



**California Department of Public Health
Center for Infectious Diseases
Office of AIDS, Care Branch**

**Ryan White HIV Care Program
Request for Application**

**CFDA Number: 93.917
Grant Number: X07HA12778
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A. Introduction

The California Department of Public Health (CDPH), Office of AIDS (OA), receives funding from the Health Resources and Services Administration (HRSA) to administer the Ryan White HIV/AIDS Program (RWHAP) Part B. The RWHAP is authorized and funded under Title XXVI of the Public Health Services Act, as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009). The legislation was first enacted in 1990 as the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act and has been amended and reauthorized four times. The RWHAP Part B assists States and Territories in developing and/or enhancing access to a comprehensive continuum of high quality HIV care and treatment for low-income persons living with HIV (PLWH).

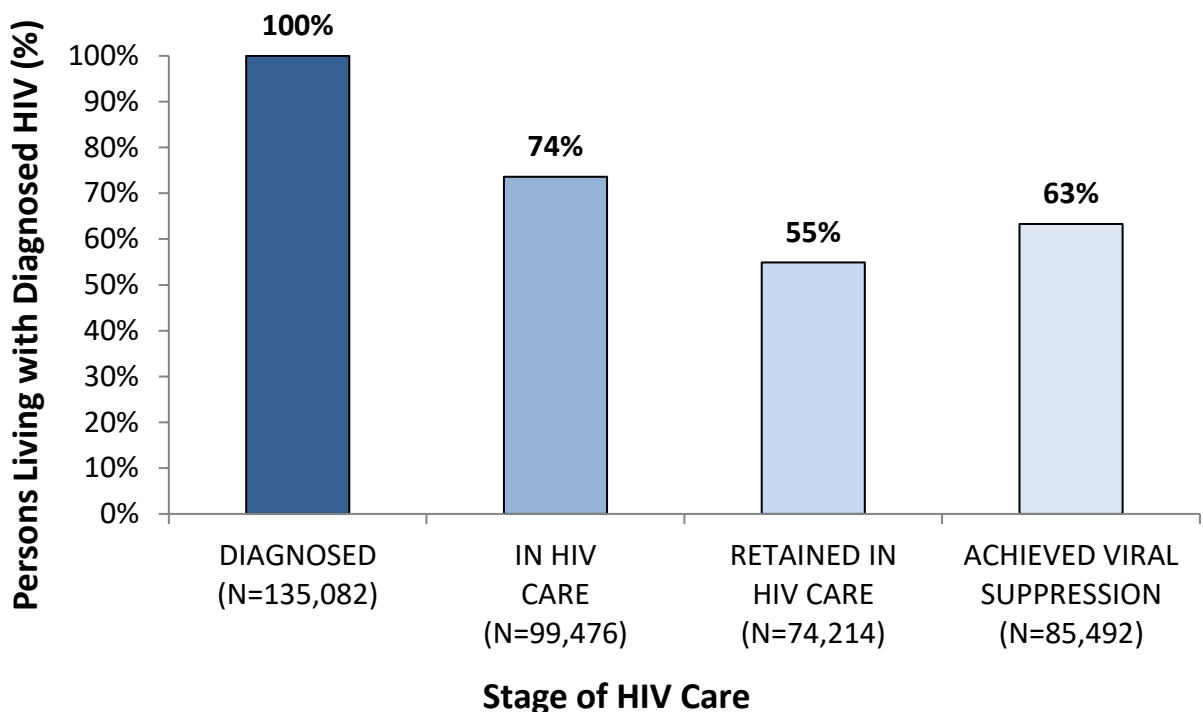
The HIV Care Branch at OA administers the Ryan White Part B HIV Care Program (HCP) and is responsible for the delivery of HIV care and support services for PLWH. The goals of the HIV Care Branch are to (1) reduce the number of HIV infections, (2) increase access to quality of care, and (3) reduce HIV/AIDS related health disparities. These goals are consistent with the National HIV/AIDS Strategy goals. HCP is part of a comprehensive system of care that includes HIV medical care and essential support services for PLWH who are low income and uninsured or underinsured. In California, PLWH who do not exceed 500 percent of the Federal Poverty Level (FPL) per year based on family size and household income are eligible for HCP services. HCP services are provided by health departments and community-based organizations to improve the quality, availability, and organization of HIV medical care and support services in California.

HCP core medical and support services are critical in reducing gaps and barriers identified in the HIV Care Continuum. The HIV Care Continuum has five stages that includes HIV diagnosis, linkage to HIV care, retention in HIV care, antiretroviral adherence, and viral suppression. The HIV Care Continuum provides a framework that represents the series of stages a person with HIV engages in from initial diagnosis through their successful treatment with HIV medication, ultimately achieving viral suppression. HCP services support provider's efforts in diagnosing and linking PLWH to HIV medical care as soon as possible for the purposes of achieving viral suppression and reducing the risk of HIV transmission. The HIV Care Continuum provides support for state and local health departments, community-based organizations (CBOs), health care providers, and PLWH to measure progress towards ending the HIV-epidemic.

