



**THE RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2009
MINORITY AIDS INITIATIVE PROGRAMS FOR PART A**

FY2016

Contract Period: March 1, 2016 – February 28, 2017

REQUEST FOR PROPOSALS

APPLICATION MATERIALS

FOR

MINORITY AIDS INITIATIVE SERVICES

(Early Intervention Services, Psychosocial Support Services, Treatment Adherence Counseling, Childcare Services and Medical Transportation)

RFP OPENING DATE: October 19, 2015

RFP CLOSING DATE: December 1, 2015

**City St. Louis Department of Health
Grants Administration Office
1520 Market Street – Rm 4027
St. Louis, MO 63103
(314) 657-1579**

Note: If this RFP was downloaded from the City of St. Louis RFP Website each applicant must provide contact information to the RFP contact person in order to be notified of any changes in this RFP document.

NOTICE

BIDDER'S PRE-APPLICATION CONFERENCE

**FY2016 MINORITY AIDS INITIATIVE
APPLICATION**

ATTENDANCE MANDATORY
PLEASE RSVP!

DATE: Tuesday, October 27, 2015

TIME: 9:00 AM - 11:00 am

LOCATION: Communicable Disease - Grants Administration
City of St. Louis Department of Health
1520 Market Street Room 4027
CD Conference Room
St. Louis, MO 63103

CONTACT: Ms. Chantel Joiner-Johnson
City of St. Louis Department of Health
Grants Administration Office
1520 Market Street - Room 4027
St. Louis, MO 63103
314-657-1579

Estimated Schedule:

Date/Time	Activity
Monday, October 19	Request for Proposal Released
Friday, October 23	Deadline for Pre-Bidder's Conference Questions
Tuesday, October 27 (9 am - 11 am)	Mandatory Pre-Application Conference
Thursday, October 30 @ 4:00 pm	Deadline for Final Questions
Tuesday, December 1 @ 4:00 pm	Due Date for Applications
December 14 - 18	Interviews, if deemed necessary
December 21 - 28	Selection/Negotiation
Tuesday, March 1, 2016	Contract Start Date
Tuesday, February 28, 2017	Project Completion Date

RYAN WHITE MINORITY AIDS INITIATIVE PROGRAMS FOR PART A

**APPLICATION FOR FUNDING
FOR**

MINORITY AIDS INITIATIVE SERVICES

(TO INCLUDE: EARLY INTERVENTION SERVICES, PSYCHOSOCIAL SUPPORT SERVICES, TREATMENT ADHERENCE COUNSELING CHILDCARE SERVICES, and MEDICAL TRANSPORTATION)

Minority AIDS Initiative (MAI) Services:

The Minority AIDS Initiative Services Request for Proposals reflects the components each applicant must address to demonstrate their expertise and capacity to successfully fulfill the objectives and deliverables associated with identifying, targeting, and engaging minority populations who are living with HIV/AIDS. Listed below are services eligible for funding under the Minority AIDS Initiative RFP. All funding and contracts are subject to grant awards made by the Health Resources and Services Administration and allocations by the St. Louis Health Services Planning Council.

Early Intervention Services:

Selected applicant(s) will be expected to perform counseling, testing and referrals (CTR) services aimed at high risk minority populations and link members of said populations that are identified as HIV positive to Linkage and Lost to Care programs as well as other necessary core medical and supportive services. Selected applicant(s) must participate in the Regional Health/HIV Integration Team (HIT).

Psychosocial Support Services:

Selected applicant(s) will be expected to provide access to psychosocial support services to minorities living with HIV/AIDS, including any of the following components: peer support, group-based HIV education, evidence-based interventions, traditional support groups, individual-level interventions, and group-based training to strengthen coping and self-management skills. Selected applicant(s) must participate in the Regional Health/HIV Integration Team (HIT).

Childcare Services:

Selected applicant(s) will be expected to provide qualified and licensed childcare services to minorities living with HIV/AIDS to facilitate participation in MAI-funded Psychosocial Support and/or Treatment Adherence Services.

Medical Transportation:

Selected applicant(s) will be expected to provide transportation to eligible newly-diagnosed clients for HIV-related health services as well as transportation to MAI-funded Psychosocial Support Services for minorities living with HIV/AIDS.

Submitted proposals must follow the format requirements, address each of the application components, and contain all required attachments to be considered for review.

1. APPLICATION FORMATTING REQUIREMENTS

Request for Proposals (RFP) may be obtained beginning October 19, 2015 from Chantel Joiner-Johnson at the City of St. Louis Department of Health, Grants Administration, 1520 Market St. – Room 4027, MO 63103, or downloaded from the St. Louis City website at <http://stlouis.missouri.org>, or by contacting Ms. Joiner-Johnson at (314) 657-1579.

All questions must be submitted in writing no later than Friday, October 23, 2015 to Tory Johnson, Contract Compliance Officer, City of St. Louis Department of Health, 1520 Market Street – Room 4027, St. Louis, MO 63103 or via email at JohnsonTO@stlouis-mo.gov. All questions will be responded to in writing to all parties having attended the pre-application conference.

An original, five (5) paper copies bound, one (1) copy unbound, and one (1) Flash drive containing a copy of the proposal in Microsoft Word or PDF format must be submitted to the Grants Administration office by 4:00 p.m. Tuesday, December 1, 2015.

Late or incomplete proposals will not be accepted. Applicants must adhere to the following:

- Applications must be in English
- Use 12-point font
- Use 8.5 by 11 inch white paper that can be photocopied
- Top, bottom, left, and right margins may not be less than one inch each
- Text may be either 1.5 or double-spaced
- Each copy must contain a Table of Contents
- A flash drive must be properly formatted and be able to be read by Department of Health computers using Microsoft Word 95, 97 or XP. ***NOTE: Flash drive must contain the same information as original paper copy, i.e., (draft RFP's and resulting contracts, draft participation agreements and sole source contracts, organizational chart, resumes of key staff, most current financial statement, documentation of not for profit status, letters of support, current business license, etc.).***

II. SERVICE CATEGORY DESCRIPTION, CONTRACTOR QUALIFICATION REQUIREMENTS

MINORITY AIDS INITIATIVE (MAI) SERVICES TOTAL TO BE AWARDED TO MULTIPLE AGENCIES: estimated at \$232,000, as follows:

- **Early Intervention Services award(s) estimated at \$215,000**
- **Psychosocial Support Services award(s) estimated at \$15,000**
- **Childcare Services award(s) estimated at \$500**
- **Medical Transportation award(s) estimated at \$1,500**

Part A of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program) provides emergency assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most severely affected by the HIV/AIDS epidemic. This funding is awarded to the City of St. Louis by the Health Resources Services Administration (HRSA) under the U.S. Department of Health and Human Services. Part A funding provides both core medical and support services to individuals with HIV/AIDS in order to enhance access to and retention in care.

As a component of the Ryan White Treatment Extension Act of 2009, the Minority AIDS Initiative (MAI) provides funding for activities aimed at eliminating the disproportionate impact of HIV/AIDS on racial and ethnic minority populations. While the legislation approves a variety of service categories, this RFP is aimed at securing qualified service providers for the provision of early intervention services (EIS), psychosocial support services, treatment adherence counseling, childcare services, and medical transportation designed to increase the number of minorities aware of their HIV status, facilitate access to and retention in medical care, improve health outcomes, and reduce health disparities.

