



**REQUEST FOR PROPOSALS
for
PERINATAL HIV PREVENTION SERVICES (#12-01)
for the
CITY OF PHILADELPHIA**

**Issued by:
CITY OF PHILADELPHIA ("City")
Department of Public Health**

**Proposals must be received no later than 12:00 p.m. Philadelphia, PA, local time,
on November 1, 2011**

***Pre-Proposal Conference:*
Date: October 11, 2011
Time: 3 PM
Location: Department of Public Health, 1101 Market Street, 11th Floor Conference Center**

**Michael A. Nutter, Mayor
Donald F. Schwarz MD MPH, Deputy Mayor for Health and Opportunity, and
Commissioner, Department of Public Health**

August 2011



City of Philadelphia
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I. Project Overview

A. Introduction and Statement of Purpose

Research and practice from the past 15 years shows that proper prevention and intervention during pregnancy, labor, and delivery reduces the rate of infants born with HIV. While access to HIV perinatal prevention is available and accessible in Philadelphia, and gains in prevention have been achieved, avoidable and preventable mother-to-child exposures occur. In the 6-year period between 2005-2010, 663 HIV-exposed children were born in Philadelphia. Of that total, 16 children are HIV-positive and 647 were either HIV-negative or of indeterminate status. Further, each year between 2005 and 2010, between 90-120 infants were exposed to HIV perinatally. Approximately \$280,000 fund this opportunity. These funds are Federal funds provided to the Philadelphia Department of Public Health (PDPH) by the Centers for Disease Control and Prevention (CDC).

This Request for Proposal (RFP #12-01) seeks to contract with one or more experienced community organizations to support the City of Philadelphia's goal to eliminate perinatal transmission of HIV in Philadelphia. This RFP addresses two components of the City's overall strategy for achieving this goal. The RFP's components are:

- a. **Perinatal Medical Case Management Component.** The role of the successful Applicant is to provide perinatal case management to approximately 75 HIV-positive women/infant pairs in Philadelphia from diagnosis of pregnancy to six (6) months post-delivery including pre-conception and inter-conception care. PDPH anticipates funding one award of up to \$210,000 for one 12-month period.
- b. **Marketing and Coordination Component.** The role of the successful Applicant is to market and coordinate perinatal HIV prevention activities, including the use of rapid testing, to prenatal medical practices and delivering hospitals. PDPH anticipates funding one award of up to \$70,000 for one 12-month period.

Applicants eligible to submit proposals in response to this RFP are non-profit organizations in the City of Philadelphia ("the City"). Applicants may respond to one or both components, but must prepare separate and complete submissions for each component proposed.

B. Department Overview

The Philadelphia Department of Public Health is releasing this RFP, whose mission is to protect the health of all Philadelphians and to promote an environment that allows us to lead healthy lives. PDPH provides services, sets policies, and enforces laws that support the dignity of every man, woman, and child in Philadelphia.

AACO is the division within PDPH that will be responsible for managing the contract and any relevant interactions with other Departments or Agencies. AACO has the primary responsibility

for managing the HIV prevention system in Philadelphia and HIV care systems in Philadelphia and the eight surrounding counties in Southeastern Pennsylvania and Southern New Jersey. AACO's current annual budget of over \$47 million is comprised of a combination of federal, state, and local government sources. AACO achieves its objectives primarily by funding health care and human services agencies to provide specific HIV and AIDS services. AACO monitors the service provider agencies and assures that the citizens of Philadelphia receive the highest quality services that meet or exceed the standards of care for HIV/AIDS services set by the U.S. Public Health Service (PHS), Center for Disease Control and Prevention (CDC), and the Health Resources and Services Administration (HRSA).

C. Project Background

Federal. In 1996, the U.S. Preventive Services Task Force (USPSTF) recommended routine counseling and screening for high-risk pregnant women, as well as those residing in communities where the prevalence of seropositive newborns is increased. Testing infants born to high risk mothers was recommended when the antibody status of the mother is unknown. Since then, significant new evidence on screening for and treating HIV infection has been published in the medical literature. In 2005, USPSTF re-examined the recommendation and found that:

- Both standard and FDA-approved rapid screening tests accurately detect HIV infection in pregnant women.
- Introduction of universal prenatal counseling and voluntary testing increases the proportion of HIV-infected women who are diagnosed and are treated before delivery.
- Recommended regimens of anti-retroviral therapies (ART) are acceptable to pregnant women and lead to significantly reduced rates of mother-to-child transmission.
- Early detection of maternal HIV infection also allows for discussion of elective cesarean section and avoidance of breastfeeding, both of which are associated with lower HIV transmission rates.
- No evidence exists of an increase in fetal anomalies or other fetal harm associated with currently recommended antiretroviral regimens (with the exception of *efavirenz*).
- Serious or fatal maternal events are rare using currently recommended combination therapies.
- The adoption of "opt-out" strategies to screen pregnant women (a standard of practice in which pregnant women are informed that an HIV test will be conducted as a standard part of prenatal care unless they decline it) has resulted in higher testing rates.

The USPSTF concluded that the benefits of screening all pregnant women substantially outweigh potential harms and announced the highest possible "Grade A" recommendation that clinicians screen all pregnant women for HIV. The recommendation states that early identification of maternal HIV seropositivity:

- Allows early antiretroviral treatment to prevent mother-to-child transmission;

- Allows providers to avoid obstetric practices that may increase the risk for transmission; and
- Allows an opportunity to counsel the mother against breastfeeding (also known to increase the risk for transmission).

In July 2010, the White House released *The National HIV/AIDS Strategy for the United States* (NHAS), the nation's first-ever comprehensive coordinated HIV/AIDS roadmap with clear and measurable targets to be achieved by 2015. The National Strategy is intended to refocus existing efforts and deliver better results to the American people within current funding levels, as well as make the case for new investments. It is also a new attempt to set clear priorities and provide leadership for all public and private stake-holders to align their efforts toward a common purpose. The goals of the NHAS are:

- Reduce new HIV infections.
- Increase access to care and improving health outcomes for people living with HIV.
- Reduce HIV-related health disparities.

CDC focuses on three targeted strategies in support of the National Plan:

- Increasing knowledge of HIV status among people living with HIV and their partners.
- Reducing risk of HIV transmission from people living with HIV.
- Reducing HIV acquisition among persons at high risk for infection.

To support the implementation of these strategies, CDC provides direct and financial resources to:

- Incorporate HIV testing as a routine part of care in traditional medical settings.
- Implement new models for diagnosing HIV infections outside medical settings.
- Prevent new infections by working with people diagnosed with HIV and their partners.
- Further decrease mother-to-child HIV transmission. (*emphasis added*)

Treatment of pregnant women and their infants can substantially reduce the number of babies born with HIV infection. Such interventions are most effective when the HIV status of the pregnant woman is known as early as possible in pregnancy—and if not known—when the baby can be tested at the time of birth. CDC promotes screening of every pregnant woman for HIV, using the “opt-out” approach, making prenatal HIV screening a routine part of medical care, and screening of newborns whose mother’s HIV status is not known.

Vision for the National HIV/AIDS Strategy

“The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.”

In December 2010, the Department of Health and Human Services released *Healthy People 2020*, the Nation’s science-based, 10-year national objectives for improving the health of all Americans. It includes two perinatal HIV prevention- related national objectives and measures, shown below.

Healthy People 2020 Objectives and Measures					
#	Objective	Target	Base Line	Target Method	Data Sources
Reduce the number of perinatally acquired HIV and AIDS cases.					
HIV-8.1	Number of newly diagnosed perinatally acquired HIV cases. <i>(Developmental)</i>				HIV Surveillance System, CDC, NCHHSTP
HIV-8.2	Number of new cases of perinatally acquired AIDS.	25 cases	28 perinatally acquired AIDS cases were diagnosed in 2007.	10% improvement	HIV Surveillance System, CDC, NCHHSTP
Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months.					
HIV-14.3	Pregnant women.	74.1%	67.4% of women 15 to 44 years of age who completed a pregnancy in the past 12 months reported that they had an HIV test as part of prenatal care in 2006-08.	10% improvement	National Survey of Family Growth (NSFG), CDC, NCHS

State. Under new Pennsylvania law, as of September 2011, opt-out testing in pregnant women will be permitted under Public Law 585, No. 148, the Confidentiality of HIV-Related Information Act. Act 59 of 2011 is an amendment to the Confidentiality of HIV-Related Information Act. The amended Act makes HIV testing a routine part of general medical care as recommended by CDC. (Pennsylvania General Assembly 2011). The bill provides that no positive test result can be revealed to the patient without the immediate opportunity for individual face-to-face counseling. No changes were made to the amended Act’s provisions for confidentiality of records.

City. As stated previously, the City of Philadelphia’s goal is to eliminate perinatal transmission of HIV in Philadelphia. In the 6-year period between 2005-2010, 663 HIV-exposed children were born in Philadelphia. Of that total, 16 children are HIV-positive and 647 were either HIV-negative or of indeterminate status. More than 85% of HIV-exposed children and 70% of the HIV-positive children were Black. Of the more than 5,500 women living with HIV/AIDS in Philadelphia, about 2,000 are of child-bearing age (ages 13-39). Heterosexual sex is the most commonly reported risk factor among female HIV/AIDS cases. A total of 287 persons were living with HIV/AIDS in the EMA at the end of 2010 who were infected through perinatal transmission; 67 who are currently under the age of 13.

Meanwhile, the maternity care crisis persists in Philadelphia. The infant mortality rate in Philadelphia is increasing and is significantly higher than the national rate. Availability of

maternity care, including prenatal care, is severely inadequate, particularly for low income and at-risk populations. Between 2004 and 2006, the number of obstetricians/gynecologists practicing in Pennsylvania decreased 11%. In Southeastern Pennsylvania, the number of Ob-Gyns has dropped about 30% since 2001. Since 1997, 19 hospitals in the Philadelphia area have ceased to provide maternity care due to a range of factors, including liability cost for medical malpractice insurance, inadequate reimbursement, shortage of maternal care providers, and the rising rate of costly, pre-term births.

Poor geographic distribution of hospital-based maternity care increasingly coincides with inadequate availability of prenatal care in underserved communities. Currently, most deliveries in Philadelphia occur at one of six hospitals:

- Albert Einstein Medical Center
- Hahnemann University Hospital
- Hospital of the University of Pennsylvania
- Pennsylvania Hospital
- Temple University Hospital
- Thomas Jefferson University Hospital

Two-thirds of the births in Philadelphia are covered under medical assistance. Nationally, Medicaid reimburses an average of 88 cents on the dollar for births. Hospitals are often reimbursed for less than two-thirds of their maternity care costs. Experts analyzing insurance data conclude that hospitals in Philadelphia lose \$2,000-\$4,000 per birth. Of services that hospitals provide, maternity services are disproportionately dependent upon Medicaid. In Pennsylvania, medical assistance pays for approximately 16% of all hospital discharges, but accounts for 41% of newborn discharges (Rappoport 2010).

