

HIV High-Impact Prevention (HIP)

RFA24-003

APPLICATION GUIDELINES

FY 2024

Florida Department of Health

Division of Disease Control & Health Protection

HIV/AIDS Section

May 8, 2025

Application Deadline:

June 16, 2025

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1.0 INTRODUCTION

1.1 Definitions

Applicant: Entity applying for funding.

Award: Financial assistance that provides funding to accomplish a public purpose.

Awardee: Any person, entity or organization that receives funding from funds resulting from this RFA.

Budget Period: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Contract Manager: A Department of Health employee designated to be responsible for enforcing the performance of contract terms and conditions and serving as a liaison with the provider for each contractual service contract, pursuant to section 287.057(14), Florida Statutes.

Department: The Florida Department of Health.

Effective: Demonstrating the desired effect when widely used in practice or under real-world conditions that are considerably less rigorous and controlled, rather than in environments that test efficacy but are still designed to ensure that the desired effect can be attributed to the intervention in question.

Evaluation: The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The RFA evaluation plan is used to describe how the awardee and/or the Department will determine whether activities are implemented appropriately, and outcomes are achieved.

Grant Application: An application submitted by an entity to the Department in response to a Request for Application (RFA) for funding a project.

Grants: Financial assistance transferred, pursuant to written agreements between federal or state agencies and recipients, to carry out a public purpose.

HIV/AIDS Section: The organizational unit within the Department which will process grant awards to applicants.

Letter of Support: A letter from another organization, partner, or stakeholder stating their support for the proposed project.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between

the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Performance measurement: Addresses the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Service Area: The area in which the applicant’s services will be made available.

Work Plan: The summary of project period outcomes, objectives, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

Program-Specific Definitions

Acquired Immunodeficiency Syndrome (AIDS): A condition that exists when a person has tested positive for HIV and has one or more of 26 listed opportunistic illnesses/infections and/or a T-cell count of 200 or less per micro-liter of blood.

Antiretroviral Treatment and Access to Services (ARTAS): This is a linkage intervention for case management based on the strengths and abilities of the client. The client has a maximum of five face-to-face contacts with the ARTAS Care Coordinator, with the ultimate goal of learning to independently navigate the medical care system.

Behavioral Interventions: The use of behavioral approaches designed to moderate intra- and interpersonal factors to prevent acquisition and transmission of HIV infection.

Biomedical Interventions: The use of medical, clinical, and public health approaches designed to moderate biological and physiological factors to prevent HIV infection, reduce susceptibility to HIV, and/or decrease HIV infectiousness (e.g., PrEP, nPEP).

Business Responds to AIDS (BRTA): Modeled after the CDC initiative by the same name, developed initially in 1992, BRTA programs support targeted HIV prevention efforts through partnerships with local businesses. BRTA programs mobilize businesses and labor organizations to respond to HIV/AIDS in the workplace and the community with subtle, noninvasive approaches to raise awareness, promote services, and break down stigma. BRTA activities involve the use of promotional and incentive items that businesses can use to generate conversations around HIV/AIDS with their customers.

Capacity Building: Activities that strengthen the core competencies of an organization and contribute to its ability to develop and implement an effective HIV prevention intervention and sustain the infrastructure and resource base necessary to support and maintain the intervention.

Community-Based Organization: A non-profit organization with a 501(c)(3) designation.

Community Mobilization: A process through which action is stimulated by a community itself, or by others, that is planned, carried out, and evaluated by a community’s individuals, groups, and organizations on a participatory and sustained basis to improve the health, hygiene and education levels so as to enhance the overall standard of living in the community.

Comprehensive HIV Prevention Plan: A plan that identifies prioritized target populations and describes what interventions will best meet the needs of each prioritized target population. The primary task of the community planning process is developing a comprehensive HIV prevention plan through a participatory, science-based planning process. The contents of the plan are described in the HIV Prevention Planning Guidance, and key information necessary to develop the comprehensive HIV prevention plan is found in the epidemiologic profile and the community services assessment.

Condom Distribution: The means by which condoms are transferred, disseminated, or delivered from a community resource (e.g., health department, community-based organization, or health care organization).

Confidentiality: Ensuring that information is accessible only to those authorized to have access.

Confirmatory Testing: Additional testing performed to verify the results of an earlier (screening) test. For HIV diagnosis, a Western blot or, less commonly, an immunofluorescence assay (IFA) are typically used, though additional more sensitive tests may also be considered.

Coordination: Aligning processes, services, or systems to achieve increased efficiencies, benefits, or improved outcomes. Examples of coordination may include sharing information, such as progress reports, with state and local health offices or structuring prevention delivery systems to reduce duplication of effort.

Center for Disease Control and Prevention (CDC): A federal agency within the United States Department of Health and Human Services established to protect public health and safety through the control and prevention of disease.

Collaboration: Working with another person, organization, or group for mutual benefit by exchanging information, sharing resources, or enhancing the other's capacity, often to achieve a common goal or purpose.

Counseling, Testing and Linkage System (CTLIS): The Department's electronic data entry, collection, and management system for HIV testing.

Culturally Appropriate: Conforming to a culture's acceptable expressions and standards of behavior and thought. Interventions and educational materials are more likely to be culturally appropriate when representatives of the intended target audience are involved in planning, developing, and pilot testing them.

Ending the HIV Epidemic: a comprehensive initiative aimed at significantly reducing new HIV infections in the United States. The goal of EHE is to reduce new HIV infections by 75% by 2025 and by 90% by 2030. This initiative focuses on scaling up four key strategies: diagnose, treat, prevent, and respond.

Epidemic: The occurrence of cases of an illness, specific health-related behavior, or other health-related events in a community or region in excess of normal expectancy.

Essential Support Services: Services designed to improve engagement in HIV prevention or care and improved health outcomes. Essential support services could include: Mental health counseling and services; substance abuse treatment and services; housing; transportation services (to and from HIV prevention and essential support services and HIV medical care appointments); employment services;

basic education continuation and completion services; violence prevention services; educational services for hormone replacement therapy and sex reassignment procedures.

Evidence-Based: Behavioral, social, and structural interventions relevant to HIV risk reduction that have been tested using a methodologically rigorous design and have been shown to be effective in a research setting. These evidence-based (or science-based) interventions have been evaluated using behavioral or health outcomes; have been compared to a control/comparison group(s) (or pre-post data without a comparison group); had no apparent bias when assigning persons to intervention or control groups or were adjusted for any assignment bias; and produced significantly greater positive results when compared to the control/comparison group(s), while not producing adverse consequences.

Faith-Based Organization: A non-governmental agency owned by religiously affiliated entities such as (1) individual churches, mosques, synagogues, temples, or other places of worship or (2) a network or coalition of churches, mosques, synagogues, temples, or other places of worship.

Faith Responds to AIDS (FRTA): Built on the same framework as BRTA, FRTA is a Florida adaptation of the BRTA initiative but for faith-based organizations. FRTA programs are faith-based initiatives that mobilize churches and other faith-based institutions to raise awareness and reduce stigma around HIV/AIDS. FRTA activities involve the use of promotional and incentive items that faith-based organizations can use to generate conversations around HIV/AIDS with their members.

Health Education and Risk Reduction: Organized efforts to reach people at increased risk for becoming HIV infected or, if already infected, of transmitting the virus to others. The goal is to reduce the spread of infection. Activities range from individual HIV prevention counseling to broad, community-based interventions.

High-Impact Prevention (HIP): Using combinations of scientifically proven, cost-effective and scalable interventions targeted towards the highest risk populations in the right geographic areas to reduce new HIV infections.

Human Immunodeficiency Virus (HIV): A retrovirus virus which occurs in two types—HIV-1 and HIV-2. Both types are transmitted through direct contact (e.g., through sexual intercourse or sharing injection drug equipment) with HIV-infected body fluids, such as blood, semen, and genital secretions, or from an HIV-positive mother to her child during pregnancy, birth, or breastfeeding. can lead to AIDS, if not treated.

HIV Prevention Counseling: An interactive process between client and counselor aimed at reducing risky sex and drug injection behaviors related to HIV acquisition or transmission.

HIV Risk Behaviors: Specific behaviors or actions that increase a person's risk of acquiring or transmitting HIV. This includes unprotected anal or vaginal sex with a person living with HIV, injecting drugs with non-sterile, shared drug injection equipment, unprotected anal or vaginal sex in exchange for money or drugs, unprotected anal or vaginal sex with more than one sex partner since their most recent negative HIV test, having a sexually transmitted disease (STD), and unprotected anal or vaginal sex with anyone who had any of these risks.

HIV Risk Factors: Behaviors, activities and/or circumstances that may contribute to one's risk for acquiring HIV. Examples include substance abuse/use, poverty, mental health, low self-efficacy and esteem, and economic dependency.

HIV Testing Strategy: The methodology an agency or a person uses when conducting HIV testing to decide who will be tested. Testing strategies include HIV screening that is population-based and targeted testing of subpopulations of persons at higher risk.

Incentive: A type of compensation (e.g., food coupons or transportation vouchers) given to encourage healthy lifestyles, disease prevention behaviors, and/or patient compliance with medical treatment. If using food coupons, the monetary value cannot exceed per diem meal allowances each day per section 112.061(12), Florida Statutes.

Incidence: The number of new cases in a defined population within a certain time period (often a year). It is important to understand the difference between HIV incidence, which refers to new HIV infections, and new HIV diagnosis. New HIV diagnosis is a person who is newly diagnosed as HIV-infected, usually through HIV testing. These persons may have been infected recently or at some time in the past. *see also Prevalence*

Integrated Partner Services: An agreement between a county health department and a community-based organization to ensure that a disease intervention specialist (DIS) is readily available to provide partner services and linkages for those found to be HIV infected. This might include having a DIS embedded in the agency or having an on-call type arrangement with the DIS.

Internet/Virtual Outreach: A virtual interaction between an HIV prevention professional, such as an outreach worker, and a person or persons at risk for HIV for the purposes of providing HIV related health information and education, referrals and linkage to services, recruitment for testing and treatment, and support for reducing risk behaviors.

Intervention: A specific activity (or set of related activities) intended to reduce the risk of HIV transmission or acquisition. Interventions may be either biomedical or behavioral and have distinct process and outcome objectives and protocols outlining the steps for implementation.

Linkage: Actively assisting clients with accessing needed services through a time-limited professional relationship. The active assistance typically lasts a few days to a few weeks and includes a follow-up component to assess whether linkage has occurred. Linkage services can include assessment, supportive counseling, education, advocacy, and accompanying clients to initial appointments.

Linkage to Medical Care: This occurs when a patient is seen by a health care provider (e.g., physician, a physician's assistant, or nurse practitioner) to receive medical care for their HIV infection, usually within a specified time frame (i.e., 30 days for all newly diagnosed individuals). Linkage to medical care can include specific referral to care service immediately after diagnosis and follow up until the person is linked to long-term case management.

Locally Developed Intervention: An intervention that has been developed by a community for the community; a locally developed intervention is driven by members (or organizations) of that community and is the result of a grass-roots effort. Locally developed interventions must show evidence of effectiveness within the specified target population in order to be implemented.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the program's desired outcomes and results.

Medication Adherence: The extent to which patients take their medication as prescribed by their doctors.

Men who have Sex with Men (MSM): Men who report sexual contact with other men and men who report sexual contact with both men and women (i.e., bisexual contact), whether or not they identify as gay.

Mobilization: see *Community Mobilization*

National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS): A comprehensive plan focused on reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related barriers to health care access.

Navigation Services: Patient navigation assistance is the process of helping a person obtain timely and appropriate medical or social services, that addresses the patient's unique circumstances such as provider preferences, insurance status, scheduling issues, and other factors that may complicate access or utilization of services.

Navigator: Patient navigators are peers, volunteers, and staff members of clinics, health departments, and community-based organizations. Patient navigators may be lay persons, paraprofessionals, or medical professionals.

Non-Occupational Post-Exposure Prophylaxis (nPEP): see *Post-Exposure Prophylaxis (PEP)*

Non-profit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher education, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments). Nonprofits are granted 501(c)(3) status by the IRS.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, increased HIV testing, reduced morbidity and mortality.

Outreach: A process of engaging face-to-face with high-risk individuals in their own neighborhoods or venues where they typically congregate to provide HIV related testing and treatment, health information and education, referrals and linkage to services, and recruitment for other prevention interventions and/or services. Outreach is often conducted by peers, paraprofessional educators, and/or community health workers.

Partner Services: A systematic approach to notifying sex and needle-sharing partners of HIV-infected persons of their possible exposure to HIV so they can be offered HIV testing and learn their status or, if already infected, prevent transmission to others. Partner Services helps partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services.

Peers: Specially trained individuals from the community who are living with HIV/AIDS. As members of the health care team, peers promote treatment adherence and foster trust in the health care system.

Perinatal: Occurring during the period around birth (5 months before and 1 month after)

Personalized Cognitive Counseling: A single-session, one-on-one counseling intervention, that assists clients in reexamining their perceptions for engaging in condomless sex.

Post-Exposure Prophylaxis (PEP): The provision of antiretroviral medications to prevent transmission of HIV following an occupational or non-occupational exposure. Non-occupational post-exposure prophylaxis is referred to as nPEP.

Pre-Exposure Prophylaxis (PrEP): A once-daily pill, taken orally, in conjunction with prevention strategies to reduce the risk of acquiring HIV infection.

Prevalence: The total number of cases of a disease in a given population at a particular point in time. HIV/AIDS prevalence refers to persons living with HIV, regardless of time of infection or diagnosis date. Prevalence does not give an indication of how long a person has had a disease and cannot be used to calculate rates of disease. It can provide an estimate of risk that an individual will have a disease at a point in time. *see also Incidence*

Prevention Services: Any service or intervention directly aimed at reducing risk for transmitting or acquiring HIV infection (e.g., prevention counseling, behavioral interventions, risk reduction counseling, substance abuse and mental health services, and other services focused on reducing the risk of negative health outcomes).

Previously Diagnosed HIV Infection: HIV infection in a person who meets either of the following criteria: 1) self-reports having previously tested HIV positive; or 2) has been previously reported to the health department's surveillance registry as being HIV positive.

Priority Populations: The primary groups of people or organizations that a program, strategy, or intervention is designed to affect.

Rapid HIV Test: A point-of-care HIV screening test used in both clinical and non-clinical settings, usually with blood from a finger stick or with oral fluid. Confirmatory testing must be conducted as follow-up to preliminary positive test results.

Referral: Directing clients to a service in person or through telephone, written, or other form of communication. Generally, a one-time event. Referral may be made formally from one clinical provider to another, within a case management system by professional case managers, informally through support staff, or as part of an outreach services program.

SMART: Specific, Measurable, Attainable, Relevant, and Time-Bound Objectives- Specific and quantifiable targets that measure the overall accomplishment of a goal over a specified period of time. They should describe actions that are distinct, able to be documented or quantified, feasible to execute, realistic to accomplish in the specified time frame and be linked to time-based milestones.

Social Marketing: Social marketing applies to a wide range of commercial marketing strategies to promote public health. Strategies include those based on mass media; mediated (for example, through a healthcare provider), interpersonal, and other modes of communication; and marketing methods such as message placement (for example, in clinics), promotion, dissemination, and community level outreach.

Social Media: forms of electronic communication (such as websites for social networking and microblogging) through which users create online communities to share information, ideas, personal messages, and other content (such as videos).

Social Network: A map of the relationships between persons, indicating the ways in which they are connected through various social familiarities, ranging from casual acquaintance to close familial bonds. A collection of individuals and the links among, or ties between, them.

Social Networking Strategy (SNS): A recruitment strategy whereby public health services are disseminated through the community by taking advantage of the social networks of persons who are members of the community. The strategy is based on the notion that individuals are linked together to form large social networks, and that infectious diseases, and behaviors, often spread through these networks.

Socioeconomic Barriers to Health: The economic and social conditions that influence the health of persons, communities, and jurisdictions and include conditions for early childhood development; education, employment, and work; food security; health services; housing; income; and social exclusion.

Structural Interventions: Target factors outside the control of a single individual that impedes or facilitates personal efforts to avoid HIV infection (e.g., social, physical, cultural, economic, policy, etc.).

Surveillance: The ongoing and systematic collection, analysis, and interpretation of data about occurrences of a disease or health condition.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Transmission Risk: A behavior that places the priority population at potential risk for HIV infection or transmission.

1.1 Program Authority

The HIV Prevention Program is authorized by sections 381.003, 381.0038, 381.004, 381.0045, 381.0046, 384.31, and 402.41, Florida Statutes and Florida Administrative Code Rules 64D-2.002–2.006, and 3.042.

1.2 Notice and Disclaimer

Grant awards will be determined by the Department of Health in accordance with this publication based on the availability of funds. The Department reserves the right to offer grant awards for less than the amount requested by applicants, which it deems is in the best interest of the State of Florida and the Department. The receipt of proposals in response to this solicitation does not imply or guarantee that any one or all proposals will be awarded a grant. Additionally, the Department reserves the right to negotiate deliverables and funding with applicants prior to the final offer of the grant award. The department reserves the right to offer multiple grant awards as it deems in the best interest of the State of Florida and the department. If, during the grant funding period, the authorized funds are reduced or eliminated by the state, the department may immediately reduce or terminate the grant award by giving written notice to the grantees. No such termination or reduction, however, shall apply to allowable costs already incurred by the grantees to the extent that funds are available for payment of such costs. Additionally, the Department reserves the right to negotiate services and funding with applicants prior to the final offer of the grant award.

1.3 **Program Purpose**

The Ending the HIV Epidemic initiative focuses on scaling up four science-based strategies in communities most affected by HIV across the country:

1. Diagnose all people with HIV as early as possible.
2. Treat people with HIV rapidly and effectively to result in sustained viral suppression.
3. Prevent new HIV transmissions by using proven interventions, including condom distribution, pre-exposure prophylaxis (PrEP), post-exposure prophylaxis (PEP) and syringe services programs (SSPs).
4. Respond quickly to potential HIV outbreaks to get vital prevention and treatment services to people who need them.

