



State of Arkansas
ARKANSAS DEPARTMENT OF HEALTH
4815 West Markham
Little Rock, Arkansas 72205

Application Packet

23-0008

Purpose of Sub-Grant:

(HAB) provides funding to all U.S. jurisdictions. HRSA HAB funding enables U.S. jurisdictions to provide for outpatient ambulatory health services, as well as wrap-around comprehensive case management and care coordination, including medical and non-medical case management. HIV case management and support services enable clients to enroll into comprehensive primary care after HIV diagnosis, and support care retention, medication access and adherence.

APPLICATION SIGNATURE PAGE

Type the following information.

APPLICANT'S INFORMATION					
Company (as listed with IRS) with dba if applicable					
Federal Tax-ID#		AASIS Vendor Number (if known)			
Is your Company 501(c) 3 Nonprofit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If, yes, your IRS designation letter must be submitted		
Your Agency Fiscal Year Dates:					
Address:				P.O. Box	
City:		State:		Zip Code:	
Business Designation:	<input type="checkbox"/> Individual	<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Public Service Corp	
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation		<input type="checkbox"/> Nonprofit <input type="checkbox"/> Intergovernmental	
Minority and Women-Owned Designation: *	<input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American		<input type="checkbox"/> Service-Disabled Veteran
	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Pacific Islander American		<input type="checkbox"/> Women-Owned
	AR Certification #: _____		* See <i>Minority and Women-Owned Business Policy</i>		
APPLICANT CONTACT INFORMATION					
<i>Provide contact information to be used for bid solicitation related matters.</i>					
Contact Person:			Title:		
Phone:			Alternate Phone:		
Email:					
Alternate Email:					
ILLEGAL IMMIGRANT CONFIRMATION					
By signing and submitting a response to this solicitation, the applicant agrees and certifies that they do not employ or contract with illegal immigrants. If selected, the recipient certifies that they will not employ or contract with illegal immigrants during the aggregate term of a contract.					
ISRAEL BOYCOTT RESTRICTION CONFIRMATION					
By signing and submitting a response to this solicitation, the applicant agrees and certifies that they do not boycott Israel, and if selected, will not boycott Israel during the aggregate term of the contract.					
Geographical Coverage Area: Indicate geographical coverage area as either statewide or by individual counties, alphabetically. _____ _____ _____					

An official authorized to bind the prospective recipient to a resultant contract shall sign below.

By signing and submitting a response to this Request for Application (RFA), the applicant agrees to comply with all requirements, and that any exception that conflicts with a requirement of this RFA will cause the application to be disqualified.

Authorized Signature: _____ **Title:** _____
Use Ink Only.

Printed/Typed Name: _____ **Date:** _____

Agreement and Compliance

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal sub-grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, of modification of any federal contract, sub-grant, loan, or cooperative agreement.
2. If any funds other than federal 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, sub-grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," attached hereto, in accordance with its instructions. This disclosure form must be filed with the Arkansas Department of Health (ADH) at the end of each calendar quarter in which there occurs any event that requires disclosure or that materially affects the accuracy of the information contained in any disclosure form previously filed. An event that materially affects the accuracy of the information reported includes:
 - a. A cumulative increase of \$25,000 or more in the amount paid or expected to be paid for influencing or attempting to influence a covered federal action; or,
 - b. A change in the person(s) or individuals(s) influencing or attempting to influence a covered federal action; or,
 - c. A change in e officer(s), employee(s), or member(s) contracted to influence or attempt to influence a covered federal action.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients 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, Title 31, 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.

By signature below, vendor agrees to and shall fully comply with all requirements as shown in this section.

Authorized Signature: _____

Use Ink Only.

Printed/Typed Name: _____ **Date:** _____

PROPOSED SUBCONTRACTORS FORM

- **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Type or Print the following information

Subcontractor's Company Name	Street Address	City, State, ZIP

PROSPECTIVE CONTRACTOR DOES NOT PROPOSE TO USE SUBCONTRACTORS TO PERFORM SERVICES.

RESTRICTION OF BOYCOTT OF ISRAEL CERTIFICATION

Pursuant to Arkansas Code Annotated § 25-1-503, a public entity **shall not** enter into a contract valued at \$1,000 or greater with a company unless the contract includes a written certification that the person or company is not currently engaged in and agrees for the duration of the contract not to engage in, a boycott of Israel.

