

HIGH IMPACT RFP QUESTIONS AND ANSWERS November 1, 2011

1. Do you have to submit a separate RFP for each component? – Yes
2. Are organizations outside the Philadelphia City limits eligible to apply? - No
3. Are those agencies who receive only State funds eligible to compete in this round? Yes.
4. Currently we do not pay for rapid tests. Should this be something to add into our proposal? No AACO will cover the cost of rapid test kits
5. What is the standard format for the biographical sketch? You can use any format you wish; do not exceed two pages per person.
6. Can syringe exchange/ access be applied for under the locally developed interventions? No.
7. On p. 42 (application cover page) Does "HIV clients receiving any service from your agency" include HIV+ and negative clients who are involved in HIV program? Or only HIV+ clients? Would "agency" mean only the department where the applicant is using funds to provide HIV services, or does agency include the entire hospital (including the hospital's HIV clinic)? Should this be "unduplicated" clients for all AACO funded services. Provide the unduplicated count of HIV+ Clients receiving any service from your agency. Applicant should report the number of clients from the functional unit/department where the applicant is using funds; for example not for an entire hospital.
8. On p. 45, Summary Demographics Report, is "full-time and part-time" non-HIV program staff of Human Resources meant to include all Emergency Department staff (nurses, physicians, etc)? For Constituency, is subtotal number of people served by organization's other programs the total number of patients served by the Emergency Department? Or do you want to know the numbers for the whole hospital, not just the department where we are conducting HIV testing? For a large institution such as a hospital, respond for the functional unit involved in the program, in this case the emergency department. Clearly define the scope of the data being reported.
9. Overall, are "agency" and "organization" synonymous? Should these terms represent the entire hospital or only the sections that will be impacted directly by funding (i.e., the department of emergency medicine where screening will occur and/or the division of infectious diseases, where patients will be linked to care?) In general these should represent the section of the hospital involved in the proposal. Clearly define the scope of your response to these questions.
10. How many years this funding will exist? All funding is dependent on federal funding and cannot be guaranteed.
11. Can we use a portion of the funding to cover a position that will do the linkage to care? Linkage to care is a required activity of HIV testing programs and it is up to the applicant to describe how this is done in a cost effective manner.
12. What is the expectation for making our programs sustainable? After 1 year, or longer? Clinical HIV screening programs should begin billing third party payers in the first year and develop a plan for long term sustainability.

13. Is the expectation that we continue our current program or is this an opportunity to expand existing programs? Either.
14. In relation to the other components, why is the amount of money allocated to HIV Screening and Testing in Health Care Settings at the level stated in the RFP? City-delivered testing programs in health care settings are funded but not competing in this RFP.
15. Is the money allocated for Health Care Settings shared between hospitals as well as outpatient sites like FQHC's, City Health Centers, etc? Funding for HIV screening in health care settings includes both hospital-based and community-based healthcare settings.
16. For testing in health care settings is AACO "only" soliciting proposals for North Philadelphia and West Philadelphia - or are these just classified as priorities? These areas are priorities. Programs will be funded in other high need areas of the City as well.
17. On the cover page where it asks for number of HIV clients receiving services as of December 31, 2010 does that mean those that received services in calendar year 2010 or those receiving services after December 31, 2010? It means those receiving services in calendar year 2010.
18. Is this funding opportunity taking the place of general funds or S (State) awards? This funding covers all awards funded with CDC (C) or Expanded/Integrated (EI) awards. All those who were previously funded through C and EI awards must apply if they wish to continue funding their programs. No other funding streams are impacted.
19. How do we know if a vendor is a certified minority vendor? Ask them to produce their minority certification from either the city or some other governmental entity. Forward the certification from another governmental entity so they can be added to the city database.
20. How does a vendor become certified as a minority vendor? Go to www.phila.gov and search for the link to the "Office of Economic Opportunity" and then search for the link for "registry"
21. If we are collaborating with another agency does one agency apply as the lead and another as a subcontractor? While collaboration is encouraged, the primary applicant is expected to be responsible for a significant amount of work in the project. Services may not be primarily operated through subcontract.
22. If agencies want to submit separate applications but collaborate, should they reference one another in their applications? Applications must be separate and complete in themselves. Applications will be evaluated and funding decisions made independently. No application should depend on another proposed project being funded.
23. If agencies weren't previously funded by AACO or for CTR are they ineligible for funding? This is an open and competitive RFP. Those without previous AACO funding or previous experience providing CTR or HIV prevention services may apply but they must be able to demonstrate capacity to provide the service.
24. Can incentives be used? Yes. Cash may not be used as an incentive. All incentives should be explained as to how they will be used and why they are necessary to the success of the program.

25. What are key personnel for resume attachment? Management and front line staff as well as anyone who has a significant role as outlined in your program plan.
26. Will the Commissioner of Health's HIV Resource Allocations Advisory Committee be responsible for the review of proposals? Yes.
27. Will HERRs targeting high risk heterosexuals be considered? Yes, through Component G.
28. What is the approximate award size for component C and how many awards do you anticipate funding for that component? Award size and number of awards granted will depend upon the number and quality of applications that we receive.
29. Does the agency need to be located in one of the identified areas? No. The program must demonstrate accessibility (e.g. public transportation) to the population(s) targeted.
30. What database system will be required for use with this RFP? For CTR programs, CTR forms will be distributed. For HERR we will communicate the preferred data base post award.
31. Are there any disallowed expenditures? Please see page 16-17 of the RFP.
32. Do we need to turn in a 5 year budget? No.
33. If we put in a budget with the Letter of Intent, are we able to modify it? Yes.
34. Are we able to apply for more than one category? Yes. You may apply for as many components as you wish, however you must submit separate applications for each.
35. What is the maximum funding allotted for section G? Funding will depend on the number of applicants and the quality of applications.
36. When you ask for the annual budget, do you mean the HIV program or the entire parent organization? For AIDS service organizations, this refers to your entire agency budget. For community based organizations or hospitals/medical organizations, this refers to the amount of your HIV budget only.
37. If incentives will be provided in-kind but funding from this RFP will not be utilized to purchase them, should they be described? Yes if they are an integral part of your program.
38. If we are applying for one component but services will be provided at two different sites, must we submit one application or two? If the separate sites are a part of one overall program of services, then submit one application and describe which activities will be taking place at each site. If the sites represent two different programs and approaches, then two different applications should be submitted.
39. Can the contract preparation fee be charged to the contract budget? No.
40. Is there specific guidance about what to include under the home-grown intervention component? No specific guidance is provided. Applicants should fully describe and justify the proposed program. Applicants should provide the evidence and theoretical basis for the intervention and proposed evaluation measures.

41. Is Personalized Cognitive Counseling (PCC) included under category E? PCC is not included in the interventions listed under Category E. The RFP does not include all of the CDC's evidence based interventions.