To decrease new HIV infections in Florida, it is essential to ensure that **all individuals** with HIV are aware of their status, connected to and retained in HIV medical care, and achieve viral suppression. Those who test negative but are determined to be at risk for HIV should be connected to HIV prevention services and, where applicable, PrEP. By utilizing statewide and local epidemiological reports, Florida can prioritize HIV testing and prevention services to diagnose HIV infections and link or re-engage those testing positive into care and treatment, aiming for viral suppression.

Florida continues to implement high-impact prevention (HIP), a national initiative that focuses on a comprehensive whole-person approach that supports scientifically proven, cost-effective and scalable structural, behavioral and biomedical interventions. This approach targets priority populations in specific geographic areas to maximize impact in reducing new HIV infections. The goal is to achieve better results in HIV prevention efforts. The RFA aims to enhance community-based HIV prevention programs, promote viral suppression, and address barriers to seeking medical care among persons living with HIV or at-risk for acquiring HIV in Florida.

1.4 **Available Funding**

Annually, approximately \$10,000,000 in federal funds is available for high-impact HIV prevention projects. The number of grant awards will depend upon the amount of funds available, and the number and quality of applications received. Subject to future availability of funds, there may be an increase in individual funding amounts during the funding period to enhance high-impact HIV prevention projects. Applicants not initially funded that score high enough to be funded may be funded if additional money becomes available during the three-year funding period. The Department reserves the right to increase or reduce funding amounts for grants(s) resulting from this RFA.

To align HIV prevention funding with the epidemic, funds are allocated based on the relative share of diagnosed, reported or living HIV diagnosed individuals in each area. The distribution of funding by HIV/AIDS service region or area is outlined in the following table.

Table 1. HIV Prevention Funding Allocations by HIV/AIDS Service Area

| Area | Annual Funding Allocation |
|------|---------------------------|
| 1 | \$190,000 |
| 2A | \$125,000 |
| 2B | \$170,000 |
| 3/13 | \$440,000 |
| 4 | \$660,000 |
| 5 | \$530,000 |

| | |
|------------------------------------|---------------------|
| 6 | \$780,000 |
| 7 | \$1,200,000 |
| 8 | \$440,000 |
| 9 | \$690,000 |
| 10 | \$1,710,000 |
| 11A | \$2,280,000 |
| 11B | \$125,000 |
| 12 | \$175,000 |
| 14 | \$260,000 |
| 15 | \$225,000 |
| Approximate Funds Available | \$10,000,000 |

Table 2. Available HIV Prevention Funding by Category

| RFA Service Category | Approximate Funding Ranges (Annual) | Anticipated Number of Awards |
|--|--|-------------------------------------|
| 1. Comprehensive HIV Prevention Services | \$100,000 - \$400,000 | 15-20 |
| 2. Special Project/Prevention Initiative | \$75,000–\$150,000 | 10-15 |

1.5 Matching Funds

There are no match or in-kind funding requirements under this RFA. However, proposals must identify the source and amount of any federal, state, or local government grants or donations or private grants or donations simultaneously funding the projects.

1.6 Timeline

Prospective applicants shall adhere to the RFA timelines as identified below.

| Schedule | Due Date | Location |
|--|--------------------|---|
| Request for Applications Released and Advertised | May 8, 2025 | <p>Department of Health Grant Funding Opportunities Website: https://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html</p> <p>Next Generation Vendor Information Portal https://vendor.myfloridamarketplace.com/</p> |

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| Submission of Questions | May 23, 2025 | Submit questions by email with the subject heading “RFA24-003 Questions” to RequestforApplication@flhealth.gov . |
| Anticipated posting of Answers to Questions | May 29, 2025 | Department of Health Grant Funding Opportunities Website: https://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html Next Generation Vendor Information Portal https://vendor.myfloridamarketplace.com/ |
| Applications due (no faxed or e-mailed applications) | Must be received by June 16, 2025, 5:00:00 PM ET | To upload your application, go to the Department of Health Automated Upload System: https://requestforapplications.floridahealth.gov . |
| Anticipated evaluation of applications | June 27, 2025 | Review and Evaluation of Applications Begins |
| Anticipated award date | July 31, 2025 | Department of Health Grant Funding Opportunities Website: https://www.floridahealth.gov/about/administrative-functions/purchasing/grant-funding-opportunities/index.html Next Generation Vendor Information Portal https://vendor.myfloridamarketplace.com/ |

Section 2.0 PROGRAM OVERVIEW

2.1 Background

The Department of Health’s mission is to promote and protect the health and safety of all people in Florida through the delivery of quality public health services and the promotion of health care standards. To reduce new HIV infections in Florida, it is critical to ensure that everyone with HIV is aware of their infection, linked to and retained in HIV medical care, and maintains viral suppression. Collaborative efforts from prevention and patient care programs at the state, and local efforts, including County Health Departments (CHDs), Ryan White (RW) Part A partners, community-based organizations (CBOs), and health care providers are an integral part toward accomplishing this agenda.

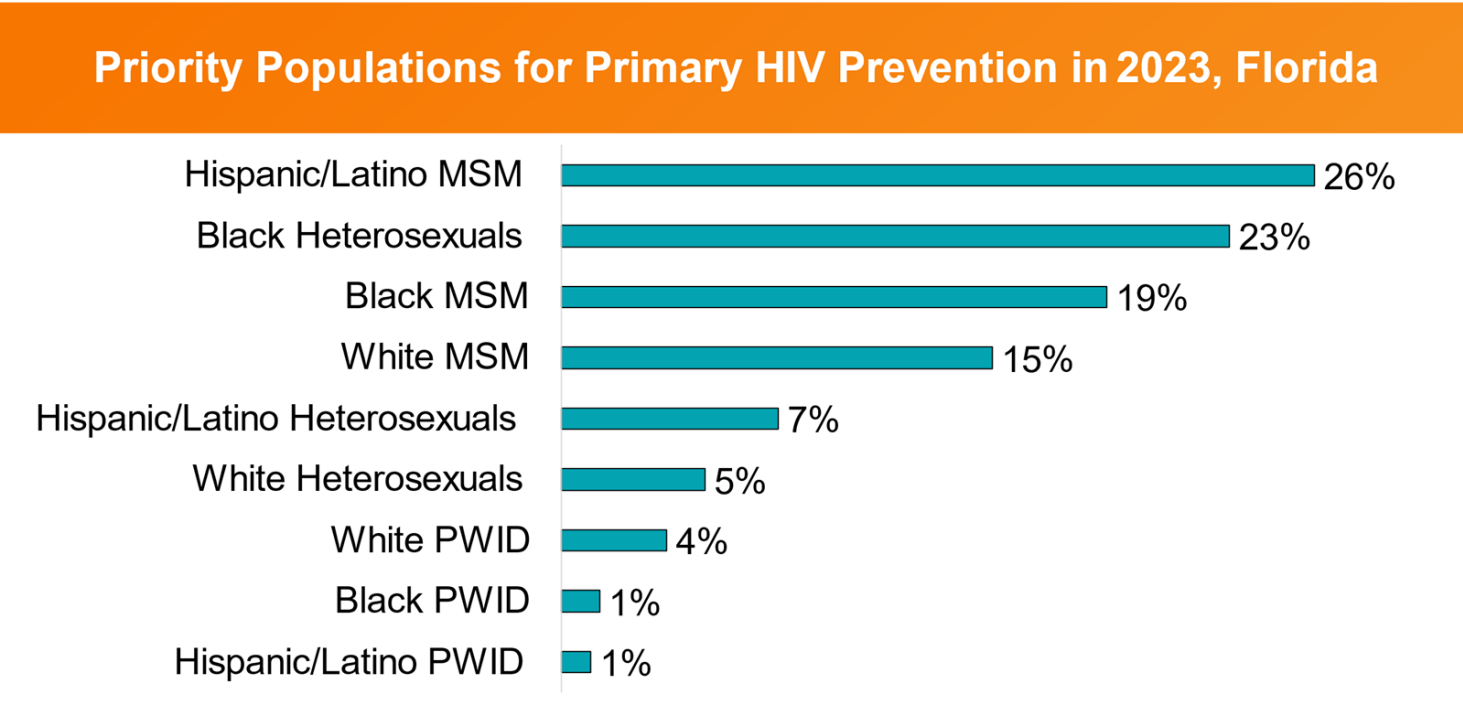
In response to the National HIV/AIDS Strategy (NHAS) goals, in 2016, the Florida Department of Health (Department), HIV/AIDS Section, developed a Four Key Component Plan to eliminate HIV transmission and reduce HIV-related deaths: 1) **Diagnose**: implement routine HIV and sexually transmitted infection (STI) screening in health care settings and priority testing in non-health care settings; 2) **Treat**: provide rapid access to treatment and ensure retention in care (Test and Treat); 3) **Prevent**: improve access to antiretroviral pre-exposure prophylaxis (PrEP) and nonoccupational post-exposure prophylaxis (nPEP); and 4) **Respond**: increase HIV awareness and community response through outreach, engagement, and messaging. Florida's 4-Key Component Plan aligns well with the pillars of the EHE initiative.

Of the 4,725 persons diagnosed with HIV in 2023, 81 percent were linked to care within three months. Of the 128,497 persons with a diagnosis of HIV and living in Florida through 2023, 79 percent were in care in 2023, 73 percent were retained in care (two or more times, at least three months apart in 2023) and 70 percent had evidence of viral suppression. Of those in care, 88 percent were virally suppressed and of those retained in care, 90 percent were virally suppressed.

2.2 Priority Populations

Applicants must deliver HIV services to populations within their jurisdiction that are affected by HIV. Applicants should use epidemiologic data, social determinants data, data on clusters of rapid HIV transmission, and other relevant sources to pinpoint communities within their jurisdictions that are impacted by HIV and related syndemic conditions. Additionally, applicants should consider various approaches, resources, and the evolving landscape of HIV when targeting specific populations.

Figure 1. Florida's Top Nine Priority Populations for Primary HIV Prevention



The factors driving the HIV epidemic within priority populations are as varied as Florida's communities. In all communities, a lack of awareness of HIV status contributes to HIV risk. People who are unaware they have HIV cannot access care and treatment and may unknowingly transmit the virus to others. The higher prevalence of PWH in these populations means that their sexual networks face greater risks of HIV infection. Additionally, some of these populations experience higher rates of other STDs compared to

other communities in Florida, which can significantly increase the risk of acquiring or transmitting HIV. Stigma, fear, discrimination, and homophobia further elevate the risk for individuals from priority populations. Socioeconomic issues associated with poverty, such as limited access to quality health care, housing, and education, also directly and indirectly increase the risk of HIV infection and impact the health of those living with or at risk for HIV.

2.3 Program Expectations

To reduce new HIV infections in Florida, it is essential to ensure that all individuals with HIV are aware of their status, connected to and retained in HIV medical care, and achieve viral suppression. Those at risk should be linked to HIV prevention services and, where appropriate, PrEP. By utilizing statewide and local epidemiological reports, Florida can prioritize HIV testing and prevention services to ensure that HIV infections are diagnosed and individuals testing positive are linked to or re-engaged in care and treatment, with the ultimate goal of achieving viral suppression.

In addition to the Department's Four Key Component Plan, the *Florida Statewide Integrated HIV Prevention and Care Plan, 2022–2026* ([Florida Integrated HIV Prevention and Care Plan](#)) contains statewide objectives, strategies, and activities, which correspond to each of the four NHAS goals.

Applicants are expected to use the strategies and components contained within the following Logic Model table to deliver HIP programs and services to priority populations in high HIV incidence geographic areas. Long-term outcomes (i.e., greater than 5 years) which are expected to be achieved through implementation of the strategies are also listed in the table.

Table 3: Logic Model

| Strategy 1: Diagnose — Increase knowledge of status to 95% by ensuring all people with HIV receive a diagnosis as early as possible. | | |
|---|---|--|
| Strategy: | Activities: | Outcomes: |
| 1A. Implement HIV testing in health care settings, including opt-out HIV screening 1B. Implement HIV testing in non-health care community settings, including HIV-self testing 1C. Support integrated screenings of HIV in conjunction with STIs, TB, viral hepatitis and mpox | <ul style="list-style-type: none"> - Conduct routine opt-out HIV screenings in health care settings - Conduct annual testing of people from communities with higher prevalence of HIV - Promote or enact policies to facilitate the implementation of HIV testing at health care settings that implement routine standing orders - Implement perinatal HIV testing of all pregnant persons and diagnostic testing for HIV-exposed infants - Conduct HIV testing in community settings utilizing various methods such as outreach, mobile testing units, venue-based, community -based, jail, detention, and other community correctional settings and large-scale events. - Implement HIV self-test distribution programs | <p><u>Short-term Outcomes:</u></p> <ul style="list-style-type: none"> - Increased routine opt-out HIV screening in health care settings - Increased availability of and accessibility to HIV testing in health care and non-health care settings, including HIV self- testing - Increased identification of people with new HIV diagnoses and people with HIV who are not in care or not virally suppressed - Increased integrated screening of HIV in conjunction with other STIs, viral hepatitis, TB, and testing for mpox <p><u>Intermediate Outcomes:</u></p> <ul style="list-style-type: none"> - Increased knowledge of HIV - Reduced late HIV diagnoses <p><u>Long-term Outcomes:</u></p> |

| | | |
|--|--|---|
| | <ul style="list-style-type: none"> - Promote HIV testing program services through social marketing and media efforts - Provide integrated screenings by supporting voluntary testing for other STIs in conjunction with HIV - Implement HIV testing at events bundled with screenings for other conditions relevant to the local population | <ul style="list-style-type: none"> - Reduce new HIV infections |
|--|--|---|

Strategy 2: Treat — Implement a comprehensive approach to treat people with diagnosed HIV infection rapidly (increase linkage to care up to 95%) and effectively to achieve viral suppression up to 95%.

| Strategy: | Activities: | Outcomes: |
|---|---|--|
| <p>2A. Link to medical care within 30 days all people who test positive for HIV, provide partner services and refer to or provide prevention and essential support services to support improved quality of life</p> <p>2B. Support people diagnosed with HIV infection to receive rapid and effective treatment</p> | <ul style="list-style-type: none"> - Community testing sites and county health departments collaborate to develop, implement and evaluate local linkage to care models. - Implement alternative partner service models, such as e-services and telehealth. - Work with HIV+ patients to address barriers to seeking medical care during the linkage process. | <p><u>Short-term Outcomes:</u></p> <ul style="list-style-type: none"> - Increased rapid linkage to HIV medical care - Increased receipt of HIV partner services - Increased engagement in HIV prevention, medical care, and treatment services for people with diagnosed HIV infection who are not in care or not virally suppressed - Increased early initiation of antiretroviral therapy (ART) - Increased receipt of essential support services to improve quality of life <p><u>Intermediate Outcomes:</u></p> <ul style="list-style-type: none"> - Increased receipt of HIV medical care among people with diagnosed HIV infection <p><u>Long-term Outcomes:</u></p> <ul style="list-style-type: none"> - Improved health outcomes for PWH, including sustained viral load |

Strategy 3: Prevent — Prevent new HIV transmission, by increasing PrEP coverage to 50% of estimated people with indications for PrEP, increasing PEP services, and supporting HIV prevention, including prevention of perinatal transmission, harm reduction and syringe services program (SSP) efforts.

| Strategy: | Activities: | Outcomes: |
|--|--|--|
| <p>3A. Support and promote awareness and access to PrEP/PEP services</p> <p>3B. Conduct condom distribution</p> <p>3C. Support harm reduction services, including syringe</p> | <ul style="list-style-type: none"> - Increase awareness, availability, access and use of PrEP - Increase non-occupational post-exposure prophylaxis (PEP) awareness and access, including activities with clinicians, non-clinical CBOs and people at risk for HIV acquisition - Identify resources and refer populations with ongoing risk of HIV acquisition to PEP and PrEP services | <p><u>Short-term Outcomes:</u></p> <ul style="list-style-type: none"> - Increased linkage to PrEP services among people with indications for PrEP - Increased linkage to post-exposure prophylaxis (PEP) services among people who likely have been exposed to HIV - Increased availability of harm reduction services, including SSPs |

| | | |
|---|--|---|
| <p>service programs (SSPs) and whole-person approach to HIV prevention services</p> <p>3D. Support and promote social marketing campaigns and other communication efforts to increase awareness of HIV, reduce stigma, and promote testing, prevention and treatment</p> <p>3E. Conduct perinatal, maternal and infant health prevention and surveillance activities</p> | <ul style="list-style-type: none"> - Conduct condom distribution efforts within communities, venues, and other settings to prevent HIV transmission - Increase availability, use and access to comprehensive harm reduction services to include syringe exchange programs - Develop relationships with non-traditional public health partners to support harm reduction and SSP efforts - Refer to essential support services (e.g. housing, substance use treatment, mental health services, employment, food security) - Support and promote social marketing, educational and informational campaigns focused on HIV prevention, HIV awareness and other topics focused on relevant audiences - Conduct perinatal, maternal, and infant health prevention and surveillance activities per CDC recommendations | <ul style="list-style-type: none"> - Increased awareness of PrEP and PEP and other prevention approaches among clients and providers - Improved provision and coordination of perinatal HIV services among pregnant and postpartum persons with HIV infection and their infants <p>Intermediate Outcomes:</p> <ul style="list-style-type: none"> - Increased PrEP prescriptions and use among people with indications for PrEP - Increased PEP prescriptions and use among people who likely have been exposed to HIV - Increased use of SSPs - Reduced perinatal acquired HIV infection |
|---|--|---|

Strategy 4 – Respond quickly to HIV cluster and outbreaks to address gaps and inequities in services for communities who need them.

| Strategy: | Activities: | Outcomes: |
|---|---|---|
| <p>4a: Develop and maintain a cross-program CDR leadership and coordination group to oversee CDR activities</p> <p>4b: Communicate and collaborate about CDR</p> <p>4c. Detect and prioritize clusters</p> <p>4D. Respond to prioritized clusters and outbreaks to identify and address gaps and inequalities in services</p> | <ul style="list-style-type: none"> - Improved early identification and investigation of HIV clusters and outbreaks - Improved completeness and timeliness of CDR data - Improved response to HIV clusters and outbreaks at individual, network, and system levels to reduce transmission and improve care and prevention - Improved plans and policies to respond to HIV clusters and outbreaks - Increase health department and community engagement for cluster detection and response | <ul style="list-style-type: none"> • Improved response to HIV clusters and outbreaks at individual, network and system levels |

Strategy 5: Conduct HIV surveillance activities as described in the Technical Guidance for HIV Surveillance Programs to ensure accurate, timely, and actionable data.