The St. Louis TGA	
Missouri Counties:	St. Louis City, St. Louis County, St. Charles, Franklin, Jefferson, Warren and Lincoln
Illinois Counties:	Clinton, Jersey, Madison, Monroe, and St. Clair

Service Category Descriptions:

Early Intervention Services, for the purposes of this proposal, include counseling, testing, and referral (CTR) services aimed at high risk minority populations and linking members of said populations that are identified as HIV positive to medical case management and HIV medical care. Delivery of EIS services will be coordinated through staff participation in the Regional Health/HIV Integration Team (HIT). EIS services must be performed in accordance with the Missouri Department of Health and Senior Services’ HIV Counseling, Testing, and Referral Procedure Manual. EIS services must also be aligned with HRSA’s Strategy for Early Identification of Individuals with HIV/AIDS (EIIHA). EIIHA is a targeted and comprehensive effort to identify, counsel, test, inform, and refer diagnosed and undiagnosed individuals to appropriate services, as well as link newly diagnosed HIV positive individuals to care.

The applicant organization's proposed activities must result in the following outputs and outcomes:

1. Deliver culturally sensitive HIV Counseling, Testing, and Referral (CTR) services to minority populations at high risk for HIV infection.
2. Increase number and percentage of minorities aware of their HIV status.
3. Increase number and percentage of HIV positive minorities linked to medical case management and HIV medical care.

Applicants must collaborate and coordinate elicitation and partner notification with the City of St. Louis Department of Health and their designated agent.

Psychosocial support services, for the purposes of this proposal, refers to individual and group level interventions as well as traditional support groups delivered in a structured environment. Interventions and groups must promote general health, increase participants' understanding of their HIV disease and health management plans, and strengthen coping and self-management skills.

The applicant organization's proposed activities must result in the following outputs and outcomes:

1. Enroll and promote attendance of minorities living with HIV/AIDS in group-based interventions and support groups to decrease isolation and expand support systems.
2. Increase participant knowledge of HIV disease and treatment, as evidenced by client post-tests, surveys, or other assessment tools.
3. Increase linkage and retention of participants in medical case management and HIV medical care.

Childcare services, for the purposes of this proposal, refers to the provision of qualified and licensed child supervision to facilitate participation in MAI-funded Psychosocial Support and/or Treatment Adherence Services.

The applicant organization's proposed activities must result in the following outputs and outcomes:

1. Enroll and promote attendance of PLWHA (Persons Living with HIV/AIDS) with dependent children in group-based interventions and support groups.
2. Provide qualified and licensed child supervision to eligible PLWHA with dependent children at psychosocial support intervention and/or support group sessions.
3. Increase number and percentage of intervention/group sessions attended by clients receiving childcare services.

Medical transportation services, for the purposes of this proposal are defined as transportation services for an eligible individual to access HIV-related health services, including services needed to maintain the client in HIV/AIDS care. Transportation should be provided through:

- A contract(s) with a provider(s) of such services;
- Voucher or token systems;

- Mileage reimbursement that enables individuals to travel to needed medical or other support services may be supported with Ryan White Part A/MAI program funds, but should not in any case exceed the established rates for Federal or City Programs.¹
- Use of volunteer drivers (through programs with insurance and other liability issues specifically addressed); or
- Purchase or lease of organizational vehicles for client transportation programs. (with restrictions)

Note: Grantees must receive prior approval for the purchase of a vehicle.

Medical Transportation services, under this RFP, will be focused on the transportation of Linkage to Care case management clients to appropriate medical and supportive services appointments. Transportation assistance will also be utilized to transport eligible clients to MAI-funded psychosocial support services in both the Illinois and Missouri portions of the TGA.

The applicant organization’s proposed activities must result in the following outputs and outcomes:

1. Provide transportation services to enable newly diagnosed clients to access core medical and support services.
2. Increase number and percentage of newly diagnosed clients receiving transportation services who attend an HIV primary care visit within 90 days of enrollment into Linkage to Care case management.
3. Provide transportation services to enable clients to attend MAI-funded psychosocial support interventions or support groups.
4. Increase number and percentage of intervention/group sessions attended by clients receiving transportation services.

Services provided under this RFP must comply with approved Standards of Care developed by Grants Administration and the St. Louis HIV Services Planning Council, as applicable (see Attachment A). Approved Standards of Care exist for the following service categories: Early Intervention Services, Psychosocial Support Services, Treatment Adherence Counseling and Medical Transportation

Applicants must comply with all State and City Department of Health training and educational directives for applicable MAI-funded services.

Services funded through Ryan White must also ensure program funds are used as a “payer of last resort.” This means that Part A/MAI funds cannot be used to provide or support services reimbursable under other programs (Medicaid, Medicare, VA benefits, private insurance, etc.) Applicants will be expected to have a process for ensuring Ryan White funds are used as payer of last resort and that they verify client eligibility based on HIV status, income, etc.

Contractor Qualifications: Applicant organizations must document a history of working with the St. Louis TGA minority communities (program reports, journal articles, annual activity reports, other documentation); must have recognized programs located within the minority community; must document linkages with the minority communities

¹ Federal Joint Travel Regulations provide further guidance on this subject.

(formal agreements of collaboration, memoranda of agreement or understanding, contracts or subcontracts with other minority organizations and/or organizations serving predominantly minority populations); must demonstrate their history of, or describe plans for, coordinating services and cooperating with other agencies providing HIV/AIDS-related services; must demonstrate history of and capacity to continue to provide services in a culturally appropriate way (other program descriptions, staff and governing board composition, etc.). All organizations applying for this funding must be linked with and aware of HIV counseling and testing sites, hospitals, clinics, and key HIV service providers. The organization's plan must be consistent with recommendations presented in the St. Louis Transitional Grant Area HIV/AIDS Minority AIDS Initiative Program Plan.

Evaluation Criteria: Proposal submissions will be evaluated and selection based on the responses received to the project abstract and program narrative.

III. PROJECT ABSTRACT (Maximum of two (2) single-spaced pages)

The proposal must include a project abstract. The abstract can be a maximum of two single-spaced pages and should be an overview of the proposal. The abstract should include:

- A. Name and brief description of the applicant organization.
- B. A brief description of your organizations existing programs or services designed to serve minorities living with HIV.
- C. A summary of the proposed program ability to attain the overarching MAI outcomes (listed in Attachment A) and budget request.

IV. PROGRAM NARRATIVE (Maximum of 22 double-spaced pages)

The program narrative should be a minimum of ten pages and a maximum of 22 1.5 inch or double-spaced typewritten pages numbered consecutively. Applicants must respond to each of the required narrative proposal components (IV. A through F). The order of the responses must follow exactly the order provided below. The Applicant's primary response should be included in the body or text of the submitted proposal. The response to proposal components may not consist solely of references to attached materials. This is not to say that Applicants may not attach documentation or material to demonstrate capacity or prior projects, but the response must not consist exclusively of attached material.

A. Capability of the Applicant (10 Points)

- Describe the agency's overall mission and scope of services, including hours of operation. Program descriptions may be appended.
- Briefly describe experience in providing the type of service or closely related service requested in the RFP.
- Briefly describe the numbers, sociodemographic characteristics, and geographic distribution of the persons served previously in your programs.
- Describe the management and staffing plan of your organization and how the

- requested MAI services fit into your organizational structure. Provide a description of staff skills and experience in providing services to people living with HIV/AIDS. Include an organizational chart and resumes of key staff.
- Describe the organization's process to train/orient staff and strategies to prevent staff attrition.
 - If applicable, describe the process by which you apply your sliding fee scale, if any, including how decisions are made to waive the requirements.
 - Describe the agency's capability for collecting and reporting client data through electronic databases.