To address perinatal transmission, PDPH allocates Federal funding to:

1. Work with health care providers to promote routine, universal screening of all pregnant women, incorporating rapid testing technologies where appropriate.¹
2. Ensure that organizations and institutions involved in prenatal and postnatal care for HIV-infected women and their newborn infants provide appropriate HIV prevention counseling, testing, and prophylaxis to reduce the risk of perinatal transmission.
3. Enhance perinatal HIV surveillance of infants born to HIV-infected mothers.²

¹ Currently, Institutional Review Board approval is being sought from each of the 6 delivering hospitals to permit HIV rapid testing data collection.

² All children born to HIV-infected mothers who are reported to PDPH in accordance with the Philadelphia Health Code are followed up, and a pediatric HIV/AIDS case report is completed. The medical records of HIV-infected mothers and their HIV-exposed infants are accessed to collect data from these records. PDPH's enhanced perinatal surveillance includes supplemental reviews of medical records of both mother and all perinatally exposed infants to assess counseling and testing, prenatal care and treatment, and longitudinal follow up to assess infection status of infants, initiation of HIV-related care, and long-term outcomes. Matching HIV/AIDS and birth registries are conducted to help ensure that all mother/infant pairs are identified and the data are representative of all HIV-

D. Request for Proposals

Through this RFP, the Department invites proposals from potential contractors for the scopes of work described below. The Department expects to award one contract for each of the two components to experienced non-profit organization(s) located in the City of Philadelphia. The Department reserves the right to select multiple Applicants with which to contract. For more detail see Section II.B, Project Details and Section II.C, Selection Process, below.

E. General Disclaimer of the City

This RFP does not commit the City of Philadelphia to award a contract. This RFP and the process it describes are proprietary to the City and are for the sole and exclusive benefit of the City. No other party, including any Applicant, is intended to be granted any rights hereunder. Any response, including written documents and verbal communication, by any Applicant to this RFP, shall become the property of the City and may be subject to public disclosure by the City, or any authorized agent of the City.

II. Scope of Work

This section describes the services the Department is seeking, including tasks and work products, and the minimum performance obligations of the project.

A. Definitions

Definitions of key terms and acronyms used in this RFP are provided below.

Terms	Definition
Anonymous HIV testing	The client's name is neither known nor solicited and is not recorded
Confidential HIV testing	The client provides his or her name and may or may not provide additional contact information.
Confidentiality	The protection of personal information collected by health organizations. An obligation to respect the privacy of a client by restricting access to and not willingly disclosing any information obtained in confidence.
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.
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 departments or structuring prevention delivery systems to reduce duplication of effort.
Counseling and testing	A process through which an individual receives information about HIV transmission and prevention, information about HIV tests and the meaning of tests results, HIV prevention

infected pregnant women. The infants identified through enhanced surveillance are followed up every six months to determine their infections status and, if they meet the HIV/AIDS case definition, continue to be followed to determine their vital status.

Terms	Definition
	counseling to reduce their risk for transmitting or acquiring HIV, and is provided testing to detect the presence of HIV antibodies.
Cultural and linguistic competence	Set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross cultural situations.
Linkage to medical care	A person is seen by a health-care provider (e.g., physician, physician assistant, nurse practitioner) to receive medical care for his/her HIV infection, usually within a specified time. Linkage to medical care is the outcome of the referral.
Medical case management	Medical case management (MCM) services (including treatment adherence) ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and any other form of communication. Activities include at least the following: Initial assessment of service needs; development of a comprehensive, individualized care plan; coordination of services required to implement the plan; continuous client monitoring to assess the efficacy of the plan; periodic re-evaluation and adaptation of the plan at least every 6 months, as necessary. Service components include (1) a range of client-centered services that link clients with health care, psychosocial, and other services, including benefits/ entitlement counseling and referral activities assisting them to access other public and private programs for which they may be eligible (e.g., Medicaid, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturers' Patient Assistance Programs, and other State or local health care and supportive services); (2) coordination and follow up of medical treatments; (3) ongoing assessment of the client's and other key family members' needs and personal support systems; (4) treatment adherence counseling to ensure readiness for, and adherence to, complex HIV/AIDS treatments; and (5) client-specific advocacy and/or review of utilization of services.
Opt-out HIV testing approach	Testing approach in which a person is notified that a test will be performed unless he or she declines or defers testing. Testing is presented so that the person would be expected to understand the default is that a test will be done unless he or she declines.
Perinatal medical case management	Key components of perinatal medical case management (P-MCM) include all HIV medical case management activities and standards, with an emphasis on: provide PMCM from time of enrollment to a maximum of 6 months post-partum; assess client acuity and triage mother/infant pairs with low intensity needs to MCM; monitor and coordinate birth plan (to include where the birth will occur, plan for use of anesthesia during labor and delivery; and use of ARVs to prevention mother-to-child transmission; develop appropriate hospital discharge plan for mother and infant; develop linkage to ongoing MCM; conduct face-to-face meetings at least once every 30 days; attends OB/GYN visits and HIV medical care visits as warranted by the women's needs; track and document all maternal prenatal visits and mother/infant HIV medical care visits; monitor infant care including medical visits, ARV delivery, and biopsychosocial needs; assess and monitor home safety; and assess and monitor domestic violence risk, and develop and implement a plan for protecting the mother/infant pair.
Perinatal transmission	HIV transmission from mother to child during pregnancy, labor and delivery, or breastfeeding.
Referral	A process by which immediate client needs for prevention, care, and supportive services are assessed and prioritized and clients are provided with assistance in identifying and accessing services (such as, setting up appointments and providing transportation). Referral does not include ongoing support or case management. There should be a strong working relationship (preferably a written agreement) with other providers and agencies that might be able to provide needed services.

Terms	Definition
Referral follow-up	The method that will be used to verify that the client accessed the services to which he or she was referred.
Referral outcome	The current status of the referral based on activities to verify that the service was accessed.
Self-referral	The client initiated the services.

Acronym	Definition
AACO	AIDS Activities Coordinating Office
AIDS	Acquired immunodeficiency syndrome
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention, the lead federal agency for protecting the health and safety of people, providing credible information to enhance health decisions, and promoting health through strong partnerships. Based in Atlanta, Georgia, this agency of the U.S. Department of Health and Human Services serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.
CRCS	Comprehensive risk counseling services, an intensive, individualized client-centered counseling for adopting and maintaining HIV risk-reduction behaviors. CRCS is designed for HIV-positive and HIV-negative individuals who are at high risk for acquiring or transmitting HIV and STDs and struggle with issues such as substance use and abuse, physical and mental health, and social and cultural factors that affect HIV risk.
CTR	Counseling, testing, and referral for HIV infection
FDA	Food and Drug Administration, U.S. Department of Health and Human Services
FIMR	Fetal Infant Mortality Review
FTE	Full-time equivalent
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human immunodeficiency virus
MCM	Medical care management or medical case manager
PDPH	Philadelphia Department of Public Health
NCHHSTP	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention of the Centers for Disease Control and Prevention
RFP	Request for Proposals

B. Project Details

This RFP supports a Perinatal Medical Case Management Component and a Marketing and Coordination Component. The Department reserves the right, however, to modify specific requirements, based on changed circumstances (such as a change in business or technical environments), the proposal selection process, and contract negotiations with the Applicant(s) selected for negotiations, and to do so with or without issuing a revised RFP. The Applicant must provide in its proposal a detailed proposed scope of work showing how it will meet the project requirements stated in this RFP.

Populations Targeted for this RFP. The priority population in Philadelphia with the greatest unmet need for perinatal HIV prevention are pregnant women who are newly identified as HIV-positive, or HIV-positive women who are not in care, or not in current HIV medical case management. Three groups are targeted for this RFP:

1. Prenatal and postnatal HIV-positive women and their infants at risk for HIV infection (perinatal case management component).
2. Obstetric health-care providers in community/academic settings and labor and delivery providers in the six delivering hospitals (marketing and coordination component),
3. Providers at key points of access for prenatal women at risk for HIV infection (marketing and coordination component).

C. Services and Tangible Work Products

Services. The Department requires at least the services listed below, including the specific tasks and work activities described. An Applicant's proposed scope of work should state in detail how it will carry out each task, including the personnel/job titles (as identified in Section K, Organizational and Personnel Requirements) responsible for completing the task.

This RFP seeks to procure the following services:

- a. **Perinatal Medical Case Management Component:** 2.5 FTE perinatal medical case managers with 7-day full-city coverage of all 6 delivering hospitals. The successful applicant will provide perinatal case management services directly, not through subcontractual arrangements. The successful Applicant will (1) assure linkage to appropriate HIV care and psychosocial services for HIV-infected mothers and their infants that optimizes the mother's own health and prevents perinatal HIV transmission; and (2) monitor linkage to care for HIV-infected mothers and their infants and provide technical assistance to improve these linkages.

The Perinatal Medical Case Manager links HIV-positive pregnant women and their families to services, provides supportive services and education directly, coordinates medical treatment visits; provides treatment adherence counseling; and maintains a caseload of no more than 30 mother/infant pairs at any one time, and for no longer than 6 months post-partum. (To maintain case load limits, supervisors and case managers will continuously assess client acuity and when appropriate, triage low-intensity need clients to an appropriate HIV Medical Case Manager.)

Key activities of the Perinatal Medical Case Manager are to develop an appropriate care plan, including a plan for hospital discharge for mother and infant and a plan for domestic violence protection (if indicated); conduct a home safety assessment and provide assistance for corrective action (if indicated); document, monitor, and coordinate the birth plan including location, anesthesia, and mode of delivery); meet face-to-face with each mother/infant pair at least once every 30 days; attend OB/GYN and HIV medical care visits as warranted by the needs of the mother and her infant; document all prenatal and HIV care visits; monitor infant care, including documenting medical visits, ARV delivery, and biopsychosocial needs; and linkage to ongoing medical case management to assure seamless transition at the end of the sixth month post-partum.