In California of the estimated 153, 154 PLWH, about 88 percent (135,082 persons) were diagnosed with HIV during 2017. The California Continuum of HIV Care (Figure 1) identifies the portion of PLWH at each stages of HIV medical care, from initial diagnosis to viral suppression. Among the 135,082 diagnosed PLWH, 74 percent were in HIV care, 55 percent were retained in HIV care, and 63 percent achieved viral suppression. An objective of the [Laying a Foundation for Getting to Zero: California's Integrated HIV Surveillance, Prevention and Care Plan](#) (Integrated Plan) is to increase the percentage

of Californians with diagnosed HIV who are in medical care to at least 90 percent and increase viral suppression to at least 80 percent by 2021. Of all diagnosed PLWH in 2017, the largest group was Whites (39.1 percent), followed by Hispanics/Latinxs (36.1 percent) and Black/African Americans (17.2 percent). However, Black/African Americans had the highest prevalence rate (1,019 per 100,000 population), a rate 3.3 times that of Hispanics/Latinxs, and 2.9 times that of Whites.

Figure 1. The Continuum of HIV Care: All Persons Living with Diagnosed HIV- California, 2017

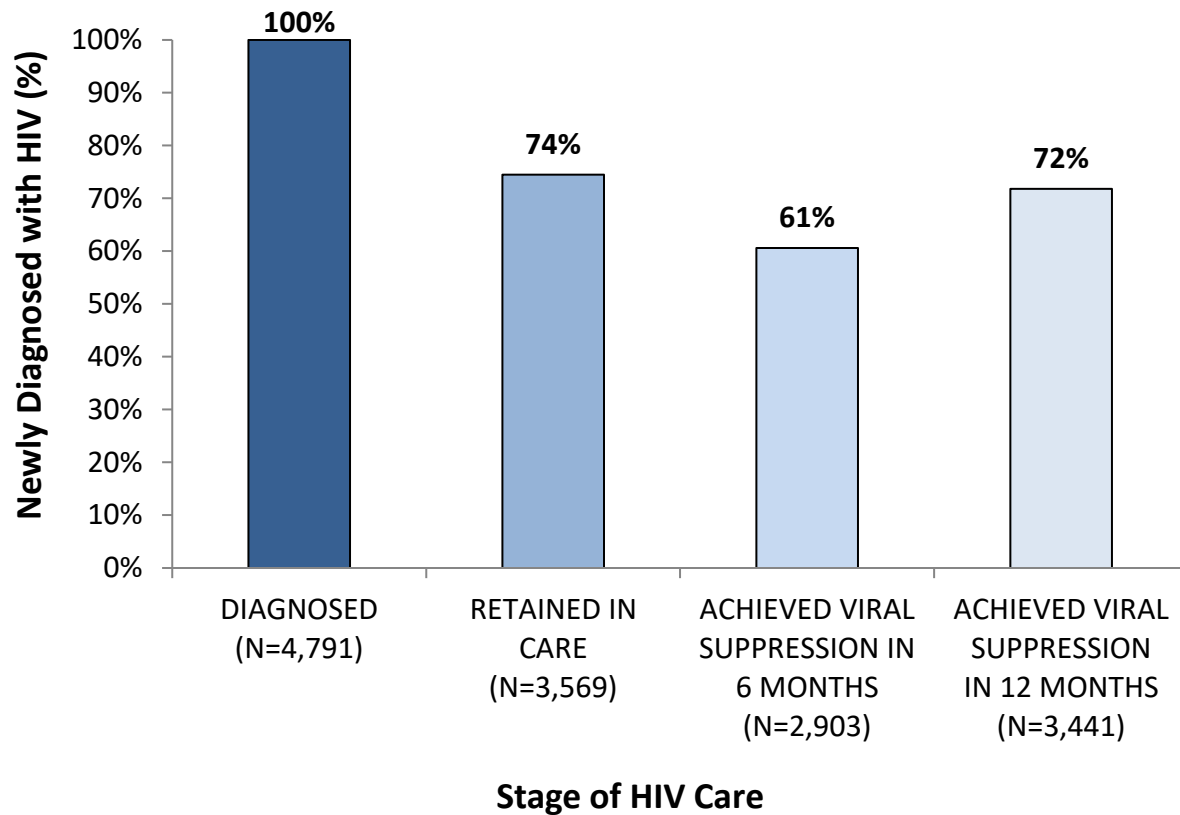


Diagnosed persons met the CDC surveillance case definition for HIV infection, and were presumed to be alive and living in California if no death document was received and they were residing in California as of the last known address. Persons who had at least one CD4, viral load, or HIV-1 genotype test during the calendar year were considered to be engaged in HIV care. Persons who had two or more CD4, viral load, or HIV-1 genotype tests that were performed at least 3 months apart during the calendar year were considered retained in care. Persons whose most recent HIV viral load test result during the calendar year was ≤ 200 copies/ml were considered to be virally suppressed.

