2. GRANT AGREEMENT PROCESS

Successful Proposer(s) (hereinafter referred to as the “Provider”) will be required to submit all documents necessary for grant agreement process (e.g. revised budgets, implementation plan, insurance certificates, affidavits, etc.) prior to agreement execution.

3. REIMBURSEMENT

Providers must invoice the County on a monthly basis, on or before the twenty-fifth (25th) working day of each month. Reimbursement requests shall be on the basis of actual cost, as documented in the agency’s general ledger and/or negotiated fees established on the basis of Current Procedural Terminology (CPT) or Code on Dental Procedures (CDT).

4. AWARD/BUDGET REDUCTION

Providers must submit to the County a plan to expend its full allocation within the grant period in the form of a line item budget and budget narrative, consistent with the Provider’s approved implementation plan. Expenditure reports will be distributed to the Palm Beach County HIV CARE Council and the Board of County Commissioners throughout the grant period. If it is determined, based on average monthly reimbursements, that a Provider will not expend their full allocation within the contract period, the County may, upon written notification, reduce the dollar amount for any category of service.

5. AUDIT

A copy of the Proposer’s most recent audit must accompany the proposal. If a copy of the most recent audit has already been furnished to the Department a new copy must still be supplied.

Providers shall maintain adequate records to justify all charges, expenses and costs incurred in estimating and performing the work for at least seven (7) years after completion of the grant, or until resolution of any audit findings and/or recommendations. The County shall have access to such books, records, and documents as required in this section for the purpose of inspection or audit during normal business hours, at the provider’s place of business.

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

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

The annual financial audit report shall include a schedule of financial assistance specifically identifying all contracts, agreements and grant revenue by sponsoring agency and contract /grant number. The complete financial audit report, including all items specified herein, shall be sent directly to:

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



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

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

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

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

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

6. ELIGIBILITY DOCUMENTATION

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

7. REPORTS

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

- Accumulating Unexpended Funds Report
- Participation in Client Satisfaction Survey
- Monthly Request for Reimbursement
- Provide Enterprise Eligible Client Services Report
- Data elements for the Annual RWHAP Service Report
- Quality Management Outcomes 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 <http://hab.hrsa.gov/manageyourgrant/granteebasics.html>. The local Quality Management Plan, as well as the Standards of Care can be located at www.carecouncil.org, under the Providers tab.



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 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 CARE Council without notice. In addition, all records pertaining to the grant must be retained in proper order by the Provider for at least seven (7) years following the expiration of the agreement, or until the resolution of any questions, whichever is later.

10. ASSIGNMENT

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

11. RULES, REGULATIONS AND LICENSING REQUIREMENTS

Providers and their staff must possess all required State of Florida licenses, as well as, all required Palm Beach County occupational licenses. In addition, Providers shall comply with all laws, ordinances and regulations applicable to the contracted services, especially those applicable to conflict of interest. Providers are presumed to be familiar with all Federal, State and local laws, ordinances, codes, rules, and regulations that may in any way affect the delivery of services.

12. PERSONNEL

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

13. INDEMNIFICATION

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

AGENCY will hold the COUNTY harmless and will indemnify the COUNTY for any funds that the COUNTY is obligated to refund the Federal Government based on the AGENCY's provision of services, or failure to



provide services, pursuant to this Agreement, including but not limited to, determinations of client eligibility for Ryan White HIV/AIDS Treatment Extension Act of 2009 funds. The AGENCY also agrees that funds made available pursuant to this Agreement shall not be used by the AGENCY for the purpose of initiating or pursuing litigation against the COUNTY.

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

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

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

15. AMERICANS WITH DISABILITIES (ADA)

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

16. NON-EXPENDABLE PROPERTY

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

17. STANDARDS OF CONDUCT FOR EMPLOYEES

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

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

A copy of the rules of conduct must be given to each officer, employee, board member and consultant of the Provider organization who is working on the grant supported project or activity and the rules must be



enforced to the extent permissible under state and local law or to the extent to which the Recipient determines it has legal and practical enforcement capacity. The rules need not be formally submitted to and approved by the County; however, they must be made available for a review upon request, for example, during a site visit.

