

**FLORIDA DEPARTMENT OF HEALTH,  
HILLSBOROUGH COUNTY HEALTH DEPARTMENT  
REQUEST FOR APPLICATION PROCESS**

Ending the HIV Epidemic (EHE) RFA #20-008



**A. Purpose**

Ending the HIV Epidemic (EHE) is a national initiative to achieve the important goal of reducing new HIV transmissions to less than 3,000 per year by 2030. The initiative identified seven Florida counties as part of Phase 1 — Broward, Duval, **Hillsborough**, Miami-Dade, Orange, Palm Beach, and Pinellas. As part of Ending the HIV Epidemic, the State of Florida (Florida), in partnership with local communities, will implement strategies and interventions to support this initiative. This funding period will end July 31, 2021.

The efforts will focus on four key strategies, called “pillars” in the EHE initiative, that together can end the HIV epidemic. **Diagnose** all people with HIV as early as possible. **Treat** people with HIV rapidly and effectively to reach sustained viral suppression. **Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs). **Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

**B. Required Recipient Qualifications**

Eligible recipients are organizations that:

- Have experience working with communities most affected by HIV, including experience addressing social determinants that influence populations severely affected by HIV;
- Possess the organizational capacity to implement EHE services in Hillsborough County;
- Submit only one application, for either **Comprehensive EHE Services** or **Grassroots EHE Services**, as multiple submissions will disqualify the applicant;
- Are registered in the state’s MyFloridaMarketPlace.com. For more information, please visit: [http://dms.myflorida.com/business\\_operations/state\\_purchasing/myflorida\\_marketplace](http://dms.myflorida.com/business_operations/state_purchasing/myflorida_marketplace)

For online help, go to [www.myFloridaMarketPlace.com](http://www.myFloridaMarketPlace.com) or to register by phone, call (866) 352-3776; and

- Have a completed W-9 on file with the Department of Financial Services. Please see the W-9 website to complete: <https://flvendor.myfloridacfo.com> or call (850) 413-5519.

**C. Request for Applications Process**

Interested recipients must submit a response that includes the information described in **Section F**. Requirements for Recipient’s Response, and by the deadline listed in **Section D**. Schedule. The Department will evaluate each response based on the evaluation criteria described. The Department may select a recipient based on its review of all submitted responses. During the evaluation process, the Department may contact recipients for clarification or additional information if the Department determines that additional information or clarification is in the best interest of the State. The Department reserves the right to select the best recipients needed, regardless of lowest price. The selected respondents will enter an agreement or contract with the Department. The Department reserves the right to not make an award under this process.

**D. Schedule**

The following schedule applies to this process:

**FLORIDA DEPARTMENT OF HEALTH,  
HILLSBOROUGH COUNTY HEALTH DEPARTMENT  
REQUEST FOR APPLICATION PROCESS**

Ending the HIV Epidemic (EHE) RFA #20-008



Action	Due Date	Location
Request for Applications  Released and Advertised	<b>1/14/2020</b>	Department of Health Grant Funding Opportunities Website: <a href="http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html">http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html</a>  Vendor Bid System: <a href="http://vbs.dms.state.fl.us/vbs/main_menu">http://vbs.dms.state.fl.us/vbs/main_menu</a>
Submission of Questions	<b>1/21/2021</b>	Wilmer Alonso Valentin Office of Contracts 1105 E. Kennedy Blvd. Tampa, FL 33602  Submit questions by email with the subject heading: "RFA#20-008 Questions" to <a href="mailto:Wilmer.Alonso-Valentin@flhealth.gov">Wilmer.Alonso-Valentin@flhealth.gov</a>
Anticipated posting of Answers to Questions	<b>1/25/2021</b>	Department of Health Grant Funding Opportunities Website: <a href="http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html">http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html</a>  Vendor Bid System: <a href="http://vbs.dms.state.fl.us/vbs/main_menu">http://vbs.dms.state.fl.us/vbs/main_menu</a>
Applications due (no faxed applications)	<b>Must be received by 1/27/2021, 17:00:00 EST</b>	Wilmer Alonso Valentin Office of Contracts 1105 E. Kennedy Blvd. Tampa, FL 33602  <a href="mailto:Wilmer.Alonso-Valentin@flhealth.gov">Wilmer.Alonso-Valentin@flhealth.gov</a>
Anticipated evaluation of applications	<b>1/28/2021</b>	Review and Evaluation of Applications Begins

