**Organization name:** *Insert Organization Name*

**Application instructions:**

You must submit your application by email: [ID.RFASyndemic@doh.wa.gov](https://doh.wa.gov/about-us/programs-and-services/executive-office-health-and-science/disease-control-and-health-statistics/ID.RFASyndemic%40doh.wa.gov). Your application must be received by the RFA Coordinator before the application deadline of **5:00 pm PST on Monday, June 5, 2023.** Any delay in the delivery of your application is your risk; we do not take responsibility for delays in email delivery. You may not send your application by fax.

We will not accept late applications and will disqualify them from further consideration. All applications and any accompanying documentation become the property of the DOH and will not be returned.

As a reminder, information provided in application documents is subject to public disclosure per section 3.3 of this RFA. Do not include information in your response that you do not want disclosed to the public.

Be sure to reference additional requirements and scoring in the full RFA, found on our website: [Funding Opportunities | Washington State Department of Health](https://doh.wa.gov/about-us/programs-and-services/executive-office-health-and-science/disease-control-and-health-statistics/funding-opportunities).

Please keep the application packet materials in the same order they appear when you download. For narrative sections, you should leave the questions in the text and provide your responses below each one. (The page counts for each section include the questions.) Keep the original formatting for narrative responses (letter-sized (8 ½ x 11 inch) format, with 1-inch margins, single spacing, and use either Arial, Calibri, or Times New Roman, in a minimum of 12-point font).

On any section that requires a signature, you can sign with an electronic/digital signature format: /s/First name Last name. (Example: /s/John Doe.)

When you submit the application packet, please be sure the name of the document includes the name of your organization and the service category you are applying for.

You may apply for more than one service category. Please submit one complete application packet per service category.

**Application contents and checklist (optional):**

|  |  |  |
| --- | --- | --- |
| **Section** | **To do/include** | **Check when done** |
| Service category description and requirements | Review full description and all requirements before starting your application.  |  |
| Submission cover form | Respond to all questions and have legal representative sign and date.  |  |
| Signed RFA certifications and Assurances | Have legal representative sign these forms:* Bid certifications and assurances
* Contractor Certification – wage theft prevention
* Workers’ rights – Washington state goods & services contracts certification
 |  |
| Organizational background | Respond to all questions |  |
| Proposal: Scope of work | Respond to all questions in the Scope of Work narrative. |  |
| Proposal: Program approach | Respond to all questions. |  |
| Program development, implementation startup, and capacity building needs  | Respond to all questions (if applicable). |  |
| Qualifications: staffing | Respond to all questions, and attach:* Positions descriptions for all funded positions (including existing and new staff).
* Organizational chart.
 |  |
| Qualifications: Partnerships  | Respond to all questions, and attach any relevant LOS or MOUs (if applicable). |  |
| Budget | Complete budget template (download from RFA webpage here: [Funding Opportunities | Washington State Department of Health](https://doh.wa.gov/about-us/programs-and-services/executive-office-health-and-science/disease-control-and-health-statistics/funding-opportunities)) |  |

**Service category description and requirements:**

|  |
| --- |
| *Level 1: Support for operations* *Level 2: Harm reduction service navigation**Level 3: Clinical services* |
| **Overview:** This service category relates to syringe services programming and other harm reduction services for people who use drugs. Funded programs will promote low-barrier, evidence-based distribution of harm reduction supplies, including sterile syringes and naloxone, to prevent transmission of infectious disease and overdose fatalities. Additionally, this service category includes referrals to improve the health and wellbeing of people who use drugs. Level 1 refers to funding to support basic SSP operations. Level 2 includes all activities and requirements for level 1, as well as individual harm reduction service navigation for clients. Level 3 includes all activities and requirements for levels 1 and 2, as well as on-site clinical services as described below. Applicants can apply for level 1, 2, or 3. Please note: This RFA is to support operational costs for SSPs (e.g., staff hours, equipment, rent). If your organization is only seeking harm reduction supplies from DOH, you do not have to apply for this RFA. DOH will release a separate application for SSPs to apply for in-kind support to receive harm reduction supplies.  |
| **Core activities:** Activities for all levels must include:* Provide needs-based syringe access\*
* Provide syringe disposal
* Distribute Naloxone
* Refer clients to community and clinical services