By signing below, the Contractor agrees and certifies that they do not boycott Israel and will not boycott Israel during the remaining aggregate term of the contract.

If a company does boycott Israel, see Arkansas Code Annotated § 25-1-503.

Bid Number/Contract Number	DH-23-0008
Description of product or service	HIV case management services
Contractor name	

Contractor Signature: _____

Date: _____

Signature must be handwritten, in ink

ADDITIONAL INFORMATION

(Include additional application information such as questions to ensure applicant meets requirements.)

Applicant should provide the following information in proposal:

1. Brief background of applicant's organization (no more than 2 pages).
2. Narrative describing how the applicant will plan, coordinate, implement, and carryout activities for identifying, and enrolling persons living with HIV/AIDS (PLWHA) into HIV case management:
 - a. What are proposed methods to be used by the Applicant for Part B assistance marketing (ex. social media, print media, radio, TV, etc.)?
 - b. How will the Applicant collaborate with other organizations (other community based organizations, FQHCs, homelessness experts, corrections agencies, etc.) for reaching and enrolling the homeless, and referring for co-occurring conditions (ex. TB, STI, hepatitis C) ?
 - c. How will the organization coordinate efforts with other organizations for ensuring persons testing positive for HIV are linked into care and treatment services (ex. EHE; housing case management)?
 - d. Based on the organizations current staffing, who is designated in key roles for the planning and oversight of the grant deliverables (include a 2-4 sentence statement regarding each person's background for the role/task they will perform or oversee).
3. Budget: Complete and submit along with your application a budget and budget narrative utilizing the attached template. Additional budget guidance is included in the template.

Note: Maximum amount of funding available for awarding is up to \$2,209,000.00 for the first contracted year. For subsequent renewal years, funding may be awarded not more than 5% above or below the level indicated prior. Total Administrative costs may not exceed 10% of total sub-award funding. All funding is contingent upon the ADH receiving adequate levels of grant awards from HRSA.

INFORMATION FOR EVALUATION

- Provide a response to each item/question in this section. Prospective Contractor may expand the space under each item/question to provide a complete response.
- Do not include additional information if not pertinent to the itemized request.

		Maximum Raw Score Available
E.1	Proposal Narrative	20
1.	Describe your organization's proposal for providing comprehensive client-centered needs assessment and coordination of services by a multidisciplinary team that includes licensed certified social workers (LCSW), nonmedical case managers, medical case managers, etc.	5
2.	Outline your organization's proposal for establishing Ryan White service access centers and (SAC) satellite locations. (See accompanying funding allocation table below for service regions.)	5
3.	Describe your organization's ability (ex: staff competency) to implement HIV case management.	5
4.	Applicant's expertise with HIV prevention services and activities, HIV outreach, counseling and testing, including homelessness.	5
E.2	Organizational Capacity	20
1.	Describe your organization's capacity for implementing and carrying out all proposed activities. Discuss key staff roles and their specific efforts toward planned activities, and new roles to be established for the activities, ensure to include key personnel for Clinical Quality Management activities efforts.	5
2.	Describe what cost effective methods you shall deploy to be good stewards of funding award and the fiscal structure of your organization.	5
3.	Describe your information technology setup, including how you will secure protect clients' health information.	5
4.	Describe your organization's ability to collect data and submit reporting.	5
E.3	Project (Work) Plan	35
1.	Complete attached Project (Work) Plan detailing information requested in template.	5
2.	Describe what technical assistance you will need from the ADH.	5
3.	Describe proposed program evaluation methods.	5
4.	Provide a detailed budget with accompanying narrative justification. (Budget template attached)..	5
5.	Identify which district you propose to cover (Ryan White Part B service area).	5
6.	Describe applicants Clinical Quality Management plan/activities	5
7.	Provide a detailed list of staff required trainings and certifications.	5
E.4	Applicant's Experience and Collaborative Relationships	25
1.	Experience with HIV/AIDs, RWHAP Part B programs/activities and program priority population	5
2.	Experience with HIV outreach, counseling & testing and homelessness prevention services	5
3.	Collaboration with ending the HIV epidemic (EHE) activities in Arkansas in past two (2) years	5
4.	Signed Letters of support (at least two).	5
5.	Working relationships with local groups. (Ex. list of community partners, signed MOAs, etc.)	5