B. Target Population (10 Points)

- Describe your organization's experience working with the St. Louis TGA PLWH/A population.
- Describe how your organization will assess needs of the PLWH/A population for the MAI service categories requested in the RFP.
- Please describe how your organization will target populations and sub-groups disproportionately affected by HIV/AIDS in the St. Louis TGA, as identified by recent epidemiologic data. NOTE: *Priority should be given to locating minorities who are considered at increased risk for HIV, disproportionately out of care or unaware of their status, or emerging populations, as identified in the most recent Comprehensive Plan (http://stlplanningcouncil.com/files/Final-2012-Comprehensive-Plan-St-Louis-MO-TGA_5.21.12.pdf) approved by the Metro St. Louis HIV Health Services Planning Council.*
- Identify unmet needs and barriers for carrying out these services in the St. Louis TGA. Describe how your organization will address unmet needs and barriers.
- Referring to the regional target groups identified in the EIIHA Matrix (as provided with this RFP), please describe in detail which minority target groups you will address. In particular, address epidemiological trends showing that 80% of Persons Living with HIV/AIDS (PLWH/A) are men, that 60% of PLWHA indicate a risk factor of MSM (men who have sex with men), that 53% of PLWHA are African-American and that youth (ages 13-24) make up a third of newly diagnosed infections each year. How will the organization and the proposed project address the needs of African American MSM, MSM youth, and women of color in particular?

C. Service Delivery (20 Points)

- Describe the MAI services to be offered through funding from this RFP and how minority populations will have access to a full continuum of appropriate HIV services. As part of this response, include how your organization will ensure compliance with the relevant Standards of Care (Attachment A) and the Contractor Qualifications listed in Section II of this RFP.
- Describe the geographic location of the proposed service(s), days and hours when service(s) will be provided. Explain how you will provide services to eligible clients throughout the TGA.
- Describe how your organization's staffing structure will be leveraged to implement activities and ensure sustainability. Include how many FTE(s) are requested for the MAI services proposed.
- Demonstrate how your organization is in a position to reach clients in need of services, and meet the unique needs of minority PLWH/A unaware of their status or

lost to care. Describe how your proposed activities are aligned with the EIIHA Strategy (Early Identification of Individuals with HIV/AIDS) to identify, counsel, test, inform, and refer diagnosed and undiagnosed individuals to appropriate services, as well as link newly diagnosed HIV positive individuals to care. Include strategies to increase the number of unaware individuals who know their status and engage and retain clients in the Ryan White continuum of care.

- Describe the referral process to receive service(s).
- Please respond specifically for each service category for which you are requesting funding under this RFP:
 - Early Intervention Services: Describe the EIS services to be offered and how minority populations will have access to a full continuum of EIS (HIV counseling and testing services to include: pre/post test counseling, partner elicitation, and linkage to care).

Additional Criteria (Early Intervention Services):

- Please explain in detail and demonstrate how the proposed MAI-funded project will expand and increase testing capacity for minorities in the region without supplanting existing funds and efforts.
- Psychosocial Support Services: Explain the type(s) of psychosocial support services to be offered. Please thoroughly describe the curriculum, facilitation structure, activities, evaluation tools, and measurable outcomes of all proposed group-level interventions, individual-level interventions, and support groups.

Additional Criteria (Psychosocial Support Services):

- Please explain in detail and demonstrate how the proposed MAI-funded project will expand and increase interventions and support efforts for minorities in the region without replacing existing funds and efforts. How will the proposed project reach a broad number of individuals not previously served through individual or group-level interventions?
- Childcare Services: Describe the type of vendor and/or qualified personnel to be utilized for the provision of childcare services, how PLWHA with dependent children will access the services, and the venue and format in which supervision is to be provided. Please note the expected provider-to-child ratio.
- Medical Transportation: Describe the type(s) of medical transportation services to be offered.

D. Critical Service Delivery Issues (15 Points)

Your proposal must demonstrate how your organization has and plans to continue to respond to the following critical issues:

Financing of HIV/AIDS care

- Describe the process for initial and ongoing determination of client eligibility for services. In particular, address how your agency determines that TGA funds are being used as payer of last resort and that all other payment sources for a client have been applied for, accessed and/or exhausted.

Cultural and Linguistic Capacity

- Describe how service(s) will be culturally and linguistically appropriate. Include languages in which your agency is able to provide services. Describe how you will communicate with non-English speaking clients. Address ways to reduce issues with stigma, phobia and denial.

Access to and maintenance in primary care.

- Demonstrate how your organization is in a position to reach clients in need of services, and meet the unique needs of PLWH/A unaware of their status. Include strategies to engage and retain clients in the Ryan White continuum of care.
- Describe the program activities and roles that your organization will play within your program to provide client-centered, wrap-around services to achieve the following:
 - Linkage to care;
 - Adherence;
 - Retention in care activities;
 - Re-engagement in care; and
 - Appointment reminders and follow-up on missed appointments to ensure retention in care.

E. Collaboration and Coordination (15 Points)

See Attachment B for definitions of collaboration and coordination to guide your responses on collaborative efforts.

Description of involvement in systems of HIV care and support within the TGA

- Identify existing HIV systems of care and support services in which your organization actively participates. Describe the role of your organization in these systems and methods of participation.

Description of plans to coordinate with other providers

- Describe your plan to integrate and/or coordinate the delivery of service with other HIV services and providers. If relationships already exist, please explain their benefit in carrying out the services of this RFP.
- Describe the linkage and/or cooperative agreements which place your organization in a position to accept referrals to your program, obtain outcome measures from care providers to document progress in meeting outcome objectives, and the feedback to case management regarding client access to services.
- If applying for Early Intervention Services, please describe your organization's ability to establish formal linkages with at least ten (10) non-traditional HIV counseling and testing sites; coordination of activities to promote access to counseling and testing services; tracking of client level information; partner elicitation; case finding activities for clients/patients who have not returned for test results; and initial intake for new and returning clients into the case management system.
- Please explain any current participation and/or collaborative efforts with the regional Health/HIV Integration Team (HIT) and any future plans to expand or enhance collaboration with HIT.

F. Quality Improvement and Evaluation (20 Points)

- Describe the agency's quality management program; including plans to evaluate, monitor and adjust delivery of program services to ensure quality services provided to PLWH/A.
- Provide the outcome indicators to be used for each of the MAI services requested and

- how they will be assessed.
- Describe the staff involved in the quality improvement process.
 - Explain how PLWH/A will be included in the quality improvement process. Plans should include a client satisfaction survey.
- NOTE: *All Ryan White Part A providers are required to have a functioning Quality Management Program and participate in TGA-wide quality efforts.*

Implementation Plan

- Please complete the table in Attachment B for the defined service goals and objective(s) indicating the number of persons to be served, the units of service to be delivered, the estimated cost to meet the objective, and the tasks and activities to be used to accomplish the defined goal and objective(s). This is to be included as an attachment.

V. BUDGET AND FINANCIAL DATA (10 points)

A. Budget Narrative and Budget

1. Develop and submit the service category budget that includes at a minimum the budget lines listed below. A budget narrative for each budget line should be included ensuring the level of detail required by the type of item funded. In developing your budget, keep in mind that administrative charges may not exceed 8% of the total contract amount. The specific components of administrative costs must also be explained in the narrative.

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from funds, their name (if possible), position title, percent full-time equivalency, and annual salary.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, and tuition reimbursement.

Travel: Travel costs should be broken out based on whether they are local or long distance. For local travel, the mileage rate, number of miles, reason for travel (e.g., staff training, client visits, etc), and staff members/others completing the travel should be outlined. Long distance travel is limited to HRSA-sponsored meetings.