\*Programs must use a [needs-based model](https://doh.wa.gov/sites/default/files/legacy/Documents/Pubs/150-122-WADOHSyringeAccessRecommendation2019.pdf?uid=640d14963461e) for syringe access. If a program is not using a needs-based model, the program must provide justification in the Scope of Work Narrative for Syringe Service Programs (below). If a needs-based model is not proposed and a program does not provide sufficient justification for using a one-for-one model, 5 points will be automatically deducted from the application. |
| **Outcomes:** SSP operationsoutcomes include:* # of sterile syringes distributed
* # of naloxone kits distributed
* # of participant encounters
* # of referrals to health and social services
 |
| **Program requirements:** Programs applying for all levels must adhere to the following requirements:1. Operate for a minimum of 8 hours per week and 2 days per week.
2. Provide mobile and/or street outreach (note: programs must have a vehicle for mobile outreach.)
3. Offer safer injection supplies (see list of required safer injection supplies below).
4. Submit monthly SSP data in accordance with DOH standards.
5. Attend required capacity building/training opportunities provided by DOH.
6. Participate in annual site visits with DOH staff.
7. Demonstrate structure for receiving and incorporating participant feedback about services.
8. Partner with relevant local agencies to ensure effective outreach and service provision. (See Scope of Work narrative below for details on MOUs required.)
9. Develop and maintain a Universal Precautions and Sharps Handling policy and procedure, including clear, written policies on handling biohazardous waste, avoiding unnecessary handling of sharps, and potential needle stick injuries to staff, volunteers, and participants. Programs should follow the universal precaution guidelines established by the [CDC](https://www.cdc.gov/sharpssafety/index.html) and [OSHA](https://www.osha.gov/sites/default/files/publications/bbfact02.pdf). SSPs may need to adapt those precautions to accommodate the circumstances of their work (e.g., mobile and outreach settings). Programs should also anticipate the potential of needlestick injury and have a “post-exposure-prophylaxis” protocol included in this document.
10. All staff and volunteers working directly with participants/clients must complete CPR & first aid certification within the first 3 months after contract start date (if not already complete).
 |
| **Additional services:** **Level 2: Harm Reduction Care Navigation.** Care navigation services for participants of syringe services programs includes providing appropriate referrals; facilitating access to receive health care and medical services, social services, behavioral health counseling and other services including substance use treatment (including medications for opiate use disorder, or MOUD); housing; and advocacy, including but not limited to criminal legal involvement, medical providers, benefits navigation, and family reunification. Includes all level 1 requirements, plus the following:* Outcomes: Harm reduction care navigation outcomes include:
	+ # of participants enrolled in care navigation services
	+ # of care navigation sessions
	+ # of referrals to health and social services
	+ # of linkages to care for health and social services
	+ # of outreach attempts per participant
* Additional requirements:
	+ Attend Harm Reduction Care Navigation training provided by DOH
	+ Support participant transportation (e.g., through the provision of bus passes, cab vouchers, or direct transportation).
	+ Accompany participants to appointments or provide “warm hand-offs.”
	+ Full-time care navigators (1.0 FTE) shall not exceed a case load greater than 25 individuals.
	+ Submit monthly outcome data in accordance with DOH standards.

**Level 3: Clinical Services.** Provide direct access to clinical services to improve the health and well-being of people who use drugs. At minimum, services must include onsite, low-barrier access to wound care, infectious disease testing, STI and hepatitis C treatment, and medications for opioid use. Additional services can include mental health services, sexual and reproductive health care, and other primary care and psychosocial support services.Includes all level 1 and 2 requirements, plus the following:* Outcomes: SSP Clinical services outcomes may include, but are not limited to:
	+ # of wound care sessions
	+ # of infectious disease tests conducted (hepatitis C, HIV, gonorrhea-chlamydia, syphilis)
	+ % positive of infectious disease tests (hepatitis C, HIV, gonorrhea-chlamydia , syphilis)
	+ # of participants started on hepatitis C treatment
	+ # of participants inducted on medications for opioid use
* Additional requirements:
	+ Must have clinical staff licensed to practice in the state of Washington to provide clinical services (e.g., RN, PA, ARNP, LCSW).
	+ If providing advanced level clinical services (e.g., PA, ARNP, CNM), programs must have appropriate clinical oversight.

