



**STATE OF WASHINGTON DEPARTMENT OF HEALTH (DOH)
OLYMPIA, WASHINGTON**

**REQUEST FOR APPLICATIONS
RFA N20580**

PROJECT TITLE: HIV Community Services

APPLICATION DUE DATE: August 1, 2016

EXPECTED PERIOD FOR INITIAL CONTRACT: January 1, 2017-December 31, 2018

APPLICANT ELIGIBILITY: This Application is open to organizations licensed or able to get a license to do business in the state of Washington, who are available for work, and who satisfy the minimum qualifications stated in Section 5.1.

Application Schedule:

Application Release Date	June 1, 2016
Technical Assistance Webinar Click here to register for the webinar You will receive an automatic reply with instructions for joining the webinar	June 8, 2016 9:00 – 11:00 a.m.
Public Health- Seattle & King County Local Consultation for potential applicants in King County	June 21, 2016 1:00 – 3:00 p.m. Chinook Building, Room 233 401 5th Ave, Seattle 98104
Spokane Regional Health District Local Consultation for potential applicants in Spokane Regional Service Area	Lisa St. John lstjohn@srhd.org
Tacoma-Pierce County Public Health Local Consultation for potential applicants in Pierce County	Jessica Gehle jgehle@tpchd.org
Questions Due from Applicants	June 24, 2016
DOH Responses to Questions (to be posted here)	July 1, 2016
Application Due	August 1, 2016
Evaluation Period (includes optional Best and Final Offer period)	August 1 through August 26, 2016
DOH will announce apparent successful applicants upon completion of evaluation period	
Contract Negotiation Period	September 1 through October 14, 2016
Projected Contract Start Date	January 1, 2017

DOH reserves the right to revise the above schedule. DOH will make revisions (if any) via amendment and will post to the same location as the posting of the original Application.

COMMUNICATION

Upon release, applicants must direct all communications about this Application, via email: HCS_RFA@doh.wa.gov

DOH will consider any other communication unofficial and non-binding. Applicants are to rely on written statements issued by DOH. Communication directed to other parties may result in disqualification of the Applicant.

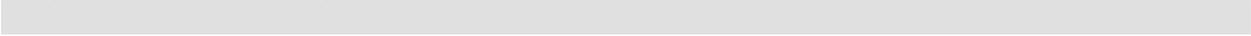


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1 PURPOSE

DOH issues this Request for Applications (RFA) from qualified entities, through a competitive selection process, with the intent of establishing HIV Community Services (HCS) contracts. As part of this effort, DOH invites community partners to submit applications to develop and implement an HCS system that integrates HIV prevention and care services. Through collaboration with selected applicants, DOH will ensure that consistent high quality HIV Community Services are available to all Washington residents who need and can benefit from these services.

1.1 FUNDING

An agency may submit one application only. If an agency submits multiple applications, DOH will score the first one received.

Persons Living with HIV (PLWH)

DOH is not restricting applications by Regional Service Area (RSA), county, urban area, or city. For example, an agency may apply to provide services in Pierce County and Federal Way.

DOH will set aside \$1,000,000 to provide services for HIV-positive populations experiencing health disparities: U.S. born Blacks, foreign-born Blacks, and foreign-born Hispanics.

In Clark, Island, King, and Snohomish Counties, DOH will only fund case management services. These counties are part of Ryan White Part A Transitional Grant Areas (TGA) and have access to funds for non-case management services through their Ryan White Part A Grantee.

Historical Distribution of Care Dollars

Counties	Dollar Amount
Clallam, Jefferson	\$100,000
Kitsap, Mason	\$350,000
Grays Harbor, Pacific	\$50,000
Whatcom, Skagit, San Juan	\$300,000
Pierce, Thurston, Mason, Lewis	\$1,500,000
Spokane, Garfield, Asotin, Lincoln, Whitman, Chelan, Douglas, Kittitas	\$1,000,000
Grant, Adams	\$75,000
Benton, Franklin	\$250,000
Yakima, Klickitat	\$200,000
Okanogan, Ferry, Stevens, Pend Oreille	\$50,000
King*, Snohomish*, Island*	\$3,300,000
Clark*, Wahkiakum, Skamania	\$250,000

**These counties are eligible for Ryan White Part A funding, which funds non-case management services.*

Funding availability for PLWH services through this RFA will be guided by historical funding levels. Funding distribution will be determined through the application process. The historical distribution table is intended as a guide for applicants and does not represent the exact amount of funding that will be awarded. While these funding amounts provide the general picture of care funding, DOH will be increasing care spending across

Purpose

the state to reach the highest risk PLWH in order to remove treatment barriers and increase engagement, retention in care, and suppressed viral load.

Persons at High Risk for HIV (PAHR)

DOH will make funds available to serve PAHR living in primary or secondary urban areas defined in Appendix I: Service Area Data. DOH is not restricting funds to a single primary or secondary urban area. For example, an agency may apply to provide services in Tacoma and Federal Way.

Funds for PAHR will be proportionately allocated to populations experiencing disparate outcomes across the HIV care continuum (see Appendix 1: Service Area Data). These populations include:

- All races and ethnicities of men who have sex with men, including transgender persons who have sex with men (Primary)
- US born black persons (Special Emphasis, Health Disparities)
- Foreign born black persons (Special Emphasis, Health Disparities)
- Foreign-born Hispanic persons (Special Emphasis, Health Disparities)

If applicants propose serving PAHR populations outside of this list, data and rationale must be included in the proposal to document the need or identified disparity.

DOH will also set aside \$50,000 to address health disparities in foreign-born Hispanics living in Yakima, Richland, Pasco, and Kennewick. DOH is interested in proposals that focus on testing and linkage to care for foreign-born Hispanic persons in these areas.

For all PAHR funding, DOH anticipates awarding from \$50,000 to \$300,000 per contract.

Historical Distribution of HIV Prevention Dollars

Counties	Dollar Amount
Clark	\$200,000
King	\$1,100,000
Pierce	\$213,000
Snohomish	\$175,000
Spokane	\$200,000

Funding availability for PAHR services through this RFA will be guided by historical funding levels. Funding distribution will be determined through the application process. The historical distribution table is intended as a guide for applications only, and neither represents the exact amount of funding that will be awarded nor the extent of the current urban areas of focus for PAHR services (See Appendix 1: Service Area Data).

PLWH and PAHR

The epidemiological profile for Washington State HIV Cases is available [here](#). Additional statistics are located in Appendix 1: Service Area Data.

Applicants must include the following details in their application:

- The area(s) they will serve (e.g. Regional Service Area, county, urban area, or city)
- The population(s) they will serve
- The service(s) they will provide
- The amount of funding requested

Any contract(s) awarded because of this Application is contingent upon the availability of funding. DOH reserves the right to award funding to successful applicants as deemed appropriate based on the proposed application.

1.2 PERIOD OF PERFORMANCE

The period of performance of any contract(s) resulting from this Application will begin on or about **January 1, 2017** and to end on **December 31, 2018**. DOH reserves the option at its sole discretion to extend the contract for two additional one-year periods.

2 GENERAL INFORMATION

2.1 QUESTION AND ANSWER PERIOD

Questions regarding this Application will be allowed consistent with the dates specified in the Application Schedule on the cover page. All questions must be submitted via email to HCS_RFA@doh.wa.gov.

DOH will provide written answers for questions received by the question and answer period's deadline. Answers will be posted to the website indicated on the Application Schedule.

Verbal responses to questions will not be provided. Only written answers will be considered official and binding. Applicants will not be identified in answers. If interpretations or other changes to this Application are required because of inquiries made during the question and answer period, the Application may be amended. DOH will post amendments to the website indicated on the Application Schedule.

2.2 SUBMISSION OF APPLICATIONS

Applicants are required to submit their application electronically in PDF format. DOH must receive the application as specified in the Application Schedule.

Late applications will not be accepted and will be automatically disqualified from further consideration. All applications and any accompanying documentation become the property of DOH and will not be returned.

2.3 PUBLIC DISCLOSURE PROPRIETARY/CONFIDENTIAL INFORMATION

All records related to procurements under RCW 39.26 are subject to disclosure; except that application submissions and evaluations are exempt until the apparent successful applicant (ASA) is announced. Upon announcement of the ASA, all application submissions and evaluation information will be made available for public inspection upon request.

Any information in the application that the Applicant desires to claim as proprietary or confidential and exempt from disclosure must be specifically referenced in your application and included as a separate document and clearly identified as "Proprietary/Confidential Information" at the top of the document. References in your application documents to proprietary/confidential information must clearly show which part of the "Proprietary/Confidential Information" document you are referring to (for example: "see section A of the Proprietary/Confidential Information section"). Each page of the application containing the proprietary/confidential information must be clearly identified by the words "Proprietary/Confidential Information" on the lower right hand corner of the page. Marking the entire application proprietary/confidential and exempt from disclosure will not be honored and the application will be rejected as non-responsive.

All information that is appropriately marked as proprietary or confidential will be redacted or removed from the application documents prior to public inspection or disclosure.

2.4 REVISIONS TO THE APPLICATION

In the event it becomes necessary to revise any part of this Application, DOH will post to the website indicated on the Application Schedule.

DOH also reserves the right to cancel or to reissue the Application completely or in part, prior to execution of a contract.

2.5 MINORITY & WOMEN-OWNED AND VETERAN-OWNED BUSINESS ENTERPRISES

Minority and Women Owned Business Enterprises (MWBE)

In accordance with the legislative findings and policies set forth in RCW 39.19, the state of Washington encourages participation in all of its Contracts by Minority and Woman Owned Business Enterprise (MWBE) firms certified by the Office of Minority and Women's Business Enterprises (OMWBE). While the state does not give preferential treatment, it does seek equitable representation from the minority and women's business community. In addition, the state welcomes participation by self-identified minority and woman owned firms and strongly encourages such firms to become certified by OMWBE. Participation may be either on a direct basis in Response to this Application or as a subcontractor to a Contractor. However, unless required by federal statutes, regulations, grants, or Contract terms referenced in the competitive procurement Application, no preference will be included in the evaluation of Applications, no minimum level of MWBE participation shall be required as condition for receiving an award, and Applications will not be evaluated, rejected or considered non-responsive on that basis.

Veteran-Owned Business Enterprise

DOH strongly encourages participation of businesses owned by veterans. No minimum level of veteran-owned business participation is required as a condition of receiving an Award and no preference will be included in the evaluation of Responses in accordance with chapter 43.60A RCW.

2.6 RESPONSIVENESS

All applications will be reviewed by DOH to determine compliance with administrative requirements and instructions specified in this Application. The Applicant is specifically notified that failure to comply with any part of the Application may result in rejection of the application as non-responsive.

DOH reserves the right, however, at its sole discretion to waive minor administrative irregularities.

2.7 MOST FAVORABLE TERMS/ BEST AND FINAL OFFER

DOH reserves the right to make an award on the original application submitted or, at its sole discretion, to request a best and final offer from the top contending applicants, as defined by DOH. The initial application should be submitted on the most favorable terms that the Applicant can propose. DOH reserves the right to contact an Applicant for clarification of its application.

The Applicant should be prepared to accept this Application for incorporation into a contract resulting from this Application. Contract negotiations may incorporate some or all of the Applicant's entire application. It is understood that the application will become a part of the official contract file on this matter without obligation to DOH.

2.8 CONTRACT AND GENERAL TERMS & CONDITIONS

In no event is an Applicant to submit its own standard contract terms and conditions in response to this Application. The Applicant may submit exceptions as allowed in the Certifications and Assurances section, Exhibit B to this Application. DOH will review requested exceptions and accept or reject the same at its sole discretion.

2.9 COSTS TO PROPOSE

DOH will not be liable for any costs incurred by the Applicant in preparation of an application submitted in response to this Application, in conduct of a presentation, or any other activities related to responding to this Application.

2.10 NO OBLIGATION TO CONTRACT

This Application does not obligate the State of Washington or DOH to contract for services specified herein. DOH reserves the right at its sole discretion to reject all applications received without penalty and not to issue a contract because of this Application.

3 BACKGROUND

3.1 BACKGROUND

DOH is the lead state public health agency in Washington. In this role, DOH provides statewide leadership and direction for efforts to prevent and control HIV. We invest state and federal funding in programs and services that both prevent new HIV infections and provide care and treatment to those living with HIV.

Washington's HIV Care and Prevention system is composed of three domains:

1. **HIV Community Services (HCS)** (e.g. population based services, outreach, HIV testing in nonclinical settings, healthcare navigation and coordination, case management, support services, re-engagement in HIV Community Services, linkages to Public Health and Clinical Services)
2. **Public Health Services** (e.g. surveillance, disease investigation, HIV/STD partner services, re-engagement in HIV care, linkages to HIV Community Services and Clinical Services)
3. **HIV Clinical Services** (e.g. medical care and treatment, Early Intervention Program and other drug assistance programs, health insurance, re-engagement in HIV care, linkages to Public Health and HIV Community Services).

For the purpose of this RFA, DOH is only funding the HIV Community Services domain. Services within the domains of Public Health and Clinical Care will not be included in the HCS RFA. In addition, DOH will not fund Syringe Services Programs through the HCS RFA.

HCS include activities that connect PAHR and PLWH to antiretroviral medications (ARVs) and support services. HCS complement Public Health Services and Clinical Care Services by supporting customers' ongoing engagement and retention in healthcare.

3.2 END AIDS WASHINGTON

Washington State launched the [End AIDS Washington](http://endaids.washington.org/)¹ campaign on December 1, 2014, World AIDS Day, in support of Governor Jay Inslee's public commitment to ending the HIV epidemic in our state. The campaign calls on state and local governments, community-based organizations, healthcare providers, and others to work together to reduce new HIV infections by 50 percent by the year 2020.

End AIDS Washington guides the overall focus of the HIV prevention, care, and treatment system. DOH will work with partners to accomplish the End AIDS Washington goal by focusing investments on four main strategies:

- **Getting people insured**
Health insurance coverage connects people to healthcare. With health insurance, people are tested for HIV, get Pre-Exposure Prophylaxis (PrEP), get treatment, and receive many other services important to staying healthy.
- **Getting people tested**

¹ <http://endaids.washington.org/>

Knowing one's HIV status helps people make informed decisions about their own health and the health of their partners. After getting an HIV test, persons at high risk for HIV infection (PAHR) can link to PrEP, and persons living with HIV (PLWH) can link to medical care and treatment.

- **Getting at risk for HIV on PrEP**

PrEP helps PAHR who take PrEP to avoid HIV infection. By using PrEP, people take an active role in keeping themselves HIV negative.

- **Getting HIV-positive people on treatment**

Treatment helps PLWH stay healthy. Treatment also helps PLWH reduce the chances of HIV transmission to others.

4 OBJECTIVES

The objective of this Application is to contract with providers who can demonstrate effective capacity to provide services to persons living with HIV and persons at high risk for HIV that will reduce new HIV infections as well as increase the proportion of individuals living with HIV with a suppressed viral load.

DOH expects contracted agencies to demonstrate measurable progress toward addressing the outcomes listed below. DOH has defined potential indicators that quantify these outcomes in this section. To ensure that DOH meets the goals of this RFA, outcomes of the programs it supports will be included in performance-based contracts.

4.1 MEASURING PROGRESS TOWARDS ACHIEVING END AIDS WA GOALS IN 2020

This section outlines the methods with which DOH plans to measure progress towards achieving the five overarching goals established by Ends AIDS Washington. In all cases, DOH bases measurement on people diagnosed and living with HIV in Washington State. Unless otherwise stated, DOH used data from the calendar year 2014 to establish baselines for trend evaluation. Target values apply to the year 2020. Due to reporting delays, DOH anticipates that an additional 12 months (beyond year-end 2020) will be required in order to complete a final performance evaluation of End AIDS Washington.

It is important to keep in mind that measures based on HIV surveillance data are dynamic in nature; depending on the date of report, small changes will occur over time as newer and better data become available. DOH based HIV surveillance information on data reported through December 31, 2015.

Goal 1: Reduce by 50% the rate of new HIV diagnoses

2014 baseline:	6.3 new HIV diagnoses per 100,000
2020 target:	≤ 3.2 new HIV diagnoses per 100,000
Data source(s):	Washington State HIV/AIDS Reporting System (eHARS) Office of Financial Management (OFM)

Crude rate calculation requires dividing the reported, annual number of newly diagnosed cases of HIV infection by the estimated number of people residing in Washington State within the same year. To improve ease of interpretation, DOH defines diagnosis rates as the average number of diagnoses per 100,000 residents. Although new HIV diagnoses are often used a proxy measure for HIV incidence (new infections), people commonly remain infected but undiagnosed for long periods.

Goal 2: Increase to 80% the percentage of people living with HIV who have a suppressed viral load

2014 baseline:	68% suppressed
2020 target:	≥ 80% suppressed
Data source(s):	Washington State HIV/AIDS Reporting System (eHARS)

DOH based this proportion on the most recent viral load reported within a given calendar year, among all people reported to be living in Washington as of the end of the same

calendar year. This can include individuals initially diagnosed with HIV while living outside Washington.

Goal 3: Reduce by 25% the age-adjusted mortality rates of people living with HIV

2014 baseline: 2.2 deaths per 100,000
2020 target: ≤ 1.7 deaths per 100,000
Data source(s): Washington State HIV/AIDS Reporting System (eHARS)
Washington Center for Vital Statistics
Social Security Death Master File
National Death Index
Office of Financial Management (OFM)

DOH calculated age-adjusted mortality rates by first dividing the reported, annual number of deaths among people living with HIV by the estimated number of people residing in Washington State within the same year. Because HIV mortality is age-dependent, DOH used a direct method for age adjustment. DOH adjusted age-specific rates to reflect the relative contribution made by each of 18 separate age groups, based on the U.S. Standard Population 2000. To improve ease of interpretation, DOH described mortality rates as the average number of deaths per 100,000 residents.

Goal 4: Reduce HIV-related health disparities among people living with HIV

In 2015, the HIV Planning Steering Group (HPSG) convened a Special Emphasis Workgroup (SEW) to examine health disparities experienced by people living with HIV across Washington State. The SEW published a report identifying and prioritizing 10 specific health disparities which the group felt needed the most attention. DOH and the HPSG adopted nine of these disparities as part of the End AIDS goal. However, one disparity identified by the SEW - engagement in care among young adults ages 18-34 - was omitted based on newer data that suggests this gap has decreased to the point that it does not merit further action. DOH will continue to monitor engagement in care among young adults to ensure this disparity does not re-emerge.

At the request of the HPSG, we have added a disparity indicator based on viral load suppression among HIV-positive persons who inject drugs (PWID).

1) Reduce by 50% the absolute difference between the HIV diagnosis rate among U.S. born Black residents and the statewide HIV diagnosis rate

2014 Baseline: Rate difference of 14.6 cases per 100,000
2020 Target: Rate difference of ≤ 7.3 cases per 100,000
Data source(s): Washington State HIV/AIDS Reporting System (eHARS)
Office of Financial Management (OFM)

Crude rate calculation requires dividing the reported, annual number of newly diagnosed cases of HIV infection by the estimated number of people residing in Washington State within the same year. We calculate the absolute rate difference by subtracting the HIV diagnosis rate among U.S.-born Black residents and the statewide HIV diagnosis rate.

2) Reduce by 50% the absolute difference between the HIV diagnosis rate among foreign-born Hispanic residents and the statewide HIV diagnosis rate

2014 Baseline: Rate difference of 8.9 cases per 100,000
2020 Target: Rate difference of ≤ 4.5 cases per 100,000
Data source(s): Washington State HIV/AIDS Reporting System (eHARS)
Office of Financial Management (OFM)

See description of absolute rate difference above.

3) Reduce by 50% the absolute difference between the percentage diagnosed late among foreign-born Black residents and the late HIV percentage among all new HIV diagnoses

2012-2014 Baseline: Difference in late HIV percentage of 4%
2018-2020 Target: Difference in late HIV percentage of $\leq 2\%$
Data source(s): Washington State HIV/AIDS Reporting System (eHARS)

We define late HIV diagnosis as a new case diagnosed with AIDS within 12 months of HIV diagnosis. Late HIV diagnosis can be an indication that a person at risk for HIV did not routinely test prior to diagnosis. However, interpretation of late HIV diagnosis can be limited by the accuracy and completeness of diagnostic date information reported to the health department. The speed that different people progress from HIV infection to AIDS can vary greatly.

4) Reduce by 50% the absolute difference between the percentage diagnosed late among foreign-born Hispanic residents and the late HIV percentage among all new HIV diagnoses

2012-2014 Baseline: Difference in late HIV percentage of 10%
2018-2020 Target: Difference in late HIV percentage of $\leq 5\%$
Data source(s): Washington State HIV/AIDS Reporting System (eHARS)

See explanation of late HIV diagnosis above.

5) Reduce by 50% the absolute difference between the percentage diagnosed late among people ages 45 and older and the late HIV percentage among all new HIV diagnoses

2012-2014 Baseline: Difference in late HIV percentage of 10%
2018-2020 Target: Difference in late HIV percentage of $\leq 5\%$
Data source(s): Washington State HIV/AIDS Reporting System (eHARS)

See explanation of late HIV diagnosis above.

6) Reduce by 50% the absolute difference between the percentage who are linked to HIV medical care within 30 days of diagnosis among newly diagnosed U.S.- born Black residents and the percentage linked among all new HIV diagnoses

2012-14 Baseline: Difference in late HIV percentage of 4.1%
2018-2020 Target: Difference in late HIV percentage of $\leq 2.0\%$
Data source(s): Washington State HIV/AIDS Reporting System (eHARS)

Linkage to care refers to the percentage of new HIV diagnoses for whom we have laboratory evidence of a HIV medical care visit (either CD4 or viral load) within 30 days of the initial date of HIV diagnosis (based on the date of the confirmatory test result). The National HIV/AIDS Strategy recommends this indicator. However, the indicator is limited by the completeness of HIV laboratory reporting, and by the potential for misclassification bias based on whether the first reported CD4 or viral were used for diagnostic purposes vs. the delivery of HIV medical care.

7) Reduce by 50% the absolute difference between the percentage engaged in HIV medical care among foreign-born Hispanic people living with HIV and the percentage engaged among all people living with HIV

2014 Baseline: Difference in percentage engaged in care of 14.5%
2020 Target: Difference in percentage engaged in care of $\leq 7.3\%$
Data source(s): Washington State HIV/AIDS Reporting System (eHARS)

Engagement in care refers to the percentage of individuals for whom we have laboratory evidence of at least one HIV medical care visit (either CD4 or viral load) within the past 12 months (or calendar year). In the denominator, DOH includes those who are HIV positive and currently living in Washington State, as of the end of the calendar year of interest. This includes people initially diagnosed within the same year and people who learned of their HIV status while residing outside Washington.

8) Reduce by 50% the absolute difference between the percentage virologically suppressed among U.S.-born Black people living HIV and the percentage suppressed among all people living with HIV

2014 baseline: Difference in percentage suppressed of 8.1%
2020 target: Difference in percentage suppressed $\leq 4.0\%$
Data source(s): Washington State HIV/AIDS Reporting System (eHARS)

See explanation of the viral load suppression above. This indicator requires subtracting the suppressed percentage of U.S.-born Black people living with HIV from the same percentage among all people living with HIV within the same calendar year.

9) Reduce by 50% the absolute difference between the percentage virologically suppressed among foreign-born Hispanic people living HIV and the percentage suppressed among all people living with HIV

2014 baseline: Difference in percentage suppressed of 10.5%
2020 target: Difference in percentage suppressed $\leq 5.2\%$
Data source(s): Washington State HIV/AIDS Reporting System (eHARS)

See explanation of the viral load suppression above. This indicator requires subtracting the suppressed percentage of foreign.-born Hispanic people living with HIV from the same percentage among all people living with HIV within the same calendar year.