In 2017, of the 4,791 persons newly diagnosed with HIV, 76 percent were linked to HIV care within one month of diagnosis. A primary objective of the Integrated Plan is to increase the percentage of newly diagnosed persons linked to care within one month of their HIV diagnosis to at least 85 percent by 2021. Among the 4,791 persons newly diagnosed, 61 percent achieved viral suppression in six months and 72 percent achieved viral suppression in 12 months (Figure 2). Among persons newly diagnosed, the largest percent of newly diagnosed with HIV were among Hispanic/Latinxs (46.6 percent), Whites (26.0 percent) and Blacks/African Americans (16.7 percent). The rate

of new HIV diagnosis among Hispanic/Latinxs was 1.7 times the rate of Whites. The greatest disparity was among newly diagnosed Black/African Americans at a rate 4.3 times that of Whites.

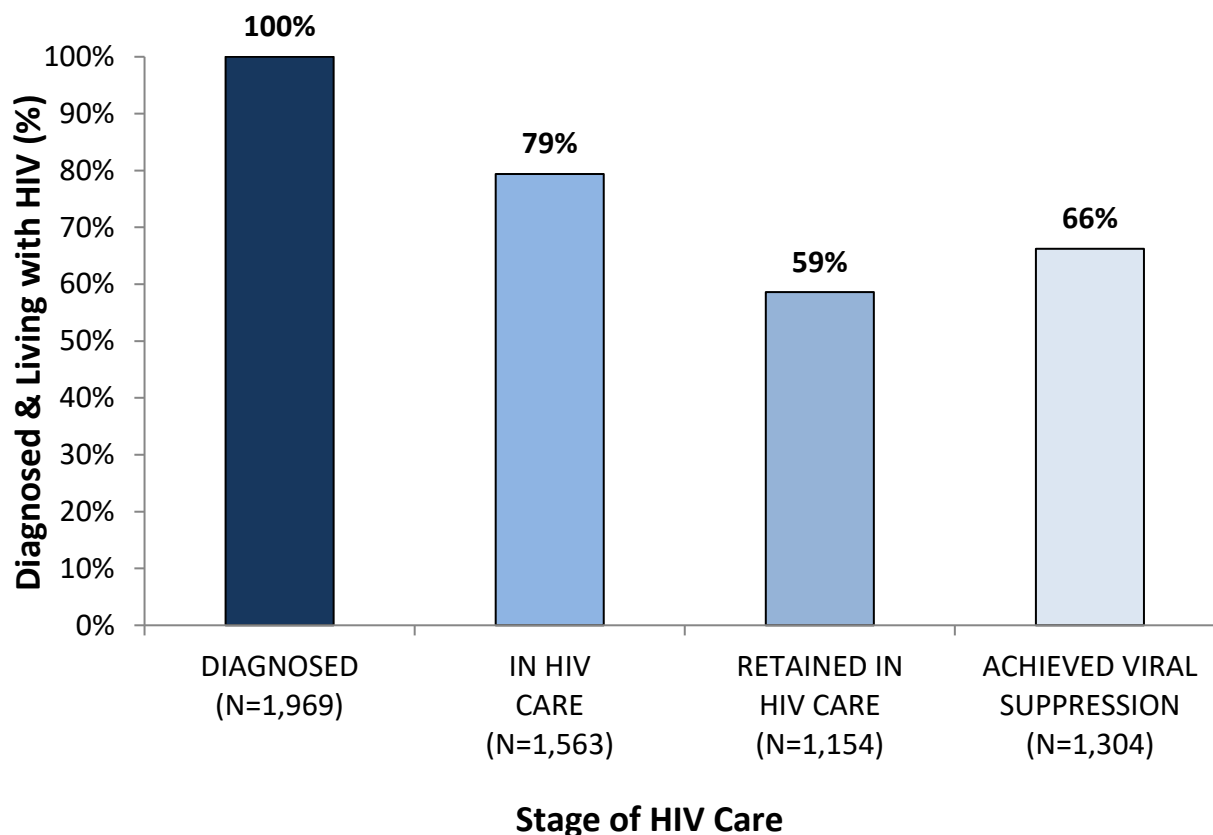
Figure 2. The Continuum of HIV Care: Persons Newly Diagnosed with HIV- California, 2017



Diagnosed persons met the CDC surveillance case definition for HIV infection, and were presumed to be alive and living in California if no death document was received and they were residing in California as of the last known address. Persons who had at least one CD4, viral load, or HIV-1 genotype test during the calendar year were considered to be engaged in HIV care. Persons who had two or more CD4, viral load, or HIV-1 genotype tests that were performed at least 3 months apart during the calendar year were considered retained in care. Persons whose most recent HIV viral load test result during the calendar year was ≤ 200 copies/ml were considered to be virally suppressed.