**FLORIDA DEPARTMENT OF HEALTH,  
HILLSBOROUGH COUNTY HEALTH DEPARTMENT  
REQUEST FOR APPLICATION PROCESS**

Ending the HIV Epidemic (EHE) RFA #20-008



Anticipated award date	<b>2/1/2021</b>	Department of Health Grant Funding Opportunities Website: <a href="http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html">http://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html</a>  Vendor Bid System: <a href="http://vbs.dms.state.fl.us/vbs/main_menu">http://vbs.dms.state.fl.us/vbs/main_menu</a>
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**E. Recipient Selection/Evaluation Criteria**

This process may result in the selection of **7** recipients across Hillsborough County, to provide the services described herein. Specifically, the Department is looking for **2 Comprehensive Ending the HIV Epidemic Services** programs (addressing at least 3 of the 4 EHE pillars) and **5 Grassroots Ending the HIV Epidemic Services** programs (addressing at least 1 of the 4 EHE pillars). Recipient selection will be selected based upon review and evaluation of submitted responses. The best value determination will consider, but not be limited to, the following areas in which recipients show strength, experience, and ability:

1. Demonstrated relationships with at least one of the key priority populations identified in the *Ending the HIV Epidemic in Hillsborough County, FL Plan*;
2. At least two years of experience in community involvement, defined as involving the collaboration, inclusiveness, and empowerment to engage individuals in activities that encourage participation and generate discussion;
3. Demonstrated experience conducting outreach services in non-traditional settings and informing individuals where and how to obtain local resources;
4. Participated in the EHE planning process; and
5. Demonstrated a return on investment of the EHE funds.

**F. Requirements for Recipient’s Response**

The response must address each of the following sections. Failure to provide all requested information may result in disqualification. The Department reserves the right to reject any response that does not properly address the above requirements, that fails to include the requested information, or that deviates from the requirements of this application process in any manner. The response must be either a **Comprehensive** (See Attachment A Below) or **Grassroot** (See Attachment B Below) activity to include:

1. **Project Description** – This section must include a high-level synopsis of the recipient’s response. The Project Description should be an overview of:
  - a) The problem being addressed;
  - b) The goals and objectives of this project;
  - c) The priority population(s) that will participate in the project;
  - d) The activities associated with the project; and
  - e) The key staff assembled to provide the services described in this request.

**FLORIDA DEPARTMENT OF HEALTH,  
HILLSBOROUGH COUNTY HEALTH DEPARTMENT  
REQUEST FOR APPLICATION PROCESS**

Ending the HIV Epidemic (EHE) RFA #20-008



2. **Success Criteria & Measurable Outcomes** – This section must include outcomes the recipient expects to see because of this project.
3. **Organization Background** – This section must include a description of the relevant experience related to the activities available from the recipient. The recipient should include descriptions of relevant work performed that demonstrates and represents the ability to conduct project activities.
4. **Collaboration** – Provide an overview of communities or organizational partners with whom or which the recipient currently engages.
5. **Budget Overview** – Provide a summary of how project funds will be utilized.
6. **Timeline** – Include a timeline for conducting project activities to be concluded by July 31, 2021.

**G. Submission of Request for Application Responses**

Responses to this Request are due by the date and time specified in **Section D**. Schedule, above. The Department requires electronic responses only. Responsibility for timely delivery rests with the recipient. The Department reserves the right to reject responses delivered after 5:00 p.m. EST on the submission deadline. The recipient's response must be addressed with the subject line as either "Conduct Comprehensive Ending the HIV Epidemic Services" or "Conduct Grassroots Ending the HIV Epidemic Services" and delivered by email to [Wilmer.AlonsoValentin@flhealth.gov](mailto:Wilmer.AlonsoValentin@flhealth.gov). All required documentation must be included as an attachment (.pdf or .zip) to the email provided.