This component is reserved for the State Health Office

| | | |
|--|---|--|
| Strategy 6: Support Community Engagement and HIV Planning | | |
| Strategy: | Activities: | Outcomes: |
| 6A. Conduct strategic community engagement | <ul style="list-style-type: none"> - Increased collaborations and engagement with local partners (both traditional and non-traditional organizations), people with HIV and communities to inform HIV and sexual health services - Increased coordination, availability, and access to comprehensive HIV prevention, treatment, and support services | <ul style="list-style-type: none"> • Sustained community partnerships to inform strategic planning and implementation |

2.4 Project Requirement

Applicant will only be allowed to submit one application. Applicant may choose to apply for Category 1, Comprehensive HIV Prevention or Category 2, Prevention Special Projects. **Applicant may only apply for one category.**

Category 1: Comprehensive HIV Prevention

Applicants submitting proposals are required to implement the following strategies: HIV Testing; Linkage to and Re-engagement in HIV Medical Care; Prevention for HIV-Negative Persons at Increased Risk for HIV Infection; Community-Level Prevention; and Referral and Navigation to Prevention and Essential Support Services, as outlined below.

Strategy 1: Increase knowledge of status to 95% by ensuring all people with HIV are diagnosed early.

1. HIV Testing

- Universal HIV screening by health care providers is a top priority for Florida. This key strategy aims to identify undiagnosed infections and ensure that individuals who test HIV positive are linked to and retained in medical care. Persons aware of their HIV status, who are retained in care and achieve viral suppression, effectively pose no risk of transmitting the virus to sexual partners. Applicants must comply with Section 381.004 of the Florida Statutes and Florida Administrative Code Rule 64D-2.004, which eliminates the requirement for separate informed consent prior to HIV testing in a health care setting. These changes were implemented to further increase routine HIV screening, strongly recommended by the CDC.

Applicants must adopt strategies that adhere to the [CDC's 2006 Revised Recommendations for HIV Testing in Adults, Adolescents, and Pregnant Women](#), and the [U.S. Preventive Services Task Force's \(USPSTF\) 2019 Updated Recommendation for HIV Screening](#). The USPSTF issued an updated recommendation statement, giving a Grade A recommendation for routine HIV screening all pregnant persons and for individuals aged 15–65. This Grade A rating means that all primary payers, including Medicaid and Medicare, are required to cover routine HIV screening. Detailed protocols for HIV testing in both healthcare and non-healthcare settings can be found on the Department's [HIV Prevention website](#).

Applicants should investigate billing opportunities for reimbursement and assess whether third-party reimbursement is financially viable. Those with the capability to bill and secure

reimbursement must utilize all available methods to obtain reimbursement for eligible prevention and essential support services from third-party payers, such as Medicaid, Medicare, and private insurance. Applicants must also demonstrate their experience and capacity to conduct high-volume HIV testing within the selected priority populations in high HIV incidence areas. It is recommended that applicants review the DOH [Provider's Guide to Reimbursement and Sustainability](#) for HIV Testing in Florida Health Care Facilities.

- b) Prioritized/targeted HIV testing in non-health care settings: Applicants may opt to use strategies such as Social Networking Strategies (SNS), Personalized Cognitive Counseling, HIV Self-testing programs, and other existing HIV testing strategies implemented by the Applicant for the purposes of mobile outreach testing and other forms of prioritized or focused HIV testing in high incidence ZIP codes and neighborhoods. Applicants should also offer HIV testing during non-traditional hours including nights and weekend hours.

Applicants must use the Department's Electronic DH1628 when conducting prioritized/targeted HIV testing within priority populations to conduct brief assessments to ascertain clients' risks (e.g., sexual risk behaviors, drug use behaviors). Brief risk reduction education messaging must be conducted and include factual HIV education (e.g., transmission, window period, and risk reduction methods).

Applicants must identify diverse settings where prioritized testing will be conducted, ensuring effectiveness in identifying members of the priority population(s) with undiagnosed HIV infection. These settings include, but are not limited to, on-site testing, venue-based testing, mobile and field testing, and home-based testing. If home-based testing is utilized, Applicants are required to provide specific protocols, including recruitment processes, follow-up, and linkage procedures at the time the application is submitted.

Applicants must include a line item for HIV test kits and ancillary testing supplies in their budget summary and narrative. The Department will not be responsible for providing test kits or ancillary testing supplies.

- c) Integrated screening activities: Applicants must provide integrated screening by supporting voluntary testing for other STIs (e.g., syphilis, gonorrhea, chlamydia), viral hepatitis, TB and mpox, in conjunction with HIV testing, including referral and linkage to appropriate services. Up to **5%** of funds from an applicant's final award may be used for other screening tests, including those described below, only if these tests are provided in conjunction with HIV screening, are indicated by epidemiologic data, and are in accordance with current CDC guidelines and recommendations. Clinical services such as these are billable and therefore reimbursable by Medicaid, Medicare, and/or private insurers. Recipients may not use funds from this application for clinical care. Arrangements for these clinical services can be made through collaborations with local health office's STD, viral hepatitis, and/or TB programs or other clinical providers.

Strategy 2: Implement a comprehensive approach to treat people with diagnosed HIV infection rapidly (increase linkage to care up to 95%) and effectively to achieve viral suppression up to 95%.

a) Linkage and Re-engagement in Care

Applicants must develop a systematic approach to linkage to and reengagement in care activities under this RFA and ensure people diagnosed with HIV are linked to or reengaged in care,

immediately but no later than 30 days following diagnosis. Under this component, applicants will be required to:

- Link newly diagnosed HIV-positive persons to HIV medical care within 7-30 days of diagnosis.
- Link or re-engage previously diagnosed out-of-care HIV-positive persons to HIV medical care.
- Link or re-engage newly or previously diagnosed, out-of-care HIV-positive pregnant women to HIV medical care and prenatal care within three business days (if not actively engaged).

Applicants have the option to implement a CDC-approved linkage to care intervention or their existing linkage to care services. They must detail their process for linking clients to HIV medical care, including the following elements: responsible staff; organizational linkage to care processes and timeframes; associated healthcare providers; and a plan for using multiple communication methods to reach clients.

While implementing the Test and Treat model is not mandatory, applicants must inform all newly diagnosed individuals about the benefits and availability of immediate access to care, and provide referrals to Test and Treat sites if the individual chooses this option. Applicants may choose to adopt the Test and Treat model or establish a Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU) with existing Test and Treat sites in their area to facilitate quicker linkage to or re-engagement in care.

b) Partner Services: Under this component, applicants are required to:

- Provide timely Partner Services for individuals newly diagnosed with HIV infection through referral agreements with the local health office's Disease Intervention Specialists.
- Provide timely Partner Services (through referral agreements with local health offices) for individuals with previously diagnosed HIV infection, presenting with a new STD diagnosis, or no evidence of viral suppression.

c. Medication and Treatment Adherence Services: Applicants are required to implement on-site or make referrals to medication adherence services to support maintenance on antiretroviral therapy and overall achievement of viral suppression. Applicant organizations may opt to implement a CDC-approved medication adherence intervention with adherence and viral suppression strategies or expand the applicant's existing medication adherence services.

b. Referrals to Prevention and Essential Support Services: Applicants must facilitate referrals to prevention and essential support services. Applicants are encouraged to train and develop navigators (e.g., community health workers, peer advocates, outreach workers) to help facilitate access to (linkage and re-engagement) and retention in HIV medical care and provide or refer prevention and essential support services. The Applicant's client-centered program model must include a combination of high-impact HIV prevention strategies and activities to continually engage persons living with HIV. This will include referring individuals to prevention and essential support services as deemed appropriate and in compliance with the requirements of the RFA.

Prevention and essential support services include, but are not limited to the following:

- HIV testing;
- Screenings and treatment for STDs, viral hepatitis, and TB (as recommended by CDC);
- PrEP and/or nPEP, as appropriate;
- Partner Services;
- Mental health counseling and services;
- Substance abuse treatment and services;
- Housing;
- Transportation services (to and from HIV prevention and essential support services and HIV medical care appointments);
- Employment services;
- Basic education continuation and completion services;
- Comprehensive sexual health education, including HIV education (e.g., risk reduction programs, school-based HIV prevention providers); and,
- Violence prevention services

Strategy 3: Prevent new HIV transmission, by increasing PrEP coverage to 50% of estimated people with indications for PrEP, increasing PEP services, and supporting HIV prevention, including prevention of perinatal transmission, harm reduction and syringe services program (SSP) efforts.

- a. PrEP and nPEP: Applicants must provide referral, navigation, and linkage services for PrEP and nPEP. If applicants cannot offer these services on-site, they should establish partnerships with local agencies via MOUs/MOAs and describe the referral relationship in detail within their application. Required services include:
1. Screening for PrEP and nPEP;
 2. Referral to PrEP and nPEP services;
 3. Linkage to PrEP and nPEP services (either on-site or through collaborations with other partners); and
 4. Provision of PrEP and nPEP (if services are provided on-site).

Ancillary support services for PrEP and nPEP can be provided to include: support for laboratory costs for screening or monitoring PrEP per CDC guidelines for uninsured or underinsured people receiving PrEP; use of mobile units and other novel engagement strategies, assistance with transportation, communication with clinicians, and navigating other support services; and support limited personnel costs related to the provision of PrEP medication if coupled with other supportive PrEP services, e.g., eligibility assessments, risk reduction education, referral and navigation support to other essential services, etc. The funded percentage for these duties may not exceed 75% of the FTE. Applicants may provide assistance, no more than 15% of the overall award amount, to support PrEP ancillary support services.

- b. Perinatal Prevention: Applicants must describe their linkage to prenatal and HIV medical care process which details the following: staff responsible; organization linkage to care process and timeframes; providers associated with the linkage to care program; and a process for securing multiple communication methods to contact clients. In addition, applicants must develop processes to ensure the timeliness, completeness and accuracy of reporting perinatal exposures and cases to the Department.
- c. Syringe Service Programs: Applicants must describe their process for referring clients to increase availability, use and access to comprehensive harm reduction services, to include

syringe service programs to reduce the spread of infectious diseases. Services should include harm reduction counseling, integrated screenings/testing for HIV, viral hepatitis, STI and mpox testing and vaccinations, TB testing, the provision of naloxone; and referrals to substance use treatment and mental health services.

Strategy 4: Respond quickly to HIV clusters and outbreaks to address gaps and inequities in services for communities who need them.

Under this component, applicants are expected to:

- Communicate and collaborate with community members and partners for input on CDR activities and on designing responses to specific clusters and outbreaks.
Work with the Department on a response for CDR when a cluster is detected in your area. The response may include targeted testing in specific zip codes, deployment of mobile unit for testing, or hosting outreach and education events in the areas where members of a cluster may congregate.
- Respond to prioritized clusters and outbreaks to identify and address gaps and inequalities in services.
- Share summary information about clusters and CDR activities with the Department, as appropriate

Strategy 5: Conduct HIV surveillance related activities: Activities will be conducted at the State Health Office.

Strategy 6: Community Engagement and HIV Planning

- a. Condom Distribution: Implement condom distribution as a structural intervention to increase access and use of condoms by persons living with HIV, HIV-negative persons at high risk of acquiring HIV, and persons of unknown HIV status. Effective condom distribution programs must provide condoms free of charge; implement social marketing efforts to promote condom use by increasing awareness of condom benefits and normalizing condom use within communities; and conduct both promotion and distribution activities at the individual, organizational, and community levels. Organizations must use local HIV/AIDS data (down to the ZIP code level) to assess current condom distribution patterns and ensure availability in high HIV incidence areas. Applicant must include a line item in the budget for condoms, lubricant and other ancillary supplies. The Department will not be providing condoms, lube or other ancillary supplies under this procurement.
- b. Community outreach, engagement, and education: Applicants must develop and use innovative strategies, as well as traditional outreach strategies, the Internet, social media, and surveillance data (to support mapping of areas of highest morbidity) to establish a comprehensive outreach, mobilization, engagement, and recruitment program. Applicants are required to conducted targeted outreach among priority populations and within high HIV incidence real or virtual venues.

Applicants must collaborate with other organizations that have an established history of working with and recruiting members of the priority population(s) at greatest risk for HIV acquisition or transmission. The program must seek input from community stakeholders to select the most appropriate program promotion and recruitment strategies to include determining the appropriate use of incentives and promotional items in the program.

Applicants must engage priority populations in high HIV incidence areas and provide comprehensive sexual health education specific to the the priority populations in the area, including but not limited to topics of regular HIV/STD screenings, available HIV treatment options, and the importance of HIV treatment adherence and viral suppression for PWH.

Additional activities required under this component include, but are not limited to:

- Identify key strategies to be used to reach and engage priority population(s).
- Identify locations for event-based outreach.
- Develop Business Responds to AIDS/Faith Responds to AIDS (BRTA/FRTA) partnerships.
- Distribute and market adapted campaign materials in both real and virtual venues.
- Engage priority populations in conversation about:
 - PrEP/nPEP basics, availability, and access;
 - Correct and consistent condom use;
 - Importance of frequent HIV testing;
 - Importance of seeking help for mental health and substance abuse issues; and,
 - Screening for STDs, viral hepatitis, and TB.
- Identify potential clients who may benefit from comprehensive prevention activities (i.e., risk behavior screening, risk reduction intervention, and comprehensive sexual health education).
- Conduct mobilization activities to address access barriers to health care and prevention among priority populations and within high HIV incidence communities (including BRTA/FRTA).
- Conduct community engagement sessions among selected priority population(s).

Applicants must describe the specific population(s) of focus in their jurisdiction and how the population(s) can benefit from the proposed program. Applicants must incorporate strategies to address access barriers to health care and prevention services within the design and execution of the proposed program activities.

- c. **HIV Planning:** Applicants must develop new strategic partnerships and ensure that people from local communities experiencing HIV diagnosis and rapid HIV transmission, and other lived/living experience are brought to the table for meaningful discourse and subsequent programmatic action. Applicants must also provide opportunities for bidirectional engagement with community members especially those with lived HIV experience and participate in their local prevention planning group.

Category 2: Special Project/Prevention Initiative

Applicant may opt to implement a local developed, behavioral HIV/STD prevention intervention or strategy to support preventing new HIV transmission, treat people with diagnosed HIV infection rapidly and effectively for viral suppression, promote PrEP and PEP services, and support harm reduction services, including SSPs. Applicants must propose to implement a minimum of three activities under this category.

Proposed activities may include but are not limited to:

- Expand routine opt-out HIV screenings in health care and other institutional or retail settings
- Conduct testing in non-traditional settings utilizing various methods, mobile testing units, venue-based, community-based, jail, detention, and other community correctional settings, and large-scale testing events.
- Promote and implement HIV self-test distribution program

- Provide integrated screening by supporting testing for other STIs (syphilis, gonorrhea, chlamydia) viral hepatitis, TB and mpox in conjunction with HIV testing
- Support and promote rapid linkage and ensure early ART initiation.
- Support retention in care through patient navigation and strength-based case management.
- Implement telemedicine programs that use electronic information and telecommunications technologies to support health care.
- Develop electronic based approaches to support retention in care activities, patient navigation and strength-based case management.
- Conduct condom distribution, PrEP education and PEP navigation at events areas of high HIV incidents
- Implement risk reduction strategies and activities to prevent HIV transmission (evidence-based interventions or best practices for HIV prevention)
- Increasing awareness, availability, access and use of PrEP; increase PEP awareness and access including activities for clinicians, non-clinical CBOs and people at risk for HIV acquisition
- Conduct academic or public health detailing to providers to help improve patient care related to key HIV prevention health challenges
- Support harm reduction services including syringe exchange programs to increase availability, use and access to comprehensive harm reduction services.
- Other HIV prevention activities that aim to increase knowledge of HIV status, reduce HIV transmission, prevent new HIV infections, improve linkage to care and viral suppression and maintain elimination of perinatal transmission.

Applicants must describe the agency's capacity to implement and maintain the proposed project. Include information on project resources, materials, and facilities. Applicants must detail how they are prepared to implement the required services and activities of the proposed project. Applicants must provide detailed and concise descriptions of the strategies and activities planned to achieve the desired outcomes. and select evidence-based strategies that align with their needs and outlines how these strategies will be evaluated throughout the project period. All proposed activities must clearly define the expected quantitative and qualitative outcomes, including the number of clients intended to be reached through each program component.

Applicants must clearly identify the outcome they expect to achieve by the end of the project period, as identified in the Logic Model in Section 2.3. Outcomes are the results that the program intends to achieve and indicate the intended direction of change (e.g., increase, decrease).

Applicants apply under this category should ensure program implementation activities are culturally appropriate and consider social and structural factors that create barriers to optimal provision of HIV Prevention services, to include addressing social determinants of health and supporting equality in access to HIV services.

