



**THE RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2009
RYAN WHITE PART A**

FY2016

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

REQUEST FOR PROPOSALS

APPLICATION MATERIALS

FOR

MENTAL HEALTH SERVICES

RFP OPENING DATE: October 19, 2015

RFP CLOSING DATE: December 1, 2015

**City St. Louis Department of Health
Grants Administration Office
1520 Market Street Room 4027
Saint Louis, Missouri 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 RYAN WHITE PARTS A AND 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

**APPLICATION FOR FUNDING
FOR
MENTAL HEALTH SERVICES**

The Mental Health Services Request for Proposals Application reflects the components each applicant must address to demonstrate expertise and capacity to provide psychological and/or psychiatric services to persons living with HIV/AIDS. Proposals must be submitted following 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

TOTAL TO BE AWARDED: \$100,000

FY 2016 – FY 2017 Grant Award

Please note: This is an estimated amount for the award. Final funding levels for FY2016 have not been established. The actual service category award amount will be based on the actual amount awarded to the St. Louis Transitional Grant Area and based on the St. Louis HIV Services Planning Council’s Resource Allocations.

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.

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

Mental health services, as defined by HRSA, are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

Services under this category should provide clients with the information and the skills necessary to remain in primary care and mental health care and increase adherence to treatment regimens. Services may include group and individual counseling by a licensed mental health professional.

Services funded through Ryan White must also ensure program funds are used as a “payer of last resort.” This means that Part A 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.

Services provided under this RFP must be aligned with the TGA needs as assessed by the Metro St. Louis HIV Health Services Planning Council and coordinated with the City of St. Louis Department of Health’s Center for STD/HIV/Hepatitis Services and the Ryan White Case Management system. This includes approved Standards of Care. The approved Standards of Care for Mental Health Services are attached and should be used a reference in the program narrative responses (see Attachment A).

Qualifications: Clinics, community-based organizations, and/or licensed mental health professionals (psychologist, psychiatrist, or licensed clinical social worker) are eligible for funding based on their capacity/expertise to successfully meet service category objectives. Providers should have experience working with persons living with HIV/AIDS or similar populations and ensure services are culturally and linguistically appropriate. Providers must gather and input information into the St. Louis TGA's client level database on established outcome measures such as primary care visits, CD4/viral load results, and other client health outcomes.

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 organization's existing programs or services designed to serve minorities living with HIV or other chronic illnesses.
- C. A summary of the proposed program ability to attain the overarching objectives, and budget request.

IV. PROGRAM NARRATIVE (Maximum of 20 double-spaced pages)

The program narrative should be a minimum of ten pages and a maximum of 20 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 and must include the Implementation Plan.

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 requested in the RFP.
- Briefly describe the numbers, socio-demographic characteristics, and geographic distribution of the persons served previously in your programs.
- Describe the management and staffing plan of your organization and how Mental Health services fit into your organizational structure. Provide a description of staff skills and experience in providing services to people living with HIV/AIDS or other chronic illnesses. Include an organizational chart and resumes of key staff.
- 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 computer-based programs.
- Describe the organization's process to train/orient staff and strategies to prevent staff attrition.

B. Target Population (10 Points)

- Describe your organization's experience working with the St. Louis TGA PLWH/A population. Please explain in detail the minority communities and sub-populations you intend to serve and/or are currently serving.
- Describe the demographic, psychosocial and health-related characteristics of the targeted specialized populations, and the measures you will employ to identify, reach, serve and measure impact in targeted populations. Describe the anticipated mental health symptoms, diagnoses and conditions. Include the anticipated number of persons living with HIV/AIDS (PLWH/A) to be served and the frequency of services to be provided.
- Describe how your organization will assess the service needs of the PLWH/A population.
- Identify unmet needs and barriers for carrying out this service in the St. Louis TGA. Describe how your organization will address unmet needs and barriers and provide services to the region.

C. Service Delivery (20 Points)

- Describe the service(s) to be offered through the funding from this RFP and how clients will have access to a full continuum of mental health services (therapy, psychiatric services, and care coordination). As part of this response, include how your organization will ensure compliance with the 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 the ways in which your organization is in a position to reach clients in need of services, and meet the unique needs of PLWH/A. Include strategies to engage and retain clients in 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.
- Describe the management and staffing plan of your organization and how the requested service fits into your organizational structure. Include how many FTE(s) are requested. Provide a description of staff skills and their experience in providing services to people living with HIV/AIDS. Include an organizational chart and resumes of key staff as attachments.
- Describe the referral process to receive service(s).
- Describe your ability to maintain client data, ensure confidentiality, and utilize a client-level database that can collect data and generate reports, including all elements

needed to comply with federal reporting requirements and other data reports as requested by Grants Administration.

