



**REQUEST FOR PROPOSALS  
for  
HIGH-IMPACT HIV PREVENTION SERVICES (#12-02)  
for the  
CITY OF PHILADELPHIA**

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**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 Friday, November 18, 2011**

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***Pre-Proposal Conference:*  
Date: Monday, October 31, 2011  
Time: 2 PM  
Location: 1101 Market Street, 11<sup>th</sup> Floor Conference Center**

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

**October 2011**



**City of Philadelphia**  
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## I. Project Overview

### A. Introduction and Statement of Purpose

In 2010, 772 new HIV (non-AIDS) cases were reported in Philadelphia, representing 1.5% of approximately 50,000 people who are newly infected with HIV in the United States each year. While thousands of HIV infections have been averted since the beginning of the epidemic, coverage and impact of interventions for prevention of HIV transmission are sub-optimal. As of December 31, 2010, a total of 19,005 persons, 1.3% of the total population, were living with HIV/AIDS in Philadelphia. Of these, 11,647 were living with AIDS and 7,358 were living with HIV.

At the population level, the inadequate impact of prevention is illustrated by stark facts. Along with the wide gap between new infections averted and new infections acquired annually are alarming trends emerging over time. During the 3-years ending in 2009, HIV incidence -- the frequency with which something occurs -- in Philadelphia increased by an estimated 10%. This trend was driven by increases in infections among youth (90% increase between 2006 and 2009) and black men who have sex with men (MSM) (89% increase in incidence since 2006).

Based on HIV cases reported to the Philadelphia Department of Public Health (PDPH) through June 2011, an estimated 77 people per 100,000 population ages 13 years and older were infected with HIV in 2009. This rate is 4 times the national average for that year. Seventy-two percent of new infections were among males and 28 percent in females with rates of 173 and 57 new infections for every 100,000 population, respectively. Among MSM, an estimated 1.6% of all MSM in Philadelphia became infected with HIV in 2009 and 22% of the estimated MSM living in Philadelphia are infected with HIV and aware of their status.

Since the beginning of the epidemic in Philadelphia, HIV/AIDS has disproportionately affected minority populations. African Americans represent the majority of all cases of HIV/AIDS in Philadelphia regardless of the mode of transmission (men who have sex with men, heterosexual sex, and injection drug use). HIV/AIDS rates are greatest among African American men, followed by Latino/Hispanic men, African American women, Hispanic women, white men, and white women. Currently in Philadelphia, 2.0% of African Americans, 1.8% of Latinos, and 0.6% of whites are living with HIV/AIDS.

People who are unaware of their HIV status drive the epidemic. At the national level, up to 70% of new sexual transmissions of HIV are by the 25% of people who are unaware of their status. In Philadelphia, about 5,000 individuals -- roughly 21% of all people with HIV/AIDS in the City -- are HIV-infected but unaware of it. People who are unaware of their status are by definition not in HIV care and may transmit HIV to their sex or needle sharing partners. These at-risk individuals must be reached, encouraged to be tested for HIV, and then immediately linked to ongoing medical care and prevention services.

This Request for Proposal (RFP #12-02) seeks to contract with experienced non-profit organizations to provide certain high-impact HIV prevention services in the City of Philadelphia. A priority is to dramatically increase HIV testing in high incidence, geographically targeted areas in order to increase the number of people who know their HIV status and are linked to HIV medical care and partner services.

## B. Department Overview

The Philadelphia Department of Public Health, whose mission is to protect the health of all Philadelphians and to promote an environment that allows us to lead healthy lives, is releasing this RFP. 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 \$48,868,350 dollars 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), Centers for Disease Control (CDC), and the Health Resources and Services Administration (HRSA).

## C. Project Background

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.

### 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."*

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.

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 18 HIV-related objectives, shown below.