**H. Funding Information**

Funding for these projects is estimated at the following:

- **Comprehensive EHE Activities** projects are estimated to be \$80,000 per selected recipient.
- **Grassroots EHE Activities** projects are estimated to be \$9,000 per selected recipient.

Pending availability of funding and recipient performance, contracts may be renewed on an annual basis as of August 1, 2021, at an annualized amount.

**FLORIDA DEPARTMENT OF HEALTH,  
HILLSBOROUGH COUNTY HEALTH DEPARTMENT  
REQUEST FOR APPLICATION PROCESS**  
Ending the HIV Epidemic (EHE) RFA #20-008



**ATTACHMENT A**

**Comprehensive EHE Services Project Response Template**

ORGANIZATION NAME			
CONTACT PERSON			
E – MAIL		PHONE NUMBER	

**1. PROJECT DESCRIPTION**

a) STATEMENT OF PROBLEM(S) TO BE ADDRESSED	
b) GOALS & OBJECTIVES	

**FLORIDA DEPARTMENT OF HEALTH,  
HILLSBOROUGH COUNTY HEALTH DEPARTMENT  
REQUEST FOR APPLICATION PROCESS**  
Ending the HIV Epidemic (EHE) RFA #20-008



c) PRIORITY POPULATION(S)	
d) PROJECT ACTIVITIES	
e) KEY STAFF	

**2. SUCCESS CRITERIA & MEASURABLE OUTCOMES**

**FLORIDA DEPARTMENT OF HEALTH,  
HILLSBOROUGH COUNTY HEALTH DEPARTMENT  
REQUEST FOR APPLICATION PROCESS**  
Ending the HIV Epidemic (EHE) RFA #20-008



**3. ORGANIZATION BACKGROUND**

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**4. COLLABORATION**

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**FLORIDA DEPARTMENT OF HEALTH,  
HILLSBOROUGH COUNTY HEALTH DEPARTMENT  
REQUEST FOR APPLICATION PROCESS**

Ending the HIV Epidemic (EHE) RFA #20-008



**5. BUDGET OVERVIEW**

ITEM DESCRIPTION	PRICE	QUANTITY	TOTAL
<b>GRAND TOTAL</b>			



**FLORIDA DEPARTMENT OF HEALTH,  
HILLSBOROUGH COUNTY HEALTH DEPARTMENT  
REQUEST FOR APPLICATION PROCESS**  
Ending the HIV Epidemic (EHE) RFA #20-008



**6. TIMELINE**

ACTIVITY	PROJECTED DATE

**FLORIDA DEPARTMENT OF HEALTH,  
HILLSBOROUGH COUNTY HEALTH DEPARTMENT  
REQUEST FOR APPLICATION PROCESS**  
Ending the HIV Epidemic (EHE) RFA #20-008



**ATTACHMENT B**

**Grassroots EHE Services Project Response Template**

ORGANIZATION NAME			
CONTACT PERSON			
E – MAIL		PHONE NUMBER	

**1. PROJECT DESCRIPTION**

f) STATEMENT OF PROBLEM TO BE ADDRESSED	
g) GOALS & OBJECTIVES	
h) PRIORITY POPULATION(S)	
i) PROJECT ACTIVITIES	
j) KEY STAFF	

**2. SUCCESS CRITERIA & MEASURABLE OUTCOMES**

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**FLORIDA DEPARTMENT OF HEALTH,  
HILLSBOROUGH COUNTY HEALTH DEPARTMENT  
REQUEST FOR APPLICATION PROCESS**  
Ending the HIV Epidemic (EHE) RFA #20-008



**3. ORGANIZATION BACKGROUND**

**4. COLLABORATION**

**5. BUDGET OVERVIEW**

ITEM DESCRIPTION	PRICE	QUANTITY	TOTAL
<b>GRAND TOTAL</b>			

**FLORIDA DEPARTMENT OF HEALTH,  
HILLSBOROUGH COUNTY HEALTH DEPARTMENT  
REQUEST FOR APPLICATION PROCESS**  
Ending the HIV Epidemic (EHE) RFA #20-008



**6. TIMELINE**

ACTIVITY	PROJECTED DATE