- b. Marketing and Coordination Component:** one 0.5 FTE nurse with prenatal expertise to work with delivering hospitals, prenatal clinics, clinical settings outside hospitals, and HIV providers to ensure HIV testing is available and to collect aggregate testing and other data. The successful Applicant will collaborate with all obstetric health-care providers in the City of Philadelphia to promote (1) universal HIV screening for all of their pregnant patients early in prenatal care as well as repeat HIV testing during the third trimester and (2) rapid HIV testing during labor as clinically indicated.

Tangible Work Products. The Department requires completion and delivery of at least the tangible work products listed below. The proposed scope of work should state in detail how the Applicant will produce each work product, including the personnel/job titles (as identified in Section K, *Organizational and Personnel Requirements*), that will be responsible for delivering the work product.

Tangible work products required to be delivered to AACO by the successful Applicant(s) are:

a. Perinatal Medical Case Management Component

1. Beginning January 1, 2012, hire, train, and supervise 2.5 (FTE) Perinatal HIV Medical Case Managers with appropriate knowledge of women's health and safety, infant care and safety, and HIV treatment who collectively provide 24-hour-a-day, 7-days-a-week coverage.
2. No later than July 1, 2012, submit to AACO for approval executed Memoranda of Understanding (MOU) with all external partners including but not limited to: the six delivering hospitals named in this RFP; family planning providers and prenatal clinics serving the priority target population; programs funded by PDPH's Division of Maternal, Child, and Family Health; the City's Department of Human Services; and Ryan White Program providers to provide primary medical care or HIV medical case management. MOUs must state specific ongoing activities that each signatory commits to providing during a defined period of time to engage clients; coordinate services; share client information; collaborate on linkage to and maintenance in care; detailed standards for how the two signatories will refer clients for services.
3. No later than July 1, 2012, submit to AACO for approval a Perinatal Medical Case Management Policies and Procedures Manual. AACO will provide the successful Applicant with instructions on what the Manual must contain.
4. Submit on a monthly schedule to be defined by AACO required progress reports, invoices, and performance data.

b. Marketing and Coordination Component

1. Beginning January 1, 2012, hire, train, and supervise a 0.5 Full Time Equivalent (FTE) nurse (BSN or RN) with appropriate perinatal and HIV experience and continuing education to work with delivering hospitals, prenatal clinics, clinical settings outside hospitals, and HIV providers to build capacity for meeting the needs of the priority target population.
2. Beginning January 1, 2012, work with all obstetric health care providers targeting the priority population to promote universal HIV screening for all of their pregnant patients early in pregnancy as well as repeat HIV testing during the third trimester and the appropriate use of rapid testing, as indicated.
3. By February 1, 2012, submit to AACO for approval a master list of key points of access and services for the priority population including OB/GYN practices, midwives, family practice providers of prenatal and obstetric care, and the six delivering hospitals named in this RFP.
4. By March 1, 2012, submit to AACO for approval a 12-month a plan of activities and events for reaching the providers on the master list including the six delivering hospitals, including but not limited to HIV perinatal prevention Grand Rounds; training on such topics as rapid testing under the new State law; provide technical assistance to providers to expand capacity to identify and link to care and case management HIV-positive women (based on initial and ongoing assessment of capacity and need for training); and a plan for collecting aggregate rapid testing at labor and delivery data from the six delivery hospitals.
5. Upon approval of the plan, conduct marketing and coordination activities including collection of aggregate data from delivering hospitals
6. Submit on a monthly scheduled to be determined by AACO, required progress reports, invoices, and performance data.

D. Timetable

This section states the Department's time requirements for initiation, progress, and completion of the work. The successful Applicant(s) will be required to propose a final, detailed Implementation Plan for the work, subject to the Department's review and approval.

The Department anticipates that the formative work required under this RFP will be initiated immediately upon receipt of the Notice of Award. The scope of work proposed by each Applicant must include a detailed project schedule that identifies all tasks, activities, deliverables, and milestones the Applicant proposes to carry out for the project and a time of completion (measured from project start date) for each. The Applicant must state the number of days following the Department's authorization to proceed under the City contract by which it will be ready to start the work, including any mobilization time. If the Applicant proposes a different overall time of performance, it should state its reasons.

E. Hours and Location of Work

Perinatal Medical Case Management Component. Owing to the round-the-clock nature of labor and delivery, the successful Applicant(s) will need to provide some services outside of

these regular hours of operation. Specifically, the successful Applicant(s) must demonstrate the capacity to prevent missed opportunities for prevention interventions at labor and delivery on a 24-hour-a-day, 7 days-a-week basis, including holidays. The Department requires on-call service, both routine and emergency. Hours for the nurse case managers must be established and maintained accordingly. The location of work is the 6 labor and delivery hospitals and other appropriate and accessible sites with personal privacy protections.

Marketing and Coordination Component. The hours of operation for the Department are Monday through Friday during normal business hours. In addition to required meetings at the Department, the location of work includes the appropriate office of the successful Applicant(s), the 6 labor and delivery hospitals, and dozens of obstetric health offices and other meeting sites.

F. Monitoring; Security

One of the keys to effective delivery of HIV services is collaboration within the Department, its administrative agencies, and contractors and subcontractors in program and fiscal performance monitoring. The collaboration begins with the development of formal work statements describing the service and reporting commitments of subcontracted providers, and extends through the delivery of services to qualified recipients. Proposals responding to this RFP will form the basis for these work statements and serve as a standard for measuring implementation progress throughout the year.

AACO is responsible for program monitoring, evaluation, and reporting on subcontracts. This process is ongoing through regular interactions between the Department and providers working together on behalf of the persons targeted to receive these services. The goal of these activities is to assure the efficient, timely, and appropriate delivery of high quality HIV services.

As noted previously, the successful Applicant(s) awarded funds through this RFP will be required to submit invoices on a monthly basis in order to obtain reimbursement. In addition, because providers awarded funds through this RFP will be required to (1) comply with program reporting requirements defined by AACO and (2) submit client-level data to AACO using mechanisms to be specified by the Department, Applicants must demonstrate capacity to implement client-level data collection and data entry. Further, successful Applicant(s) are required to participate in the local Quality Management (QM) program.

Assuring security of confidential client information is mandatory. Applicants must describe current security and confidentiality procedures in their responses to this RFP.

By submission of a Proposal in response to this RFP, the Applicant agrees that it will comply with all contract monitoring and evaluation activities undertaken by the City of Philadelphia, and with all security policies and requirements of the City.

G. Reporting Requirements

The successful Applicant(s) shall report to the City of Philadelphia on a regular basis regarding the status of the project and its progress in providing the contracted services and/or products. At a minimum, the successful Applicant shall submit a monthly invoice detailing the services and/or products provided, the goals/tasks accomplished, and the associated costs. Mandatory periodic project status meetings with Department staff (or their Bona Fide Representatives) are anticipated.

In addition, all programs must comply with program reporting and quality management activities including reporting on client level data in the format defined by the Department.

H. Specific Performance Standards

The City expects that the contract resulting from this RFP will include performance and quality standards for the project, as follows:

Marketing and Coordination Component. The contract will include performance standards for meeting the 12 month plan of activities and events for reaching providers including the six delivering hospitals as approved by AACO and for collecting aggregate rapid testing at labor and delivery data from delivering hospitals.

Perinatal Medical Case Management Component. Medical case management (MCM) services (including treatment adherence) ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, provided by trained professionals, including both medically credentialed and other health care staff who are part of the clinical care team, through all types of encounters including face-to-face, phone contact, and any other form of communication.

The City reserves the right to reject any item of work that does not meet the Department's minimum standards of performance and quality, or that does not conform to the contract scope of work. The City shall not be obligated to pay for rejected work.

I. Cost Proposal, Administrative Requirements, and Programmatic Policies

The Department intends to compensate successful Applicant(s) on a fixed price basis.

Funding restrictions, which must be taken into account while writing the budget, are as follows:

- Reimbursement of pre-award costs is not allowed.
- Successful Applicant(s) may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Successful Applicant(s) may not generally use funding for the purchase of furniture or equipment. Any such proposed spending must be identified and justified in the budget.

- The Successful Applicant(s) must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Successful Applicant(s) may not use funds for the purchase of medications, treatment vaccinations, or other medicines.

Allowable Costs

- Personnel
- Fringe Benefits
- Equipment
- Travel
- Supplies
- Contractual
- Other
- Indirect costs for providers with a documented Federal negotiated indirect cost rate up to 9.2%.

Unallowable Costs

- No funds may be used to purchase or improve land, or to purchase, construct, or make permanent improvement to any building.
- No funds may be used to support services that are reimbursable under any other program.
- No funds may be used for research.
- No funds may be used for clinical care.
- No funds may be used for indirect costs with the exception noted above.

Applicants must provide a detailed Cost Proposal, as described in Section III.A., Proposal Format, of this RFP, under the heading Cost Proposal. Cost Proposals must be “fixed price” proposals. The proposed price must include all costs that will be incurred for the completion of the project, including, but not limited to, costs for the following, if the Department is to reimburse for them: employee compensation and fringe benefits; communication; printing; administrative expenses; bonding; rent, utilities, maintenance and security related to real estate; travel (reimbursable only at rates approved by the Department and in accordance with current City policies, which can be obtained from the Department); project management; professional development; implementation; maintenance; training; and all other work proposed. Applicants are advised that any contract resulting from this RFP will provide for a not-to-exceed amount in the compensation section of the contract.

J. Organization and Personnel Requirements

Applicants must provide the following organizational information:

- Organization structure: the management, administration, or technical project staff structure.
- Organization history/experience: total years of experience; experience with projects of a similar size/scope; experience working with the priority target population and the providers who serve them.

- Technical expertise of personnel: licenses, certifications, years of experience.
- Financial capacity requirements.
- Insurance requirements.

The proposal must identify all personnel who will perform work on the project, by education level, skill set (described in detail), experience level, and job title. Resumes not to exceed 2 pages of all personnel so identified must be included in Applicant's proposal. Use Form 11 to provide this information.

The Department expects the following with respect to the successful Applicant's organizational structure and personnel:

1. HIV/AIDS services shall be provided free of charge.
2. HIV services provided must be made without regard to the individual's ability to pay, the individual's past or present health condition, and in a setting accessible to low-income individuals.
3. Services must be provided by the project sponsor in facilities that are accessible to people with physical disabilities in accordance with the Americans with Disabilities Act.
4. Special efforts must be undertaken by all recipients of grant funds to reach out to low-income individuals to make them aware of the availability of services.
5. All providers must participate in the region's HIV-related community planning process and the continuum of prevention and care.
6. All applicants must demonstrate their ability to provide culturally competent services. Cultural competence involves understanding the social, linguistic, ethnic, and behavioral characteristics of a community and applying that understanding in the delivery of HIV care services. Two resources are suggested to assist organizations in assuring the delivery of culturally competent and linguistically appropriate services.
 - The Office of Minority Health of the U.S. Public Health Services has published standards for assuring cultural competence, *National Standards for Culturally and Linguistically Appropriate Services in Health Care*. A complete discussion of the standards is available for [download](#). Applicants are encouraged to review and use this and other resources available from the Office of Minority Health.
 - The Gay, Lesbian, Bisexual and Transgender Health Access Project of the Massachusetts Department of Public Health has published *Community Standards of Practice for Provision of Quality Health Care Services for Gay, Lesbian, Bisexual, and Transgendered*

Clients. The complete listing of the standards and other materials are available for [download](#).

