

**Mission:**

To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.



**Ron DeSantis**  
Governor

**Joseph A. Ladapo, MD, PhD**  
State Surgeon General

**Vision:** To be the Healthiest State in the Nation

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## Questions and Answers RFA24-003 HIV High-Impact Prevention (HIP)

**DATE:** June 9, 2025

**TO:** Applicants

**FROM:** Division of Disease Control & Health Protection  
Florida Department of Health

**SUBJECT:** Questions and Answers: RFA #24-003

Question #1. We are preparing our grant application and would like to confirm whether it is permissible for our proposal to cover service areas 5, 6, and 14, specifically including Hernando, Hillsborough, Pasco, Pinellas, Polk, Manatee, Hardee, and Highlands counties. Could you please confirm if this is allowed under the current grant guidelines?

**Department Response: Each applicant can propose to serve up to two service areas. Applicants must clearly specify which areas they plan to work in and list counties, down to the ZIP code-level, in which they will provide services.**

Question #2. My name is XXXXX and I represent XXXXX. The latter is under an existing HIP grant that will expire on 7/30/25. Will a new application be needed or is there a grandfathering system? If not, I would request access to the application for said grant on the subject heading of this email.

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My apologies for the typographical error, meant to say 7/31/25.

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My apologies again. The correct ending date for the current HIP grant is 6/30/25. I will await further instructions to apply.

**Department Response: A new application will need to be submitted for all applicants.**



Question #3. *Page 32 of the RFA states that no more than 10 letters of support may be submitted, while page 37 states that up to 15 letters of support may be submitted. Could you please clarify if the limit is 10 or 15?*

**Department Response: Applicants may submit up to 15 Letters of Support.**

Question #4. I am requesting clarification regarding funding availability for Florida Department of Health, HIV High-Impact Prevention (HIP) RFA24-003.

We are planning to apply under **Category 1: Comprehensive HIV Prevention Services** for three (3) Service Areas. However, we are unclear about the funding limits per Service Area when submitting one application that spans multiple areas.

Specifically, we would appreciate guidance on the following:

In **Section 1.4, Table 1**, the RFA outlines annual funding allocations by Service Area. In contrast, **Table 2** provides an approximate annual funding range of \$100,000–\$400,000 per award under Category 1.

**Our key question is:**

If we are submitting one application covering three (3) Service Areas, can we request the full funding amount listed in **Section 1.4, Table 1** for *each* of those Service Areas?

**Department Response: Each applicant can propose to serve up to two service areas. Funding amounts cannot exceed the category funding listed in Table 2.**

Question #5. I am requesting the application for the RFA HIP grant.

**Department Response: The Request for Application can be found here: [Grant Opportunities and Notice of Awards | Florida Department of Health](#)**

Question #6. The RFA states that "Applicants are expected to use the strategies and components contained within the following Logic Model" (Page 16). Are we correct in assuming that the list comprises activities and components that will be achieved collectively by all grantees, and that applicants are not expected to use those activities and components that are outside of their organization structure, or their proposed population?

**6.a)** For example, strategy 1A would be applicable only to health care settings, while strategy 1B would apply only to non-healthcare settings.

**6.b)** Are all applicants required to "Implement HIV self-test distribution programs," even healthcare centers encountering patients who test on site? (Note that page 20 lists Self Testing as a strategy that applicants "may opt" to use.)

**Department Response: Applicants must use strategies and components contained within the Logic Model based on whether your agency operates in healthcare setting or non-healthcare setting.**

Question #7. Please confirm that the RFA's reference to Strategy 4 (page 18) is describing the Department's role, and not the grantees?

**7.a)** For example, does each grantee set up "a cross-program CDR leadership and coordination group," or do the grantees rather agree to work with and respond to the Department's CDR group?

**Department Response: See Section 2.4, Strategy 4.**

Question #8. In naming the proposed program and the file, is the example in the format ending with "HIP" for "Program Specific Information" just that, an example, or should all applicants' programs be named "HIP"?