Healthy People 2020 HIV-Related Objectives			
#	Objective	Target	Base Line
HIV-1	Reduce the number of new HIV diagnoses among adolescents and adults. <i>(Developmental)</i>		
HIV-2	Reduce new (incident) HIV infections among adolescents and adults. <i>(Developmental)</i>		
HIV-3	Reduce the rate of HIV transmission among adolescents and adults.	3.5 new infections per 100 persons living with HIV	The HIV transmission rate was 5.0 new infections per 100 persons living with HIV in 2006.
HIV-4	Reduce the number of new AIDS cases among adolescents and adults.	13 new cases per 100,000 population	14.4 new cases of AIDS per 100,000 population aged 13 years and older were diagnosed in 2007.
HIV-5	Reduce the number of new AIDS cases among adolescent and adult heterosexuals.	10,000 new cases	11,110 new cases of AIDS were diagnosed among persons 13 years and older who reported specific heterosexual contact with a person known to have, or be at high risk for, HIV infection in 2007.
HIV-6	Reduce the number of new AIDS cases among adolescent and adult men who have sex with men.	15,074 new cases	16,749 new AIDS cases were diagnosed among males aged 13 years and older who reported sexual contact with other men or with both men and women in 2007.
HIV-7	Reduce the number of new AIDS cases among adolescents and adults who inject drugs.	5,409 new cases	6,010 new AIDS cases were diagnosed among injection drug users 13 years and older in 2007.
HIV-8	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-8.2	Number of new cases of perinatally acquired AIDS.	25 cases	28 perinatally acquired AIDS cases were diagnosed in 2007.
HIV-9	Increase the proportion of new HIV infections diagnosed before progression to AIDS. <i>(Developmental)</i>		

Healthy People 2020 HIV-Related Objectives			
#	Objective	Target	Base Line
HIV-10	Increase the proportion of HIV-infected adolescents and adults who receive HIV care and treatment consistent with current standards. (Developmental)		
HIV-11	Increase the proportion of persons surviving more than 3 years after a diagnosis with AIDS.	90.2 percent	82 percent of persons diagnosed with AIDS survived more than 3 years after diagnosis in 2002.
HIV-12	Reduce deaths from HIV infection.	3.3 deaths per 100,000 population	3.7 deaths due to HIV infection per 100,000 population occurred in 2007 (age-adjusted to the year 2000 standard population).
HIV-13	Increase the proportion of people living with HIV who know their serostatus.	90 percent	79 percent of persons aged 13 years and older living with HIV were aware of their HIV infection in 2006.
HIV-14	Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months.		
HIV-14.1	Adolescents and adults.	16.9 percent	15.4 percent of persons 15-44 years of age reported that they had an HIV test in the past 12 months, outside of blood donation in 2006-08.
HIV-14.2	Men who have sex with men (MSM). (Developmental)		
HIV-14.3	Pregnant women.	74.1 percent	67.4 percent 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.
HIV-14.4	Adolescents and young adults.	17.2 percent	15.6 percent of persons 15 to 24 years of age reported that they had an HIV test in the past 12 months, outside of blood donation in 2006-08.
HIV-15	Increase the proportion of adults with tuberculosis (TB) who have been tested for HIV.	71.5 percent	65 percent of persons aged 25 to 44 years with TB were tested for HIV in 2005.
HIV-16	Increase the proportion of substance abuse treatment facilities that offer HIV/AIDS education, counseling, and support.	59.8 percent	54.4 percent of publicly and privately funded treatment facilities known to SAMHSA reported that they offer HIV testing, HIV/AIDS education, counseling, and support, or have special substance abuse treatment programs for persons living with HIV/AIDS in 2008.
HIV-17	Increase the proportion of sexually active persons who use condoms.		
HIV-17.1	Unmarried females aged 15 to 44 years.	38 percent	34.5 percent of sexually active, unmarried females aged 15 to 44 years reported using a condom at last sexual intercourse in 2006-08.
HIV-17.2	Unmarried males aged 15 to 44 years.	60.7 percent	55.2 percent of sexually active, unmarried males aged 15 to 44 years reported using a condom at last sexual intercourse in 2006-08.

Healthy People 2020 HIV-Related Objectives			
#	Objective	Target	Base Line
HIV-18	Decrease the proportion of men who have sex with men who reported unprotected anal sex in the past 12 months. <i>(Developmental)</i>		

**State.** Under new Pennsylvania law, as of September 2011, opt-out testing will be permitted under Public Law 585, No. 148, the Confidentiality of HIV-Related Information Act. The 2011 amendment to the Confidentiality of HIV-Related Information Act is known as Act 59. The amended Act makes HIV testing a routine part of general medical care as recommended by CDC. 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.

In addition, every HIV test site which implements rapid HIV testing is required to obtain, at a minimum, a Commonwealth of Pennsylvania Level II Clinical Laboratory License in addition to the Federally required CLIA waiver for waived rapid HIV tests.