10) Reduce by 50% the absolute difference between the percentage virologically-suppressed among persons living with HIV who inject drugs and the percentage suppressed among all people living with HIV

2014 baseline: Difference in percentage suppressed of 20%
2020 target: Difference in percentage suppressed \leq 10%
Data source(s): Washington State HIV/AIDS Reporting System (eHARS)

See explanation of the viral load suppression above. This indicator requires subtracting the suppressed percentage of HIV-positive PWID from the same percentage among all people living with HIV within the same calendar year.

Goal 5: Improve quality of life among people living with HIV

CDC defines Quality of Life (QOL) as “perceived physical or mental health over time.” This is a broad concept involving subjective evaluations of both positive and negative aspects of life with respect to personal expectations. Many techniques for measuring QOL exist. For End AIDS, DOH has chosen to measure quality of life using the Healthy Days core module. Washington’s Behavioral Risk Factor Surveillance Survey has included this 4-question module since 1993. It provides data in support of Healthy People 2020 goals. DOH also included the module as part of a statewide pilot survey, which recruited a representative sample of people living with HIV in Washington between 2012 and 2014. In 2017, DOH will include the module into the annual, statewide Medical Monitoring Project survey. DOH weighs all surveys to reflect accurately outcomes within underlying populations.

1) General health indicator: Increased to 82% the percentage of people living with HIV who rate their overall health as good, very good, or excellent

2014 Baseline: 81.1%
2020 Target: \geq 82.0%
Data source(s): Case Surveillance-Based Sample (CSBS) Pilot Survey
Medical Monitoring Project (MMP) Survey
Behavioral Risk Factor Surveillance System Survey

DOH based this indicator on the first question in the Healthy Days core module: “Would you say that in general your health is...?” Answer options include a) excellent, b) very good, c) good, d) fair, or e) poor. General health includes both physical and mental health. We express this indicator as a proportion.

2) Health-related disability days: Decrease to 3.0 the mean number of days in which poor physical or mental health prevented normal activities among people living with HIV

2014 Baseline: 3.6 days
2020 Target: \leq 3.0 days
Data source(s): Case Surveillance-Based Sample (CSBS) Pilot Survey
Medical Monitoring Project (MMP) Survey
Behavioral Risk Factor Surveillance System Survey

DOH bases this indicator on the fourth question of Healthy Days core module: “During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?” We express the answer as number of days, which cannot be greater than thirty days. We express this indicator as the average (or mean) number of days.

3) *Summary index of healthy days: Increase to 22.0 the mean number of healthy days reported over past 30 day period*

2014 Baseline: 19.8 days
2020 Target: ≥ 22.0 days
Data source(s): Case Surveillance-Based Sample (CSBS) Pilot Survey
Medical Monitoring Project (MMP) Survey
Behavioral Risk Factor Surveillance System Survey

DOH bases the summary index on the combined responses to the second and third questions of the Health Days module:

1. “Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?”
2. “Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?”

DOH expresses the answers to both questions as number of days, which cannot be greater than thirty days. These two numbers are then added together (maximum limited to 30) and then averaged to calculate the summary index of unhealthy days. The summary index of healthy days is simply the positive complement of the unhealthy days index, which we calculate by subtracting the latter value from the number 30.

4.2 **OUTCOMES FOR PERSONS AT HIGH RISK FOR HIV (PAHR)**

This section outlines the methods with which DOH plans to measure progress towards achieving the five overarching goals established by End AIDS Washington with a focus on outcomes directly affecting programming for PAHR. The availability and utilization of antiretrovirals to reduce risk of HIV transmission for PAHR is new and, as such, lacks statewide standardization and coordination of efforts. Recognizing this, DOH developed specific goals and outcomes to measure the success of programming that aims to reach and recruit PAHR customers into HCS across the state. These goals and outcomes will help establish baseline measures of success for funded agencies providing services for PAHR.

It is important to keep in mind that these measures are new and will likely require adaptation and revision during the first year of program implementation. DOH will work with funded partners to develop these measures of success for PAHR customers including the identification of data sources and/or evaluation for monitoring progress of the outcomes.

Goal 1: Expand HIV Community Services for PAHR

- 1) *Increase the percentage of PAHR customers reached through population based services.*

Baseline: First year of contract period
Target: Last year of contract period

Indicator: Number and percent of PAHR customers reached through the population based services based on population-specific outreach data

HCS Reach is the number of individuals in the target population that agency staff have contact with through population based service provision (see Appendix 2: Service Definitions) and includes any level of customer contact with a goal of identifying PAHR and linking them to HIV Community Services system.

2) *Increase the percentage of PAHR customers recruited into services through the HIV Community Services system.*

Baseline: First year of contract period
Target: Last year of contract period
Indicator: Number and percent of PAHR who are recruited and receive services through the HIV Community Services system based on customer-level service provision data

HCS Recruitment is the collection of individual level information in the target population through customer-level data collection tools. Recruitment must include the provision of a fundable individual level service or the linkage to other community services not funded by HCS. Recruitment will be the key driver of customers to meet objectives in Goal 2, Goal 3 and Goal 4.

Goal 2: Improve access to and utilization of health insurance among PAHR

1) *Increase the percentage of PAHR who receive health insurance education.*

Baseline: First year of contract period
Target: Last year of contract period
Indicator: Number and percent of PAHR customers who receive health insurance education based on population-specific outreach data and customer-level service provision data

Health Insurance Education is the delivery of services that provide accurate information about health insurance that influence PAHR customer's health-related attitudes and behaviors. Education includes, but is not limited to, group-level and/or individual level activities.

2) *Increase the percentage of PAHR customers who enroll in health insurance.*

Baseline: First year of contract period
Target: Last year of contract period
Indicator: Number and percent of PAHR customers who enroll in health insurance based on customer-level service provision data

Health Insurance Enrollment is the assistance provided to PAHR to select and enroll in a health insurance plan that suits their healthcare needs.

- 3) *Increase the percentage of PAHR customers who utilize health insurance to pay for healthcare services.*

Baseline: First year of contract period
Target: Last year of contract period
Indicator: Number and percent of PAHR customers who utilize health insurance based on customer-level service provision data

Health Insurance Utilization is the use of a suitable health insurance plan by a PAHR customer to pay for healthcare services either inside and/or outside of the HIV Community Services system.

- 4) *Increase the percentage of PAHR who receive healthcare navigation and coordination services.*

Baseline: First year of contract period
Target: Last year of contract period
Indicator: Number and percent of PAHR customers who receive healthcare navigation services based on customer-level service provision data

Healthcare Navigation and Coordination refers to the development of an individualized care plan with PAHR customers in order to ensure timely, essential, and appropriate medical and social services to optimize health outcomes through engagement with healthcare systems (see Appendix 2: Service Definitions).

Goal 3: Improve access to and utilization of PrEP among PAHR

- 1) *Increase the percentage of PAHR who receive PrEP education.*

Baseline: First year of contract period
Target: Last year of contract period
Indicator: Number and percent of PAHR customers who receive PrEP education based on population-specific outreach data and customer-level service provision data.

PrEP Education is the delivery of services that provide medically accurate information that enables PAHR customers to make informed decisions about PrEP. Education includes, but is not limited to, group-level and/or individual level activities.

- 2) *Increase the percentage of PAHR who receive PrEP navigation services.*

Baseline: First year of contract period
Target: Last year of contract period

Indicator: Number and percent of PAHR customers who receive PrEP navigation services based on customer-level service provision data

PrEP Navigation is the provision of individual level support to PAHR customers in making decisions about PrEP. This support includes, but is not limited to, conducting a PrEP assessment using a standardized state-wide tool to determine navigation need, assisting customers in accessing PrEP payment assistance programs, making PrEP prescriber referrals and/or linkages, monitoring customer progress on PrEP, supporting adherence and access to PrEP, and referring to PrEP retention services based on customer need.

3) *Increase the percentage of PAHR who are linked to PrEP.*

Baseline: First year of contract period
Target: Last year of contract period
Indicator: Number and percent of PAHR customers who link to PrEP based on customer-level service provision data

PrEP Linkage is the connection of PAHR customers to a PrEP provider leading to the successful initiation of PrEP. PrEP staff must close the linkage loop by follow-up with client and/or provider to determine status of PrEP delivery.

4) *Increase the percentage of PAHR who receive PrEP retention services.*

Baseline: First year of contract period
Target: Last year of contract period
Indicator: Number and percent of PAHR customers who receive PrEP retention services based on customer-level service provision data

PrEP Retention is the individual level support provided to PAHR customers who determine that PrEP is an HIV prevention strategy that works for them. This includes, but is not limited to, developing a PrEP retention plan using a standardized state-wide tool, supporting adherence and access to PrEP, and appropriately transitioning customers off and/or back onto PrEP.

Goal 4: Identify undiagnosed HIV and STD Infection

1) *Increase the percentage of PAHR who test for HIV.*

Baseline: First year of contract period
Target: Last year of contract period
Indicator: Number and percent of customers who test for HIV based on customer-level service provision data

2) *Increase the percentage of PLWH who link to HIV care.*

Baseline: First year of contract period
Target: Last year of contract period
Indicator: Number and percent of PLWH who link to HIV care based on customer-level service provision data

Note: Agency must close the linkage loop by follow-up with customer and/or provider to determine status of care.

3) Increase the percentage of PAHR who screen for STDs.

Baseline: First year of contract period
Target: Last year of contract period
Indicator: Number and percent of customers who are screened for STDs based on customer-level service provision data

4) Increase the percentage of PAHR who link to STD treatment

Baseline: First year of contract period
Target: Last year of contract period
Indicator: Number and percent of customers who are linked to STD treatment based on customer-level service provision data

Note: Agency must close the linkage loop by follow-up with customer or provider to determine status of care.

5 QUALIFICATIONS

The contractor will propose services included in Appendix 2: Service Definitions that achieve the outcomes in Section 4: Objectives. After announcement of the apparently successful applicants, negotiations for a final statement of work may result in changes to the activities, tasks, deliverables or due dates.

5.1 MINIMUM QUALIFICATIONS

The Applicant is licensed or has the ability to get a license to do business in the state of Washington and demonstrate achievement of the following criteria:

Eligible applicants include, but are not limited to, non-profit community health centers, community based service organizations, Federally Qualified Health Centers, AIDS service organizations, public health agencies, and for-profit health care organizations. Funds issued because of this application process are funds of last resort. Successful applicants must leverage other available resources, including third party payers when possible, to demonstrate compliance with this requirement.

DOH expects all agencies funded because of this RFA to interact with their respective Accountable Communities of Health (ACH) to meet the needs of HCS customers. While DOH does not expect HCS to receive priority designation within an ACH assessment, new services and health care systems will be developed that can benefit all residents of the ACH regions including customers who access HCS. DOH expects HCS contractors to interact with ACHs in order to facilitate access by PLWH and PAHR to any services funded by the ACH/Regional Service Areas (RSA). DOH will provide capacity building and technical assistance to facilitate access to ACHs for funded agencies to assist in efforts to engage and collaborate with ACHs.

DOH expects agencies funded because of this application to collaborate closely with DOH to ensure consistent quality and overall coordination of HCS. DOH expects funded agencies to follow established standards of care.

- 1) Applicants must demonstrate:
 - a. Experience and proficiency in serving PAHR and/or PLWH
 - b. Experience collecting and reporting on quality management data, fiscal monitoring reports, CDC/HIV/AIDS Bureau (HAB) measures, or other performance indicators
 - c. The ability to commence services on January 1, 2017
 - d. The ability to engage the three service domains (HCS, Public Health Services, Clinical Care) to deliver services
 - e. A coordinated plan to provide PAHR and PLWH services that adhere to the designated primary and urban areas (See Appendix 1: Service Area Data)
 - f. An ability to use State epidemiological HIV data to provide services for PAHR and PLWH
 - g. Ability to use an acuity based system for PAHR² and PLWH to provide an appropriate level of service to meet customer need (See Appendix 2: Service Definitions)

² Acuity models for PAHR will be developed with input from the community and service providers to meet the needs of HCS customers and programs.

Qualifications

- h. For agencies providing PLWH case management, have a signed contract with the Department of Social and Health Services to provide Title XIX case management and follow Washington HIV Case Management Standards of Care
 - i. For agencies providing services for PAHR, follow Washington HIV Community Services Standards of Care³
- 2) Applicants must be fiscally sound, administratively efficient and effective, and:
- a. Able to pass a financial risk assessment conducted by DOH (See Appendix 3)
 - b. Able to demonstrate capacity for project management and leadership, to include detailed planning, reporting, program implementation, and evaluation
 - c. Applicants must demonstrate the capacity to enter data directly into the Statewide CAREWare Data Base for PLWH and PAHR to manage and monitor customer clinical and/or supportive care, including demographics and services
 - d. Applicants must demonstrate the capacity to enter data directly into Evaluation Web to track HIV testing events
 - e. Applicants will be expected to:
 - i) Directly enter customer-level data into the Statewide Data Base
 - ii) Use the Statewide CAREWare Data Base for progress notes and case notes
 - iii) Use the Statewide CAREWare Data Base to track services provided
 - iv) Use the Statewide CAREWare Data Base to report encounter data, such as medical visits, viral load and CD4 laboratory results (PLWH), and other data as agreed upon
 - v) Use the Statewide CAREWare Data Base to track screenings, testing, or other information as deemed necessary to meet desired outcomes
- 3) Applicants must demonstrate the capacity to participate in a quality management program, including:
- a. DOH program and fiscal monitoring activities
 - b. Quality management activities
 - c. Quality improvement activities
 - d. Accountability to funders
 - e. A method for using customer input to guide service quality improvement
 - f. Active participation in DOH program implementation and evaluation processes
 - g. Follow DOH service standards
- 4) Applicants must demonstrate a commitment and feasible plan to implement comprehensive sustainable services consistent with the chronic care health care model (e.g. Health Homes, Care Coordination, and integration with private and public healthcare payers).

Applicants, who do not meet these qualifications may be rejected as non-responsive and will not receive further consideration. Any application that is rejected as non-responsive will not be evaluated or scored.

5.2 DESIRED QUALIFICATIONS

- 1) Applicants for the RFA should demonstrate substantive collaboration for provision of HIV continuum services, which includes evidence of:
- a. Formal partnerships, networks, and/or coalitions that will work together to address population and individual level health outcomes related to HIV

³ Washington HIV Community Services Standards of Care will include standards for PAHR. This will be developed with input from the community and service providers to meet the needs of HCS customers and programs.

Qualifications

- b. Accountability mechanisms for collaborative work (e.g. memoranda of understanding work plans)
 - c. Collaborations that include participation from community service providers, public health agencies, and HIV medical providers
- 2) Applicants should use evidence-based best practices and/or specific interventions⁴ to reach PAHR and PLWH in the service area that address the following:
 - a. Engagement of PLWH and PAHR in care and treatment services
 - b. Retainment of PLWH and PAHR appropriate for PrEP in clinical care services
 - c. Re-engagement of PLWH and PAHR appropriate for PrEP in clinical care services whose care is irregular or interrupted
 - d. Provision of treatment adherence support services for PLWH and PAHR appropriate for PrEP
- 3) Applicants should refer to the Washington State HIV Community Services White Paper and Concept Paper to assist with understanding the context and aims of this project. Documents located [here](#).
- 4) Applicants will need to meet payer of last resort policy that states HCS funds cannot be used to make payments for any item or service for which payment has been made or can reasonably be expected to be made by a third party payer, including private insurance, Medicaid, Medicare, or other federal, state, or local health benefits or entitlement programs.
- 5) DOH expects applicants to use Washington State Department of Health HIV epidemiologic and surveillance data, Washington State Ryan White program data, Washington State Healthcare Authority data, and Washington State Department of Social and Health Services data to characterize eligible populations, resources, and service gaps in their proposed service areas. Other acceptable sources of data for the demographic characteristics of proposed service areas include US Census data to describe the general demographic characteristics of the proposed service area(s). Profiles with epidemiological and demographic characteristics are in Appendix 1: Service Area Data.
- 6) Applicants are encouraged to use material available from the Centers for Disease Control and Prevention (CDC) and the U.S. Health Resources and Services Administration (HRSA) and publicly available peer-reviewed research to support their proposed service model. Applicants will need to provide the source of information used to support their proposals.

⁴ Applicants must reference and justify the use of specific evidence-based best practices and/or specific interventions in their application narrative. There is no list of specific evidence-based best practices and/or specific interventions to which agencies must adhere (See Appendix 4: Resource List).

6 APPLICATION CONTENTS

Agencies applying for funds must submit their applications via email. An agency may submit one application only. If an agency submit multiple applications, DOH will score the first one received.

Applications must provide information in the same order as presented in this document with the same headings. This will not only be helpful to the evaluators of the application, but should assist the Applicant in preparing a thorough response.

Items in this section marked “mandatory” must be included as part of the application for the application to be considered responsive, however, these items are not scored. Items marked “scored” are those that evaluation will award points.

As a reminder, information provided in application documents is subject to public disclosure per section 2.4 of this Application. Do not include information in your response that you do not want disclosed to the public.

6.1 APPLICATION PROCESS

Program Request: See Section 7 for specific information to include in your program request. The funding request is a required element of this application.

Format:

- Use standard 8.5” x 11” page size.
- Type your responses using –
 - a) Margins - one inch (1”), and
 - b) Font - not less than 12 point.
- State your organization’s name on each page of all copies.
- Number pages in consecutive order starting with page 1-Grant Application Summary
- Type your responses in the same/identical order and numbering sequence as given in the application document.
- Page limits (response length) are in each section of Grant application.

Narrative:

- Grant applicants must provide complete, specific and detailed responses to all items in the application.
- Base responses on the instructions and material contained in this RFA as well as the published White Paper and HIV Community Services Concept Paper ([here](#))
- Assume the independent grant review committee does not know anything about your organization and the services you provide to persons living with HIV or persons at high risk for HIV.

Forms:

- Provide complete and specific responses to all items on the application forms.

Submittal:

- Your application must arrive at DOH by the application date as stated in the Application Schedule.
- Email the application prepared in the application format described above in PDF format to HCS_RFA@doh.wa.gov.

6.2 NOTIFICATION TO APPLICANTS

Upon completion of the evaluation process, DOH will notify all applicants by email of the status of their application, whether selected as an apparent successful bidder or not. This does not guarantee that the State will enter into a contract with the Applicant. Designation as an Apparently Successful Applicant allows the State to enter into contract negotiations with the Apparently Successful Applicant. Applicants that act or fail to act in reliance on this notification do so at their own risk and expense.

DOH will notify by email applicants that DOH does not select for further negotiation or award.

6.3 DEBRIEFING OF UNSUCCESSFUL APPLICANTS

DOH must receive the request for a debriefing conference within three (3) business days after the announcement of the apparent successful applicant. The request should include a list of applicant attendees including their titles. Debriefing may be conducted either in person, by telephone, or by electronic means, as determined by the Application Coordinator. **The failure of an Applicant to make a timely request and/or attend a debriefing conference shall constitute a waiver of the right to submit a protest.**

Discussion will be limited to a critique of the requesting Applicant's application. DOH will not allow comparisons between applications or evaluations of the other applications. DOH will schedule debriefing conferences for a maximum of one hour.

7 APPLICATION

The application consists of following parts. Please submit forms in the order provided. For application narratives, please follow the instructions in 6.1: Application Process. DOH has provided fillable forms and an excel spreadsheet for the budget ([here](#)). Attach forms to the application narrative in the order provided.

Application Check-off List

Number	Section Title	Form	Instructions
7.1	Grant Application Summary	Form 1A (instructions included)	Complete Form A1 and attach to the front of the application
7.2	Executive summary		Narrative
7.3	Agency Description		Narrative
7.4	Customers & Services – PLWH	Form B1: PLWH Client Demographics Customers & Services – PLWH	Narrative Complete Form B1 – one form for each proposed service PLWH (e.g. if you propose to provide case management, medical transportation, and mental health services, you will need to complete three Form B1).
7.5	Customers & Services – PAHR	Form B2 & B3: Complete PAHR Customer Demographics Forms for HCS Reach and HCS Recruitment	Narrative Complete Form B2 and B3
7.6	Quality Assurance		Narrative
7.7	Financial and Data Management		Narrative
7.8	Budget	Form C1: Excel Spreadsheet (instructions included)	Narrative Complete Excel Spreadsheet provided on website (here)

7.1 GRANT APPLICATION SUMMARY

Instructions Form A1: Grant Application Summary

- 1-2. Name and address of agency: Provide the name and address of the agency that will implement the program.
3. Type of agency: Check the appropriate box for the applicant agency identified in Box 1.
- 4a. Federal tax ID number: Enter the federal tax ID number for the applicant agency identified in Box 1.
- 4b. DUNS number: All contractors are required to have a Data Universal Numbering System (DUNS) number to apply for funding from DOH. Enter the DUNS number in box 4B.
5. Contact person/telephone/fax/e-mail: Provide the name, title, daytime telephone number, fax number, and e-mail address of the person to contact regarding this application. DOH will direct award letters and associated correspondence to the contact person listed on this form.
6. Service category: The list of fundable service categories is defined in Appendix 2: Service Definitions.
7. Program type: Check the box to indicate whether the proposed program is new or continues an existing program. Only programs never before conducted by the agency are "New." All existing programs are "Continuation" regardless of whether the program has ever received local, state, Ryan White, or CDC funding.
8. Total dollar amount/this request: Enter the dollar amount requested through this funding application.
9. Total dollar amount/program: Enter the total dollar amount expected to support the total program (from all funding sources) in Budget Period 2017 (January 1, 2017 – December 31, 2017).
10. Indirect rate: Enter the agencies approved indirect rate as approved by the agency's cognizant agency. If agency does not have an approved indirect rate, then enter 10% *de minimus* indirect rate.
11. Authorized signature: The authorized representative of the applicant agency must electronically sign and date this proposal. Include the title and telephone number of the authorized representative.

Form A1- Grant Application Summary

NAME OF AGENCY:	Click here to enter text.	
ADDRESS:	STREET	Click here to enter text.
	CITY, STATE, ZIP	Click here to enter text.
TYPE OF AGENCY:	<input type="checkbox"/> A 501©(3) Organization (attach a copy of your agency's 501©(3) certificate <input type="checkbox"/> A public agency <input type="checkbox"/> Not a 501©(3) organization (if so, name of fiscal sponsor:	
4A. FEDERAL TAX ID NUMBER	Click here to enter text.	
4B. DUNS NUMBER	Click here to enter text.	
5. WILL YOU BE ABLE TO COMMENCE SERVICES ON JANUARY 1, 2017?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6. DOES YOUR AGENCY HAVE A SIGNED CONTRACT WITH THE DEPARTMENT OF SOCIAL HEALTH AND SERVICES TO PROVIDE TITLE XIX CASE MANAGEMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5. CONTACT (THIS REQUEST)		
NAME:	Click here to enter text.	
TITLE:	Click here to enter text.	
TELEPHONE:	Click here to enter text.	FAX: Click here to enter text.
E-MAIL:	Click here to enter text.	