**Department Response: See Section 4.2 for naming convention.**

Question #9. Who initiates the completion of the county / area health department forms, "Agencies with Prior Florida Department of Health (DOH) Funding" (page 66)? Does the Bureau send these to the respective Departments, or do applicants request that their county / area manager complete and forward on?

**Department Response: Attachments 8 & 9 will only be completed for applicants under consideration for funding and will be provided to local health department leadership for completion.**

Question #10. Can the Department provide the following required documents in Word format or alternatively PDF fillable form, for ease in making responses?

- Cover page
- Funding Source list
- Budget Narrative template
- Work Plan template

**Department Response: The Department will provide the required forms in an editable format and posted to the solicitation site on June 10, 2025.**

Question #11. Please provide the original Funding Opportunity Number from the appropriate federal agency, as well as the CFDA Number for this opportunity.

**Department Response: CDC PS24-0047. CFDA 93.940.**

Question #12. Per section 4.7-Project Narrative (page 32 of RFP), there is a 25-page limit for this section. Is this inclusive of the subsections-5.1 Statement of Need, 5.2 Organizational Capacity and Staffing (3-Page Limit), 5.3 Program Proposal (12-Page Limit), 5.4 Collaborations (4-Page Limit), 5.5 Evaluation Plan (2-Page Limit), 5.6 Work Plan (2-Page Limit), or are these additional page limits in addition to the 25 page Project Narrative section?

**Department Response: See Section 4.3 for additional guidance.**

Question #13. Per strategy 4, 4a (on page 18 of the RFP), 4a: Develop and maintain a cross-program CDR leadership and coordination group to oversee CDR activities, what is “CDR”?

**Department Response: Cluster Detection and Response (CDR).**

Question #14. Do either Attachments 8 or 9 need to be completed and submitted with the application? If so, please confirm that we ask the local county health department to return the forms directly to Michelle Battles and not submit them with the final application.

**Department Response: Attachments 8 & 9 will only be completed for applicants under consideration for funding and will be provided to local health department leadership for completion.**

Question #15. The current cycle funds a single category operating in multiple areas. Can operations in multiple areas be applied for if presented as a single application?

**Department Response: Each applicant can propose to serve up to two service areas in a single application. Applicants must clearly specify which areas they plan to work in and list counties, down to the ZIP code-level, in which they will provide services.**

Question #16. I’m reaching out from XXXXX regarding the recent local notice we received about the HIV High Impact Prevention (HIP) RFA24-003. Given recent concerns about federal budget shifts and potential changes in funding priorities, I wanted to confirm a few key points with you directly.

1. Is there still funding available under this RFA, or has it been affected by the current administration’s funding changes?
2. Is RFA24-003 still an active opportunity, or has it been withdrawn or closed?
3. Is the funding period still expected to run from August 1, 2025, through May 31, 2026?

We’re trying to assess next steps and ensure we remain aligned with current guidance and timelines. Any clarification or updates you can provide would be greatly appreciated.

**Department Response: Awards will be granted under this RFA are subject to availability of funds.**

Question #17. P.17. 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.

Will we incur financial penalties if less than 50% of HIV-negative individuals assessed high risk do not choose to engage in PrEP services?

**Department Response: Specific contract deliverables and financial consequences will be discussed with awardees during contract negotiations.**

Question #18. P.20. 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.

However. P. 28. 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.

Can we bill the Department of Health (DOH) for HIV test kits? Can we include a line item for purchasing HIV tests?

**Department Response: Applicants must include a line item in the proposed budget to purchase their own HIV test kits and ancillary supplies.**

Question #19. P.30. 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

Can we bill for the HIV 500/501 testing class and phlebotomy certification costs?

**Department Response: No.**

Question #20. P.26.2. 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.