Equipment: List equipment costs and describe why they are needed to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment

Supplies: List items the project will use, and be sure to separate office supplies from medical and educational purchases. Office supplies include paper, pens, and the like. Medical supplies include syringes, blood tubes, plastic gloves, etc. Educational supplies include pamphlets and educational videotapes, for example. General-use office supplies not solely and specifically related to the project must be categorized as administrative expenses.

Subcontracts: Sub-contracts are not required as part of the application submission.

Other: All costs that do not fit into the previous categories should be classified under “other.”

NOTE: Any respondents proposing the use of Ryan White-funded incentives as part of their project must note the following:

The use of grant funds for incentives in the form of gift cards to participants requires the submission of a Prior Approval request to HRSA by the grantee. Gift cards may not be in the form of a pre-paid credit card. The following restriction applies: Recipients of gift card incentives must sign a statement acknowledging and agreeing to the purpose(s) of and restrictions on the incentive. Unallowable uses include (but are not limited to) purchase of alcohol, tobacco, illegal drugs, or firearms. Gift cards may not be redeemed for cash.

Administrative: Allowable administrative costs as defined by HRSA include usual and recognized overhead activities, including rent, utilities, and facility costs; costs of management oversight of specific programs funded under this title, including program coordination; clerical, financial, and management staff not directly related to patient care; program evaluation; liability insurance; audits; computer hardware/software not directly related to patient care.

B. Financial Information

Provide the following financial documents:

- a. A copy of your program/organization budget for the most recent fiscal year.
- b. A summary of your current 2015-2016 contracts, including the funding sources.
- c. A list of outside funds applied for to provide partial support for the proposed project and the status of those applications.
- d. Listing of governing body members and officers, as applicable.
- e. Most recent audited financial report. Report must be from within the previous three years.
- f. Not for Profit organizations should attach evidence of 501 (c) 3 status which includes the following documents:
 - IRS Tax Determination Letter
 - Articles of Incorporation
 - Organizations By-Laws

VI. OTHER REQUIREMENTS

Other Requirements:

- a. **National Monitoring Standards:** The successful bidder must have full knowledge of and remain in compliance with HRSA's Ryan White HIV/AIDS Program Part A and B National Monitoring Standards, including all sub-grantee responsibilities outlined therein (<http://www.hab.hrsa.gov/manageyourgrant/granteebasics.html>).
- b. The successful bidder must obtain and maintain a current business license and pay all applicable taxes to the City of St. Louis.
- c. **M/W/DBE Participation:** It is the policy of the City of St. Louis to address the effects of identified discrimination against minority business enterprises and women's business enterprises within its jurisdiction. Contractual services shall be allocated according to the policy. The method that the city shall employ to implement that policy is the establishment of a goal of at least 25% minority business enterprise participation and at least 5% women's business enterprises participation in contracts and purchases wherein City funds are collected or expended. Please provide information on minority and women enterprise participation in your company.
- d. **Living Wage Requirements:** Bidders [Proponents] are hereby advised that the St. Louis Living Wage Ordinance #65597 and associated Regulations apply to the service [concession] [lease] [City Financial Assistance] for which [bids] [proposals] are being sought herein. This Ordinance requires that, unless specific exemptions apply, all individuals who perform work pursuant to a contract executed between the successful [bidder] [proponent] and the City [Agency] must be paid a minimum of the applicable Living Wage rates set forth in the attached Living Wage Bulletin (Attachment D), and, if the rates are adjusted during the term of the contract pursuant to the Ordinance., applicable rates after such adjustment is made. Each bidder [proponent] must submit the attached "Living Wage Acknowledgement and Acceptance Declaration" (Attachment E) with the bid [proposal]. Failure to submit the "Living Wage Acknowledgement and Acceptance Declaration" will result in rejection of the bid [proposal]. A successful bidder's [proponent's] failure to comply with contract provisions related to the Living Wage Ordinance may result in termination of the contract and the imposition of additional penalties as set forth in the Ordinance and Regulations.

Copies of the Ordinance and Regulations are available upon request from The Department of Health, A copy of the Living Wage Bulletin now in effect is attached.

VII. EVALUATION CRITERIA

The RFP will undergo the following evaluation process. The Grants Administration Office, in association with an independent review panel, will evaluate the proposal using the above criteria and provide recommendations to the DOH Professional Service Agreement Committee (PSA), established under City of St. Louis Ordinance 64102. The PSA Committee will evaluate and make selection based on the responses received to the project abstract, program narrative and budget. The total points possible are 100, awarded as follows:

Capability of the Applicant	10 Points
Target Population	10 Points
Service Delivery	20 Points
Critical Service Delivery Issues	10 points
Collaboration and Coordination	15 Points
Quality Improvement & Evaluation	10 Points
Budget and Financial Data	20 Points
Total	100 Points

VIII. RFP TERMS

- A. The City reserves and may exercise one or more of the following rights and options regarding this RFP:
- To reject any and all bids, to seek additional bids, to enter into negotiations and subsequently contract with more than one Bidder at any time during the process.
 - To evaluate separately the individual components of each bid such as any proposed subsystem, product or service, and to contract with such Bidder for any individual component.
 - To cancel or withdraw this RFP without the substitution of another RFP or alter the terms and conditions of this RFP.
 - To modify specific terms and conditions in this document prior to execution.
 - The City reserves the right to renew the contract for an additional one year term for up to four (4) consecutive years.
- B. Contents of Proposals: All materials submitted in accordance with this RFP will become and remains the property of the City and will not be returned. All Proposals shall be considered public records, but may be deemed and treated as closed or exempt by the City Counselor's Office, at the sole discretion of the City Counselor's Office, pursuant to the City's understanding and interpretation of the laws of the State of Missouri. All Proposal material may be treated as open records. The City cannot guarantee confidentiality of any materials during the evaluation process or at any other time. Thus, Proposals and communications exchanged in response to this RFP should be assumed to be subject to public disclosure.

**RYAN WHITE MINORITY AIDS INITIATIVE PROGRAMS
REQUEST FOR PROPOSALS**

APPLICATION COVER SHEET

APPLICANT INFORMATION		
1) LEGAL NAME:		
2) MAILING Address Information (include mailing address, street, city, county, state and zip code):	Check if address change <input type="checkbox"/>	
3) PAYEE Mailing Address (if different from above):		
Check if address change <input type="checkbox"/>		
4a) Federal Tax ID No.:	4b) DUNS Number:	
5) TYPE OF ENTITY (check all that apply):		
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual
<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> FQHC
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> State Controlled Institution of Higher Learning
<input type="checkbox"/> State Agency	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Hospital
<input type="checkbox"/> Indian Tribe		<input type="checkbox"/> Private
		<input type="checkbox"/> Other (specify): _____
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>		
6) PROPOSED BUDGET PERIOD:	Start Date: _____ End Date: _____	
7) COUNTIES SERVED BY PROJECT:		
8) AMOUNT OF FUNDING REQUESTED:	10) PROJECT CONTACT PERSON	
9) PROJECTED EXPENDITURES Does applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? ** Yes <input type="checkbox"/> No <input type="checkbox"/> <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</i>	Name: _____ Phone: _____ Fax: _____ E-mail: _____	
	11) FINANCIAL OFFICER Name: _____ Phone: _____ Fax: _____ E-mail: _____	
The facts affirmed by me in this proposal are truthful and I understand that the truthfulness of the facts affirmed herein are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.		
12) REPRESENTATIVE AUTHORIZED <input type="checkbox"/> Check if change	13) SIGNATURE OF AUTHORIZED REPRESENTATIVE	
Name: _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	14) DATE	

APPLICATION CHECKLIST

Please review and enclose this checklist to ensure that your application is complete. Applications that do not contain a copy of each of the items below will be considered incomplete and will not be reviewed. The inclusion of letters of support and any other requested documentation is strongly suggested.