*Note: Clinical services can be provided through sub-contractor arrangement or MOU with a Federally Qualified Health Center or other clinical partner if there is a justification the relationship will support efforts to reach people who use drugs and provide onsite and/or mobile clinical services. Clinical services can also be provided using telemedicine services with appropriate description of why in-person services cannot be provided and who the telemedicine partner(s) will be.* |
| **Priority populations:** People who use drugs, with a focus on:* People systemically marginalized and underserved due to racism – Black/African American, Latino/Latina/Latine/Latinx, American Indian/Alaska Native people and other communities for whom there are documented health disparities in your region.
* People who are unhoused or unstably housed.
* People engaged in sex work.
* People involved in the criminal legal system.
* Gender expansive/transgender individuals.
* Men who have sex with men.
 |
| **Optional Enhancements:** Applicants can earn up to 2 extra points per enhancement by demonstrating their plan to provide the following additional services:* Programs led by Black, Indigenous/Native American/Alaska Native, Hispanic/Latino/Latina/Latine/Latinx communities, and people who use drugs.
* Services provided in Spanish to monolingual clients by Spanish-speaking staff
* Services provided during non-traditional hours (e.g., early mornings/evenings/weekends)
* SSP Mentorship: Established SSPs to serve as mentors to smaller, less developed programs or organizations in the field of harm reduction and overdose prevention by providing safer drug use supplies, syringe disposal services, training and technical assistance, and administrative support to newer/smaller harm reduction programs.
 |
| **Other notes and considerations:*** Funds from this RFA may not be used to purchase basic safer injection supplies (listed below). Instead, DOH will release a separate application for SSPs to apply for in-kind support to receive these supplies.
 |

**List of safer injection supplies:**

Below is the list of required supplies for SSPs:

1. Syringes (1 cc 27 gauge 1/2", 28 gauge 1/2", and 29 gauge 1/2"; 1 cc 30 gauge 5/16"; 3 cc 25G 1" and 1.5")
2. Alcohol pads
3. Non-latex tourniquets
4. Sterile water
5. Sterile saline
6. Cookers
7. Cottons and/or cellulose filters
8. Bandages/gauze
9. Sharps containers (1 quart and 2 gallon for distribution, 8 gallon for program use)
10. Naloxone
11. Amber bags

**Additional requirements and considerations (for all service categories):**

**Accessibility of materials and services:** One important way to reduce health disparities is to remove barriers by making materials and services more accessible. Below are some minimum requirements of accessibility. We encourage applicants to identify and make plans to address other barriers that clients might face.

* All service categories must:
	1. Address the provision of both oral and written interpretation and translation servicesto eligible clients.
	2. Ensure that services are provided by a qualified linguistic services provider as a part of service delivery between the provider and the client.
	3. Ensure that services are provided when necessary to facilitate communication between the service provider and client or to support the delivery of services.
* All service categories must address the provision of hearing and vision accessible services (e.g., ASL interpretation, braille translation) and services for people with physical limitation (e.g., ADA compliant facilities).

**Condom Distribution:** Free and accessible condoms are an integral component of a syndemic prevention program. OID will provide condoms free of charge for distribution. All successful applicants, regardless of service category (except for mail-order categories and the innovative project category), will be required to:

* Implement condom distribution as a structural intervention to increases access to and use of condoms of priority population members, regardless of HIV status.
* Offer condoms to 100% of priority population members regardless of HIV status.
* Ensure that condom distribution programs adhere to the following principles:
	+ Provide condoms free of charge.
	+ Promote condom use by increasing awareness of condom benefits and normalizing condom use.
	+ Conduct promotion and distribution activities at the individual, organizational, and community levels, where relevant. For additional information and guidance, please visit <https://www.cdc.gov/hiv/effective-interventions/prevent/condomdistribution-programs/index.html>.

**Partnerships:** When contracts are finalized, we expect funded partners in the same region to work with each other and develop MOUs if they do not already exist. If needed, OID can offer support to facilitate these relationships. Some service categories have specific MOU requirements; see Scope of Work checklists in Exhibit J for details.