I believe the Florida Department of Health in Broward County already completes an annual community needs assessment regarding HIV and presents it to the HIV Planning Council. Broward Regional Health Planning Council does needs assessments for Ryan White. Could

we submit a Memorandum of Understanding (MOU) stating that we have three staff members on the HIV Planning Council and that we collaborate on these assessments? Or will we need to conduct a more detailed assessment as a lead agency? What deliverables are we responsible for: what must we submit?

**Department Response: Applicants may collaborate with local agencies on the needs assessment.**

Question #21. When applicants are directed to "*describe the outcomes they expect to achieve by the end of the funding period*" (page 62), what is the definition of the funding period? The 10-month first year? Or shall applicants assume a likely 3-year project, or some other duration?

**Department Response: Applicants must describe the short-term and long-term outcomes for the 10-month and 3-year funding periods.**

Question #22. When preparing the budget, should applicants develop a full year budget, knowing that the maximum award will be 10/12th of that amount during the truncated first year? Or should applicants calculate the 10/12th on every line item?

**Department Response: Applicants should prepare a 10-month budget.**

Question #23. The RFA calls for "*A letter of support for the proposed project from an authorized official such as the Administrator or Health Officer of the local health office*" (page 37), to be attached in Appendices Page 38 calls for "*MOAs/MOUs with county health department(s) in the service areas in which the proposed services will be provided*"

23.a) Please confirm that the Letter of Support from the local health department also counts as the MOA with a county health department.

**Department Response: These are two separate documents. MOAs/MOUs are different than Letters of Support.**

Question #24. Does this RFA require a LOI?

**Department Response: No.**

Question #25. Applicants are supposed to provide either Universal (p. 19) more fully described as "routine opt-out HIV screening in health care settings" (p. 16 and 35) or Prioritized / targeted HIV testing in non-health care settings (p.20).

25.a) We are a community-based organization with its own, separately funded, in-house clinic serving our priority populations. We are not a "universal" clinic, but also not a "non-healthcare setting." Which designation would we fall under, and therefore which activities: routine opt-out, or prioritized / targeted?

**Department Response: Applicants applying under Category 1 can implement either universal and/or prioritized testing based on the facility site type. See Section 2.4.**

Question #26. On page 19, under "Project Requirement," the RFA states that "applicants may only apply for one category." Can we apply for one category at multiple FDOH (geographic) areas in Florida?

**Department Response: Applicants may submit one application per services area for consideration under this RFA. Applicants may opt to apply in different geographic areas under a separate application. Applicants will only be awarded one award for services regardless of the number of applications submitted.**

Question #27. If we apply for more than one service area, should we complete one budget containing all areas, or a separate budget for each area?

**Department Response: Applicants must provide one single budget containing all proposed areas.**

Question #28. Is the RFA respondent expected to purchase all supplies – rapid tests, OraSure mouth swabs, condoms, female condoms, lube?

**Department Response: Yes.**

Question #29. Will the state supply state lab services or should the RFA budget include those as well?

**Department Response: For applicants implementing prioritized/targeted HIV testing in non-health care settings, lab costs associated with HIV testing will be supported by the Department if the applicant chooses to use the State Public Health Laboratory and based on the availability of funding.**

Question #30. Is the budget for the first “year” a 10-month budget or a 12-month budget?

**Department Response: The applicant’s budget should reflect the initial 10-month period.**

Question #31. Should the RFA response include numbers per month for tests etc. – or just the services to be delivered?

**Department Response: Yes. 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.**

Question #32. With the current grant ending 6/30 and the new award beginning 8/1 – does the state have intention of reimbursing current grant holders who are successful respondents for the month of July?

**Department Response: No.**

Question #33. When will the forms be released in useable format – i.e. Excel, Word etc.

**Department Response: Editable forms are now available.**

Question #33. Should the narrative give numbers of tests / condoms etc.? These amounts will vary based on if the agency has to also purchase the items or they state supplies them as in the past.