Application

6. Services Category(s)	7. Program Type	Dollar Amount	
		8. This Request	9. Total Program
Early Intervention Services	<input type="checkbox"/> New <input type="checkbox"/> Continuation		
Food Bank	<input type="checkbox"/> New <input type="checkbox"/> Continuation		
Health Education/Risk Reduction	<input type="checkbox"/> New <input type="checkbox"/> Continuation		
Housing Services	<input type="checkbox"/> New <input type="checkbox"/> Continuation		
Linguistic Services	<input type="checkbox"/> New <input type="checkbox"/> Continuation		
Case Management (includes HRSA defined Medical Case Management and non-Medical Case Management)	<input type="checkbox"/> New <input type="checkbox"/> Continuation		
Medical Nutrition Therapy	<input type="checkbox"/> New <input type="checkbox"/> Continuation		
Medical Transportation	<input type="checkbox"/> New <input type="checkbox"/> Continuation		
Mental Health	<input type="checkbox"/> New <input type="checkbox"/> Continuation		
Outreach Services	<input type="checkbox"/> New <input type="checkbox"/> Continuation		
Psychosocial Support	<input type="checkbox"/> New <input type="checkbox"/> Continuation		
Substance Abuse Outpatient Tx	<input type="checkbox"/> New <input type="checkbox"/> Continuation		
PAHR Services	<input type="checkbox"/> New <input type="checkbox"/> Continuation		
HIV/STD Screening	<input type="checkbox"/> New <input type="checkbox"/> Continuation		
Other (Specify)	<input type="checkbox"/> New <input type="checkbox"/> Continuation		
Indirect (%)	Click here to enter text.		
Total Request			

10. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT, WHO WILL COMPLY WITH ALL CONTRACTUAL OBLIGATIONS IF THE APPLICATION IS AWARDED FUNDING	
TYPED NAME OF AUTHORIZED REPRESENTATIVE	Click here to enter text.
TITLE:	Click here to enter text.
TELEPHONE NUMBER:	Click here to enter text.
SIGNATURE OF AUTHORIZED REPRESENTATIVE: _____	
DATE SIGNED: Click here to enter text.	

7.2 EXECUTIVE SUMMARY

Applicants must submit a one page summary indicating the area(s) they will serve (e.g. Regional Service Area, County, Urban Area, or City), population(s) they will serve, service(s) they will provide and amount of funding requested.

7.3 AGENCY DESCRIPTION

(3 page limit for this narrative section)

Maximum Points: 25

<i>This section describes your agency's capacity to provide HIV Community Services.</i>	<i>Possible Points</i>
1. Give a brief description of your organization, including services provided, staffing structure, mission, and vision.	Range 0 - 5
2. Describe your agency's experience in providing services to PLWH, please provide a list of the services provided, length of time your agency provided the services, barriers to providing services and how you have overcome these barriers.	Range 0 - 2
3. Describe your agency's experience in providing services to PAHR, please provide a list of the services provided, length of time your agency provided the services, barriers to providing services and how you have overcome these barriers.	Range 0 - 2
4. Describe your agency's experience in providing services to ethnic or cultural minorities. Please provide a list of the services provided, length of time provided the services, barriers to providing services, and how you have overcome these barriers.	Range 0 - 3
5. Describe the area(s) in which you propose to provide HCS. Please include HIV epidemiological data in this description.	Range 0 - 8
6. Describe the staff positions proposed to deliver HCS, including subject matter expertise and experience, training, credentials, or certifications. Indicate whether staff positions will be serving PAHR, PLWH, or both.	Range 0 - 5

7.4 CUSTOMERS & SERVICES - PLWH

(7 page limit)

Maximum Points: 55

Complete this section if your agency plans to provide HCS to PLWH. This section describes the PLWH customers your application proposes to serve.	Possible Points
1. Describe the PLWH customers your agency intends to serve through HIV Community Services.	Range 0-5
2. How do you intend to reach and recruit PLWH into HIV Community Services?	Range 0-5
3. Describe the services you propose to offer to PLWH to ensure access to and utilization of health insurance.	Range 0-5
4. Describe the services you propose to offer to PLWH to ensure access to medical care, including linkage to and retention in comprehensive health care.	Range 0-5
5. Describe the services you propose to offer to PLWH that will improve access to and utilization of ARVs.	Range 0-5
6. Describe how you will use an acuity model to determine the appropriate level of service for PLWH.	Range 0-5
7. How will your agency ensure that staff link PLWH to services not funded by this RFA?	Range 0-5
8. Describe how your agency will assure that staff follow DOH Standards for PLWH service categories. Provide a list of services for which you are applying. (See Appendix 2: Service Definitions). (List is not included in page limit)	Range 0-5
9. How will your agency provide extra support to PLWH that are experiencing health related disparities?	Range 0-14
10. Form B1: For <u>each service</u> , for which you are applying for PLWH funding, complete PLWH Client Demographics Form. Base projections on current capacity. (Form B1 is not included in page limit).	Form Completed Range 0-1

Form B1 - PLWH Client Demographics	Service Category (1 service/page)	
	Budget Period CY 2017 Projected	
	#	%
1. Total Number of Clients Served		
CLIENT DEMOGRAPHICS		
2. Male		
3. Female		
4. Transgender		
<i>Total of rows 2 to 4 must equal Total Number of Clients Served (100%)</i>		
5. Under 2 years		
6. 2 – 12 years		
7. 13 – 24 years		
8. 25 – 44 years		
9. 45 years and older		
<i>Total of rows 5 to 9 must equal Total Number of Clients Served (100%)</i>		
RACE & ETHNICITY		
10. Black or African-American		
11. Asian		
12. White		
13. American Indian or Alaskan Native		
14. Native Hawaiian or Other Pacific Islander		
15. More than one race		
ETHNICITY		
16. Hispanic or Latino		
17. Non-Hispanic or Latino		
PLACE OF BIRTH		
18. US-Born		
19. Not US-Born		
LANGUAGE		
20. Primary Language English		
21. Primary Language Spanish		
22. Primary Language Other (specify)		
FINANCIAL STATUS		
23. At or less than 138% of poverty level		
24. Over 138% and less than 500% poverty level		
25. Above 500% poverty level		
<i>Total of rows 23 to 25 must equal Total Number of Clients Served (100%)</i>		

7.5 CUSTOMERS & SERVICES – PAHR

(7 page limit)

Maximum Points: 55

<i>This section describes the PAHR customers your application proposes to serve.</i>	<i>Possible Points</i>
1. Describe the PAHR customers your agency intends to serve through HIV Community Services.	Range 0-5
2. How do you intend to reach and recruit PAHR into HCS?	Range 0-5
3. Describe the services you propose to offer to link newly identified HIV positive persons to care. How will your agency ensure staff link persons with undiagnosed HIV and STD infection to care or treatment?	Range 0-5
4. If you currently provide HIV and/or STD testing services, please describe the populations you are currently testing.	Range 0-2
5. If you are proposing to provide HIV and/or STD testing Services, please describe the populations you are proposing to test.	Range 0-2
6. Describe evidence-based intervention(s) or health education risk reduction processes for PAHR that will help achieve success (Section 1.3: Outcomes)	Range 0-5
7. What is your condom distribution plan for PAHR and PLWH?	Range 0-5
8. Describe the services you propose to offer to PAHR to ensure access to and utilization of health insurance.	Range 0-5
9. Describe the services you propose to offer to PAHR to ensure access to medical care, including linkage to and retention in comprehensive health care.	Range 0-5
11. Describe the services you propose to offer to PAHR that will improve access to and utilization of ARVs for PrEP.	Range 0-5
12. How will your agency provide extra support to PAHR that are experiencing health related disparities?	Range 0-5
13. Describe how you will assess each PAHR to determine the appropriate level of service based on client need.	Range 0-5
14. How will your agency ensure that staff link PAHR to services not funded by this RFA?	Range 0-5
15. Form B2 & B3: Complete PAHR Customer Demographics Forms for HCS Reach and HCS Recruitment. Base projections on current capacity. (See Section 4: Objectives)	Form Completed Range 0-1

Form B2 - PAHR Customer Demographics	Service Category	
	HCS Reach	
	Budget Period CY 2017 Projected	
	#	%
1. Total Number of Customers Reached		
CLIENT DEMOGRAPHICS		
2. Male		
3. Female		
4. Transgender		
Total of rows 2 to 4 must equal Total Number of PAHR Customers Reached (100%)		
5. Under 2 years		
6. 2 – 12 years		
7. 13 – 24 years		
8. 25 – 44 years		
9. 45 years and older		
Total of rows 5 to 9 must equal Total Number of PAHR Customers Reached (100%)		
RACE & ETHNICITY		
10. Black or African-American		
11. Asian		
12. White		
13. American Indian or Alaskan Native		
14. Native Hawaiian or Other Pacific Islander		
15. More than one race		
ETHNICITY		
16. Hispanic or Latino		
17. Non-Hispanic or Latino		
PLACE OF BIRTH		
18. US-Born		
19. Not US-Born		
LANGUAGE		
20. Primary Language English		
21. Primary Language Spanish		
22. Primary Language Other (specify)		
FINANCIAL STATUS		
23. At or less than 138% of poverty level		
24. Over 138% and less than 500% poverty level		
25. Above 500% poverty level		
Total of rows 23 to 25 must equal Total Number of PAHR Customers Reached (100%)		

Form B3 – PAHR Customer Demographics	Service Category	
	HCS Recruitment	
	Budget Period CY 2017 Projected	
	#	%
1. Total Number of Customers Reached		
CLIENT DEMOGRAPHICS		
2. Male		
3. Female		
4. Transgender		
Total of rows 2 to 4 must equal Total Number of PAHR Customers Recruited (100%)		
5. Under 2 years		
6. 2 – 12 years		
7. 13 – 24 years		
8. 25 – 44 years		
9. 45 years and older		
Total of rows 5 to 9 must equal Total Number of PAHR Customers Recruited (100%)		
RACE & ETHNICITY		
10. Black or African-American		
11. Asian		
12. White		
13. American Indian or Alaskan Native		
14. Native Hawaiian or Other Pacific Islander		
15. More than one race		
ETHNICITY		
16. Hispanic or Latino		
17. Non-Hispanic or Latino		
PLACE OF BIRTH		
18. US-Born		
19. Not US-Born		
LANGUAGE		
20. Primary Language English		
21. Primary Language Spanish		
22. Primary Language Other (specify)		
FINANCIAL STATUS		
23. At or less than 138% of poverty level		
24. Over 138% and less than 500% poverty level		
25. Above 500% poverty level		
Total of rows 23 to 25 must equal Total Number of PAHR Customers Recruited (100%)		

7.6 QUALITY MANAGEMENT

(5 page limit)

Maximum Points: 40

<i>This section describes your organization's commitment and plan to implement quality management activities for PLWH and PAHR.</i>	<i>Possible Points</i>
1. Describe the current quality management infrastructure at your agency and the quality improvement activities your program engaged in during the past two years to improve the quality of your services. What were the outcomes of those efforts?	Range 0-5
2. Describe your proposed quality management infrastructure. If funded, how will you incorporate quality improvement activities into your program? Include how customers are included in your quality management infrastructure.	Range 0-5
3. Describe the data you have collected over the last two years that demonstrates you are measuring customer experience. How did you use consumer input and feedback to improve your services?	Range 0-5
4. How will you measure customer experience with services provided because of this RFA? How will you use consumer input and feedback to improve your services?	Range 0-5
5. Describe the data you have collected over the last two years that demonstrates you are measuring health outcome improvement.	Range 0-5
6. How will you collect data to measure health outcome improvement related to services funded by this RFA?	Range 0-5
7. Describe your commitment to providing culturally competent services to a culturally diverse population.	Range 0-5
8. Describe the substantive collaborations (partnerships) your agency has in place with HIV clinical providers, public health agencies and community service providers. Please include a list of partnership agreements.	Range 0-5

7.7 FINANCIAL AND DATA MANAGEMENT

(5 page limit)

Maximum Points: 50

<i>This section describes your organization’s current and planned client billing, third-party payer process, and data management processes.</i>	<i>Possible Points</i>
1. If your agency currently bills private insurance, please describe your process.	Range 0-5
2. If your agency currently bills Health Care Authority (HCA), Medicaid Fee-for-Service, or managed care plans, please describe your process.	Range 0-5
3. Describe the method your agency currently uses and plans to use to serve uninsured or underinsured clients.	Range 0-5
4. Describe how your agency currently bills or plans to bill private insurance.	Range 0-5
5. Describe how your agency plans to bill Health Care Authority (HCA), Medicaid Fee-for-Service, or managed care plans.	Range 0-5
6. What process will your agency use to ensure entry of HIV testing data through Evaluation Web or some other compatible system?	Range 0-5
7. What process will your agency use to ensure entry of client demographic data and medical service data into CAREWare Data Base within five (5) business days of intake or change in client status?	Range 0-5
8. What process will your agency use to ensure entry of client services into CAREWare Data Base within five (5) business days of receipt of service?	Range 0-5
9. How does your agency plan to verify each client’s Washington residency, income level, HIV status, insurance coverage, HIV exposure category, address and contact information, race, and ethnicity?	Range 0-5
10. How will you monitor changes in each client’s demographic information over the course of the contract year?	Range 0-5

7.8 BUDGET

Maximum Points: 10

Instructions for Budget

The budget proposal must include all costs the agency wishes to have included in the contractual arrangement with DOH. DOH has placed an MS Excel Spreadsheet (January 1 through December 31, 2017 Budget for RFA) on the RFA website.

Hyperlink to Spreadsheet: ([here](#))

The excel spreadsheet contains formulas necessary to complete these forms. The Worksheet will automatically calculate Subtotals and Totals for all rows and columns. The budget must cover the Budget Period January 1, 2017 through December 31, 2017. Form C includes instructions for completing the Budget.

This spreadsheet will form the basis of the Statement of Work for contracts developed from this RFA. You must include the number of clients your agency expects to serve because of this RFA.

Personnel expenses must relate to client services to receive funding as a personnel line item. For staff positions not related to direct service delivery they must be included in the agency's allocated indirect rate or 10% de minimus indirect.

(1 page limit)

Maximum Points: 10

<i>This section is the descriptive narrative for your Budget.</i>	<i>Possible Points</i>
1. Projected client numbers that are feasible and reasonable, given the proposed program budget and target client populations.	Range 0-5
2. Reasonable unit cost projections for all services proposed for the program activities.	Range 0-3
3. Describe how you derived the number of unduplicated counts proposed.	Range 0-2
4. Provide the actual number of hours your agency considers as constituting a full-time workweek (e.g. 40 hours per week, 35 hours per week).	Not Scored

Form C – Instructions for Budget

1. Salaries and Wages	
<i>Applicant needs to complete items in red and blue font. Automatic calculations are in black font, e.g. the Spreadsheet will automatically calculate the Amount Requested</i>	
For each position complete the following:	
Number to be Served	Provide the number of clients your agency expects to serve for each service category. This should equal the estimated “total clients to be served” reported on Forms B1, B2, and B3
Salaries: Title/Name	Descriptive job title used by the agency and last name of the actual staff person. If not currently filled, please write “vacant”
Total Salary (1 FTE)	Enter the salary based on full-time employment. If this is not a full-time position, project the salary to full-time. Calculate all COLAs and step increases into this amount
# Units (FTE)	Enter the position’s Annual FTE that you propose to attribute to this funding source. Enter FTE as a two decimals number (not percentage)
Description	Provide a brief description of the duties and responsibilities of the position in relation to the service. The description must include how the position relates to direct service delivery to be a line item personnel cost. If the staff position does not relate to direct service delivery, it must be included in the Indirect Rate
2. Benefits	
Justification	Provide a breakdown of the components that constitute the fringe benefits rate (medical, dental, worker’s compensation)
Salary paid by Contracts	The spreadsheet will automatically fill this cell from the Salary Amount Requested
Fringe Rate (%)	Show each staff person’s fringe rate (%) carried to two decimals
3. Equipment	
Item	Purchase or lease of small equipment valued at under \$5,000
Justification	Describe how the purchase of the equipment relates to direct client care
4. Supplies	
Supplies	Purchase of supplies related to direct client care
Justification	Describe how the supplies relate to direct client care
5. Travel	
Participants	List title of positions (e.g. case manager) using travel and reason for travel (e.g. Annual case management update)
<i>In State</i>	
Mileage Units	Total number of in-state miles for agency
Mileage Unit Cost	Federal mileage reimbursement rate

Airfare Units	Total number of in-state flights for agency
Airfare Unit Cost	Average cost of in-state flights
Lodging Units	Total number of overnight lodging for agency
Lodging Unit Cost	Average cost of in-state lodging
Per Diem Units	Total number of days requesting per diem for agency
Per Diem Unit Cost	Federal per diem reimbursement rate
Purpose	Describe how travel relates to direct client care
<i>Out of State</i>	
Mileage Units	Total number of out-of-state miles for agency
Mileage Unit Cost	Federal mileage reimbursement rate
Airfare Units	Total number of out-of-state flights for agency
Airfare Unit Cost	Average cost of out-of-state flights
Lodging Units	Total number of overnight lodging for agency
Lodging Unit Cost	Average cost of out-of-state lodging
Per Diem Units	Total number of days requesting per diem for agency
Per Diem Unit Cost	Federal per diem reimbursement rate
Parking Units	Total number of days requesting parking for agency
Parking Unit Cost	Average parking rate
Taxi or Shuttle Units	Total number of times requesting taxi/shuttle for agency
Taxi Unit Cost	Average taxi/shuttle rate
Purpose	Describe how travel relates to direct client care
6. Other Costs	
Item	Describe costs being requested
Justification	Describe how the item relates to direct client care
7. Direct Costs	
<i>Spread Sheet will automatically calculate the Total Direct Costs for item 1-6.</i>	
8. Indirect Costs	
Indirect Rate	Enter approved negotiated indirect rate (%) carried to two decimals If agency does not have an approved negotiated indirect rate, then enter 10.00% <i>de minimus</i>
9. Total Contract Request	
Spreadsheet will automatically calculate the total contract request for each service and move to Summary Tab. Summary Tab will calculate cost per client for each service.	

8 APPLICATION EXHIBITS

- Exhibit A - Certifications and Assurances
- Exhibit B - Professional Service Contract including General Terms and Conditions (GT&Cs)

8.1 CERTIFICATIONS AND ASSURANCES

I/we make the following certifications and assurances as a required element of the application to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract(s):

1. I/we declare that all answers and statements made in the application are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single application.
3. The attached application is a firm offer for a period of 60 days following receipt, and it may be accepted by DOH without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 60-day period.
4. In preparing this application, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this application or prospective contract, and who was assisting in other than his or her official, public capacity. (Any exceptions to these assurances are described in full detail on a separate page and attached to this document.)
5. I/we understand that DOH will not reimburse me/us for any costs incurred in the preparation of this application. All applications become the property of DOH, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
6. Unless otherwise required by law, the prices and/or cost data that have been submitted have not been knowingly disclosed by the Applicant and will not knowingly be disclosed by him/her prior to opening, directly or indirectly to any other Applicant or to any competitor.
7. I/we agree that submission of the attached proposal constitutes acceptance of the Application contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
8. No attempt has been made or will be made by the Applicant to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
9. Information that has been determined to be proprietary or confidential has been clearly marked and included in this application as a separate document.
10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.
11. I/we declare that we are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded in any Federal department or agency from participating in transactions.

Signature of Applicant

Title

Date

8.2 PROFESSIONAL SERVICE CONTRACT



<p>CONTRACT NUMBER: NXXXXX</p>	<p>SUBRECIPIENT * <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>FFATA FORM REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

THIS AGREEMENT is made by and between the State of Washington Department of Health, hereinafter referred to as DOH, and the party whose name appears below, hereinafter referred to as Contractor.

CONTRACTOR NAME and ADDRESS:

XXXXX
XXXXX
XXXXX

UBI #: XXX-XXX-XXX

IT IS MUTUALLY AGREED THAT:

PURPOSE: _____

STATEMENT OF WORK: The Contractor shall provide the all necessary personnel, equipment, materials, goods and services and otherwise do all things necessary for or incidental to the performance of the work as described in **Exhibit A**, attached hereto and incorporated herein.

PERIOD OF PERFORMANCE: Subject to its other provisions, the period of performance under this contract shall be **from** ____ **through** ____ unless sooner terminated as provided herein. No billable activity may take place until this contract has been signed by both parties.

DEPARTMENT OF ENTERPRISE SERVICES APPROVAL: This agreement may be required to be filed with the Department of Enterprise Services (DES) for approval under the provisions of Chapter 39.26 RCW. No contract or amendment required to be so filed is effective and no work thereunder shall be commenced nor payment made therefore until ten (10) working days following the date of filing, and, if required, until approved by DES. In the event DES fails to approve the contract or amendment, the contract shall be null and void.

FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA): If checked above, this contract is supported by federal funds that require compliance with the Federal Funding Accountability and Transparency Act (FFATA or the Transparency Act). The purpose of the Transparency Act is to make information available online so the public can see how federal funds are spent.

To comply with the act and be eligible to enter into this contract, your organization must have a Data Universal Numbering System (DUNS®) number. A DUNS® number provides a method to verify data about your organization. If you do not already have one, you may receive a DUNS® number free of charge by contacting Dun and Bradstreet at www.dnb.com.

Information about your organization and this contract will be made available on www.USASpending.gov by DOH as required by P.L. 109-282. DOH's form, **Federal Funding Accountability and Transparency Act Data Collection Form**, is considered part of this contract and must be completed and returned along with the contract.

CONSIDERATION: The maximum consideration available under this contract shall not exceed \$.00 without a properly executed written amendment signed by representatives of both parties authorized to do so.

Source of funds: Federal: \$-0- State: \$-0- Other: \$-0- Total: \$0.00

Contractor agrees to comply with all applicable rules and regulations associated with these funds.

Unless otherwise indicated in this contract, any state funds which are unexpended as of June 30th will not be available for carry over into the next state fiscal year (July – June).

INVOICES AND PAYMENT: Contractor will submit invoices to the DOH ID Contractor Coordinator for all amounts to be paid. Invoices must reference this contract number and provide detailed information as requested. All invoices must be approved by DOH prior to payment; approval will not be unreasonably withheld. DOH will authorize payment only upon satisfactory completion and acceptance of deliverables and for allowable costs as outlined in the statement of work and/or budget. DOH will return all incorrect or incomplete invoices and will not pay for services that occur outside the period of performance. The Contractor will not invoice for services if they are entitled to payment, have been, or will be paid by any other source for that service.

DOH will issue payment within 30 days of receiving a correct and complete invoice and approving the deliverable(s). DOH must receive correct and complete invoices within 60 days of the contract expiration date. Late invoices will be paid at the discretion of DOH and are

contingent upon the availability of funds. Failure to submit a properly completed IRS form W-9 may result in delayed payments.

GOVERNANCE: In the event of an inconsistency in this contract, unless otherwise provided herein, the inconsistency shall be resolved by giving precedence in the following order:

- Applicable Federal and State statutes and regulations
- Special Terms and Conditions
- Attachment 1, General Terms and Conditions, and Attachment 2, Federal Compliance, and Standard Federal Certifications and Assurances
- Exhibit A, Statement of Work
- Any other provision of the contract whether incorporated by reference or otherwise.

UNDERSTANDING: This contract, including referenced exhibits, attachments & documents included herein by reference, contains all the terms and conditions agreed upon by the parties. No other understandings, oral or otherwise, regarding the subject matter of this contract shall exist or bind any of the parties hereto.

APPROVAL: This contract shall be subject to the written approval of DOH Contracting Officer and shall not be binding until so approved. Only the Contracting Officer or his/her designee, by written delegation made prior to action, shall have the expressed, implied, or apparent authority to alter, amend, modify, or waive any clause or condition of this contract. Furthermore, any alteration, amendment, modification, or waiver of any clause or condition of this contract is not effective or binding unless made in writing and signed by the Contracting Officer.