K. Technology Capabilities

The successful Applicant will be responsible for having and using the technology capabilities and resources in performing the work to be defined by AACO during the contracting phase. Existing technologies are expected to be sufficient. Acquisition of new technologies for performance of activities in this RFP is not anticipated.

L. Available Information

This section provides information that is pertinent and necessary for a thorough understanding of the project. Whenever possible, Internet links are provided.

Opportunities to Prevent Perinatal Transmission³

Early Diagnosis

- Ideally, all women should be tested for HIV infection as a routine part of their medical care prior to pregnancy.
- Women who become pregnant without knowing their infection status represent important missed opportunities for prevention.
- HIV screening should be a routine component of preconception care for all women.

Prevent Unplanned Pregnancies and Plan Desired Pregnancies

- Many cases of mother-child transmission could be averted if HIV-infected women who do not desire pregnancy avoided unplanned pregnancy.
- For women with HIV infection who are planning pregnancy, preconception care must focus on maternal infection status, viral load, immune status, and therapeutic regimen as well as education regarding perinatal transmission risks and prevention strategies, expectations for the child's future and (if desired), effective contraception until the optimal maternal health status for pregnancy is achieved.
- Specific counseling should be provided as needed regarding assisted reproductive technologies available to prevent HIV exposure to uninfected partners and to prevent superinfection with resistant or more virulent virus.

Routine, Early Prenatal HIV Testing

- Universal, routine HIV screening of all pregnant women should occur as early as possible during every pregnancy.
- An HIV test should be included in the routine panel of prenatal tests.
- Women should be notified that the test will be performed unless they specifically decline.

³ Adapted from CDC (2007) accessed at http://www.cdc.gov/hiv/topics/perinatal/overview_partner.htm

- Providing accessible, welcoming prenatal care services for all women is an important strategy for prevention of perinatal HIV infection and for providing opportunities to protect women's health.

Second HIV Test in the Third Trimester

- A second HIV test in the third trimester is specifically recommended for women at increased risk of HIV infection.

Antiretroviral Medications

- Appropriate use of antiretroviral therapy and prophylaxis can reduce the risk of perinatal transmission to less than 2% compared with approximately 25% when no interventions are given.
- Antiretroviral medications including zidovudine (ZDV) should be used as appropriate for the woman's health and to reduce HIV-1 transmission risk.
- Complete recommendations for the use of antiretroviral therapy (ART) in pregnant women are available at <http://www.aidsinfo.nih.gov/contentfiles/perinatalGL.pdf>.
- Enroll HIV-infected pregnant women in the national Antiretroviral Pregnancy Registry at the time of initial evaluation (www.APRegistry.com).

Scheduled Cesarean Delivery

- Scheduled cesarean delivery before onset of labor or rupture of membranes can reduce risk of HIV transmission when maternal serum viral copy numbers are not sufficiently reduced by antiretroviral therapy.

Testing in Labor and Delivery

- Universal, routine rapid HIV testing should be conducted using an opt-out approach for women who arrive at labor and delivery without a documented prenatal HIV test.

Newborn Testing

- Rapid HIV testing of newborns whose mothers were not previously screened for HIV offers a last chance to provide antiretroviral prophylaxis to HIV-exposed infants.

Avoidance of Breastfeeding

- HIV transmission through breast milk accounts for approximately one third of perinatal HIV transmission in populations in which this practice is common.
- All HIV-infected mothers should be counseled to avoid breastfeeding and should have reliable access to a safe, affordable, appropriate breast milk substitute.

Linkage to HIV Care for Mother and Infant

- HIV-infected women and exposed infants should be supported by linkage with appropriate medical and other services necessary for their own health after delivery.

Perinatal HIV Prevention in the Enhanced Comprehensive HIV Prevention Plan

On March 31, 2011, CDC approved the Department’s completed *Philadelphia Enhanced Comprehensive HIV Prevention Plan* (ECHPP). All activities of the plan support one or more of the National HIV/AIDS Strategy targets for 2015. The Philadelphia plan includes 22 interventions, 24 unique goals, 43 individual strategies, and 78 specific, measurable, achievable, realistic, and time-based objectives. One of the strategies in the Philadelphia Enhanced Plan is implementation of prevention of perinatal transmission for HIV-positive people, with the goal to eliminate perinatal transmission of HIV in Philadelphia, as shown below:

Implement prevention of perinatal transmission for HIV-positive persons	
Goal	Eliminate perinatal transmissions of HIV in Philadelphia.
Strategies	<p>Market and coordinate perinatal HIV prevention activities, including the use of rapid testing, to prenatal medical practices and delivering hospitals.</p> <p>Provide perinatal case management from diagnosis of pregnancy to 6-12 months post-delivery including pre-conception and inter-conception care.</p> <p>Provide training to physicians and medical case managers on pre-conception planning and perinatal prevention planning issues with Ryan White funding.</p> <p>Conduct perinatal HIV exposure surveillance and case review of perinatal exposures illustrative of significant missed opportunities.</p>
Objectives (and Data Source)	<p>11.1.1: Deploy a 0.5 FTE nurse with prenatal expertise to work with delivering hospitals, prenatal clinics, clinical settings outside hospitals, and HIV providers to ensure HIV testing is available and to collect aggregate testing and other data. (PDPH Program Monitoring)</p> <p>11.1.2: Support 2.5 FTE perinatal MCMs with 7-day full city coverage of all 6 delivering hospitals. (PDPH Program Monitoring)</p> <p>11.1.3: Develop a curriculum for medical providers including physicians about pre-conception planning related to HIV perinatal prevention. (PDPH Program Monitoring)</p> <p>11.1.4: Develop a curriculum for medical case managers in the PDPH funded system regarding preconception planning and perinatal prevention planning issues. (PDPH Program Monitoring)</p> <p>11.1.5: Conduct CDC perinatal evaluation protocol. (PDPH Program Monitoring)</p>

Relevant documents from the Enhanced Plan can be obtained by requesting electronic versions from AACO.

III. Proposal Format, Content, and Submission Requirements; Selection Process

A. Elements of a Complete Application

Applicants may apply for more than one component, but must prepare separate applications for each component proposed. Complete applications consist of five elements listed below:

- Cover Letter of Transmittal – use one page of Applicant letterhead, signed by the person authorized to issue the proposal on behalf of the Applicant.
- Cover Page – use the Cover Page form in Appendix D, below.
- Proposal Narrative – see the instructions below.
- Agency Financial Information and Disclosures – see the instructions below.
- Form 1 through Form 11 – see the instructions below.

B. General Formatting Requirements

In preparing complete proposals, Applicants are required to adhere to the following:

- Use 1" margins on all sides of each page.
- Use 12-point type (this document is in 12-point type).
- Text must be either **1.5-spaced**. Do not single space the Proposal Narrative. Forms and tables may be single-spaced. *This bullet is 1.5-spaced; otherwise this document is single spaced.*
- Use no more than **15 pages** to respond to Proposal Narrative question 1: Introduction/ Executive Summary through question 8: Solicitation for Participation and Commitment.
- Number the pages of the Proposal Narrative consecutively starting page 1 on the page following the Cover Page.
- Use the same section headings (number and title) and sub-headings as they appear in the instructions for the Proposal Narrative (e.g. 1., 2., 3., etc. for section headings; A., B., C., for sub-headings).
- Proofread and spell-check the entire document before submitting it.

C. Proposal Narrative Format and Instructions

All applicants must respond to each of the following proposal narrative questions. Note that 4: Scope of Work varies for each of the two components in this RFP. Applicants should respond only to the Scope of Work question that applies to the component proposed.

1. Introduction/Executive Summary (1 page maximum)

State which component the Applicant proposes. Provide an overview of the services and tangible work products being sought by the Department. Describe the Applicant's proposed approach to the scope of services for the proposed component. State whether the Applicant is applying for the other component and provide a justification.

2. Applicant Profile (3 page maximum)

Provide a narrative description of the Applicant organization, as follows:

- A. Applicant's business identification information, including name, business address, telephone number, website address, and federal employer identification number (FEIN).
- B. A primary contact for the Applicant, including name, job title, address, telephone and fax numbers, and email address.
- C. A description of Applicant's organizational background, including type of organization (e.g., non-profit, subsidiary, project within an organization); whether registered to do business in Philadelphia and/or Pennsylvania; number of years delivering services to the target population; primary mission; highlights of past experience; degree to which the organization's governing body and staff are reflective of the target population; role of consumers of services in program planning and evaluation; and status of the organization's current strategic plan, including timeframe, major goals, accomplishments, and challenges.
- D. A description of Applicant's policies and procedures regarding cultural competence and linguistic and cultural appropriateness and how they are assured in the delivery of HIV prevention services.
- E. If applicable, state the intention to use subcontractor(s) to perform any portion of the work sought by this RFP. For each such subcontractor, provide the name and address of the subcontractor, a description of the work Applicant intends the named subcontractor to provide, the dollar amount of the subcontract, and whether the subcontractor can assist with fulfilling goals for inclusion of minority, woman, or disabled-owned businesses or disadvantaged businesses as stated in Appendix B. Otherwise, state "Not applicable." **Note that personnel in the Perinatal Medical Case Management Component (2.5 FTE Case Managers) may not be sub-contracted from another agency.**

3. Project Understanding (1 page maximum)

- A. Provide a brief narrative statement that confirms the Applicant's understanding of and agreement to provide the services and tangible work products necessary to achieve the objectives of the proposed component.
- B. Describe relevant lessons learned from the Applicant's past experience that will be applied to the services and tangible work products of the proposed component.