- **Application Cover Sheet** _____
- **Project Abstract** _____
- **Program Narrative** _____

A. Capability of Applicant

- Services/Experience _____
- Service Population Demographics _____
- Staffing Plan/Training _____
- (Attach organizational chart and resumes of key staff.)*
- IT Capabilities _____

B. Target Population

- Experience with PLWH/A _____
- Assessment of Needs _____
- Gaps/Barriers _____

C. Service Delivery

- Service Description, including Staffing Levels _____
- Referral Process _____

D. Critical Service Delivery Issues

- Financing HIV/AIDS Care _____
- Cultural and Linguistic Competency _____
- Access and Maintenance in Care _____

E. Collaboration & Coordination

- HIV Care Involvement _____
- Coordination _____
- Service Integration/Letters of Support/Memorandums of Understanding/Contracts/
Letters of Intent - [May be included as attachment(s)]*

F. Quality Improvement and Evaluation

- Quality Management Program _____
- Implementation Plan _____

- **Budget and Financial Data**

- **Budget Narrative and Budget**

- 1. Budget and Narrative _____

- **2. Financial Information (Attachments)**

- a. Organization's Budget _____

- b. Contracts-Sources (2014-2015) _____

- c. Outside Funding _____

- d. Listing of Board Members _____

- e. Current financial report _____

- f. If applicable, 501(c) 3 _____

- **Other Requirements**

- a. Current business license _____

- b. Statement of M/W/DBE
Participation _____

- c. Living Wage Declaration Form _____

PROPOSAL ATTACHMENTS

- **Organizational Chart**
- **Resumes and Job Descriptions of Key Staff** (Include for All staff positions that will be financially supported by this grant if awarded)
- **Letters of Support/Memorandums of Understanding/Contracts/Letters of Intent**
- **Financial Information** (as stated in Section V.)
- **Other Requirements Documentation** (as stated in Section VI.)

Attachment A: Standards of Care

St. Louis TGA: Ryan White Universal Standards of Care

Approved by PC 2.13.2013

1.0 Policies and Procedures	
Standard	Measure
<p>1.1 Agency will develop, implement, maintain and use, at its own expense, such appropriate administrative, technical and physical safeguards as may be required to protect client confidentiality.</p> <ul style="list-style-type: none"> a. Confidentiality policy exists. b. Appropriate data privacy and encryption. c. Client records will be stored in a secure and confidential location. d. Private, confidential meeting space available at agency. 	<p>1.1</p> <ul style="list-style-type: none"> a. Written confidentiality policy on file. b. Policy, process, or procedure in place. c. All records will be double lock protected (protected by 2 separate forms of security systems) with access limited to appropriate personnel. d. Review of confidential space at site visit.
<p>1.2 Maintain compliance with HIPAA, preserve integrity and confidentiality, and prevent non-permitted disclosure of Protected Health Information (PHI). A HIPAA compliant release of information will be signed to exchange information with other providers.</p>	<p>1.2 Written HIPAA policy and standardized release form(s) on file.</p>
<p>1.3 Agency has a procedure for obtaining service-specific client consent where applicable.</p>	<p>1.3 Documentation of signed client consent form on file.</p>
<p>1.4 Agency will meet all applicable Occupational Safety and Health Administration (OSHA) guidelines. http://www.osha.gov/</p>	<p>1.4 Written OSHA policy and documentation on file.</p>
<p>1.5 Agency has a Drug-Free Workplace policy.</p>	<p>1.5 Written drug-free workplace policy on file.</p>
<p>1.6 Agency has Quality Assurance/Improvement (QA/QI) Policy and plan in place.</p>	<p>1.6 Written QA/QI policy and plan on file.</p>
<p>1.7 Grievance policy exists which includes documentation of complaints and time frames for resolution.</p>	<p>1.7 Written grievance policy on file and posted in a visible location.</p>
<p>1.8 Agency has an organizational chart.</p>	<p>1.8 Organizational chart on file.</p>
<p>1.9 Agency has a process for the prevention, early detection and mitigation of irregularities and illegal acts by employees, members, and providers.</p>	<p>1.9 Written fraud detection policy on file.</p>
<p>1.10 Agency has a policy of non-discrimination in regards to hiring and service delivery.</p>	<p>1.10 Written non-discrimination policy on file.</p>
<p>1.11 Agency has written policies and procedures in place that protects the physical safety and well-being of staff and clients including:</p> <ul style="list-style-type: none"> a. Physical agency safety 	<p>1.11 Policies and procedures in place.</p>

<ul style="list-style-type: none"> b. Medical and psychiatric emergency c. Disruptive or threatening staff or clients 	
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2.0 Personnel

Standard	Measure
2.1 Agency has written personnel manual.	2.1 Written manual on file.
2.2 Agency will maintain appropriate levels of staff to meet service delivery standards at all times as supported by funding.	2.2 Written plan for addressing staff vacancies and uninterrupted services to clients on file.
2.3 Staff has the minimum qualifications, including licenses, certifications, and/or training expected and other experience related to the position.	2.3 Resumes, licensures, certificates, or documentation of training and orientations will be in personnel file.
2.4 Staff will know the requirements of their job description and the service elements of the program.	2.4 Written job description provided to and signed by staff and kept in personnel file.
2.5 Supervisors will know the requirements of funded staff positions and service elements of the funded program. Supervisors will provide adequate oversight and ensure uninterrupted service delivery.	2.5 Supervisor will sign contract scope of work. In addition, job descriptions, copy of signed contract with associated scopes of work and service standards will be on file.
2.6 Agency has policy for regularly scheduled performance evaluations.	2.6 Written policy and documentation of evaluations on file.

3.0 Cultural and Linguistic Competence

Standard	Measure
3.1 All staff shall receive training and education to build cultural competence.	3.1 Documentation of trainings completed and/or educational materials reviewed on an annual basis.
3.2 Staff will understand the linguistic needs of the clients they serve. Clients with language barriers will have access to language appropriate resources and services.	3.2 Staff will have resources available in the primary language used by their clients or will have a contact list for obtaining linguistically appropriate resources and services for their clients.
3.3 All staff shall receive training and education to build knowledge of HIV/AIDS and the continuum of care for people living with HIV/AIDS.	3.3 Documentation of trainings completed and/or educational materials reviewed on an annual basis.