2.5 Mandatory Requirements

Applicants must complete and submit the following mandatory information or documentation as part of their Application by the time specified in Section 2.4. Any Application which does not contain the information below may be deemed non-responsive to this RFA.

- a. The Title Page of this RFA must be completed, signed, and returned with the Application

- b. Proposals must be received by the time specified in the Timeline
- c. Description of Current and Prior Funded Projects as specified in Section 2.6.
- d. The information and documentation specified in Section 4.0.
- e. Applications must document the Applicants ability to meet the following minimum requirements.
 1. Ensure all program services are specific to your areas priority populations; and delivered at a literacy level suitable for the priority population(s) being served.
 2. Conduct and/or collaborate with local agencies to provide an annual community needs assessment to analyze data trends within the community and assess needs and access to health care and social services.
 3. Develop and implement an outreach plan to target Florida's priority populations.
 4. Link newly HIV-diagnosed individuals to HIV medical care within 7-30 days of diagnosis.
 5. Link or re-engage newly or previously diagnosed, out-of-care HIV-diagnosed individuals to HIV medical care and prenatal care (if pregnant).
 6. Conduct outreach and education programs at non-traditional venues, at times and in places where pregnant women frequent and there is a high probability with HIV infection and/or exhibiting high-risk behavior reside.
 7. Provide documentation of existing agreements with HIV service providers that will accept newly diagnosed individuals on a priority basis to be linked to care or to provide PrEP to those who are HIV negative.
 8. Facilitate referrals to essential support services for clients to assist with substance use or mental health services, employment, housing/shelter, food assistance, further education or training programs, and vocational services, etc. to reduce and/or eliminate barriers to medical care and support retention in care.
 9. Prepare client service and expenditure reports as directed by the Department.
 10. Ensure that the hours of operation for program services meet the needs of the priority population(s) being served; and consider the provision of services during non-traditional evening and weekend hours.
 11. Provide quantified program reporting of activities and outcomes to accommodate local evaluation of effectiveness.
 12. Plan and deliver services in coordination with local and state HIV prevention programs to avoid duplication of efforts.
 13. Target services to populations known, through local epidemiologic data or review of service utilization data or strategic planning processes, to be at risk for HIV.
 14. Collect and enter all required HIV testing data elements into CTLS, or designated alternative, and produce reports as directed by the Department.

2.6 Current and Prior Funded Projects

MOAs/MOUs for Prevention and Essential Support Services:

Applicants must submit an established MOA or MOU with a Prevention and Essential Support Service provider (internal or external to the organization), regardless of whether the services are being provided internally or externally. The agreements must be reflective of the services most commonly requested by the priority population(s). The Applicant should establish additional collaborations supported through similar agreements over the course of the three-year project period.

The MOAs/MOUs must include, but are not limited to, the following:

- a) Name and address of the provider(s). Name, title, and contact information (i.e., primary work address, email, and phone number) for the primary point of contact for the provider.

- b) Detailed description of the agreed-upon referral processes for prevention and essential support services between the applicant organization and the prevention and essential support service provider.
- c) Signatures from the Business Official for the Applicant and the prevention and essential support services provider.

Section 3.0 TERMS AND CONDITIONS OF SUPPORT

3.1 Eligible Applicants

Eligible applicants are limited to entities which have a 501(c)3 non-profit designation. Examples include: community-based organizations; community health centers; FQHCs; faith-based organizations; and other agencies that provide HIV prevention services.

All vendors doing business with the State of Florida must have a completed W-9 on file with the Department of Financial Services. If awarded, the process can be completed at: <https://flvendor.myfloridacfo.com>. To be eligible to receive a grant, all corporations, limited liability companies or partnerships and their sub-contracts seeking to do business with the State shall be registered with the Florida Department of State in accordance with the provisions of Chapters 607, 608, 617 and 620, Florida Statutes.

3.2 Eligibility Criteria

Applicants must provide services and have a physical office located in the area where they are proposing to implement projects. In an effort not to duplicate services in any location and to ensure service delivery in the areas of greatest need, the Department reserves the sole discretion to negotiate awards based on geographic coverage, epidemiologic data, competence to achieve the stated goals of the program, and access to priority populations. Local Health Offices may be partners (unfunded) to applicants but cannot apply for grant funds. All entities submitting an application must be registered as a vendor in MyFloridaMarketPlace. For further information please visit: http://dms.myflorida.com/business_operations/state_purchasing/myflorida_marketplace.

All Applicants are advised that in accepting federal dollars under this RFA, as a sub-recipient, they will be required to comply with all state laws, executive orders, regulations, and policies governing these funds. Applicants that have had contracts terminated or reduced by the Department for reasons other than a mutually agreed upon cause or are classified as a prohibited vendor may be ineligible for funding.

3.3 Period of Support

The funding period will be for a period of ten months beginning August 1, 2025, and ending May 31, 2026. Anticipated future funding years, if funds are available, will be for a full 12-month period.

3.4 Use of Grant Funds

Funds from this RFA may only be used to implement high-impact HIV prevention services and programs and the funds originate from the Department's Cooperative Agreement with the CDC for integrated HIV prevention and surveillance programs. As such, all applicants awarded funds under this RFA are considered federal subrecipients. A minimum of **75%** of funding (including personnel cost) must be allocated to required category components. Up to **15%** of funding may be allocated to recommended (optional) program components. **Administrative Costs** are limited to **10%** of the total budget amount.

Awardees will be required to attend HIV prevention trainings and workshops sponsored by the HIV/AIDS Section. Applicants' traveling to required meetings who fail to attend sessions or workshops will not be

reimbursed for travel expenditures. Failure to attend the sessions will result in financial consequences as specified in resulting contract.

The provision of medical or clinical services **are not** permitted with this funding.

Within 10 days of award notification, applicants will be required to submit a copy of current W-9; copy of liability insurance, copy of lease agreement, and a letter of credit from a bank or certified statement from a financial institution indicating the availability of credit or cash to sustain the project for at least three months.

Subcontracts and consultants are allowed under this contract. However, they are accountable to the applicant for the management of any funds received. Applicants may not sub-contract any of the proposed services without prior written approval from the Contract Manager and Department.

DOH will not provide funds for the routine HIV tests themselves, but will provide funds for things such as: HIV testing staff; linkage navigators; linkage and re-engagement staff; HIV prevention education staff; PrEP navigators; electronic health record system enhancements; and billing and reimbursement system enhancements for the purposes of conducting routine, opt-out HIV screening in a health care setting.

Funds from this RFA may not be used for clinical services, such as the clinician's time for provision of PrEP and nPEP; treatment of HIV, STDs, viral hepatitis, and/or TB infection; vaccination against hepatitis A or hepatitis B; and vaccination against human papilloma virus (HPV).

Allowable and unallowable expenditures are defined by at least one of the following:

- Reference Guide for State Expenditures found at http://www.myfloridacfo.com/aadir/reference_guide/
- Florida Statutes (F.S.) (Section 112.061, Section 286.27)
- Florida Administrative Code (F.A.C.) (rule 3A-40.103)
- Office of Management and Budget (OMB) Circulars A-110-General Administrative Requirements
- A-133-Federal Single Audit
- A-122-Cost Principles for Not-For-Profits
- A-87-Cost Principles for State and Local Governments
- A-21-Cost Principles for Universities, Federal Public Laws
- Catalog of Federal Domestic Assistance (CFDA)
- Code of Federal Regulations (CFR)

Once federal funds are allocated to a state agency, the Florida Department of Financial Services considers the funding to be subject to the same standards and policies as funding allocated by the Florida legislature. Section 17.29, Florida Statutes, gives the Chief Financial Officer (CFO) the authority to prescribe any rule he considers necessary to fulfill his constitutional and statutory duties, which include, but are not limited to, procedures or policies related to the processing of payments from any applicable appropriation. The powers and duties of the CFO are set forth in Chapter 17, Florida Statutes. Section 17.03(1), Florida Statutes, requires that the CFO of the state of Florida, using generally accepted auditing procedures for testing or sampling, shall examine, audit, and settle all accounts, claims, and demands against the State.

In addition to following the Florida Department of Financial Services standards and policies, certain federal guidelines must also be followed (e.g., PrEP allowable costs).

With respect to PrEP, funds from this RFA may not be used for:

- PrEP medications (antiretrovirals)
- Laboratory testing related to PrEP (other than HIV tests or hepatitis screening)
- Personnel costs for the provision of PrEP medication and recommended clinical care associated with PrEP

The following lists of allowable and unallowable costs were created solely to be used as a helpful guide for prospective applicants and grant awardees. These lists do not supersede the federal or state definitions of allowable and unallowable costs.

Allowable costs - must be reasonable and necessary and include, but are not limited to the following:

- Personnel salaries and fringe benefits;
- Travel in accordance with section 112.061, Florida Statutes and the Department's policies and procedures;
- Office space, furniture, and equipment;
- Program related expenses, such as office supplies, postage, copying, telephone, utilities, insurance, and advertising;
- Computer hardware and software, including electronic health record and billing system enhancements;
- Direct service provisions and activities;
- Program supplies and materials (e.g., HIV testing supplies, brochures, sexual health education items, condoms, lubricants, risk reduction intervention materials);
- Promotional activities;
- Client incentive and promotional items (as defined in DOHP250-18-18: Client Incentives and Promotional Items and in accordance with section 20.43, Florida Statutes);
- Food vouchers or coupons;
- Media and marketing activities and items (out-of-home, radio, television, and digital/Internet);
- Comprehensive sex education curricula and supporting materials;
- Financial compliance audit if required; and
- Level II background screening.

Unallowable costs - include, but are not limited to the following:

Pursuant to Florida Administrative Code Rule 3A-40.103, expenditures from state funds for items listed below are prohibited unless expressly provided by law:

- Telegrams
- Flowers
- Presentment of plaques for outstanding service
- Decorative items (globes, statues, potted plants, picture frames, etc.)
- Greeting cards (per section 286.27, Florida Statutes use of state funds for greeting cards is prohibited)

Unless specifically authorized by law, the expenditure of state funds for the following items related to professional and occupational licenses are not allowable:

- Florida or other bar dues
- Professional license fees
- Occupational license fees

- Driver license fees
- Other fees for licenses required for an individual to pass the examination for any of the above licenses, unless the training is directly related to the person's current official duties related to delivery of the program services
- Examination fees for professional occupational or other licenses for a person to perform his or her official duties

Other unallowable costs and expenditures include:

- Research;
- Clinical care;
- Lobbying;
- Cash awards to employees or ceremony expenditures;
- Entertainment costs, including food, drinks, decorations, amusement, diversion, and social activities and any expenditures directly related to such costs;
- Gift cards to retail stores (e.g., Walmart, Publix, Winn-Dixie);
- Organizational affiliations, fund raising, and public relations;
- Deferred payments to employees as fringe benefit packages;
- Severance pay and unearned leave;
- Capital improvements, alterations or renovations;
- Lease or purchase of vehicles;
- Development of major software applications;
- Direct client assistance (monetary);
- Conference sponsorship;
- Personal cellular telephones;
- Meals not in accordance with section 112.061, Florida Statutes;
- Appliances for the personal convenience of staff, including microwave ovens, refrigerators, coffee pots, portable heaters, fans, etc.;
- Penalty on borrowed funds or statutory violations or penalty for late or nonpayment of taxes;
- Supplanting of other federal, state, and local public funds expended to provide HIV prevention program services and activities;

Section 4.0 APPLICATION REQUIREMENTS

4.1 Application Format

1. The title page must be signed and used as the cover of the Application.
2. Applications, along with all supporting documents, must be included in one electronic filing.
3. The original must be signed by an individual authorized to act for the Applicant and to assume for the organization the obligations imposed by the terms and conditions of the RFA.
4. All pages must be numbered, singled spaced, and have one-inch margins.
5. Use Arial or Times New Roman (12 point) font.

4.2 Instructions for Submittal

1. Applicants must complete, sign, and return the "Cover Page" with the Application submittal.
2. Applications must be submitted as specified in Section #., the Timeline.
3. The Department is not responsible for improperly marked Applications.
4. It is the Applicants responsibility to submit its Application at the proper place and time indicated in Section 2.4., the Timeline.
5. The Department's clocks will provide the official time for Application receipt.

6. Materials submitted will become the property of the State of Florida and accordingly, the State reserves the right to use any concepts or ideas contained in the Application.
7. Applicants are required to submit the electronic application, via the Florida Department of Health RFA Automated System, as follows:
 - The application must be signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant.
 - The naming convention of the application must follow this format: RFA24-003-Provider Name-Program Specific Information (Example: RFA24-003-Elimination Inc-HIP).
 - The application must be uploaded into the system by the deadline stated in the Timeline.
 - To upload the application, go to [RFA \(floridhealth.gov\)](https://floridhealth.gov). Click the drop-down menu to select the applicable RFA.
 - To upload a document for the first time, select Browse, click to choose file(s), then click Upload.
 - o One or more files may be uploaded at one time. Accepted file types are .pdf, .xls, .xlsx, .doc, and .docx only.
 - To upload multiple files, click the keyboard's Ctrl key and select the files. Zero-byte files will be ignored. For the submitted document(s), each file's size must not exceed 28MB.
 - To replace a previously uploaded document, select Overwrite from the Upload Type drop-down menu. You must enter the session key received with your initial submission confirmation. Click Browse to choose the updated file(s), then click Upload. **Note: In order to properly overwrite the previous upload, the updated file(s) must have the exact same file name as the document(s) being replaced.**
 - Applicants are encouraged to submit applications early. The applicant must click the Upload button prior to the deadline time in order to receive a successful confirmation. Once the deadline time has passed, the system will no longer offer an option to upload documents for the applicable RFA.
 - Applicants with inquiries regarding the electronic upload process via the automated system may contact RequestforApplication@flhealth.gov.

4.3 Order of Application Package

| | |
|-------------|--|
| First Page | Cover Page |
| Second Page | Table of Contents (1-page limit)—does not count towards Project Narrative page limit |
| Third Page | Project Summary (1-page limit)—does not count toward Project Narrative page limit |
| Pages 4–29 | Project Narrative (25-page limit)-see Section 4.0 <ul style="list-style-type: none"> - Statement of Need - Organizational Capacity - Program Description - Collaborations - Evaluation Plan - Work Plan - Attachments (does not count toward Project Narrative page limit) |

| | |
|--|---|
| Budget Summary and Budget Narrative | Proposed Budget Summary (See Attachment 3) (1-page limit) Budget Justification Narrative (See Attachment 4) (3-page limit) |
| Appendix A—Organizational Capacity Documentation | A.1. An organizational chart A.2. Copy of current Certificate of Incorporation A.3. Documentation showing non-profit or 501(c)(3) designation A.3. Copies of key personnel's resumes A.4. A current roster of the board of directors, including name, address, and telephone numbers A.5 Funding Source document (Attachment 10) |
| Appendix B—MOAs/MOUs | B.1. MOAs/MOUs with local health office(s) in the service areas within which the proposed project will occur B.2. MOAs/MOUs with other collaborative partners, identifying their role and contribution to the project |
| Appendix C—Letters of support | C.1. No more than 15 letters of support |

4.4 Cover Page (1-Page Limit)

Each copy of the application must include a signed Cover Page (**Attachment 2**).

4.5 Table of Contents (1-Page Limit)

The application must contain a table of contents with page numbers identifying major sections of the application.

4.6 Project Summary (1-Page Limit)

Applicants shall provide a succinct one-page summary of the proposed project. The project summary should identify the main purpose of the project, the priority population(s) to be served, proposed category to be implemented, types of services offered, the area to be served, expected outcomes, and the total amount of grant funds requested.

4.7 Project Narrative (25-Page Limit)

The Project Narrative is limited to **25** single-spaced pages. Applicants should provide sufficient details for reviewers to be able to assess the project narrative's appropriateness and merit.

4.8 Proposed Budget Summary and Budget Justification Narrative

The Proposed Budget Summary and Budget Narrative must provide a computation and explanation of all requested cost items that will be incurred by the proposed project as they relate to the Project Narrative. All proposed costs for the project activities described in this RFA are required to be presented in a line-item budget format that is accompanied by a budget narrative that supports, justifies, and clarifies the various line items. Justification for all cost items contained in the Proposed Budget Summary must be described in a separate Budget Narrative, the format for which is contained in **Attachments 3 and 4**. Only cost allocations under the terms of the RFA and applicable federal and state cost principles may be included in the line-item budget. All requested costs must be reasonable and necessary. **Administrative Costs are limited to 10%** of the total budget amount. Additional budget formatting instructions can be

found in **Attachments 3,4 and 5**. Applicants should recognize that costs do not remain static. The budget should reflect the various phases and activities of planning, organizing, implementation, evaluation, and dissemination.

A. Proposed Budget Summary (1-Page Limit)

1. All costs contained in the Proposed Budget Summary must be directly related to the services and activities identified in the application. All costs must be presented in the format outlined in **Attachment 3**.

B. Budget Justification Narrative (3-Page Limit)

1. Provide a brief justification for each budget line item (see **Attachment 5**). Applicants should demonstrate how the proposed expenditures relate to the activities in the work plan or how the proposed expenditures will improve progress towards project objectives in a narrative format.
2. Include only expenses directly related to the project and necessary for program implementation using the standard headings listed on the budget form.
3. Participation in the Provider Orientation Meeting is mandatory and must be included in your budget. Applicants should budget travel for two to three staff to attend this meeting (date and location to be determined).
4. Applicants must demonstrate to the Department the procurement method used to secure all sub-contracts and consultant agreements. Consultant and sub-contract agreements will be restricted to no more than **15%** of the total final award. The intent to subcontract and all proposed sub-contracts must be identified in the applicant's proposal and the Department reserves the right to approve/deny any subcontracts and/or consultants.