In Fresno County 1,969 persons were living with diagnosed HIV in 2017. Among the 1,969 persons living with diagnosed HIV, 79 percent were linked to HIV care, 59 percent were retained in HIV care, and 66 percent achieved viral suppression (Figure 3). The largest percent of persons living with diagnosed HIV in Fresno County was Hispanic/Latinxs (52.0 percent) followed by Whites (26.0 percent) and Black/African Americans (15.0 percent). In 2017, 158 persons were newly diagnosed with HIV in Fresno County. Among the 159 persons newly diagnosed 61 percent were linked to HIV care within one month and 68 percent achieved viral suppression in 12 months. Among the persons newly diagnosed, the largest percent of newly diagnosed in Fresno County were among Hispanic/Latinxs (61.0 percent), Whites (18.0 percent) and Black/African Americans (11.0 percent).

Figure 3. The Continuum of HIV Care: All Persons Living with Diagnosed HIV- Fresno County, 2017



Diagnosed persons met the CDC surveillance case definition for HIV infection, and were presumed to be alive and living in California if no death document was received and they were residing in California as of the last known address. Persons who had at least one CD4, viral load, or HIV-1 genotype test during the calendar year were considered to be engaged in HIV care. Persons who had two or more CD4, viral load, or HIV-1 genotype tests that were performed at least 3 months apart during the calendar year were considered retained in care. Persons whose most recent HIV viral load test result during the calendar year was ≤ 200 copies/ml were considered to be virally suppressed.

B. Purpose

The purpose of this Request for Application (RFA) is to fund one Eligible Entity (EE) to develop and/or enhance access to a comprehensive continuum of high-quality care and treatment services for low-income persons living with diagnosed HIV in Fresno County. The EE will obtain funding from OA to administer allowable HCP core medical and/or support services listed in Table 1 and described in detailed in HRSA’s [Policy Clarification Notice \(PCN\) 16-02](#) to reduce health disparities and improve client health outcomes, including viral suppression. PCN 16-02 defines and provides program guidance for allowable core medical and/or support services. HCP funds may be used only for persons determined to meet medical and financial eligibility requirements outlined in the “Program Requirements” section of this RFA. HCP funds may not be used for items or services that are eligible for coverage by another payer (e.g., private health insurance, other State and/or Federal programs). This RWHAP provision is commonly referred to as the “payer-of-last-resort” requirement.

Table 1: Allowable RWHAP Core Medical and Support Services

Core Medical Services	Support Services
AIDS Pharmaceutical Assistance	Child Care Services
Early Intervention Services	Emergency Financial Assistance
Health insurance Premium and Cost Sharing Assistance for Low-Income	Food Bank/Home Delivered Meals
Home and Community-Based Health Services	Health Education/Risk Reduction
Home Health Care	Housing
Hospice	Legal Services
Medical Case Management, Including Treatment Adherence Services	Linguistic Services
Medical Nutrition Therapy	Medical Transportation Services
Mental Health Services	Non-Medical Case Management
Oral Health Care	Other Professional Services (including legal services)
Outpatient/Ambulatory Health Services	Outreach Services
Substance Abuse Outpatient Care	Psychosocial Support Services
	Rehabilitation Services
	Respite Care
	Substance Abuse Services (residential

The EE is not required to fund or provide all of the allowable core medical and support services. The EE must take into account what is needed by the eligible population in Fresno County and consider the existing services in the community when determining what allowable core medical and/or support services to fund. This includes, but is not limited to, other local and state HIV programs. The EE can request to update the proposed allowable services during the grant period if there is a change to the need of eligible population and/or if additional HIV services become available and/or unavailable. The changes, if any, must be approved by OA.

C. Award Summary

The anticipated start of the grant is April 1, 2020, but may vary due to the time required to finalize the agreements, obtain signatures, and process the agreements between grantee and CDPH OA. The anticipated end of the grant is March 31, 2024. OA will determine funding allocation using the existing HCP formula. The anticipated HCP amount to be awarded to one EE in Fresno County is approximately \$537,700 for HCP activities for Year One. The awardee is not authorized to begin work until the agreement is finalized. Work conducted outside the effective start and end date of the agreement will not be eligible for reimbursement. All funding is contingent on the availability and continuation of federal funds allocated for the delivery of HCP activities.

D. Eligible Entity

Funding is to be awarded to one EE that has the organizational capacity to fulfill program and administrative requirements. The EE may be the 1) local health jurisdiction or 2) a non-profit community-based organization such as Federally Qualified Health Centers, other community clinics, or other facilities where medical care is provided. The EE must have an existing infrastructure and be physically located in Fresno County. If the EE intends to subcontract some or all HCP core medical and/or support services a description must be provided in the narrative response detailing how services will be delivered and how the awarded EE will monitor the subcontractor for performance and compliance with program requirements annually. Subcontractors must also have an existing infrastructure and be physically located in Fresno County.