IN WITNESS WHEREOF: DOH and the Contractor have signed this agreement.

CONTRACTOR SIGNATURE	DATE
print or type name & title below:	
DOH CONTRACTING OFFICER SIGNATURE	DATE

This contract has been approved as to form by the attorney general.

NOTE: THE CONTRACTOR'S SIGNATURE IS ALSO REQUIRED ON ATTACHMENT 2, FEDERAL CERTIFICATIONS AND ASSURANCES (pages XX and XX)

FINAL NEGOTIATED STATEMENT OF WORK WILL BE INSERTED HERE

GENERAL TERMS AND CONDITIONS

I. GENERAL TERMS (DEFINITIONS)

As used throughout this contract, the following terms shall have the meanings set forth below:

- a) "Allowable Cost" shall mean an expenditure which meets the test of the appropriate OMB Circular (see "III. Federal Compliance"). The most significant factors affecting allowability of cost are; 1) they must be necessary and reasonable, 2) they must be allocable, 3) they must be authorized or not prohibited under state or local laws and regulations, and 4) they must be adequately documented.
- b) "Client" shall mean an agency, firm, organization, individual or other entity applying for or receiving services under this contract.
- c) "Cognizant State Agency" shall mean the state agency from whom the sub-recipient receives federal financial assistance. If funds are received from more than one state agency, the cognizant state agency shall be the agency who contributes the largest portion of federal financial assistance to the sub-recipient, unless a cognizant state agency has been designated by OFM.
- d) "Confidential Information " shall mean information that is exempt from disclosure under chapter 42.56 RCW, and other state or federal statutes and regulations
- e) "Contractor" shall mean that agency, firm, provider, organization, individual or other entity performing services under this contract. It shall include any subcontractor retained by the prime contractor as permitted under the terms of this agreement.
- f) "Contracting Officer" shall mean that individual(s) of the Office of Contract Services of DOH and his/her delegates within that office authorized to execute this agreement on behalf of the Department.
- g) "Department" shall mean the Department of Health (DOH) of the State of Washington, any division, section, office, unit or other entity of the department, or any of the officers or other officials lawfully representing the department.
- h) "Equipment" shall mean an article of non-expendable, tangible property having a useful life of more than one year and an acquisition cost of \$5,000 or more.
- i) "Personal Information" means information identifiable to any person, including, but not limited to, information that relates to a person's name, health, finances, education,

business, use or receipt of governmental services or other activities, addresses, telephone numbers, social security numbers, driver license numbers, other identifying numbers, and any financial identifiers. Personal information includes “protected health information” as set forth in 45 CFR § 164.50 as currently drafted and subsequently amended or revised and any other information that may be exempt from disclosure to the public or other unauthorized persons under either chapter 42.56 RCW or other state and federal statutes.

- j) "Reimbursement" shall mean that the Department of Health will repay the Contractor for allowable costs incurred under the terms of this contract.
- k) “Sensitive Data” means data that is held confidentially, and if compromised may cause harm to individual citizens or create a liability for the State
- l) “Subcontractor” shall mean a person, partnership, or company, not in the employ of or owned by the contractor, who is performing all or part of those services under a separate contract with or on behalf of the Contractor. The terms “subcontractor” and “subcontractors” mean subcontractor(s) in any tier. See OMB Circular A-133 for additional detail.
- m) A “Subrecipient” is a contractor operating a federal or state assistance program receiving federal funds and having the authority to determine both the services rendered and disposition of program. See OMB Circular A-133 for additional detail.
- n) “Successor” is defined as any entity which, through amalgamation, consolidation, or other legal succession becomes invested with rights and assumes burdens of the first contractor/ vendor.
- o) A “Vendor” is an entity that agrees to provide the amount and kind of services requested by DOH; provides services under the contract only to those beneficiaries individually determined to be eligible by DOH; and, provides services on a fee-for-service or per-unit basis with contractual penalties if the entity fails to meet program performance standards. See OMB Circular A-133 for additional detail.

II. GENERAL CONDITIONS

1. **ACCESS TO DATA** – In compliance with chapter 39.26 RCW, the Contractor shall provide access to data generated under this contract to DOH, the Joint Legislative Audit and Review Committee, and the State Auditor at no additional cost. This includes access to all information that supports the findings, conclusions, and recommendations of the Contractor’s reports, including computer models and methodology for those models. The Contractor agrees to make personal information covered under this agreement available to DOH for inspection or to amend the personal information, as directed by DOH. Contractor

shall, as directed by DOH, incorporate any amendments to the personal information into all copies of such personal information maintained by the Contractor or its subcontractors.

2. **ADVANCE PAYMENTS PROHIBITED** – No payment in advance or in anticipation of services or supplies to be provided under this agreement shall be made by DOH.

3. **AMENDMENTS** – This contract may be amended by mutual written agreement of the parties. Such amendments shall not be binding unless they are in writing and signed by personnel authorized to bind each of the parties.

4. **AMERICANS WITH DISABILITIES ACT (ADA) OF 1990, PUBLIC LAW 101-336, also referred to as the "ADA" 28 CFR Part 35** – The Contractor must comply with the ADA, which provides comprehensive civil rights protection to individuals with disabilities in the areas of employment, public accommodations, state and local government services, and telecommunications.

5. **ASSIGNABILITY** – Neither this contract nor any claim arising under this contract shall be transferred or assigned by the contractor without prior written consent of DOH.

6. **ATTORNEYS' FEES** – In the event of litigation or other action brought to enforce contract terms, each party agrees to bear its own attorney's fees and costs.

7. **CHANGE IN STATUS** - In the event of substantive change in the legal status, organizational structure, or fiscal reporting responsibility of the Contractor, Contractor agrees to notify DOH of the change. Contractor shall provide notice as soon as practicable, but no later than thirty days after such a change takes effect.

8. **CONFIDENTIALITY/SAFEGUARDING OF INFORMATION** – The use or disclosure by any party, either verbally or in writing, of any Confidential Information shall be subject to Chapter 42.56 RCW and Chapter 70.02 RCW, as well as other applicable federal and state laws and administrative rules governing confidentiality. Specifically, the Contractor agrees to limit access to Confidential Information to the minimum amount of information necessary, to the fewest number of people, for the least amount of time required to do the work. The obligations set forth in this clause shall survive completion, cancellation, expiration, or termination of this Agreement.
 - A. Notification of Confidentiality Breach

Upon a breach or suspected breach of confidentiality, the Contractor shall immediately notify the DOH Privacy Officer at dohprivacyofficer@doh.wa.gov. For the purposes of this Agreement, "immediately" shall mean within two calendar days.

The contractor will take steps necessary to mitigate any known harmful effects of such unauthorized access including, but not limited to sanctioning employees, notifying subjects, and taking steps necessary to stop further unauthorized access. The Contractor agrees to indemnify and hold harmless Agency for any damages related to unauthorized use or disclosure by the Contractor, its officers, directors, employees, Subcontractors or agents.

Any breach of this clause may result in termination of the contract and the demand for return of all Information.

B. Subsequent Disclosure

The Contractor will not release, divulge, publish, transfer, sell, disclose, or otherwise make the Confidential Information known to any other entity or person without the express prior written consent of the Secretary of Health, or as required by law.

If responding to public record disclosure requests under RCW 42.56, the Contractor agrees to notify and discuss with the DOH Privacy Officer requests for all information that are part of this Agreement, prior to disclosing the information. The Contractor further agrees to provide DOH a minimum of two calendar weeks to initiate legal action to secure a protective order under RCW 42.56.540.

- 9. CONFLICT OF INTEREST** – Notwithstanding any determination by the Executive Ethics Board or other tribunal, DOH may, in its sole discretion, by written notice to the Contractor, terminate this contract if it is found, after due notice and examination by DOH or its agent that there is a violation of the ethics in public service act, chapter 42.52 RCW, or any similar statute involving the contractor in the procurement of, or performance of this contract.

In the event this contract is terminated as provided above, DOH shall be entitled to pursue the same remedies against the Contractor as it could pursue in the event of a breach of the contract by the Contractor. The rights and remedies of DOH provided for in this section shall not be exclusive are in addition to any other rights and remedies provided by law. The existence of facts upon which DOH makes a determination under this section shall be an issue and may be reviewed as provided in the "disputes" section of this contract.

- 10. COVENANT AGAINST CONTINGENT FEES** – The Contractor warrants that no person or selling agent has been employed or retained to solicit or secure this contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, excepting bona fide employees or bona fide established agents maintained by the Contractor for the purpose of securing business. DOH shall have the right, in the event of breach of this clause by the Contractor, to annul this contract without liability, or in its discretion, to deduct from the contract price or consideration or recover by other means the full amount of such commission, percentage, brokerage or contingent fee.

11. DEBARMENT – The Contractor, by signature to this contract, certifies that the Contractor is not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded in any Federal department or agency from participating in transactions. The Contractor agrees to include the above requirement in all subcontracts into which it enters to complete this contract.

12. DISPUTES – The parties shall use their best, good faith efforts to cooperatively resolve disputes and problems that arise in connection with this contract. Both parties will continue without delay to carry out their respective responsibilities under this contract while attempting to resolve the dispute under this section. When a genuine dispute arises between DOH and the Contractor regarding the terms of this agreement or the responsibilities imposed herein which cannot be resolved at the project management level, either party may submit a request for a dispute resolution to the DOH Contracts Unit which shall oversee the following dispute resolution process: DOH shall appoint a representative to a dispute panel; the Contractor shall appoint a representative to the dispute panel; DOH's and Contractor's representatives shall mutually agree on a third person to chair the dispute panel. The dispute panel shall thereafter decide the dispute with the majority prevailing.

A party's request for a dispute resolution must:

- be in writing,
- state the disputed issues,
- state the relative positions of the parties,
- state the Contractor's name, address, and his/her department contract number,
- be mailed to ATTN: Contracts and Procurement Manager, DOH Contracts Unit, PO Box 47905, Olympia, WA 98504-7905 within thirty (30) calendar days after the party could reasonably be expected to have knowledge of the issue which he/she now disputes.

This dispute resolution process constitutes the sole administrative remedy available under this contract. The parties agree that this resolution process shall precede any action in a judicial and quasi-judicial tribunal.

13. EFFECTIVE DATE – Unless otherwise specified under period of performance, the effective date of this agreement and subsequent amendments, if any, is the date of execution. The date of execution is the last date of signature of the parties to the agreement. No billable activity may take place prior to the date of execution. Contractor assumes all liability for any expenses incurred prior to the date of execution or in the event the agreement/amendment is not executed.

14. GOVERNING LAW – This contract shall be governed by the laws of the state of Washington and applicable federal laws and regulations. The venue of any legal action or suit concerning this agreement shall be the Thurston County Superior Court and all actions or suits thereon shall be brought therein.

15. INDEMNIFICATION – To the fullest extent permitted by law, Contractor shall indemnify, defend and hold harmless the state of Washington, DOH, agencies of the State and all officials, agents and employees of the State, from and against all claims arising out of or resulting from the performance of the contract. “Claim” as used in this agreement means any financial loss, claim, suit, action, damage, or expense, including but not limited to attorney’s fees, attributable for bodily injury, sickness, disease or death, or injury to or destruction of tangible property including loss of use resulting therefrom. Contractor’s obligation to indemnify, defend, and hold harmless includes any claim by Contractors’ agents, employees, representatives, or any subcontractor or its employees.

Contractor expressly agrees to indemnify, defend, and hold harmless the State for any claim arising out of or incident to Contractor’s or any subcontractor’s performance or failure to perform the contract. Contractor’s obligation to indemnify, defend, and hold harmless the State shall not be eliminated or reduced by any actual or alleged concurrent negligence of State or its agents, agencies, employees and officials.

Contractor waives its immunity under Title 51 RCW to the extent it is required to indemnify, defend and hold harmless State and its agencies, officials, agents or employees.

16. INDEPENDENT CAPACITY OF THE CONTRACTOR – The parties intend that an independent contractor relationship will be created BY this contract. The Contractor and his or her employees or agents performing under the contract are not employees or agents of DOH. The contractor shall not hold himself/herself out as nor claim to be an officer or employee of DOH or of the state of Washington by reason hereof, nor will the Contractor make any claim of right, privilege or benefit which would accrue to such employee under law. Conduct and control of the work will be solely with the Contractor.

17. INDUSTRIAL INSURANCE COVERAGE – The Contractor shall comply with the provisions of Title 51 RCW, Industrial Insurance. Prior to performing work under this contract, the Contractor shall provide or purchase industrial insurance coverage for the Contractor’s employees, as may be required of an “employer” as defined in Title 51 RCW, and shall maintain full compliance with Title 51RCW during the course of this contract. If the Contractor fails to provide industrial insurance coverage or fails to pay premiums or penalties on behalf of its employees as may be required by law, DOH may collect from the Contractor the full amount payable to the Industrial Insurance accident fund. DOH may deduct the amount owed by the Contractor to the accident fund from the amount payable to the Contractor by DOH under this contract, and transmit the deducted amount to the Department of Labor and Industries, Division of Insurance Services. This provision does

not waive any of the Department of Labor and Industries rights to collect from the Contractor.

Industrial insurance coverage through the Department of Labor & Industries is optional for sole proprietors, partners, corporate officers and others, per RCW 51.12.020.

- 18. INSURANCE** – The Contractor shall provide insurance coverage as set out in this section. The intent of the required insurance is to protect the State should there be any claims, suits, actions, costs, damages or expenses arising from any negligent or intentional act or omission of the Contractor or subcontractor, or agents of either, while performing under the terms of this contract.

The Contractor shall provide insurance coverage, which shall be maintained in full force and effect during the term of this Contract, as follows:

- A. Commercial General Liability Insurance Policy - Provide a commercial general liability insurance policy, including contractual liability, in adequate quantity to protect against legal liability arising out of contract activity but no less than \$1,000,000 per occurrence. Additionally, the Contractor is responsible for ensuring that any subcontractors provide adequate insurance coverage for the activities arising out of subcontracts.
- B. Automobile Liability. In the event that services delivered pursuant to this contract involve the use of vehicles, either owned or unowned by the Contractor, automobile liability insurance shall be required. The minimum limit for automobile liability is:
 - 1. \$1,000,000 per occurrence, using a combined single limit for bodily injury and property damage
- C. The insurance required shall be issued by an insurance company/ies authorized to do business within the state of Washington, and shall name the state of Washington, its agents and employees as additional insureds under the insurance policy/ies. All policies shall be primary to any other valid and collectable insurance. Contractor shall instruct the insurers to give DOH 30 days advance notice of any insurance cancellation.

Upon request, Contractor shall submit to DOH, a certificate of insurance that outlines the coverage and limits defined in the *Insurance* section. If a certificate of insurance is requested, Contractor shall submit renewal certificates as appropriate during the term of the contract.

- 19. LICENSING, ACCREDITATION AND REGISTRATION** – The Contractor shall comply with all applicable local, state, and federal licensing, accreditation and registration requirements/standards, necessary for the performance of this contract.

- 20. LIMITATION OF AUTHORITY** – Only the Contracting Officer or his/her delegate by writing (delegation to be made prior to action) shall have the express, implied, or apparent authority to alter, amend, modify, or waive any clause or condition of this contract on behalf of DOH.

No alteration, modification, or waiver of any clause or condition of this contract is effective or binding unless made in writing and signed by the Contracting Officer.

- 21. NONDISCRIMINATION** – During the performance of this contract, the Contractor shall comply with all federal and state nondiscrimination laws, regulations and policies.
- 22. NONDISCRIMINATION LAWS NONCOMPLIANCE** – In the event of the Contractor's noncompliance or refusal to comply with any nondiscrimination law, regulation, or policy, this contract may be rescinded, canceled or terminated in whole or in part, and the Contractor may be declared ineligible for further contracts with DOH. The Contractor shall, however, be given a reasonable time in which to cure this noncompliance. Any dispute may be resolved in accordance with the disputes procedure set forth herein.
- 23. OVERPAYMENTS AND ASSERTION OF LIEN** – In the event that DOH establishes overpayments or erroneous payments made to the Contractor under this contract, DOH may secure repayment, plus interest, if any, through the filing of a lien against the Contractor's real property, or by requiring the posting of a bond, assignment or deposit, or some other form of security acceptable to DOH, or by doing both.
- 24. PRIVACY** – Personal information including, but not limited to “protected health information” collected, used or acquired in connection with this contract shall be used solely for the purposes of this contract. Contractor and its subcontractors agree not to release, divulge, publish, transfer, sell or otherwise make known to unauthorized persons personal information without the express written consent of DOH or as provided by law. Contractor agrees to implement physical, electronic and managerial safeguards to prevent unauthorized access to personal information.

DOH reserves the right to monitor, audit, or investigate the use of personal information collected, used or acquired by the contractor through this contract. The monitoring, auditing, or investigating may include but is not limited to "salting" by DOH. Contractor shall certify the return or destruction of all personal information upon expiration of this contract. Salting is the act of placing a record containing unique but false information in a database that can be used later to identify inappropriate disclosure of data contained in the database.

Any breach of this provision may result in termination of the contract and the demand for return of all personal information. The contractor agrees to indemnify and hold harmless DOH for any damages related to the contractor's unauthorized use of personal information.

For the purposes of this provision, personal information includes but is not limited to information identifiable to an individual that relates to a natural person's health, finances, education, business, use or receipt of governmental services, or other activities, names, addresses, telephone numbers, social security numbers, driver license numbers, financial profiles, credit card numbers, financial identifiers and other identifying numbers.

25. PUBLICITY – The Contractor agrees to submit to DOH all advertising and publicity matters relating to this Contract wherein DOH's name is mentioned or language used from which the connection of DOH's name may, in DOH's judgment, be inferred or implied. The Contractor agrees not to publish or use such advertising and publicity matters without the prior written consent of DOH.

26. RECORDS, DOCUMENTS, AND REPORTS –The Contractor shall maintain books, records, documents, data and other evidence relating to this contract and performance of the services described herein, including but not limited to accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this contract. Contractor shall retain such records for a period of six (6) years following the date of final payment. At no additional cost, these records, including materials generated under the contract, shall be subject at all reasonable times to inspection, review or audit by DOH, personnel duly authorized by DOH, the office of the state auditor, and federal and state officials so authorized by law, regulation or agreement.

If the contract reimburses the Contractor for costs incurred in performance, the Contractor shall in addition maintain books, records, documents and other evidence of procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement.

If any litigation, claim or audit is started before the expiration of the six (6) year period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved.

27. REGISTRATION WITH DEPARTMENT OF REVENUE – The Contractor shall complete registration with the Washington State Department of Revenue, if applicable, and be responsible for payment of all taxes due on payments made under this contract.

28. RIGHT OF INSPECTION – The Contractor shall provide right of access to its facilities to DOH, or any of its officers, or to any other authorized agent or official of the state of Washington or the federal government, at all reasonable times, in order to monitor and evaluate performance, compliance, and/or quality assurance under this contract. The Contractor shall make available information necessary for DOH to comply with the client's right to access, amend, and receive an accounting of disclosures of their Personal Information according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) or any regulations enacted or revised pursuant to the HIPAA provisions and applicable provisions of Washington State law. The Contractor's internal policies and procedures, books, and records relating to the safeguarding, use, and disclosure of personal information obtained or used as a result of this contract shall be made available to DOH and the U.S. Secretary of the Department of Health & Human Services, upon request.

29. RIGHTS IN DATA/COPYRIGHT – Unless otherwise provided, all materials produced exclusively under this contract shall be considered "works for hire" as defined by the U.S. Copyright Act and shall be owned by DOH. DOH shall be considered the author of such Materials. In the event the Materials are not considered "works for hire" under the U.S. Copyright laws, Contractor hereby irrevocably assigns all right, title, and interest in Materials, including all intellectual property rights, to DOH effective from the moment of creation of such materials.

Materials means all items in any format and includes, but is not limited to, data, reports, documents, pamphlets, advertisements, books, magazines, surveys, studies, computer programs, films, tapes, and/or sound reproductions that derive exclusively from the Contractor's work under this contract. Ownership includes the right to copyright, patent, register and the ability to transfer these rights.

For materials that are delivered under the contract, but that incorporate pre-existing materials not produced under the contract, Contractor hereby grants to DOH a nonexclusive, royalty-free, irrevocable license (with rights to sublicense others) in such materials to translate, reproduce, distribute, prepare derivative works, publicly perform, and publicly display. The Contractor warrants and represents that Contractor has all rights and permissions, including intellectual property rights, moral rights and rights of publicity, necessary to grant such a license to DOH.

The Contractor shall exert all reasonable effort to advise DOH, at the time of delivery of materials furnished under this contract, of all known or potential invasions of privacy contained therein and of any portion of such document which was not produced in the performance of this contract. DOH shall receive prompt written notice of each notice or claim of copyright infringement received by the Contractor with respect to any data delivered under this contract. DOH shall have the right to modify or remove any restrictive markings placed upon the data by the Contractor.

30. SECURITY OF INFORMATION – Unless otherwise specifically authorized by the DOH IT Security Officer, Contractor receiving confidential information under this contract assures that:

- It is compliant with the applicable provisions of the Washington State Office of the Chief Information Officer's policy, *Securing Information Technology Assets*, available at <http://ofm.wa.gov/ocio>.
- It will provide DOH copies of its IT security policies, practices and procedures upon the request of the DOH IT Security Officer.
- DOH may at any time conduct an audit of the Contractor's security practices and/or infrastructure to assure compliance with the security requirements of this Agreement.

Exhibit B

- It has implemented physical, electronic and administrative safeguards that are consistent with ISB IT security standards and guidelines to prevent unauthorized access, use, modification or disclosure of DOH Confidential Information in any form. This includes, but is not limited to, restricting access to specifically authorized individuals and services through the use of:
 - Documented access authorization and change control procedures;
 - Card key systems that restrict, monitor and log access;
 - Locked racks for the storage of servers that contain Confidential Information or AES encryption (128bit or stronger) to protect confidential data at rest;
 - Documented patch management practices that assure all network systems are running critical security updates within 6 days of release when the exploit is in the wild, and within 30 days of release for all others;
 - Documented anti-virus strategies that assure all systems are running the most current anti-virus signatures within 1 day of release;
 - Complex passwords that are systematically enforced and expire at least every 180 days;
 - Strong (Two Factor) authentication mechanisms that assure the identity of individuals who access Confidential Information;
 - Account lock-out after 5 failed authentication attempts for a minimum of 20 minutes, or for Confidential Information, until administrator reset;
 - AES encrypted (128bit or stronger) sessions for all data transmissions.
 - Firewall rules and network address translation that isolate database servers from web servers and public networks;
 - Regular review of firewall rules and configurations to assure compliance with authorization and change control procedures;
 - Log management and intrusion detection/prevention systems;
 - A documented and tested incident response plan

Any breach of this clause may result in termination of the contract and the demand for return of all personal information.

31. SEVERABILITY – If any provision of this agreement or any provision of any document incorporated by reference shall be held invalid, such invalidity shall not affect the other provisions of this agreement which can be given effect without the invalid provision, and to this end the provisions of this agreement are declared to be severable.