**City.** Local evidence demonstrates that more Philadelphians know their HIV status and more people with HIV are entering HIV care earlier in the disease course. These trends are hopeful signs because through proper medical care, people who know their HIV status can slow or even prevent progression of HIV disease to AIDS. Further, people who know their status can take steps to prevent transmission of HIV. Enhanced comprehensive HIV prevention planning and implementation builds on these trends and the City’s substantial response to HIV/AIDS. It is possible to imagine a day when in the City of Philadelphia no new AIDS cases will be diagnosed and new transmissions of HIV will be rare.

#### 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 multiple contracts to experienced non-profit organizations located in the City of Philadelphia. The Department reserves the right to select multiple Applicants with which to contract.

#### 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 or Acronym	Definition
AACO	AIDS Activities Coordinating Office, Philadelphia Department of Public Health
Anonymous HIV testing	The client's name is neither known nor solicited and is not recorded
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention, U.S. Department of Health and Human Services
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.
Comprehensive risk counseling services (CRCS)	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.
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 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.
HE/RR	Health Education/Risk Reduction services.
FTE	Full-time equivalent
HIPAA	Health Insurance Portability and Accountability Act
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 (MCM)	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

Terms or Acronym	Definition
	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.
Partner Services	Services offered to persons with HIV infection that include identifying partners and notifying them of their exposure to HIV.
PDPH	Philadelphia Department of Public Health
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.
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.
Social networks strategy (SNS) testing	A recruitment strategy whereby public health services (e.g., HIV CTR) are disseminated through the community by taking advantage of the social networks of persons who are members of the community. The strategy is based on the concept that individuals are linked together to form large social networks, and that infectious diseases often spread through these networks

## B. Project Details

The RFP consists of the following components that are eligible for funding. Actual funding amounts will depend on the amount of funding received by AACO.

- a. **HIV Screening and Testing in Health Care Settings.** Component A ensures that HIV screening and testing is routinely available throughout the City in health care settings serving high-risk groups such as hospital Emergency Departments and community-based health care settings. Approximately \$660,000 is available in Calendar Year (CY) 2012 to fund HIV screening in health care settings.. PDPH anticipates funding multiple Component A awards for the 12-month period beginning January 1, 2012.

NOTE: Approximately \$1,275,000 is available in CY 2012 for Components B and C. The distribution of funds between these components will be determined, in part, by the quality of applications received.

- b. **Targeted HIV Testing.** Component B ensures that targeted HIV testing is available to specific high-risk populations reached and served using evidence-based approaches and proven public health methods. Testing must be provided in settings accessible to the target populations. Specific high risk target populations must be identified by the applicant. PDPH anticipates funding multiple Component B awards for the 12-month period beginning January 1, 2012.
- c. **Social Networks Testing.** Component C ensures that high risk populations who are unaware of their HIV status have access to HIV testing through the evidence-based social network strategy (SNS) testing approach. This RFP is specifically seeking applications for Component C programs targeting African American MSM. Other populations will also be considered for this approach. PDPH anticipates funding multiple Component C award for the 12-month period beginning January 1, 2012.
- d. **Comprehensive Prevention with Positives.** Component D ensures that evidence-based Health Education/Risk Reduction interventions, linkage to care interventions, and Comprehensive Risk Counseling Services are provided to HIV-positive individuals who are aware of their status. Approximately \$430,000 is available in CY 2012 to provide Component D programs to HIV positive individuals.. PDPH anticipates funding multiple Component D awards for the 12-month period beginning January 1, 2012. The following interventions are fundable under Component D: Clear, CRCS alone or accompanied by Clear, Partnership for Health (delivered in a health care setting), Shield, Willow.
- e. **Health Education/Risk Reduction Interventions for MSM and IDU who are HIV negative or HIV status unknown.** Component E ensures that evidence-based individual, group, and/or community-level health education/risk reduction interventions are available to high-risk MSM and IDU, particularly men of color, who have sex with men and are not aware of their HIV status. Approximately \$350,000 is available in CY 2012 for Component E projects.

PDPH anticipates funding multiple Component E awards for the 12-month period beginning January 1, 2012. The following interventions are fundable under Component E for MSM: Clear, CRCS accompanied by Clear, Many Men Many Voices (3MV), Brief Group Counseling, Respect, Mpowerment. The following interventions are fundable under Component E for IDU: Safety Counts, Female and Culturally Specific Negotiation Intervention, Protocol Based Counseling, Shield.

- f. **Social Media Technology programs for MSM.** Component F ensures that innovative programs providing HIV prevention messages through the internet, telephone chat-lines and other social media are provided to MSM. Approximately \$100,000 is available in CY 2012 for Component F programs. PDPH anticipates funding 1-2 Component F programs.
- g. **Locally Developed Interventions.** Component F provides the opportunity for organizations to propose locally developed and other high-impact HIV prevention interventions that serve target populations specified by the 2011 Comprehensive Prevention Plan (see link below).