E. Program Requirements

The EE must comply with OA and HRSA program requirements as described in this RFA. OA will provide additional guidance and technical assistance to ensure the awarded EE has a clear understanding of all required programmatic, administrative and fiscal requirements. The EE must have policies and procedures to ensure only clients who meet medical and financial eligibility requirements listed below and describe in HRSA's [PCN 13-02](#) receive HCP services. In addition, the EE must ensure clients maintain program eligibility in order to receive HCP services, including recertifying clients at least every six months.

1. **Proof of HIV-positive status-** Clients must provide proof of HIV-positive status.
2. **Proof of Residence-** Clients must reside in the State of California.
3. **Income-** Clients must provide documentation of all forms of income and meet HCP income requirement. HCP services may only be provided to PLWH who do not exceed 500 percent of the FPL per year based on family size and household income.
4. **Insurance Status-** Clients seeking any services through HCP must provide documentation of health insurance status.

The proposed HCP medical care and/or support services must be provided in a patient-centered, coordinated, cost-effective manner that ensures that HCP funds are the payer of last resort for HIV related services. HCP funds cannot be used for services that could reasonably be paid for or be provided by another funding source. The proposed HCP medical care and/or support services must address the unmet need of the eligible population in Fresno County. The EE must collaborate and coordinate with important points of access and components of a health care system for PLWH. This includes maintaining referral relationships with entities, consider key points of access to healthcare system for the purpose of facilitating services for PLWH, facilitating early interventions for persons newly diagnosed with HIV/AIDS and persons that know their

status but are not in HIV care, and reduce duplication of services. Some examples of key points of access to consider are: other local, state, and federal health programs, substance abuse treatment programs, housing programs, migrant health centers, and mental health programs. The EE must have a system in place to: (1) receive referrals from other key points of entry and (2) refer clients to other necessary services in Fresno County. The EE is encouraged to maintain said working relationships by establishing written referral processes and/or establishing memoranda of understanding with key community partners.

The EE must comply with all reporting and data collection requirements, which includes submission of Mid-Year Progress Report, Annual Progress Report, and the annual Ryan White Program Services Report. The EE must collect and enter client-level data into OA's care data system. The EE must have the staff capacity to comply with reporting and data collection requirements. OA will provide reporting and data collection guidance once awarded.

The EE must provide a response to the programmatic components on the Application Narrative Template that will be provided by OA once the letter of intent is received. The EE must reference all sections of this RFA, and the corresponding attachments provided when responding to the narrative program components.

Program Components Narrative

HIV Care Program Services Delivery (24 points)

1. HCP Program Narrative

The EE must provide an HCP Program Narrative that demonstrates the need for the proposed funded allowable core medical and/or support service(s) in Fresno County. The HCP Program Narrative must address the following:

- a. Identify the allowable core medical and/or support services that will be funded with this grant. The EE must list each individual allowable service(s) and provide a description on why the listed allowable service(s) are being funded. The EE must clearly demonstrate a need for said service(s).
- b. Describe how the EE will implement the proposed allowable core medical and/or support service(s) to promote access to high quality HIV care, reduce barriers to access to HIV care, and address the unmet needs in Fresno County.
- c. Describe how the proposed funded allowable core medical and/or support services will address any significant health disparities that exists in the Fresno County.

- d. Describe how the proposed activities will address unmet needs and improve health outcomes across Fresno County’s HIV Care Continuum. Refer to the “Introduction” section of this RFA. (**Note:** *One individual core medical and/or support service may impact multiple stages of the HIV Care Continuum*).

2. Fresno County Unmet Need Narrative

Using data provided in the “Introduction” section of this RFA, the [California \(CA\) HIV Surveillance Report 2017](#), [Supplemental Tables to the CA HIV Surveillance Report 2017](#), and the [Epidemiology of HIV in CA Report 2017](#) describe how the proposed allowable core medical and/or support service(s) will improve the health outcomes of PLWH in Fresno County. The description must address the following:

- a. What is the current unmet need in Fresno County among the eligible population? For example, barriers to access to HIV medical care, lack of medical transportation, food insecurities, low viral load suppression rates, and low linkage to care rates.
- b. What efforts will the EE conduct to reduce the number of persons out of HIV care and improve linkage and retention in HIV Care?
- c. What activities will the EE conduct to improving viral suppression among PLWH, especially among racial groups that are disproportionately impacted by HIV?

Partner Collaboration (18 points)

3. Experience with HIV Services

Describe the EE’s experience in working with PLWH. The description must address the following:

- a. Is the EE an ADAP Enrollment Site? If no, describe the working relationship (if any) that the EE has with ADAP Enrollment Site(s) in Fresno County?
- b. Is the EE a Housing Opportunities for Persons with AIDS (HOPWA) program provider? If no, describe the working relationship (if any) that the EE has with HOPWA provider(s) or other housing providers in Fresno County?
- c. Describe the EE’s working relationship with Fresno County’s Department of Public Health (if any).

- d. Describe the EE's working relationship with other HIV programs within the community and within the EE's agency (if any).