- 32. SITE SECURITY** – While on DOH premises, Contractor, its agents, employees, or subcontractors shall conform in all respects with physical, fire or other security policies or regulations. Failure to comply with these regulations may be grounds for revoking or suspending security access to these facilities. DOH reserves the right and authority to immediately revoke security access to Contractor staff for any real or threatened breach of this provision. Upon reassignment or termination of any Contractor staff, Contractor agrees to promptly notify DOH.
- 33. SUBCONTRACTING** – Neither the Contractor, nor any subcontractors, shall enter into subcontracts for any of the work contemplated under this agreement without prior written approval of DOH. In no event shall the existence of the subcontract operate to release or reduce the liability of the contractor to DOH for any breach in the performance of the contractor's duties. This clause does not apply to Hospitals and/or Medical Clinics that must contract with specialty physicians (e.g. anesthesiologists, radiologists, physicians groups, independent practitioners, etc.) nor does it include contracts of employment between the contractor and personnel assigned to work under this contract.

Additionally, the Contractor is responsible for ensuring that all terms, conditions, assurances and certifications set forth in this agreement are carried forward to any subcontracts. Contractor and its subcontractors agree not to release, divulge, publish, transfer, sell or otherwise make known to unauthorized persons personal information without the express written consent of DOH or as provided by law.

If, at any time during the progress of the work, DOH determines in its sole judgment that any subcontractor is incompetent or undesirable, DOH shall notify the Contractor, and the Contractor shall take immediate steps to terminate the subcontractor's involvement in the work.

The rejection or approval by DOH of any subcontractor or the termination of a subcontractor shall not relieve the Contractor of any of its responsibilities under the contract, nor be the basis for additional charges to DOH.

DOH has no contractual obligations to any subcontractor or vendor under contract to the Contractor. The Contractor is fully responsible for all contractual obligations, financial or otherwise, to their subcontractors.

- 34. SURVIVABILITY** – The terms and conditions contained in this contract which by their sense and context, are intended to survive the completion, cancellation, termination, or expiration of the contract shall survive, including but not limited to clauses 1, 8, 13, 14, 23, 24 and 29.
- 35. SUSPENSION OF PERFORMANCE AND RESUMPTION OF PERFORMANCE** – In the event contract funding from state, federal, or other sources is withdrawn, reduced, or limited in any way after the effective date of this contract and prior to normal completion, DOH may give notice to Contractor to suspend performance as an alternative to termination. DOH may elect to give written notice to Contractor to suspend performance when DOH

determines that there is a reasonable likelihood that the funding insufficiency may be resolved in a timeframe that would allow performance to be resumed prior to the end date of this contract. Notice may include notice by facsimile or email to Contractor's representative. Contractor shall suspend performance on the date stated in the written notice to suspend. During the period of suspension of performance, each party may inform the other of any conditions that may reasonably affect the potential for resumption of performance.

When DOH determines that the funding insufficiency is resolved, DOH may give Contractor written notice to resume performance and a proposed date to resume performance. Upon receipt of written notice to resume performance, Contractor will give written notice to DOH as to whether it can resume performance, and, if so, the date upon which it agrees to resume performance. If Contractor gives notice to DOH that it cannot resume performance, the parties agree that the Contract will be terminated retroactive to the original date of termination. If the date Contractor gives notice it can resume performance is not acceptable to DOH, the parties agree to discuss an alternative acceptable date. If an alternative date is not acceptable to DOH, the parties agree that the Contract will be terminated retroactive to the original date of termination.

36. TAXES – All payments accrued on account of payroll taxes, unemployment contributions, any other taxes, insurance or other expenses for the Contractor or its staff shall be the sole responsibility of the Contractor.

37. TERMINATION FOR CONVENIENCE – Except as otherwise provided in this contract, the Contracting Officer may, by TEN (10) calendar days written notice, beginning on the second day after the mailing, terminate this contract in whole or in part when it is in the best interests of DOH.

If this contract is so terminated, DOH shall be liable only for payment in accordance with the terms of this contract for services rendered prior to the effective date of termination.

38. TERMINATION FOR DEFAULT – In the event DOH determines the contractor has failed to comply with the conditions of this contract in a timely manner, DOH has the right to suspend or terminate this contract. Further, DOH may terminate this contract for default, in whole or in part, if DOH has a reasonable basis to believe that the contractor has:

- A. Failed to meet or maintain any requirement for contracting with DOH;
- B. Failed to ensure the health or safety of any client for whom services are being provided under this contract;
- C. Failed to perform under, or otherwise breached, any term or condition of this contract; and/or
- D. Violated any applicable law or regulation.

Before suspending or terminating the contract, DOH shall notify the contractor in writing of the need to take corrective action. If corrective action is not taken within fourteen (14) days, the contract may be terminated or suspended. In the event of termination or suspension, the contractor shall be liable for damages as authorized by law including, but not limited to, any cost difference between the original contract and the replacement or cover contract and all administrative costs directly related to the replacement contract, e.g., cost of the competitive application, mailing, advertising and staff time. DOH reserves the right to suspend all or part of the contract, withhold further payments, or prohibit the contractor from incurring additional obligations of funds during investigation of the alleged compliance breach and pending corrective action by the contractor or a decision by DOH to terminate the contract. A termination shall be deemed to be a "termination for convenience" if it is determined that the contractor: (1) was not in default; or (2) failure to perform was outside of his or her control, fault or negligence. The rights and remedies of DOH provided in this contract are not exclusive and are in addition to any other rights and remedies provided by law.

39. TERMINATION PROCEDURE – Upon termination of this agreement DOH may require the Contractor to deliver to DOH any property specifically produced or acquired for the performance of such part of this agreement as has been terminated. The provisions of the *Treatment of Assets* clause shall apply in such property transfer.

DOH shall pay to the Contractor the agreed upon price, if separately stated, for completed work and services accepted by DOH. In addition, DOH shall pay the amount agreed upon by the Contractor and the Contracting Officer for (a) completed work and services for which no separate price is stated, (b) partially completed work and services, (c) other property or services that are accepted by DOH, and (d) the protection and preservation of the property. If the termination is for default, the Contracting Officer shall determine the extent of the liability of DOH. Failure to agree with such determination shall be a dispute within the meaning of the *Disputes* clause of this contract.

DOH may withhold from any amounts due the Contractor for such completed work or services such sum as the Contracting Officer determines to be necessary to protect DOH against potential loss or liability.

The rights and remedies of DOH provided in this section shall not be exclusive and are in addition to any other rights and remedies provided by law or under this agreement.

After receipt of a notice of termination, and except as otherwise directed by the Contracting Officer, the Contractor shall:

- Stop work under the agreement on the date and to the extent specified in the notice;
- Place no further orders or subcontracts for materials, services, facilities except as necessary to complete such portion of the work not terminated;
- Assign to DOH, to the extent directed by the Contracting Officer, all of the rights, titles, and interest of the Contractor under the orders and subcontracts in which case DOH has the right, at its discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.

Exhibit B

- Settle all outstanding liabilities and all claims arising out of orders or subcontracts, with the approval or ratification of the Contracting Officer to the extent he/she may require, which approval or ratification shall be final for all the purposes of this clause;
- Transfer title to DOH and deliver, as directed by the Contracting Officer, any property which, if the agreement had been completed, would have been required to be furnished to DOH;
- Complete performance of such part of the work not terminated by the Contracting Officer; and,
- Take such action as may be necessary, or as the Contracting Officer may direct, for the protection and preservation of the property related to this agreement which is in the possession of the Contractor and in which DOH has or may acquire an interest.

40. TREATMENT OF ASSETS – Equipment purchases, title, and treatment of assets are determined by fund source. OMB Circular A-102 and/or the Washington State Office of Financial Management's "OFM Directive A95-05" (effective July 1, 1995) regulate treatment of assets. Equipment acquisitions must be included in the official contract budget.

41. WAIVER OF DEFAULT – Waiver of any default or breach shall not be deemed to be a waiver of any subsequent default or breach. Any waiver shall not be construed to be a modification of the terms of this Contract unless stated to be such in writing and signed by authorized representative of DOH.

ATTACHMENT 2

**FEDERAL COMPLIANCE
AND STANDARD FEDERAL CERTIFICATIONS AND ASSURANCES**

In the event federal funds are included in this agreement, added by future amendment(s), or redistributed between fund sources resulting in the provision of federal funds, the following sections apply: I. Federal Compliance and II. Standard Federal Assurances and Certifications. In the instance of inclusion of federal funds because of an amendment, the Contractor may be designated as a subrecipient and the effective date of the amendment shall be the date at which these requirements go into effect.

- I. **FEDERAL COMPLIANCE** - The use of federal funds requires additional compliance and control mechanisms to be in place. The following represents the majority of compliance elements that may apply to any federal funds provided under this contract. (Refer to Catalog of Domestic Assistance number(s) cited in the "Payment" section of this contract for requirements specific to that fund source.) For clarification regarding any of these elements or details specific to the federal funds in this contract, contact:

Compliance and Internal Control Officer
Office of Financial Services
Department of Health
Post Office Box 47901
Olympia, Washington 98504-7901

1. **CIRCULARS 'COMPLIANCE MATRIX'** - The following compliance matrix identifies the OMB Circulars that contain the requirements that govern expenditure of federal funds. These requirements apply to the Department of Health, as the primary recipient of federal funds, and then follow the funds to the subrecipient. The federal Circulars, which provide the applicable administrative requirements, cost principles and audit requirements, are identified by subrecipient organization type.

COMPLIANCE MATRIX

ENTITY TYPE	OMB CIRCULAR		
	ADMINISTRATIVE REQUIREMENTS	COST PRINCIPLES	AUDIT REQUIREMENTS
State, Local and Indian Tribal Governments & Governmental Hospitals	A-102 & Common Rule	A-87	A-133
Non-Profit Organizations & Non-Profit Hospitals	A-110	A-122	A-133
Colleges or Universities & Affiliated Hospitals	A-110	A-21	A-133

2. **CITIZENSHIP/ALIEN VERIFICATION/DETERMINATION** - The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 (PL 104-193) states that federal public benefits should be made available only to U.S. citizens and qualified aliens. Entities that offer a service defined as a “federal public benefit” must make a citizenship/qualified alien determination/verification of applicants at the time of application as part of the eligibility criteria. Non-US citizens and unqualified aliens are not eligible to receive the services. PL 104-193 also includes specific reporting requirements. Exemptions from the determination/verification requirement is afforded the following programs offered by the Department of Health: Family Planning, Breast & Cervical Health Program (BCHP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), WIC Farmers Market Program, Immunization Programs, and Ryan White CARE Act programs and other communicable disease treatment and diagnostic programs.

 3. **CIVIL RIGHTS AND NONDISCRIMINATION** - During the performance of this agreement, the Contractor shall comply with all current and future federal statutes relating to nondiscrimination. These include but are not limited to: Title VI of the Civil Rights Act of 1964 (PL 88-352), Title IX of the Education Amendments of 1972 (20 U.S.C. §§ 1681-1683 and 1685-1686), section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), the Age Discrimination Act of 1975 (42 U.S.C. §§ 6101-6107), the Drug Abuse Office and Treatment Act of 1972 (PL 92-255), the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (PL 91-616), §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290dd-3 and 290ee-3), Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), and the Americans with Disability Act (42 U.S.C., Section 12101 et seq.).

 4. **SINGLE AUDIT ACT** - A subrecipient (including private, for-profit hospitals and non-profit institutions) shall adhere to the federal Office of Management and Budget (OMB) Circular A-133, as well as all applicable federal and state statutes and regulations. A subrecipient who expends \$500,000 or more in federal awards during a given fiscal year shall have a single or program-specific audit for that year in accordance with the provisions of OMB Circular A-133.
- II. STANDARD FEDERAL CERTIFICATIONS AND ASSURANCES** - Following are the Assurances, Certifications, and Special Conditions that apply to all federally funded (in whole or in part) agreements administered by the Washington State Department of Health.

CERTIFICATIONS

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

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

Exhibit B

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

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

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

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

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

- A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- B. Establishing an ongoing drug-free awareness program to inform employees about
 - i. The dangers of drug abuse in the workplace;
 - ii. The contractor's policy of maintaining a drug-free workplace;
 - iii. Any available drug counseling, rehabilitation, and employee assistance programs; and

Exhibit B

- iv. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- C. Making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by paragraph (a) above;
- D. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the contract, the employee will—
- i. Application by the terms of the statement; and
 - ii. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- E. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every contract officer or other designee on whose contract activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- F. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (ii), with respect to any employee who is so convicted—
- i. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
 - ii. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- G. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (A), (B), (C), (D), (E), and (F).

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

Compliance and Internal Control Officer
Office of Grants Management
WA State Department of Health
PO Box 47905
Olympia, WA 98504-7905

3. CERTIFICATION REGARDING LOBBYING

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

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

- A. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

- B. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

- C. The undersigned shall require that the language of this certification be included in the award documents for all subcontracts at all tiers (including subcontracts, subcontracts, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

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

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

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

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

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

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

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

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

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

6. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS INSTRUCTIONS FOR CERTIFICATION

By signing and submitting this proposal, the prospective contractor is providing the certification set out below.

- A. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective contractor shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective contractor to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

Exhibit B

- B. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective contractor knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause of default.
- C. The prospective contractor shall provide immediate written notice to the department or agency to whom this contract is submitted if at any time the prospective contractor learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- D. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the person to whom this contract is submitted for assistance in obtaining a copy of those regulations.
- E. The prospective contractor agrees by submitting this contract that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by DOH.
- F. The prospective contractor further agrees by submitting this contract that it will include the clause titled Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion -- Lower Tier Covered Transaction, provided by HHS, without modification, in all lower tier covered transactions and in all Applications for lower tier covered transactions.
- G. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List (of excluded parties).
- H. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- I. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, DOH may terminate this transaction for cause or default.

7. CERTIFICATION REGARDING DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS -- PRIMARY COVERED TRANSACTIONS

- A. The prospective contractor certifies to the best of its knowledge and belief, that it and its principals:
 - i. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - ii. Have not within a three-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - iii. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - iv. Have not within a three-year period preceding this contract had one or more public transactions (Federal, State or local) terminated for cause or default.

- B. Where the prospective contractor is unable to certify to any of the statements in this certification, such prospective contractor shall attach an explanation to this contract.

CONTRACTOR'S SIGNATURE IS REQUIRED

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
Please also print or type name:	
ORGANIZATION NAME: (if applicable)	DATE

FEDERAL ASSURANCES - NON-CONSTRUCTION PROGRAMS

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

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

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

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

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management, and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. ~~4763~~²⁸) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).

- 6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. ~~1683-1688~~ and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. ~~794~~), which prohibits the Age Discrimination Act of 1975, as amended (42 U.S.C. ~~6107~~), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) ~~Public Health Service Act of 1944~~ (42 U.S.C. ~~290 dd-3 and 290 ee 3~~), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. ~~3601 et seq.~~), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- 7. Will comply, or has already complied, with the requirements of Titles II and III of the uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
- 8. Will comply, as applicable, with the provisions of the Hatch Act (5 U.S.C. ~~1508~~ and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
- 9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. ~~276a to 276c~~ and 1 Hours and Safety Standards Act (40 U.S.C. ~~333~~), regarding labor standards for federally assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. ~~1451 et seq.~~); (f) State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. ~~7401 et seq.~~)

Exhibit B

under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

- 12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. 1721 et seq.) protecting components or potential components of the national wild and scenic rivers system.
- 13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470), EO 11644, and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. 431 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. 2131 et seq.) animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, Audits of States, Local Governments, and Non-Profit Organizations.
- 18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

CONTRACTOR'S SIGNATURE IS REQUIRED

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
Please also print or type name:	
ORGANIZATION NAME: (if applicable)	DATE

9 APPENDICES

- Appendix 1 – Service Area Data
- Appendix 2 – Service Definitions
- Appendix 3 - Resource List
- Appendix 4 – Financial and Administrative Considerations

9.1 APPENDIX 1: SERVICE AREA DATA

Table 1. Description of Urban Areas, Washington State, 2015

Urban Area	Cities (largest cities in BOLD)	HIV Prevention Priority	Regional Service Area (RSA)	Multi-City Population, 2015	
				No.	State %
Seattle	Seattle	Primary	King	662,400	9%
Yakima Tri-Cities	Yakima, Kennewick , Pasco, Richland, Moxee, Union Gap, Sunnyside, Ellensburg, Moses Lake, Walla Walla	Special Emphasis	Greater Columbia / North Central	407,310	6%
East King	Bellevue , Mercer Island, Kirkland, Redmond, Sammamish, Issaquah	Secondary	King	384,430	5%
South King	Federal Way, Kent , Des Moines, Covington, Maple Valley, Auburn, Lake Tapps, Milton	Secondary	King / Pierce	369,910	5%
Spokane	Spokane , Spokane Valley, Pullman	Secondary	Spokane	338,550	5%
Everett	Everett , Marysville, Mukilteo, Lake Stevens, Mill Creek, Monroe	Secondary	North Sound	258,120	4%
Tacoma	Tacoma , Fife, Ruston, Vashon, Fircrest, Gig Harbor	Secondary	Pierce	227,880	3%
Vancouver	Vancouver , Camas, Washougal, Battle Ground	Secondary	SW WA	226,030	3%
North King	Bothell, Lynnwood , Edmonds, Shoreline, Mountlake Terrace, Woodinville	Secondary	King / North Sound	206,380	3%
Renton	Renton , Tukwila, Burien, Seatac, Newcastle	Secondary	King	205,170	3%
Olympia	Olympia , Lacey, Tumwater, Shelton, Centralia, Chehalis, Aberdeen, Hoquiam, Yelm	Secondary	Timberlands	183,885	3%
South Pierce	Lakewood , Puyallup, South Hill, Fort Lewis, Sumner, Bonney Lake, Parkland, Spanaway, Steilacoom, Dupont	Secondary	Pierce	163,925	2%
Total				3,633,990	51%

Table 2. New and Prevalent Cases of Diagnosed HIV Infection, by Urban Area, Washington State, 2011-2015

Urban Area	HIV Prevention Priority	New HIV Diagnoses, 2011-2015			People Living with Diagnosed HIV, 2015		
		No.	State %	Rate	No.	State %	Rate
Seattle	Primary	857	37%	27.1	4,891	37%	738.4
Tacoma	Secondary	163	7%	14.5	919	7%	403.3
South King	Secondary	185	8%	10.2	795	6%	214.9
Vancouver	Secondary	111	5%	10.1	640	5%	283.1
Renton	Secondary	105	4%	10.5	568	4%	276.8
North King	Secondary	97	4%	9.8	538	4%	260.7
Spokane	Secondary	91	4%	5.5	536	4%	158.3
Everett	Secondary	82	3%	6.5	526	4%	203.8
East King	Secondary	104	4%	5.7	465	4%	121.0
Yakima Valley	Special Emphasis	71	3%	3.6	447	3%	109.7
Olympia	Secondary	63	3%	7.1	404	3%	219.7
South Pierce	Secondary	93	4%	11.6	400	3%	244.0
Total		2,022	86%	12.0	11,129	85%	320.7

Table 3. Race and Hispanic Ethnicity of People Living with Diagnosed HIV Infection, by Urban Area, 2015

Urban Area	Race / Ethnicity													
	White, NH*		Black, NH		Hispanic		Asian, NH		NHOPI		AI/AN***		Multiple/Other	
	No	row %	No	row %	No	row %	No	row %	No	row %	No	row %	No	row %
Seattle	3153	64%	781	16%	605	12%	182	4%	12	0%	48	1%	158	3%
Tacoma	477	52%	227	25%	145	16%	22	2%	6	1%	16	2%	42	5%
South King	350	44%	266	33%	99	12%	45	6%	6	1%	9	1%	29	4%
Vancouver	475	74%	51	8%	70	11%	13	2%	3	0%	8	1%	28	4%
Renton	256	45%	163	29%	89	16%	39	7%	4	1%	2	0%	17	3%
North King	315	59%	113	21%	70	13%	25	5%	2	0%	7	1%	13	2%
Spokane	410	76%	46	9%	46	9%	7	1%	3	1%	11	2%	24	4%
Everett	328	62%	89	17%	74	14%	22	4%	2	0%	5	1%	11	2%
East King	297	64%	69	15%	63	14%	30	6%	2	0%	0	0%	4	1%
Yakima Valley	227	51%	29	6%	163	36%	17	4%	2	0%	4	1%	9	2%
Olympia	279	69%	44	11%	47	12%	10	2%	3	1%	10	2%	21	5%
South Pierce	207	52%	110	28%	45	11%	15	4%	7	2%	5	1%	16	4%

* NH = non-Hispanic

** Native Hawaiians and Other Pacific Islanders

*** American Indians and Alaska Natives

Table 4. HIV Exposure Mode among People Living with Diagnosed HIV Infection, by Urban Area, 2015

Urban Area	HIV Transmission Category											Total MSM/TSM		Total IDU	
	MSM/TSM*		IDU		MSM/TSM/IDU		Heterosexual		Other		No	row %	No	row %	
	No	row %	No	row %	No	row %	No	row %	No	row %					
Seattle	3669	75%	248	5%	478	10%	469	10%	27	1%	4147	85%	726	15%	
Tacoma	534	58%	115	13%	85	9%	173	19%	12	1%	619	67%	200	22%	
South King	416	52%	77	10%	49	6%	232	29%	21	3%	465	58%	126	16%	
Vancouver	414	65%	61	10%	67	10%	90	14%	8	1%	481	75%	128	20%	
Renton	344	61%	41	7%	36	6%	136	24%	11	2%	380	67%	77	14%	
North King	326	61%	36	7%	35	7%	129	24%	12	2%	361	67%	71	13%	
Spokane	313	58%	68	13%	79	15%	66	12%	11	2%	391	73%	147	27%	
Everett	296	56%	51	10%	58	11%	103	20%	18	3%	354	67%	109	21%	
East King	324	70%	16	3%	32	7%	88	19%	6	1%	355	76%	47	10%	
Yakima Valley	240	54%	64	14%	40	9%	92	21%	12	3%	279	62%	104	23%	
Olympia	240	59%	47	12%	49	12%	57	14%	12	3%	288	71%	95	24%	
South Pierce	238	59%	37	9%	37	9%	83	21%	6	2%	274	69%	74	18%	

*MSM/TSM includes both men who have sex with men and transgender persons who have sex with men

Table 5. Continuum Metrics among People Living with Diagnosed HIV Infection, by Urban Area, 2010-2015

Urban Area	New HIV Diagnoses				People Living with Diagnosed HIV Infection			
	Late HIV Diagnosis*		Linkage to Care **		Engaged in Any Care***	Retained in Care [†]	Suppressed Viral Load ^{††}	
	2010-2014		2011-2015		2015	2015	2015	
	Total No.	% Late	Total No.	% Linked	Total No.	% Engaged	% Retained	% Suppressed
Seattle	956	24%	857	89%	4891	86%	60%	76%
Tacoma	168	29%	163	69%	919	76%	54%	62%
South King	170	31%	185	88%	795	88%	55%	76%
Vancouver	124	40%	111	76%	640	66%	34%	50%
Renton	111	46%	105	95%	568	87%	58%	76%
North King	103	36%	97	86%	538	85%	59%	75%
Spokane	90	39%	91	76%	536	82%	66%	68%
Everett	72	40%	82	68%	526	86%	58%	75%
East King	102	28%	104	87%	465	85%	54%	74%
Yakima Valley	78	42%	71	73%	447	78%	60%	69%
Olympia	73	34%	63	67%	404	76%	48%	63%
South Pierce	89	33%	93	61%	400	72%	52%	60%
Green	< 30%		≥ 85%		≥ 90%		≥ 70%	≥ 80%
Yellow	30% - 39%		75% - 84%		80% - 89%		60% - 69%	70% - 79%
Pink	≥ 40%		< 75%		< 80%		< 60%	< 70%

* AIDS diagnosis within 12 months of HIV diagnosis

** linked to HIV medical care within 30 days of initial HIV diagnosis

*** at least one CD4 or VL result reported, last 12 months

[†] ≥ CD4 or VL results, at least 3 months apart, last 12 months

^{††} most recent VL result ≥ 200 copies/mL, last 12 months

Table 6. Continuum Metrics among U.S. Born Black People Living with Diagnosed HIV Infection, by Urban Area, 2010-2015

Urban Area	New HIV Diagnoses				People Living with Diagnosed HIV Infection			
	Late HIV Diagnosis*		Linkage to Care **		Engaged in Any Care***	Retained in Care [†]	Suppressed Viral Load ^{††}	
	2010-2014		2011-2015		2015	2015	2015	
	Total No.	% Late	Total No.	% Linked	Total No.	% Engaged	% Retained	% Suppressed
Seattle	91	23%	84	80%	490	87%	60%	68%
Tacoma	32	22%	30	63%	174	74%	54%	56%
South King	20	15%	20	85%	133	87%	55%	68%
Vancouver	2	0%	2	100%	36	64%	25%	50%
Renton	11	36%	12	92%	83	82%	53%	61%
North King	5	40%	5	80%	27	78%	59%	70%
Spokane	0	N/A	0	N/A	21	90%	81%	67%
Everett	4	50%	3	100%	38	79%	45%	71%
East King	1	0%	3	100%	23	91%	57%	70%
Yakima Valley	2	50%	1	0%	21	76%	57%	62%
Olympia	6	17%	5	60%	25	60%	36%	40%
South Pierce	19	21%	16	44%	84	61%	45%	49%

Green	< 30%	≥ 85%	≥ 90%	≥ 70%	≥ 80%
Yellow	30% - 39%	75% - 84%	80% - 89%	60% - 69%	70% - 79%
Pink	≥ 40%	< 75%	< 80%	< 60%	< 70%

* AIDS diagnosis within 12 months of HIV diagnosis

** linked to HIV medical care within 30 days of initial HIV diagnosis

*** at least one CD4 or VL result reported, last 12 months

[†] ≥ CD4 or VL results, at least 3 months apart, last 12 months

^{††} most recent VL result ≥ 200 copies/mL, last 12 months

Note: Cells shaded in GRAY either contain or are based on values of less than 20. These data are less reliable and should be interpreted with extreme caution.