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.

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 more components, but must prepare separate and complete submissions for each component proposed.

**Populations Targeted for this RFP.** People unaware of their HIV status and at high risk of HIV infection are the priority populations for the high impact HIV prevention services to be funded. The RFP reflects the extensive planning activities that have been undertaken in Philadelphia’s ECHPP and Prevention Planning processes, including the City’s [2011 Comprehensive HIV Prevention Plan](#). Each component targets specific populations, as follows:

Target Populations by Component		
	Component	Populations
A	HIV Screening and Testing in Health Care Settings	African American and Hispanic patients seeking services in high-volume settings such as hospital Emergency Departments and health care sites located in high HIV/AIDS incidence geographic areas of North and West Philadelphia.
B	Targeted HIV Testing	Men who have sex with men, injection drug users, and high-risk heterosexuals.
C	Social Networks Testing	African American men who have sex with men, other men who have sex with men, injection drug users,

		and high-risk heterosexuals.
D	Comprehensive Prevention with Positives	Persons living with HIV/AIDS.
E	<b>Health Education/Risk Reduction Interventions for MSM and IDU who are HIV negative or HIV status unknown</b>	MSM and IDU who are unaware of their HIV status and at high-risk of HIV infection with a focus on racial and ethnic minorities.
F	Social Media Technology	Men who have sex with men.
G	Locally Developed Interventions	Any of the priority populations defined in the 2011 Comprehensive HVI Prevention Plan..

For all components geographic targets apply. Programs should be located in geographic settings accessible to target populations especially underserved areas. The 2011 Comprehensive Prevention Plan identifies target neighborhoods of particular concern. These neighborhoods are Sharswood-Stanton (Lower North Philadelphia), Millcreek-Parkside (West Philadelphia), Strawberry Mansion (North Philadelphia), Poplar-Temple (North Philadelphia), Nicetown-Tioga (North Philadelphia) and Hunting Park-Fairhill (North Philadelphia).

**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. HIV Screening and Testing in Health Care Settings**

1. Beginning January 1, 2012, provide HIV screening and testing in the locations approved by PDPH and in compliance with technical, process, training, legal, and quality requirements for HIV screening and testing of PDPH, the State of Pennsylvania, and the U.S. Public Health Service.
2. Beginning January 1, 2012, provide for confirmatory HIV testing for persons testing preliminarily reactive.
3. Beginning January 1, 2012, provide verifiable linkage to HIV medical case management and primary care for persons testing HIV-positive.
4. Submit on a monthly schedule to be defined by AACO required progress reports, invoices, and performance data.

**b. Targeted HIV Testing**

1. Beginning January 1, 2012, provide HIV testing in the locations approved by PDPH and in compliance with technical, process, training, legal, and quality requirements for HIV testing of PDPH, the State of Pennsylvania, and the U.S. Public Health Service.

2. Beginning January 1, 2012, provide for confirmatory HIV testing for persons testing preliminarily reactive.
3. Beginning January 1, 2012, provide verifiable linkage to HIV medical case management and primary care for persons testing HIV-positive.
4. Submit on a monthly schedule to be defined by AACO required progress reports, invoices, and performance data.

**c. Social Networks Testing**

1. Beginning January 1, 2012, initiate social network strategy services in compliance with technical, process, training, legal, and quality requirements of PDPH, the State of Pennsylvania, and the U.S. Public Health Service. Social network strategy services to be available and provided are: recruiter identification and screening, recruiter consent, recruiter orientation, recruiter interview, recruiter activation, recruiter coaching, materials distribution, preparation for receiving referrals, referral for HIV test, HIV confirmatory test, linkage navigation, linkage to care, referral and prevention services, and incentive distribution (if applicable).
2. Submit on a monthly schedule to be defined by AACO required progress reports, invoices, and performance data including referral network mapping.

**d. Comprehensive Prevention with Positives**

1. Beginning January 1, 2012, initiate prevention with positives services in compliance with technical, process, training, legal, and quality requirements of PDPH, the State of Pennsylvania, and the U.S. Public Health Service.
2. Submit on a monthly schedule to be defined by AACO required progress reports, invoices, and performance data.