4. Collaboration with Key Points of Entry

The EE must develop and maintain working relationships and coordinate an integrated system of service delivery with other agencies who provide key points of entry into HIV medical care. Describe the EE's working relationships with other key points of entry. The description must address the following:

- a. What are the key points of entry in Fresno County, and what is the EE's relationship with said key points of entry? The EE must list all key points of entry in Fresno County.
- b. How will the EE ensure that said points are aware of the EE's proposed allowable core medical and/or support service(s)?
- c. Describe how the EE will ensure that newly diagnosed clients and clients who have fallen out of HIV care are aware of the proposed allowable core medical and/or support service(s).

5. Referrals to Other Necessary Services

The EE must have a system in place to refer clients to other agencies for services that are not provided by the EE. The EE must describe the referral system to other necessary services and provide examples of some services that will be referred out (i.e., mental health, housing). The description must address the following:

- a. What systems does the EE have in place to refer clients to other agencies when necessary services are not provided by the EE?
- b. Provide examples of necessary services that are not provided by the EE and describe the working relationship with the agency that provides the necessary services that are not provided by the EE.

Program Infrastructure (18 points)

6. Infrastructure

Describe the EE's infrastructure and currently available and planned staffing activities for implementation of HCP, including staff training. The description must address the following:

- a. Describe the EE's infrastructure. For example, if the EE has multiple sites in Fresno County provide a description of all site(s) location (physical location) and accessibility (e.g., transportation availability)
- b. Will the EE need to hire new staff for the implementation of HCP? If yes, the EE must describe the EE's hiring process, including how long it takes to recruit and hire staff.
- c. Describe the EE's capacity to reassign staff within the beginning of the grant if reassignment will occur for the development and implementation of HCP.

7. Program Eligibility

(Note: If the EE does not have experience in determining program eligibility skip this question and answer question #4 below):

Describe the EE's experience in determining program eligibility for other state and/or federally funded programs similar to HCP. The description must address the following

- a. What programs does the EE currently operate that requires eligibility determination (e.g., Medicare, Medi-Cal)?
 - b. Describe the policies and/or procedures that the EE has in place to determine program eligibility.
 - c. Describe the EE's capacity to review and/or collect needed documentation (e.g., insurance status, income, proof of residence) to determine program eligibility.
8. Describe the EE's capacity to develop program eligibility policies and/or procedures within the initiation of the grant? The description must address the following:
- a. Describe the process in developing and/or updating existing policies and/or procedures.
 - b. How long will it take to develop and/or updated current program eligibility policies and/or procedures?
 - c. How long will it take to implement the new and/or updated program eligibility policies and/or procedures?

Reporting and Data Collection (6 points)

9. Program Reporting and Data Collection

Describe overall capacity to comply with HCP data reporting requirements described in the RFA. The description must address the following:

- a. Describe available resources (e.g., current dedicated staff, or plans to hire or reassign staff) that will facilitate data collection, data input, and/or data report submission.
- b. Describe the system(s) used to capture client level data (e.g., electronic health record systems).

10. Subcontractors (Note: Complete the following section, if planning to subcontract services)

Describe the EE's policies and procedures to subcontract all or some of the HCP core medical and/or support service(s). The description must address the following:

- a. The EE must state whether all or some of the services will be subcontracted and describe why the subcontractor is providing the allowable service(s).
- b. Does the EE's subcontractor have an established physical location to commence funded activities at the beginning of the grant year?
- c. Describe the EE's capacity to provide technical assistance if requested by subcontractor?
- d. Describe the EE's capacity to conduct annual compliance monitoring activities as required by HCP.

F. Budget

The HCP budget template must be completed using the HCP budget. The budget templates must explain all expenses included as instructed in the budget guidance. Applicants are responsible for ensuring the calculations in the budget are accurate. There will be no reimbursement of pre-award costs. The HCP budget template and instructions will be provided once a letter of intent is received. OA reserves the right to deny requests for any item listed in the budget that is deemed unnecessary or not allowable. Prohibited uses of funds includes, but not limited to:

- Cash payment to intended recipients of services
- Clinical research
- International travel

- Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior OA approval)
- Syringe Services Programs (SSPs). Some aspects are allowable with OA's prior approval and in compliance with Department of Health and Human Services and HRSA Policy.
- Pre Exposure Prophylaxis (PEP) medications and related medical services or Post-Exposure Prophylaxis (PEP), as person using PEP or PrEP is not living with HIV and therefore does not meet HCP program eligibility requirements.

The aggregate total of administrative expenditures, including all indirect costs, may not exceed 10 percent of the aggregate amount awarded. The EE must comply with the requirements explained in [PCN 15-01](#).

G. Questions and Application Evaluation Process

If upon reviewing this RFA, a potential applicant has any questions regarding the RFA, discovers any problems, including any ambiguity, conflict, discrepancy, omission, or any other error, the applicant shall immediately notify OA in writing via e-mail to request clarification or modification of this RFA.