**Department Response: Applicants should provide the quantitative and qualitative deliverables for each program component. Applicants are expected to provide their own condoms and testing supplies.**

Question #34. The RFA mentions two different limits for Letters of Support: Section 4.3 states a maximum of 15, while Section 5.4 references a maximum of 10. Could you please clarify which is the correct maximum number of Letters of Support that may be submitted with the application?

**Department Response: Applicants may submit up to 15 Letters of Support.**



Question #35. The RFA requires submission of at least one MOU with a provider of prevention and essential support services, but it does not specify a maximum number. Could you please confirm whether there is a limit on the number of MOUs that may be submitted with the application?

**Department Response: There is no limit to the number of MOUs that can be submitted.**

Question #36. Recent federal guidance increased the de minimis indirect cost rate from 10% to 15% of Modified Total Direct Costs (MTDC) as of October 2024. Will the Florida Department of Health accept the updated 15% de minimis rate for applicants under RFA24-003, or should applicants continue to use the previous 10% rate?

**Department Response: Applicants should use the 10% indirect rate.**

Question #37. The work plan template specifically notates to plan out the first year of the grant period, Should the budget summary and narrative pieces also follow that format and just specifically list costs for the first year? (August 1, 2025- May 31, 2026).

**Department Response: Yes.**

Question #38. When uploading the application, would it be preferred that that each required document be uploaded separately or as one document? And for further clarification, you specifically state the documents should be labeled as this format "RFA24-003-Provider Name-Program". Would we be correct in assuming, if we did upload multiple documents, you would want the document labeled as " RFA24-003-Provider Name-Program-Project Narrative" "RFA24-003-Provider Name-Program- Budget Summary"?

**Department Response: See Section 6.3**

Question #39. The scoring for the budget narrative includes participation in the "2019 Provider orientation meeting" should the agency budget for this meeting in 2025?

**Department Response: Yes.**

Question #40. Do we need any documentation for task 4, community level prevention from the DOH? E.g. MOU/MOA/Letter of Support?

**Department Response: Applicants may submit a Letter of Support from the local county health department.**

Question #41. For Strategy 5, which must be done by the State Health Office, do applicants need to submit any attachments? MOU/MOA/Letters of support?

**Department Response: No.**

Question #42. Program Requirements, page 20, subsection 1. b. it states that “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.” but on page 28, section 3.4, it states that “DOH will not provide funds for the routine HIV tests themselves but will provide funds for things such as...” Then on page 29 for “Allowable Costs” it states HIV Testing Supplies. Please clarify if we are required to or are allowed to write test kits into the budget for this grant application.

**Department Response: Yes. Applicants should include a line item in the budget for HIV testing supplies.**

Question #43. Page 28 it states, “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).” Are blood sample collections considered a part of the clinical services for this application, or could the request include costs for the supplies and running of these tests?

**Department Response: Funding can support limited personnel costs related to the provision of PrEP medication if coupled with other supportive PrEP services. No more than 15% of the overall award can support PrEP ancillary support services.**

Question #44. Can you please confirm for the 340B Covered Entities that the allowable and unallowable costs listed in this RFA is also applicable to program income generated from the use of this grant as an STD 340B ID?

**Department Response: Section 3.4, Use of Grant Funds, is applicable to all applicants. 340B covered entities can use program income for services not allowable through the scope of this RFA.**

Question #45. Can you please confirm that we are writing a budget for a 12-month period with the understanding that the current awards will be issued will be reduced for a 10-month period?

**Department Response: Applicants should submit a 10-month budget.**

Question #46. Is there a limit to the number of pages in the Statement of Need section?

**Department Response: The Statement of Need is included in the 25-page limit for the Project Narrative.**

Question #47. Please clarify if grant funds are allowed to be utilized for the purchase of HIV test kits. There seems to be conflicting guidance in the RFA document.