**e. Interventions for High-Risk MSM and IDU**

1. Beginning January 1, 2012, initiate prevention interventions for high-risk MSM in compliance with technical, process, training, legal, and quality requirements of PDPH, the State of Pennsylvania, and the U.S. Public Health Service.
2. Submit on a monthly schedule to be defined by AACO required progress reports, invoices, and performance data.

**f. Social Media**

1. Beginning January 1, 2012, initiate prevention interventions in compliance with technical, process, training, legal, and quality requirements of PDPH, the State of Pennsylvania, and the U.S. Public Health Service.
2. Submit on a monthly schedule to be defined by AACO required progress reports, invoices, and performance data.

### **g. Locally Developed Interventions**

1. Beginning January 1, 2012, initiate prevention interventions in compliance with technical, process, training, legal, and quality requirements of PDPH, the State of Pennsylvania, and the U.S. Public Health Service. Eligible services include interventions proposed by the applicant and approved by PDPH.
2. Submit on a monthly schedule to be defined by AACO required progress reports, invoices, and performance data.

### **C. 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.

### **D. Hours and Location of Work**

The hours of operation for the City of Philadelphia are Monday through Friday during normal business hours. In addition to required meetings convened by PDPH, the location of work includes the locations approved by PDPH for the provision of high-impact HIV prevention services awarded through this RFP. Hours of operation for programs funded through this RFP will include services provided outside of normal business hours in order to ensure accessibility of programming to target populations.

Programs should be located in geographic settings accessible to target populations especially underserved areas. The 2011 Comprehensive Prevention Plan identifies target neighborhoods of particular concern. These neighborhoods are Sharswood-Stanton (Lower North Philadelphia), Millcreek-Parkside (West Philadelphia), Strawberry Mansion (North Philadelphia), Poplar-Temple (North Philadelphia), Nicetown-Tioga (North Philadelphia) and Hunting Park-Fairhill (North Philadelphia).

### **E. 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) and Prevention Evaluation 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.

## **F. 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.

## **G. Specific Performance Standards**

Standards for meeting applicable Federal, State, or local guidelines are defined and embedded in provider contracts and tracked by PDPH, which proactively monitors all program services in order to ensure that they meet or exceed relevant standards and guidelines. These include

CDC’s procedural guidance for the specific service or intervention to be provided as well as other requirements at the organizational level, including but not limited to the provision of behavioral risk screening and provision of services in accordance with National Standards on Culturally and Linguistically Appropriate Services (CLAS).

For PDPH-funded HIV testing programs, linkage to care for all newly diagnosed HIV-positive individuals is required. Providers are responsible for actively referring all individuals who test HIV-positive into medical care. All providers must accompany newly identified HIV-positive persons to their initial medical visit, and link any person wishing to enroll in medical case management to PDPH’s central MCM intake unit. If providers do not offer services such as CRCS or early intervention services themselves, they are required to establish formal working relationships to include written MOUs with organizations that do. All referrals must provide the last known address for the individual being tested, which is shared with the medical site where the referral is being made.

For PDPH-funded HERR and CRCS programs, providers are required to conduct a behavioral risk screening prior to enrollment in risk reduction interventions for HIV-negative persons.

In addition, the City expects that contracts resulting from this RFP will include performance and quality standards for the project, as illustrated below for HIV testing.

Performance indicators for HERR interventions and CRCS will be provided by PDPH during the contracting phase with successful applicants.

Performance indicators used to evaluate the effectiveness of HIV testing programs		
Indicator ▼	Venue ►	
	Healthcare Settings	Non-Healthcare Settings
Sero-positivity	0.1%	>1.0%
% of newly diagnosed clients who are given results	85%	85%
% of newly diagnosed clients who receive results and are linked to medical care within 3 months	80%	80%
% of newly diagnosed clients who receive results and are linked to partner services within 3 months	80%	80%

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.

#### H. 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.

## I. 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 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.
2. 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.
3. 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.
4. All providers must participate in the region's HIV-related community planning process and the continuum of prevention and care.
5. 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](#).

## J. 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. The requirements necessary for service reporting include: high speed internet access; and for PCs Internet Explorer 7 or higher, or Firefox 3.0, or Chrome 2 or higher; for Macs you will need Safari 3.0 or higher. All browsers must have Adobe Flash Player 10 or higher.