18. HIPAA PRIVACY RULES

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

19. HUMAN TRAFFICKING AFFIDAVIT

Proposer warrants and represents that it does not use coercion for labor or services as defined in section 787.06, Florida Statutes. Proposers must execute a Nongovernmental Entity Human Trafficking Affidavit at the time of contracting.

20. DISCLOSURE OF FOREIGN GIFTS AND CONTRACT WITH FOREIGN COUNTRIES OF CONCERN

Pursuant to F.S. 286.101, as may be amended, all entities will be required to complete an attachment regarding Foreign Gifts and Contracts with Foreign Countries of Concern.

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

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK



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 _____, 2024

NOTARY PUBLIC, State of Florida
at Large



EXHIBIT 4: EHE 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 DECEMBER 13, 2024 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. Not applicable for Public Entities
	IRS Letter: Proof of 501c3 status is submitted. Applicable to not-for-profit organizations. Not applicable for Public Entities
	Proposer's List of Board of Directors. Not applicable to Public Entities
	Proposer's grievance policy or form(s) to be used by client(s)
	Inventory of Non-Expendable Property for the last three (3) years
	Agency License(s)/Accreditation Certificates
	Proposer's Logic Model
	Table of All Proposer's HIV Funding
	Organizational Chart indicating where the Proposed Program fall. Services would function within the Proposer's agency if the requested funds are provided
	Proposer's job descriptions for all designated staff
	Training and Staff Development Plan
	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
	EHE Program Budgets
	Total Agency Budget
	Proposers Audited Financial Statement
	HRSA Implementation Plan
	Current/Proposed Site Locations



EXHIBIT 5: INTERNAL CONTROL QUESTIONNAIRE

INTERNAL CONTROL QUESTIONNAIRE (to be completed by applicant)

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



	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 **not** 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?

YES	NO	N/A

CASH DISBURSEMENTS

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

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

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

YES	NO	N/A



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

PAYROLL

The following conditions are indicative of satisfactory controls of payroll.

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



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

PROPERTY AND EQUIPMENT

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

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

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



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

YES	NO	N/A
YES	NO	N/A

INDIRECT COSTS

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



EXHIBIT 6: INVENTORY OF NON-EXPENDABLE PROPERTY PURCHASED WITH RYAN WHITE PART A 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





Palm Beach County Ending the HIV Epidemic Logic Model

Agency Name					
Problem Statement					
Program Goals					
Inputs	Activities	Outputs	Outcomes		
			Short Term (Year 1)	Intermediate (Year 3)	Long Term (Year 5)
Resources (people, money, space) needed to do the work	The service or intervention provided to achieve the desired outcomes.	The number of unduplicated clients receiving EHE services.			

EXHIBIT 8: PROGRAM BUDGET *(Required for each service category)*

Rapid Entry to Care		
Service	Budget Impact Justification	Amount
Medical Services	Ex: Average cost of a rapid entry medical encounter x number of clients proposed to be served	
ARV Medications	Ex: Average cost of 30-day supply of ARVs x number of clients expected to be served	
Transitional Care Management	Ex: Average units of service per client x proposed clients x \$12.07	
Indirect Costs (Admin)	10% de minimis of Direct Costs	
REC Service Cost Total		\$ -

Health Insurance Premium Services		
Service	Budget Impact Justification	Amount
Health Insurance Premiums	Ex: Average cost of 1 monthly premium x number of clients proposed to be served x 12 months	
Transaction Fees (Admin)	Ex: Number of premium payments x \$26	
HIPS Cost Total		\$ -