**Regional focus:** OID’s goal is to fund programs that can deliver robust, comprehensive services that together provide coverage across each of the following regions of the state, depending on applications received and funding available:

1. King County
2. Pierce County
3. North Central/East (Chelan, Douglas, Ferry, Lincoln, Okanogan, Pend Oreille, Stevens)
4. North Sound (Island, San Juan, Skagit, Snohomish, Whatcom)
5. Southwest (Clark, Klickitat, Skamania, Wahkiakum)
6. South Central (Adams, Asotin, Benton, Columbia, Franklin, Garfield, Grant, Walla Walla, Whitman, Yakima)
7. Spokane
8. West (Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Kittitas, Lewis, Mason, Pacific, Thurston)

Application review panel members will be instructed to recommend a mix of programs/applicants that provide the best quality and range of coverage across the state, including broad geographical coverage; provision of services to regions highly impacted by syndemic conditions; and provision of services to regions with few existing services available.

**Syndemic workforce:**

When clients and participants see their identities and experiences reflected in the services they access, they may experience increased rapport, improved engagement, and better outcomes.[[1]](#footnote-2) The workforce in agencies providing syndemic services should reflect different identities of their particular client population, including race, ethnicity, language, ability, culture, and other aspects of lived experience such as class, history of unstable housing, history of criminal legal involvement, and drug use.

Individuals with lived and living experience should be part of all aspects of the organization, from leadership, to administration, to board governance, to direct services. Agencies should ensure that compensation is fair relative to the experience, performance, and job requirements of their staff; and that wages are livable wages relative to their location or region.

Workforce caseloads should allow them to adequately perform the duties and activities associated with the needs of their clients, in order to maintain continuity of services. (See each service category for any specific requirements.)

**Training and reporting requirements:**

* Funded partners must be willing to attend trainings that the Office of Infectious Disease determines are minimally required for work in the relevant service category(ies), including the trainings specific to the above service categories as well as others yet to be identified.
* Funded partners must be willing to attend any meetings required by DOH.
* Funded partners must be willing to participate in any site visits as required by DOH.
* Funded partners must complete monthly reports, including:
	+ Required data for service category.
	+ Description of partner engagement and relationship building activities, including meeting dates, attendees, and outcomes.

**Submission cover form:**

|  |
| --- |
| 1. **Name of applicant (organization, firm, or entity):**
 |
|  |
| 1. **Address and phone number:**
 |
|  |
| 1. **Name and email address of primary contact:**
 |
|  |
| 1. **Name and email of person authorized to legally bind the applicant in a contractual relationship:**
 |
|  |
| 1. **Legal status of entity (ownership):**
 |
|  |
| 1. **Are you applying for any other service categories under the Syndemic RFA or the Ryan White RFA? If so, which ones?**
 |
|  |
| 1. **Applicant’s Federal Employer Tax Identification number:**
 |
|  |
| 1. **Applicant’s Washington Uniform Business Identification (UBI) number:**

 *(note: If none exists, initial below to affirm that it will be provided prior to contract signing)* |
|  |
| 1. **Is the applicant organization a Certified Minority-Owned or Certified Women-Owned firm?**

*(note: If yes, please provide proof of certification issued by the Washington State Office of Minority and Women’s business Enterprises.)* |
|  |
| 1. **Has the applicant ever had a contract terminated for default in the last five years?**

*(Note: If yes, please describe such incident and full details of the terms for default, including the other party's name, address, and phone number.  The DOH will evaluate the facts and may, at its sole discretion, reject the RFA on the grounds of the Applicant’s past experience.)* |
|  |

*Signature and date by a person authorized to legally bind the applicant in a contractual relationship, e.g., the president or executive director of a corporation, the managing partner of a partnership, or the proprietor of a sole proprietorship.*