**Department Response: Yes. HIV test kits are an allowable expense under this RFA.**

Question #47. We were very excited to read about this funding opportunity. Our program operates in both Area X and Area X. Are we allowed to submit a proposal requesting funding from both areas if we are planning to implement our activities in both locations? If not, would we be allowed to submit two similar proposals for funding in each area?

**Department Response: Each applicant can propose to serve up to two service areas in a single application.**

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Question #48. The purpose is outlined in section 1.3 with the following priorities listed: diagnosis, treatment, prevention, and outbreak response. Is the applicant expected to include elements for each of these priorities within the proposal?

**Department Response: Yes. See Section 2.4, Program Requirements.**

Question #49. How does the Department define “new clients?” Specifically, if a person has achieved viral suppression but still requires assistance for other related services, are they still considered a client, or should they be discharged?

**Department Response: A new client is defined as someone who has never received services from a particular agency before. In this instance, the client would be considered an existing client.**

Question #50. In section 1.3 the RFP states that “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.” What specific reports or data is being used to prioritize services, and will the applicant have access to this data?

**Department Response: The Department utilizes the 2023 Florida Epidemiologic Profiles found at [Epidemiologic Profile Reports | Florida Department of Health](#)**

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Question #51. Section 1.5, Matching Funds, requires the applicant to disclose the source and amount of any funding “simultaneously funding the project.” How like the activities in this proposal must additional work be to require disclosure?

**Department Response: Applicants must disclose any federal, state or local government funds that are or may be used to supplement funding under this RFA.**

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Question #52. Section 2.2 discusses identification of priority populations. Should priority populations be determined based on each specific geographic area OR on Florida's Top Nine Priority Populations found in Figure 1?"

**Department Response: Applicants must target Florida's priority populations but can also include other priority populations based on the epidemiological data for their area.**

Question #53. The RFP references attention to priority populations with specific attention to SDoH. Will the awardee have the ability to reference priority populations and give specific attention to activities that focus on the equitable delivery of services? If reference to priority populations is required and a discussion of SDoH and equity are not permissible, how should the awardee refer to priority populations, or the method used to determine them?

**Department Response: Applicants must target Florida's priority populations but can also include other priority populations based on the epidemiological data for their area.**

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Question #54. Are applicants expected to use all the strategies and components of the provided logic model to deliver HIP programs and services?

**Department Response: See Section 2.4, Program Requirements.**

Question #55. If a non-clinical CBO applies for Category 1 funding, what is the department's expectation for HIV testing in healthcare settings and how does that directly relate to the CBO? (Page 16, Table 3: Logic Model); page 19, Category 1: Comprehensive HIV Prevention).

**Department Response: See section 2.4, Project Requirements.**

Question #56. Strategy 1 of the logic model is to increase the knowledge of status by 95% by ensuring that all people with HIV receive a diagnosis as early as possible. What is the baseline number and data source for the population for whom interventions will "increase knowledge of status"? What population number is the denominator?

**Department Response: Please visit [Epidemiologic Profile Reports | Florida Department of Health](#)**

Question #57. Screening and testing for additional STIs, TB, viral hepatitis, and mpox is referenced in Strategy 1C of the logic model. Will referrals for these services suffice under a Category 1 funding request?

**Department Response: Yes.**

Question #58. Activities listed under Strategy 1 include the promotion or enactment of policy as well as the provision of specific services such as perinatal HIV testing of all pregnant persons and diagnostic testing for infants with HIV exposure. At what level should these policies be promoted or enacted; within the organization, within partnering healthcare settings, all healthcare settings, regionally, etc.? For the testing element, is the organization required to provide the testing in healthcare settings or is it permissible to link them to it?

**Department Response: Applicant may offer HIV testing in a healthcare setting or non-healthcare setting. See Section 2.4.**

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Question #59. There is a requirement to partner or collaborate with the local county health department in many instances, have the CHDs been notified of this RFP and any expectations implied or explicitly made of the CHD? Are there any anticipated programmatic changes expected within the CHDs that would change the current programs or services that are offered?