4. Proposed Scope of Work (5 pages maximum)

Perinatal Medical Case Management questions:

- A. State the specific outcomes and outcome measures for the services and tangible work products for this component.
- B. Describe the staffing plan for the proposed project. Indicate how many full time equivalent (FTE) employees will implement the component and the staff qualifications for these positions. Include a description of supervision. The 2.5 FTE perinatal case manager positions to be supported through this RFP must possess a BSN or RN with appropriate perinatal and HIV continuing education and experience.
- C. Describe how your organization will promote the availability of the services and tangible work products of this component.
- D. Describe how, where, and by whom clients will be recruited.
- E. Describe how, where, and by whom clients will be linked to prevention and care services not included in this project.
- F. Describe your agency's capacity to implement client-level data collection and data entry.
- G. Describe your staff's experience in collecting and entering data in order to comply with Department requirements.
- H. Describe your employee recruitment and retention strategy. Include how you plan to transfer necessary information to new personnel who join the project mid-year.
- I. If you plan to make use of client incentives, describe your agency's policies and practices for incentives, and how you propose to use them in your project.
- J. Provide concrete plans for linking your clients who are co-infected with STDs and Hepatitis into the appropriate continuum of treatment services.

Marketing and Coordination Component questions:

- A. State the specific outcomes and outcome measures for the services and tangible work products for this component.
- B. Describe the staffing plan for the proposed project. Indicate how many full time equivalent (FTE) employees will implement the component and the staff qualifications for these positions. The 0.5 FTE position to be supported through this RFP must possess a degree in nursing (BSN or RN).
- C. Describe how your organization will promote the availability of the services and tangible work products of this component.
- D. Describe how, where, and by whom reproductive health care providers and delivering hospitals will be recruited and retained in the services and tangible work products of this component.
- E. Describe your employee recruitment and retention strategy. Include how you plan to transfer necessary information to new personnel who join the project mid-year.

5. Statement of Qualifications; Relevant Experience (1 page maximum)

- A. Provide a statement of qualifications and capability to perform the services sought by this RFP, including a description of relevant experience with projects that are similar in nature, size and scope to that which is the subject of this RFP.
- B. Describe your agency's current security and confidentiality procedures.
- C. Describe your agency's plan for ongoing training when there is staff turnover.
- D. Describe ongoing training for data collection and data entry.
- E. Describe your plan for consumer involvement in planning, implementation, and evaluation of the proposed component.

6. Past Performance (1 page maximum)

- A. Describe the results your agency has achieved providing HIV/AIDS services supported by contracts with the Department, including the time period involved, and the extent to which objectives were met. (Applicants are encouraged to use a bullet list or table format to provide this information.)
- B. Briefly describe two examples of how improvements were made to HIV/AIDS services provided by your agency.

a. Requested Exceptions to Contract Terms (1 page maximum)

State exceptions, if any, to City Contract Terms that Applicant requests, including the reasons for the request and any proposed alternative language (see Section III.B for more information). Otherwise, Applications should state: “No exceptions to contract terms are requested.”

b. Solicitation for Participation and Commitment (1 page maximum)

State that the Applicant will comply with the required Solicitation for Participation and Commitment. Briefly explain. Complete Form 3: Solicitation for Participation and Commitment.

D. Agency Financial Information and Disclosures Instructions

1. Tax Status and Clearance Statement (Form 1)

Complete the City of Philadelphia Tax Status and Clearance Statement using Form 1 attached as Appendix D to this RFP (see Section III.D for more information).

2. Statement of Financial Capacity (Form 2)

Complete the City of Philadelphia Statement of Financial Capacity using Form 2 attached as Appendix D to this RFP.

E. Notice to Applicants to State Requested Exceptions to Contract Terms in Proposal

The City's standard contract terms and conditions for services of the type sought by this RFP are set forth in the General Provisions attached as an appendix. By submitting a proposal in response to this RFP, the Applicant agrees that, except as provided herein, it will enter into a contract with the City containing substantially the General Provision's Contract Terms.

Applicants must state clearly and conspicuously any modifications, waivers, objections or exceptions they seek ("Requested Exceptions") to the Contract Terms in Section 8 of the proposal entitled "Requested Exceptions to Contract Terms." For each Requested Exception, the Applicant must identify the pertinent Contract Term by caption and section number, state the reasons for the request, and propose alternative language or terms. Requested Exceptions to the City's Contract Terms will be approved only when the City determines in its sole discretion that a Requested Exception makes business sense, does not pose unacceptable risk to the City, and is in the best interest of the City. By submitting its proposal, the Applicant agrees to accept all Contract Terms to which it does not expressly seek a Requested Exception in its proposal. The City reserves the right, in its sole discretion, to evaluate and reject proposals based in part on whether the Applicant's proposal contains Requested Exceptions to Contract Terms, and the number and type of such requests and alternative terms proposed.

If, after the City issues its Notice of Intent to Contract to an Applicant, the Applicant seeks Requested Exceptions to Contract Terms that were not stated in its proposal, the City may, in its sole discretion, deny the Requested Exceptions without consideration or reject the proposal.

Further, the City reserves the right, in its sole discretion, (i) to waive any failure to comply with the terms of this Notice to Applicants if it determines it is in the best interest of the City to do so; and (ii) to require or negotiate terms and conditions different from and/or additional to the Contract Terms in any final contract resulting from this RFP, without notice to other Applicants and without affording other Applicants any opportunity to revise their proposals based on such different or additional terms.

F. Health Insurance Portability and Accountability Act (HIPAA)

The work to be provided under any contract issued pursuant to this RFP is subject to the federal Health Insurance Portability and Accountability Act (HIPAA), as amended, and/or other state or federal laws or regulations governing the confidentiality and security of health information.

The selected Applicant(s) must comply with the "Terms and Conditions Relating to Protected Health Information" which are posted on the City's e-Contracts website under the "About" tab. <https://secure.phila.gov/ECONTRACT/documents/frmPDFWindow.aspx?inc=https://secure.phila.gov/ECONTRACT/Inc/Terms Relating To PHI 041311.pdf>

G. Office of Economic Opportunity – Participation Commitment

Each Applicant is subject to the provisions of Mayoral Executive Orders 02-05 and 14-08 for participation by Minority Business Enterprises ("MBE"), Woman Business Enterprises ("WBE") and Disabled Business Enterprises ("DSBE") (collectively, "M/W/DSBE") as those terms are defined in Executive Orders 02-05 and 14-08. While there are no numerical participation ranges established for this RFP, Applicants are required to exercise "Good Faith Efforts" to provide meaningful opportunities for the participation of M/W/DSBEs in their proposals. The City's Antidiscrimination Policy for City Contracts explains these requirements in more detail in Appendix B to this RFP, which also contains the "Solicitation for Participation and Commitment Form."

H. The Philadelphia Tax Status and Clearance Statement

It is the policy of the City of Philadelphia to ensure that each contractor and subcontractor has all required licenses and permits and is current with respect to the payment of City taxes or other indebtedness owed to the City (including, but not limited to, taxes collected by the City on behalf of the School District of Philadelphia), and is not in violation of other regulatory provisions contained in The Philadelphia Code. To assist the City, through its Department of Revenue and Department of Licenses and Inspections, in determining this status, each Applicant is required to complete and return with its proposal, a City of Philadelphia Tax Status and Clearance Statement Form (included with this RFP as an appendix).

If the Applicant is not in compliance with the City's tax and regulatory codes, an opportunity will be provided to enter into satisfactory arrangements with the City. If satisfactory arrangements cannot be made within a week of being notified of their non-compliance, Applicants will not be eligible for award of the contract contemplated by this RFP.

The selected Applicant will also be required to assist the City in obtaining the above information from its proposed subcontractors (if any). If a proposed subcontractor is not in compliance with City Codes and fails to enter into satisfactory arrangements with the City, the non-compliant subcontractor will be ineligible to participate in the contract contemplated by this RFP and the selected applicant may find it necessary to replace the non-compliant subcontractor with a compliant subcontractor. Applicants are advised to take these City policies into consideration when entering into their contractual relationships with proposed subcontractors.

If an Applicant or a proposed subcontractor is not currently in compliance with the City's tax and regulatory codes, please contact the Revenue Department to make arrangement to come into compliance at 215-686-6600 or revenue@phila.gov.

Applicants need not have a City of Philadelphia Business Privilege Tax Account Number and Business Privilege License Number to respond to this RFP, but will, in most circumstances, be required to obtain one or both if selected for award of the contract contemplated by the RFP.

Applications for a Business Privilege Tax Account Number or a Business Privilege License⁴ may be made on line by visiting the City of Philadelphia Business Services Portal at <http://business.phila.gov/Pages/Home.aspx> and clicking on “Register Your Business.” If you have specific questions, call the Department of Revenue at 215-686-6600 for questions related to City of Philadelphia Business Privilege Tax Account Number or the Department of Licenses and Inspections at 215-686-2490 for questions related to the Business Privilege License.

I. Mandatory Application Submission Requirements

In order to be eligible for award of the contract opportunity described in this RFP, complete proposals must be received and time stamped by PDPH personnel no later than Tuesday, November 1, 2011 at 12:00 noon local time. One(1) original and ten(10) copies of each proposal should be submitted.

Applicants may submit proposals one of two ways:

1. Up to Monday, October 31, 2011 at 5:00 pm local time (day before the due date) proposals will be accepted by PDPH through a commercial shipper at the following address:

Ms. Jane Baker
Director
AIDS Activities Coordinating Office
Philadelphia Department of Public Health
1101 Market Street, 9th Floor
Philadelphia, PA 19107
(Attn: Request for Proposal)

PDPH will not provide receipts. Applicants are responsible for assuring that proposals are documented as received by PDPH on or before the due date for this opportunity.

2. Between 9:00 am and 12:00 o'clock noon on Tuesday, November 1, 2011, PDPH will accept hand-delivered submission at the following location:

Main Lobby
Aramark Building
1101 Market Street
Philadelphia, PA 19107

Upon submission of proposals, PDPH will provide receipts to Applicants to document the time of delivery.

⁴ Business Privilege Licenses are not required for non-profit organizations, however, Business Privilege Tax Account Numbers typically are required.