Table 7. Continuum Metrics among Foreign Born Black People Living with Diagnosed HIV Infection, by Urban Area, 2010-2015

Urban Area	New HIV Diagnoses				People Living with Diagnosed HIV Infection			
	Late HIV Diagnosis*		Linkage to Care **		Engaged in Any Care***	Retained in Care [†]	Suppressed Viral Load ^{††}	
	2010-2014		2011-2015		2015	2015	2015	
	Total No.	% Late	Total No.	% Linked	Total No.	% Engaged	% Retained	% Suppressed
Seattle	63	32%	64	91%	266	76%	53%	68%
Tacoma	11	45%	10	100%	40	80%	60%	80%
South King	47	45%	55	95%	129	88%	55%	78%
Vancouver	2	50%	2	100%	12	67%	42%	50%
Renton	15	47%	15	100%	75	84%	57%	77%
North King	22	32%	19	84%	81	80%	51%	69%
Spokane	6	33%	8	75%	23	74%	61%	70%
Everett	8	50%	10	70%	45	80%	49%	76%
East King	9	44%	12	100%	40	73%	48%	65%
Yakima Valley	3	67%	2	100%	8	63%	38%	63%
Olympia	3	33%	4	100%	13	62%	62%	62%
South Pierce	12	25%	8	63%	20	65%	50%	65%

Green	< 30%	≥ 85%	≥ 90%	≥ 70%	≥ 80%
Yellow	30% - 39%	75% - 84%	80% - 89%	60% - 69%	70% - 79%
Pink	≥ 40%	< 75%	< 80%	< 60%	< 70%

* AIDS diagnosis within 12 months of HIV diagnosis

** linked to HIV medical care within 30 days of initial HIV diagnosis

*** at least one CD4 or VL result reported, last 12 months

[†] ≥ CD4 or VL results, at least 3 months apart, last 12 months

^{††} most recent VL result ≥ 200 copies/mL, last 12 months

Note: Cells shaded in GRAY either contain or are based on values of less than 20. These data are less reliable and should be interpreted with extreme caution.

Table 8. Continuum Metrics among Foreign Born Hispanic People Living with Diagnosed HIV Infection, by Urban Area, 2010-2015

Urban Area	New HIV Diagnoses				People Living with Diagnosed HIV Infection				
	Late HIV Diagnosis*		Linkage to Care **		Engaged in Any Care***	Retained in Care [†]	Suppressed Viral Load ^{††}		
	2010-2014		2011-2015		2015	2015	2015		
	Total No.	% Late	Total No.	% Linked	Total No.	% Engaged	% Retained	% Suppressed	
Seattle	73	21%	68	94%	334	69%	50%	60%	
Tacoma	19	21%	15	80%	81	49%	42%	44%	
South King	15	40%	19	79%	63	76%	46%	68%	
Vancouver	8	25%	3	67%	34	65%	35%	56%	
Renton	22	50%	20	95%	65	82%	60%	78%	
North King	10	50%	9	78%	38	76%	53%	66%	
Spokane	2	50%	3	100%	12	58%	42%	33%	
Everett	6	67%	6	50%	36	86%	58%	69%	
East King	8	50%	7	100%	41	85%	54%	71%	
Yakima Valley	14	71%	16	69%	98	67%	54%	58%	
Olympia	5	40%	6	67%	25	72%	60%	64%	
South Pierce	2	50%	1	0%	11	36%	27%	36%	

Green	< 30%	≥ 85%	≥ 90%	≥ 70%	≥ 80%
Yellow	30% - 39%	75% - 84%	80% - 89%	60% - 69%	70% - 79%
Pink	≥ 40%	< 75%	< 80%	< 60%	< 70%

* AIDS diagnosis within 12 months of HIV diagnosis

** linked to HIV medical care within 30 days of initial HIV diagnosis

*** at least one CD4 or VL result reported, last 12 months

[†] ≥ CD4 or VL results, at least 3 months apart, last 12 months

^{††} most recent VL result ≥ 200 copies/mL, last 12 months

Note: Cells shaded in GRAY either contain or are based on values of less than 20. These data are less reliable and should be interpreted with extreme caution.

Table 9. Continuum Metrics among MSM/TSM[§] Living with Diagnosed HIV Infection, by Urban Area, 2010-2015

Urban Area	New HIV Diagnoses				People Living with Diagnosed HIV Infection			
	Late HIV Diagnosis* 2010-2014		Linkage to Care ** 2011-2015		Engaged in Any Care*** 2015	Retained in Care [†] 2015	Suppressed Viral Load ^{††} 2015	
	Total No.	% Late	Total No.	% Linked	Total No.	% Engaged	% Retained	% Suppressed
Seattle	812	21%	719	90%	4147	87%	61%	78%
Tacoma	119	25%	120	69%	619	78%	55%	63%
South King	93	27%	104	85%	465	89%	57%	77%
Vancouver	100	43%	88	76%	481	67%	36%	52%
Renton	75	43%	72	94%	380	88%	59%	76%
North King	62	33%	60	83%	361	86%	61%	75%
Spokane	62	40%	59	79%	391	83%	66%	70%
Everett	50	42%	53	68%	354	86%	59%	75%
East King	80	26%	79	85%	355	87%	54%	75%
Yakima Valley	54	44%	50	67%	279	82%	61%	72%
Olympia	48	36%	42	64%	288	76%	47%	63%
South Pierce	59	29%	67	60%	274	72%	52%	58%
Green	< 30%		≥ 85%		≥ 90%		≥ 70%	≥ 80%
Yellow	30% - 39%		75% - 84%		80% - 89%		60% - 69%	70% - 79%
Pink	≥ 40%		< 75%		< 80%		< 60%	< 70%

[§] MSM/TSM = men who have sex with men and transgender persons who have sex with men

* AIDS diagnosis within 12 months of HIV diagnosis

** linked to HIV medical care within 30 days of initial HIV diagnosis

*** at least one CD4 or VL result reported, last 12 months

[†] ≥ CD4 or VL results, at least 3 months apart, last 12 months

^{††} most recent VL result ≥ 200 copies/mL, last 12 months

Note: Cells shaded in **GRAY** either contain or are based on values of less than 20. These data are less reliable and should be interpreted with extreme caution.

9.2 APPENDIX 2: SERVICE DEFINITIONS

The Ryan White HIV/AIDS Program legislation defines funding for PLWH using HRSA funding.⁵ For PAHR, DOH is not funding all services available for PLWH. Non-DOH funding should be coordinated to expand the services available for PAHR.

Acuity Model

The Acuity Model is an engagement and retention in care process that applies to PAHR and PLWH. It requires the consent and active participation of the customer in decision-making. It supports a customer's right to privacy, confidentiality, self-determination, dignity and respect, nondiscrimination, compassionate non-judgmental care, a culturally competent provider, and quality services. The Acuity Model informs the service provider about the appropriate service level and services for each customer. DOH based the PAHR Acuity Model concept on the HIV Care Acuity Model.

Program Guidance – PAHR

A PAHR Acuity Model will be developed with input from the community and service providers to meet the needs of HCS customers and programs.

Condom Distribution

Condom distribution ensures that condoms are available, accessible, and acceptable to PLWH and PAHR across Washington State. It includes ensuring that condoms are available in the environments where members of the target population are found, such as pharmacies and condom dispensing machines. Outreach workers should ensure unrestricted access to condoms that are available in the environment by providing free condoms that are conveniently located in multiple locations. Distribution programs should be integrated into other service activities that promote condom use and other risk reduction behaviors.

Program Guidance – PAHR, PLWH:

Condom distribution for PLWH and PAHR must be bundled with a direct service including, but not limited to, HIV testing, Health Education/Risk reduction activities, healthcare navigation/coordination, and insurance enrollment/navigation. *Condom distribution will not be funded as a stand-alone activity.*

Early Intervention Services (EIS)

Early Intervention Services must include the following four components:

- Targeted HIV testing to help the unaware learn of their HIV status and receive referral to HIV care and treatment services if found to be HIV-infected.
 - Agencies must coordinate these testing services with other HIV prevention and testing programs to avoid duplication of efforts
 - HIV testing paid for by EIS cannot supplant testing efforts paid for by other sources
- Referral services to improve HIV care and treatment services at key points of entry
- Access and linkage to HIV care and treatment services such as Medical Case Management, Outpatient/Ambulatory Health Services, and Substance Abuse Care

⁵ Ryan White Legislation - Section 2651 (e) of the Public Health Service Act

Appendix 2 – Service Definitions

- Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

Program Guidance - PLWH:

The elements of EIS often overlap with other service category descriptions; however, EIS is the combination of such services rather than a stand-alone service. Agencies should be aware of programmatic expectations that stipulate the allocation of funds into specific service categories.

Food Bank/Home Delivered Meals

Food Bank/Home Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the following:

- Personal hygiene products
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Program Guidance - PAHR:

This service is not funded through HCS. HCS service providers should link PAHR customers to community resources based on need.

Program Guidance - PLWH:

Unallowable costs include household appliances, pet foods, and other non-essential products.

Health Education/Risk reduction

Health Education/Risk Reduction is the provision of education to PLWH and PAHR customers about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with customers to improve their health status. Topics covered may include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for customers' partners and treatment as prevention (PLWH)
- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for PAHR
- Education on health care coverage options (e.g. qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education
- Condom access

Program Guidance - PAHR:

Agencies cannot provide Health Education/Risk Reduction services anonymously. *This service is not fundable as a stand-alone category.*

Program Guidance - PLWH:

Agencies cannot provide Health Education/Risk Reduction services anonymously.

Healthcare Navigation & Coordination

Healthcare navigation and coordination are service delivery processes to help PLWH and PAHR obtain timely, essential and appropriate medical and social services to optimize health outcomes through engagement with healthcare systems. Healthcare Navigation includes linking persons to health care systems, assisting with health insurance and transportation, identifying and reducing barriers to care, and tailoring health education to the client to influence his or her

Appendix 2 – Service Definitions

health-related attitudes and behaviors. Healthcare Coordination ensures customers, particularly customers with complex healthcare needs, get the right care at the right time in the right settings while avoiding unnecessary duplication of services.

Program Guidance - PAHR, PLWH:

This service will allow service providers to link PAHR and PLWH customers to resources not funded by HCS.

Housing Services

Housing services provide limited short-term assistance to support emergency, temporary, or transitional housing to enable customers or families to gain or maintain outpatient/ambulatory health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services.

Housing services are transitional in nature and for the purposes of moving or maintaining a customer or family in a long-term, stable living situation. Therefore, such assistance cannot be provided on a permanent basis and must be accompanied by a strategy to identify, relocate, and/or ensure the customer or family is moved to, or capable of maintaining, a long-term, stable living situation.

Eligible housing can include housing that provides some type of medical or supportive services (such as residential substance use disorder services or mental health services, residential care, assisted living residential services). It can also include housing that does not provide direct medical or supportive services, but is essential for customers or families to gain or maintain access to and compliance with HIV-related outpatient/ambulatory health services and treatment.

Program Guidance - PAHR:

This service is not funded through HCS. HCS service providers should link PAHR customers to community resources based on need.

Program Guidance - PLWH:

Recipients must have mechanisms in place to allow newly identified customers access to housing services. Upon request, recipients must provide the Department with an individualized written housing plan, consisting with HRSA Housing Policy 11-01⁶, covering each customer receiving short term, transitional, and emergency services. Recipients and local decision planning bodies are strongly encouraged to institute duration limits to provide transitional and emergency housing services. The US Department of Housing and Urban Development (HUD) defines transitional housing as up to 24 months. The Department recommends that recipients consider using HUD's definition as their standard.

Housing services funds cannot be in the form of direct cash payments to customers. Housing services funds cannot go towards mortgage payments.

HIV and STD Testing in Nonclinical Settings

HIV and STD testing in nonclinical settings include testing services at sites where medical, diagnostic, and/or treatment services are not *routinely* provided, but where select diagnostic

⁶ PCN 11-01 [The Use of Ryan White HIV/AIDS Program Funds for Housing Referral and Short-term or Emergency Housing Needs](#)

Appendix 2 – Service Definitions

services, such as HIV testing, are offered. A key feature of nonclinical settings is their location *within* the community whether at fixed venues, outreach sites, or in a person's home, nonclinical settings are easily accessible and comfortable for populations who might not access medical services regularly.

Program Guidance - PAHR:

To reach populations at high risk for HIV infection, sites should employ strategic targeting and recruitment efforts, establish targets for key program indicators, and monitor service delivery to ensure targeted testing is achieving program goals. Sites should use HIV testing technologies that are the most sensitive, cost-effective, and feasible for use at their agency. Funded providers should present confidential HIV testing as the default option for all persons requesting an HIV test. Funded providers should establish partnerships with organizations that offer essential follow-up services.

Linguistic Services

Linguistic Services provide interpretation and translation services, both oral and written, to eligible customers. Qualified individuals must provide these services as a component of HIV service delivery between the healthcare provider and the customer. Agencies should provide these services when such services are necessary to facilitate communication between the provider and customer or support the delivery of eligible services.

Program Guidance - PAHR

This service is not funded through HCS. HCS service providers should link PAHR customers to community resources based on need.

Program Guidance - PLWH:

Services provided must comply with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

Medical Case Management Services *(in the RFA, DOH has combined HRSA defined Medical Case Management and non-Medical Case Management into one category, Case Management)*

Medical case management is the provision of a range of customer-centered activities focused on improving health outcomes in support of the HIV prevention and care continuum. An interdisciplinary team that includes other specialty care providers may prescribe activities. Medical Case Management includes all types of case management encounters (e.g., face-to-face, phone contact, and any other forms of communication). Key activities include:

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous customer monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6-months with adaptations as necessary
- Ongoing assessment of the customer's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments and prevention regimens
- Customer-specific advocacy or review of utilization of services

In addition to providing the medically oriented services above, Medical Case Management may also provide benefits counseling by assisting eligible customers in obtaining access to other

Appendix 2 – Service Definitions

public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, health care and supportive services, and insurance plans through the health Insurance Marketplaces/Exchanges).

Program Guidance – PAHR, PLWH:

Medical Case Management services have as their objective improving health care outcomes whereas Non-Medical Case Management have as their objective providing guidance and assistance in improving access to needed services.

Visits to ensure readiness for, and adherence to, complex HIV treatment and prevention regimens are part of Medical Case Management. Treatment Adherence Services provided during a Medical Case Management visit should be reported in the Medical Case Management service category.

Medical Nutrition Therapy

Medical Nutrition Therapy includes:

- Nutrition assessment and screening
- Dietary/nutritional evaluation
- Food and/or nutritional supplements per medical provider’s recommendation
- Nutrition education and/or counseling

These services can be provided in individual and/or group settings and outside of HIV Outpatient/Ambulatory Health Services

Program Guidance – PAHR:

This service is not funded through HCS. HCS service providers should link PAHR customers to community resources based on need.

Program Guidance - PLWH:

All services performed under this service category must be pursuant to a medical provider’s referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional.

Note: Services not provided by a registered/licensed dietitian should be considered Psychosocial Support Services.

Medical Transportation

Medical transportation is the provision of nonemergency transportation services that enables an eligible customer to access or retain in core medical and support services.

Program Guidance - PAHR:

This service is not funded through HCS. HCS service providers should link PAHR customers to community resources based on need.

Program Guidance - PLWH:

Medical transportation is provided through:

- Contracts with providers of transportation services
- Voucher or token systems
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)

Unallowable costs include:

- Direct cash payments of cash reimbursements to customers
- Direct maintenance expenses (tires, repairs, etc.) or a privately-owned vehicle
- Any other costs associated with a privately-owned vehicle such as lease, loan payments, insurance, license, or registration fees

Mental Health Services

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to customers living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance - PAHR:

This service is not funded through HCS. HCS service providers should link PAHR customers to community resources based on need.

Program Guidance - PLWH:

Mental Health Services are allowable only for HIV-infected customers.

Non-Medical Case Management *(in the RFA, DOH has combined HRSA defined Medical Case Management and non-Medical Case Management into one category, Case Management)*

Non-Medical Case Management Services (NMCM) provide guidance and assistance in accessing medical, social, community, legal, financial, and other needed services. NMCM services may also include assisting eligible customers to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Medicare Part D, State Pharmacy Assistance Programs, other state or local health care and supportive services, or health insurance Marketplace plans. This service category includes several methods of communication including fact-to-face, phone contact, and any other forms of communication deemed appropriate by the recipient. Key activities include:

- Initial assessment of service needs
- Development of comprehensive, individualized care plan
- Continuous customer monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6 months with adaptations as necessary
- Ongoing assessment of the customer's and other key family members' needs and personal support services

Program Guidance – PAHR & PLWH:

NMCM services have as their objective providing guidance and assistance in improving access to needed services whereas Medical Case Management have as their objective improving health care outcomes.

Outreach Services

Outreach Services for PLWH include the provision of the following activities:

- Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
- Provision of additional information and education on health care coverage options
- Reengagement of people who know their status into Outpatient/Ambulatory Health Services

Appendix 2 – Service Definitions

- Recruitment to HIV Community Services

Outreach Services for PAHR may include the provision of the activities above but must be bundled with one or more direct service including, but not limited to, HIV testing, condom distribution, healthcare navigation/coordination, and insurance enrollment/navigation. DOH will not fund Outreach services as stand-alone activities.

Program Guidance - PAHR & PLWH:

Outreach programs must be:

- Conducted at times and in places where there is a high probability that individuals with HIV infection or those exhibiting high risk behavior are present
- Designed to provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness
- Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort
- Targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection

Agencies providing services to PLWH may not use funds to pay for HIV counseling or testing under this service category. Agencies cannot deliver Outreach services anonymously as personally identifiable information as the Department needs data about customers for program reporting (see Policy Notice 12-01⁷).

Population Based Services

Population based services focus on the overall customer populations served, on population health needs, and on community empowerment to help populations better understand and use healthcare and ARVs for PrEP and treatment. These services will be the driver of new customers to the HCS system. These services may include:

- Community-level strategies to identify and understand population needs.
- Community-level strategies to engage, mobilize, and empower communities to seek healthcare services including health insurance, HIV testing, PrEP, and HIV treatment.

Program Guidance – PAHR, PLWH:

Population based services must be:

- Conducted at times and in places where there is a high probability that individuals with HIV infection or those exhibiting high risk behavior are present
- Planned and delivered in coordination with local and state HIV prevention outreach programs to avoid duplication of effort
- Targeted to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at disproportionate risk for HIV infection

Population Based Services for PLWH and PAHR must be bundled with a direct service including, but not limited to, HIV testing, condom distribution, healthcare

⁷ Policy Notice 12-01: The Use of Ryan White HIV/AIDS Program Funds for Outreach Service

Appendix 2 – Service Definitions

navigation/coordination, and insurance enrollment/navigation. *Population based services will not be funded as stand-alone activities.*

Psychosocial Support Services

Psychosocial Support Services provide group or individual support and counseling services to assist eligible PLWH and PAHR to address behavioral and physical health concerns. These services may include:

- Bereavement counseling
- Caregiver/respice support
- Child abuse and neglect counseling
- HIV support groups
- Nutrition counseling provided by a non-registered dietician
- Pastoral care/counseling

Program Guidance - PAHR:

Fundable psychosocial support services for PAHR are limited. Funds under this service category may only be used to achieve outcomes associated with initiating and/or sustaining ARVs for PrEP.

Program Guidance - PLWH:

Funds under this service category may not be used to provide nutritional supplements. Funded pastoral counseling must be available to all eligible customers regardless of their religious denominational affiliation. Agencies may not use funds for social/recreational activities or to pay for a customer's gym membership.

Substance Abuse Services Outpatient Care

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include:

- Screening
- Assessment
- Diagnosis, and/or
- Treatment of substance use disorder, including:
 - Pretreatment/recovery readiness programs
 - Harm reduction
 - Behavioral health counseling associated with substance use disorder
 - Outpatient drug-free treatment and counseling
 - Medication assisted therapy
 - Neuro-psychiatric pharmaceuticals
 - Relapse prevention

Program Guidance - PAHR:

This service is not funded through HCS. HCS service providers should link PAHR customers to community resources based on need.

Program Guidance - PLWH:

Acupuncture therapy may be allowable under this category only when, as part of a substance use disorder treatment and included in a documented plan.

9.3 **APPENDIX 3: RESOURCE LIST**

The resources listed below are meant to be a tool for applicants. They are not inclusive and additional research may be necessary to complete the application.

