



## Ending the HIV Epidemic Request for Proposals

*“Integrated HIV Programs to Support Ending the HIV Epidemic in Baltimore City”*

Bureau of Clinical Services and HIV/STD Prevention  
Division of Population Health and Disease Prevention

### *Questions & Answers*

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## Baltimore City EHE RFP Questions and Answers

### General

Q: What do you mean by "Theory of Change" listed under Proposed Project Plan in the Review Process on page 27?

A: Theory of Change is a different way to talk about a logical framework. First, you identify the impact you hope to make in the community, what change do we want to see after the project? Then you work backwards to determine, the outcomes, then outputs, then activities which will get you there.

Q: Are we required to use specific CDC Evidence Based Initiatives (EBI) strategies here?

A: No, they are simply best practices to help guide and inform.

Q: Are grocery store specific gift cards considered incentives?

A: We can consider gift cards.

Q: Page 22-23: #3. Proposed Work Plan - Boxes on Page 23 - Are the Strategies and Metrics the "Indicators"?

A: Strategy is the overarching approach ie. "Educating teens on HIV." Activities within the strategy could be training, games, provision of educational handouts, etc. Metrics and indicators are the same.

Q: Are the "Targets" the Target Populations?

A: Targets in this instance refer to the target number for your indicator. If your indicator is "# of teens trained" your target might be "50 teens trained."

Q: What do you mean by the "Data Sources"?

A: The data source is where you get the data from. In this example the data source could be the training sign in sheet or the training pre/post-test.

Q: It sounds like that the applicants must address all the pillars they are applying for in one application. Does this mean that each pillar gets its own 10 page limit (for example, if applying for 3 pillar, then the page limit is 30 pages)?

A: The total application limit is 10 pages, regardless of number of pillars proposed. You can use the workplan (not counted against the page limit) to expand details of strategies and specific activities proposed.

Q: Do applicants submit one application for all pillars?

A: Yes.

Q: Is it a ten-page limit per pillar or is it all inclusive?

A: Inclusive. The total application limit is 10 pages, regardless of number of pillars proposed.

Q: Are there any formatting requirements, such as page margins, fonts to be used, and type size?

A: No, but please do not use less than 10 font.

Q: Are the Cover Page, Table of Contents, and Abstract to be included in the 10-page limit?

A: Yes

Q: Do applicants need to submit a separate application for the federal funding and state funding or is it one application?

A: One application. We will decide on the back end based on eligibility of the funding sources which one is more appropriate for what the awardee is proposing.

Q: Do applicants need to declare between state and federal funding?

A: No.

Q: Can we have a copy of this presentation?

A: Yes, it will be emailed to all who sent an LOI and who joined the webinar

Q: Do we need both an MOU and letter(s) of collaboration for selected collaborators who will not be sharing in funding, or just a letter of collaboration.

A: Letter of Collaboration is sufficient.

Q: Do you have to have a collaborator(s)? Please elaborate on what collaborators are supposed to be do.

A: Yes, you should highlight a collaborator, either formal or informal. Baltimore City's draft EHE plan highlights the need for improved coordination and collaboration among service providers in the city. In order to reduce gaps, avoid redundancies, maximize resources, avoid "competition," and ultimately improve access, referral and service quality for our communities, we would like to see our subgrantees creating their own networks with other clinical and non-clinical providers in Baltimore. The letter of collaboration with at least one organization who will play a supportive role in how you reach your target communities and implement your project will demonstrate your organization's ability to maximize reach and ensure comprehensive support to your clients.

Q: Can two organizations apply collaboratively? Or is the funding awarded to one organization only?

A: Each organization seeking funding should apply separately. That said collaboration is highly encouraged, so each application of a co-implemented project should mention the link to the partner organization and how their proposed project will be implemented as a collaboration.

Q: Does this funding stream exclude existing funding from Ryan White

A: Not necessarily, however projects may not overlap. If an organization is already receiving funding from RW for a specific project, they may not apply to this RFP for funds to scale-up that project. If the applicant is proposing to create a new project that is within the scope of the RFP, but does not replicate or extend the existing RW project, then it is eligible for consideration.

Q: Do you want us to propose innovative strategies as well as following your prevention innovative strategies?