Section 5.0 REQUIRED CONTENT OF THE NARRATIVE SECTION

5.1 Statement of Need

The Statement of Need shall be used to describe the need for the proposed project. Applicants shall identify in narrative form the following information:

1. The applicant shall identify the specific area(s) served by the proposed project. Provide a description of the geographic area by ZIP code or neighborhood boundaries that the services and activities will cover and the sites where services will be provided and indicate why those sites were chosen. The most current state and local HIV epidemiologic and surveillance data, CDC program data, Health Resources and Services Administration (HRSA) Ryan White program data, or HIV needs assessment data should be used to identify the service areas that are affected by HIV and where people living with and at greatest risk for HIV infection reside or frequent.
2. The applicant shall identify the priority population(s) that the proposed project will target and provide epidemiologic data that supports the selection of the priority population(s) and use demographic and socioeconomic data to provide a description of the population(s). In addition, briefly describe the behaviors and socioeconomic barriers that place the population(s) at risk for acquiring or transmitting HIV infection, including concurrent risk transmission with other diseases (i.e., STDs, viral hepatitis, and TB). The applicant should also identify the impact HIV has had on the priority population(s).

3. Describe how these funds will augment existing HIV prevention services and provide an assurance that the funds being requested will not duplicate or supplant funds received from the Department.

5.2 Organizational Capacity and Staffing (3-Page Limit)

1. The applicant shall provide information about the agency, including history, administrative structure, table of organization, mission, vision, goals, and how they relate to the purposes of their proposed program. Identify the agency's management and infrastructure capacity to provide administrative and executive support for program implementation.
2. A description of how the program will be staffed (e.g., paid staff or volunteers). Identify the number and type of positions needed; how they will be recruited and maintained; whether they will be full-time or part-time; and the qualifications proposed for each position, including type of experience and training required. Describe staff development and training practices, including both internal and external capacity trainings and any other relevant training. Indicate how often employees are evaluated.
3. The applicant shall describe the last two years of previous experience providing services to the target population including a brief description of projects similar to the one proposed in response to the RFA. This should include: the length of time working with the target population; any services the agency currently provides which focus on the goal of reducing HIV acquisition and transmission within the priority population(s). If the applicant's agency has not been in existence for more than five years, the applicant shall describe relevant experience of key agency staffs' experience providing services to the target population.
4. The applicant shall identify key personnel who will implement the proposed program, including qualifications, a copy of their resumes, email addresses, and phone numbers. This section shall include information about personnel who can address the priority population(s) identified in Section 2.2 (such as staff who are bilingual or reflective of the population being served). The applicant shall also describe the plan for orientation and on-going training of staff and volunteers involved in the proposed program implementation. *Resumes should be submitted in the **Attachments Section** and will not count toward the Project Narrative page limit.*
5. The applicant shall identify the agency's capacity to implement and maintain the proposed project. Applicants should include information related to project resources, materials, and space. Applicants should detail how their agency is prepared to implement the required services and activities of the proposed project, or detail how their agency plans to build the capacity to implement and sustain (once project period ends) their proposed project. In addition, applicants should describe their internal quality assurance plan, including the process for handling potential problems.
6. The applicant shall describe their agency's level of involvement with their local community planning partnership and community planning activities in their area. Applicants should detail the name of the planning partnership, agency personnel that are members of the partnership, and describe any committees/sub-groups agency personnel serves on and their activities.

5.3 Program Proposal (12-Page Limit)

The program proposal shall be used to describe the applicant's approach to accomplishing activities related to the selected service category. Applicants shall respond, in narrative form, to required strategies

in each category component. If the Applicant is not proposing to carry out optional activities under the required category strategies, no response is required. The applicant must address how they plan to deliver services in a culturally and linguistically appropriate manner for the selected priority population(s). Applicants must also address how they plan to refer or provide mental health or substance abuse treatment services to the selected priority population(s).

1. Purpose

Applicants must describe specifically how their application will address the issue as described in Section 2.2, in two to three sentences.

• Outcomes

Applicants must clearly identify the project outcomes they expect to achieve by the end of the three-year funding period. Activities must align with the expected outcomes listed below. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain).

- **Increase knowledge of status to 95% by ensuring all people with HIV are diagnosed early.**
 - Short-term Outcomes:
 - Increased routine opt-out HIV screening in health care settings
 - Increased availability of and accessibility to HIV testing in health care and non-health care settings, including HIV self- testing
 - Increased identification of people with new HIV diagnoses and people with HIV who are not in care or not virally suppressed
 - Increased integrated screening of HIV in conjunction with other STIs, viral hepatitis, TB, and testing for mpox
 - Intermediate Outcomes:
 - Increased knowledge of HIV status
 - Reduced late HIV diagnoses
- **Implement a comprehensive approach to treat people with diagnosed HIV infection rapidly (increase linkage to care up to 95%) and effectively to achieve viral suppression up to 95%.**
 - Short-term Outcomes:
 - Increased rapid linkage to HIV medical care
 - Increased receipt of HIV partner services
 - Increased engagement in HIV prevention, medical care, and treatment services for people with diagnosed HIV infection who are not in care or not virally suppressed
 - Increased early initiation of antiretroviral therapy (ART)
 - Increased receipt of essential support services to improve quality of life
 - Intermediate Outcomes:
 - Increased receipt of HIV medical care among people with diagnosed HIV infection
 - Increased HIV viral suppression among people with diagnosed HIV infection
- **Prevent new HIV transmission, by increasing PrEP coverage to 50% of estimated people with indications for PrEP, increasing PEP services, and supporting HIV prevention, including prevention of perinatal transmission, harm reduction and syringe services program (SSP) efforts.**

- Short-term Outcomes:
 - Increased linkage to PrEP services among people with indications for PrEP
 - Increased linkage to post-exposure prophylaxis (PEP) services among people who likely have been exposed to HIV
 - Increased availability of harm reduction services, including SSPs
 - Increased awareness of PrEP and PEP and other prevention approaches among clients and providers
 - Improved provision and coordination of perinatal HIV services among pregnant and postpartum persons with HIV infection and their infants
- Intermediate Outcomes:
 - Increased PrEP prescriptions and use among people with indications for PrEP
 - Increased PEP prescriptions and use among people who likely have been exposed to HIV
 - Increased use of SSPs
- **Respond quickly to HIV cluster and outbreaks to address gaps and inequities in services for communities who need them.**
 - Improved response to HIV clusters and outbreaks at individual, network and system levels
- **Improved response to HIV clusters and outbreaks at individual, network and system levels**
 - Increased collaborations and engagement with local partners (both traditional and non-traditional organizations), people with HIV and communities to inform HIV and sexual health services
 - Increased coordination, availability, and access to comprehensive HIV prevention, treatment, and support services

2. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the funding period outcomes for the category they are proposing. Applicants must select existing evidence-based strategies that meet their needs.

5.4 Collaborations (4-Page Limit)

Describe the agency's efforts to partner with other organizations within the local community to deliver the proposed project. Collaboration may also be considered as a means of ensuring program sustainability once grant funding ends. Successful applicants must collaborate with local community partners to identify person at high risk of HIV acquisition. These may include, but are not limited to, the following:

County health departments (CHD)
 Sexually transmitted disease clinics
 Ryan White Clinics/Programs
 Substance use treatment programs
 Emergency departments/hospitals
 Mental health clinics
 Refugee programs
 Homeless shelters
 Jails
 Employment and workforce assistance programs

Applicants must describe efforts to partner with local health offices and other organizations within the community to deliver the proposed project as described in the Program Proposal for the benefit of the identified priority population(s). Describe how current or planned collaborations will support program sustainability once grant funding ends. Applicants should submit MOAs/MOUs as attachments, and these will not count toward the page limit.

A letter of support for the proposed project from an authorized official such as the Administrator or Health Officer of the local health office is required. Applicants may choose to submit additional letters of support; however, no more than 10 may be submitted. Letters of support will not count toward the page limit.

Applicants must identify in narrative form the following information:

1. Describe the coordination or collaborative process used to plan the proposed project. Explain who was involved, how these relationships will be maintained, the expected roles and responsibilities, and assurance that there is no duplication or overlap of services.
2. Describe how members of the priority population and the local community will be involved in project implementation.

5.5 Evaluation Plan (2-Page Limit)

Awardees are expected to evaluate implementation and measure the outcomes and objectives of the proposed project. Evaluation activities may also include quantitative and qualitative assessments of service participation; yield from promotional, outreach, and recruitment efforts; and, where possible, increases in knowledge, intended behavior modification, or noted improvements in quality-of-life measures as a result of participation in the proposed project. See **Table 1**, for a summary of category components and indicators.

Applicants must submit an evaluation plan for the entire three-year project period that clearly articulates how the applicant will assess program activities. Evaluation activities will be initiated at the beginning of the program and conducted throughout the project period to capture and document actions and assess program outcomes. The evaluation must be able to produce documented results that demonstrate whether and how the strategies and activities funded under the program made an impact. The applicant should identify the expected result (i.e., a particular impact or outcome) for each major objective and activity.

5.6 Work Plan (2-Page Limit)

Applicants must submit a preliminary work plan for the first year of the resulting contract listing the objectives for implementation of proposed activities and strategies which will be conducted to meet each objective each month, methods used to assess whether or not objectives are met, timeframe, and the individual responsible for carrying out each activity. Programmatic objectives should be SMART. All awardees will be expected to submit an updated work plan in the frequency specified in the resulting contract. See **Attachment 6** for Work Plan template.

5.7 Budget Summary and Budget Justification Narrative: The Proposed Budget Summary and Budget Narrative must provide a computation and explanation of all requested cost items that will be incurred by the proposed project as they relate to the Project Narrative. All proposed costs for the project activities described in this RFA are required to be presented in a line-item budget format that is accompanied by a budget narrative that supports, justifies, and clarifies the various line items.

5.8 Appendices

Applications must contain the following appendices as applicable. All appendices must be clearly referenced and support elements of the project narrative. Include documentation and other supporting information in this section. Appendices do not count toward the **Project Narrative** page limit.

A. **Appendix A** of the application must include:

1. An organizational chart
2. Copy of current Certificate of Incorporation
3. Copies of key personnel's resumes, email addresses, and phone numbers
4. A current roster of the board of directors, including name, address and telephone numbers
5. Completed Funding Source List

B. **Appendix B** of the application must include:

1. MOAs/MOUs with county health department(s) in the service areas in which the proposed services will be provided, outlining any partnerships, referral agreements, and collaborations. Agreements should be signed by the CHD Administrator or Health Officer, or a designee.
2. MOAs/MOUs from other key partners with whom the applicant will work to accomplish the proposed project.

C. **Appendix C** of the application is to be used for letters of support.

D. **Appendix D** of the application must be used for Applicants who are applying as a minority organization and include documentation verifying that the organization is at least 51% owned by minority individuals, board of directors, or, in the case of a publicly-owned business, at least 51% of the stock is owned by minority individuals.

Section 6.0 SUBMISSION OF APPLICATION

6.1 Application Deadline

Applications must be received by the date and time indicated in the Timeline.

6.2 Submission Methods

Electronic Submission of Applications

Applications may only be submitted by uploading to the Florida Department of Health Automated Upload System: <https://requestforapplications.floridahealth.gov>.

6.3 Instructions for Submission of Applications

Applicants are required to submit the electronic application, via the Florida Department of Health Automated Upload System, as follows:

- The application must be signed by an individual authorized to act for the applicant agency or organization

- and to assume for the organization the obligations imposed by the terms and conditions of the grant.
- The naming convention of the application must follow this format: RFA24-003-Provider Name-Program
- Specific Information (Example: RFA18-001-Elimination Inc-Closing the Gap).
- The application must be uploaded into the system by the deadline stated in the Timeline.
- To upload the application, go to <https://requestforapplications.floridahealth.gov/>. Click the drop-down
- menu to select the applicable RFA.
- To upload a document for the first time, select Browse, click to choose file(s), then click Upload.
- One or more files may be uploaded at one time. Accepted file types are .pdf, .xls, .xlsx, .doc, and .docx only).
- To upload multiple files, click the keyboard's Ctrl key and select the files. Zero-byte files will be ignored. For the submitted document(s), maximum file size must not exceed 100 MB.
- To replace a previously uploaded document, select Overwrite from the Upload Type drop-down menu. You must enter the session key received with your initial submission confirmation. Click Browse to choose the updated file(s), then click Upload. **Note: In order to properly overwrite the previous upload, the updated file(s) must have the exact same file name as the document(s) being replaced.**

Applicants are encouraged to submit applications early. The applicant must click the Upload button prior to the deadline time in order to receive a successful confirmation. Once the deadline time has passed, the system will no longer offer an option to upload documents for the applicable RFA.

Applicants with inquiries regarding the electronic upload process via the automated system may contact RequestforApplication@flhealth.gov.

6.4 Where to Send Your Application

Upload the application to the Florida Department of Health Automated Upload System:
<https://requestforapplications.floridahealth.gov/>.

Section 7.0 EVALUATIONS OF APPLICATIONS

7.1 Receipt of Applications

Applications will be screened upon receipt. Applications that are not complete, or that do not conform to or address the criteria of the program will be considered non-responsive. Complete applications are those that include the required forms in the Required Forms Section of this application. Incomplete applications will be returned with notification that it did not meet the submission requirements and will not be entered into the review process.

Applications will be scored by an objective review committee. Committee members are chosen for their expertise in health and their understanding of the unique health problems and related issues in Florida.

7.2 How Applications are Scored

Each application will be evaluated and scored based on the category requirements identified in **Attachment 7**. Applications will be scored by objective Review Teams using evaluation sheets to designate the point value assigned to each application. The scores of each member of the Review Teams will be averaged with the scores of the other members to determine the final score. Application scores establish a reference point from which to make negotiation decisions. The maximum points possible are 100.

7.3 Grant Awards

Grants will be awarded based on several criteria: available funding; application's final score; proposed activities; proposed geographic service areas; and organizational capacity to implement the proposed project. The final award amount will be determined through negotiation, and at the sole discretion of the Department, notwithstanding scores. Awards will be posted at:

http://www.myflorida.com/apps/vbs/vbs_main_menu

<http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html>

Vendor Registration

Each vendor doing business with the State for the sale of commodities or contractual services as defined in section 287.012, Florida Statutes, will register in the MyFloridaMarketPlace system, unless exempted under subsection 60A-1.030(3), Florida Administrative Code. Also, an agency will not enter into an agreement for the sale of commodities or contractual services as defined in section 287.012 Florida Statutes, with any vendor not registered in the MyFloridaMarketplace system, unless exempted by rule. A vendor not currently registered in the MyFloridaMarketPlace system will do so within five days after posting of intent to award. Information about registration is available, and registration may be completed, on the MyFloridaMarketPlace website

https://www.dms.myflorida.com/business_operations/state_purchasing/vendor_resources.

7.4 Award Criteria

Final funding decisions will be determined by the Department with the recommendations and scores of the Review Teams. The Department reserves the right to evaluate the organization's administrative structure, economic viability, and the ability to deliver services prior to final award and execution of the contract. Funding an award is wholly at the discretion of the Department.

Prior to making final funding decisions, the Department will provide a Review and Recommendation Form to the local health office, to be completed by the Contract Manager and Health Officer/Administrator and returned to the HIV/AIDS Section. One form is for applicants with prior Department funding and the other is for applicants with no prior Department funding. For applicants with prior Department funding, forms will be provided to those counties where the applicant provides services. The CHD Review and Recommendation Forms can be found in **Attachments 8 and 9**.

Recommendation Forms will have no effect on scoring, however information received from these forms will be considered along with application score, geographic location, and proposed priority population(s) to be served when determining awards.

7.5 Funding

The Department of Health reserves the right to revise proposed plans and negotiate final funding prior to execution of contracts.

7.6 Awards

Awards will be listed on the website at: <http://www.floridahealth.gov/about-the-department-of-health/about-us/administrative-functions/purchasing/grant-funding-opportunities/index.html> as indicated on the Timeline.

Section 8.0 REPORTING AND OTHER REQUIREMENTS

8.1 Post Award Requirements

Where the resulting contract requires the delivery of reports to the Department, mere receipt by the Department shall not be construed to mean or imply acceptance of those reports. It is specifically intended by the parties that acceptance of required reports shall constitute a separate act. The Department reserves the right to reject reports as incomplete, inadequate, or unacceptable according to the parameters set forth in the resulting contract. The Department, at its option, may after having given the grantees a reasonable opportunity to complete the report, or to make the report adequate or acceptable, declare the agreement to be in default. The grantees shall provide the Department with the following reports:

Monthly Deliverable Report

A properly completed monthly deliverable report shall be submitted within 10 days following the end of each month documenting the deliverables performed during the month. The monthly deliverable report shall be in accordance with the tasks and deliverables set forth in the Department's Standard Contract, Attachment I. The report must be submitted with the monthly invoice and in a format provided by the Department. The Department reserves the right to modify required data variables to align with program evaluation needs or to align more closely with evaluation requirements set forth in CDC's National HIV Prevention Program Monitoring and Evaluation guidance.

Quarterly Financial Report

Grantees shall submit a quarterly financial report stating, by budget line item, all expenditures made as a direct result of services provided through the funding of the contract to the Department within 15 days following of the end of each quarter. Financial reports must be submitted in a format provided by the Department. Each report must be accompanied by a statement signed by an individual with legal authority to bind the grantees certifying that these expenditures are true, accurate, and directly related to the contract.

8.2 Standard Contract

Applicants must review, and become familiar with, the Department's Standard Contract, which contains administrative, financial, and non-programmatic terms and conditions mandated by federal or state law and policy of the Department of Financial Services. Use of the Standard Contract is mandatory for Departmental contracts as they contain the basic clauses required by law. The terms and conditions contained in the Standard Contract are non-negotiable.