4.0 Service Delivery

Standard	Measure
4.1 Agency has process in place to address capacity issues, including ability to track referrals.	4.1 Policy, process, or procedure in place. Documentation of any implemented strategies. Notification of inability to accept new clients must be sent in writing to the grantee.
4.2 Agency will ensure clients have access to written policies, procedures, service definitions and eligibility requirements.	4.2 Documents on file and procedure to ensure distribution.
4.3 Eligibility criteria must be verified and documented, including: <ul style="list-style-type: none"> a. HIV-positive status b. Resident of St. Louis TGA c. Income not greater than current service caps and limitations d. Proof of photo identification 	4.3 Documentation in electronic client record or hard copy file.
4.4 Agency will have a written discharge procedure in place that is implemented for clients leaving, being discharged or reenrolling once conditions have been met.	4.4 Written policy and procedure on file and if applicable, copies of any discharge and/or reenrollment notices provided to clients. Discharge notices must include reason for termination.
4.5 Agency will have a procedure to make linkages to community resources and other Ryan White services.	4.5 Procedure in place and any Memoranda of Understanding (MOUs) on file.
4.6 Agency will include community input in the design and evaluation of service delivery.	4.6 Documentation of attendance at meetings or other mechanisms for involving consumers, health network providers and stakeholders in service planning and evaluation (e.g., satisfaction surveys, needs assessments).
4.7 Agency will notify clients, related agencies, and grantee of current services, caps, and eligibility restrictions.	4.7 Procedure to ensure distribution of completed Service Matrix or equivalent to clients, related agencies and grantee in place.
4.8 Agency will notify clients, health network providers, and referring agencies of any grantee approved changes to current program benefits prior to implementation.	4.8 A copy of all correspondence used to communicate policy changes will be on file.

5.0 Accessibility of Services

Standard	Measure
5.1 Agency will accommodate special needs clients as specified by the Americans with Disabilities Act guidelines. www.ada.gov	5.1 Agency will provide documentation of any requests made and how request was accommodated.
5.2 Services are available in settings accessible to low-income individuals if direct service	5.2 Review of hours of operation (where posted), location, proximity to transportation,

provision occurs at agency.	and other accessibility factors.
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6.0 Payer of Last Resort

Standard	Measure
6.1 Agency will verify client eligibility and payer of last resort before any services are provided.	6.1 Written policy on file and procedure in place.
6.2 All services will be provided in accordance with the current Service Matrix and its established eligibility, client caps, and maximum benefit amounts.	6.2 Current Service Matrix and client service utilization records on file.
6.3 Agency has a process in place for the recapture of funds when other payer sources are identified or client eligibility has changed.	6.3 Written policy on file.

7.0 Electronic Data Management

Standard	Measure
7.1 Agency will use grantee approved client level data base to maintain a fully integrated, accurate and real time data system that tracks clients, providers and service activity.	7.1 Evidence of service and client level activity in grantee approved database.
7.2 Agency will ensure uninterrupted access to grantee approved client level database.	7.2 Written policy/procedure on file to address emergency or database access disruptions.
7.3 Agency will maintain the confidentiality, security, and integrity of data and information through policies governing the use of passwords, screen savers, shared network drives or other mechanisms.	7.3 Written policy on file.
7.4 Agency will ensure staff receives initial training and ongoing education regarding the use of the grantee approved database.	7.4 Proof of attendance at new user training and other educational opportunities.
7.5 Agency will have a data backup policy and disaster recovery plan in place.	7.5 Written policy on file.

8.0 Invoicing and Reporting

Standard	Measure
8.1 Agency will generate complete and accurate invoices by the date prescribed by the grantee.	8.1 Invoices on file with the grantee.
8.2 Agency will have the ability to generate reports as scheduled and required by the grantee or HRSA.	8.2 Copies of annual Ryan White reports, reports regularly requested by the grantee, or ad hoc reports on file.
8.3 Agency will ensure documentation of client demographic information including unique identifier, name, DOB, SSN, race, ethnicity, gender, mode of transmission, HIV status,	8.3 Documentation of client level data will be found in each client file.

current address, income, insurance sources, and evidence of care as defined by grantee.	
9.0 Quality Management	
Standard	Measure
9.1 Agency will have a written quality management plan and will update annually.	9.1 Quality management plan on file.
9.2 Agency will conduct quality improvement activities in accordance with plan.	9.2 Documentation of quality improvement activities.

St. Louis Early Intervention Services (Counseling and Testing)

April 2012

1.0 Agency Policies and Procedures	
Standard	Measure
1.12 Agency will conduct a client satisfaction survey of 10% of individuals tested.	1.12 Written results and an action plan based on the results are to be submitted to the Grantee annually and on file at peer support agency.
1.13 Agency maintains copy of most recent Missouri Department of Health and Senior Services HIV Counseling, Testing and Referral Procedure Manual and operate in accordance with manual.	1.13 Copy of manual on file at agency.
2.0 Personnel	
Standard	Measure
2.1 Attend required testing training and shadowing of Department of Health staff.	2.1 Evidence of attendance at training.
4.0 Service Delivery	
Standard	Measure
4.1 Provider will deliver counseling and testing services according to current state HIV Counseling, Testing, and Referral Procedural Manual.	4.1 Manual on site and available to staff.
4.2 Provide client centered testing, utilizing all testing methods with priority given to rapid blood based test, within high-risk populations.	4.2 Documentation of testing sites.
4.3 Assess need and offer as deemed appropriate pre/post test counseling services; including risk reduction, personalize prevention planning, referrals to care, other necessary services and referrals to DIS.	4.3 Completed risk assessments or documentation in client file at agency.

6.0 Network Development

Standard	Measure
6.4 Agency will develop a network of testing sites accessible to hard-to-reach, underserved, and high risk populations. 6.5 Agency will collaborate with Linkage to Care and DIS to make appropriate referrals to care services.	6.3 Memoranda of Understanding with testing sites on file at agency. 6.4 Documentation of referral on file at agency.

7.0 Data Management

Standard	Measure
7.1 Agency will have a process for tracking the number of tests conducted, results given, and positives identified and referred to Linkage to Care.	7.1 Documentation of results on file at agency or in client level database.

St. Louis Early Intervention Services (Counseling and Testing)

November 2012

HRSA: Include counseling individuals with respect to HIV/AIDS; testing (including tests to confirm the presence of the disease, tests to diagnose to extent of immune deficiency, tests to provide information on appropriate therapeutic measure); referrals; other clinical and diagnostic services regarding HIV/AIDS; periodic medical evaluations for individuals with HIV/AIDS; and providing therapeutic measures.

St. Louis TGA: The performance of counseling, testing and referrals (CTR) services aimed at high risk minority populations, and linking members of said populations that are identified as HIV positive to Linkage and Lost to Care programs as well as other necessary core medical and supportive services.

1.0 Agency Policies and Procedures

Standard	Measure
1.14 Agency will conduct a client satisfaction survey of 10% of individuals tested.	1.14 Written results and an action plan based on the results are to be submitted to the Grantee annually and on file at agency.
1.15 Agency maintains copy of most recent Missouri Department of Health and Senior Services HIV Counseling, Testing and Referral Procedure Manual and complies with all operational standards.	1.15 Copy of manual and evidence of compliance on file at the agency.

2.0 Personnel

Standard	Measure
2.2 Attend required testing training and shadowing of Department of Health staff.	2.2 Documentation of attendance and training on file at agency.

3.0 Service Delivery

Standard	Measure
3.1 Provider will deliver counseling and testing services according to current state HIV Counseling, Testing, and Referral Procedural Manual	3.1 Manual on site and available to staff and evidence of compliance.
3.2 Provide client centered testing, utilizing all testing methods with priority given to rapid blood-based test, within high-risk populations.	3.2 Documentation of testing sites, tests performed, and required demographics of populations tested.
3.3 Assess need and offer appropriate pre/post test counseling services including: risk reduction, personalized prevention planning, referrals to care, other necessary services and referrals to care, DIS, and other necessary services.	3.3 Completed risk assessments and documentation of referrals in client file at agency.

4.0 Network Development

Standard	Measure
4.1 Agency will develop a network of testing sites accessible to hard-to-reach, underserved, and high risk populations. 4.2 Agency will collaborate with Linkage to Care and DIS to make appropriate referrals to care services.	4.1 Memoranda of Understanding with testing sites on file at agency. 4.2 Documentation of referrals on file at agency.