## K. Available Information

1. AIDS Activities Coordinating Office, Philadelphia Department of Public Health: <http://www.phila.gov/health/AACO/>
2. Office of HIV Planning, City of Philadelphia: <http://hivphilly.org/>
3. National HIV/AIDS Strategy (NHAS): <http://www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/what-is-the-nhas/strategy.html>
4. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention's (NCHHSTP) Strategic Plan: [http://www.nchhstp.cdc.gov/docs/10\\_NCHHSTP%20strategic%20plan%20Book\\_semi%20final508.pdf](http://www.nchhstp.cdc.gov/docs/10_NCHHSTP%20strategic%20plan%20Book_semi%20final508.pdf)
5. CDC Health Disparities and Inequalities Report — United States, 2011: <http://www.cdc.gov/mmwr/pdf/other/su6001.pdf>
6. CDC Social Determinants of Health White Paper: <http://www.cdc.gov/socialdeterminants/docs/SDH-White-Paper-2010.pdf>
7. HIV Surveillance Report, Volume 21: Diagnoses of HIV Infection and AIDS in the United States and Dependent Areas, 2009: [www.cdc.gov/hiv/surveillance/resources/reports/2009report/index.htm](http://www.cdc.gov/hiv/surveillance/resources/reports/2009report/index.htm)
8. Healthy People 2020 – HIV Topic Area: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=22>

9. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings, 2006: <http://www.cdc.gov/mmwr/pdf/rr/rr5514.pdf>
10. Revised Guidelines for HIV Counseling, Testing, and Referral, 2001: <http://www.cdc.gov/mmwr/pdf/rr/rr5019.pdf>
11. Quality Assurance Standards for HIV Counseling, Testing, and Referral Data, 2009: <http://www.cdc.gov/hiv/testing/resources/guidelines/qas/>
12. Quality Assurance Guidelines for Testing Using Rapid HIV Antibody Tests Waived Under the Clinical Laboratory Improvement Amendments of 1988 | Rapid HIV Testing | Testing | Topics | CDC HIV/AIDS: [http://www.cdc.gov/hiv/topics/testing/resources/guidelines/qa\\_guide.htm](http://www.cdc.gov/hiv/topics/testing/resources/guidelines/qa_guide.htm)
13. Compendium of HIV Prevention Interventions with Evidence of Effectiveness: <http://www.cdc.gov/HIV/topics/research/prs/evidence-based-interventions.htm>
14. Diffusion of Effective Behavioral Interventions: [www.effectiveinterventions.org](http://www.effectiveinterventions.org)
15. Antiretroviral Treatment Access Study (ARTAS) Linkage to Care Intervention: Craw JA, Gardner LI, Marks G, Rapp RC, Bosshart J, Duffus WA, Rossman A, Coughlin SL, Gruber D, Safford LA, Overton, J, Schmitt K. Brief strengths-based case management promotes entry into HIV medical care: results of the Antiretroviral Treatment Access Study-II (ARTAS-II). *JAIDS*, 2008; 47:597-606. <http://www.ncbi.nlm.nih.gov/pubmed/18285714>
16. National Standards for Culturally and Linguistically Appropriate Services in Health Care: <http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>

### 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. An Original and ten (10) copies must be submitted.

A Notification of Intent to Respond must be submitted by Friday November 4, 2011 using the form on page 55.

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 10 – 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 with 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.

1. Introduction/Executive Summary (1 page maximum, not scored)

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 any other component and provide a justification.

2. Applicant Profile (3 pages suggested maximum, 10 points)

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-, women, or disabled-owned businesses or disadvantaged businesses as stated in Appendix B. Otherwise, state “Not applicable.”

3. Project Understanding (1 page suggested maximum, 10 points)

- 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 suggested maximum, 40 points)

- 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.
- 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. 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.
- G. Provide concrete plans for linking your clients who are co-infected with STDs and Hepatitis into the appropriate continuum of treatment services.

5. Statement of Qualifications; Relevant Experience (1 page suggested maximum, 10 points)

- 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 your agency's capacity to implement client-level data collection and data entry. Describe ongoing training for data collection and data entry. Describe your plan for consumer involvement in planning, implementation, and evaluation of the proposed 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.
6. Past Performance (2 pages suggested maximum, 30 points)
- A. Describe and quantify 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.) Applicants without previous contracts with the Department for HIV/AIDS services should provide relevant past performance. Past performance data by applicants with contracts for HIV/AIDS services supported by the Department must provide data that is consistent with data submitted for those contracts.
  - B. Briefly describe two examples of how improvements were made to HIV/AIDS services provided by your agency.

7. Requested Exceptions to Contract Terms (1 page suggested maximum, not scored)

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."