All such inquires shall identify the author, applicant entity name, address, telephone number, and e-mail address, and shall identify the subject in question, specific discrepancy, section and page number, or other information relative to describing the discrepancy or specific question.

Questions/inquiries must be received by no later than **2/14/2020**. Questions will be accepted via email at the address below.

Email Address
HCP MAI Invoices@cdph.ca.gov

If a prospective applicant fails to notify OA of any problem or question known to an applicant by the date indicated in this section, the applicant shall submit an application at EE's own risk. Prospective applicants are reminded that applications are to be developed based solely upon the information contained in this document and any written addenda issued by OA.

RFA Application Evaluation Process

Following the closing date for application submissions, OA will evaluate each application to determine responsiveness to the RFA requirements. Applications found to be non-responsive at any stage of the evaluation, for any reason, will be rejected from further consideration. Late applications will not be reviewed.

OA may reject any or all applications and may waive any immaterial defect in any application. OA’s waiver of any immaterial defect shall in no way excuse the applicant from full compliance with the grant terms if the applicant is awarded the grant. Please note that submitting budgets with “to be determined” positions will not exempt the applicant from providing detail on specific services to be provided by the positions listed.

1. Grounds for Rejection

OA may, at its sole discretion, correct any obvious mathematical or clerical errors identified in the RFA. OA reserves the right to reject any or all applications without remedy to the applicants. Circumstances that will cause an application package to be deemed non- responsive include:

- a. The application is received after the deadline set forth in this RFA.
- b. Failure of the applicant to complete required forms and attachments as instructed in this RFA.
- c. Failure to meet format or procedural submission requirements.
- d. Applicant provides inaccurate, false, or misleading information or statements.
- e. Applicant is unwilling or unable to fully comply with proposed grant terms.
- f. Applicant supplies cost information that is conditional, incomplete, or contains any unsigned material, alterations, or irregularities.
- g. Applicant does not meet EE qualifications set forth in this RFA.
- h. Applicant does not use and/or modifies the Application Narrative Template or other provided attachments.

2. Application Review

Applications that meet the format requirements and contain all of the required forms and documentation will be submitted to an evaluation committee convened by OA. The committee will assign numeric scores to each responsive application. The applications will be evaluated in each category based upon the quality and completeness of its response to California’s needs, the likelihood of maximally reducing new HIV infections and RFA requirements. The evaluation will constitute recommendations to OA management. Final approval of awardees will be made by the OA division chief.

Table 2: RFA Application Review Criteria Summary

Review Criteria	Possible Points
HCP Services Delivery	24
Partner Collaboration	18
Agency Infrastructure	18
Reporting and Data Collection	6
HCP Budget	6

Total Possible Points	72
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H. Instructions for RFA Submission

The EEs are required to submit an email of intent in order to receive the required attachments to complete this RFA application. The email of intent must be sent to the following email address:

Email Address
HCP MAI Invoices@cdph.ca.gov

The email of intent must include the following language in the subject line: **“Fresno County RFA-Email of Intent”** and it must be received on the due date.

Table 3: RFA Tentative Timeline and Award Schedule

Event	Date
RFA Release	1/27/2020
Deadline for Submitting Written Questions	2/14/2020
Deadline to Submit Email of Intent (Mandatory)	2/14/2020
Application Submission Deadline	2/21/2020
Appeal Deadline	3/09/2020
Grant Start Date	4/01/2020

1. Application Submission Requirements

The provided application templates must be used when responding to the RFA. Do not reformat any of the templates. The size of the lettering must be at minimum 11-point, Calibri (Body) font. Applications that fail to follow all of the requirements may not be considered

EEs intending to submit an application are expected to thoroughly examine the entire contents of this RFA and become fully aware of all the requirements outlined in this RFA. Applications are to be developed solely on the material contained in this RFA and attachments provided. The following is the order in which sections in the application must be submitted. A complete application package must be submitted. A brief description of each section to be included is given below:

- a. **Application Package Checklist-** Complete the checklist (Attachment 1). This sheet will serve as the guide to make certain that the application package is complete, and to ensure that the required documents are organized in the correct order.