D. Client Eligibility/ Payor of Last Resort (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

- a. 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.
- b. Funds may not be used to provide items or services for which payment already has been made, or reasonably can be expected to be made, by third-party payers, including Medicaid, Medicare, and/or other State or local entitlement programs, prepaid health plans, or private insurance.
- c. Describe your experience in claims processing and describe the system that will be used.

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.

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.

G. 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 mental health outcome indicators to be used 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 C 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). In the space provided, complete at least one additional proposed objective/outcome. This table 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 would include pamphlets and educational videotapes, for example.

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.”

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 PART A PROGRAM
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): <table style="width:100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> City</td> <td style="width: 33%;"><input type="checkbox"/> Nonprofit Organization*</td> <td style="width: 33%;"><input type="checkbox"/> Individual</td> </tr> <tr> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> FQHC</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td></td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>		<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): _____
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual																	
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<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"/>	Name: Phone: Fax: E-mail:																		
**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.	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) AUTHORIZED REPRESENTATIVE Check if change <input type="checkbox"/> Name: Title: Phone: Fax: E-mail:	13) SIGNATURE OF AUTHORIZED REPRESENTATIVE 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 TGA Mental Health Services Standards of Care

June 2012

HRSA definition: Mental Health Services are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized by the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

St. Louis TGA follows and offers a full compliment of services as defined by HRSA, so please see above.

1.0 Staff and/or Network Provider Policies and Procedures	
Standard	Measure
1.12 The mental health provider must provide mechanisms for urgent-care evaluation or triage, specifically suicidal/homicidal ideations.	1.1 Written policy on file.
1.13 Mental health provider agency and/or network provider will use outcome research and published standards of care to guide their treatment, including the most recent Practice Guideline for the Treatment of Patients with HIV/AIDS, American Psychiatric Associations.	1.2 Written policy and documentation on file.
1.14 Agency and/ or network provider will follow all Federal and State Mental Health services statutes including but not limited to Missouri Revised Statutes Chapter 630 Department of Mental Health www.moga.mo.gov/STATUTES/C630.HTM	1.3 Written policy and documentation on file.

St. Louis TGA Mental Health Services Standards of Care

June 2012

HRSA definition: Mental Health Services are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized by the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

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.0 Staff and/or network provider Policies and Procedures

1.0 Staff and/or Network Provider Policies and Procedures	
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1.16 Mental health provider agency and/or network provider will use outcome research and published standards of care to guide their treatment, including the most recent Practice Guideline for the Treatment of Patients with HIV/AIDS, American Psychiatric Associations.	1.5 Written policy and documentation on file.
1.17 Agency and/ or network provider will follow all Federal and State Mental Health services statutes including but not limited to Missouri Revised Statutes Chapter 630 Department of Mental Health www.moga.mo.gov/STATUTES/C630.HTM	1.6 Written policy and documentation on file.

2.0 Service Delivery	
Standard	Measure
2.1 Biopsychosocial assessment should be completed within two visits. <ul style="list-style-type: none"> ▪ Chief complaint ▪ Present illness ▪ Past Psychiatric history ▪ Family history ▪ Personal history (education, employment, cultural influences, and support system) ▪ Substance use history ▪ Medical history (including treatment adherence) ▪ Legal history ▪ Current and recent medications ▪ HIV risk behavior and harm reduction 	2.1 Completed assessment signed and dated in client file.
2.2 Complete mental status screening will be obtained including: <ul style="list-style-type: none"> ▪ Appearance and behavior ▪ Speech, mood and affect ▪ Suicide and homicidal risk ▪ Abnormal beliefs (delusions, overvalued ideas) ▪ Perceptual disturbances (hallucinations, illusions) 	2.2 Documentation of mental status screening will be found in each client file.