**Print name:**

**Signature:**

*(Use E-signature format: /s/First name Last name)*

**Date:**

## BID CERTIFICATIONS AND ASSURANCES

I/we make the following certifications and assurances as a required element of the bid 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 bid 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 bid.
3. The attached bid is a firm offer for a period of 60 days following receipt, and it may be accepted by the 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 bid, 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 bid 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 the DOH will not reimburse me/us for any costs incurred in the preparation of this bid. All bids become the property of the 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 Bidder and will not knowingly be disclosed by him/her prior to opening, directly or indirectly to any other Bidder or to any competitor.
7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation 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 Bidder 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 bid 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 Bidder *(Use E-signature format: /s/First name Last name)* |  |
|  |  |
| Title | Date |
|  |  |

**Contractor Certification**

**Wage Theft Prevention – Responsible Bidder Criteria**

**Washington State Goods & Services Contracts**

|  |  |  |
| --- | --- | --- |
|  | *Prior to awarding a contract, agencies are required to determine that a bidder is a ‘responsible bidder.’ See RCW 39.26.160(2) & (4). Pursuant to legislative enactment in 2017, the responsible bidder criteria include a contractor certification that the contractor has not willfully violated Washington’s wage laws. See Chap. 258, 2017 Laws (enacting SSB 5301).* |  |
|  | Procurement Solicitation Dated: |  |  |
| I hereby certify, on behalf of the firm identified below, as follows (check one): |
|  | [ ]  | **No Wage Violations.** This firm has NOT been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgement entered by a court of limited or general jurisdiction to have willfully violated, as defined in RCW 49.48.082, any provision of RCW chapters 49.45, 49.48, or 49.52 within three (3) years prior to the date of the above-referenced procurement or solicitation date.  |
|  |  |  |  |
|  |  | **OR** |  |
|  |  |  |  |
|  | [ ]  | **Violations of Wage Laws.** This firm has been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgement entered by a court of limited or general jurisdiction to have willfully violated, as defined in RCW 49.48.082, any provision of RCW chapters 49.45, 49.48, or 49.52 within three (3) years prior to the date of the above-referenced procurement or solicitation date. |
|  |  |  |  |
| I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certification on behalf of the firm listed herein. |
|  |  |  |  |
| I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

|  |  |
| --- | --- |
| Firm name:  |  |
|  | Name of Contractor/Bidder – Full legal entity name of firm |
| Signature:  |  |
|  | Signature of authorized person *(Use E-signature format: /s/First name Last name)* |
| Name: |  |
|  | Name of person making certifications for firm |
| Title: |  |
|  | Title of person signing certificate |
| Date: |  |
|  | Date when signed |
| Place: |  |
|  | City and state where signed |

 |

## EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS

**WASHINGTON STATE GOODS & SERVICES CONTRACTS CERTIFICATION**

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Health is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

**Procurement: RFA SFY2024 Office of Infectious Disease**

I hereby certify, on behalf of the firm identified below, as follows (check one):

**o NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

**OR**

**o MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

|  |  |
| --- | --- |
| Firm name:  |  |
|  | Name of Contractor/Bidder – Full legal entity name of firm |
| Signature:  |  |
|  | Signature of authorized person *(Use E-signature format: /s/First name Last name)* |
| Name: |  |
|  | Name of person making certifications for firm |
| Title: |  |
|  | Title of person signing certificate |
| Date: |  |
|  | Date when signed |
| Place: |  |
|  | City and state where signed |

**Organizational Background** (3 pages maximum, including questions)

Who are you?

1. What type of organization are you? (e.g. community-based organization, local health jurisdiction, AIDS Service Organization, Federally Qualified Health Center)
2. What is your organization’s purpose or goals? (If applicable, can include agency mission or vision statement)
3. Who is on your Board of Directors? (If applicable; provide names for all, and name and contact of Board Chair.)
4. What is your organization’s total budget (rounded to the nearest dollar, for the current fiscal year)?
	1. Please list the major sources of funding for your budget.

What does your organization do?

1. What are your organization’s core services?
2. What is your current geographic service area?
3. For which communities or populations does your organization provide services?
4. Describe any relevant current partnerships that demonstrate your organization’s success in collaborating with other organizations to expand or deepen your reach and avoid duplication of efforts.
5. Give a brief explanation of your organization’s commitment to providing equitable services. (You can provide your organization’s equity statement, or some examples of policies you have implemented to improve equity.)

**Scope of Work Narrative: Syringe services programs:** *Level 1: Support for operations; Level 2: Harm reduction service navigation***;** *Level 3: Clinical services* (5 pages maximum, including questions)

Level 1 refers to funding to support basic SSP operations. Level 2 includes all activities and requirements for level 1, and also includes individual harm reduction service navigation for clients. Level 3 includes all activities and requirements for levels 1 and 2, and also includes on-site clinical services as described below. Applicants can apply for level 1, 2, or 3.

**Level 1: Support for Operations**

*\*Note: all SSP applications MUST fill out the Level 1 checklist, at minimum. Levels 2 and 3 checklists are optional for those organizations applying for the additional funding and services.*

Fill out the form below. Please reference requirements above for more information.

1. Describe proposed locations of activity.
2. Describe proposed hours of operation and how they meet the needs of the population(s) you want to reach. (Non-traditional hours of operation are encouraged and qualify for an enhancement of 2 additional points.)
3. Describe your outreach and engagement methods:
	1. How will you develop your strategy?
	2. How will you ensure you are engaging priority populations?
4. How many people do you expect to reach monthly with the following activities?
	1. Syringe access and disposal.
	2. Naloxone distribution.
	3. Referrals to community and clinical services.
5. How will you ensure appropriate data collection and reporting?
	1. How will data be collected and stored?
	2. How will data be reported?
	3. How will you ensure client confidentiality?
6. Needs-based syringe distribution is an evidenced-based practice. Please describe your model for syringe distribution. If you do not provide needs-based access, please provide a justification.
7. If claiming the optional enhancement of being a program led by people disproportionately impacted by the criminal-legal consequences of drug policy (including Black, Indigenous/Native American/Alaska Native, Hispanic/Latino/Latina/Latine/Latinx communities, and people who use drugs), please describe the policies your organization uses to ensure this.
8. If providing the optional enhancement of services provided in Spanish by monolingual Spanish-speaking staff, please describe how you will ensure availability of Spanish-speaking staff on a consistent and regular basis.
9. If providing the optional enhancement of SSP mentorship, please describe how you will support smaller, less developed programs in the field of harm reduction and overdose prevention by providing safer drug use supplies, syringe disposal services, training, technical assistance, and administrative support.
10. Provide a minimum of 2 letters of support or MOUs to demonstrate partnerships with entities including but not limited to tribes and tribal organizations, physical health providers (including sexual and reproductive health), homeless services, youth and young adult services, mental health providers, substance use treatment providers, and opioid treatment programs. If MOUs are not available at this time, describe why and provide at least 2 letters of support from agencies with whom you plan to secure MOUs by the time the contract with DOH is complete.

**Level 2: Harm Reduction Care Navigation**

**Note: you must fill out the above checklist for SSP operations funding, and the additional questions below:**

1. Number of program participants that you expect to reach monthly with Harm Reduction Care Navigation:
2. Describe how you will ensure a 1.0 FTE does not have a case load that exceeds 25 individuals.
3. Describe how client transportation will be provided.
4. Describe how clients will be accompanied on appointments (e.g., does the agency have a vehicle that can be used for this purpose, will staff take public transportation with clients).

**Level 3:** **SSP clinical services**

**Note: you must fill out the above checklists for Levels 1 and 2, as well as the checklist below:**

1. Describe proposed locations of activity, if different from what was described above:
2. Describe proposed hours of operation and how they meet the needs of the population(s) you want to reach (non-traditional hours of operation are encouraged), if different from what was described above:
3. Describe your outreach and engagement methods:
	1. How will you develop your strategy?
	2. How will you ensure you are engaging priority populations?
4. Number of program participants you expect to reach monthly with clinical services:
5. Describe what clinical services will be provided. (At minimum services must include onsite, low-barrier access to wound care, infectious disease testing, STI and hepatitis C treatment, and medications for opioid use. Additional services can include mental health services, sexual and reproductive health care, and other primary care and psychosocial support services.)
	1. If using telemedicine services, please describe why in-person services cannot be provided and how the telemedicine services will be conducted to provide low-barrier access to care.

If using a sub-contractor arrangement or MOU with a FQHC or other clinical partner, please describe the justification for this arrangement and how it will support efforts to reach people who use drugs and provide onsite and/or mobile clinical services.

**Proposal - Program approach** (4 pages maximum, including questions)

Briefly describe your programmatic vision by addressing each of the following questions:

1. Is the service category you are applying for a new service for your organization, or does it represent a continuation or expansion of existing services?
	1. If this is a continuation of existing services, describe your organization’s past successes and challenges providing these services. How have you ensured your services are meeting the needs of your population?
	2. If you are expanding existing services, please describe where/how you plan to expand and explain why expanding existing services is needed.
2. How does your programmatic vision incorporate a syndemic approach?
3. How does your program incorporate evidence-based practices?
4. What are the priority populations that you intend to work with?
	1. Please reference the priority populations listed in the service category you are applying to, and be specific about any sub-populations or communities you plan to work with.
	2. Remember to reference the syndemic data provided as part of this RFA in Exhibit A**,** “The State of the Syndemic in Washington.”
5. What barriers to access do the identified priority populations face, and how does your program address those barriers?
	1. In addition to other access barriers, you must address how your program currently provides language access appropriate to your populations, or how you plan to provide language access services (for example translation of written materials, interpreting services, and recruitment and hiring of bilingual staff, as needed).
6. How will you define success for the program you are proposing, and what data would you need to measure your success?
	1. Please reference any applicable outcomes from the service category tables.
7. How will you involve members of the communities of focus in program design and implementation?
8. How will you gather feedback from the individuals reached by this program and shift services in response to this feedback?
9. If your program plans to include any of the optional enhancements, describe how they will be integrated into your program.

*Reviewers will take into consideration whether bidders have incorporated the syndemic (e.g. HIV, viral hepatitis, sexually transmitted infections, and overdose) data provided as part of this solicitation into their response.*

**Program development, implementation startup, and capacity building needs** (1 page maximum, including questions)

*(Required for applicants proposing new or expanded services. Applicants requesting funding to replace existing funding for services already provided can omit this section.)*

OID understands that some programs will require a period of development before program implementation can begin. In most cases, this startup period should be three to six months. Some programs may require longer than this (for example, the PrEP housing pilot will likely require a six to twelve month development phase prior to implementation).

Please provide a timeline describing program development and implementation startup activities, including, but not limited to:

* Staff hiring
* Attending any training needed to implement program
* Partnership development and creation of MOUs/MOAs, if needed

In addition, OID understand that some programs will need capacity building assistance, including technical assistance and training. Please describe what capacity building assistance your agency needs to implement the proposed program(s).

**Qualifications** (2 pages maximum, including questions. Attachments do not count toward page limit.)

Please describe your staff capacity and explain why they can make the proposed program a success by addressing the following points:

1. Describe the relevant experience and qualifications of current staff who will be working on this project, including project role and title, and any relevant licenses or trainings. Explain how their capacity, including lived experience, work experience, and technical skills, will ensure implementation of the services as you have described in your work plan.
2. If you will hire additional staff to fulfill project activities, list the proposed job titles, activities, qualifications.
3. Please list any technical assistance or training needs you anticipate needing in order to implement a syndemic approach.

*Attach position descriptions for all funded positions, including existing staff and proposed new hires, as attachments to your submission.*

*Attach an organizational chart that includes all positions in this proposal. You may include the agency org chart but please indicate which positions are to be funded by this grant and which are not.*

**Partnerships** (1 page maximum, including questions. Attachments do not count toward page limit.)

List any other organizations who you propose to formally partner with to complete program activities. Briefly describe what services each partner would provide and how your proposed partners’ activities and strengths complement your work.

If you have current partnerships that you plan to continue to complete these program activities, please include any current Memoranda of Understanding.

If you plan to pursue new partnerships as part of these program activities, please include a Letter of Support from each partner and plan to develop MOUs or MOAs during contract negotiation.

*See the service category definition for more details or requirements.*

1. See, for example, [this video](https://crosscut.com/video/hidden-barriers/why-diversity-important-among-wa-doctors-and-health-care-providers) about physician diversity in Washington state, and [this article](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2772682?utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=110920) about improved patient satisfaction when patients and providers share the same racial/ethnic background. [↑](#footnote-ref-2)