Performance Measures

Pursuant to section 215.971(b), Florida Statutes, the resulting Contract must contain performance measures which specify the required minimum level of acceptable service to be performed. These will be established based on final determination of tasks and deliverables.

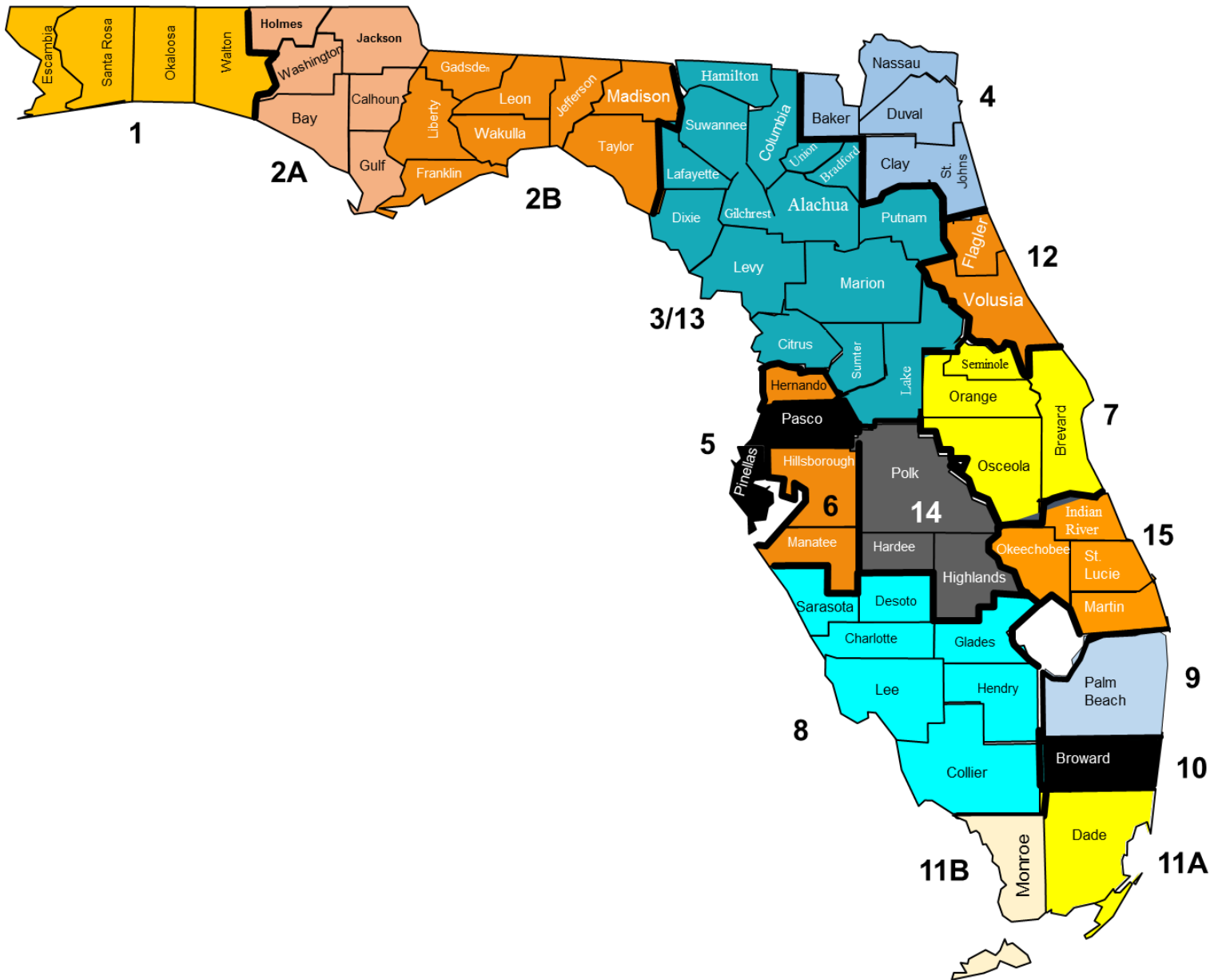
Financial Consequences

Pursuant to section 215.971(c), Florida Statutes, the Contract resulting from this solicitation must contain financial consequences that will apply if Applicant fails to perform in accordance with the Contract terms. The financial consequences will be established based on final determination of the performance measures and Contract amount.

APPENDIX

Attachment 1

HIV/AIDS Service Areas



Attachment 2

Cover Page

44

Florida Department of Health
HIV/AIDS Section
DOH-RFA-24-003

HIV PREVENTION

| | |
|---|--|
| Legal Name of Applicant: | |
| Funding Amount Requested (annual): | |
| Area(s)/County/ies to be Served: | |
| Name of Contact Person: | |
| Applicant Mailing Address: | |
| City, State, ZIP: | |
| Telephone Number: | |
| Fax: | |
| Email Address: | |
| Federal Employer Identification Number (FEID): | |
| Name and Title of Authorized Official: | |
| Signature of Authorized Official: | |
| Date: | |
| By signing above, you are attesting that: TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | |
| Category Applying for: | <input type="checkbox"/> 1. Comprehensive HIV Prevention Services <input type="checkbox"/> 2. Special Project/Prevention Initiative |
| Clients Reached | Number of clients intended to be served: _____ |

Disclaimer – NOTE: The receipt of applications in response to this grant opportunity does not imply or guarantee that any one or all qualified applicants will be awarded a grant or result in a contract with the Florida Department of Health.
This grant opportunity is not subject to Section 120.57(3), Florida Statutes.

Attachment 3
Budget Narrative Instructions

Budget Preparation Guidelines

Office of Financial Resources (OFR)

This document provides guidance for preparing a budget request and examples to help with the process. CDC applicants and recipients must follow this guidance, which will facilitate prompt CDC review and approval of the request.

Applicants/recipients must prepare and submit a budget narrative for the following types of applications and requests for funding:

- New awards,
- Competing and non-competing continuations,
- Supplements,
- Budget revisions,
- Carryover requests, and
- No cost extensions, if redirecting funds from an existing award.¹

General Principles

- When developing the budget request, applications must be consistent with the purpose, outcomes, and program strategy outlined in the project narrative.
- Applicants/recipients must follow federal cost principles by showing costs are allowable, allocable, reasonable, and necessary.² The Office of Grants Services (OGS) Grants Management Specialist (GMS) will conduct a cost analysis to ensure the costs meet these standards.
- Applicants/recipients must round all amounts requested to the nearest dollar and not report cents.
- Funded recipients are not allowed to use CDC grant funds to support federal income tax and other income tax costs for employee staff, consultants, and staff paid through contracts.³

Cost Categories for the Budget Request

Applicants/recipients must include budget narratives addressing specific cost categories in their budget requests. There are two types of costs, direct and indirect costs.

- Direct costs are costs that can be identified specifically for activities with a particular award, such as personnel, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual costs.
- Indirect costs (also known as “facilities and administrative costs”) are costs incurred for common or joint objectives that cannot be identified specifically with a particular project, program, or organizational activity. Facilities operation and maintenance costs, depreciation, and administrative expenses are examples of costs that usually are treated as indirect costs.

¹ U.S. Department of Health and Human Services (HHS), *Grants Policy Statement*, January 2007 available at: <http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf>

² Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards (45 Code of Federal Regulations (CFR) Part 75), available at: <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-75#sp45.1.75.e>

³ Per 45 CFR 75.470(b), income taxes are disallowed because they are considered a personal cost which an employee is expected to handle on his/her own. CDC considers any type of income tax a personal expense.

Each of the cost categories for direct and indirect costs is described below. Where beneficial, examples are provided.

Personnel

For each requested position, provide the following information: 1) name of staff member occupying the position, if available;

2) annual salary; 3) percentage of time budgeted for this program; 4) total months of salary budgeted; and 5) total salary requested. Also, provide a justification, basis for the annual salary, and describe the scope of responsibility for each position and how it relates to the accomplishment of the program objectives.

Sample

| Position Title and Name | Annual Salary | Time | Total Months | Amount Requested |
|---|-----------------|-------------|------------------|------------------|
| <i>Project Coordinator Susan Taylor</i> | <i>\$45,000</i> | <i>100%</i> | <i>12 months</i> | <i>\$45,000</i> |
| <i>Finance Administrator John Johnson</i> | <i>\$28,500</i> | <i>50%</i> | <i>12 months</i> | <i>\$14,250</i> |
| <i>Outreach Supervisor (Vacant*)</i> | <i>\$27,000</i> | <i>100%</i> | <i>12 months</i> | <i>\$27,000</i> |
| Total Personnel | | | | \$86,250 |

Sample Justification

Write a justification for each position. The format may vary, but the description of responsibilities should be related to specific program objectives. See example below.

Job Description: Project Coordinator – (Susan Taylor)

This position directs the overall operation of the project including but not limited to overseeing the implementation of project activities; coordinating with other agencies; providing program and staff performance evaluation; collecting, tabulating, and interpreting required data; and developing materials, provisions of service, and training. This individual is the responsible authority for ensuring reports and documentation are sent to CDC. Salaries are consistent with the current organization compensation policy.

Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for the calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.

Sample Budget

Fringe benefits are computed by an established rate (Fringe Benefit rate = 25% of total salaries).

Fringe Benefits Total \$ _____

If fringe benefits are not calculated using a percentage of salaries, itemize how the amount is determined for each salary and wage being requested.

Project Coordinator Salary - \$45,000

| Fringe Benefit | Percentage of Salary | Amount Requested |
|------------------------------|----------------------|------------------|
| <i>Retirement</i> | 5% | \$2,250 |
| <i>FICA</i> | 7.65% | \$3,443 |
| <i>Insurance</i> | N/A | \$2,000 |
| <i>Workers Compensation</i> | N/A | \$0 |
| Fringe Benefits Total | | \$7,693 |

Consultant Costs

This category should be used when hiring an individual to give professional advice or services (e.g., training, evaluation, communication) for a fee, but not as an employee of the recipient organization. Written approval must be obtained from CDC prior to establishing a written agreement for consultant services and must be obtained annually to reestablish the written agreement. The budget request should include a summary of the proposed consultants and costs for each. The following seven elements are required before the commencement of consultancy:

1. **Nature of Services to Be Rendered:** Describe the consultation that will be provided, including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreement should not be sent to CDC.
2. **Relevance of Service to the Project:** Describe how the consultant services relate to the accomplishment of specific program objectives.
3. **Expected Rate of Compensation:** Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs (e.g., travel, per diem, supplies, and other related expenses) and list a subtotal.
4. **Number of Days of Consultation** (basis for fee): Specify the total number of days, estimated duration of consultation.
5. **Name of Consultant:** Identify the name of the consultant and describe his or her qualifications.
6. **Organizational Affiliation** (if applicable): Identify the organization affiliation of the consultant.
7. **Method of Accountability:** Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

Elements 1-4 are required for approval of consultant budget requests. If these elements are not known at the time the application is submitted, the information must be provided later as a prior approval. If elements 5-7 are not available at time of application, they must be provided via GrantSolutions Grants Management Services (GSGMS) Grant Notes for non-research and via email to the assigned Grants

Management Specialist (GMS) and Scientific Project Officer/Project Officer (SPO/PO) for research prior to beginning the consultancy.

Equipment

Equipment is defined as tangible, non-expendable personal property (including exempt property) that has a useful life of more than one year and an acquisition cost of \$5,000 or more per unit. However, if your organization has a lower threshold, work with your CDC Grants Management Officer to establish a threshold that is consistent with your organization's policy.

All budget requests should individually list each item requested and provide the following information: 1) number needed; 2) unit cost of each item; 3) total amount requested; and 4) to the extent possible, the make and model of the equipment. Also, provide a justification for the use of each item to explain the need and basis for the cost (e.g.,

competitive bidding, and historical cost data compiled by the organization), and relate it to the specific program objectives. Equipment maintenance or rental fees should be included in the [Other](#) category. If available, include documentation for equipment costs such as invoice, estimate, price quote, or bid sheet.

Sample

| Item Requested | Number Needed | Unit Cost | Amount Requested |
|-----------------------------|---------------|----------------|------------------|
| <i>Computer Workstation</i> | <i>2 ea.</i> | <i>\$5,500</i> | <i>\$11,000</i> |
| <i>Computer</i> | <i>1 ea.</i> | <i>\$6,000</i> | <i>\$6,000</i> |
| Total Equipment Cost | | | \$17,000 |

Sample Justification

The principal investigator and statistician will use the computer workstations to collect required data, perform data analysis, and generate reports. These computers will also support the daily operation of the project, routine correspondence, research, and electronic communication. The unit cost estimate is based on historical cost data.

Supplies

Individually list each item requested and provide the following information: 1) the item requested and type or make and model; 2) number needed; 3) unit cost of each item; and 4) total amount requested. If appropriate, general office supplies may be shown by an estimated amount per month times the number of months in the budget category. Also, provide a justification for the use of each item to explain the need and basis for the cost, and relate it to the specific program objectives.

Sample

| Item Requested | Type | Number Needed | Unit Cost | Amount Requested |
|-------------------------|----------------------|---------------|-------------------------------------|------------------|
| Computer Workstation | (Specify type) | 3 ea. | \$2,500 | \$7,500 |
| Software | (Specify type) | 1 ea. | \$400 | \$400 |
| Educational Pamphlets | N/A | 3,000 copies | \$1 | \$3,000 |
| General Office Supplies | Pens, pencils, paper | 12 months | \$20/month per person for 10 people | \$2,400 |
| Total Supplies | | | | \$13,300 |

Sample Justification

Program staff will use Computer Workstation to develop promotional materials, publications, and progress reports. Software will be used to develop promotional materials and publications. Educational pamphlets will be purchased and used to illustrate and promote safe and healthy activities. Staff members will use office supplies to carry out daily activities of the program. The vendor provided the cost estimates.

Travel

Dollars requested in the Travel category should be for **recipient staff travel only**. Travel for consultants should be shown in the Consultant category. Travel for other participants (e.g., advisory committees and review panels) should be itemized as specified below and placed on the [Other](#) category.

For Travel, provide a narrative justification describing what the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trips, and include the approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem, as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation, when applicable. Include CDC meetings, conferences, and workshops, if required by CDC.

Note: Local travel is travel within 50 miles (using the most direct route) of both the traveler's residence and the primary place of work or permanent duty station (PDS). Only mileage/transportation costs may be charged for local travel. Per diem and other costs are not allowable for local travel.

Sample Budget

Total \$ _____

| Location | Number of Trips | Number of People | Cost of Airfare | Number of Total Miles per Trip | Cost per Mile | Amount Requested |
|----------------------|-----------------|------------------|-----------------|--------------------------------|----------------|------------------|
| <i>Location Name</i> | <i>1</i> | <i>2</i> | <i>N/A</i> | <i>500 mi.</i> | <i>\$0.625</i> | <i>\$625</i> |
| <i>Various</i> | <i>25</i> | <i>1</i> | <i>N/A</i> | <i>300 mi.</i> | <i>\$0.625</i> | <i>\$4,687</i> |
| Total | | | | | | \$5,312 |

| Per Diem | Number of People | Number of Units | Unit Cost | Amount Requested |
|---|------------------|-----------------|-------------------|------------------|
| <i>Meals & Incidentals (M&IE)</i> | <i>2</i> | <i>2 days</i> | <i>\$59/day</i> | <i>\$236</i> |
| <i>Lodging</i> | <i>2</i> | <i>1 night</i> | <i>\$98/night</i> | <i>\$196</i> |
| Total | | | | \$432 |

Sample Justification

The Project Coordinator and the Outreach Supervisor will travel to (*insert location name*) to attend the AIDS conference. The Project Coordinator will make an estimated 25 trips to an outreach site to monitor program implementation. Cost estimates are based on the organizational travel policy.

Other

This category should include expenditures that do not fit within the other cost categories (e.g., registration costs). Individually list each item requested and provide proper justification related to the program objectives.

Sample

| Item Requested | Number of Months | Estimated Cost per Month | Number of Staff | Amount Requested |
|---------------------------|------------------|--------------------------|-----------------|------------------|
| Telephone | | \$ | | \$ |
| Postage | | \$ | | \$ |
| Equipment Rental | | \$ | N/A | \$ |
| Internet Provider Service | | \$ | N/A | \$ |
| Total Other | | | | |

| Item Requested | Number Needed | Unit Cost | Amount Requested |
|----------------|---------------|-----------|------------------|
| Printing | ___ documents | \$ | \$ |

Sample Justification

For printing costs, identify the types of documents (e.g., procedure manuals, annual reports, and materials for media campaign) and number of copies to be printed.

Contractual Costs

Recipients must obtain written approval from CDC prior to establishing a third-party contract to perform program activities. The budget request should include a summary of the proposed contractual request and cost for each contract proposed.

The following six elements are required before a contract begins:

1. **Period of Performance:** Specify the beginning and ending dates of the contract.
2. **Scope of Work:** Describe the specific services/tasks to be performed by the contractor and relate them to the accomplishment of program objectives. Deliverables should be clearly defined. Copies of the actual contract should not be sent to CDC, unless specifically requested.
3. **Itemized Budget and Justification:** Provide and itemized budget with proper justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.
4. **Name of Contractor:** Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
5. **Method of Selection:** State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
6. **Method of Accountability:** Describe how the progress and performance of the contractor will be monitored. Identify who will be responsible for supervising the contract.

Elements 1-3 are required for approval of contract budget requests. If these elements are not known at the time the application is submitted, the information must be provided later as a prior approval. If elements 4-6 are not available at the time of application, they must be provided via GrantSolutions Grants Management Services (GSGMS) Grant Notes for non-research and via email to the assigned GMS and SPO/PO for research prior to beginning the contract.