EXHIBIT 9: TOTAL AGENCY BUDGET

TOTAL AGENCY BUDGET

Agency Name: _____ Fiscal Year: _____
 Program Name: _____ AGENCY BUDGET _____

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



TOTAL AGENCY BUDGET

Agency Name: _____ Fiscal Year: _____
 Program Name: _____ AGENCY BUDGET

EXPENDITURES	Ryan White Part A	Ryan White Part B	HOPWA	PBC/BCC Tax Dollars	Other Federal	Other Local					TOTAL
12. Total Salaries List all employee salaries individually	0	0	0	0	0	0					0
											0
											0
											0
											0
											0
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Agency Name: _____ Fiscal Year: _____
 Program Name: _____ AGENCY BUDGET

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

TOTAL AGENCY BUDGET

Agency Name: _____ Fiscal Year: _____
 Program Name: _____ AGENCY BUDGET

EXPENDITURES	Ryan White Part A	Ryan White Part B	HO PWA	PBC/BCC Tax Dollars	Other Federal	Other Local	TOTAL
b. Deprecation							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							
Supplies	0	0	0	0	0	0	0
23. Food Services							0
24. Other							
a. Professional Fees/Contractual							0
b. Insurance							0
c. Building Maintenance							0



TOTAL AGENCY BUDGET

Agency Name: _____ Fiscal Year: _____
 Program Name: _____ AGENCY BUDGET

EXPENDITURES	Ryan White Part A	Ryan White Part B	HDPWA	PBC/BCC Tax Delist	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: HRSA IMPLEMENTATION PLAN

Ending the HIV Epidemic Implementation Plan: Service Category Table			
Agency Name:			
Fiscal Year: 2025	Service Category:	Rapid Entry To Care (REC)	
	Total Amount:		
Service Category Goal: The provision of rapid entry to HIV medical services and medications to increase the number of people with HIV in care			
Objective: List 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
	1 kept medical appointment within 72 hours of referral		
	1 month (30 day) supply of ARV medication		
	15 minutes of Transitional Care Management		
HAB/HHS Performance Measure:			
	Baseline (%)		
	Target (%)		

Ending the HIV Epidemic Implementation Plan: Service Category Table			
Agency Name:			
Fiscal Year: 2025	Service Category:	Health Insurance Premium Services (HIPS)	
	Total Amount:		
Service Category Goal: The provision of financial assistance to ensure continuity of health insurance to receive medical and pharmacy benefits under a health care coverage program.			
Objective: List 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 by 5% through the provision of Health Insurance Premium and Cost-Sharing Assistance	1 unit= 1 monthly premium		
HAB/HHS Performance Measure:			
	Baseline (%)		
	Target (%)		



EXHIBIT 11: CURRENT & PROPOSED SITE LOCATION(S)

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
ENDING THE HIV EPIDEMIC (EHE)

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) EHE NOFO Guidance, Section VII Grievance Policy and Appeals Procedures.

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

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

Dr. 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 Following Special Magistrate Hearing Form

Palm Beach County Board of County Commissioners ENDING THE HIV EPIDEMIC (EHE) INITIATIVE

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:

Dr. 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

Ending the HIV Epidemic 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 appropriate section
	4-6 points	Limited information 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 response to the questions asked.
	14-17 points	The information provides a basic description of the questions asked and is informative but does not provide clear details.
Excellent Response	18-20 points	<p>The response provides a Clear, focused, and well defined description with relevant analysis and accurate details answering the question(s) asked. The proposer describes:</p> <ul style="list-style-type: none"> • A strong history of providing HIV service in PBC; • The ability to address cultural competency/humility in responding to and caring for clients; • Proficient plans to establish, develop, or continue racial equity within staff, boards, community partnerships, and other organizational work; • An appropriate, intentional, and actionable method of engaging with clients with a person-first, trauma informed approach • Significant knowledge, involvement, and interest in activities related to early identification and rapid engagement of persons with HIV in Palm Beach County; • Comprehensive data reporting systems, including HIPAA compliance; • Previous issues and resolutions for corrective action by PBC or any other HIV funding entity;