5.0 Data Management

Standard	Measure
5.1 Agency will have a process for tracking the number of tests conducted, results given, and positives identified and referred to Linkage to Care.	5.1 Documentation of results and referrals on file at agency or in client level database.

St. Louis Psychosocial Support Standards

November 2012

HRSA Definition: The provision of support and counseling activities, child abuse and neglect counseling, HIV support groups, pastoral care, caregiver support, and bereavement counseling. Includes nutrition counseling provided by a non-registered dietician but excludes the provision of nutritional supplements.

St. Louis TGA Definition: The provision of support and counseling activities including evidence-based interventions and HIV support groups.

1.0 Policies and Procedures	
Standard	Measure
1.16 Confidentiality policies for counselor and/or facilitator and clients exist.	1.1 Written, dated and signed policy by client and support group facilitator on file at the agency.
1.17 A minimum of one satisfaction survey will be conducted per intervention cycle or annually for ongoing groups.	1.2 Written results and an action plan based on the results are to be submitted to the Grantee annually and on file at the agency.
2.0 Personnel	
Standard	Measure
2.1 Agency has a formal relationship with a mental health/substance abuse professional for consultation as needed. If a mental health/substance abuse professional is not on staff, agency will have written documentation of an established relationship with a community based mental health professional.	2.2 Proof of mental health/substance abuse professional on staff or written letter of agreement on file.
2.2 Counselor and/or facilitator must have appropriate training for type of group offered.	2.3 Documentation of appropriate training on file at agency.
3.0 Service Delivery	
Standard	Measure
3.1 Agency is responsible for documenting, at least annually, evidence of care for all clients served.	3.1 Documentation of evidence of care in client file and/or electronic database where applicable.
3.2 An intake evaluation will be performed on all new clients.	3.2 All information in client file and/or electronic database where applicable.
3.3 Agency shall track and report the following: <ul style="list-style-type: none"> a. Topics/focus of each session b. Unique identification of participants at each session c. General group goals d. Group duration 	3.3 Documentation included in regularly scheduled reports or on file at agency.

4.0 Network Development

Standard	Measure
4.0 Agency will ensure a recruitment strategy is in place.	4.1 Documentation of recruitment strategy on file at agency.

5.0 Quality Management

Standard	Measure
5.1 Agency will have evaluation plan to monitor processes and outcomes.	5.1 Evaluation of the quality management plan will be on file at the agency.

St. Louis Medical Transportation Services

Approved by Care Strategy February 2014

Approved by Planning Council March 2014

HRSA Definition: Medical transportation services include conveyance services provided, directly or through voucher, to a client so that he or she may access health care services.

St. Louis TGA Definition: Medical transportation services include reimbursement through gift cards, vouchers, bus tickets/passes to core medical and support services. Certain caps and limits do apply. Cab services are available to clients who are physically unable to use private transportation means and mass transit.

1.0 Personnel	
Standard	Measure
1.1 All participating taxi drivers will hold and maintain a current commercial drivers license with passenger endorsement issued by the State of Missouri and Illinois Department of Motor Vehicles.	1.1 Documentation of licensure will be in personnel file.
2.0 Accessibility of Services	
Standard	Measure
2.1 Transportation services are available throughout the St. Louis Transitional Grant Agency (TGA).	2.1 Agency's transportation log and monthly activity reports will be reviewed at the grantee site visit.
2.2 Transportation agency must ensure that general transportation services are available from 7:00a.m. to 10:00p.m. on weekdays (non-holidays) and Saturdays when needed.	2.2 Documentation of service hours will be displayed at service provider site and agency's transportation logs will be reviewed at the grantee site visit.

Attachment B: Collaboration Continuum

The various levels for working together:

	Networking	Coordinating	Cooperating	Collaborating
Defined as:	Exchanging information for mutual benefit	Exchanging information and altering activities for mutual benefit and to achieve a common purpose	Exchanging information, altering activities and sharing resources for mutual benefit and to achieve a common purpose	Exchanging information, altering activities, sharing resources, and enhancing the capacity of another for mutual benefit and to achieve a common purpose
Description	The most informal of working together strategies and, as a result, can be used most easily.	Requires more organizational involvement than networking and, given the degree to which activities are poorly coordinated, it is a very critical change strategy.	Requires greater organizational commitments than networking or coordinating and in some cases, may involve written (perhaps even legal) agreements. Shared resources can encompass a variety of human, financial and technical contributions including knowledge, staffing, physical property, access to people and others.	The qualitative difference between collaborating and cooperating is the willingness of organizations (or individuals) to enhance each other's capacity for mutual benefit and a common purpose. In this definition, collaborating is a relationship in which each organization wants to help its partners become better at what they do. This also assumes that when organizations collaborate, they share risks, responsibilities and rewards.
Characteristics/requirements	Initial level of trust, limited time availability, and a reluctance to share turf	Compared to networking, coordinating involves more time, higher levels of trust and some access to each other's turf.	Cooperating can require a substantial amount of time, high levels of trust, and significant access to each other's turf.	Usually characterized by substantial time commitments, very high levels of trust and extensive areas of common turf.
Example	A hospital and a community clinic exchange information about prenatal services.	A hospital and a community clinic exchange information about prenatal services and decide to alter service schedules so that they can better meet the needs of common clients.	A hospital and a community clinic exchange information about prenatal services, decide to alter service schedules, and agree to share physical space and funding for prenatal services so that they (the hospital and community clinic) can better meet the needs of common clients.	A hospital and a community clinic exchange information about prenatal services, decide to alter service schedules, agree to share physical space and funding for prenatal services, and provide professional development training for each other's staff in areas of their special expertise so that they (the hospital and community clinic) can better meet the needs of common clients.

Collaboration Continuum

Networking

Coordinating

Cooperating

Collaborating

Reference: Himmelman, A.T. (1992). *Communities Working Collaboratively for a Change*.

Attachment C: Implementation Plan

Evaluation Outline:

Please complete the following table for the defined service goal and objective(s) indicating the number of persons to be served, the units of service to be delivered, the estimated cost to meet the objective, and the tasks and activities to be used to accomplish the defined goal and objective(s). Then, complete an additional table for at least one other proposed service goal with at least one objective.

NOTE: The selected provider will work with Grants Administration and Planning Council to finalize program outcomes and objectives in accordance with the St. Louis TGA Ryan White Part A Implementation Plans.