NOTICE

- **At 12:01 pm on Tuesday, November 1, 2011, the opportunity to submit proposals in response to this RFP will close.**
- **Applicants are strongly urged to submit proposals *prior to* the last hour (11:00 am to 12:01 pm).**
- **PDPH reserves the right to determine if a proposal has been submitted on time.**

J. Selection Process

The Department of Public Health will objectively evaluate each proposal accepted for review. The Health Commissioner will make the final award decisions. Actual award amounts will be determined by past performance, quality and responsiveness of the proposal, and other factors, including criteria that include, but are not limited to:

1. Superior ability or capacity to meet particular requirements of contract and needs of City Department and those it serves.
2. Eligibility under Code provisions relating to campaign contributions.
3. Superior prior experience of Applicant and staff.
4. Superior quality, efficiency and fitness of proposed solution for the Department.
5. Superior skill and reputation, including timeliness and demonstrable results.
6. Special benefit to continuing services of incumbent, such as operational difficulties with transition or needs of population being served.
7. Benefit of promoting long-term competitive development and allocation of experience to minority organizations.
8. Lower cost.
9. Administrative and operational efficiency, requiring less City oversight and administration.
10. Anticipated long-term effectiveness.
11. Meets prequalification requirements.
12. Documented prior experience in performing project(s) of similar size and scope to the work sought by the RFP.
13. Demonstrated ability to meet project deadlines.
14. Proposed project plan for meeting Department requirements.
15. Utilization of most efficient methodology.
16. Utilization of best practices.
17. Ability to meet project deadlines under proposed solution/project plan.
18. Staffing model.
19. Staffing qualifications (e.g., staff prior experience, education, licenses, professional achievements).

20. Technical, administrative, financial capacity.
21. Expressed willingness to comply with City and/or department standard contract terms (e.g., indemnification, insurance, nondiscrimination)
22. Shared commitment to achieving the objectives of Executive Orders 02-05 and 14-08 which strive for the inclusion of Minority, Woman and Disabled Owned Businesses in all phases of City contracting.

IV. Proposal Administration

A. Procurement Schedule

Item	Date
RFP Posted	September 30, 2011
Pre-Proposal Meeting	Tuesday October 11, 2011, 3 PM, 1101 Market Street, 11 th Floor Conference Center, Philadelphia PA
Proposals Due	Tuesday November 1, 2011 12 PM
Applicant Site Visits (if appropriate)	November 2011
Notice of Award(s) Announced	November 2011
Contract Award and Execution	November-December 2011
Commencement of Work	January 1, 2012

The Health Department will publish and post an *HIV Services Procurement Announcement* stating the successful Applicant(s) that will receive awards through this RFP, as well as the awarded amount per agency. In addition, a letter is sent to each applicant organization indicating the funding decision related to their proposal. No other information about the decision process will be released.

Applicants are eligible to receive a summary of the objective reviewers' comments. These comments provide successful and other Applicants with valuable information for the purposes of quality improvement. To request summary comments, the Applicant Contact indicated on Form 1 may submit a request by email with the subject line: RFP #12-01 Request for Summary Comments to Jane.Baker@phila.gov.

The above dates are estimates only and the City reserves the right, in its sole discretion, to change this schedule. Notice of changes in the Pre-Proposal Meeting date/time or location, the due date for Applicant questions, and the date for Proposal Submission will be posted on the City's website at www.phila.gov/contracts (click on Additional RFPs). The other dates/times listed may be changed without notice to prospective Applicants.

B. Questions Relating to the RFP

All questions concerning this RFP must be submitted in writing via email to coleman.terrell@phila.gov no later than October 11, 2011 5 PM, and may not be considered if not received by then. The City will respond to questions it considers appropriate to the RFP and of interest to all Applicants, but reserves the right, in its discretion, not to respond to any question. Responses will be posted on the City's website at www.phila.gov/contracts (click on *Additional RFPs* and go to this request for proposals). Responses posted on the City's website become part of the RFP upon posting. The City reserves the right, in its discretion, to revise

responses to questions after posting, by posting the modified response. No oral response to any Applicant question by any City employee or agent shall be binding on the City or in any way considered to be a commitment by the City.

NOTICE

- **The City will respond to questions it considers appropriate to the RFP and of interest to all Applicants, but reserves the right, in its discretion, not to respond to any question.**
- **The City reserves the right, in its discretion, to revise responses to questions, by announcing the modified response.**
- **No oral response to any Applicant question by any City employee or agent shall be binding on the City or in any way considered to be a commitment by the City.**

C. Pre-Proposal Conference

A Pre-Proposal Meeting to review the requirements of this RFP will be held in Philadelphia, Pennsylvania on Tuesday October 11, 2011, starting at 3 PM, at the following location: 1101 Market Street, 11th Floor Conference Center, Philadelphia, PA 19107.

D. Pre-Decisional Site Visits

AACO reserves the right to conduct site visits and perform record reviews of Applicant organizations during the proposal review process. Such organizations are required to submit a statement giving AACO the right to conduct site visits as part of Form 6.

E. Term of Contract

It is anticipated that the initial term of the Contract shall commence on January 1, 2012, (the "Initial Term") and, unless sooner terminated by the City pursuant to the terms of the Contract, shall expire up to twelve months thereafter, on December 31, 2012. The City may, at its sole option, amend the Contract to add up to three (3) additional successive one-year terms ("Additional Terms"). Except as may be stated otherwise in such amendment, the terms and conditions of this Contract shall apply throughout each Additional Term.

V. General Rules; Reservation of Rights and Confidentiality

A. Revisions to RFP

The City reserves the right to change, modify or revise the RFP at any time. Any revision to this RFP will be posted on the City's website at www.phila.gov/contracts (click on *Additional RFPs* and go to this request for proposals). It is the Applicant's responsibility to check the City's website frequently to determine whether additional information has been released or requested.

B. City Employee Conflict Provision

City of Philadelphia employees and officials are prohibited from submitting a proposal in response to this RFP. No proposal will be considered in which a City employee or official has a direct or indirect interest.

C. Proposal Binding

By submitting its proposal, each Applicant agrees that it will be bound by the terms of its proposal for a minimum of 180 calendar days from the application deadline for this RFP. An Applicant's refusal to enter into a contract which reflects the terms and conditions of this RFP or the Applicant's proposal may, in the City's sole discretion, result in rejection of Applicant's proposal.

D. Contract Preparation Fee

Pursuant to §17-701 of The Philadelphia Code, the successful Applicant will be required to pay a contract preparation fee unless waived by the Law Department. Section 17-702 establishes the following schedule for contract preparation fees, based upon the amount of the contract.

<u>Amount of Contract</u>	<u>Contract Preparation Fee</u>
\$0-\$20,000	\$0
\$20,001-\$50,000	\$120
\$50,001-\$100,000	\$170
\$100,001-\$250,000	\$260

E. Reservation of Rights

By submitting its response to this notice of contract opportunity as posted on the Additional RFPs website at www.phila.gov/rfp, the Applicant accepts and agrees to this Reservation of Rights. The term “notice of contract opportunity,” as used herein, means this RFP and includes all information posted on the Additional RFPs website in relation to this “New Contract Opportunity” as published on this page, including, without limitation, the information posted about this opportunity on the Additional RFPs website and, in addition to this RFP, any other document displayed or linked to this notice of contract opportunity as presented on the Additional RFPs website.

1. This Notice of Contract Opportunity

The City reserves and may, in its sole discretion, exercise any one or more of the following rights and options with respect to this notice of contract opportunity:

- a. to reject any and all proposals and to reissue this notice of contract opportunity at any time prior to execution of a final contract;
- b. to issue a new notice of contract opportunity with terms and conditions substantially different from those set forth in this or a previous notice of contract opportunity;
- c. to issue a new notice of contract opportunity with terms and conditions that are the same or similar as those set forth in this or a previous notice of contract opportunity in order to obtain additional proposals or for any other reason the City determines to be in the City’s best interest;
- d. to extend this notice of contract opportunity in order to allow for time to obtain additional proposals prior to the notice of contract opportunity application deadline or for any other reason the City determines to be in the City’s best interest;
- e. to supplement, amend, substitute or otherwise modify this notice of contract opportunity at any time prior to issuing a notice of intent to contract to one or more Applicants;
- f. to cancel this notice of contract opportunity at any time prior to the execution of a final contract, whether or not a notice of intent to contract has been issued, with or without issuing, in the City’s sole discretion, a new notice of contract opportunity for the same or similar services;
- g. to do any of the foregoing without notice to Applicants or others, except such notice as the City, in its sole discretion, elects to post on eContractPhilly.

2. Proposal Selection and Contract Negotiation

The City reserves and may, in its sole discretion, exercise any one or more of the following rights and options with respect to proposal selection:

- a. to reject any proposal if the City, in its sole discretion, determines the proposal is incomplete, deviates from or is not responsive to the requirements of this notice of contract opportunity, does not comply with applicable law (including, without limitation, Chapter 17-

- 1400 of The Philadelphia Code), is conditioned in any way, or contains ambiguities, alterations or items of work not called for by this notice of contract opportunity, or if the City determines it is otherwise in the best interest of the City to reject the proposal;
- b. to reject any proposal if, in the City’s sole judgment, the Applicant has been delinquent or unfaithful in the performance of any contract with the City or with others; is delinquent, and has not made arrangements satisfactory to the City, with respect to the payment of City taxes or taxes collected by the City on behalf of the City of Philadelphia, or other indebtedness owed to the City; is not in compliance with City regulatory codes applicable to Applicant; is financially or technically incapable; or is otherwise not a responsible Applicant;
 - c. to waive any defect or deficiency in any proposal, including, without limitation, those identified in subsections 1) and 2) preceding, if, in the City's sole judgment, the defect or deficiency is not material to the proposal;
 - d. to require, permit or reject, in the City’s sole discretion, amendments (including, without limitation, information omitted), modifications, clarifying information, and/or corrections to their proposals by some or all of the Applicants at any time following proposal submission and before the execution of a final contract;
 - e. to issue a notice of intent to contract and/or execute a contract for any or all of the items in any proposal, in whole or in part, as the City, in its sole discretion, determines to be in the City’s best interest;
 - f. to enter into negotiations with any one or more Applicants regarding price, scope of services, or any other term of their proposals, and such other contractual terms as the City may require, at any time prior to execution of a final contract, whether or not a notice of intent to contract has been issued to any Applicant and without reissuing this notice of contract opportunity;
 - g. to enter into simultaneous, competitive negotiations with multiple Applicants or to negotiate with individual Applicants, either together or in sequence, and to permit or require, as a result of negotiations, the expansion or reduction of the scope of services or changes in any other terms of the submitted proposals, without informing other Applicants of the changes or affording them the opportunity to revise their proposals in light thereof, unless the City, in its sole discretion, determines that doing so is in the City's best interest;
 - h. to discontinue negotiations with any Applicant at any time prior to the execution of a final contract, whether or not a notice of intent to contract has been issued to the Applicant, and to enter into negotiations with any other Applicant, if the City, in its sole discretion, determines it is in the best interest of the City to do so;
 - i. to rescind, at any time prior to the execution of a final contract, any notice of intent to contract issued to an Applicant, and to issue or not issue a notice of intent to contract to the same or a different Applicant and enter into negotiations with that Applicant, if the City, in its sole discretion, determines it is in the best interest of the City to do so;
 - j. to elect not to enter into any contract with any Applicant, whether or not a notice of Intent to Contract has been issued and with or without the reissuing this notice of contract opportunity, if the City determines that it is in the City's best interest to do so;
 - k. to require any one or more Applicants to make one or more presentations to the City at the City’s offices or other location as determined by the City, at the Applicant’s sole cost and

expense, addressing the Applicant's proposal and its ability to achieve the objectives of this notice of contract opportunity;

- l. to conduct on-site investigations of the facilities of any one or more Applicants (or the facilities where the Applicant performs its services);
- m. to inspect and otherwise investigate projects performed by the Applicant, whether or not referenced in the proposal, with or without consent of or notice to the Applicant;
- n. to conduct such investigations with respect to the financial, technical, and other qualifications of each Applicant as the City, in its sole discretion, deems necessary or appropriate; and,
- o. to do any of the foregoing without notice to Applicants or others, except such notice as the City, in its sole discretion, elects to post on eContractPhilly.