8. Solicitation for Participation and Commitment (1 page suggested maximum, not scored)

State that the Applicant will comply with the required Antidiscrimantaion Policy – Minority, Woman and Disables Owned Business Enterprises in Appendix B. Explain if the applicant organization has a program for supplier diversity. Provide the percentage of the organization budget that goes to MBEs, WBEs, and DBEs (Minority (MBE), Woman (WBE) and Disabled (DSBE) Owned Business Enterprises).

## **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.

## **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](mailto: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 License<sup>1</sup> 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 Friday, November 18, 2011 noon local time.

An Original and ten (10) copies must be submitted.

Applicants may submit proposals one of two ways:

1. Up to Thursday November 17, 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, 9<sup>th</sup> Floor**  
**Philadelphia, PA 19107**  
**Attn: HIV Prevention RFP**

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.

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<sup>1</sup> Business Privilege Licenses are not required for non-profit organizations, however, Business Privilege Tax Account Numbers typically are required.

2. Between 9:00 am and 12:00 o'clock noon on Friday November 18, 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.

#### NOTICE

- **At 12:01 pm on Friday November 18, 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
<b>RFP Posted</b>	<b>October 17, 2011</b>
<b>Pre-Proposal Meeting</b>	<b>October 31, 2011, 2 PM, 1101 Market St., 11<sup>th</sup> Floor Conference Center, Philadelphia, PA 19107,</b>
<b>Proposals Due</b>	<b>November 18, 2011</b>
<b>Applicant Site Visits (if appropriate)</b>	<b>November – December 2011</b>
<b>Notice of Award(s) Announced</b>	<b>December 2011</b>
<b>Contract Award and Execution</b>	<b>December 2011</b>
<b>Commencement of Work</b>	<b>January 1, 2012</b>

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 #12-02 Request for Summary Comments to [Jane.Baker@phila.gov](mailto: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](http://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](mailto:coleman.terrell@phila.gov) no later than 5 PM, Monday October 31, 2011, 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](http://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 Monday, October 31, 2011, starting at 2 PM, at the following location: 1101 Market St., 11<sup>th</sup> 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](http://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](http://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 or 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 the Additional RFPs website.

### **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 the Additional RFPs website.

### 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.**

## Appendix C: Bibliography

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## 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. Summary Demographics Report** Complete each row.

### Form 4. Detailed Demographic Report

- Complete each row.

### Form 5. 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 6. 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 7. Proposed Project Budget and Narrative

- Use Form 7 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 7 to write brief justifications explaining the basis of the amounts proposed.
- Expand Form 7 as necessary.

### **Form 8. 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 8 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 9. Agency Authorization**

- The statement shown on Form 9 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 10. Required Format for Proposed Personnel Resumes**

See Form 10 for instructions.

FOR OFFICE USE ONLY

## Application Cover Page

### REQUEST FOR PROPOSALS HIV PREVENTION SERVICES (#12-02) CITY OF PHILADELPHIA

Agency Name:

Address:

Mailing  
Address if  
different:

Contact  
Person/Title:

Telephone:

Email:

Component (A, B, C, D, E, or F?)	Component Type (e.g. HIV Screening and Testing in Health Care Settings)	Intervention Name (e.g. Safety Counts)	Amount Requested	Unduplicated Clients to be Served
			\$	

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.

<b>Applicant Name</b>		
<b>Contact Name and Title</b>		
<b>Street Address</b>		
<b>City, State, Zip Code</b>		
<b>Phone Number</b>		
<b>Email Address</b>		
<b>Federal Employer Identification Number</b>		
<b>Philadelphia Business Privilege Tax Account Number (if none, state “none”) <sup>2</sup></b>		
<b>Business Privilege License Number (if none, state “none”)</b>		

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

<sup>2</sup> 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. Summary Demographics Report

Form 3. Summary Demographics Report			
<b>Agency</b>			
<b>Human Resources</b>	<b>Total Number of Full-Time Staff</b>		
	<b>Total Number of Part-Time Staff</b>		
	<b>Total Number of Full-Time HIV/AIDS Program Staff</b>		
	<b>Total Number of Part-Time HIV/AIDS Program Staff</b>		
	<b>Total Number of Volunteers</b>		
	<b>Total Number of People on Board of Directors</b>		
<b>Constituency</b>	<b>Subtotal Number of People Served by Organization's HIV/AIDS Programs</b>	<b>2010 Actual</b>	<b>2011 Estimated</b>
	<b>Subtotal Number of People Served by Organization's Other Programs</b>	<b>2010 Actual</b>	<b>2011 Estimated</b>
	<b>Total Number of People Served (This number is the sum of the two numbers above)</b>	<b>2010 Actual</b>	<b>2011 Estimated</b>