<ul style="list-style-type: none"> ▪ Obsessions/Compulsions ▪ Phobias ▪ Panic attacks <p>2.3 Multi-axial differential diagnosis will be assigned and will lead to final diagnostic formulation.</p> <p>2.4 Cognitive functioning will be assessed. Clients will be referred to appropriate follow up if there are questions regarding cognitive functioning.</p> <p>2.5 Biopsychosocial assessment and treatment plan are developed concurrently and collaboratively with the client. Treatment plan must be finalized by the fourth visit of the completion of the Biopsychosocial assessment and developed by the same mental health provider that conducted the assessment. Treatment plan must include:</p> <ul style="list-style-type: none"> ▪ Statement of problem ▪ Goals and objectives ▪ Interventions and modalities ▪ Intervention plan for Suicide/homicide ideations ▪ Frequency of services ▪ Referrals <p>2.6 Review and revise treatment plan as necessary, but not less than annually.</p> <p>2.7 Monitoring of progress toward treatment plan goals should occur through the use of appropriate outcome assessments, which must include input from the client.</p> <p>2.8 Progress notes for individual, family, and conjoint treatment will be used to document progress through treatment provision. Note should include:</p> <ul style="list-style-type: none"> ▪ Date, type of contact, and time spent ▪ Intervention/referral provided ▪ Progress toward treatment plan goals ▪ Newly identified issues ▪ Client response <p>2.9 Progress notes for group psychotherapy will be used to document progress through treatment provision. Note should include:</p> <ul style="list-style-type: none"> ▪ Date, time, and length of session ▪ Record of attendance ▪ Issues discussed ▪ Intervention provided <p>2.10 Agency and/or network provider will attempt to follow up with client who has dropped out of treatment without notice.</p> <p>2.11 Supportive services and educational counseling should be provided as clinically</p>	<p>2.3 Documentation of diagnosis will be found in each client file.</p> <p>2.4 Documentation of cognitive assessment will be found in each client file. Referral will be found in client file if cognitive functioning was in question.</p> <p>2.5 Completed and signed treatment plan in client file.</p> <p>2.6 Documentation of treatment plan update in client file.</p> <p>2.7 Progress toward treatment plan goals is documented in client file.</p> <p>2.8 Signed and dated note will be placed in client file.</p> <p>2.9 Signed and dated note will be placed in each client file.</p> <p>2.10 A written policy regarding broken appointments on file.</p> <p>2.11 Supportive services and educational counseling recorded in client file when</p>
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<p>indicated and should include counseling regarding the prevention of HIV-transmission behaviors and substance abuse.</p> <p>PSYCHIATRY</p> <p>2.12 Laboratory assessment will be conducted, as clinically indicated.</p> <p>2.13 Psychiatrists will attempt to make contact with a client's primary care clinic at a minimum of once a year, or as clinically indicated, to coordinate and integrate care. Contact with other providers will occur as clinically indicated.</p> <p>2.14 The prescription and monitoring of appropriate psychotropic medications should occur as indicated by the clinical situation and in accordance with evidence-based practice guideline recommendations, and should be linked to specific treatment goals. Psychotropic medications may be provided under the supervision of a psychiatrist or by the primary care provider.</p> <p>2.15 Clients must meet with the provider prescribing their psychotropic medications no less than annually and have the ability to schedule additional appointments or contact as needed.</p>	<p>provided.</p> <p>2.12 When applicable, laboratory results will be found in client file.</p> <p>2.13 Documentation of attempt to contact with primary care clinic and providers in client file.</p> <p>2.14 Documentation of all prescribed medications, corresponding reasoning for prescription, and monitoring of client will be found in client's medical file. Policy on file.</p> <p>2.15 Policy on file.</p>

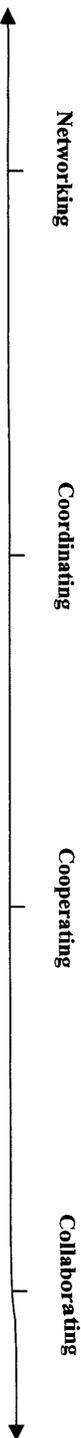
3.0 Accessibility of Services	
Standard	Measure
<p>3.1 Mental health provider will be knowledgeable of full range of mental health services and will refer, as needed, including:</p> <ul style="list-style-type: none"> ▪ Substance Abuse services ▪ Psychiatric evaluation ▪ Medication management ▪ Neuropsychological testing ▪ Day treatment programs ▪ In-Patient hospitalization ▪ Treatment adherence/Peer Support 	<p>3.1 Signed, dated progress note to document referral in client file.</p>

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



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

Attachment C: Implementation Plan

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"/> Prd <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: Mental Health Services	<input checked="" type="checkbox"/> Part A Core	<input type="checkbox"/> Part A Support	<input type="checkbox"/> MAI Core <input type="checkbox"/> MAI Support
Service Category Priority Number: 8	Current Comprehensive Plan Strategy: A1, B2 Ref NHAS Goal - 2, 4		\$ 100,000.00
Service Category Goal: To provide access to mental health services to improve retention in care.			
1. Objectives:	2. Service Unit Definition:	3. Quantity:	
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
		Target	Actual
		Target	Actual
a. By February 29, 2016 provide psychotherapy services to 20 eligible clients with a planned outcome of 3 visits per client.	1 unit = One psychotherapy session		
b. By February 29, 2016 provide psychiatric services to 41 eligible clients with a planned outcome of 6 visits per client.	1 unit = One psychiatry visit		
c. By February 29, 2016 provide psychiatry coordination to 191 eligible clients with a planned outcome of 3 encounters per client.	1 unit = One encounter		
4. Funds:			
		Allocation	Expenditure
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 checked="" type="checkbox"/> Retained in Care	<input checked="" type="checkbox"/> Prescribed Antiretroviral Therapy <input checked="" 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: _____