[Clinical Guidelines for PrEP – CDC](#)

[Epidemiological Report - 2015 – DOH](#)

[Evidence-Based Interventions and Best Practices for HIV Prevention – CDC](#)

[High-Impact HIV Prevention – CDC](#)

[HIV-Related Health Disparities – DOH](#)

[HIV Among African American Gay and Bisexual Men - CDC](#)

[HIV Fact Sheets - DOH](#)

[HIV Testing Productivity and Yield Analysis - NASTAD](#)

[HIV Testing Strategies 101 - NASTAD](#)

[HIV Testing Toolkit - NASTAD](#)

[Implementing HIV Testing in Nonclinical Settings - CDC](#)

[Medical Monitoring Project \(MMP\) Fact Sheet – DOH](#)

[National HIV/AIDS Strategy for the United States – The White House](#)

[PrEP Fact Sheet - CDC](#)

[Washington State HIV Surveillance Semiannual Report - DOH](#)

[Washington State Strategic HIV Prevention Framework – DOH](#)

Appendix 4: Financial and Administrative Considerations

9.4 APPENDIX 4: FINANCIAL AND ADMINISTRATIVE CONSIDERATIONS

Financial and Administrative Considerations for Evaluation of HIV Community Service Request for Applications (RFA) Before Awarding Funding

- If organization has contracted with DOH previously, review history, accuracy, and timeliness of submission of reports, fiscal reports, budget requests, and invoices.
- Request written policies and procedures for handling all financial transactions (back up documentation including receipts, invoices, disbursements, authorizations, etc.).
- Request payroll policies and procedures.
- Check to make sure the organization has not been suspended or debarred.
- Check to find out if any lawsuits have been filed against the organization.
- Request copies of insurance coverage.
- Request written workflow of accounting procedures to ensure an adequate system of checks and balances.
- Request Board minutes and Board contact information.
- Request copies of staff licenses and certifications and make sure they are current.
- Request client eligibility policies and procedures.
- Request organization's travel policies and procedures.
- Request the organization's federally approved negotiated indirect cost rate plan or cost allocation plan if the organization has one.
- Review organization's financial stability and capacity.
 - Review past compliance issues and/or audit findings and the timeliness with which they were resolved.
 - Review DOH's risk assessment, "Capability & Oversight Assessment Tool" (COAT) and DOH contractor comments.
 - Request financial and audit reports (State Auditor, A-133 reports).
 - Ensure the organization has the capacity to do business on a cost reimbursement basis.
- Ensure the organization's accounting system has the capacity to separate funding sources.
- Request privacy policies and procedures for handling and storing confidential information.
- Request equal opportunity and discrimination policies.
- Request certification of a drug-free workplace.

Case Management

Case management is the provision of a range of client-centered activities focused on improving health outcomes in support of the HIV continuum. Case Management services have as their objective improving access to care **(in the RFA, DOH has combined HRSA defined Medical Case Management and non-Medical Case Management into one category, Case Management)**

- Initial assessment of service needs
- Development of a comprehensive, individualized care plan
- Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
- Continuous client monitoring to assess the efficacy of the care plan
- Re-evaluation of the care plan at least every 6-months with adaptations as necessary
- Ongoing assessment of the client's and other key family members' needs and personal support systems
- Treatment adherence counseling to ensure readiness for and adherence to complex HIV treatments
- Client-specific advocacy or review of utilization of services

Agency Name

1/1/17 to 12/31/17

Budget Category	Number to be served	0
------------------------	----------------------------	----------

Include all case management services (HRSA defined medical case management & 1. Salaries non-medical case management)	Total Salary (1 FTE)	Unit Description	# Units (FTE)	Amount Requested
Title/Name	\$ -	FTE	0.00	\$ -
Description: <i>(e.g. this position provides case management services to moderate-high need clients)</i>				
Title/Name	\$ -	FTE	0.00	\$ -
Description: <i>(e.g. this position provides case management services to low need clients)</i>				
Title/Name	\$ -	FTE	0.00	\$ -
Description: <i>(e.g. this position provides case management services to treatment adherence clients)</i>				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Total Salaries		FTE Total	0.00	\$0

2. Benefits	\$ Salary paid by contract		Fringe Rate	Amount Requested
Title/Name	\$ -		0.00%	\$ -
Justification: <i>(e.g. Fringe Benefits are calculated at XX% on the total salary. Benefits include: Social Security, Health Insurance, Medical Aid plus Industrial Insurance and Retirement.)</i>				
Title/Name	\$ -		0.00%	\$ -
Justification:				
Title/Name	\$ -		0.00%	\$ -
Justification:				
Title/Name	\$ -		0.00%	\$ -
Justification:				
Total Benefits				\$0

3. Equipment	Unit Cost	Unit Description	# Units	Amount Requested
Item	\$ -	per item	0	\$ -
Justification:				
Item	\$ -	per item	0	\$ -
Justification:				
Total Equipment				\$ -

4. Supplies	Unit Cost (monthly)	# or FTE	Unit Cost	Amount Requested
General Supplies	12	per item	\$ -	\$ -
Justification:				
Total supplies:				\$ -

5. Travel					
Participant(s)	C		Units	Unit Cost	Amount Requested
<i>In State</i>					
	Mileage		0	\$0.540	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
Purpose:					
<i>Out of State</i>					
	Mileage		0	\$0.540	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
	Parking		0	\$ -	\$ -
	Taxi or Shuttle	per trip	0	\$ -	\$ -
Purpose:					
Total Travel:					\$ -
6. Other Costs					
Other Cost Items:		Monthly	FTE or Units	Unit Cost	Amount Requested
<i>e.g. Office Rent</i>		12	0	\$ -	\$ -
Justification: <i>(e.g. Rent is not included in the negotiated Central Indirect Rate. Rent costs are allocated to each grant-funded project on the basis of project staffing; each project covers lease costs for its share of the square footage dedicated to its staff.</i>					
<i>e.g. Telephone/Cellular Phone</i>		12	0	\$ -	\$ -
Justification: <i>(e.g the items are specific to the staff assigned to this project in order to conduct the work)</i>					
<i>e.g postage</i>		12	0	\$ -	\$ -
Justification:					
<i>e.g. printing</i>		12	0	\$ -	\$ -
Justification:					
Total Other:					\$ -
7. Direct Costs					
				Total Direct:	Amount Requested
				Salaries and Wages	\$ -
				Fringe Benefits	\$ -
				Equipment	\$ -
				Supplies	\$ -
				Travel	\$ -
				Other	\$ -
				Total	\$ -
8. AGENCY Indirect Costs					
Negotiated Indirect Rate of X applied to Y as per per agreement (date). <i>Describe the cost rate plan and insure a copy of the agreegment is referenced.</i>			0.00%	Total Indirect:	\$ -
9. Total Contract Request					
Medical Case Management Services Costs:					\$ -

Early Intervention Services (EIS)

Early Intervention Services funded using DOH local dollars must include the following four components:
 Targeted HIV testing coordinated with other HIV prevention and testing programs
 Referral services to improve HIV care and treatment services at key points of entry
 Access and linkage to HIV care and treatment services (MCM, non-MCM, Outpatient Medical Care)
 Outreach Services and Health Education/Risk Reduction related to HIV diagnosis

Agency Name

1/1/17 to 12/31/17

Budget Category	Number to be served	0
------------------------	----------------------------	---

1. Salaries	Total Salary (1 FTE)	Unit Description	# Units (FTE)	Amount Requested
Title/Name	\$ -	FTE	0.00	\$ -
Description: (e.g. this position provides targeted HIV testing services)				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Total Salaries		FTE Total		0 \$ -

2. Benefits	\$ Salary paid by contract		Fringe Rate	Amount Requested
Title/Name	\$ -		0.00%	\$ -
Justification: (e.g. Fringe Benefits are calculated at XX% on the total salary. Benefits include: Social Security, Health Insurance, Medical Aid plus Industrial Insurance and Retirement.)				
Title/Name	\$ -		0.00%	\$ -
Justification:				
Title/Name	\$ -		0.00%	\$ -
Justification:				
Title/Name	\$ -		0.00%	\$ -
Justification:				
Total Benefits				\$ -

3. Equipment	Unit Cost	Unit Description	# Units	Amount Requested
Item	\$ -	per item	0	\$ -
Justification:				
Item	\$ -	per item	0	\$ -
Justification:				
Total Equipment				\$ -

4. Supplies	Unit Cost (monthly)	# or FTE	Unit Cost	Amount Requested
General Supplies	12	per item	\$ -	\$ -
Justification:				
Total supplies:				\$ -

5. Travel					
Participant(s)	Type		Units	Unit Cost	Amount Requested
<i>In State</i>					
	Mileage		0	\$0.540	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
Purpose:					
<i>Out of State</i>					
	Mileage		0	\$0.540	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
	Parking		0	\$ -	\$ -
	Taxi or Shuttle	per trip	0	\$ -	\$ -
Purpose:					
Total Travel:					\$ -
6. Other Costs					
Other Cost Items:	Monthly	FTE or Units	Unit Cost	Amount Requested	
<i>e.g. Office Rent</i>	12	0	\$ -	\$ -	
Justification: <i>(e.g. Rent is not included in the negotiated Central Indirect Rate. Rent costs are allocated to each grant-funded project on the basis of project staffing; each project covers lease costs for its share of the square footage dedicated to its staff.)</i>					
<i>e.g. Telephone/Cellular Phone</i>	12	0	\$ -	\$ -	
Justification: <i>(e.g. the items are specific to the staff assigned to this project in order to conduct the work)</i>					
<i>e.g. postage</i>	12	0	\$ -	\$ -	
Justification:					
<i>e.g. printing</i>	12	0	\$ -	\$ -	
Justification:					
Total Other:					\$ -
7. Direct Costs					Amount Requested
				Salaries and Wages	\$ -
				Fringe Benefits	\$ -
				Equipment	\$ -
				Supplies	\$ -
				Travel	\$ -
				Other	\$ -
				Total	\$ -
8. AGENCY Indirect Costs					
Negotiated Indirect Rate of X applied to Y as per agreement (date). <i>Describe the cost rate plan and insure a copy of the agreement is referenced.</i>			0.00%	Total Indirect:	\$ -
9. Total Contract Request					
Early Intervention Services Costs:					\$ -

Food Bank/Home-Delivered Meals

Food Bank/Home-Delivered Meals refers to the provision of actual food items, hot meals, or a voucher program to purchase food. This also includes the provision of essential non-food items that are limited to the follow:

- Personal hygiene items
- Household cleaning supplies
- Water filtration/purification systems in communities where issues of water safety exist

Agency Name

1/1/17 to 12/31/17

Budget Category	Number to be served	0
------------------------	----------------------------	----------

1. Items to be distributed				
	Unit Cost	Unit Description	# Units	Amount Requested
Food Bags	\$ -	per item	0	\$ -
<i>Description: (e.g. provided to retain people in care services)</i>				
Vouchers	\$ -	per item	0	\$ -
Description:				
Nutritional Supplements	\$ -	per item	0	\$ -
Description:				
Essential non-food items	\$ -	per item	0	\$ -
Description:				
Total Cost of Items to be Distributed				\$0

2. Equipment				
	Unit Cost	Unit Description	# Units	Amount Requested
Item (e.g. refrigerator)	\$ -	per item	0	\$ -
<i>Justification: (e.g. storage of perishable food items)</i>				
Item	\$ -	per item	0	\$ -
Justification:				
Total Equipment				\$0

3. Supplies				
	Unit Cost (monthly)	# / FTE	Unit Cost	Amount Requested
General Supplies	12	per item	\$ -	\$ -
Justification:				
Total supplies:				\$ -

4. Other Costs				
	Monthly	FTE / Units	Unit Cost	Amount Requested
<i>e.g. Office Rent</i>	12	0	\$ -	\$ -
Justification: (e.g. Rent is not included in the negotiated Central Indirect Rate. Rent costs are allocated to each grant-funded project on the basis of project staffing; each project covers lease costs for its share of the square footage dedicated to its staff.)				
<i>e.g. Telephone/Cellular Phone</i>	12	0	\$ -	\$ -
Justification: (e.g. the items are specific to the staff assigned to this project in order to conduct the work)				
<i>e.g. postage</i>	12	0	\$ -	\$ -
Justification:				
<i>e.g. printing</i>	12	0	\$ -	\$ -
Justification:				
Total Other:				\$ -

5. Direct Costs	Total Direct:	Amount Requested
Total Cost of Items to be Distributed	\$	-
Equipment	\$	-
Supplies	\$	-
Other Costs	\$	-
Total	\$	-
6. Total Contract Request		
Food Bank Services Costs:	\$	-

Health Education/Risk Reduction

Health Education/Risk Reduction is the provision of education to clients living with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes sharing information about medical and psychosocial support services and counseling with clients to improve their health status. Topics covered include:

- Education on risk reduction strategies to reduce transmission such as pre-exposure prophylaxis (PrEP) for clients' partners and treatment as prevention
- Education or health care coverage options (e.g. qualified health plans through the Marketplace, Medicaid coverage, Medicare coverage)
- Health literacy
- Treatment adherence education

Agency Name

1/1/17 to 12/31/17

Budget Category

Number to be served

0

1. Salaries	Total Salary (1 FTE)	Unit Description	# Units (FTE)	Amount Requested
Title/Name	\$ -	FTE	0.00	\$ -
Description: <i>(e.g. this position provides HERR services to link people into care services)</i>				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Total Salaries		FTE Total	0.00	\$ -

2. Benefits	\$ Salary paid by contract		Fringe Rate	Amount Requested
Title/Name	\$ -	FTE	0.00%	\$ -
Justification: <i>(e.g. Fringe Benefits are calculated at XX% on the total salary. Benefits include: Social Security, Health Insurance, Medical Aid plus Industrial Insurance and Retirement.)</i>				
Title/Name	\$ -	FTE	0.00%	\$ -
Justification:				
Title/Name	\$ -	FTE	0.00%	\$ -
Justification:				
Total Benefits				\$ -

3. Equipment	Unit Cost	Unit Description	# Units	Amount Requested
Item	\$ -	per item	0	\$ -
Justification:				
Item	\$ -	per item	0	\$ -
Justification:				
Total Equipment				\$ -

4. Supplies	Unit Cost (monthly)	# / FTE	Unit Cost	Amount Requested
General Supplies	12	per item	\$ -	\$ -
Justification:				
Total supplies:				\$ -

5. Travel					
Participant(s)	Type		Units	Unit Cost	Amount Requested
<i>In State</i>					
	Mileage		0	\$ 0.54	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
Purpose:					
<i>Out of State</i>					
	Mileage		0	\$ 0.54	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
	Parking		0	\$ -	\$ -
	Taxi or Shuttle	per trip	0	\$ -	\$ -
Purpose:					
Total Travel:					\$ -
6. Other Costs					
Other Cost Items:	Monthly	FTE or Units	Unit Cost	Amount Requested	
<i>e.g. Office Rent</i>	12	0	\$0	\$ -	
Justification: <i>(e.g. Rent is not included in the negotiated Central Indirect Rate. Rent costs are allocated to each grant-funded project on the basis of project staffing; each project covers lease costs for its share of the square footage dedicated to its staff.</i>					
<i>e.g. Telephone/Cellular Phone</i>	12	0	\$0	\$ -	
Justification: <i>(e.g the items are specific to the staff assigned to this project in order to conduct the work)</i>					
<i>e.g postage</i>	12	0	\$0	\$ -	
Justification:					
<i>e.g. printing</i>	12	0	\$0	\$ -	
Justification:					
Total Other:					\$ -
7. Direct Costs				Total Direct:	Amount Requested
				Salaries and Wages	\$ -
				Fringe Benefits	\$ -
				Equipment	\$ -
				Supplies	\$ -
				Travel	\$ -
				Other	\$ -
				Total	\$ -
8. AGENCY Indirect Costs					
Negotiated Indirect Rate of X applied to Y as per per agreement (date). <i>Describe the cost rate plan and insure a copy of the agreeement is referenced.</i>			0.00%	Total Indirect:	\$ -
9. Total Contract Request					
Health Education Risk Reduction Services Costs:					\$ -

Housing Services

Housing services provide limited short-term assistance to support emergency, temporary, or transitional housing to enable a client or family to gain or maintain outpatient/ambulatory health services. Housing-related referral services include assessment, search, placement, advocacy, and the fees associated with these services.

Housing services are transitional in nature and for the purpose of moving or maintaining a client or family in a long-term, stable living situation. Therefore, such assistance cannot be provided on a permanent basis and must be accompanied by a strategy to identify, relocate, and/or ensure the client or family is moved to, or capable of maintaining, a long-term, stable living situation.

Agency Name

1/1/17 to 12/31/17

Budget Category

Number to be served

0

1. Items to be distributed	Unit Cost	Unit Description	# Units	Amount Requested
Housing Voucher	\$ -	per item	0	\$ -
<i>Description: (e.g. provided to retain people in care services)</i>				
Emergency Shelter	\$ -	per item	0	\$ -
<i>Description:</i>				
Hotel	\$ -	per item	0	\$ -
<i>Description:</i>				
Other	\$ -	per item	0	\$ -
<i>Description:</i>				
Total Cost of Items to be Distributed				\$ -

2. Equipment	Unit Cost	Unit Description	# Units	Amount Requested
Item	\$ -	per item	0	\$ -
<i>Justification:</i>				
Item	\$ -	per item	0	\$ -
<i>Justification:</i>				
Total Equipment				\$ -

3. Supplies	Unit Cost (monthly)	# / FTE	Unit Cost	Amount Requested
General Supplies	12	per item	\$ -	\$ -
<i>Justification:</i>				
Total supplies:				\$ -

4. Other Costs				
Other Cost Items:	Monthly	FTE / Units	Unit Cost	Amount Requested
<i>e.g. Office Rent</i>	12	0	\$ -	\$ -
<i>Justification: (e.g. Rent is not included in the negotiated Central Indirect Rate. Rent costs are allocated to each grant-funded project on the basis of project staffing; each project covers lease costs for its share of the square footage dedicated to its staff.)</i>				
<i>e.g. Telephone/Cellular Phone</i>	12	0	\$ -	\$ -
<i>Justification: (e.g. the items are specific to the staff assigned to this project in order to conduct the work)</i>				
<i>e.g. postage</i>	12	0	\$ -	\$ -
<i>Justification:</i>				
<i>e.g. printing</i>	12	0	\$ -	\$ -
<i>Justification:</i>				
Total Other:				\$ -

5. Direct Costs		
	Total Direct:	Amount Requested
Total Cost of Items to be Distributed	\$	-
Equipment	\$	-
Supplies	\$	-
Other Costs	\$	-
Total	\$	-
6. Total Contract Request		
Housing Services Costs:	\$	-

Linguistic Services

Linguistic Services provide interpretation and translation services, both oral and written, to eligible clients. Qualified individuals must provide these services as a component of HIV service delivery between the healthcare provider and the client. Agencies should provide these services when such services are necessary to facilitate communication between the provider and client or support the delivery of eligible services.

Services provided must comply with National Standards for Culturally and Linguistically Appropriate Services (CLAS)

Agency Name

1/1/17 to 12/31/17

Budget Category

Number to be served

0

1. Salaries	Total Salary (1 FTE)	Unit Description	# Units (FTE)	Amount Requested
Title/Name	\$ -	FTE	0.00	\$ -
Description: <i>(e.g. this position provides Linguistic services to link people into care services)</i>				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Total Salaries		FTE Total	0.00	\$ -

2. Benefits	\$ Salary paid by contract	Unit Description	Fringe Rate	Amount Requested
Title/Name	\$ -	FTE	0.00%	\$ -
Justification: <i>(e.g. Fringe Benefits are calculated at XX% on the total salary. Benefits include: Social Security, Health Insurance, Medical Aid plus Industrial Insurance and Retirement.)</i>				
Title/Name	\$ -	FTE	0.00%	\$ -
Justification:				
Total Benefits				\$ -

3. Equipment	Unit Cost	Unit Description	# Units	Amount Requested
Item	\$ -	per item	0	\$ -
Justification:				
Item	\$ -	per item	0	\$ -
Justification:				
Total Equipment				\$ -

4. Supplies	Unit Cost (monthly)	# / FTE	Unit Cost	Amount Requested
General Supplies	12	per item	\$ -	\$ -
Justification:				
Total supplies:				\$ -

5. Travel					
Participant(s)	Type		Units	Unit Cost	Amount Requested
<i>In State</i>					
	Mileage		0	\$0.540	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
Purpose:					
<i>Out of State</i>					
	Mileage		0	\$0.540	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
	Parking		0	\$ -	\$ -
	Taxi or Shuttle	per trip	0	\$ -	\$ -
Purpose:					
Total Travel:					\$ -
6. Other Costs					
Other Cost Items:	Monthly	FTE / Units	Unit Cost	Amount Requested	
<i>e.g. Fee-for-Service Translator</i>	12	0	\$ -	\$ -	
Justification: <i>(e.g. Translator to work with monolingual clients.</i>					
<i>e.g. Telephone/Cellular Phone</i>	12	0	\$ -	\$ -	
Justification: <i>(e.g the items are specific to the staff assigned to this project in order to conduct the work)</i>					
<i>e.g postage</i>	12	0	\$ -	\$ -	
Justification:					
<i>e.g. printing</i>	12	0	\$ -	\$ -	
Justification:					
Total Other:					\$ -
7. Direct Costs					
				Amount Requested	
Salaries and Wages				\$	-
Fringe Benefits				\$	-
Equipment				\$	-
Supplies				\$	-
Travel				\$	-
Other				\$	-
Total				\$	-
8. AGENCY Indirect Costs					
Negotiated Indirect Rate of X applied to Y as per per agreement (date). <i>Describe the cost rate plan and insure a copy of the agreeement is referenced.</i>			0.00%	Total Indirect:	\$ -
9. Total Contract Request					
Linguistic Services Costs:					\$ -

Medical Nutrition Therapy

Medical Nutrition Therapy includes nutritional assessment and screening, dietary/nutritional evaluation, food and/or nutritional supplements per medical provider's recommendation, nutrition education and or counseling.
 All services provided under this service category must be pursuant to a medical provider's referral and based on a nutritional plan developed by the registered dietitian or other licensed nutrition professional.

