

**CUYAHOGA COUNTY BOARD OF HEALTH**

**REQUEST FOR PROPOSALS**

**RFP # 2022-01**

**ISSUED**                          **June 21, 2022**

**RFP TITLE:**                      **Implement Enhanced HIV Testing at Community Based Organizations & Addiction Treatment/Rehabilitation Centers—Ending the HIV Epidemic: Prevention**

**Issuing Department:**              Administration  
Cuyahoga County Board of Health  
5550 Venture Drive  
Parma, Ohio 44130  
(216)201-2000

**Sealed proposals will be received until:**      July 19, 2022 at 10:30 a.m.

**All inquiries should be directed to:**              Judy V. Wirsching, CFO  
Cuyahoga County Board of Health  
5550 Venture Drive  
Parma, Ohio 44130  
(216) 201-2001 ext. 1103

**ALL RESPONSES SHALL BE MARKED AS**

**“SEALED BID”**

**“REQUEST FOR PROPOSALS”**

**ENDING THE HIV EPIDEMIC – ENHANCED HIV TESTING**

**PROPOSALS ARE TO BE MAILED OR HAND-DELIVERED DIRECTLY TO THE ISSUING DEPARTMENT SHOWN ABOVE. ANY PROPOSAL RECEIVED AFTER THE TIME AND DATE SPECIFIED ABOVE WILL BE RETURNED UNOPENED.**

**PUBLIC NOTICE**  
**REQUEST FOR PROPOSALS FOR**  
**ENDING THE HIV EPIDEMIC PREVENTION GRANT**

**RFP# 2022-01**

The Cuyahoga County Board of Health is now soliciting sealed proposals to implement Enhanced HIV Testing at Community Based Organizations & Addiction Treatment/Rehabilitation Centers in Cuyahoga county in order to address gaps in HIV counseling, testing and referral services. Completed proposals must be submitted to the Cuyahoga County Board of Health, 5550 Venture Drive, Parma, Ohio 44130 no later than 10:30 A.M. local time on July 19, 2022.

A pre-proposal conference is scheduled for June 27, 2022 at 10:30 A.M. utilizing the CCBH Microsoft Teams platform. Attendance is strongly recommended but not mandatory.

Pre-proposal conference details along with this notice and proposal may be viewed at the following Board website: [www.ccbh.net](http://www.ccbh.net) by clicking on the “Business” tab on the home page. Questions prior to the pre-proposal conference must be emailed to [bidquestions@ccbh.net](mailto:bidquestions@ccbh.net).

Judy V. Wirsching, CFO

Published in the Cleveland Plain Dealer on Tuesday, June 21, 2022.

## **I. PROPOSAL INFORMATION**

### **A. Background Statement**

The Cuyahoga County Board of Health (CCBH) has applied for funding from the Ohio Department of Health (ODH) for fiscal years 2021 to 2025 (through 7/31/2025) to implement the Ending the HIV Epidemic (EHE) Prevention program in Cuyahoga County. The prevention services will prioritize groups who experience a disproportionate burden of disease or health outcome, which are determined by the local HIV epidemiology, along with CDC guidelines. The priority population groups include but are not limited to men who have sex with men (MSM), Black Non-Hispanic and Hispanic/Latino MSM, Youth (ages 13-24) and people who inject drugs.

The Ending the HIV Epidemic initiative focuses on four key strategies that, implemented together, can end the HIV epidemic in the U.S.: Diagnose, Treat, Prevent, and Respond. Cuyahoga County was identified as one of the 57 priority jurisdictions in U.S. that account for more than half of new HIV diagnoses. The 10-year initiative aims to end the HIV epidemic in the United States by reducing transmission by 75% by 2025 and 90% by 2030.

EHE counties will strategically advance local activities to *diagnose* all persons with an HIV infection as early as possible, rapidly *treat* persons with HIV infection to reach viral suppression, *prevent* new HIV transmission by using evidence-based, proven interventions and quickly *respond* to potential HIV clusters and outbreaks to interrupt disease transmission and ensure prevention and treatment services are provided to persons who need them.

EHE Testing Strategies will include: (1) routinize screening to increase the number of people who are aware of their HIV status, (2) increase awareness of prevention messaging and techniques, (3) increase access and linkage to care, (4) promote health equity, (5) increase community and provider knowledge of HIV-related treatment, prevention, epidemiology, and effective policies, (6) and reduce new HIV infections.

The funding for this Request for Proposal is contingent upon CCBH being awarded appropriated funds.

### **B. Proposal Format**

The Board discourages overly lengthy and costly proposals. In order for the Board to evaluate proposals fairly and completely, bidders should follow the format set forth herein and provide all of the information requested.

Proposals that do not adhere to these formatting requirements may be considered non-responsive. Proposals should be submitted in a sealed envelope with the name of the bidder and the relevant RFP name and number on the front.

Responses must be submitted with one (1) original and five (5) copies in addition to one (1)

electronic document of the proposal with all required information. All proposals submitted will become the property of the Board and will not be returned.

Proposals must remain open and valid for ninety (90) days from the opening date, unless the time for awarding the contract is extended by mutual consent of the Board and the bidder.

### **C. Need Statement**

The Cuyahoga County Board of Health is accepting proposals for a 12-month budget period beginning August 1, 2022 through July 31, 2023 with potential funding for 2 additional years to provide community based HIV counseling, testing and referral services within Cuyahoga County. The funding is contingent upon the Cuyahoga County Board of Health receiving funding from the Ohio Department of Health. The total amount available for all proposals for the twelve-month period is \$125,000. The Board will select up to two applicants to bridge the HIV testing gap throughout the Cuyahoga County community and its Addiction Treatment/Rehabilitation Centers.

## **II. PROJECT SPECIFICATIONS**

The following items apply to the overall implementation of the EHE prevention program.

### **A. Procedures for grant administration:**

Uniform administration of the Cuyahoga County Board of Health EHE Prevention grant funded by ODH grants is governed by the ODH Grants Administration Policies and Procedures (OGAPP) manual. This manual must be followed to ensure adherence to the rules, regulations and procedures for preparation of all sub-grantee applications. The OGAPP manual is available on the ODH website <http://www.odh.ohio.gov>.

### **B. Qualified Applicants:**

The following criteria must be met for grant applications to be eligible for this opportunity:

1. Applicant doesn't owe funds in excess of \$1,000 to CCBH or ODH.
2. Applicant isn't certified to the Attorney General's (AG's) office.

### **C. Freedom of Information Act:**

The Freedom of Information Act (5 U.S.C.552) and the associated Public Information Regulations require the release of certain information regarding grants requested by any member of the public. The intended use of the information will not be a criterion for release.

Grant applications and grant-related reports are generally available for inspection and copying except that information considered being an unwarranted invasion of personal privacy will not be disclosed. For guidance regarding specific funding sources, refer to: 45 CFR Part 5 for funds from the U.S. Department of Health and Human Service.

### **D. Special Condition(s):**

Responses to all special conditions must be submitted to the EHE Prevention Program within 30 days of receipt of the NOA. The 30 day time period, in which the sub-grantee must respond to special conditions, will begin once the NOA is issued. Failure to submit

satisfactory responses to the special conditions or a plan describing how those special conditions will be satisfied will result in the withholding of any payments until satisfied.

- E. Unallowable Costs:** