

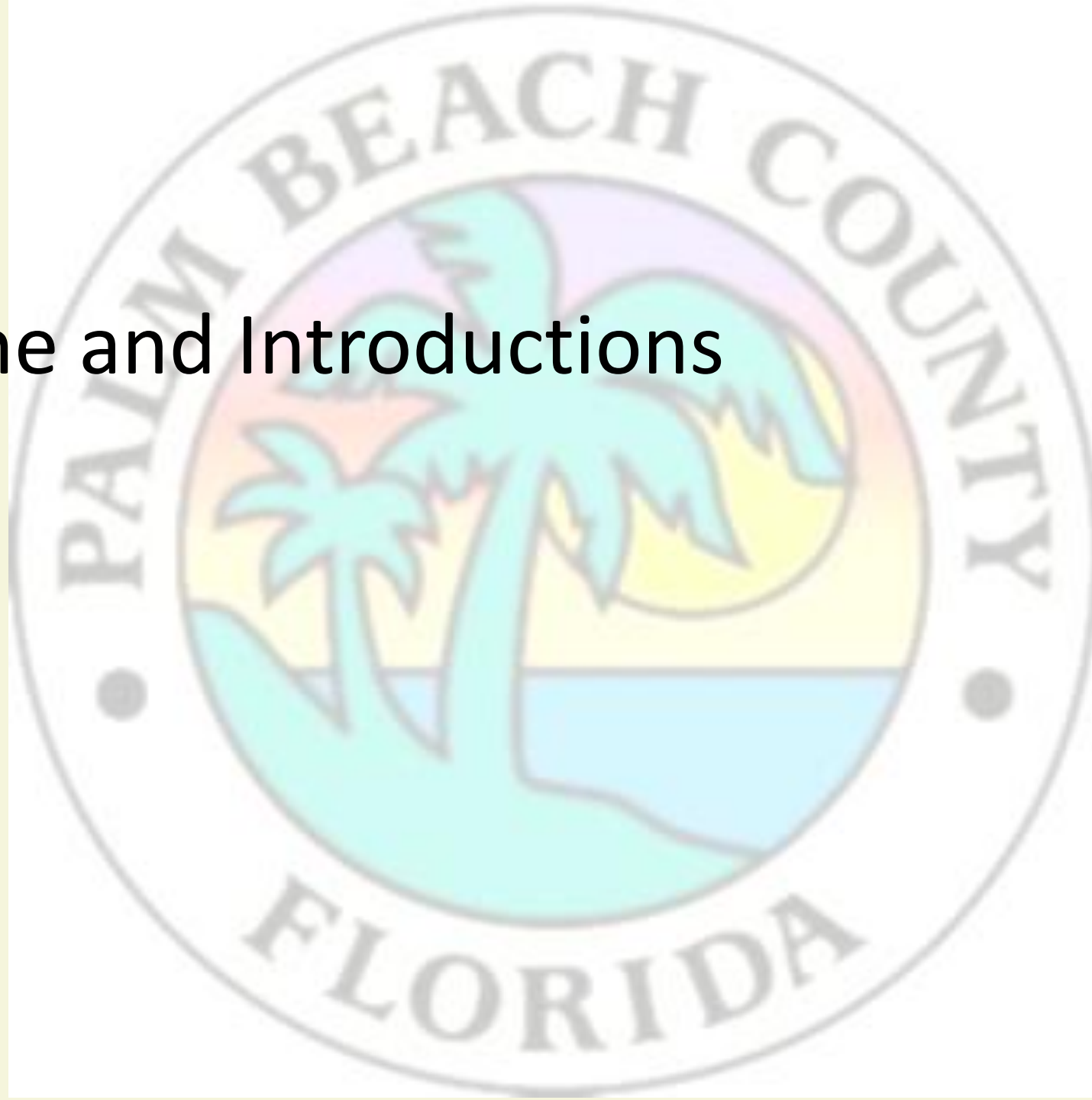


**GY 2021-2023 Ryan White HIV/AIDS  
Program (RWHAP)  
Notice of Funding Opportunity (NOFO)  
Pre-Proposal Conference  
September 17, 2020**

# RWHAP NOFO PRE-PROPOSAL CONFERENCE AGENDA

- Welcome and Introductions
- Overview of RWHAP and the GY 2021-2023 NOFO Information Guidance and Application
  - 2020 NOFO Changes as Compared to 2017 NOFO
  - Proposal Categories and Scoring Criteria and Process
  - Legal Considerations
- Epidemiological Overview
- Needs Assessment
- Logic Model Template
- Quality Improvement Plan
- HRSA Implementation Plan Template
- Contracting Process
- Fiscal Considerations and Budget Templates
- Online Application
- Questions and Answers (Q&A)
- Adjournment

# Welcome and Introductions



# WELCOME AND INTRODUCTIONS

- James Green, Department Director
- Taruna Malhotra, Assistant Department Director
- Dr. Casey Messer, Palm Beach County Ryan White HIV/AIDS Program Director
- Staff
- Attendee

# Overview of RWHAP and the GY 2021-2023 NOFO Information Guidance and Application



# OVERVIEW OF RWHAP AND THE GY 2021-2023 NOFO AND APPLICATION

- The Palm Beach County Board of County Commissioners (BCC) Community Services Department (CSD), Ryan White HIV/AIDS Program (RWHAP) receives RWHAP Part A and Minority AIDS Initiative (MAI) federal funds under the Ryan White Treatment Extension Act of 2009.
- This legislation represents the largest dollar investment made by the federal government specifically for the provision of core medical and support services for low-income persons with HIV.

# OVERVIEW OF RWHAP AND THE GY 2021-2023 NOFO AND APPLICATION

- The purpose of the Act is to improve the quality and availability of care for persons with HIV and their families, and to establish services for persons with HIV who would otherwise have no access to health care.
- U.S. Department of Health and Human Services (HHS), Health Resources and Service Administration (HRSA) administers the Ryan White HIV/AIDS Program funds.

# OVERVIEW OF RWHAP AND THE GY 2021-2023 NOFO AND APPLICATION

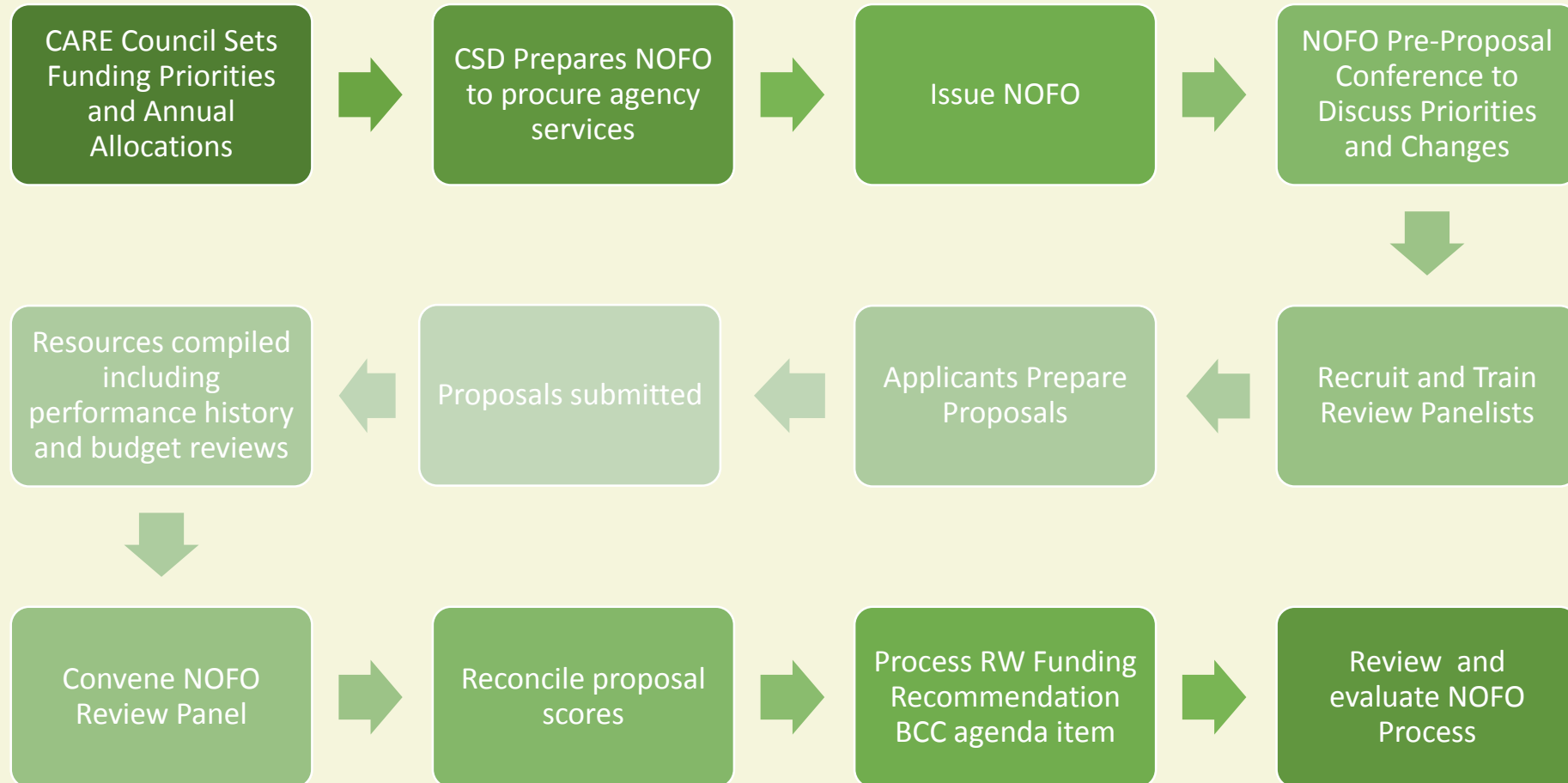
- The BCC CSD RWHAP invites proposals from qualified governmental and non-profit entities to provide RWHAP Part A and Minority AIDS Initiative (MAI) services to persons with HIV in Palm Beach County.



# OVERVIEW OF RWHAP AND THE GY 2021-2023 NOFO AND APPLICATION

- Services to be contracted include
- Core Medical Services: AIDS Pharmaceutical Assistance, Early Intervention Services (EIS), Health Insurance Premium and Cost-Sharing Assistance for Low-Income Individuals, Home and Community-Based Health Services, Medical Case Management (including Treatment Adherence Services), Medical Nutrition Therapy, Mental Health Services, Oral Health Care, Outpatient/Ambulatory Health Services (plus Laboratory Diagnostic Testing and Specialty Outpatient Medical Care), and Substance Abuse Outpatient Care; and
- Support Services: Emergency Financial Assistance, Emergency Financial Assistance-Prior Authorization, Food Bank/Home Delivered Meals, Nutritional Supplements, Housing, Medical Transportation, Non-Medical Case Management Services, Other Professional Services-Legal Services, Psychosocial Support Services.

# OVERVIEW OF RWHAP AND THE GY 2021-2023 NOFO AND APPLICATION



# RWHAP NOFO PRE-PROPOSAL CONFERENCE

## AGENDA – Part A Allocations - Projected

Type	Proposed Priority	Service Category (HRSA)	GY21 Allocations
		OAHS - Primary Care	
Core	1	Outpatient/Ambulatory Health Services	\$ 205,592.00
Core	1	Specialty Medical	\$ 371,016.00
Core	1	Labs	\$ 173,392.00
Core	2	Oral Health Care	\$ 350,000.00
Core	3	Health Insurance Premium and Cost-Sharing Assistance	\$ 1,216,616.00
Core	4	Mental Health Services	\$ 185,000.00
Core	9	Medical Case Management (Incl. Treatment Adherence)	\$ 1,300,000.00
Core	8	Early Intervention Services (EIS)	\$ 863,047.00
Core	15	AIDS Pharmaceutical Assistance	\$ 15,000.00
Core	17	Home & Community Based Health Services	\$ 5,000.00
Core	11	Substance Abuse Outpatient Care	\$ 50,000.00
Core	18	Medical Nutrition Therapy	\$ 55,000.00
		<b>Total PART A Core Services</b>	<b>\$ 4,789,663.00</b>

# RWHAP NOFO PRE-PROPOSAL CONFERENCE

## AGENDA – Part A Allocations - Projected

Type	Proposed Priority	Service Category (HRSA)	GY21 Allocations
	10	Non Medical Case Management Services	\$ 445,865.00
Support	6	Medical Transportation	\$ 88,046.00
Support	5	Housing	\$ 103,358.00
		Food	
Support	7	Food Bank/Home Delivered Meals	\$ 295,640.00
Support	7	Nutritional Supplements	\$ 7,523.00
Support		Emergency Financial Assistance	
Support	14	EFA	\$ 17,902.00
Support	14	EFA Prior Auth.	\$ 40,200.00
Support	16	Legal Services	\$ 280,000.00
Support	12	Substance Abuse Residential	\$ -
Support	13	Psychosocial Support Services	\$ -
		<b>Total PART A Support Services</b>	<b>\$ 1,278,534.00</b>



# RWHAP NOFO PRE-PROPOSAL CONFERENCE

## AGENDA – MAI Allocations - Projected

Type	Proposed Priority	Service Category (HRSA)	GY21 Allocations
CORE	1	Early Intervention Services	\$ 232,000.00
CORE	2	Medical Case Management	\$ 156,000.00
CORE	5	Mental Health	\$ -
CORE	6	Substance Abuse Outpatient	\$ -
		<b>Total MAI Core Services</b>	<b>\$ 388,000.00</b>
Type	Proposed Priority	Service Category (HRSA)	GY21 Allocations
SUPPORT	3	Non-Medical Case Management Services	\$ 58,000.00
SUPPORT	4	Psychosocial Support Services	\$ 144,832.00
SUPPORT	7	Substance Abuse Residential	\$ -
		<b>Total MAI Support Services</b>	<b>202,832.00</b>

# OVERVIEW OF RWHAP AND THE GY 2021-2023 NOFO AND APPLICATION

- Application Release Date: Friday, September 11, 2020
- Application Due Date: **Tuesday, October 13, 2020 at 12:00 p.m. (Noon)**
- Application Submission Online at:  
<https://pbcc.samis.io/go/nofo/>
- No application will be accepted after the deadline

# OVERVIEW OF RWHAP AND THE GY 2021-2023 NOFO AND APPLICATION

- RWHAP Pre-Proposal Conference: Today, Thursday, September 17, 2020
- All questions about the application and submission process must be sent via email to the RWHAP NOFO email
- Responses to questions will be posted to the Palm Beach County Community Services Department, Ryan White Program Website page so all applicants can benefit from the responses.
- Application Questions Submission Deadline: Thursday, October 8, 2020 at 12:00 p.m. (Noon)

# OVERVIEW OF RWHAP AND THE GY 2021-2023 NOFO AND APPLICATION

- The RWHAP NOFO email is:

**[PBC-RWANOFO@PBCGOV.ORG](mailto:PBC-RWANOFO@PBCGOV.ORG)**

- Ryan White Program Website page is located at:

**<https://discover.pbcgov.org/communityservices/Pages/Ryan-White-CARE.aspx>**



# Overview of RWHAP and the GY 2021-2023 NOFO Information Guidance and Application

- 2020 NOFO Changes as Compared to 2017  
NOFO

# 2020 NOFO CHANGES AS COMPARED TO 2017 NOFO

- Moved to an Electronic Process
- MAI Added Service Categories
- No Eligibility and Support Services Sub-Categories for Non Medical Case Management
- Provided a Logic Model Template

# Overview of RWHAP and the GY 2021-2023 NOFO Information Guidance and Application

- Proposal Categories and Scoring Criteria and Process

# PROPOSAL CATEGORIES AND SCORING CRITERIA AND PROCESS

- Organizational Capacity (20 points):
  - General overview of organizational history serving PLWHA, and capacity to provide RWHAP services
- HIV Services Overview (20 points):
  - Specific HIV-related experience; description of service mix and processes to assure quality services
- Budget/Budget Narrative (30 points):
  - Fiscal justification of requested funding level; service category implementation plan
- Service Category Proposal (30points):
  - Service delivery model, leveraging of resources, other service category-specific information



# PROPOSAL CATEGORIES AND SCORING CRITERIA AND PROCESS

- Service Categories will be grouped for review
- There are six scheduled Non Conflict Grant Review Committee Meetings to review the applications
- Final funding recommendations will be based on Review Committee scores, performance on past agreements, and agency capacity/internal controls

# PROPOSAL CATEGORIES AND SCORING CRITERIA AND PROCESS

Date	Meeting
October 26, 2020	<b>Group 1</b> Service Categories: Outpatient/Ambulatory Health Services, Specialty Medical, Labs, Oral Health Care, Home & Community Based Health Services, Medical Nutrition Therapy
October 27, 2020	<b>Group 2</b> Service Categories: AIDS Pharmaceutical Assistance, Health Insurance Premium and Cost-Sharing Assistance, Emergency Financial Assistance - Prior Authorization, Food Bank/Home Delivered Meals - Nutritional Supplements
October 28, 2020	<b>Group 3</b> Service Categories: Early Intervention Services, Medical Case Management, Non Medical Case Management Services

# PROPOSAL CATEGORIES AND SCORING CRITERIA AND PROCESS

Date	Meeting
November 3, 2020	<b>Group 4</b> Service Categories: Mental Health Services, Substance Abuse Outpatient Care
November 5, 2020	<b>Group 5</b> Service Categories: Emergency Financial Assistance, Food Bank/Home Delivered Meals, Housing, Legal Services, Medical Transportation
November 9, 2020	<b>Group 6</b> MAI Service Categories: Early Intervention Services, Medical Case Management, Non-Medical Case Management, Psychosocial Support Services
November 17, 2020	<b>Overflow</b> Service Categories: Applications from All Service Categories that were not reviewed

- Overview of RWHAP and the GY 2021-2023 NOFO Information Guidance and Application
- Legal Considerations



# LEGAL CONSIDERATIONS

- Ethics Commission  
Agencies with questions regarding ethics can contact the Ethics Commission directly at <http://www.palmbeachcountyethics.com/>
  - Ethical questions should not be addressed at CSD/RWHAP
- This NOFO includes a Cone of Silence
  - In effect from Application Submission Deadline (October 13<sup>th</sup>) until final RWHAP Agreements are approved by the Board of County Commissioners.

# LEGAL CONSIDERATIONS – CONE OF SILENCE

Respondents are advised that the **"Palm Beach County Lobbyist Registration Ordinance" (Ordinance)**, a copy of which can be accessed at: [http://www.pbcgov.com/legislativeaffairs/pdf/Lobbyist\\_Registration\\_Ordinance.pdf](http://www.pbcgov.com/legislativeaffairs/pdf/Lobbyist_Registration_Ordinance.pdf) is in effect. The Respondent shall read and familiarize themselves with all of the provisions of said Ordinance, but for convenience, the provisions relating to the Cone of Silence have been summarized here.

**"Cone of Silence" means a prohibition on any non-written communication regarding this RFP between any Respondent or Respondent's representative and any County Commissioner or Commissioner's staff, any member of a local governing body or the member's staff, a mayor or chief executive officer that is not a member of a local governing body or the mayor or chief executive officer's staff, or any employee authorized to act on behalf of the commission or local governing body to award a contract.**

A Respondent's representative shall include but not be limited to the Respondent's employee, partner, officer, director or consultant, lobbyist, or any, actual or potential subcontractor or consultant of the Respondent.

The Cone of Silence is in effect as of the submittal deadline. The provisions of this Ordinance shall not apply to oral communications at any public proceeding, including pre-bid conferences, oral presentations before selection committees, and contract negotiations during any public meeting. The Cone of Silence shall terminate at the time that the BCC awards or approves a contract, when all proposals are rejected, or when an action is otherwise taken that ends the solicitation process.



# LEGAL CONSIDERATIONS – GRIEVANCE PROCESS

- Discussed in detail in the NOFO
- Deadline to Submit a Grievance is 15 business days following the announcement of funding recommendations (Estimated December 15)
- Contract Agreement Process will continue while a grievance is in process

# Epidemiological Overview



# Epidemiological Overview

To understand the care status of individuals living with HIV in Palm Beach County, Ryan White Part A uses the HIV Care Continuum provided by the Florida Department of Health and our own data.

The last presentation provided to the public was on June 17, 2020 and includes data from 2018 for Palm Beach County and 2019 for Ryan White Part A in Palm Beach County. You can reference the information in this presentation in your applications.

The data presentation may help you complete the “Priority Populations” section, among other sections. The HIV Care Continuum is presented by race/ethnicity, gender, age, and transmission histories. The HIV Care Continuum housing status for Ryan White Part A clients is presented – but is not available for the jurisdiction as a whole for all individuals living with HIV. There is a geographic map of individuals who are out of care.

Full presentation for Epidemiological Overview in Palm Beach County:  
[https://discover.pbcgov.org/carecouncil/PDF/Data%20Reports/Epidemiological Data Presentation 17June2020.pdf](https://discover.pbcgov.org/carecouncil/PDF/Data%20Reports/Epidemiological_Data_Presentation_17June2020.pdf)



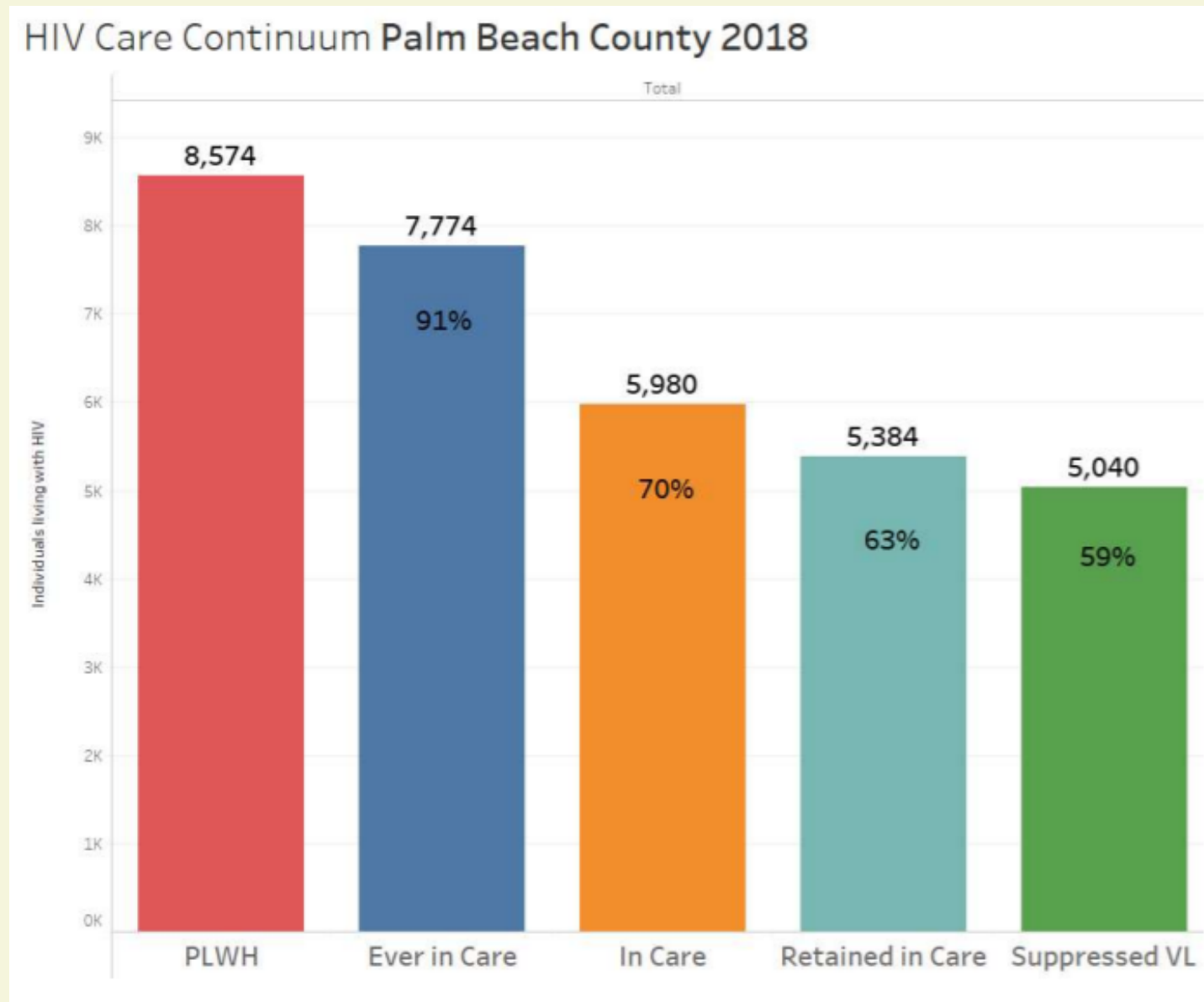


# Epidemiological Overview

## DEFINITIONS for Palm Beach County Data

- **Persons Living with HIV:** The number of persons known to be living with an HIV diagnosis (PLWH) at the end of 2018
- **Ever in Care:** PLWH with at least one documented Viral Load (VL) or CD4 lab, medical visit, or prescription from HIV diagnosis through 3/31/2019
- **In Care:** PLWH with at least one documented VL or CD4 lab, medical visit, or prescription from 1/1/2018 through 3/31/2019
- **Retained in Care:** PLWH with two or more documented VL or CD4 labs, medical visits, or prescriptions at least three months apart from 1/1/2018 through 6/30/2019
- **Suppressed Viral Load:** PLWH with a suppressed VL (<200 copies/mL) on the last VL from 1/1/2018 through 3/31/2019

# Epidemiological Overview



# Needs Assessment



# NEEDS ASSESSMENT

## As Defined by the Ryan White HIV/AIDS Program Part A Manual

- ▶ **Needs Assessment:** A process of collecting information about the needs of people with HIV (PWH)—both those receiving care and those not in care.
- ▶ Steps involve gathering data from multiple sources on the number of HIV and AIDS cases, the needs of PWH, and current resources available to meet those needs (RWHAP and other).
- ▶ This information is then analyzed to identify what services are needed and by which groups of PWH.



# NEEDS ASSESSMENT

## Elements of a Needs Assessment

- ▶ Epidemiologic profile
- ▶ Resource inventory
- ▶ Profile of provider capacity and capability
- ▶ Estimate and assessment of unmet need
- ▶ Estimate and assessment of people with HIV who are unaware of their status
- ▶ Assessment of service needs gaps



# Proposed Needs Assessment Timeline and Activities

## March 2019-March 2022

### June-December 2020

- Identify Community Partners/Resource Inventory
- Develop Plan for PLWH Input
- Determine Prevention Components/Coordination Plan with CPP
- Develop Dissemination Plan (Focus Groups, Surveys)
- Need for Outreach and EIS Plan/Coordinated EIS Plan

### Data Collection June 2020- May 2021

October-November 2019:

- Establish 3-year schedule
- Review Sample Surveys

December-January 2019:

- Identify Community Partners
- Develop PLWHA Survey

February-March 2020

- Identify Sub-populations
- Develop Plan for PLWHA Input

April-May 2020

- Determine Prevention Components
- Develop Dissemination Plan
- Develop Sampling Strategy
- Resource Inventory

### Needs Assessment Planning

October 2019 – May 2020

June-July 2020

- Provider Survey (Draft)
- Client Confidentiality/Data Plan
- Identify Complementary Funding Sources

July-August

- Plan for Submitting Raw Data

August-September

- Coordination Plan with CPP

October-November 2020

- Identify Need for Outreach and EIS Plan
- Develop Coordinated EIS Plan

January 2021

- Analysis of EIIHA Data
- Healthcare System Change Analysis

February-March 2021

- Demonstrated Need Analysis
- GEO Mapping of Viral Load

April-May 2021

- Analysis of EPI Data

Consumer Interviews  
January-February 2021

June 2021

- Analysis of Barriers to Care

July-August 2021

- Unmet Need Profile-PLWHA in Care

September-October 2021

- Unmet Need Profile-PLWHA Not in Care
- Update EIIHA Plan
- Update EPI Profile

November-December 2021

- Disparities in Care by Subpopulation
- Identify EIIHA Strategies

January 2022

- Identify Capacity Development needs

February 2022

Update all EPI Data, Prepare Report

March 2022: Present Needs Assessment findings  
Focus groups: April 2021

### Data Analysis and Reporting

June 2021 – March 2022

# Logic Model Template



# LOGIC MODEL TEMPLATE

## Palm Beach County Ryan White Part A/MAI Logic Model

Project Period GY2021 - 2023

### Problem Statement:

Low income people with HIV in Palm Beach County who are uninsured and underinsured do not have access to HIV primary medical care, essential support services, and medications needed to achieve optimal health outcomes and reduce HIV transmission.

### Program Goals:

To establish a Ryan White coordinated services network that improves access and adherence to a comprehensive system of HIV care and treatment.

# LOGIC MODEL TEMPLATE

INPUTS	ACTIVITIES	OUTPUTS
Resources (people, money, space, etc.) needed to do the work.	The services or interventions provided to achieve the desired outcome(s).	(1) The number of unduplicated clients provided Core medical services (across all core medical service categories). (2) The number of unduplicated clients provided Support services (across all support service categories). (3) The number of unduplicated clients provided any service (across all core medical and support service categories).

**Inputs:** (nouns) Specified resources needed to conduct or carry out the goal; key staff, volunteers, EHR, standard documents, collaborative partners, budget, other resources

**Activities:** (verbs) Approach to reach the goal, listing key interventions; frequency of data collection, consultations, referrals, marketing, monitoring, trainings

**Outputs:** Direct products or deliverables of program activities; data entry in to database/HER, reporting, referrals to PCP/coordinated care/support services



# LOGIC MODEL TEMPLATE

OUTCOMES		
Short Term (Year 1)	Intermediate (Year 2)	Long Term (Year 3)
<p>The quantitative measure of the projected change expected of clients receiving services.</p> <p><b>Example:</b> Increase the number of unduplicated clients receiving outpatient/ambulatory health services by 15% (numerator/denominator).</p>	<p>The quantitative measure of the projected change expected of clients receiving services.</p> <p><b>Example:</b> Increase the number of clients retained in care by 10% (numerator/denominator).</p>	<p>The quantitative measure of the projected change expected of clients receiving services.</p> <p><b>Example:</b> Increase the number of clients achieving viral suppression by 5% (numerator/denominator).</p>

**Outcomes:** Results of a program, typically describing a change in people or systems; clients know their HIV-related health information, increased linkage to care, increased adherence, undetectable viral loads, increased engagement in care, empowerment of clients to take control of their overall health (Care Continuum)

**3 Year proposal for short term, intermediate, and long term outcomes**



# Quality Improvement Plan



# QUALITY IMPROVEMENT PLAN

- Recipients are required to implement continuous quality improvement activities for the Ryan White Program that are aimed at improving patient care, health outcomes and patient satisfaction.
- Sub-recipients are required to participate in CQM program activities, including quality improvement projects, among others.
- The RWHAP Part A Recipient Office and the RWHAP Part B Lead Agency have designed a Clinical Quality Management (CQM) Program called the Palm Beach County CQM collaborative for the West Palm Beach Eligible Metropolitan Area (EMA).
- The QM Plan is a core component of the PBC CQM collaborative infrastructure and includes all aspects of the CQM Program, aimed at improving health outcomes for PWH who receive care through the EMA's subrecipient providers.
- Link for the current CQM Plan can be found on the PBC Care Council Website:  
[https://discover.pbcgov.org/carecouncil/PDF/Quality%20Management/QM\\_Plan.pdf](https://discover.pbcgov.org/carecouncil/PDF/Quality%20Management/QM_Plan.pdf)

# HRSA Implementation Plan Template



# HRSA IMPLEMENTATION PLAN

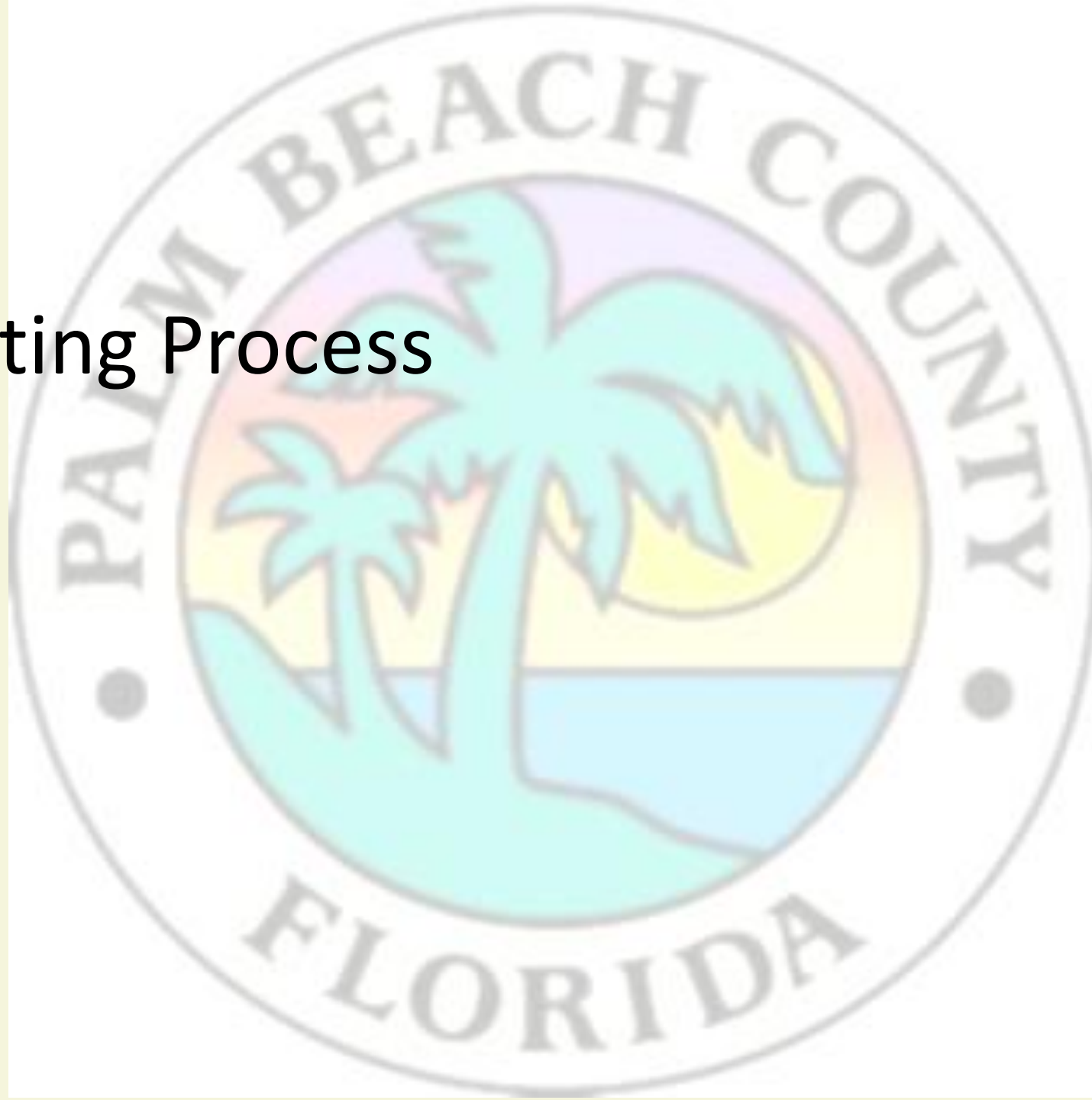
- HRSA Implementation Plans are required for each requested service category
- Requested funding must be aligned with appropriate level/cost of service
- Combine Implementation Plans in one Excel Workbook

# OVERVIEW OF HRSA IMPLEMENTATION PLAN

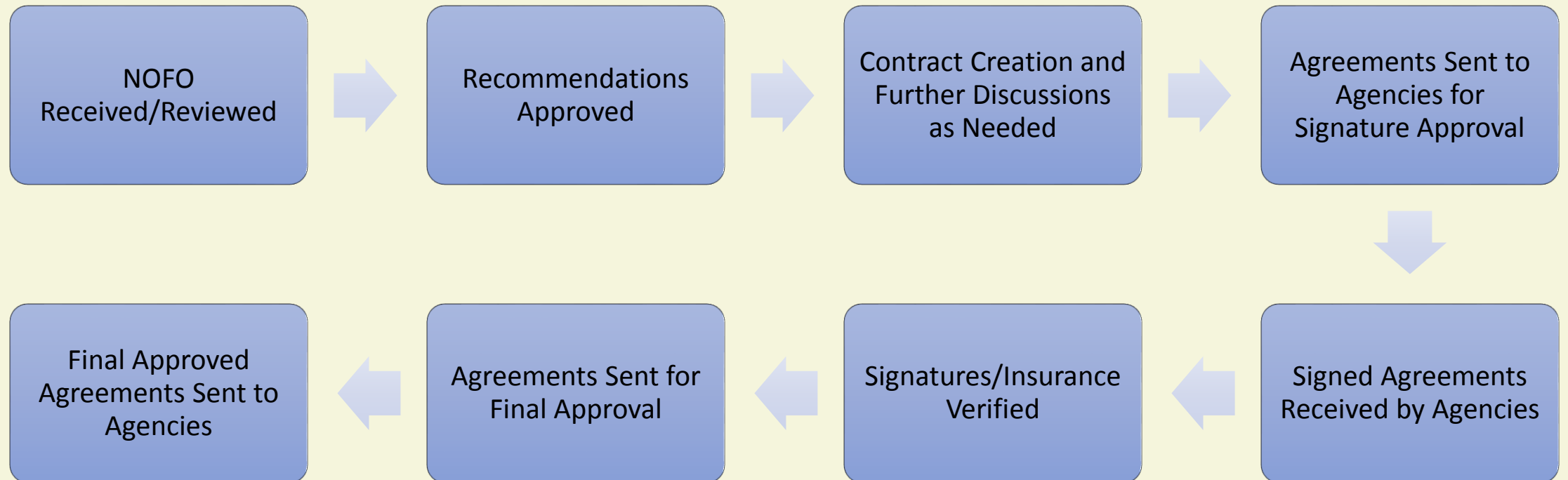
Ryan White Part A Implementation Plan: Service Category Table				
Agency Name:				
Fiscal Year: 2018	Service Category:			
	Total Request:			
Service Category Goal:				
Objective: List quantifiable timelimited objective related to the service listed above		Service Unit Definition	Number of Persons to be Served	Number of Units to be Provided
HAB/HHS Performance Measure:				
		Baseline (%)		
		Target (%)		



# Contracting Process



# CONTRACTING PROCESS



# CONTRACTING PROCESS

- The term of the Agreement shall be for one (1) year and will automatically renew for two (2) one (1) year terms, unless either party notifies the other prior to the expiration of the initial term or any extended term of its intent not to renew in accordance with the time parameters stated herein ***(March 1, 2021 – February 29, 2024)***
- Reports and other items shall be delivered or completed in accordance with the detailed schedule set forth in THE PROGRAMMATIC REQUIREMENTS.

# CONTRACTING PROCESS

- Issues that can slow down the process:
  - Improper Insurance Coverage
  - Improper Signature Authority
  - Incorrect information on Implementation Plans
  - Incomplete Signature of Forms

# CONTRACTING PROCESS

- Agreements can be amended when there is a change:
  - To the implementation plan
  - In funding
  - To unit cost
  - To federal, state, and local laws or policies affecting the agreement/terms and conditions
  - An emergency



# Fiscal Considerations and Budget Templates



# FISCAL CONSIDERATIONS AND BUDGET TEMPLATES

## Payer of Last Resort

By statute, the programs funded under the Ryan White legislation are the Payer of last resort

- **Meaning:** Ryan White HIV/AIDS Program grant funds may not be used for any item/service for which payment has been made, or can reasonably be expected to be made by any other payer.
- Other payer may include:
  - Medicaid
  - Medicare
  - Veterans Affairs
  - Private Health Insurance
  - Employer-Provided Health Insurance
  - Other Federal Assistance Programs
  - Other State and Local Service Programs

**Failure to adhere to this requirement will result in a payback situation**

# FISCAL CONSIDERATIONS AND BUDGET TEMPLATES

- Part A grants to Eligible Metropolitan Areas (EMAs) include formula and supplemental components as well as Minority AIDS Initiative (MAI) funds.
  - Formula grants are based on reported living HIV/AIDS cases in the EMA
  - Supplemental grants are awarded based on demonstrated need
  - MAI funding awarded according to distribution of living HIV/AIDS cases among racial and ethnic minorities

**All funding is subject to certain restrictions that affect the Recipient (Palm Beach County) and Service Providers (Successful NOFO Proposers)**

# FISCAL CONSIDERATIONS AND BUDGET TEMPLATES

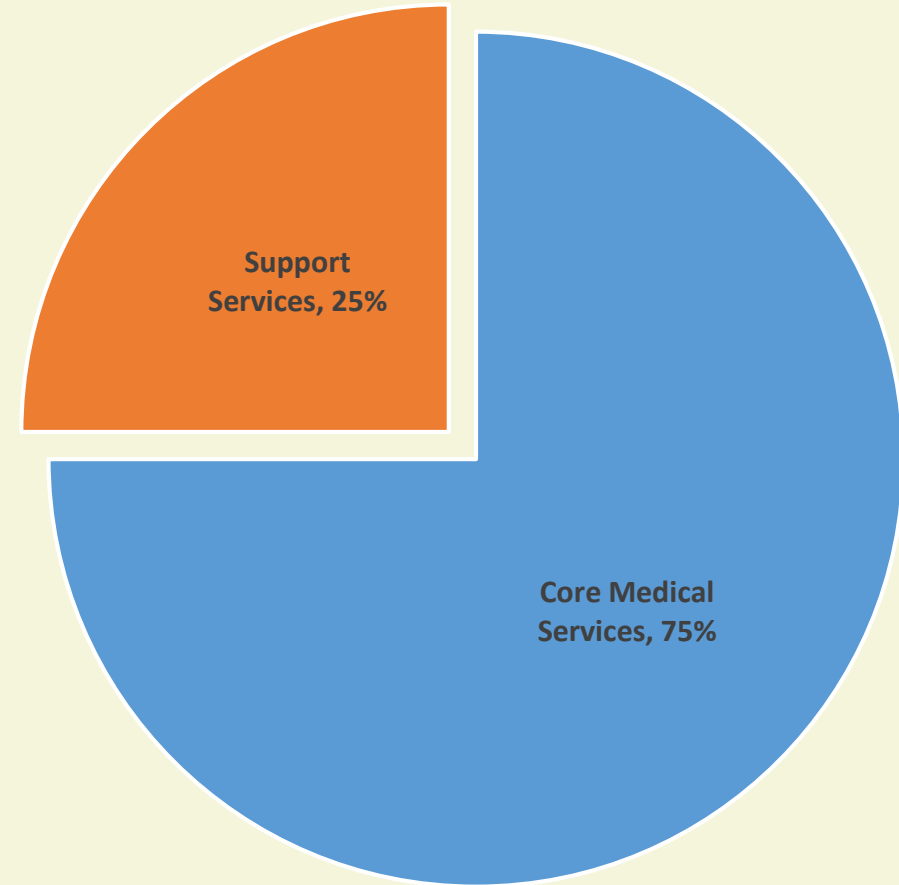
## – FORMULA FUNDING REQUIREMENTS

- The EMA will lose future funding if it does not spend at least **95%** of Formula funding.
- This means the Recipient will monitor Service Providers expenditures closely. If it becomes clear a Service Provider cannot spend all contracted funds, **the Priorities and Allocations Committee through the Care Council will reallocate funds**

# FISCAL CONSIDERATIONS AND BUDGET TEMPLATES

## – CORE MEDICAL/SUPPORT SERVICES REQUIREMENTS

- HRSA restricts funding to no more than 25% of funds for support services
- HRSA requires at least 75% of allocated funds are spent on core medical services; CARE Council may adjust this allocation higher as needed
- **Failure to adhere to this requirement will result in a payback situation**
- Minority AIDS Initiative (MAI) funding is awarded separately;
  - CARE Council requires that applicants have at least 50% minority on staff and Boards of Directors





# FISCAL CONSIDERATIONS AND BUDGET TEMPLATES

- **Grantee Administrative Cap**
  - 10% administrative costs
  - 5% quality management
- **Provider Administrative Cap**
  - 10% administrative costs (*based on direct expenditures*)
  - (Personnel salaries, accounting costs, facilities maintenance, rent, supplies, etc.)

# FISCAL CONSIDERATIONS AND BUDGET TEMPLATES – SAMPLE AWARD BREAKDOWN

1. DATE ISSUED: 01/26/2016		2. PROGRAM CFDA: 93.914	
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.			
4a. AWARD NO.: 2 HSH140034-23-00	4b. GRANT NO.: HSH140034	5. FORMER GRANT NO.: BRH990034	
6. PROJECT PERIOD: FROM: 04/04/1994 THROUGH: 02/28/2017			
7. BUDGET PERIOD: FROM: 03/01/2016 THROUGH: 02/28/2017			
8. TITLE OF PROJECT (OR PROGRAM): HIV EMERGENCY RELIEF PROJECT GRANTS			
9. GRANTEE NAME AND ADDRESS: PALM BEACH COUNTY BOARD OF COMMISSIONERS PO BOX 4036 WEST PALM BEACH, FL 33402- DUNS NUMBER: 078470451		10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Charmel Wilkins PALM BEACH COUNTY BOARD OF COMMISSIONERS MailStop Code: 810 Datura St. Division Line: Dept. of Community Services 810 Datura St. West Palm Beach, FL 33401	
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> [X] Grant Funds Only <input type="checkbox"/> [ ] Total project costs including grant funds and all other financial participation		12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE: a. Authorized Financial Assistance This Period \$4,189,210.00 b. Less Unobligated Balance from Prior Budget Periods i. Additional Authority \$0.00 ii. Offset \$0.00 c. Unawarded Balance of Current Year's Funds \$0.00 d. Less Cumulative Prior Awards(s) This Budget Period \$0.00 e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION \$4,189,210.00	
a. Salaries and Wages: \$0.00 b. Fringe Benefits: \$0.00 c. Total Personnel Costs: \$0.00 d. Consultant Costs: \$0.00 e. Equipment: \$0.00 f. Supplies: \$0.00 g. Travel: \$0.00 h. Construction/Alteration and Renovation: \$0.00 i. Other: \$0.00 j. Consortium/Contractual Costs: \$0.00 k. Trainee Related Expenses: \$0.00 l. Trainee Stipends: \$0.00 m. Trainee Tuition and Fees: \$0.00 n. Trainee Travel: \$0.00 o. TOTAL DIRECT COSTS: \$4,189,210.00 p. INDIRECT COSTS (Rate: % of S&WITADC): \$0.00 q. TOTAL APPROVED BUDGET: \$4,189,210.00 i. Less Non-Federal Share: \$0.00 ii. Federal Share: \$4,189,210.00		13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project) YEAR TOTAL COSTS Not applicable	
14. APPROVED DIRECT ASSISTANCE BUDGET: (in lieu of cash) a. Amount of Direct Assistance \$0.00 b. Less Unawarded Balance of Current Year's Funds \$0.00 c. Less Cumulative Prior Awards(s) This Budget Period \$0.00 d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION \$0.00			
15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A] Estimated Program Income: \$0.00			
16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.			
REMARKS: (Other Terms and Conditions Attached) [X] Yes [ ] No			
Electronically signed by Brad Barney, Grants Management Officer on: 01/26/2016			

HRSA Award: 5,000,000  
Less 10% grantee admin: 500,000  
Less 5% Quality Assurance: 250,000  
Available to Contract: 4,250,000

4,250,000 Available in Service Provider Contracts:

- 3,187,500 must be contracted in core medical services
- 1,062,500 could be contracted in support services



# FISCAL CONSIDERATIONS AND BUDGET TEMPLATES – SAMPLE AWARD BREAKDOWN

## AGENCY 1

Contract awarded:	770,000
Direct Expenses:	700,000
Max administrative costs allowed:	70,000

## AGENCY 2

Contract awarded:	1,100,000
Direct Expenses:	1,000,000
Max administrative costs allowed:	100,000

# FISCAL CONSIDERATIONS AND BUDGET TEMPLATES

## – SERVICE CATEGORY BUDGET TEMPLATE

SUB RECIPIENT: NAME OF AGENCY							
SERVICE CATEGORY NAME							
GRANT YEAR: 2021							
PROPOSED AMOUNT							
<b>Personnel</b>							
RYAN WHITE FTE %	Name, Position, Duties	RW Budgeted	Other Funding Source %	Other Funding Source-Name of Agency	Other Funding Source %	Other Funding Source-Name of Agency	Total Budget
	Name, Position, This position is responsible for (description of duties).	-	0.10		0.05		-
	Name, Position, This position is responsible for (description of duties).	-	0.10		0.10		-
	Name, Position, This position is responsible for (description of duties).	-	0.09		0.09		-
	Name, Position, This position is responsible for (description of duties).	-	0.09		0.09		-
	Name, Position, This position is responsible for (description of duties).	-	0.34		0.34		-
							-
							-
-	<b>Personnel Total</b>	\$ -	0.72	\$ -	0.67	\$ -	\$ -
<b>Fringe Benefits</b>							
Percentage	Category	RW Budgeted		Other Funding Source		Other Funding Source	Total Budget
	Insurance(Medical/Dental)	-		-		-	-
	Social Security	-		-		-	-
	Retirement	-		-		-	-
	Medicare	-		-		-	-
	Others (Disability, Unemployment, Workers Comp, Life Insurance, and Supp. Ret.)	-		-		-	-
	<b>Fringe Benefit Total</b>	\$ -		\$ -		\$ -	\$ -
<b>Travel</b>							
<b>Local</b>		<b>RW Budgeted</b>		<b>Other Funding Source</b>		<b>Other Funding Source</b>	<b>Total Budget</b>
Local travel at rate of for an approximate miles for the year.							

- Complete the Program Budget form for the Services for which the Agency is applying

# FISCAL CONSIDERATIONS AND BUDGET TEMPLATES

						-
Long Distance Travel Sub-Total	-		-		-	-
Travel Total	\$ -		\$ -		\$ -	\$ -
Supplies	RW Budgeted		Other Funding Source		Other Funding Source	Total Budget
Office Supplies-Description						
Supplies Total	\$ -		\$ -		\$ -	\$ -
Contractual	RW Budgeted		Other Funding Source		Other Funding Source	Total Budget
Description of contracted service if any.						
Contracts Total	\$ -		\$ -		\$ -	\$ -
Construction						
Not Applicable						
Direct Assistance to Clients	RW Budgeted		Other Funding Source		Other Funding Source	Total Budget
Description of direct assistance to clients.						0
Direct Assistance to Clients Total	\$ -		\$ -		\$ -	\$ -
Total Direct Cost	RW Budgeted		Other Funding Source		Other Funding Source	Total Budget
	\$ -		\$ -		\$ -	\$ -
Total ADMIN Cost	RW Budgeted		Other Funding Source		Other Funding Source	
10% Administrative Costs will be automatically added to all direct service dollars.	\$ -		\$ -		\$ -	\$ -
ADMIN Cost Total	\$ -		\$ -		\$ -	\$0.00
Part A SERVICE CATEGORY Total	RW Budgeted		Other Funding Source		Other Funding Source	
	\$0.00		\$0.00		\$0.00	\$0.00
ERROR CELL-SEE INSTRUCTIONS	0					

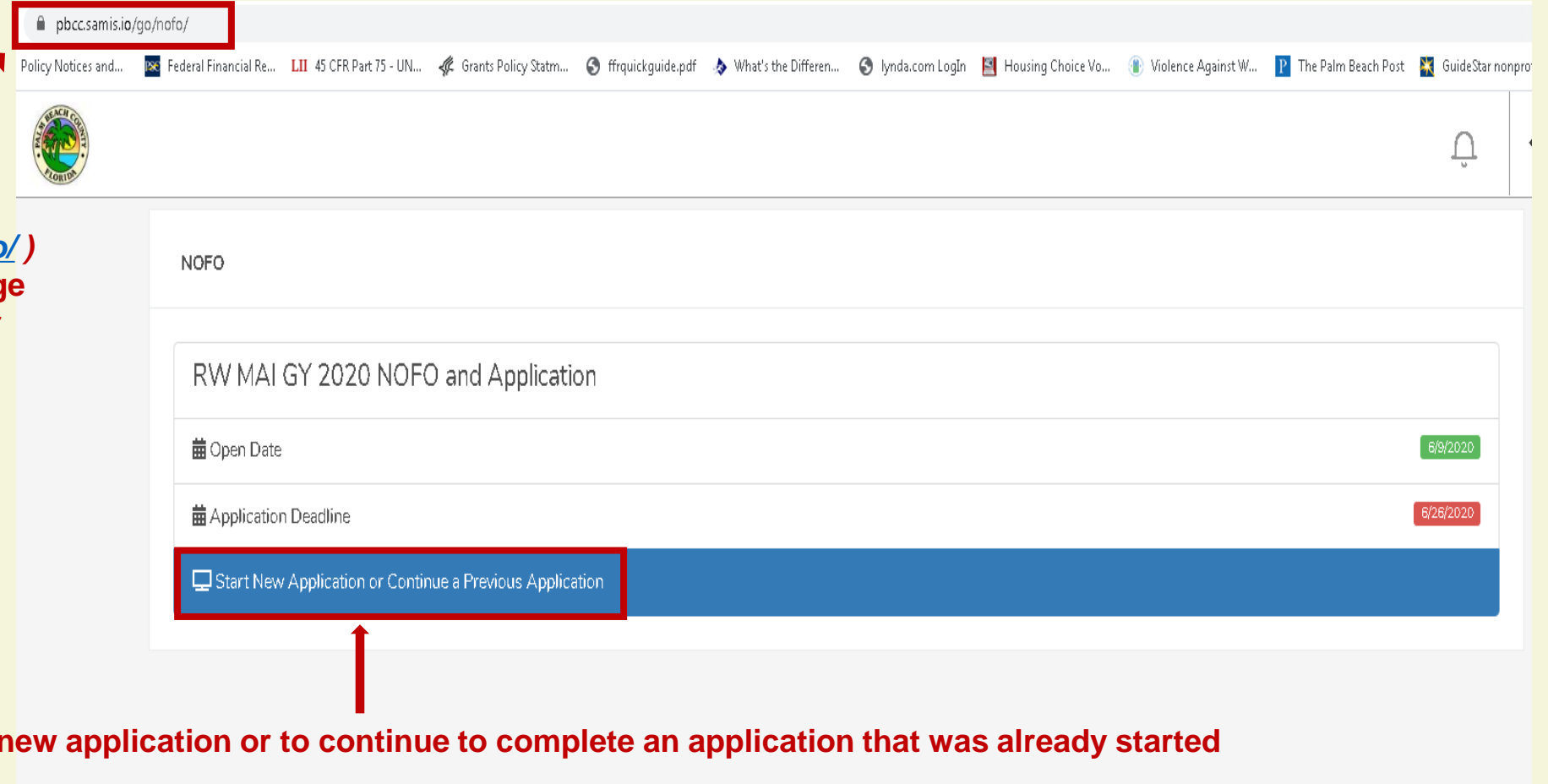


# Online Application



# ONLINE APPLICATION

Enter link  
(<https://pbcc.samis.io/go/nofo/>)  
to access NOFO proposal page  
*Please note there may be other  
applications on the page so be  
sure to select the correct  
application:*  
**RWHAP GY 2021-2023 NOFO  
Guidance/Application**



The screenshot shows a web browser window with the address bar displaying [pbcc.samis.io/go/nofo/](https://pbcc.samis.io/go/nofo/). The page header includes the Palm Beach County logo and a notification bell. The main content area is titled "NOFO" and displays "RW MAI GY 2020 NOFO and Application". Below this, it shows the "Open Date" as 6/9/2020 and the "Application Deadline" as 6/26/2020. A blue button with a computer icon and the text "Start New Application or Continue a Previous Application" is highlighted with a red box and a red arrow pointing to it. Another red arrow points from the text on the left to the URL in the address bar.

NOFO

RW MAI GY 2020 NOFO and Application

Open Date 6/9/2020

Application Deadline 6/26/2020

Start New Application or Continue a Previous Application

Click here to begin a new application or to continue to complete an application that was already started

# ONLINE APPLICATION

- Palm Beach County Board of Co x +

pbcc.samis.io/go/nofo/index.cfm?actionxm=RegisterSignIn&rpf=1004&xm\_dbform\_template\_id=1003

Existing User

Email \*

Password \*

Log In

New User

First Name \*

Last Name \*

Email \*

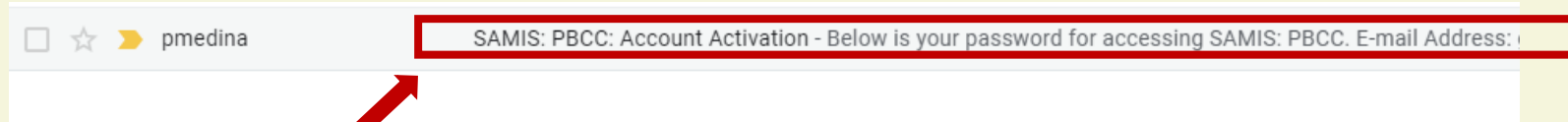
Register

COPYRIGHT 2020. POWERED BY WEBAUTHOR.COM. PRIVACY POLICY. ALL RIGHTS RESERVED. NEW-CF-2-CFUSION

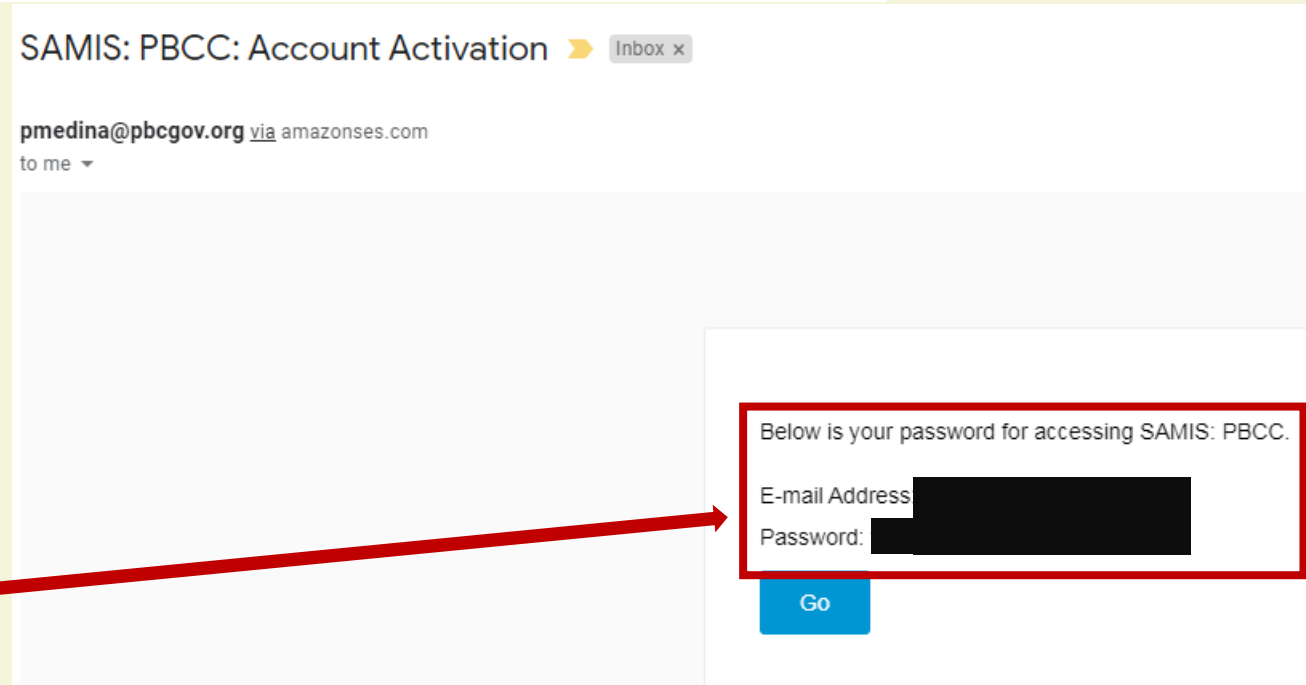
If you submitted an application previously through SAMIS or already started your application, you will use the email and password you created to log in under “Existing User.”

If you are a brand new SAMIS user, you will type in your first name, last name and email under “New User” to begin the process for creating an account. By creating an account, you will be able to return to an application you have started and apply for future grants using your newly created account.

# ONLINE APPLICATION



For new users, you will receive an email with subject line :SAMIS:PBCC: Account Activation.



This email will contain a password for you to sign into SAMIS to complete your registration and the application

# ONLINE APPLICATION

Before using this site, you must agree to the terms and conditions of use.

**Terms of Use - 1/18/2011 - Version 2.0**

BY CLICKING A BOX OR PRESSING A BUTTON INDICATING YOUR ACCEPTANCE YOU AGREE TO THESE TERMS OF USE. IF YOU ARE USING THIS WEB SITE ON BEHALF OF A COMPANY OR OTHER LEGAL ENTITY, YOU REPRESENT THAT YOU HAVE THE AUTHORITY TO BIND SUCH ENTITY TO THESE TERMS OF USE, IN WHICH CASE THE TERMS "YOU" OR "YOUR" SHALL REFER TO SUCH ENTITY AND ITS AFFILIATES. IF YOU DO NOT HAVE SUCH AUTHORITY, OR IF YOU DO NOT UNDERSTAND AND AGREE WITH THESE TERMS OF USE, YOU SHOULD SEEK LEGAL COUNSEL, NOT ACCEPT THE TERMS OF USE, AND NOT USE THE SERVICES.

Definitions

"Affiliate" means, with respect to a party, any entity which directly or indirectly controls, is controlled by, or is under common control with such party.

"Assessment" means this Terms of Use.

**You will be asked to accept the terms of use for SAMIS...**

**Reset Password**

Your password has either expired or is a temporary one. Please enter a new password below to access the system.

Change Password

New Password \*

Confirm Password \*

**...and, to change your password. Please make note of your password. You will be able to use the password to return to your saved application and to apply for future CSD grant opportunities.**



# ONLINE APPLICATION

Once signed in, you will be directed to your proposal records landing page. Here you will see the list of all the proposals you have started.

Title	% Complete	Modified
		9/11/20 8:24 AM
		8/13/20 12:12 PM
		7/29/20 11:30 AM

To start a new proposal, click on the “Create New” button.

To continue a proposal that you have started or that you are sharing, click on the proposal name.

# ONLINE APPLICATION

CREATE NEW ENTRY

1272 Pending RWHAP GY 2021-2023 NOFO Guidance/Application 10/13/2020 12:00 PM 27 days 21:29:20

ID	Status	Agency Name	NOFO/RFP	Due Date	Time Remaining
----	--------	-------------	----------	----------	----------------

Proposals

Federal ID \*

Agency Name \*

Address

City

State Select State

Zip Code

NOFO/RFP \* RWHAP GY 2021-2023 NOFO Guidance/Application

Additional Editors

Program Name \*

RWHAP GY 2021-2023 Cover Click [HERE](#) to download the REQUIRED RW GY 2021-2023 Cover Sheet Template. Complete the template

Sections

0%

*	Proposals
X	General Contact Information
X	RW Org. Profile&Capacity - Attachments
X	RW Org. Profile&Capacity - Organizational Overview
X	RW Org. Profile&Capacity - HIV Services Overview
X	RW Budgets
X	RW Service Proposal(s)

The application will appear. A valid Federal ID will populate the applicant's agency name and address.

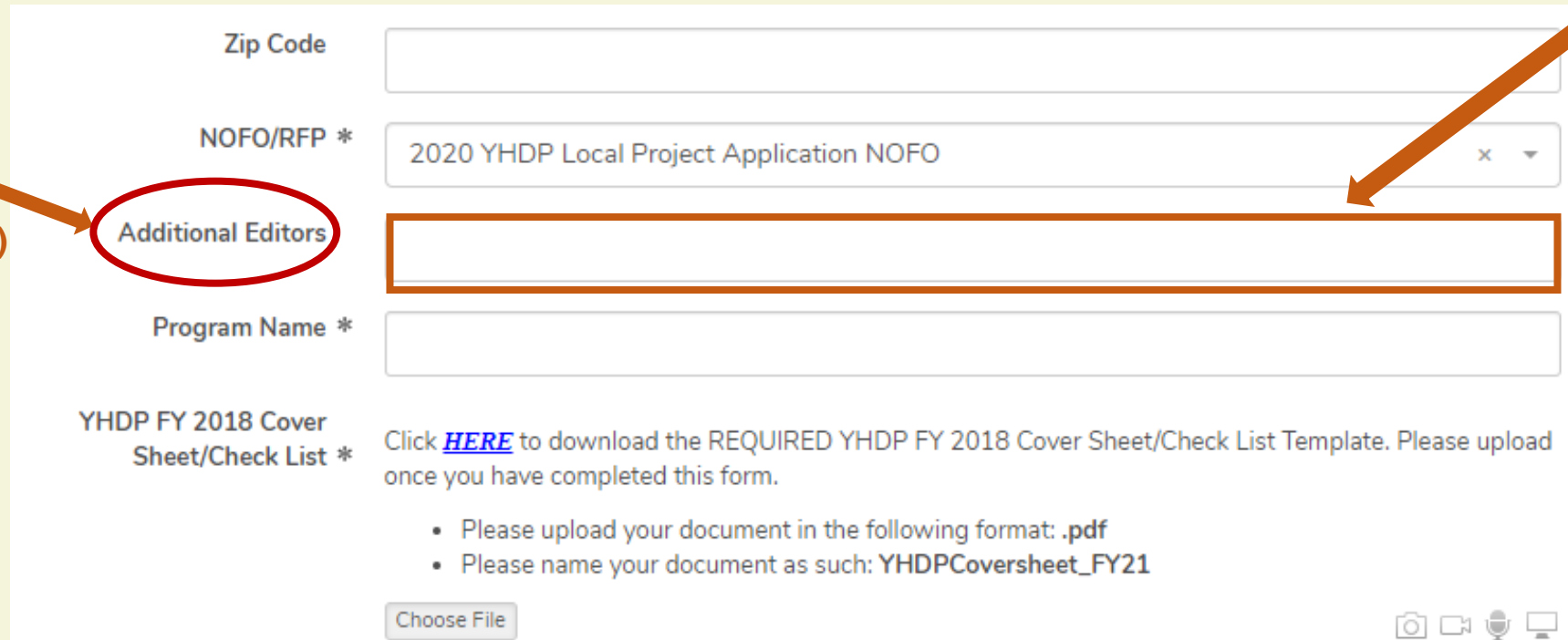
Check the NOFO/RFP to confirm you are in the correct application

Use this status panel to track your application's progress. A green "✓" (checkmark) means the section is marked as completed. A red "X" means the section is not marked as completed. All sections must be marked complete to submit the application

# ONLINE APPLICATION

You can share the application with another reviewer/editor.

To add another reviewer/editor to the application, go to the “Additional Editors” field in the first section of the application (first page)



The screenshot shows a web form with the following fields and instructions:

- Zip Code**: A text input field.
- NOFO/RFP \***: A dropdown menu currently showing "2020 YHDP Local Project Application NOFO".
- Additional Editors**: A text input field, circled in red. An arrow points from the text on the left to this field.
- Program Name \***: A text input field.
- YHDP FY 2018 Cover Sheet/Check List \***: A section with instructions: "Click [HERE](#) to download the REQUIRED YHDP FY 2018 Cover Sheet/Check List Template. Please upload once you have completed this form." Below this are two bullet points: "Please upload your document in the following format: .pdf" and "Please name your document as such: YHDP Coversheet\_FY21". A "Choose File" button is at the bottom left of this section.

At the bottom right of the form are icons for camera, video, microphone, and a desktop monitor. An arrow points from the text on the right to the dropdown menu.

Click on the drop-down box to type in the name(s) of the additional reviewer(s)/ editors

You can select up to two (2) additional editors. Each additional editor must have already registered on the SAMIS system.

# ONLINE APPLICATION

Proposals ▾

View ▾

Reports

Review ▾

Design ▾

Options

My Records


Create New

Click on an existing entry below to continue updating that record or click on Create New to start a new one.

Title	% Complete	Modified
		9/11/20 8:24 AM
		8/13/20 12:12 PM
		7/29/20 11:30 AM

The application will then appear in the additional reviewer's/editor's list of applications.

# ONLINE APPLICATION



RWHAP GY 2021-2023 NOFO  
Guidance

Click [HERE](#) to download a copy of the RWHAP GY 2021-2023 NOFO Information Guidance document for reference throughout the application.

☒ Mark this Section Completed

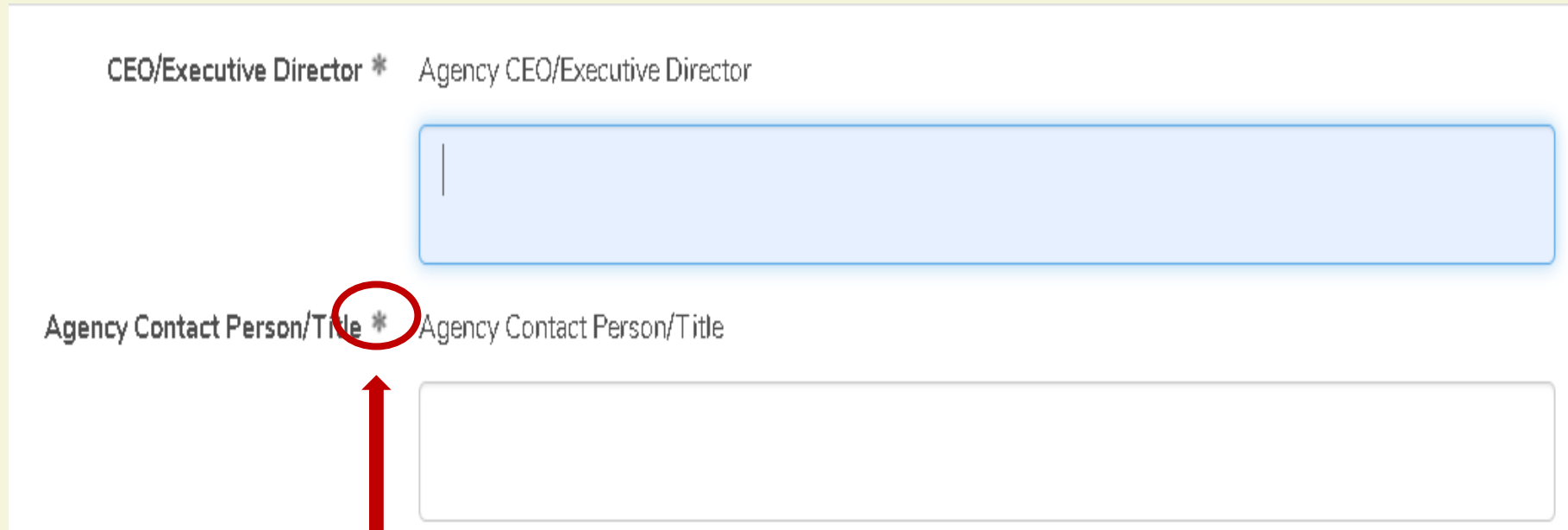
**Download the RWHAP GY 2021-2023 NOFO Information Guidance document for details on the program and reference throughout the application.**



# ONLINE APPLICATION

CEO/Executive Director \* Agency CEO/Executive Director

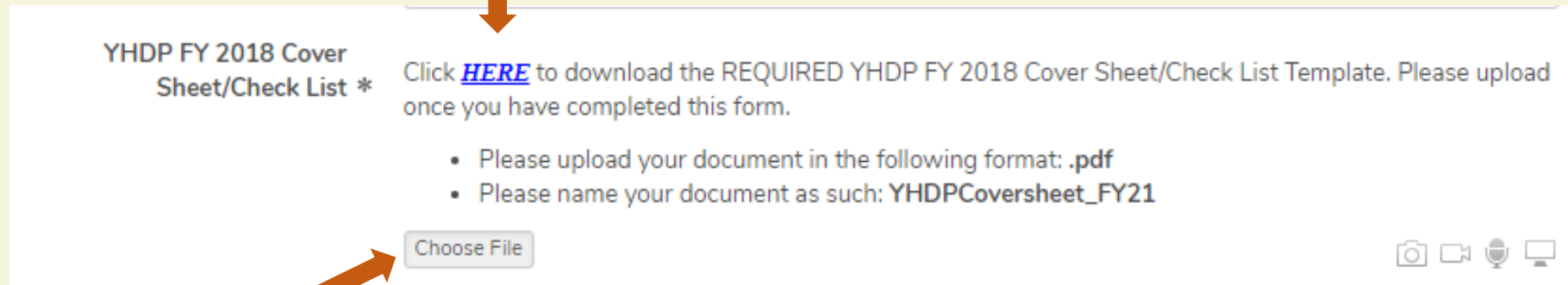
Agency Contact Person/Title \* Agency Contact Person/Title



Throughout the application, an “\*” (asterisk) next to an item indicates that the field is required to mark the page as complete. However, there are required documents that do not have an asterisk because it is required for a specific funding source or service category.

# ONLINE APPLICATION

Throughout the application, there will be several documents that you will be required to download, complete and re-upload to the application. Click on the link to preview and download the document.



The screenshot shows a web form with the following elements:

- YHDP FY 2018 Cover Sheet/Check List \***
- Text: Click [HERE](#) to download the REQUIRED YHDP FY 2018 Cover Sheet/Check List Template. Please upload once you have completed this form.
- Instructions:
  - Please upload your document in the following format: **.pdf**
  - Please name your document as such: **YHDP Coversheet\_FY21**
- Choose File** button
- Icons for camera, video, microphone, and desktop.

Two orange arrows are overlaid on the image: one pointing down to the 'HERE' link and another pointing up to the 'Choose File' button.

Complete and save the document in the suggested document formats and with the naming convention indicated. Select “Choose File” to re-upload the document. The system will accept Word Documents, Excel Workbooks and PDF files.

# ONLINE APPLICATION




Click “Download File” to download the previewed document, then click “Back” to return to the application

ATTACHMENT 1 - YHDP COVERSHEET-CHECKLIST.PDF  
Posted 3/20/20 by Gillian Moxey

Back | Download File

Webauthor.com

---



### 2020 – 2022 YHDP Local Projects Application Package Checklist-Cover Sheet and Instructions Certification

Except where noted, all agencies applying for HUD 2020 YHDP Local Project funds must complete and submit all items listed below.

The deadline for application package submission is **Thursday, April 23, 2020 by 12:00 noon**. Application Package shall be submitted on the Palm Beach County, Community Services Department, Division of Human and Veteran Services NOFO Application Submission Website:

<https://pbcc.samis.io/go/nofo/>

# ONLINE APPLICATION

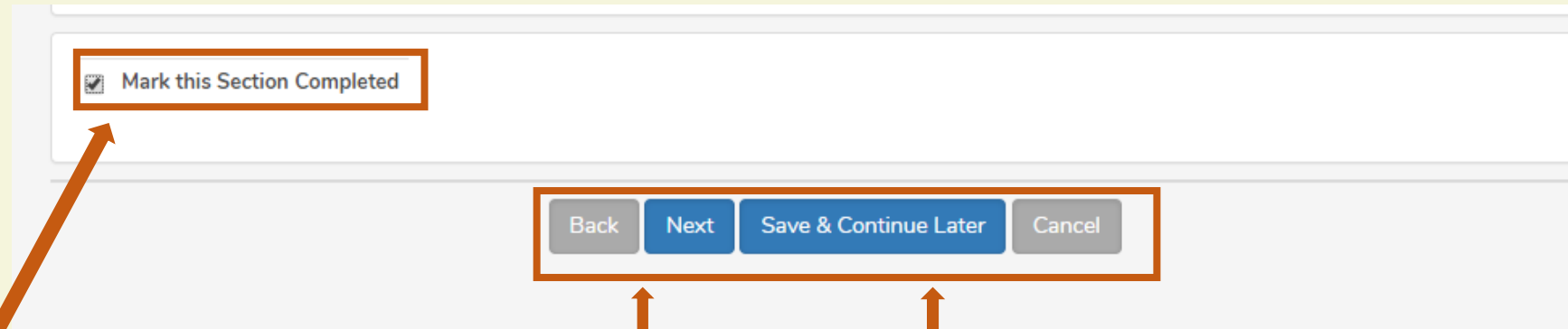
There are several navigation buttons at the bottom of each page/section of the application.

You will find this checkbox and accompanying text “Mark this Section Completed.”

Check the box only after you have completed the section.

You can move between sections if this box is un-checked. The application will default to a checked box.

All boxes at the end of each section must be checked in order to submit the application.

A screenshot of the online application interface. At the top, there is a checkbox labeled "Mark this Section Completed" which is currently checked. Below this, there is a row of four buttons: "Back", "Next", "Save & Continue Later", and "Cancel". The "Next" and "Save & Continue Later" buttons are highlighted with a blue background, while "Back" and "Cancel" are grey. An orange arrow points from the text "Check the box only after you have completed the section." to the checkbox. Another orange arrow points from the text "The 'Next' button will take you to the next section of the application..." to the "Next" button. A third orange arrow points from the text "The 'Save & Continue Later' button will take you to the application preview page..." to the "Save & Continue Later" button.

The “Next” button will take you to the next section of the application. The “Back” button will take you to the previous section of the application.

The “Save & Continue Later” button will take you to the application preview page. You will be able to save your application there and return to complete the application at a later time.

The “Cancel” button cancels your input on the page.

# ONLINE APPLICATION

YHDP TEST

Details

1179	YHDP Test	Pending	YHDP Test PSH	2020 YHDP Local Project Application NOFO	4/23/2020 12:00 PM	21 days 23:24:16
ID	Title	Status	Agency Name	NOFO/RFP	Due Date	Time Remaining

YHDP Application Information

Organizational Type \* Specify the organizational type.

After you have completed the first section of the application, you will see this status bar at the top of each application sections. The status bar will include your agency name, the name of the proposal and a countdown to the application deadline date.



# ONLINE APPLICATION

All applicants are required to complete the first six (6) sections of the application only once.

1272

Pending

RWHAP GY 2021-2023 NOFO Guidance/Application

10/13/2020 12:00 PM

27 days 21:29:20

ID	Status	Agency Name	NOFO/RFP	Due Date	Time Remaining
----	--------	-------------	----------	----------	----------------

Proposals

Federal ID \*

General Contact Information

GENERAL INFORMATION

CEO/Executive Director Name and Title \*

Agency CEO/Executive Director

RW Org. Profile&Capacity - Attachments

REQUIRED RWHAP ATTACHMENTS

SunBiz Form

Provide a print out of the *Detail by Entity Name* page from the Florida Department of State, Division of

Sections

0%

Proposals

General Contact Information

RW Org. Profile&Capacity - Attachments

RW Org. Profile&Capacity -

Sections

0%

Proposals

General Contact Information

RW Org. Profile&Capacity -

# ONLINE APPLICATION

Continued:  
Sections of the  
application to  
complete only  
once.

RW Org. Profile&Capacity - Organizational Overview		Sections
A. ORGANIZATIONAL OVERVIEW (20 POINTS)		0% <input type="text"/>
1. Description of Organization (4000 Characters) * Provide a brief description of proposing organization, including:		<input checked="" type="checkbox"/> Proposals
		<input checked="" type="checkbox"/> General Contact Information
		<input checked="" type="checkbox"/> RW Org. Profile&Capacity -

RW Org. Profile&Capacity - HIV Services Overview		Sections
B. HIV SERVICES OVERVIEW (20 POINTS)		0% <input type="text"/>
15. Services Mission Alignment (4000 Characters) * Describe your organization's history of providing services to persons with HIV. Indicate the approximate		<input checked="" type="checkbox"/> Proposals
		<input checked="" type="checkbox"/> General Contact Information

RW Budgets		Sections
C. Budgets (30 Points)		0% <input type="text"/>
32. Service Category Budgets Download the REQUIRED <i>RW Program Budget Template</i> for Part A or MAI services for use to submit separate line item budgets for each Service Category. Each program page in the Excel Workbook shall be		<input checked="" type="checkbox"/> Proposals
		<input checked="" type="checkbox"/> General Contact Information
		<input checked="" type="checkbox"/> RW Org. Profile&Capacity -

# ONLINE APPLICATION

In the HIV Services Overview Section, Questions 24 and 25 must be completed if applying for MAI service categories.


## 24. Agency Demographics

### MAI PROPOSALS ONLY

Provide the agency demographics.

Click [HERE](#) to download the MAI REQUIRED *RW Agency Demographics* Template. Please upload once you have completed this document.

- Please upload your document in the following formats: .pdf OR .xls OR .xlsx
- Please name your document as such: *(Agency Name or Initials)AgencyDemographics*

 Choose File

## 25. MAI Leadership Demographics (5000 Characters)

### MAI PROPOSALS ONLY

The CARE Council has directed the Recipient to seek MAI services Proposers that meet and document the following criteria. Does the Proposer meet the following criteria? If no, provide a plan to meet and document these criteria within the first year of the program period.

- Have more than 50 percent of positions on the executive board or governing body filled by persons of the racial/ethnic minority group proposed to be served.
- Have more than 50 percent of key management, supervisory and administrative positions (e.g. executive director, program director, fiscal director) filled by persons of the racial/ethnic population(s) proposed to be served.
- Have more than 50 percent of key direct service provision positions filled by persons of the racial/ethnic population(s) proposed to be served.

# ONLINE APPLICATION

In the Budgets section, applicants for Part A service categories must download, complete and re-upload the Service Category Budgets Template in Question 32.

Applicants for MAI service categories must download, complete and re-upload the Service Category Budgets Template in Question 33.

32. Service Category Budgets

Download the REQUIRED *RW Program Budget Template* for Part A or MAI services for use to submit separate line item budgets for each Service Category. Each program page in the Excel Workbook shall be named and associated with a proposed service category. Each service category is its own page but only one Excel Workbook shall be uploaded. Each budget must include:

1. Personnel
2. Fringe Benefits
3. Travel
4. Equipment
5. Supplies
6. Contractual
7. Other (Identify)

- Salary cost must be computed on the total days in the funding period requested in the proposal.
- For fringe benefits expenses, indicate on budget the formulas used to calculate the amounts.
- The line item budget(s) must include all program and administrative related expenses for which funds are being requested.
- Providers must have sufficient financial resources to meet the expenses incurred during the period between the service delivery and payment by the County. It is anticipated that the County will reimburse for services rendered within eight (8) weeks of the receipt of invoices, deemed correct and acceptable by the County.
- Administrative expenses of up to 10% of allowable program costs in every category, but these must be specifically delineated, allowable and justified in the application.
- Identify other funding sources for projects within the service proposal, as well as the total agency budget.

Click [HERE](#) to download the budget template for Part A services.

Please upload once you have completed the template document.

- Please upload your document in the following formats: .pdf OR .xls OR .xlsx
- Please name your document as such: *(Agency Name or Initial)ServiceCategoryBudgetsA*

33. Service Category Budgets - MAI

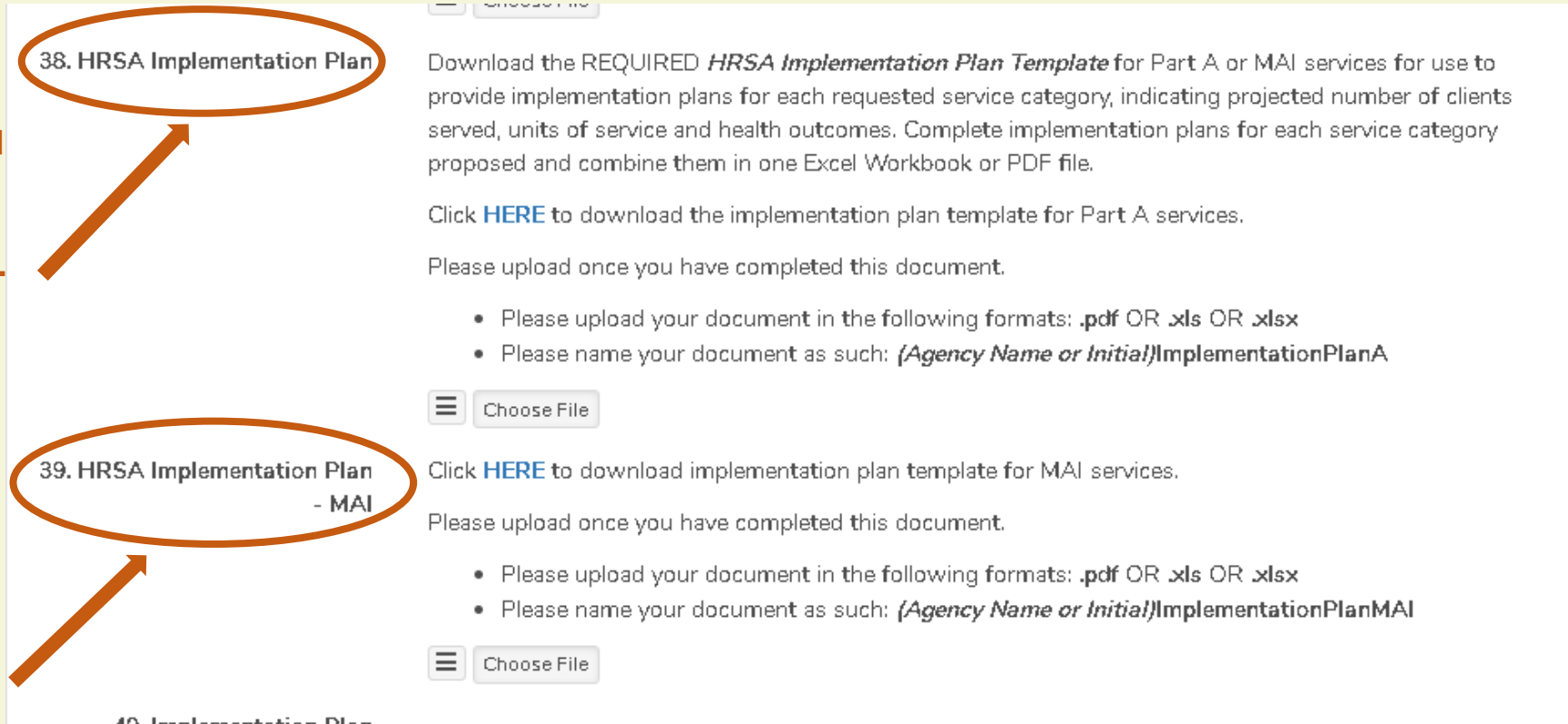
Click [HERE](#) to download the budget template for MAI services.

Please upload once you have completed the template document.

Applicants for both Part A and MAI service categories must download, complete and re-upload the Service Category Budgets Template in both Questions 32 and 33.

# ONLINE APPLICATION

In the Budgets Section, applicants for Part A service categories must download, complete and re-upload the HRSA Implementation Plans Template in Question 38.



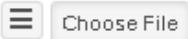
**38. HRSA Implementation Plan**

Download the REQUIRED *HRSA Implementation Plan Template* for Part A or MAI services for use to provide implementation plans for each requested service category, indicating projected number of clients served, units of service and health outcomes. Complete implementation plans for each service category proposed and combine them in one Excel Workbook or PDF file.

Click [HERE](#) to download the implementation plan template for Part A services.

Please upload once you have completed this document.

- Please upload your document in the following formats: .pdf OR .xls OR .xlsx
- Please name your document as such: *(Agency Name or Initial)ImplementationPlanA*

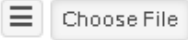


**39. HRSA Implementation Plan - MAI**

Click [HERE](#) to download implementation plan template for MAI services.

Please upload once you have completed this document.

- Please upload your document in the following formats: .pdf OR .xls OR .xlsx
- Please name your document as such: *(Agency Name or Initial)ImplementationPlanMAI*



Applicants for MAI service categories must download, complete and re-upload the HRSA Implementation Plans Template in Question 39.

Applicants for both Part A and MAI service categories must download, complete and re-upload the HRSA Implementation Plans Template in both Question 38 and 39.



# ONLINE APPLICATION

Applicants can complete the 7<sup>th</sup> section of the application, Service Category-Specific Elements section, once or multiple time

Select "New Entry," which will open the section for completion

CREATE NEW ENTRY

1272

Pending

RWHAP GY 2021-2023 NOFO Guidance/Application

10/13/2020 12:00 PM

27 days 20:32:30

ID	Status	Agency Name	NOFO/RFP		Due Date	Time Remaining
----	--------	-------------	----------	--	----------	----------------

RW Service Proposal(s) {1}

New Entry

ID	Service Category-Specific Elements	41. Funding Source	42. Service Category	43. Amount Requesting for Service Category	44. Number of People	Modified	Modified By
1000		RWHAP Part A	AIDS Pharmac...	0	0	9/1/2020	Gillian Moxey

☐ Mark this Section Completed

Sections

0%

✗

Proposals

✗

General Contact Information

✗

RW Org. Profile&Capacity - Attachments

✗

RW Org. Profile&Capacity - Organizational Overview

✗

RW Org. Profile&Capacity - HIV Services Overview

✗

RW Budgets

\*

RW Service Proposal(s)

# ONLINE APPLICATION

Select the  
“Funding Source”

Select the “Service  
Category”

RW Service Proposal(s)

D. SERVICE CATEGORY-SPECIFIC ELEMENT (30 POINTS)

**Service Category-Specific Elements**

Proposers can complete this section once or multiple times to apply for one or more selected service category and associated funding source for services Proposers would like to provide.

In this section, Proposers must describe how RWHAP Part A or MAI services will contribute to the health outcomes of priority populations, and how requested Part A/MAI funding supplements other payer sources.

Proposers may request funding for any service listed in the RWHAP GY 2021-2024 NOFO Guidance according to the service category and unit definitions. Proposers can request a continuation or expansion of existing services or establishment of a new service category for the agency.

**41. Funding Source \***

Identify the funding source for the service category for which funding is requested.

Select One

**42. Service Category \***

Select Service Category for which funding is being requested.

Select One

**43. Amount Requesting for Service Category \***

Indicate the amount requesting for selected service category.

**44. Number of People \***

Specify the total number of unduplicated persons that is expected to be served with the requested amount for selected service category.

Sections

0%

✗

Proposals

✗

General Contact Information

✗

RW Org. Profile&Capacity - Attachments

✗

RW Org. Profile&Capacity - Organizational Overview

✗

RW Org. Profile&Capacity - HIV Services Overview

✗

RW Budgets

\*

RW Service Proposal(s)



# ONLINE APPLICATION

**In the Service Category Section, if the applicant selected Medical Case Management for Part A or MAI in this section, complete Question 52.**

**52. MCM - Clinical Interaction  
(5000 Characters)**

## **Medical Case Management Request Only**

For Proposers requesting Medical Case Management (MCM) funding, describe how MCMs interact with clinical staff to assure adherence to treatment plans. Describe the frequency and nature of interactions with clinical staff. If clients receive primary medical care from agencies other than those requesting MCM funds, describe any barriers in communicating directly with clinical providers, and how these barriers are overcome. Provide written Memorandum of Agreement or other evidence that documents the coordination of care between MCMs and HIV clinical care teams.

**53. MAI MCM Integrated  
Services (5000 Characters)**

## **MAI Medical Case Management (MCM) Request Only**

For Proposers requesting MCM/MAI funding, describe how services are integrated between the client's medical home and other medical and supportive services (eg. behavioral health). Describe how MCMs facilitate the integration of services, and how this results in improved health outcomes. Describe how integrated care is maintained for clients receiving medical care from providers external to the Proposer's agency. Provide written Memorandum of Agreement or other evidence that documents the coordination of care between MCMs and HIV clinical care teams.

**Note:** Proposers applying for MAI MCM must also apply for all other MAI service categories, which includes Early Intervention Servicew, Medical Case Management, Non Medical Case Management, and Psychosocial Support Services.

**If the applicant selected MAI Medical Case Management, complete Question 53.**

# ONLINE APPLICATION

In the Service Category Section, if the applicant selected **Specialty Medical Care** in this section, complete Question 54.

## 54. Specialty Medical Care (5000 Characters)

### Outpatient Specialty Medical Care Request Only

For Proposers requesting Outpatient Specialty Medical Care funding, describe how specialty referrals are coordinated with the Case Management services. Describe how the client's specific language and cultural preferences inform the referral process. Describe how the Proposer will track client's specialty medical appointments, and any process in place to minimize client "no-shows."

## 55. Early Intervention Services (5000)

### Early Intervention Services Request Only

For Proposers requesting funds for HIV testing under the Early Intervention Services service category, provide justification and evidence that Part A-funded testing services are not duplicative of other available testing resources. Provide evidence of a lack of available testing resources to justify funds under Part A.

56. Service Sites \* Click [HERE](#) to download the REQUIRED *RW Current-Proposed Service Site* Template for use to provide

If applicant selected **Early Intervention Services for Part A or MAI** in this section, complete Question 55. Remember to address all four (4) components of Early Intervention Services.

# ONLINE APPLICATION

In the Service Category Section, applicant who has plans to apply for multiple service categories must select “Add New” in the “After Saving, Go To” field. This will take you to a new blank Service Category page.


Selecting “Modify Page” will take you to the sections summary page.

Click “Save Entry” once the section is completed.

56. Service Sites \* Click [HERE](#) to download the REQUIRED *RW Current-Proposed Service Site* Template for use to provide current or proposed service locations for the proposed services.



Please upload once you have completed this document.

- Please upload your document in the following formats: .pdf OR .xls OR .xlsx
- Please name your document as such: *(Agency Name or Initials)ServiceSite*

 Choose File

After Saving, Go To

- Modify Page
- Modify Page
- Detail Page
- Add New [RW Service Proposal(s)]



# ONLINE APPLICATION

Selecting “Modify Page” will take you to the Service Category Section’s summary page where you can view all the selected service category applications.

Select item to modify.

Once Applicant has completed all selected service categories, select “Save & Continue Later” to go to the Application Detail Page.

CREATE NEW ENTRY

1272

Pending

RWHAP GY 2021-2023 NOFO Guidance/Application

10/13/2020 12:00 PM

27 days 15:40:19

ID	Status	Agency Name	NOFO/RFP	Due Date	Time Remaining
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RW Service Proposal(s) (2)

New Entry

ID	Service Category-Specific Elements	41. Funding Source	42. Service Category	43. Amount Requesting for Service Category	44. Number of People	Modified	Modified By
1000		RWHAP Part A	AIDS Pharmac...	0	0	9/1/2020	Gillian Moxey
1002		RWHAP Part A	AIDS Pharmac...	0	0	9/15/2020	Gillian Moxey

☐ Mark this Section Completed

Sections

0%

✗

Proposals

✗

General Contact Information

✗

RW Org. Profile&Capacity - Attachments

✗

RW Org. Profile&Capacity - Organizational Overview

✗

RW Org. Profile&Capacity - HIV Services Overview

✗

RW Budgets

\*

RW Service Proposal(s)

Back

Save & Continue Later

Cancel

# ONLINE APPLICATION

If you forget to mark a section complete, you will have the opportunity to return to the application by clicking the “Modify” button, then press “Next” until you reach the section you need to mark complete. You can also click on the section in the status bar. Click on the “Save and Continue Later” button to return to the detail page.

**YHDP TEST**

Modify Delete Detail History **Submit** Download Applications (Zip) ↔

When you are done editing, click the Submit button above to complete your entry.

1179	Pending	YHDP Test PSH	<a href="#">2020 YHDP Local Project Application NOFO</a>	4/23/2020 12:00 PM	15 days 22:03:00
ID	Status	Agency Name	NOFO/RFP	Due Date	Time Remaining

Proposals

Federal ID	789654123
Agency Name	YHDP Test PSH
Address	810 Datura Street
City	West Palm Beach
State	FL
Zip Code	33401
NOFO/RFP	<a href="#">2020 YHDP Local Project Application NOFO</a>
Additional Editors	Gillian Moxey
Program Name	YHDP Test
YHDP FY 2018 Cover Sheet/Check List	Click <a href="#">HERE</a> to download the REQUIRED YHDP FY 2018 Cover Sheet/Check List Template. Please upload once you have completed this form.

Section

100%

- ✓ Proposals
- ✓ Contract Trigger
- ✓ YHDP Application Information
- ✓ YHDP Sub-Recipient Information
- ✓ YHDP Applicant Experience
- ✓ YHDP Project Type Selection
- ✓ YHDP Project Information (PH-PSH)
- ✓ YHDP Project Information (PH-RRH)/Joint TH-RRH)
- ✓ YHDP Housing Services (PSH/RRH)/Joint TH & RRH)
- ✓ YHDP Housing Type and Location (PH-PSH)
- ✓ YHDP Housing Type and Location (PH-RRH)
- ✓ YHDP Housing Type and Location (Joint TH & RRH)

Once you have pressed “Save and Continue Later,” you will be taken to the summary page, which will show all the sections of the application, as well as the status panel and all the documents you have uploaded.

# ONLINE APPLICATION

On the summary page, you will have one more opportunity to review your complete application before you submit. Click on the "Submit" button to submit your application.

YHDP TEST

Modify Delete Detail History **Submit** Download Applications (Zip) ⇌

When you are done editing, click the Submit button above to complete your entry.

1179	Pending	YHDP Test PSH	<a href="#">2020 YHDP Local Project Application NOFO</a>	4/23/2020 12:00 PM	15 days 22:03:00
ID	Status	Agency Name	NOFO/RFP	Due Date	Time Remaining
Proposals			Section		
Federal ID		789654123	100% <div></div>		
Agency Name		YHDP Test PSH	<input checked="" type="checkbox"/> Proposals		

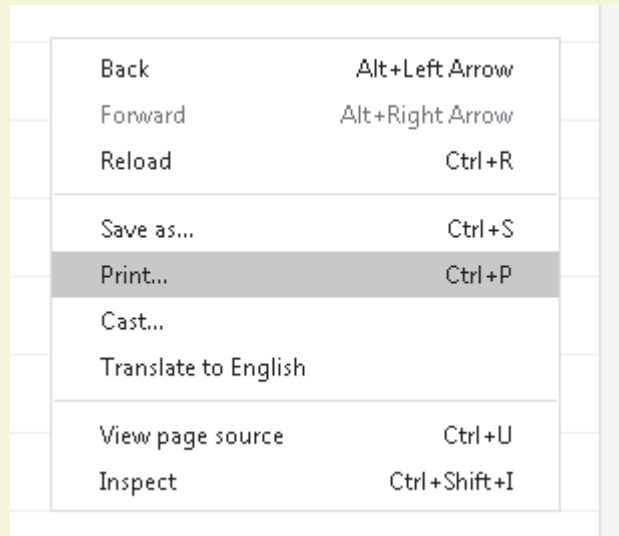
YHDP TEST

Modify Delete Detail History Download Applications (Zip) ⇌

1179	Submitted	YHDP Test PSH	<a href="#">2020 YHDP Local Project Application NOFO</a>	4/23/2020 12:00 PM	15 days 21:23:58
ID	Status	Agency Name	NOFO/RFP	Due Date	Time Remaining
Proposals			Section		
Federal ID		789654123	100% <div></div>		
Agency Name		YHDP Test PSH	<input checked="" type="checkbox"/> Proposals		

When you have submitted your application, you will see a black "Submitted" box on the status bar.

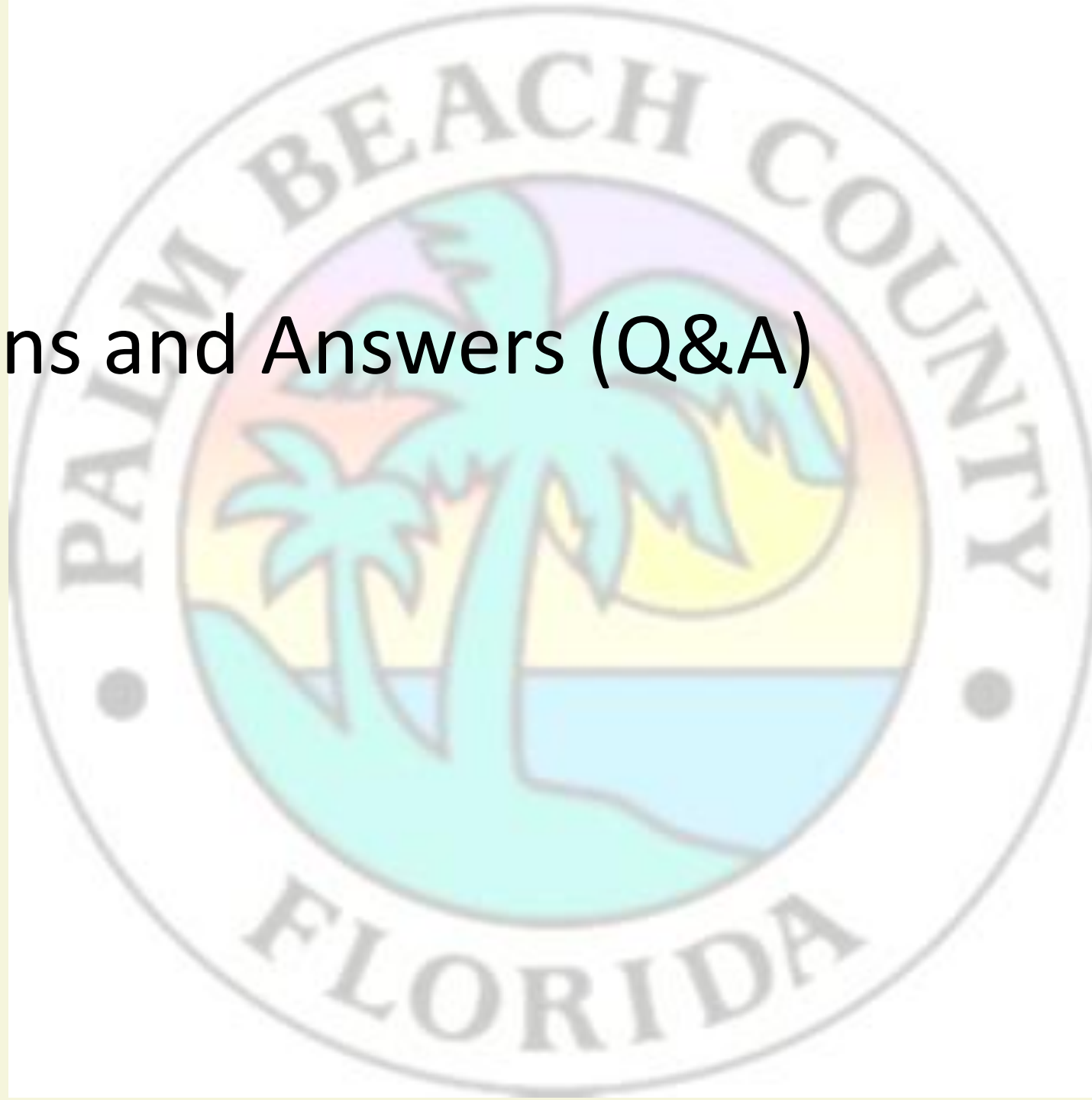
# ONLINE APPLICATION



**You can print your application (hard copy or PDF) for your records by clicking the right button on your computer's mouse. Select print then select printer or PDF. Be sure that all the sections are fully displayed before printing.**

A screenshot of the online application form for YHDP Test. The form is titled 'YHDP TEST' and shows a table with columns for Status, Agency Name, NOFO/RFP, Due Date, and Time Remaining. The 'Print' button is visible in the top right corner. The sidebar on the right contains application details such as Federal ID, Agency Name, Address, City, State, Zip Code, and NOFO/RFP. The 'Print' button is highlighted in blue.

# Questions and Answers (Q&A)



Adjournment