Ryan White Part A Implementation Plan: Service Category Table

Reporting Requirement:		<input type="checkbox"/> Program Terms Report		<input type="checkbox"/> Annual Progress Report			
Grantee Name: St. Louis TGA			Fiscal Year: 2016				
Budget Period: March 1, 2016- February 28, 2017			Time Frame: March 1, 2016- February 28, 2017				
Service Category Name: Early Intervention Services (MAI)		<input type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input checked="" type="checkbox"/> MAI Core	<input type="checkbox"/> MAI Support	Total Service Category Funds	
						Allocation	Expenditure
Service Category Priority Number: 14		Current Comprehensive Plan Strategy:		B2, C1 Ref NHAS Goals - 1-4		\$	215,000
Service Category Goal: To address minority health disparities by identifying high-risk minority PLWH/A that are unaware of their status.							
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:	
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be provided	
						Provide the approximate amount of funds to be used to provide this service.	
				Target	Actual	Target	Actual
a. By February 29, 2016 provide 2880 clients with testing and counseling sessions with a planned outcome of one session per client.		1 unit = One testing and counseling session					
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
a. (Pick Outcome from dropdown list in the cell to the right)		HAB Systems-Level Measures: HIV Positivity		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	
						Actual: Numerator/Denominator, %	
b. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	
						Actual: Numerator/Denominator, %	
c. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	
						Actual: Numerator/Denominator, %	
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable							
<input type="checkbox"/> Diagnosed		<input type="checkbox"/> Linked to Care		<input type="checkbox"/> Retained in Care		<input type="checkbox"/> Prescribed Antiretroviral Therapy	
						<input type="checkbox"/> Virally Suppressed	

Ryan White Part A Implementation Plan: Service Category Table							
Reporting Requirement:		<input type="checkbox"/> Program Terms Report			<input type="checkbox"/> Annual Progress Report		
Grantee Name: St. Louis TGA				Fiscal Year: 2016			
Budget Period: March 1, 2016- February 28, 2017				Time Frame: March 1, 2016- February 28, 2017			
Service Category Name: Psychosocial Support Services (MAI)		<input type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input checked="" type="checkbox"/> MAI Support	Total Service Category Funds	
						Allocation	Expenditure
Service Category Priority Number: 15		Current Comprehensive Plan Strategy:		B1, B2 Ref NHAS Goals - 2-3		\$	15,000
Service Category Goal: To address minority health disparities by providing increased access to peer support, group-based HIV education, and group-based training to strengthen coping and self-management skills to minority clients.							
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:	
List quantifiable time-limited objectives related to the service priorities listed above				Number of people to be served		Total Number of service units to be provided	
				Target		Actual	
				Target		Actual	
				Allocation		Expenditure	
a. By February 29, 2016 provide psychosocial support services via an evidence-based intervention to 60 clients with a planned outcome of 1 session per client.		1 unit= One session					
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)							
a. (Pick Outcome from dropdown list in the cell to the right)		HAB Core Measures: HIV Viral Load Suppression		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	
						Actual: Numerator/Denominator, %	
b. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	
						Actual: Numerator/Denominator, %	
c. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	
						Actual: Numerator/Denominator, %	
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable							
<input type="checkbox"/> Diagnosed		<input type="checkbox"/> Linked to Care		<input type="checkbox"/> Retained in Care		<input type="checkbox"/> Prescribed Antiretroviral Therapy	
						<input type="checkbox"/> Viroly Suppressed	

Ryan White Part A Implementation Plan: Service Category Table									
Reporting Requirement:		<input type="checkbox"/> Program Terms Report			<input type="checkbox"/> Annual Progress Report				
Grantee Name: St. Louis TGA				Fiscal Year: 2016					
Budget Period: March 1, 2016- February 28, 2017				Time Frame: March 1, 2016- February 28, 2017					
Service Category Name: Medical Transportation Services (MAI)		<input type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core	<input checked="" type="checkbox"/> MAI Support	Total Service Category Funds			
						Allocation	Expenditure		
Service Category Priority Number: 11		Current Comprehensive Plan Strategy:		A1, B1, B2 Ref NHAS Goal - 2,3		\$	1,500		
Service Category Goal: To address minority health disparities by providing transportation services to minority clients who are accessing psychosocial support services.									
1. Objectives:		2. Service Unit Definition:		3. Quantity:		4. Funds:			
List quantifiable time-limited objectives related to the service priorities listed above		Define the service unit to be provided		Number of people to be served		Total Number of service units to be provided		Provide the approximate amount of funds to be used to provide this service.	
				Target	Actual	Target	Actual	Allocation	Expenditure
a. By February 29, 2016 provide transportation services to 45 clients with a planned outcome of one round-trip per client.		1 unit = One Round Trip							
5. Outcome: HHS/ HAB Performance Measure related to the Objectives above in this service category: (Use an Outcome from the list included)									
a. (Pick Outcome from dropdown list in the cell to the right)		HAB Core Measures: HIV Viral Load Suppression		Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %		
b. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %		
c. (Pick Outcome from dropdown list in the cell to the right)				Baseline: Numerator/Denominator, %		Target: Numerator/Denominator, %	Actual: Numerator/Denominator, %		
6. Stage of the HIV Care Continuum related to this service category: More than one Stage may be applicable									
<input type="checkbox"/> Diagnosed		<input type="checkbox"/> Linked to Care		<input type="checkbox"/> Retained in Care		<input type="checkbox"/> Prescribed Antiretroviral Therapy		<input type="checkbox"/> Virally Suppressed	

Attachment D: Living Wage Adjustment Bulletin

ST. LOUIS LIVING WAGE ORDINANCE

LIVING WAGE ADJUSTMENT BULLETIN

NOTICE OF ST. LOUIS LIVING WAGE RATES EFFECTIVE APRIL 1, 2015

In accordance with Ordinance No. 65597, the St. Louis Living Wage Ordinance (“Ordinance”) and the Regulations associated therewith, the City Compliance Official for the City of St. Louis has determined that the following living wage rates are now in effect for employees of covered contracts:

- 1) Where health benefits as defined in the Ordinance are provided to the employee, the living wage rate is **\$12.56** per hour (130% of the federal poverty level income guideline for a family of three); and
- 2) Where health benefits as defined in the Ordinance are **not** provided to the employee, the living wage rate is **\$16.58** per hour (130% of the federal poverty level income guideline for a family of three, plus fringe benefit rates as defined in the Ordinance).
- 3) Wages required under Chapter 6.20 of the Revised Code of the City of St. Louis: **\$4.02** per hour.

These rates are based upon federal poverty level income guidelines as defined in the Ordinance and these rates are effective as of **April 1, 2015**. These rates will be further adjusted periodically when the federal poverty level income guideline is adjusted by the U.S. Department of Health and Human Services or pursuant to Chapter 6.20 of the Revised Code of the City of St. Louis.

The Ordinance applies to employers who are covered by the Ordinance as defined in the Ordinance, where the contract or grant is entered into or renewed after the effective date of the Ordinance, which is November 3, 2002. A copy of the Ordinance may be viewed online at <http://www.mwdbe.org> or obtained from:

City Compliance Official
**Lambert-St. Louis International Airport
Certification and Compliance Office
P.O. Box 10212
St. Louis, MO 63145
(314) 426-8111**

Dated: March 5, 2015

Attachment E: Living Wage Acknowledgement

ST. LOUIS LIVING WAGE ORDINANCE

LIVING WAGE ACKNOWLEDGMENT AND ACCEPTANCE DECLARATION

(To be completed by each respondent to a bid/proposal solicitation when that solicitation has included Living Wage Advertisement/Solicitation Language.)

CONTRACTING AGENCY: _____

AGENCY CONTRACT NUMBER: _____

DATE: _____ **PREPARED BY:** _____

PREPARER'S TELEPHONE NUMBER: _____

PREPARER'S E-MAIL ADDRESS: _____

PREPARER'S CELL PHONE NUMBER: _____

PREPARER'S ADDRESS AND ZIP CODE: _____

As the authorized representative of the above-referenced bidder or proponent, I hereby acknowledge that the bidder/proponent understands that the contract or agreement that will be executed with a successful bidder/proponent pursuant to this solicitation is subject to the St. Louis Living Wage #65597 and the Regulations associated therewith. The bidder/proponent hereby agrees to comply with the Ordinance and the associated Regulations if awarded a contract pursuant to this solicitation. I am authorized to make the above representations on behalf of the bidder or proponent.

AUTHORIZED REPRESENTATIVE CERTIFICATION:

_____ (Signature)

NAME: _____

TITLE: _____

DATE: _____