### Form 4. 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"/>	<b>Total:</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<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"/>	<b>Total:</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<input type="checkbox"/>	<input type="checkbox"/>	Low-Income *	%	%	%	%	%
<input type="checkbox"/>	<input type="checkbox"/>	Middle/Upper-Income **	%	%	%	%	%
		<b>Total:</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

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

\*\* Greater than 300% of federal poverty level

**Form 4. 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	%	%	%	%	%
		<b>Total:</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
<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	%	%	%	%	%
		<b>Total:</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

**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 Year Annual Operating Budget		
<b>Agency:</b>		<b>Start date:</b>
		<b>End date:</b>
<b>Revenue</b>	<b>Third Party Reimbursement</b>	
	<b>Direct Funding from CDC</b>	
	<b>Other Federal Funds</b>	
	<b>State Funds</b>	
	<b>Local Funds</b>	
	<b>Foundations and Corporations</b>	
	<b>Individuals</b>	
	<b>Earned Income</b>	
	<b>Other</b>	
	<b>Total</b>	
<b>Expenditures</b>	<b>Salaries</b>	
	<b>Benefits and Payroll Taxes</b>	
	<b>Contracted Services</b>	
	<b>Conferences/Meetings</b>	
	<b>Printing/Publications</b>	
	<b>Rent and Utilities</b>	
	<b>Telephone</b>	
	<b>Supplies</b>	
	<b>Postage</b>	
	<b>Equipment Purchase</b>	
	<b>Equipment Maintenance</b>	
	<b>Travel</b>	
	<b>Other</b>	
<b>Total</b>		

### Form 7. Proposed Project Budget

Agency:		<b>RFP #12-02</b>		
Period: January 1, 2012 to December 31, 2012				
<b>FEDERAL OBJECT CLASS:</b>	<b>A</b> Funding Requested from PDPH	<b>B</b> Other Available Funding	<b>C</b> Total Program Cost	<b>D</b> Prior Year Funding
PERSONNEL SERVICES				
FRINGE BENEFITS				
SUBTOTAL PERSONNEL				
<b>OPERATING COSTS:</b>				
TRAVEL				
EQUIPMENT				
SUPPLIES				
SUBCONTRACT COSTS				
<b>OTHER:</b>				
Rent				
Utilities				
Communication				
Leased Equipment				
Insurance				
Printing				
Repairs/Maintenance				
Other: (specify)				
SUBTOTAL OTHER				
<b>SUBTOTAL OPERATING COSTS</b>				
<b>TOTAL DIRECT (PERSONNEL + OPERATING)</b>				
INDIRECT				
<b>TOTAL BUDGETED COSTS</b>				

**Form 7. Proposed Project Budget, continued**

Agency:

**RFP #12-02**

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 8. Grievance Agreement  
City of Philadelphia, Department of Public Health  
RFP #12-02**

**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 9. Agency Authorization  
AIDS Activities Coordinating Office  
City of Philadelphia, Department of Public Health  
RFP #12-02**

**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, 9<sup>th</sup> 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 high impact HIV prevention services in the City of Philadelphia for the period January 1, 2012 through December 31, 2012 (#12-02).

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 10: Biographical Sketch

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

**Notification of Intent to Respond**  
**High-Impact HIV Prevention Request for Proposal #12-02**  
**City of Philadelphia, Department of Public Health**

**PLEASE COMPLETE THIS FORM AND SUBMIT IT ON OR BEFORE**  
**Friday, November 4, 2011**

**1. By FAX (no cover page required) to: 215-685-5624**

**OR**

**2. By EMAIL (in PDF format only) to: Dwana.Young@phila.gov**  
**(Subject Line: Notice of Intent #12-02)**

Organizations intending to respond to this RFP **MUST** notify AACO using this form. Any information relating to this RFP will be sent to the person designated below as the organization contact person.

**Agency Name:**

**Address:**

**Mailing  
Address if  
different:**

**Contact  
Person:**

**Telephone:**

**Alternate Phone:**

**FAX Number:**

**Email**

**Address:**

<b>Component (A, B, C, D, E, or F?)</b>	<b>Component Type (e.g. HIV Screening and Testing in Health Care Settings)</b>	<b>Intervention Name (e.g. Safety Counts)</b>	<b>Amount Requested</b>	<b>Unduplicated Clients to be Served</b>
			\$	