**Department Response: The county health departments are aware of the RFA. There are no anticipated programmatic changes within the CHDs.**

Question #60. To what extent are CHDs expected to participate and communicate about linkage activities? Are they required to participate or partner with the awardee to increase linkage?

**Department Response: The CHDs have linkage to care programs that ensure newly and previously diagnosed clients are linked to medical and social services. Applicant are expected to track their own linkage to care activities.**

Question #61. Some activities included in Strategy 2 include those that have been previously under the purview of the case managers for Ryan White clients. Is the applicant expected to take on referral to additional essential services like housing, food, employment resources, etc.?

**Department Response: Yes.**

#### **Page 18**

Question #62. Strategy 3D involves the support and promotion of social marketing campaigns. Will the applicant be required to adhere to the requirements of DOH communications, including approval of printed materials, advertisements, etc.? What forms of media are permissible? Is the use of dating apps permitted to disseminate education, outreach information or to recruit individuals for testing?

**Department Response: Yes. Any materials developed by Awardees need to adhere to FDOH requirements and be approved by the DOH Communication Team**

Question #63. Strategy 3E references surveillance activities outside of those listed later in Strategy 4. Is the applicant required to conduct surveillance activities for perinatal, maternal and infant health?

**Department Response: Yes.**

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Question #64. How is “high volume testing” defined or measured? Is this threshold location-dependent? How should the applicant demonstrate this capability?

**Department Response: High-volume HIV testing refers to testing programs or sites that conduct a large number of HIV tests within a specific timeframe. These programs are designed to maximize access, efficiency, and outreach, often targeting populations at higher risk of HIV exposure.**

Question #65. For community-based organizations (non-clinical) conducting HIV Testing in outreach settings, will the DOH lab (BPHL) be used for testing the samples? Should the applicant include the costs of these services within their budget?

**Department Response: For applicants implementing prioritized/targeted HIV testing in non-health care settings, lab costs associated with HIV testing will be supported by the Department if the applicant chooses to use the State Public Health Laboratory and based on the availability of funding.**

Question #66. Is the CHD or the State office able to provide zip code level data to the grantee to fulfill the requirements of this RFP.

**Department Response: Please reach out to your local county health department surveillance program to request data.**

Question #67. Is there a requirement for specific HIV testing types or methods? For instance, in the outreach setting, is OraSure permitted?

**Department Response: Yes, OraSure is permitted in an outreach setting.**

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Question #68. What is the expectation for the applicant to provide Partner Services (including alternative service models)? This function has historically been provided by DIS through the health department. What role does the applicant have in this activity and if evaluated by provision of “timely Partner Services,” what is the CHD’s responsibility for meeting this requirement?

**Department Response: Applicants are required to have a referral agreement with the local county health department for partner services activities.**

Question #69. If the CHD has responsibility for partner services, why is a formal agreement required for referral for services? What should this agreement entail, and which specific duties should be the responsibility of the applicant?

**Department Response: Applicants are responsible for reporting all newly identified diagnosed individuals to the local county health department within two weeks confirmatory test. Applicants are required to have a referral agreement through a with the local county health department to ensure timely partner services activities.**

Question #70. Is “local health office” referring to the county health department? If so, is there a list of services or SOPs that can be provided to the grantee that outlined the CHD’s role in supporting the priorities outlines in this RFP?

**Department Response: Local health office refers to the county health department. The Department does not have an outline of the responsibilities of the CHD in relation to this RFA.**

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Question #71. How should applicants address harm reduction and syringe service program efforts if these are not legal/allowed in the jurisdictions we serve? Is DOH aware of the status of syringe exchange programs across the state? Will areas without syringe exchange programs be exempt from this requirement?