- b. **Application Cover Sheet-** Complete the application cover sheet (Attachment 2). This sheet must be signed by an official authorized to enter into a contractual agreement on behalf of the EE.
- c. **Abstract-** Include a one-page (single-spaced) abstract of the proposed program and how it will be integrated with the EE’s current activities. **(Note:** Applicant(s) must utilize a blank Word Document)
- d. **RFA Application Narrative -** Complete an RFA Application Narrative covering the funding period, from 04/01/2020 through 03/31/2024. This section will include the EE’s responses to the Narrative Program Components outlines in the “Program Requirements” of the RFA. The narrative should be no more than **15** pages (single-spaced). **(Note:** Applicant(s) must utilize a blank Word Document)
- e. **HCP Budget Template-** Complete the HCP Budget Template (Attachment 3) for the first grant year (April 1, 2020 through March 31, 2021) only. EEs must reference the HCP Budget Instructions.
- f. **Required Form/Documentation-** Below is a list of required forms/documentation to accompany all applications as attachments. Please note that all forms must have the same exact naming convention throughout, or they will not be accepted by the Contracts Management Unit. For example, if the licensed name of an agency is “Trinity Community Healthcare Center Inc.”, all documents must include that full name and not a shorten version such as “Trinity Health”.
 - a. LHJ’s must complete a Government Agency Taxpayer ID Form CDPH 9083 (1/18). This form is required for payments to entities and will be kept on file at CDPH. (Attachment 4)
 - b. Community Based Organizations must complete a Payee Data Record, STD. 204 (Rev. 5/2018). It is required for payments to entities and will be kept on file at CDPH. (Attachment 5)

2. Application Submission Instructions

Applications must be submitted via email to the address below by 5:00 p.m. PDT on February 21, 2020.

E-Mail Address
HCP MAI Invoices@cdph.ca.gov

3. Notification of Intent to Award

Notification of the State's intent to award grant to an EE in Fresno County to deliver HCP and services will be posted no later than **April 1, 2020**.

4. Disposition and Ownership of the Application

All materials submitted in response to this RFA will become the property of CDPH and, as such, are subject to the Public Records Act (Government Code Section 6250, et. seq.). OA shall have the right to use all ideas or adaptations of the ideas contained in any application received. The selection or rejection of an application will not affect this right. Within the constraints of applicable law, OA shall use its best efforts not to publicly release any information contained in the applications which may be privileged under Evidence Code 1040 (Privileged Official Record) and 1060 (Privileged Trade Secret) and which is clearly marked "Confidential" or information that is protected under the Information Practices Act.

5. Grant Award Appeal Procedures

An EE who has submitted an application and was not funded may file an appeal with OA. Appeals must state the reason, law, rule, regulation, or practice that the EE believes has been improperly applied in regard to the evaluation or selection process. There is no appeal process for applications that are submitted late or are incomplete. Appeals shall be limited to the following grounds:

- a. OA failed to correctly apply the application review process, the format requirements or evaluating the applications as specified in the RFA.
- b. OA failed to follow the methods for evaluating and scoring the applications as specified in the RFA.

Appeals must be sent by email to HCP_MAI_Invoices@cdph.ca.gov and must be received by **03/09/2020**. The Division Chief of OA, or her designee, will then come to a decision based on the written appeal letter. The decision of the Chief of OA, or her designee, shall be the final remedy. Applicants will be notified by email within 15 days of the consideration of the written appeal letter. OA reserves the right to award the grant when it believes that all appeals have been resolved, withdrawn, or responded to the satisfaction of OA.

6. Miscellaneous RFA Information

The issuance of this RFA does not constitute a commitment by OA to award grants. OA reserves the right to reject any or all applications or to cancel this RFA if it is in the best interest of OA to do so.

The award of a grant by OA to an entity that proposes to use subcontractors for the performance of work under the resulting grant shall not be interpreted to

approve the selection of subcontractors. Subcontractors can only be added or changed after a grant is awarded with OA approval of a formal grant amendment. In the event a grant is entered into, but later terminated, OA has the option to enter into a grant with the entity or organization that had the next highest ranking in the evaluation process for completion of the remaining grant work.

In the case of any inconsistency or conflict between the provisions of the resulting grant, this RFA, addenda to this RFA, and an EE's response, such inconsistencies or conflicts will be resolved by first giving precedence to the grant, then to this RFA, any addenda, and last to the EE's response. OA reserves the right, after grant award, to amend the resulting grant as needed throughout the term of the grant to best meet the needs of all parties.

7. Grant Obligations

The successful EE must enter into a grant that may incorporate, by reference, this RFA as well as the application submitted in response to this RFA. It is suggested that EEs carefully review these grantee provisions for any impact on your application and/or to determine if the EE will be able to comply with the stated terms and conditions, as little or no deviation from their contents will be allowed.

Individual meetings with OA and each selected grantee shall take place within 60 days after release of the Notice of Intent to Award. The purpose of the meetings will be to assure a common understanding of grant purposes, terms, budgets, timelines and related issues.

8. Debarment, Suspension, Ineligibility, and Voluntary Exclusion Certification

You on behalf of the applicant organization, certify, by submission of your proposal, that neither you nor your principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

I. Attachments Summary

EEs are required to submit an email of intent prior to receive the applicable attachments to complete the RFA application. EEs must submit an email of intent by no later than five business days before the application due date to the following email.

E-Mail Address
HCP MAI Invoices@cdph.ca.gov

The following are the attachments the EEs will receive once an email of intent is submitted to OA.

1. Application Cover Sheet
2. Application Certification Checklist
3. HCP Budget Template
4. Government Agency Taxpayer ID Form CDPH 9083
5. Payee Data Record, STD. 204