3. Miscellaneous

- a. Interpretation; Order of Precedence. In the event of conflict, inconsistency or variance between the terms of this Reservation of Rights and any term, condition or provision contained in any notice of contract opportunity, the terms of this Reservation of Rights shall govern.
- b. Headings. The headings used in this Reservation of Rights do not in any way define, limit, describe or amplify the provisions of this Reservation of Rights or the scope or intent of the provisions, and are not part of this Reservation of Rights.

F. Confidentiality and Public Disclosure

The successful Applicant shall treat all information obtained from the City which is not generally available to the public as confidential and/or proprietary to the City. The successful Applicant(s) shall exercise all reasonable precautions to prevent any information derived from such sources from being disclosed to any other person. The successful Applicant(s) agree to indemnify and hold harmless the City, its officials and employees, from and against all liability, demands, claims, suits, losses, damages, causes of action, fines and judgments (including attorney's fees) resulting from any use or disclosure of such confidential and/or proprietary information by the successful Applicant or any person acquiring such information, directly or indirectly, from the successful Applicant(s).

By submission of a proposal, Applicants acknowledge and agree that the City, as a municipal corporation, is subject to state and local public disclosure laws and, as such, is legally obligated to disclose to the public documents, including proposals, to the extent required thereunder. Without limiting the foregoing sentence, the City's legal obligations shall not be limited or expanded in any way by an Applicant's assertion of confidentiality and/or proprietary data.

Appendix A: General Provisions

The General Provisions are found in Attachment 1.

Appendix B: Office of Economic Opportunity, Antidiscrimination Policy for Minority, Woman, and Disabled Owned Business Enterprises Solicitation for Participation

Please see attachment 2 and attachment 3

Appendix C: Bibliography

- Aberg, Judith A., and Jonathan E. Kaplan et al. "Primary care guidelines for the management of persons with human immunodeficiency virus: 2009 update by the HIV Medicine Association of the Infectious Disease Society of America." *Clinical Infectious Diseases*, 2009, Vol. 49: 651-681.
- AIDS Activities Coordinating Office, Philadelphia Department of Public Health. "HIV and AIDS in the City of Philadelphia: 2010 Report." Philadelphia, 2010.
- Anderson, Brenna L. and Cu-Uvin, Susan. "Pregnancy and Optimal Care of HIV-Infected Patients," in *Clinical Infectious Diseases*, 2009; 48:449-55.
- Centers for Disease Control and Prevention. *Achievements in Public Health: Reduction in Perinatal Transmission of HIV Infection -- United States, 1985-2005*. Atlanta: MMWR, June 2, 2006, Vol. 55.
- Centers for Disease Control and Prevention. *Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents: Recommendations from CDC, the National Institutes of Health, and the HIV Medicine Association of the Infectious Disease Society of America*. Atlanta: MMWR, March 24, 2008, Vol. 58.
- Centers for Disease Control and Prevention. *Developing a Perinatal HIV Prevention Program: Collaborations and National Organizations*. Accessed at <http://www.cdc.gov/hiv/topics/perinatal/develop.htm>, January 2011.
- Centers for Disease Control and Prevention. *Perinatal HIV Transmission, Statistics, and Key Prevention Strategies*. Accessed at http://www.cdc.gov/hiv/topics/perinatal/print/overview_partner.htm, January 2011.
- Centers for Disease Control and Prevention. *Recommendations for Partner Services for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection*. Atlanta: Morbidity and Mortality Weekly Report, November 7, 2008, Vol. 57, No. RR-9.
- Centers for Disease Control and Prevention. *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*. MMWR September 22, 2006, vol. 55, no. RR-14, Atlanta: Department of Health and Human Services, 2006.
- Dola, C. et al. "Rapid HIV Testing and Obstetrical Characteristics of Women with Unknown HIV Serostatus at Time of Labor and Delivery," in *Journal of the National Medical Association*, Vol. 102, No 12, December 2010.
- Kourtis, Athena P. and Bulterys, Marc (eds.). "Perinatal HIV Infection." *Clinics in Perinatology*, Vol. 37, December 2010.
- Office of HIV Planning. "Comprehensive Prevention Plan." Philadelphia, August 2009.
- Office of HIV Planning. "Comprehensive Prevention Plan Update." Philadelphia, August 2010.
- Office of HIV Planning. "Integrated Epidemiologic Profile for HIV/AIDS Prevention and Care Planning for the Philadelphia Eligible Metropolitan Area." Philadelphia, 2009.
- Office of HIV Planning. "Integrated Resource Inventory for HIV Care and Prevention." Philadelphia, December 2008.
- Office of HIV Planning. "Philadelphia EMA Ryan White Part A Comprehensive HIV Care Plan 2010." Philadelphia, 2010.

- Office of HIV Planning. "Philadelphia Eligible Metropolitan Area Ryan White Part A Comprehensive Plan." Philadelphia, December 2009.
- Panel on Antiretroviral Guidelines for Adults and Adolescents. *Guidelines for the use of antiretroviral agents in HIV-1 infected adults and adolescents*. Department of Health and Human Services, January 10, 2011; 1-166.
- Public Health Management Corporation. *Technical Report: Association between HIV/AIDS Rates and Geographic Areas of Severe Need in Philadelphia*. Philadelphia: Office of HIV Planning, January 2011.
- Rappoport, Ann L PhD. "The Maternity Unit Dilemma: more have closed, costs are rising and there's no answer in sight." www.metrokids.com, December 3, 2010.
- The White House Office of National HIV/AIDS Policy. *The National HIV/AIDS Strategy for the United States*. Washington, D.C.: <http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>, July 2010.
- Tolle, Michael A. "Preventing Perinatal Transmission fo HIV: Your Vigilance Can Pay Off," in *Journal of Family Practice*, Vol. 59, No. 3, March 2010.
- U.S. Department of Health and Human Services. *Healthy People 2020*. Washington, D.C.: www.healthypeople.gov, December 2010.
- U.S. Department of Health and Human Services. *National Standards for Culturally and Linguistically Appropriate Services in Health Care*. Washington D.C.: Office of Minority Health, March 2001.
- Whitmore SK, et al. "Missed opportunities to prevention preinatal human immunodeficiency virus transmission in 15 jurisdictions in the United States during 2005-2008." *Women & Health* 50 (2010): 414-425.

Appendix D. Required Proposal Forms and Instructions

To use the required forms below, place your computer's cursor over the gray rectangle, left-click to highlight the area, and type your answer.

Cover Page

- Complete each row.

Form 1. City of Philadelphia Tax Status and Clearance Statement for Applicants

- Complete each row.
- Include signature, date, and printed name and title of authorized signatory.

Form 2. Statement of Financial Capacity

- Complete each row.
- During the contracting phase, successful Applicant(s) will be required to submit one copy of its most recently completed audit and one copy of its most recently filed IRS Form 990.

Form 3. Office of Economic Opportunity, Antidiscrimination Policy for Minority, Woman, and Disabled Owned Business Enterprises Solicitation for Participation and Commitment Form

- Complete each row.

Form 4. Summary Demographics Report Complete each row.

Form 5. Detailed Demographic Report

- Complete each row.

Form 6. Current Board of Directors

- Complete each column for every member of the Applicant's governing body. Expand the form as necessary. Identify all corporate officers. If the member is not an officer, leave the cell blank.

Form 7. Current Year Annual Operating Budget

- Use this form to show your agency's current year annual operating budget.
- Indicate the start and end date of your budget year.
- If your agency's operating budget is not balanced (e.g. revenues exceed expenditures or vice versa, provide an explanation in narrative question 6 (C).

Form 8. Proposed Project Budget and Narrative

- Use Form 8 to present the program budget for the HIV services you proposed to deliver.
- All costs listed must be allowable under Federal and City Cost Principles.
- For each row, column C is the sum of Column A and B.
- Use Form 8 to write brief justifications explaining the basis of the amounts proposed.
- Expand Form 8 as necessary.

Form 9. Grievance Agreement

- As of July 1, 1997, Grievance Procedures went into effect for all Ryan White activities in the Philadelphia Eligible Metropolitan Area. These grievance procedures designate procurement guidelines for Ryan White services, and specify the grievance procedure should the procurement outcomes be disputed. If you do not already have a copy of the full Grievance Procedures, you may request one by calling the AIDS Activities Coordinating Office at 215.685.5600.
- AACO operates in strict accordance with the procurement policy stated in the Grievance Procedures for all funding sources for this procurement process, including Federal, State, and City.
- Use Form 9 for ensuring compliance with the Grievance Procedures as adopted. In order for your proposal to be eligible for review, this form must be signed and submitted with the application.

Form 10. Agency Authorization

- The statement shown on Form 10 must be submitted on the proposing organization's letterhead. The Chair or President of the Board of Directors or other designated Board member must sign the letter.
- If the authorization is signed by anyone other than the Chair or President, a separate letter signed by the Board Chair or President must be attached designating that individual to do so.

Form 11. Required Format for Proposed Personnel Resumes

See Form 11 for instructions.

FOR OFFICE USE ONLY

Application Cover Page

REQUEST FOR PROPOSALS
PERINATAL HIV PREVENTION SERVICES (#12-01)
CITY OF PHILADELPHIA

Agency Name:

Address:

Mailing
Address if
different:

Contact
Person/Title:

Telephone:

Email:

Indicate with an in Column A the one service for which you are applying in this application. Indicate in Column B the total amount of funding requested. Column C, which applies only to Applicants for Perinatal Case Management proposals, must indicate the total number of unduplicated clients to be served.