**Department Response: Applicants in areas without a syringe exchange program will still need to collaborate with harm reduction programs in the area.**

Question #72. The RFP refers to “indications for PrEP” – what are these indications? If 15% of the award is used to support ancillary support services for PrEP and nPEP, and the awarded entity contracts with a local DOH or other healthcare provider for that service, what documentation will be required to show the funds were used for ancillary services? Can a CHD accept funds from the grantee for these purposes? Is this considered supplanting?

**Department Response: Indications for PrEP refers to Individuals at risk of HIV exposure through sexual activity or injection drug use. PrEP/nPEP referrals will need to be tracked and reported to the Department. CHDs cannot accept funds from grantees.**

Question #73. How does DOH plan to validate the appropriate usage of funds in the instance of ancillary services if the awardee partners with a CHD for these services?

If there are no providers that are promoting or providing PrEP services, and the funding cannot be used for clinical services for PrEP, how should this requirement be addressed in the proposal? Do the CHDs currently have funding or the ability to offer these services specifically to those that are under insured or uninsured?

**Department Response: Applicants can collaborate with the local county health department or another agency in the area that provides PrEP/nPEP services for those who are uninsured or underinsured.**

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Question #74. Strategy 4 outlines response to HIV clusters and outbreaks. What is the expectation for providers to assist in the instance a cluster is found? What is the expectation for the applicant versus the CHD? For example, if the CHD requests the applicant offer testing in the cluster area on a specific day and time, but the Program has a conflicting event, how will that be addressed?

**Department Response: The local county health department will coordinate with awardees to respond to HIV clusters identified by the Department.**

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Question #75. Please clarify what is considered a “community engagement session?” Would Popular Opinion Leader (POL) type intervention models meet this requirement. For the purposes of this question, POL is a risk-reduction intervention model in which groups of trusted, well-liked people are recruited and trained to conduct outreach within their social networks.

**Department Response: A community engagement session is a structured event where organizations, government agencies, or community leaders actively involve members of the public in discussions, decision-making, and activities that impact their collective well-being.**

Question #76. Our area’s planning efforts are combined with the local RW Consortium Meetings, will this suffice for HIV Planning?

**Department Response: Yes.**

Question #77. Is there a requirement that the applicant conduct both BRTA and FRTA mobilization activities?

**Department Response: Yes.**

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Question #78. In the section for Mandatory Requirements, item 2 requires that the applicant document their ability to 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 service. What is the requirement for the community needs assessment component? Is this needs assessment specific to HIV only?

**Department Response: The Needs Assessment should include an epidemiological profile, service utilization and unmet need, resource inventory, stakeholder engagement and priority settings and recommendations for HIV prevention and treatment.**

#### **Page 27**

Question #79. What details for the required training and workshops (location, length) are available so that travel expenses can be more accurately included in the budget?

**Department Response: The Department does not have this information at this time.**

#### **Page 33**

Question #80. Is the mandatory provider orientation meeting in addition to the required training? Is more information available about meeting location and length for budgeting?

**Department Response: Yes. The provider orientation is separate from the other required training. We do not have any additional information about the orientation at this time.**

Question #81. Under the section for the Budget Justification Narrative, the "Department reserves the right to approve/deny any subcontracts and/or consultants." Under what circumstances would the Department disapprove or deny a subcontract, subcontractor or a consultant?

**Department Response: Applicants must seek the Department's approval for any subcontracts or consultants. These entities must align with the program goals and objectives. Subcontractors or consultant services that do not align with grant requirements may be denied.**

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Question #82. For the Organizational Capacity and Staffing submission. If an existing program has had to reduce their workforce due to funding reductions or cancellation, they would likely need to hire new program staff. If this is the case, is a position description or job posting for the proposed staff sufficient to meet this requirement if all the essential attributes are included in the description?

**Department Response: Yes. A position description is acceptable.**

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Question #83. Are outcomes for a three-year funding period required for the RFP?