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 appropriate section
	4-6 points	Limited information 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 response to the questions asked.
	14-17 points	The information provides a basic description of the questions asked and is informative but does not provide clear details.
Excellent Response	18-20 points	<p>The response provides a Clear, focused, and well defined description with relevant analysis and accurate details answering the question(s) asked. The proposer describes:</p> <ul style="list-style-type: none"> • A detailed overview of organization mission and how EHE services are aligned, including a logic model of How EHE services will improve client outcomes • A complete overview of all agency HIV related funding • A thorough description of client demographics • An appropriate, intentional, and actionable strategy for ensuring that services reach the prioritized populations for EHE, as well as how listed risk factors will influence the continuum of care and how barriers will be overcome • A complete process to ensure EHE funds are obligated appropriately • A comprehensive overview of staff positions, position descriptions, organizational chart, and training plans • A robust description of collaborations/partnerships, particularly in how they relate to ensuring clients are transitioned into appropriate services that will ensure they are retained in care



Scoring Criteria C – Budget (10 Points)		C. Total _____
Incomplete or limited Response	0-1 points	The response is missing and/or cannot be found in appropriate section
	2-3 points	Limited information with very vague descriptions. The narrative is difficult to follow and there is no clear purpose defined.
	4-5 points	The response includes sporadic details that are very disjointed and do not connect with the main point.
Acceptable Response	6-7 points	General information on the topic is provided, with limited details. The response included provides a basic response to the questions asked.
	8-9 points	The information provides a basic description of the questions asked and is informative but does not provide clear details.
Excellent Response	10 points	<p>The response provides a Clear, focused, and well defined description with relevant analysis and accurate details answering the question(s) asked. The proposer describes:</p> <ul style="list-style-type: none"> • A competent understanding of the fee-for-service reimbursement model and how it impacts the budget for services • A detailed understanding of how EHE funds will add to existing HIV services • A realistic, actionable implementation plan that I supported by the requested funding amount and proposed budget



Scoring Criteria D – Service Category (50 Points)		D. Total _____
Incomplete or limited Response	0-8 points	The response is missing and/or cannot be found in appropriate section
	9-16 points	Limited information with very vague descriptions. The narrative is difficult to follow and there is no clear purpose defined.
	17-24 points	The response includes sporadic details that are very disjointed and do not connect with the main point.
Acceptable Response	25-32 points	General information on the topic is provided, with limited details. The response included provides a basic response to the questions asked.
	33-40 points	The information provides a basic description of the questions asked and is informative but does not provide clear details.
Excellent Response	40-50 points	<p>The response provides a Clear, focused, and well defined description with relevant analysis and accurate details answering the question(s) asked. The proposer describes:</p> <ul style="list-style-type: none"> • An appropriate number of clients based on the funding requested and method of service delivery described • A detailed explanation of Rapid ART Initiation process that exists, or the process that is proposed and how the proposed process will be implemented (REC Only) • A detailed explanation of the process for linking clients to other services based on client need, including method for identifying client needs • A detailed and actionable explanation for how the agency will assure that clients will get an appointment within 3 days of referral as well as how the agency will assure clients are seen promptly by the provider at their scheduled appointment time (REC Only) • A detailed and actionable explanation of how the agency will assure the availability of same-day and walk in appointments for clients (REC Only) • A detailed description of how agency will screen clients for eligibility for other health insurance premium assistance programs to meet payor of last resort requirements • An overview of hours of operation that emphasizes times that work best for clients, including non-traditional times like evenings/nights and weekends • An appropriate and person-first method of identifying barriers to care for clients and explanation of any attempts to address identified barriers and their impacts on service delivery • Detailed and actionable process for how an agency specifically addresses barriers relating to equity issues, including but not limited to: language, employment status, religion, culture, mental health, housing status,



		education, comorbidities, residency status, justice involvement, disability, etc.
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EXHIBIT 15: AFFIDAVIT FORM – CERTIFICATIONS PHS-5151-1