Component	Column A:	Column B:	Column C:
a. Perinatal Medical Case Management	<input type="checkbox"/>	\$	
b. Marketing and Coordination	<input type="checkbox"/>	\$	

Number of all HIV clients receiving any service from your agency as of December 31, 2010

Current agency annual operating budget (all services) in dollars:

Current annual agency HIV/AIDS program budget (excluding this request) in dollars:

FOR OFFICE USE ONLY

Form 1: City of Philadelphia Tax Status and Clearance Statement for Applicants

**THIS IS A CONFIDENTIAL TAX DOCUMENT
NOT FOR PUBLIC DISCLOSURE**

This form must be completed and returned with Applicant’s proposal in order for Applicant to be eligible for award of a contract with the City. Failure to return this form will disqualify Applicant’s proposal from further consideration by the Contracting Department. The City of Philadelphia, acting through its Department of Revenue and the Department of Licenses and Inspections, will utilize the information contained in the completed form to review the tax and Philadelphia Code compliance records of the person and/or entity identified below as part of the proposal evaluation process and will report their findings to the Contracting Department and the City’s authorized investigatory agents. By signing the certification statement below as Applicant or an authorized representative of Applicant, you represent that Applicant is current and in compliance with, or has made or intends to make satisfactory arrangements with the City to come into compliance with the tax and regulatory provisions of The Philadelphia Code.

Applicant Name		
Contact Name and Title		
Street Address		
City, State, Zip Code		
Phone Number		
Email Address		
Federal Employer Identification Number		
Philadelphia Business Privilege Tax Account Number (if none, state “none”)⁵		
Business Privilege License Number (if none, state “none”)		

I certify that the Applicant named above has all required licenses and permits and is current or has made satisfactory arrangements with the City to become current with respect to the payment of City taxes or other indebtedness owed to the City (including, but not limited to, taxes collected by the City on behalf of the School District of Philadelphia), and is not in violation, or has made satisfactory arrangements to cure any violation, of other regulatory provisions applicable to Applicant contained in The Philadelphia Code.

Authorized Signature

Date

Print Name and Title

⁵ To apply for a City of Philadelphia Business Privilege Tax Account Number and/or a Business Privilege License, please go to <http://business.phila.gov/Pages/Home.aspx>

Form 2: Statement of Financial Capacity

Provide the following documentation demonstrating fiscal solvency and financial capability to perform the work sought by this RFP. The form will expand to accommodate your response.

General statement of the Applicant's financial condition		
Applicant's current fiscal year period		
Most recently completed fiscal year	Total expenses	\$
	Total revenues	\$
	Fund balance	\$
Current fiscal year	Total expenses	\$
	Total revenues	\$
	Fund balance	\$
Explain negative fund balances or financial deficits in either year, if applicable, including corrective action plans.		
Summary of the results of Applicant's most recent audited or unaudited financial statements, including Auditor financial management findings/ recommendations and management's response.		
Disclose any bankruptcy filings by the Applicant since August 1, 2006		

Form 3: Office of Economic Opportunity, Antidiscrimination Policy for Minority, Woman, and Disabled Business Enterprise Solicitation for Participation and Commitment

See Attachment 3.

Form 4. Summary Demographics Report

Agency			
Human Resources	Total Number of Full-Time Staff		
	Total Number of Part-Time Staff		
	Total Number of Full-Time HIV/AIDS Program Staff		
	Total Number of Part-Time HIV/AIDS Program Staff		
	Total Number of Volunteers		
	Total Number of People on Board of Directors		
Constituency	Subtotal Number of People Served by Organization's HIV/AIDS Programs	2010 Actual	2011 Estimated
	Subtotal Number of People Served by Organization's Other Programs	2010 Actual	2011 Estimated
	Total Number of People Served <i>(This number is the sum of the two numbers above)</i>	2010 Actual	2011 Estimated

Form 5. Detailed Demographics Report

Check if data are:		Category	HIV/AIDS Program Participants	Volunteers	Support Staff	Professional Staff	Board of Directors
Actual	Estimated						
<input type="checkbox"/>	<input type="checkbox"/>	African American	%	%	%	%	%
<input type="checkbox"/>	<input type="checkbox"/>	Asian/Pacific Islander	%	%	%	%	%
<input type="checkbox"/>	<input type="checkbox"/>	Hispanic/Latino	%	%	%	%	%
<input type="checkbox"/>	<input type="checkbox"/>	Caucasian/White	%	%	%	%	%
<input type="checkbox"/>	<input type="checkbox"/>	Other Ethnic Groups	%	%	%	%	%
<input type="checkbox"/>	<input type="checkbox"/>	Total:	100%	100%	100%	100%	100%
<input type="checkbox"/>	<input type="checkbox"/>	People with HIV/AIDS	%	%	%	%	%
<input type="checkbox"/>	<input type="checkbox"/>	Female	%	%	%	%	%
<input type="checkbox"/>	<input type="checkbox"/>	Male	%	%	%	%	%
<input type="checkbox"/>	<input type="checkbox"/>	Transgender	%	%	%	%	%
<input type="checkbox"/>	<input type="checkbox"/>	Total:	100%	100%	100%	100%	100%
<input type="checkbox"/>	<input type="checkbox"/>	Low-Income *	%	%	%	%	%
<input type="checkbox"/>	<input type="checkbox"/>	Middle/Upper-Income **	%	%	%	%	%
		Total:	100%	100%	100%	100%	100%

* Less than or equal to 300% of federal poverty level

** Greater than 300% of federal poverty level

Form 5. Detailed Demographics Report , continued

Check if data are:		Category	HIV/AIDS Program Participants	Volunteers	Support Staff	Professional Staff	Board of Directors
Actual	Estimated						
<input type="checkbox"/>	<input type="checkbox"/>	Age 0-19	%	%	%	%	%
<input type="checkbox"/>	<input type="checkbox"/>	Age 20-40	%	%	%	%	%
<input type="checkbox"/>	<input type="checkbox"/>	Age 41-65	%	%	%	%	%
<input type="checkbox"/>	<input type="checkbox"/>	Age 65 and over	%	%	%	%	%
		Total:	100%	100%	100%	100%	100%
<input type="checkbox"/>	<input type="checkbox"/>	Private health insurance	%	%	%	%	%
<input type="checkbox"/>	<input type="checkbox"/>	Medicaid, Medicare, or other public insurance	%	%	%	%	%
<input type="checkbox"/>	<input type="checkbox"/>	No health insurance	%	%	%	%	%
		Total:	100%	100%	100%	100%	100%

Notes: Use this space to explain use of estimated rather than actual data and to explain why any cells are blank or unknown.

Form 6. Current Board of Directors

Full name	Officers	Professional Affiliation	Home Address

Form 7: Current Year Annual Operating Budget		
Agency:	Start date:	
	End date:	
Revenue	Third Party Reimbursement	
	Ryan White Program	
	Other Federal	
	State Funds	
	Local Funds	
	Foundations and Corporations	
	Individuals	
	Earned Income	
	Other	
	Total	
	Expenditures	Salaries
Benefits and Payroll Taxes		
Contracted Services		
Conferences/Meetings		
Printing/Publications		
Rent and Utilities		
Telephone		
Supplies		
Postage		
Equipment Purchase		
Equipment Maintenance		
Travel		
Other		
Total		

Form 8. Proposed Project Budget

Agency:		RFP #12-01		
Period: January 1, 2012 to December 31, 2012				
FEDERAL OBJECT CLASS:	A Funding Requested from PDPH	B Other Available Funding	C Total Program Cost	D Prior Year Funding
PERSONNEL SERVICES				
FRINGE BENEFITS				
SUBTOTAL PERSONNEL				
OPERATING COSTS:				
TRAVEL				
EQUIPMENT				
SUPPLIES				
SUBCONTRACT COSTS				
OTHER:				
Rent				
Utilities				
Communication				
Leased Equipment				
Insurance				
Printing				
Repairs/Maintenance				
Other: (specify)				
SUBTOTAL OTHER				
SUBTOTAL OPERATING COSTS				
TOTAL DIRECT (PERSONNEL + OPERATING)				
INDIRECT				

TOTAL BUDGETED COSTS					
Form 8. Proposed Project Budget, continued					
Agency:					RFP #12-01
PERSONNEL (LIST POSITION TITLE) DESCRIBE DUTIES FOR THIS CONTRACT	EMPLOYEE NAME	FULL TIME SALARY	% OF SALARY ALLOCATED	CONTRACT AMOUNT	
Title:					
Duties for this project:					
Title:					
Duties for this project:					
Title:					
Duties for this project:					

**Form 9. Grievance Agreement
City of Philadelphia, Department of Public Health
RFP #12-01**

This page must be completed and *signed* for your proposal to be reviewed.

As an applicant to the City of Philadelphia, Department of Public Health, AIDS Activities Coordinating Office, the agency named below agrees to abide by all policies and procedures in the Grievance Procedures as implemented on July 1, 1997. I attest that I am a binding signatory for the above organization.

Agency Name:	<input type="text"/>		
Address:	<input type="text"/>		
Mailing Address if different:	<input type="text"/>		
Contact Person:	<input type="text"/>		
Telephone:	<input type="text"/>	Alternate Telephone:	<input type="text"/>
FAX Number:	<input type="text"/>	Email Address:	<input type="text"/>
Name:	<input type="text"/>		
Title	<input type="text"/>		
Date	<input type="text"/>		
Signature:	<input type="text"/>		

**Form 10. Agency Authorization
AIDS Activities Coordinating Office
City of Philadelphia, Department of Public Health
RFP #12-01**

Submit the following letter on your agency letterhead.

DATE

Ms. Jane Baker
Director
AIDS Activities Coordinating Office
Philadelphia Department of Public Health
1101 Market Street, 9th Floor
Philadelphia, PA 19107

Dear Ms. Baker:

I, **[insert name of Chair or President of your agency's Board of Directors]**, for and on behalf of the governing body of **[insert name of agency]** certify that the Board of Directors reviewed and approved the attached proposal for perinatal HIV prevention services in the City of Philadelphia for the period January 1, 2012 through December 31, 2012 (#12-CTR/HERR-PHL).

I certify that **[insert name of organization]** agrees to allow the AIDS Activities Coordinating Office to conduct a site visit during the review of this proposal.

I further certify that the information included in this proposal is true and accurate to the best of my knowledge and that the organization named above agrees to abide by the terms of this RFP and is fully able and willing to implement the proposed program.

Name:

Title

Date

Signature:

Form 11: Biographical Sketch

DO NOT EXCEED 2 PAGES PER PERSON. Use standard format.