Indirect (Facilities and Administrative-F&A) Costs

Some applicants/recipients include indirect costs in their budget requests. To include indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the HHS Cost Allocation Services (CAS) office, or the entity's cognizant federal agency.⁴ A copy of the most recent indirect cost rate agreement or a cost allocation plan must be provided with the application. Alternatively, the following specific types of entities and programs have other options which may be allowable for indirect costs.

States and Local Government and Indian Tribe:

- Applicants/recipients (domestic governmental entities) that receive less than \$35 million in direct federal funding may use an indirect cost proposal. The indirect cost proposal must be developed per the requirements of 45 CFR 75 and the recipient must maintain the proposal and related supporting documentation for audit. These entities are not required to submit their proposals unless they are specifically requested to do so by the cognizant agency for indirect costs. A local jurisdiction may use the indirect cost proposal that is approved by the state.
- Each Indian tribal government desiring reimbursement of indirect costs must submit its indirect cost proposal to the Department of the Interior (its cognizant agency for indirect costs).

Foreign Organizations:⁵

- Indirect costs at a rate of 8 percent of modified total direct costs (MTDC), excluding tuition and fees, direct expenditures for equipment, and subawards and contracts more than \$25,000, may be provided to foreign and international organizations to support the costs of compliance with federal requirements.
 - o Compliance requirement examples include, but may not be limited to, protection of human subjects, animal welfare, research misconduct, invention reporting, and other post-award reporting requirements.

Training Grant Programs:

- Indirect costs on training grant programs are limited by HHS policy to a fixed rate of 8 percent of modified total direct costs (MTDC) excluding tuition and related fees, direct expenditures for equipment, and subawards and contracts more than \$25,000.

If the applicant organization or recipient does not have an approved indirect cost rate agreement or is not one of the specific entities or programs outlined above, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs.

Applicants/recipients (other than government units) that have never received a federally negotiated indirect cost rate may elect to budget for a de minimis rate of 10% of modified total direct costs. The de minimis rate may be used indefinitely. Once a recipient chooses the de minimis rate, it must be used consistently across all federal awards until the recipient decides to negotiate for a rate with the cognizant federal agency.

Budget Summary Format

| | |
|---|--|
| Personnel/Salaries | Based on percentage/time spent working on the High-Impact Prevention project. |
| Fringe benefits | FICA/Social Security, health, life insurance, workman's compensation, etc. |
| Staff travel | In accordance with Florida Statutes (Chapter 112, F.S.) |
| Conference/training travel | Customary and reasonable costs, in state (Out of state travel must be approved by the Department in advance) |
| Audit | If required by the Department |
| Rent/Telephone/Utilities or use of space | Prorated based on total agency costs |
| Promotional, media, and marketing materials | Prorated based on total agency costs |
| Educational/training materials | As related to the contract |
| Office supplies | As related to the contract |
| Furniture/equipment/computers | As related to the contract |
| Equipment rental/maintenance | As related to the contract |
| Contractual/Consultant | As related to the contract (subject to approval from the Department) |
| Other | As related to the contract |
| Total Direct Costs | As related to the contract |
| Administrative Costs (must not exceed 10%) | As related to the contract |
| TOTALS | |

Attachment 5

Budget Justification Narrative Format

A justification for all costs associated with the proposed program must be provided. The Budget Narrative **must provide detailed** information to support each line item contained in the proposed Budget Summary. The Budget Narrative should include, at a minimum the following:

PERSONNEL (SALARY)

A. Personnel – List each position by title or name of employee (if available). Show the annual salary rate and the percentage of time to be devoted to the program. Compensation paid to employees engaged in grant activities must be consistent with that paid for similar work within the prospective applicant's organization.

| Name/Position | Computation of Salary (Annual Salary X % of Time) | Cost |
|---------------|---|------|
|---------------|---|------|

B. Fringe Benefits – Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in the Personnel category and only for the percentage of time devoted to the program.

| Name/Position | Computation of Fringe Benefits (Personnel Cost X % Rate) | Cost |
|---------------|--|------|
|---------------|--|------|

EXPENSES

C. Staff Travel – Itemize the cost of local travel and mileage expenses for personnel by purpose. Show the basis of the calculation. Travel expenses are limited for reimbursement as authorized in Section 112.061, Florida Statutes. Mileage is reimbursed at \$0.44.5 cents per mile.

| Purpose of Travel | Location | Computation | Cost |
|-------------------|----------|-------------|------|
|-------------------|----------|-------------|------|

D. Training and Meetings – Itemize costs associated with required or anticipated staff training or meeting by purpose, and include associated costs (i.e., mileage, per diem, meals, hotel, registration fees, etc.). Travel expenses are limited for reimbursement as authorized in Section 112.061, Florida Statutes.

| Training or Meeting | Location | Computation | Cost |
|---------------------|----------|-------------|------|
|---------------------|----------|-------------|------|

E. Office Supplies – Itemize program related supplies separately by type (office supplies, copy paper, postage, etc.) that are expendable or consumed during the course of the program and show the formula used to arrive at total program costs.

| Items | Computation | Cost |
|-------|-------------|------|
|-------|-------------|------|

F. Equipment (Over \$1,000.00) – List each equipment item to be purchased. Indicate whether equipment is to be purchased or leased and why the equipment is necessary for operation of the program.

| Items | Computation | Cost |
|-------|-------------|------|
|-------|-------------|------|

G. Rent/Telephone/Utilities – Itemize program specific costs to implement the program by prorated share or applicable percentage of the total costs of these items. List each item separately and show the formula used to derive at total program costs.

| Items | Computation | Cost |
|-------|-------------|------|
|-------|-------------|------|

H. Program/Educational Materials – Itemize the costs of program-related educational material proposed to be used by the program.

| Items | Computation | Cost |
|-------|-------------|------|
|-------|-------------|------|

I. Promotional and Marketing Materials – Itemize the type and costs of materials to be purchased or developed for use in promoting and marketing the program in the local community. Detail the programmatic benefits to be derived from the promotion and marketing materials and how they relate to achievement of the programmatic goals and objectives.

| Items | Computation | Cost |
|-------|-------------|------|
|-------|-------------|------|

J. Insurance – Indicate the cost of maintaining comprehensive liability insurance for the program.

| Items | Computation | Cost |
|-------|-------------|------|
|-------|-------------|------|

K. Other – List and describe any other expenses related to the program that is not specifically listed above. Breakout and show the computation for each line item.

| Items | Computation | Cost |
|-------|-------------|------|
|-------|-------------|------|

TOTAL DIRECT COSTS

TOTAL INDIRECT COSTS

TOTALS

Work Plan Template

Please use this template to complete the work plan and include it with the application. The Work Plan should be completed for the first year only (August 1, 2025—May 31, 2026). Add additional rows for goals and objectives, as needed.

| | | | | |
|-----------------|---|-----------------|----------------------------|----------------------|
| Goal 1: | | | Outcome Measure: | |
| SMART Objective | | | | |
| Objective(s): | Objective Activity | Process Measure | Timeline/Completion Date | Responsible Party |
| | | | | |
| | | | | |
| Goal 2: | | | Outcome Measure: | |
| SMART Objective | | | | |
| Objective(s): | Objective Activity | Process Measure | Timeline/Completion Date | Person/s Responsible |
| | | | | |
| | | | | |
| Goal 3: | | | Outcome Measure: | |
| SMART Objective | | | | |
| Objective(s): | Objective Activity | Process Measure | Timeline/Completion Date | Person/s Responsible |
| | | | | |
| | | | | |
| Goal 4: | | | Measures of Effectiveness: | |
| Objective(s): | Objective Activities | Process Measure | Timeline/Completion Date | Person/s Responsible |
| | | | | |
| | | | | |
| Goal 5: | | | Measures of Effectiveness: | |
| Objective(s): | Activities Planned to Achieve Objective | Process Measure | Timeline/Completion Date | Person/s Responsible |
| | | | | |
| | | | | |
| Goal 6: | | | Measures of Effectiveness: | |
| Objective(s): | Activities Planned to Achieve Objective | Process Measure | Timeline/Completion Date | Person/s Responsible |
| | | | | |
| | | | | |

EVALUATION CRITERIA
RFA-24-003: HIV Prevention

Florida Department of Health

| Point Allocation | STATEMENT OF NEED (16 points) |
|------------------|---|
| 0–4 points | 1. How comprehensive was the applicant in identifying the area served by the proposed project, providing a description of the geographic area by ZIP code or neighborhood boundaries that the services and activities will cover and the sites where services will be provided, and indicate why those sites were chosen? |
| 0 | <i>Does not meet requirements or not acceptable:</i> The application failed to identify the area(s) served by the proposed project and did not provide a description of geographic areas. |
| 1 | <i>Limited in requirements, and response has no description or description is not acceptable:</i> The application described the area to be served by the proposed project with little competency and did not provide a description of the geographic area by ZIP code or neighborhood boundaries in which services and activities will be performed. Application did not describe the sites where services will be provided. |
| 2 | <i>Limited in requirements, response has limited description:</i> The application described the area to be served by the proposed project but provided a minimal description of the geographic area by ZIP code or neighborhood boundaries in which services and activities will be performed. Application provided a description of the sites where services will be provided but failed to adequately describe why those sites were chosen. |
| 3 | <i>Meets all requirements with a descriptive response:</i> The application described the area to be served by the proposed project and provided a description of the geographic area(s) by ZIP code or neighborhood boundaries in which services and activities will be performed. Application provided a description of the sites where services will be provided and adequately described why those sites were chosen. Application used the most current HIV epidemiologic and/or needs assessment data to identify the service areas disproportionately affected by HIV and where PWH and persons at increased risk for HIV infection reside or frequent. |
| 4 | <i>Meets all requirements with a detailed response:</i> The application provided a detailed description of the area to be served by the proposed project and provided a comprehensive description of the geographic area(s) by ZIP code or neighborhood boundaries in which services and activities will be performed. Application provided a detailed description of the sites where services will occur and clearly explained why those sites were chosen. Application used a variety of the most current HIV epidemiologic data, surveillance data, CDC program data, HRSA Ryan White program data, and/or needs assessment data to identify the service areas disproportionately affected by HIV and where PWH and persons at increased risk for HIV infection reside or frequent. |
| Point Allocation | |
| 0–4 points | 2. How comprehensive was the applicant in identifying the priority population(s) that the proposed project will target and providing |

| | epidemiologic data that supports the selection of the priority population(s)? |
|------------------|---|
| 0 | <i>Does not meet requirements or not acceptable:</i> The application failed to identify the priority population(s) to be served by the proposed project. |
| 1 | <i>Limited in requirements, and response has no description or description is not acceptable:</i> The application identified the priority population(s) to be served by the proposed project but failed to provide a description of the priority population(s) by using epidemiologic, demographic, or socioeconomic data. |
| 2 | <i>Limited in requirements, response has limited description:</i> The application identified the priority population(s) to be served by the proposed project and provided a limited description of the epidemiologic data that supported the selection of the priority population(s). |
| 3 | <i>Meets all requirements with a descriptive response:</i> The application identified the priority population(s) to be served by the proposed project and provided a description of the epidemiologic data that supported the selection of the priority population(s). Applicant used demographic and socioeconomic data to provide a description of the population(s). |
| 4 | <i>Meets all requirements with a detailed response:</i> The application identified the priority population(s) to be served by the proposed project and provided a detailed description of the epidemiologic data that supported the selection of the priority population(s). Applicant used demographic and socioeconomic data to provide a comprehensive, detailed description of the population(s). |
| Point Allocation | |
| 0–4 points | 3. How comprehensive was the applicant in describing the impact of HIV/AIDS on the selected priority population(s), by identifying gaps in the scope, reach, coordination, and services for the population(s) and HIV-related disparities within the area, and does their proposal adequately describe the need for the proposed project? |
| 0 | <i>Does not meet requirements or not acceptable:</i> Application failed to identify HIV-related disparities and gaps in scope, reach, coordination, and services for the population(s). |
| 1 | <i>Limited in requirements, and response has no description or description is not acceptable:</i> Application provided limited information on the impact of HIV/AIDS on the selected priority population(s) and any HIV-related disparities within the area. Application did not provide description of gaps in the scope, reach, coordination, and services for the population(s). |
| 2 | <i>Limited in requirements, response has limited description:</i> Application provided a limited description of behaviors and social determinants that place the population(s) at risk for acquiring or transmitting HIV and the impact HIV has had on the population(s). Application minimally describes gaps in the scope, reach, coordination, and services for the population(s). |
| 3 | <i>Meets all requirements with a descriptive response:</i> Application provided a description of behaviors and social determinants that place the population(s) at risk for acquiring or transmitting HIV, including concurrent risk transmission with other diseases. The application described the impact HIV has had on the selected priority population(s) and describes gaps in the scope, reach, coordination, and services for the population(s). |
| 4 | <i>Meets all requirements with a detailed response:</i> Application provided a comprehensive description of behaviors and social determinants that place |

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| | the population(s) at risk for acquiring or transmitting HIV, including concurrent risk transmission with other diseases, and clearly described the impact HIV has had on the selected priority population(s). The application provided a detailed description of gaps in the scope, reach, coordination, and services for the population(s). |
| Point Allocation | |
| 0–4 points | 4. How well does the applicant describe how these funds will augment existing HIV prevention services and provide an assurance that the funds being requested will not duplicate or supplant funds received from the Department? |
| 0 | <i>Does not meet requirements or not acceptable:</i> Application failed to address how funds from this RFA will augment existing prevention services. |
| 1 | <i>Limited in requirements, and response has no description or description is not acceptable:</i> Application did not describe how funds from this RFA will augment existing HIV prevention services and did not provide an assurance that the funds being requested will not supplant funds received from the Department. |
| 2 | <i>Limited in requirements, response has limited description:</i> Application provided a limited description of how funds from this RFA will augment existing HIV prevention services and provided minimal assurance that the funds being requested will not supplant funds received from the Department. |
| 3 | <i>Meets all requirements with a descriptive response:</i> Application provided a description of how funds from this RFA will augment existing HIV prevention services and provided an assurance that the funds being requested will not supplant funds received from the Department. |
| 4 | <i>Meets all requirements with a detailed response:</i> Application provided a thorough description of how funds from this RFA will augment existing HIV prevention services. The applicant provided a description of how funding from this RFA will be tracked to ensure the funds being requested will not supplant funds received from the Department. |

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| Point Allocation | ORGANIZATIONAL CAPACITY AND STAFFING (8 Points) |
| 0–4 points | 1. How well does the applicant provide information about the agency, including history, administrative structure, table of organization, mission, vision, goals, and how they relate to the purposes of their proposed program? |
| 0 | <i>Does not meet requirements or not acceptable:</i> Application failed to provide information about the agency. |
| 1 | <i>Limited in requirements, and response has no description or description is not acceptable:</i> Application provided information about the agency but did not describe the agency's history, administrative structure, table of organization, mission, vision, and goals. |
| 2 | <i>Limited in requirements, response has limited description:</i> Application provided information about the agency, including a minimal description of the agency's history, administrative structure, table of organization, mission, vision, goals, but did not adequately address how they relate to the purposes of the proposed project. |
| 3 | <i>Meets all requirements with a descriptive response:</i> Application provided information about the agency, including a description of the agency's history, |

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| | administrative structure, table of organization, mission, vision, goals, and how they relate to the purposes of the proposed project. |
| 4 | Meets all requirements with a detailed response: Application provided information about the agency, including a detailed description of the agency's history, administrative structure, table of organization, mission, vision, goals, and clearly articulated how they relate to the purposes of the proposed project. |
| Point Allocation | |
| 0–4 points | 2. How comprehensive was the applicant in describing the last two years' experience providing services to the priority population(s); the key personnel who will implement the proposed project; how their agency is prepared to implement the activities of the proposed project; and plans for sustainability once the project period ends? |
| 0 | Does not meet requirements or not acceptable: Application failed to describe the agency's experience providing services to the priority population(s). |
| 1 | Limited in requirements, and response has no description or description is not acceptable: Application described the agency's experience providing services to the priority population(s) with little or no descriptive detail. Application partially addressed key personnel who will implement the proposed project. |
| 2 | Limited in requirements, response has limited description: Application described the agency's experience providing services to the priority population(s) with minimal detail. Application provided a limited description of key personnel who will implement the proposed project and how the agency is prepared to implement the activities of their project. Applicant provided inadequate information related to plans for sustainability once the project period ends. |
| 3 | Meets all requirements with a descriptive response: Application described the last two years' experience providing services to the priority population(s), including: a brief description of projects similar to the one proposed in response to this RFA; length of time working with the priority population; and any services the agency currently provides which focus on the goal or reducing HIV acquisition and transmission within the priority population(s). Applicant provided a description of key personnel who will implement the proposed project, including qualifications. Application described how the agency is prepared to implement the activities of and the plan for orientation and ongoing training of staff/volunteers involved in the proposed project. Applicant described plans for sustainability once the project period ends. |
| 4 | Meets all requirements with a detailed response: Application described the last two years' experience providing services to the priority population(s), including: a brief description of projects similar to the one proposed in response to this RFA; length of time working with the priority population; and any services the agency currently provides which focus on the goal or reducing HIV acquisition and transmission within the priority population(s). Applicant provided a description of key personnel who will implement the proposed project, including qualifications. Application described how the agency is prepared to implement the activities of and the plan for orientation and ongoing training of staff/volunteers involved in the proposed project. Applicant described plans for sustainability once the project period ends. |