A: You can propose innovative strategies beyond those indicated in the RFP. These strategies however must still contribute to the goals and outcomes indicated in the RFP, and abide by guidance established by the federal funding sources. Also, in order to save an organization time,

we recommend that you run a brief summary by BCHD first before you get too far along in elaborating your project for submission. [Adam.Huebner@baltimorecity.gov](mailto:Adam.Huebner@baltimorecity.gov), T: 410-453-7325

**Q:** Will the reporting requirements include reporting of client-level data? Is there a mechanism for reporting that has been determined?

**A:** Depending on the pillar selected, it is likely that some client-level data will be required. Some applicants may be familiar with the CDC reporting system REDCAP or the Ryan White Reporting system, Careware. Dependent on the final indicators agreed upon and the funding source that is selected for a particular awardee, BCHD will work closely with the awardee to understand and implement the appropriate data system. The EXACT reporting requirements will depend on the funding stream and will be communicated once we receive final guidance from our funders.

**Q:** Are the indicators under the pillars required or we can use other indicators?

**A:** The indicators under the diagnose pillar and the financial subsidiary pillar are required. The indicators under Treat are flexible depending on the exact activities proposed. If an organization is proposing a PrEP program, they will be required to report data on the continuum of screening, linked, referred, prescribed, etc. If they are proposing other prevention activities, additional indicators can be proposed.

**Q:** How is organization defined? Are entities from two separate departments or schools within a single academic institution considered same or different?

**A:** If the entities are under separate direct management and focused on different projects and target groups, they are eligible. That said, based on the totality of applications, BCHD will prioritize diversity in partners to the extent possible.

**Q:** Is there a deadline for questions?

**A:** We will provide responses to questions up until submission to help organizations develop the best possible applications. That's said, BCHD strongly recommends that you ask all of your questions now so that you have sufficient time to develop your project and so that we may share the question and response with other interested parties.

**Q:** Was an LOI submission necessary or can an applicant apply by the 7/6 deadline without it.

**A:** An LOI was recommended but NOT mandatory. If you didn't submit an LOI, you can still submit an application by July 6.

**Q:** What do you mean by distal indicators?

**A:** These are indicators that don't necessarily measure the end outcome or impact we are looking for (proximal indicators) but measure outputs often associated with the process. For example, measuring impact of community engagement and sexual health discussions on HIV prevention is difficult. However, its much easier to measure changes in participant knowledge or attitudes and use these as indicative of the desired impact.

**Q:** Are we able to request funds for purchase of mobile units, ie. vans?

**A:** Partial funding (co-funding) or leasing support could be considered. Budget for the full cost of a mobile unit will be rejected by CDC unless, the unit is used 35-40 hours+ per week for the project activity.

Q: CDC funds may be used for mobile units as presented in your presentation. If the requested amount is at the minimum allowable grant, will it be possible to use the requested funds for that purpose?

A: See answer above. Funds can be used to support existing mobile units, lease mobile units, and/or support their associated activities, however, they cannot be to cover the full purchase cost of new mobile units.

Q: Are there allowances in timeline of implementation if an organization requires IRB approval for the evaluation activities

A: There will be no extension of the submission deadline. CDC funds cannot be used to research. If an IRB would be required for project evaluation, it would have to be done within the timeline of the program funding and would require BCHD approval before submission.

Q: Can we change the pillars that we indicated in our LOI based on information presented here?

A: Yes

Q: We currently have a Ryan White contract and have been told it will be renewed. Can we opt to apply for this program instead?

A: Yes, your organization may opt to apply for these funds instead of Ryan White funding. However, please note that there is no guarantee that these funds will be awarded.

Q: Can you talk more about what labs are covered? Are the monitoring labs covered - ie, renal function, etc

A: Yes, labs can be covered. BCD lab is currently down due to the COVID-19 epidemic. When it is back up and running, sub-grantees (under Pillar 1 and Pillar 3) will be able to use the lab to processes tests included in the context of projects funded under this RFP. This includes testing for HIV and STIs. For other tests related to PrEP, the applicant can propose budget to cover these labs through an external provider.

Q: Question about the workplan - are we to outline our 5 year plan or just the first year plan with the 5-year goals outlined?

A: You should highlight the project's goal and vision for the 5 years in the application. What impact do you hope to bring through the duration of this project? However, the workplan should be only for the first year of the project.

Q: Can these funds be used to fund case management of Ryan White eligible clients if the organization requesting them doesn't have Ryan White funding?

A: If clients are Ryan White eligible, it would be best for them to be signed up for Ryan White services, which extend far beyond case management. That said, these funds could be considered for case management support, but only as a temporary solution to bridge to Ryan White funding/service provision. Therefore if awarded, the project would not be funded for the 5 year duration.