Agency Name

1/1/17 to 12/31/17

Budget Category

Number to be served

0

1. Salaries	Total Salary (1 FTE)	Unit Description	# Units (FTE)	Amount Requested
Title/Name	\$ -	FTE	0.00	\$ -
Description: <i>(e.g. this position provides medical nutrition therapy services for HIV positive people)</i>				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Total Salaries		FTE Total	0.00	\$ -

2. Benefits	\$ Salary paid by contract		Fringe Rate	Amount Requested
Title/Name	\$ -		0.00%	\$ -
Justification: <i>(e.g. Fringe Benefits are calculated at XX% on the total salary. Benefits include: Social Security, Health Insurance, Medical Aid plus Industrial Insurance and Retirement.)</i>				
Title/Name	\$ -		0.00%	\$ -
Justification:				
Total Benefits				\$ -

3. Equipment	Unit Cost	Unit Description	# Units	Amount Requested
Item	\$ -	per item	0	\$ -
Justification:				
Item	\$ -	per item	0	\$ -
Justification:				
Total Equipment				\$ -

4. Supplies	Unit Cost (monthly)	# / FTE	Unit Cost	Amount Requested
General Supplies	12	per item	\$ -	\$ -
Justification:				
Total supplies:				\$ -

5. Travel					
Participant(s)	Type		Units	Unit Cost	Amount Requested
<i>In State</i>					
	Mileage		0	\$0.540	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
Purpose:					
<i>Out of State</i>					
	Mileage		0	\$0.540	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
	Parking		0	\$ -	\$ -
	Taxi or Shuttle	per trip	0	\$ -	\$ -
Purpose:					
Total Travel:					\$ -
6. Other Costs					
Other Cost Items:	Monthly	FTE / Units	Unit Cost	Amount Requested	
<i>e.g. Fee-for-Service Registered/Licensed Dietician</i>	12	0	\$ -	\$ -	
Justification: <i>(e.g. Dietitian to work with HIV positive clients.</i>					
<i>e.g. Telephone/Cellular Phone</i>	12	0	\$ -	\$ -	
Justification: <i>(e.g the items are specific to the staff assigned to this project in order to conduct the work)</i>					
<i>e.g postage</i>	12	0	\$ -	\$ -	
Justification:					
<i>e.g. printing</i>	12	0	\$ -	\$ -	
Justification:					
Total Other:					\$ -
7. Direct Costs					Amount Requested
				Salaries and Wages	\$ -
				Fringe Benefits	\$ -
				Equipment	\$ -
				Supplies	\$ -
				Travel	\$ -
				Other	\$ -
				Total	\$ -
8. AGENCY Indirect Costs					
Negotiated Indirect Rate of X applied to Y as per per agreement (date). <i>Describe the cost rate plan and insure a copy of the agreegment is referenced.</i>			0.00%	Total Indirect:	\$ -
9. Total Contract Request					
Medical Nutrition Therapy Services Costs:					\$ -

Medical Transportation

Medical transportation is the provision of nonemergency transportation services that enables an eligible client to access or be retained in core medical and support services. Medical transportation may be provided through:

- Contracts with providers of transportation services
- Voucher or token systems
- Organization and use of volunteer drivers (through programs with insurance and other liability issues specifically addressed)

Agency Name

1/1/17 to 12/31/17

Budget Category

Number to be served

0

1. Items to be distributed	Unit Cost	Unit Description	# Units	Amount Requested
Fuel Card	\$ -	per item	0	\$ -
Description: <i>(e.g. provided to retain people in care services)</i>				
Bus Voucher	\$ -	per item	0	\$ -
Description:				
Ferry Voucher	\$ -	per item	0	\$ -
Description:				
Taxi Voucher	\$ -	per item	0	\$ -
Description:				
Total Items to be Distributed			FTE Total	0.00
				\$ -

2. Equipment	Unit Cost	Unit Description	# Units	Amount Requested
Item	\$ -	per item	0	\$ -
Justification:				
Item	\$ -	per item	0	\$ -
Justification:				
Total Equipment				\$ -

3. Supplies	Unit Cost (monthly)	# or FTE	Unit Cost	Amount Requested
General Supplies	12	per item	\$ -	\$ -
Justification:				
Total supplies:				\$ -

4. Other Costs				Amount Requested
Other Cost Items:	Monthly	FTE / Units	Unit Cost	Amount Requested
<i>e.g. Office Rent</i>	12	0	\$ -	\$ -
Justification: <i>(e.g. Rent is not included in the negotiated Central Indirect Rate. Rent costs are allocated to each grant-funded project on the basis of project staffing; each project covers lease costs for its share of the square footage dedicated to its staff.</i>				
<i>e.g. Telephone/Cellular Phone</i>	12	0	\$ -	\$ -
Justification: <i>(e.g the items are specific to the staff assigned to this project in order to conduct the work)</i>				
<i>e.g postage</i>	12	0	\$ -	\$ -
Justification:				
<i>e.g. printing</i>	12	0	\$ -	\$ -
Justification:				
Total Other:				\$ -

5. Direct Costs		Amount Requested
	Items to be Distributed	\$ -
	Equipment	\$ -
	Supplies	\$ -
	Other Costs	\$ -
	Total	\$ -
6. Total Contract Request		
	Medical Transportation Services Costs:	\$ -

Mental Health Services

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Agency Name

1/1/17 to 12/31/17

Budget Category

Number to be served

0

1. Salaries	Total Salary (1 FTE)	Unit Description	# Units (FTE)	Amount Requested
Title/Name	\$ -	FTE	0.00	\$ -
Description: <i>(e.g. this position provides mental health services to HIV positive clients)</i>				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Total Salaries		FTE Total		0.00
				\$0

2. Benefits	\$ Salary paid by contract	FTE	Fringe Rate	Amount Requested
Title/Name	\$ -	FTE	0.00%	\$ -
Justification: <i>(e.g. Fringe Benefits are calculated at XX% on the total salary. Benefits include: Social Security, Health Insurance, Medical Aid plus Industrial Insurance and Retirement.)</i>				
Title/Name	\$ -	FTE	0.00%	\$ -
Justification:				
Title/Name	\$ -	FTE	0.00%	\$ -
Justification:				
Total Benefits				\$ -

3. Equipment	Unit Cost	Unit Description	# Units	Amount Requested
Item	\$ -	per item	0	\$ -
Justification:				
Item	\$ -	per item	0	\$ -
Justification:				
Total Equipment				\$ -

4. Supplies	Unit Cost (monthly)	# or FTE	Unit Cost	Amount Requested
General Supplies	12	per item	\$ -	\$ -
Justification:				
Total supplies:				\$ -

5. Travel					
Participant(s)	Type		Units	Unit Cost	Amount Requested
<i>In State</i>					
	Mileage		0	\$0.540	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
Purpose:					
<i>Out of State</i>					
	Mileage		0	\$0.540	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
	Parking		0	\$ -	\$ -
	Taxi or Shuttle	per trip	0	\$ -	\$ -
Purpose:					
Total Travel:					\$ -
6. Other Costs					
Other Cost Items:	Monthly	FTE / Units	Unit Cost	Amount Requested	
<i>e.g. Fee-for-Service</i>	12	0	\$ -	\$ -	
<i>Justification: (e.g. provision of mental health services using a fee-for-service model)</i>					
<i>e.g. Telephone/Cellular Phone</i>	12	0	\$ -	\$ -	
<i>Justification: (e.g. the items are specific to the staff assigned to this project in order to conduct the work)</i>					
<i>e.g. postage</i>	12	0	\$ -	\$ -	
Justification:					
<i>e.g. printing</i>	12	0	\$ -	\$ -	
Justification:					
Total Other:					\$ -
7. Direct Costs					Amount Requested
				Salaries and Wages	\$ -
				Fringe Benefits	\$ -
				Equipment	\$ -
				Supplies	\$ -
				Travel	\$ -
				Other	\$ -
				Total	\$ -
8. AGENCY Indirect Costs					
Negotiated Indirect Rate of X applied to Y as per per agreement (date). <i>Describe the cost rate plan and insure a copy of the agreement is referenced.</i>			0.00%	Total Indirect:	\$ -
9. Total Contract Request					
Mental Health Services Costs:					\$ -

Outreach Services

Outreach Services include the provision of the following three activities:
 Identification of people who do not know their HIV status and linkage into Outpatient/Ambulatory Health Services
 Provision of additional information and education on health care coverage options
 Reengagement of people who know their status into Outpatient/Ambulatory Health Services

Agency Name

1/1/17 to 12/31/17

Budget Category

Number to be served

0

1. Salaries	Total Salary (1 FTE)	Unit Description	# Units (FTE)	Amount Requested
Title/Name	\$ -	FTE	0.00	\$ -
<i>Description: (e.g. this position provides outreach services for re-engagement of people into care services)</i>				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Total Salaries		FTE Total		0.00 \$ -

2. Benefits	\$ Salary paid by contract	FTE	Fringe Rate	Amount Requested
Title/Name	\$ -	FTE	0.00%	\$ -
<i>Justification: (e.g. Fringe Benefits are calculated at XX% on the total salary. Benefits include: Social Security, Health Insurance, Medical Aid plus Industrial Insurance and Retirement.)</i>				
Title/Name	\$ -	FTE	0.00%	\$ -
Justification:				
Title/Name	\$ -	FTE	0.00%	\$ -
Justification:				
Title/Name	\$ -	FTE	0.00%	\$ -
Justification:				
Total Benefits				\$ -

3. Equipment	Unit Cost	Unit Description	# Units	Amount Requested
Item	\$ -	per item	0	\$ -
Justification:				
Item	\$ -	per item	0	\$ -
Justification:				
Total Equipment				\$0

4. Supplies	Unit Cost (monthly)	# / FTE	Unit Cost	Amount Requested
General Supplies	12	per item	\$ -	\$ -
Justification:				
Total supplies:				\$ -

5. Travel					
Participant(s)	Type		Units	Unit Cost	Amount Requested
<i>In State</i>					
	Mileage		0	\$0.540	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
Purpose:					
<i>Out of State</i>					
	Mileage		0	\$0.540	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
	Parking		0	\$ -	\$ -
	Taxi or Shuttle	per trip	0	\$ -	\$ -
Total Travel:					\$ -
6. Other Costs					
Other Cost Items:	Monthly	FTE or Units	Unit Cost	Amount Requested	
<i>e.g. Office Rent</i>	12	0	\$ -	\$ -	
<i>Justification: (e.g. Rent is not included in the negotiated Central Indirect Rate. Rent costs are allocated to each grant-funded project on the basis of project staffing; each project covers lease costs for its share of the square footage dedicated to its staff.)</i>					
<i>e.g. Telephone/Cellular Phone</i>	12	0	\$ -	\$ -	
<i>Justification: (e.g. the items are specific to the staff assigned to this project in order to conduct the work)</i>					
<i>e.g. postage</i>	12	0	\$ -	\$ -	
Justification:					
<i>e.g. printing</i>	12	0	\$ -	\$ -	
Justification:					
Total Other:					\$ -
7. Direct Costs					Amount Requested
				Salaries and Wages	\$ -
				Fringe Benefits	\$ -
				Equipment	\$ -
				Supplies	\$ -
				Travel	\$ -
				Other	\$ -
				Total	\$ -
8. AGENCY Indirect Costs					
Negotiated Indirect Rate of X applied to Y as per per agreement (date). <i>Describe the cost rate plan and insure a copy of the agreeegment is referenced.</i>			0.00%	Total Indirect:	\$ -
9. Total Contract Request					
Outreach Services Costs:					\$ -

Psychosocial Support Services

Psychosocial Support Services provide group support and counseling services to assist eligible people living with HIV to address behavioral and physical health concerns. These services may include:

- Bereavement counseling
- Caregiver/respite support
- Child abuse and neglect counseling
- HIV support groups
- Nutritional counseling provided by a non-registered dietician
- Pastoral care/counseling

Agency Name

1/1/17 to 12/31/17

Budget Category

Number to be served

0

1. Salaries				
Title/Name	Total Salary (1 FTE)	Unit Description	# Units (FTE)	Amount Requested
Title/Name	\$ -	FTE	0.00	\$ -
Description: <i>(e.g. this position provides psychosocial support to moderate to high need clients)</i>				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Total Salaries		FTE Total	0.00	\$ -

2. Benefits				
Title/Name	\$ Salary paid by contract		Fringe Rate	Amount Requested
Title/Name	\$ -		0.00%	\$ -
Justification: <i>(e.g. Fringe Benefits are calculated at XX% on the total salary. Benefits include: Social Security, Health Insurance, Medical Aid plus Industrial Insurance and Retirement.)</i>				
Title/Name	\$ -		0.00%	\$ -
Justification:				
Title/Name	\$ -		0.00%	\$ -
Justification:				
Title/Name	\$ -		0.00%	\$ -
Justification:				
Total Benefits				\$ -

3. Equipment				
Item	Unit Cost	Unit Description	# Units	Amount Requested
Item	\$ -	per item	0	\$ -
Justification				
Item	\$ -	per item	0	\$ -
Justification:				
Total Equipment				\$ -

4. Supplies				
General Supplies	Unit Cost (monthly)	# / FTE	Unit Cost	Amount Requested
General Supplies	12	0	\$ -	\$ -
Justification:				
Total supplies:				\$ -

5. Travel					
Participant(s)	Type		Units	Unit Cost	Amount Requested
<i>In State</i>					
	Mileage		0	\$0.540	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
Purpose:					
<i>Out of State</i>					
	Mileage		0	\$0.540	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
	Parking		0	\$ -	\$ -
	Taxi or Shuttle	per trip	0	\$ -	\$ -
Purpose:					
Total Travel:					\$ -
6. Other Costs					
Other Cost Items:	Monthly	FTE or Units	Unit Cost	Amount Requested	
<i>e.g. Office Rent</i>	12	0	\$ -	\$ -	
<i>Justification: (e.g. Rent is not included in the negotiated Central Indirect Rate. Rent costs are allocated to each grant-funded project on the basis of project staffing; each project covers lease costs for its share of the square footage dedicated to its staff.</i>					
<i>e.g. Telephone/Cellular Phone</i>	12	0	\$ -	\$ -	
<i>Justification: (e.g the items are specific to the staff assigned to this project in order to conduct the work)</i>					
<i>e.g postage</i>	12	0	\$ -	\$ -	
Justification:					
<i>e.g. printing</i>	12	0	\$ -	\$ -	
Justification:					
Total Other:					\$ -
7. Direct Costs					Amount Requested
				Salaries and Wages	\$ -
				Fringe Benefits	\$ -
				Equipment	\$ -
				Supplies	\$ -
				Travel	\$ -
				Other	\$ -
				Total	\$ -
8. AGENCY Indirect Costs					
Negotiated Indirect Rate of X applied to Y as per per agreement (date). <i>Describe the cost rate plan and insure a copy of the agreeement is referenced.</i>			0.00%	Total Indirect:	\$ -
9. Total Contract Request					
Psychosocial Support Services Costs:					\$ -

Substance Abuse - Outpatient Treatment

Substance Abuse - Outpatient Treatment is the provision of outpatient services for the treatment of drug or alcohol use disorders. Services include screening, assessment, diagnosis, or treatment of substance use disorder, including pretreatment, recovery readiness programs, harm reduction, behavior health counseling, outpatient drug-free treatment, medication assisted therapy, neuro-psychiatric pharmaceuticals, and relaps prevention.

Agency Name

1/1/17 to 12/31/17

Budget Category

Number to be served

0

1. Salaries	Total Salary (1 FTE)	Unit Description	# Units (FTE)	Amount Requested
Title/Name	\$ -	FTE	0.00	\$ -
<i>Description: (e.g. this position provides outpatient substance abuse treatment services to HIV positive clients)</i>				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Total Salaries		FTE Total	0.00	\$ -

2. Benefits	\$ Salary paid by contract		Fringe Rate	Amount Requested
Title/Name	\$ -		0.00%	\$ -
<i>Justification: (e.g. Fringe Benefits are calculated at XX% on the total salary. Benefits include: Social Security, Health Insurance, Medical Aid plus Industrial Insurance and Retirement.)</i>				
Title/Name	\$ -		0.00%	\$ -
Justification:				
Title/Name	\$ -		0.00%	\$ -
Justification:				
Title/Name	\$ -		0.00%	\$ -
Justification:				
Total Benefits				\$ -

3. Equipment	Unit Cost	Unit Description	# Units	Amount Requested
Item	\$ -	per item	0	\$ -
Justification:				
Item	\$ -	per item	0	\$ -
Justification:				
Total Equipment				\$ -

4. Supplies	Unit Cost (monthly)	# / FTE	Unit Cost	Amount Requested
General Supplies	12	0	\$ -	\$ -
Justification:				
Total supplies:				\$ -

5. Travel					
Participant(s)	Type		Units	Unit Cost	Amount Requested
<i>In State</i>					
	Mileage		0	\$ 0.540	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
Purpose:					
<i>Out of State</i>					
	Mileage		0	\$ 0.540	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
	Parking		0	\$ -	\$ -
	Taxi or Shuttle	per trip	0	\$ -	\$ -
Purpose:					
Total Travel:					\$ -
6. Other Costs					
Other Cost Items:	Monthly	FTE or Units	Unit Cost	Amount Requested	
<i>e.g. Fee-for-Service</i>	12	0	\$ -	\$ -	
Justification: <i>(e.g. provision of outpatient substance abuse treatment service using a fee-for-service model)</i>					
<i>e.g. Telephone/Cellular Phone</i>	12	0	\$ -	\$ -	
Justification: <i>(e.g. the items are specific to the staff assigned to this project in order to conduct the work)</i>					
<i>e.g. postage</i>	12	0	\$ -	\$ -	
Justification:					
<i>e.g. printing</i>	12	0	\$ -	\$ -	
Justification:					
Total Other:					\$ -
7. Direct Costs					Amount Requested
				Salaries and Wages	\$ -
				Fringe Benefits	\$ -
				Equipment	\$ -
				Supplies	\$ -
				Travel	\$ -
				Other	\$ -
				Total	\$ -
8. AGENCY Indirect Costs					
Negotiated Indirect Rate of X applied to Y as per per agreement (date). <i>Describe the cost rate plan and insure a copy of the agreeement is referenced.</i>			0.00%	Total Indirect:	\$ -
9. Total Contract Request					
Substance Abuse - Outpatient Services Costs:					\$ -

Services for People at High Risk (PAHR)

Funded services for PAHR are outlined in Appendix 1: Service Definitions. Funded services for PAHR include:

Condom Distribution, Health Education/Risk Reduction, Healthcare Navigation and Coordination, Medical Case Management, Non-Medical Case Management, Outreach Services, Population Based Services, and Psychosocial Support Services.

Program costs for HIV & STD testing are to be completed on a separate service spreadsheet.

Agency Name

1/1/17 to 12/31/17

Budget Category

Number to be served

0

1. Salaries	Total Salary (1 FTE)	Unit Description	# Units (FTE)	Amount Requested
Title/Name	\$ -	FTE	0.00	\$ -
Description: (e.g. This position provides psychosocial support and PrEP navigation services to highest need customers)				
Title/Name	\$ -	FTE	0.00	\$ -
Description: (e.g. This position provides healthcare navigation and population based outreach services)				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Total Salaries		FTE Total	0.00	\$ -

2. Benefits	\$ Salary paid by contract	Fringe Rate	Amount Requested
Title/Name	\$ -	0.00%	\$ -
Justification: (e.g. Fringe Benefits are calculated at XX% on the total salary. Benefits include: Social Security, Health Insurance, Medical Aid plus Industrial Insurance and Retirement.)			
Title/Name	\$ -	0.00%	\$ -
Justification:			
Title/Name	\$ -	0.00%	\$ -
Justification:			
Title/Name	\$ -	0.00%	\$ -
Justification:			
Total Benefits			\$ -

3. Equipment	Unit Cost	Unit Description	# Units	Amount Requested
Item	\$ -	per item	0	\$ -
Justification:				
Item	\$ -	per item	0	\$ -
Justification:				
Total Equipment				\$ -

4. Supplies	Unit Cost (monthly)	# / FTE	Unit Cost	Amount Requested
General Supplies	12	per item	\$ -	\$ -
Justification:				
Safer Sex Supplies	12	per item	\$ -	\$ -
Justification: (e.g. Condoms, lube, educational materials, etc)				
Total supplies:				\$ -

5. Travel					
Participant(s)	Type		Units	Unit Cost	Amount Requested
<i>In State</i>					
	Mileage		0	\$0.540	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
Purpose:					
<i>Out of State</i>					
	Mileage		0	\$0.540	\$ -
	Airfare		0	\$ -	\$ -
	Lodging (+tax)		0	\$ -	\$ -
	Per Diem		0	\$ -	\$ -
	Parking		0	\$ -	\$ -
	Taxi or Shuttle	per trip	0	\$ -	\$ -
Purpose:					
Total Travel:					\$ -
6. Other Costs					
Other Cost Items:	Monthly	FTE or Units	Unit Cost	Amount Requested	
<i>e.g. Office Rent</i>	12	0	\$0	\$ -	
Justification: <i>(e.g. Rent is not included in the negotiated Central Indirect Rate. Rent costs are allocated to each grant-funded project on the basis of project staffing; each project covers lease costs for its share of the square footage dedicated to its staff.</i>					
<i>e.g. Telephone/Cellular Phone</i>	12	0	\$0	\$ -	
Justification: <i>(e.g the items are specific to the staff assigned to this project in order to conduct the work)</i>					
<i>e.g postage</i>	12	0	\$0	\$ -	
Justification:					
<i>e.g. printing</i>	12	0	\$0	\$ -	
Justification:					
Total Other:					\$ -
7. Direct Costs				Total Direct:	Amount Requested
				Salaries and Wages	\$ -
				Fringe Benefits	\$ -
				Equipment	\$ -
				Supplies	\$ -
				Travel	\$ -
				Other	\$ -
				Total	\$ -
8. AGENCY Indirect Costs					
Negotiated Indirect Rate of X applied to Y as per per agreement (date). <i>Describe the cost rate plan and insure a copy of the agreeement is referenced.</i>			0.00%	Total Indirect:	\$ -
9. Total Contract Request					
PAHR Services Costs:					\$ -

HIV & STD Testing in Nonclinical Settings

HIV and STD testing in nonclinical settings include testing services at sites where medical, diagnostic, and/or treatment services are not routinely provided, but where select diagnostic services, such as HIV testing, are offered. Employs strategic targeting and recruitment efforts, establish targets for key program indicators, and monitor service. Should use HIV testing technologies that are the most sensitive, cost-effective, and feasible. Confidential testing is the default

Agency Name

1/1/17 to 12/31/17

Budget Category

Number to be served

0

1. Salaries	Total Salary (1 FTE)	Unit Description	# Units (FTE)	Amount Requested
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Title/Name	\$ -	FTE	0.00	\$ -
Description:				
Total Salaries		FTE Total	0.00	\$ -

2. Benefits	\$ Salary paid by contract	Unit Description	Fringe Rate	Amount Requested
Title/Name	\$ -	FTE	0.00%	\$ -
Justification: <i>(e.g. Fringe Benefits are calculated at XX% on the total salary. Benefits include: Social Security, Health Insurance, Medical Aid plus Industrial Insurance and Retirement.)</i>				
Title/Name	\$ -	FTE	0.00%	\$ -
Justification:				
Title/Name	\$ -	FTE	0.00%	\$ -
Justification:				
Total Benefits				\$ -

3. Equipment	Unit Cost	Unit Description	# Units	Amount Requested
Item	\$ -	per item	0	\$ -
Justification:				
Item	\$ -	per item	0	\$ -
Justification:				
Total Equipment				\$ -

4. Supplies	Unit Cost (monthly)	# / FTE	Unit Cost	Amount Requested
General Supplies	12	per item	\$ -	\$ -
Justification:				
Total supplies:				\$ -

5. Travel						
Participant(s)	Type		Units	Unit Cost	Amount Requested	
<i>In State</i>						
	Mileage		0	\$0.540	\$ -	
	Airfare		0	\$ -	\$ -	
	Lodging (+tax)		0	\$ -	\$ -	
	Per Diem		0	\$ -	\$ -	
Purpose:						
<i>Out of State</i>						
	Mileage		0	\$0.540	\$ -	
	Airfare		0	\$ -	\$ -	
	Lodging (+tax)		0	\$ -	\$ -	
	Per Diem		0	\$ -	\$ -	
	Parking		0	\$ -	\$ -	
	Taxi or Shuttle	per trip	0	\$ -	\$ -	
Purpose:						
Total Travel:					\$ -	
6. Other Costs						
Other Cost Items:			Monthly	FTE or Units	Unit Cost	Amount Requested
<i>e.g. Office Rent</i>			12	0	\$0	\$ -
<i>Justification: (e.g. Rent is not included in the negotiated Central Indirect Rate. Rent costs are allocated to each grant-funded project on the basis of project staffing; each project covers lease costs for its share of the square footage dedicated to its staff.</i>						
<i>e.g. Telephone/Cellular Phone</i>			12	0	\$0	\$ -
<i>Justification: (e.g the items are specific to the staff assigned to this project in order to conduct the work)</i>						
<i>e.g postage</i>			12	0	\$0	\$ -
Justification:						
<i>e.g. printing</i>			12	0	\$0	\$ -
Justification:						
Total Other:					\$ -	
7. Direct Costs				Total Direct:	Amount Requested	
				Salaries and Wages	\$ -	
				Fringe Benefits	\$ -	
				Equipment	\$ -	
				Supplies	\$ -	
				Travel	\$ -	
				Other	\$ -	
				Total	\$ -	
8. AGENCY Indirect Costs						
Negotiated Indirect Rate of X applied to Y as per per agreement (date). <i>Describe the cost rate plan and insure a copy of the agreeement is referenced.</i>			0.00%	Total Indirect:	\$ -	
9. Total Contract Request						
STD & HIV Testing in Nonclinical Settings					\$ -	