| Point Allocation | PROGRAM PROPOSAL (40 Points) |
|------------------|--|
| 0–20 points | 1. How comprehensive was the applicant in describing the strategies and activities to be used in carrying out the required components of the selected service category? |
| 0 | <i>Does not meet requirements or not acceptable:</i> The application failed to describe the proposal purpose, outcomes, and strategies. |
| 5 | <i>Limited in requirements, and response has no description or description is not acceptable:</i> The application described the proposal purpose, outcomes, and strategies with little competency, minimal capability, an inadequate approach to the subject area. Application did not describe the applicants' approach to accomplishing activities related to the selected service category. Application did not have a clear and concise description of the project outcomes they expect to achieve by the end of the three-year funding period. |
| 10 | <i>Limited in requirements, response has limited description:</i> The application described the proposal purpose, outcomes, and strategies with fundamental competency, adequate capability, and a basic approach to the subject area. Application described the applicants approach to accomplishing activities related to the selected service category but did not have a clear and concise description of the project outcomes they expect to achieve by the end of the three-year funding period. Application did not address how they plan to deliver services in a culturally and linguistically appropriate manner for the selected priority population(s) or described how they plan to refer or provide mental health or substance abuse treatment services to the selected priority population(s). |
| 15 | <i>Meets all requirements with a descriptive response:</i> The application described the proposal purpose, outcomes, and strategies with clear competency, consistent capability, a sound understanding of the requirements. Application described the applicants approach to accomplishing activities related to the selected service category. Applicant provided a clear and concise description of the strategies and activities. Application addressed how they plan to deliver services in a culturally and linguistically appropriate manner for the selected priority population(s). Applicant described how they plan to refer or provide mental health or substance abuse treatment services to the selected priority population(s). |
| 20 | <i>Meets all requirements with a detailed response:</i> The application described the proposal purpose, outcomes, and strategies with extensive competency, proven capabilities, an outstanding approach to the subject area. Application demonstrated an innovative, practical, and effective approach to accomplishing activities related to the selected service category. Applicant provided a clear and concise description of the strategies and activities. Application addressed how they plan to deliver services in a culturally and linguistically appropriate manner for the selected priority population(s). All outcomes described indicate the intended direction of change. Applicant described how they plan to refer or provide mental health or substance abuse treatment services to the selected priority population(s) in great detail. |
| Point Allocation | |

| 0–20 points | 2. How well did the applicant describe the outcomes they expect to achieve by the end of the funding period? |
|-------------|--|
| 0 | Does not meet requirements or not acceptable: Application failed to describe the outcomes expected to be achieved by the end of the funding period as outlined in Section 5.3. |
| 5 | Limited in requirements, and response has no description or description is not acceptable: Application described the outcomes they expect to achieve by the end of the funding period as outlined in Section 5.3 with little or no descriptive detail. Application partially addressed outcomes and indicators listed in Tables 3, 4, and 5. |
| 10 | Limited in requirements, response has limited description: Application described a basic approach to the outcomes they expect to achieve by the end of the funding period as outlined. Application did not indicate direction of change or contain acceptable outcomes related to the outcomes and indicators listed in Table 2. |
| 15 | Meets all requirements with a descriptive response: Application described the outcomes they expect to achieve by the end of the funding period as outlined in Section 5.3. All outcomes indicated the intended direction of change. Applicant proposal used realistic outcomes related the outcomes and indicators listed in Tables 2. |
| 20 | Meets all requirements with a detailed response: Application described all the outcomes they expect to achieve by the end of the funding period thoroughly. All outcomes indicate the intended direction of change. Applicant outcomes are realistic and demonstrated extensive competency and a reasoned approach to achieve project outcomes listed in Table 2. |

| Point Allocation | COLLABORATIONS (4 Points) |
|------------------|--|
| 0–4 points | 1. How well did the applicant describe the coordination/collaborative process used to plan and implement the proposed project; and explain who was involved, how these relationships will be maintained, the expected roles and responsibilities, and assurance that there is no duplication or overlap of services? |
| 0 | Does not meet requirements or not acceptable: Application failed to provide a description of the coordination/collaborative process used to plan and implement the proposed project. |
| 1 | Limited in requirements, and response has no description or description is not acceptable: Application provided little or no descriptive detail about the coordination/collaborative process used to plan and implement the proposed project. |
| 2 | Limited in requirements, response has limited description: Application provided a limited description of the coordination/collaborative process used to plan and implement the proposed project. Application partially addressed who was involved in the process, how these relationships will be maintained, the expected roles and responsibilities, and assurance that there is no duplication or overlap of services. |
| 3 | Meets all requirements with a descriptive response: Application provided a description of the coordination/collaborative process used to plan and implement the proposed project, including who was involved in the process, how these relationships will be maintained, the expected roles and |

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| | responsibilities, and assurance that there is no duplication or overlap of services. Applicant described how current or planned collaborations will support sustainability once grant funding ends. Applicant submitted MOAs/MOUs as attachments to support the collaborations described above. |
| 4 | Meets all requirements with a detailed response: Application provided a detailed description of the coordination/collaborative process used to plan and implement the proposed project, including efforts to partner with local health offices and other organizations within the community. Applicant provided a comprehensive description of who was involved in the process, how these relationships will be maintained, the expected roles and responsibilities, and assurance that there is no duplication or overlap of services. Applicant clearly detailed how current or planned collaborations will support sustainability once grant funding ends. Applicant submitted MOAs/MOUs as attachments to support the collaborations described above. |

| Point Allocation | EVALUATION PLAN (4 Points) |
|------------------|--|
| 0–4 points | 1. How well did the applicant’s evaluation plan articulate how the proposed project will be assessed, complete with objectives and measures? |
| 0 | Does not meet requirements or Not acceptable: No Evaluation Plan was included in the application and/or basic criteria was not met. |
| 1 | Limited in requirements, and response has no description or description is not acceptable: The Evaluation Plan failed to or only described a limited assessment of service participation; plan failed to adequately describe the expected yield of promotion, outreach or recruitment efforts; plan did not adequately describe outcomes related to increases in knowledge, intended behavioral modification, or noted improvement in quality of life measures as a result of participation in the proposed project; evaluation failed to or did not adequately demonstrate how funded activities made an impact, and; expected results of each major objective and activity proposed were missing or inadequate. |
| 2 | Limited in requirements, response has limited description: Evaluation Plan covered the entire 3-year term of the project but failed to articulate how program activities will be assessed throughout the project period; assessments of service participation are not quantitative and qualitative; plan vaguely described the expected yields of outreach, health promotion and recruitment efforts; plan did not demonstrate planned program outcomes/outcomes cannot be documented; expected results of each major objective and activity proposed were limited and/or lack requested detail. |
| 3 | Meets all requirements with a descriptive response: Evaluation Plan covered the entire 3-year term of the project and articulates how program activities will be assessed throughout the project period; included quantitative and qualitative assessments of service participation; adequately described expected yields of outreach, health promotion and recruitment efforts; evaluation plan is capable of producing results that can be documented and demonstrated proposed program outcomes; evaluation adequately demonstrated how funded activities made an impact, and; plan identifies the expected result for each major objective and activity proposed. |
| 4 | Meets all requirements with a detailed response: Evaluation Plan covered the entire 3-year term of the project and provides a detailed explanation of |

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| | how program activities will be assessed throughout the project period; plan includes detailed quantitative and qualitative assessments of service participation; plan clearly described the expected yields of outreach, health promotion and recruitment efforts; plan is detailed and is capable of producing documented results, and clearly demonstrated the impact of funded activities proposed; expected results for each major objective and activity proposed are provided. |
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| Point Allocation | WORK PLAN (20 Points) |
|------------------|---|
| 0–20 points | 1. How well did the applicant’s work plan describe the proposed activities and strategies which will be conducted to meet each objective each month, methods used to assess whether or not activities are contributing to objectives, and the individual responsible for carrying out each activity? |
| 0 | <i>Does not meet requirements or not acceptable:</i> The applicant failed to provide a Year One work plan. |
| 5 | <i>Limited in requirements, and response has no description or description is not acceptable:</i> The applicant’s Year One work plan provided little or no description of the proposed activities and strategies which will be conducted to meet the proposed objectives. |
| 10 | <i>Limited in requirements, response has limited description:</i> The applicant’s Year One work plan provided a limited description of the proposed activities and strategies which will be conducted to meet the proposed objectives each month. Application partially addressed methods used to assess whether or not activities are contributing to objectives, and the individual responsible for carrying out each activity. |
| 15 | <i>Meets all requirements with a descriptive response:</i> The applicant’s Year One work plan provided a description of the proposed activities and strategies which will be conducted to meet each objective each month. Application described methods used to assess whether or not activities are contributing to objectives, timeframe, and the individual responsible for carrying out each activity. Programmatic objectives provided in Year One work plan were SMART. |
| 20 | <i>Meets all requirements with a detailed response:</i> The applicant’s Year One work plan provided a detailed description of the proposed activities and strategies which will be conducted to meet each objective each month. Application provided a detailed response for methods used to assess whether or not activities are contributing to objectives, timeframe, and the individual responsible for carrying out each activity. Programmatic objectives provided in Year One work plan were SMART. |

| Point Allocation | PROPOSED BUDGET SUMMARY AND BUDGET NARRATIVE (8 Points) |
|------------------|---|
| 0–4 points | 1. Does the proposed budget summary identify all proposed costs for the project activities described in this RFA and are they presented in a line-item budget format? |
| 0 | <i>Does not meet requirements or not acceptable:</i> Applicant failed to provide a budget summary. |

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| 1 | Limited in requirements, and response has no description or description is not acceptable: Applicant provided a budget summary but did not describe all proposed costs in a line-item budget format. |
| 2 | Limited in requirements, response has limited description: Applicant provided a budget summary with a limited description of all proposed costs for the project activities in a line-item budget format. |
| 3 | Meets all requirements with a descriptive response: Applicant provided a budget summary (following the template provided in Attachment 4) which describes all proposed costs for the project activities in a line-item budget format. |
| 4 | Meets all requirements with a detailed response: Applicant provided a budget summary (following the template provided in Attachment 4) which provides a detailed description of all proposed costs for the project activities in a line-item budget format. |
| POINT VALUE | |
| 0–4 points | 2. How comprehensive was the applicant in providing a detailed budget justification narrative for all expenditures? |
| 0 | Does not meet requirements or not acceptable: Application failed to provide a budget justification narrative. |
| 1 | Limited in requirements, and response has no description or description is not acceptable: Applicant provided a budget justification narrative and provided little or no description of all proposed expenditures. |
| 2 | Limited in requirements, response has limited description: Applicant provided a budget justification narrative with a limited description of how the proposed expenditures relate to the activities in the work plan or how the proposed expenditures will support the delivery of services. |
| 3 | Meets all requirements with a descriptive response: Applicant provided a budget justification narrative (following example in Attachment 5) with a description of how the proposed expenditures relate to the activities in the work plan or how the proposed expenditures will support the delivery of services. Applicant included participation in the 2019 Provider Orientation Meeting. Applicant described methods used to secure subcontracts and/or consultant agreements. |
| 4 | Meets all requirements with a detailed response: Applicant provided a budget justification narrative (following example in Attachment 5) with a detailed description of how the proposed expenditures relate to the activities in the work plan or how the proposed expenditures will support the delivery of services. Applicant included participation in the 2019 Provider Orientation Meeting. Applicant described methods used to secure subcontracts and/or consultant agreements. |

Attachment 8

Agencies with Prior Florida Department of Health (DOH) Funding

Florida Department of Health, HIV/AIDS Section HIV Prevention Request for Applications (RFA) 24-003

County Health Departments (CHDs): As part of our evaluation of organizations that are applying for DOH funding for HIV prevention programs, we are soliciting your input regarding the applicant agencies' past performance on other DOH-funded programs. On this form, you will rate past performance with funded programs.

Instructions: It is strongly encouraged that CHDs seek input from the following staff to complete this form: Contract Manager, HIV/AIDS Program Coordinator (HAPC), and Health Officer. To answer each question, double-click on the gray-colored box and complete.

| | | | |
|--|--|---------------|--|
| Applying Agency: | | Date: | |
| CHD: | | Phone: | |
| CHD Contact Name: | | Email: | |
| Name(s) of persons completing form: | | | |

Past Performance

| | | |
|----|--|---|
| 1. | Did the CHD receive a copy or summary of the applicant agency's application? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2. | Has the applicant ever been funded by the health department? <i>(If NO, please do not complete this form. Use the form developed for organizations not previously funded, Attachment 9 – Agencies <u>with</u> no Prior DOH HIV Prevention Funding.)</i> | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | 2a. If YES, has the applicant ever been funded by the health department for HIV prevention activities? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | 2b. If YES, what services are being provided with the funds the health department provides? (Please list the specific services provided, e.g., HIV Testing, an evidence-based intervention, linkage to care, or other service.) | |
| | 2c. If YES, please indicate the number of years that the applicant has been funded by the health department for HIV prevention activities (<i>years/months</i>). | <input type="checkbox"/> < 12 Months <input type="checkbox"/> 1–5 Years <input type="checkbox"/> 6–10 Years <input type="checkbox"/> >10 Years |
| 3. | Has the health department ever de-funded or imposed restrictions on this applicant for any program funding? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| | 3a. If YES, please explain why this applicant was de-funded or restricted. | |
| 4. | Has the health department ever placed the applicant on corrective action for any program funding? | |
| | 4a. If YES, please explain why this applicant was placed on corrective action and describe the outcome. | |
| 5. | Does the applicant meet established deadlines for submitting financial reports? | |

| | |
|----|--|
| | <input type="checkbox"/> ≥ 95% of the time <input type="checkbox"/> 85% to 94% of the time <input type="checkbox"/> 75% to 85% of the time <input type="checkbox"/> 65 to 74% of the time <input type="checkbox"/> ≤ 64% of the time |
| 6. | Does the applicant meet established deadlines for submitting progress reports? <input type="checkbox"/> ≥ 95% of the time <input type="checkbox"/> 85% to 94% of the time <input type="checkbox"/> 75% to 85% of the time <input type="checkbox"/> 65 to 74% of the time <input type="checkbox"/> ≤ 64% of the time |
| 7. | How often does the applicant meet agreed-upon deliverables and tasks? <input type="checkbox"/> ≥ 95% of goals <input type="checkbox"/> 85% to 94% of goals <input type="checkbox"/> 75% to 85% of the goals <input type="checkbox"/> 65 to 74% of the goals <input type="checkbox"/> ≤ 64% of the goals |
| 8. | How would you grade the applicant's Fiscal Management Systems? <input type="checkbox"/> Excellent <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor |
| 9. | How often does the applicant participate in local HIV/AIDS planning processes (e.g., has representation at local planning meetings)? <input type="checkbox"/> ≥ 95% of the time <input type="checkbox"/> 85% to 94% of the time <input type="checkbox"/> 75% to 85% of the time <input type="checkbox"/> 65 to 74% of the time <input type="checkbox"/> ≤ 64% of the time |

CHD Contract Manager (Print Name): _____

Signature: _____

Date: _____

CHD Health Officer (Print Name): _____

Date: _____

Signature: _____

Please return your completed review via email to: Michelle.Battles@flhealth.gov

Your participation is important to the review process and your assistance is appreciated.

County Health Department Review and Recommendation Form Agencies with no Prior Florida Department of Health (DOH) Funding

Florida Department of Health, HIV/AIDS Section HIV Prevention Request for Applications (RFA) 24-003

County Health Departments (CHDs): As part of our evaluation of the community-based organizations that are applying for DOH funding for HIV prevention programs, we are soliciting your input regarding the applicant agencies' past performance on other DOH-funded programs. ***This form is developed for those agencies that have had no prior DOH funding.***

Instructions: It is strongly encouraged that CHDs seek input from the following staff to complete this form: Contract Manager, HIV/AIDS Program Coordinator (HAPC), and Health Officer.

| | | | |
|--|--|---------------|--|
| Applying Agency: | | Date: | |
| CHD: | | Phone: | |
| CHD Contact Name: | | Email: | |
| Name(s) of persons completing form: | | | |

A. Past Performance

| | | |
|-----|--|--|
| 1. | Did the CHD receive a copy or summary of the applicant agency's application? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | Has the applicant ever worked with the health department in an unfunded capacity (e.g., through Memorandum of Agreement/Memorandum of Understanding, etc.)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2a. | If YES, please describe. | |

B. Background

| | |
|----|---|
| 1. | <p>Has the DOH had the opportunity to determine if this applicant has the capacity to carry out HIV prevention programs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Does the applicant have the experience and/or ability to implement HIV prevention interventions such as:</p> <p>Evidence-based Interventions (e.g., CLEAR, Healthy Relationships)? <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> Yes</p> <p>HIV testing? <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> Yes</p> <p>Linkage to Care? <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> Yes</p> <p>Social marketing campaigns? <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> Yes</p> <p>Providing appropriate client referrals? <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> Yes</p> <p>Community Engagement and Outreach? <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> Yes</p> <p>Condom Distribution? <input type="checkbox"/> No <input type="checkbox"/> Partial <input type="checkbox"/> Yes</p> |
| | If you have chosen ' partial ' in any of the categories above, please explain why. |
| 3. | <p>Does the applicant participate in the local area's HIV planning process or consortium?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p> |

3a. If YES, in what capacity (and during what period of time) has the agency participated in the local HIV planning process or consortium?

CHD Contract Manager (Print Name): _____

Signature: _____

Date: _____

CHD Health Officer (Print Name): _____

Date: _____

Signature: _____

Please return your completed review via email to: Michelle.Battles@flhealth.gov

Your participation is important to the review process and your assistance is appreciated.

Funding Source List

Provider Name: _____
Person
Completing Form _____

Indicate whether the funding is from state, local, or federal sources. If funding comes from multiple sources, list each source separately.

The purpose of this form is to track and document how providers manage and utilize funding received from state, local, and federal sources. It ensures transparency, accountability, and compliance with reporting and expenditure requirements. By collecting key information, such as funding sources, amounts, expenses, and supporting documentation, the form helps maintain accurate records and fulfill any necessary regulatory obligations. It also provides a structured way for providers to certify their compliance with funding terms.

| Local, State or Federal Funding Entity | Amount | Funding Period | Funded Activities |
|--|--------|----------------|-------------------|
| | | | |
| | | | |
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Provider signature: _____
Date of Submission: _____