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

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

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

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

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

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

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



point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

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

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

3. CERTIFICATION REGARDING LOBBYING

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

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

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

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

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

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

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

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



5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

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

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

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED



EXHIBIT 16: AFFIDAVIT FORM – ASSURANCES NON-CONSTRUCTION PROGRAMS

OMB Approval No. 0348-0040

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

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

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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

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES

ASSURANCE OF COMPLIANCE

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

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

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

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

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

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

Date

Signature of Authorized Official

Please mail form to:

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

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

Name of Agency Receiving/Requesting Funding

Street Address

City, State, Zip Code



EXHIBIT 18: AFFIDAVIT FORM – CASH FLOW COMMITMENT

Appendix 14

CASH FLOW COMMITMENT

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

Authorized Representative

Date



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

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

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

Parts A, B and C of the Ryan White HIV/AIDS Program permit Grantees to contract with for-profit entities under certain limited circumstances. Specifically, Parts A, B and C funds may be used to *"provide direct financial assistance" through contracts with "private for-profit entities if such entities are the only available provider of quality HIV care in the area."*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 20: EHE ELIGIBILITY CRITERIA

Policy # Eligibility Determination

Purpose

To establish eligibility requirements for persons seeking services through the EHE program of Palm Beach County.

Policy

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

- Have a diagnosis of HIV;

By statute, HRSA EHE 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. This means provider agencies must make reasonable efforts to secure non-EHE funds, whenever possible, for services to individual clients. Agencies 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) to extend finite RWHAP & EHE grant resources to new clients and/or needed services. The RWHAP and EHE programs will continue to be the payer of last resort and will continue to provide those RWHAP and EHE services not covered, or partially covered, by public or private health insurance plans.

Additional eligibility requirements for specific service categories may be implemented to meet program goals under principles of health equity. When setting and implementing priorities for the allocation of funds the Palm Beach County HIV CARE Council may optionally define eligibility for certain services more precisely. Further information can be found within each service category policy and summarized on Eligibility Table.

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

Procedures

Sub-recipients providing services through HRSA RWHAP Part A program must certify and document eligibility, and recertify client’s ongoing eligibility to receive HRSA RWHAP services prior to services being rendered. Sub-recipients are required to make a determination of eligibility/ineligibility within 24 hours from the receipt of required documentation.

Initial Eligibility Certification Documentation

Required Eligibility Documentation

- Proof of HIV diagnosis

Required Coordinated Services Network (CSN) Enrollment Documentation

- Authorization to Use and Disclose Protected Health Information
- Notice of Privacy Practices
- Client Rights and Responsibilities
- Grievance Policy

Required Client Profile Documentation

- EHE Enrollment



ONCE A CLIENT IS DEEMED ELIGIBLE FOR EHE SERVICES, NO RECERTIFICATION IS REQUIRED.

Rapid Eligibility Determination

For certification procedures, eligibility determinations may be performed simultaneously with testing and treatment. Sub-recipients assume the risk that funds utilized for clients ultimately determined to be ineligible will not be reimbursed by the recipient, and sub-recipient must identify an alternate payment source for the services rendered. All funded service categories may be provided on a time-limited basis, not to exceed 30 days. Sub-recipients may determine if and which services they are willing to provide to clients during this time-limited rapid eligibility determination period.

Eligibility Status Notification

1. If determined eligible, the applicant is provided a written confirmation of the eligibility determination and referrals to the appropriate programs for allowable services.
2. If determined ineligible, the applicant is provided a written explanation (notice of ineligibility - NOI) describing the reasons for ineligibility.

Additional Information

1. Clients registered with local, state or federal programs that deliver the same type of services provided through HRSA RWHAP funding must access services through those programs (unless otherwise noted in the Service Delivery Guidelines) since RWHAP is a 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.
2. EHE eligibility services shall only be for clients seeking or receiving EHE services.
3. Clients receiving RWHAP Part A services only must have their eligibility screened by RWHAP case managers.