**Pillar 1**

Q: Pillar 1 requires testing. Does making an appointment for and accompanying a person to testing suffice?

A: While important, helping people get to a testing location alone doesn't meet our expectations for a project under the Diagnose pillar.

Q: Under Pillar 1 are any testing expenses covered under the funding?

A: Yes, you can propose testing costs in terms of materials and personnel for consideration.

**Pillar 2**

Q: Pillar 2- How do you define a “non Ryan White” client for case management? Is this a client that is not eligible for Ryan White funded CM?

A: These funds can be used to support services for any individuals who are not covered under Ryan White funding.

Q: Under Treatment you specify case management for those not funded by RW. Does this mean they should not be RW eligible?

A: This funding should serve as a complement to case management services for individuals who are not Ryan White eligible, regardless of the provider organization's Ryan White funding status.

Q: Under Pillar 2, do you expect applicant to utilize both Peer Network support and Case Management or can applicant focus on only one of them?

A: An applicant can focus on just one or both.

Q: Do you have a specific definition/requirements for case management?

A: Case management should involve screening for insurance, medical needs, and non-medical needs and the subsequent efforts to link individuals to client-centered services. Case management must also include regular follow-up (for an organization-defined period of time) to ensure needs are met and to identify new or emerging needs.

**Pillar 3**

Q: Is PrEP IMPACT/Outreach funding going away?

A: PrEP/IMPACT activities will continue under this RFP.

Q: Pillar 3: Are we required to be able to address all 5 Strategies?

A: No. Applicants should address at least 1 strategy under their selected pillar(s).

Q: Is Pillar 3 only for medical providers?

A: No, non-clinical providers are encouraged to apply. Strong partnerships with PrEP providers though are essential.

Q: Pillar 3 Do you envision a medical provider conducting Strategies Nos. 1-3 with a Community Based Organization collaborating with the medical provider to conduct Strategies Nos. 4 and 5? Or, can the Community Based Organization just apply to conduct Strategies Nos. 4 and 5?

A: A CBO can be involved in any of the strategies, however, they will need to have close partnerships with clinical providers to help navigate patients and collect data related to strategies 1-3.

Q: Are we allowed to budget for the payment of PrEP medications for uninsured patients?

A: No, not allowable by CDC or HRSA. They will have to use the existing federally funded mechanism <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/prep-program> or the Gilead Assistance program.

Q: Under the Prevent pillar (3), is providing HIV prevention medical care/PrEP (i.e. paying for the visit with the provider) and associated lab work for uninsured patients an allowable expense?

A: In short, yes

**Under CDC 20-2010 guidance:**

- CDC funds may be used to 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/navigation support to other essential services, etc. These activities must be a well-defined set of duties that are in addition to writing prescriptions and provision of clinical care. The funded percentage for these duties may not exceed 75% of the FTE. Other sources of funding are needed to support any duties specifically related to clinical care.
- CDC funds may be used for laboratory costs for screening or monitoring PrEP per CDC Guidelines for uninsured or underinsured people receiving PrEP in not-for-profit or governmental clinics.
- CDC funds may be used for mobile units and other novel engagement strategies.
- CDC funds cannot be used to cover the costs of antiretroviral medication, including PrEP.

Q: Regarding prevention, is recommending PrEP mandatory?

A: Recommending PrEP as an option is mandatory. We understand that it is not the only option and that for many people it is not a preferred option or is even viewed as a non-starter. That said, it must be on offer. If an organization proposes a project under the prevention pillar, they must at least make their clients aware of PrEP and support them in accessing PrEP (ie. referral), but they don't necessarily have to establish a PrEP program

Q: JHU labs could provide PrEP lab work to support those in the community who are uninsured or underinsured. Would the lab be eligible to request funds from this RFP to serve as a resource for this need?

A: Not for this RFP. A PrEP fund for uninsured or underinsured individuals needing support for clinician visits and labs is something BCHD is interested in exploring moving forward.

**Foundational/Financial Micro-grants**

Q: We're interested in applying to administer the mini-grant program. Are you planning to have any grantee convenings or group communications so that this effort can be coordinated with the efforts of the other grantees?

A: Yes, BCHD will organize periodic sub-grantee meetings to help facilitate communication and collaboration among all funded projects, including the micro grant provision.