**Department Response: Both 10-month and 3-year outcomes are required.**

Question #84. Item 1, "Purpose," references section 2.2 and asks for a two to three sentence description of how it is addressed in the proposal. Section 2.2 covers Priority Populations. Is this referencing the correct section, which would require a two to three sentence description of how priority populations are included in the proposal, in general? Shouldn't this also be included in detail in the workplan?

**Department Response: The Purpose should reference Section 2.3. Yes, it should also be included in the detailed work plan.**

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Question #85. What is the maximum number of letters of support? Paragraph 2, p. 37 says 10, but p. 32 for Appendix C the number is 15. Are the required letters of support from health departments included in that count even though some regions have more than 15 counties. Are letters of support required from each county health department in the service area?

**Department Response: Applicants may submit up to 15 Letters of Support.**

Question #86. Should the evaluation plan address a three-year project period?

**Department Response: The evaluation plan should address the 10-month and 3-year project periods.**

Question #87. Should the work plan address the first year only, or should it extend to the full three-year period?

**Department Response: The work plan should address the quantitative and qualitative outcomes form the first year and 3-year funding period.**

Question #88. Will deliverables be due each month or on a different schedule?

**Department Response: The contract deliverables and due dates will be discussed with awardees during contract negotiation.**

Question #89. Which MOAs/MOUs are required to meet the "Collaborations" portion of the response to the RFP? Is the requirement that we must obtain these agreements and submit them, or is it the requirement to submit them ONLY if they are currently in place? Is it the expectation that MOAs/MOUs are in place prior to the submission of the proposal?

**Department Response: Applicants may submit MOAs/MOUs that are already currently in place.**

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Question #90. For the "Statement of Need", item number 1. Providing a description of ALL zip codes within the proposed area is not feasible in larger regions. Can the proposal instead discuss specific zip codes of interest based on incidence and cater services or proposals to these areas?

**Department Response: Yes. Larger areas can discuss specific high incident zip codes where proposed services are to be implemented.**

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Question #91. Is item 4 referring to only the services that the applicant is currently doing, or is it referring to services in the area that are related to HIV from any provider?

**Department Response: Applicant must discuss the services they are proposing for Strategy 4.**

Question #92. Will DOH please share editable versions of the required forms and a cover page?

**Department Response: The Department will share the editable versions for the required forms.**

Question #93. The anticipated award date is July 31, and projects are set to begin August 1. Will contract negotiations begin in advance of July 31?

**Department Response: Contract negotiations will begin after the anticipated award date.**

Question #94. If contract negotiations and execution are not completed by August 1, will the full amount of funding still be available to the awardee?

**Department Response: Funding will be prorated based on contract execution date.**

Question #95. Is the applicant responsible for asking local DOHs to submit Attachments 8 and 9 – or will the program office arrange for those forms to be completed?

**Department Response: The Department will provide the Review and Recommendation Form to the local health office.**

Question #96. RW Part B serves as a large partner and referral source for PWH, how will this be impacted by leading agency changes which are expected to occur during this funding cycle?

**Department Response: The impacts of the changes are unknown at this time.**

Question #97. For “Attachment 10: Funding Source List:” should all funding be included even if the funds are not related to HIV? What is the period we should report for funding sources? Is it the past fiscal year July 1, 2024 – June 30, 2025? Should we include purchase orders as well as contracts?

**Department Response: List all federal, state and local funding sources for FY24-25.**

Question #98. Does the RFP require the provision of testing or testing outreach in all counties within the designated region? For instance, if there is a county with low incidence, can efforts be focused on those with higher rates of new infections rather than appropriating program resources equally across all counties?

**Department Response: Applicants should review the local data and prioritize HIV testing in high incident zip codes.**

Question #99. If the funding extends through the full 3-year period, when would the program expected to end?

**Department Response: The anticipated funding term will be through May 31, 2028**

**This is not a competitive solicitation subject to the notice or challenge provisions of section 120.57(3), Florida Statutes.**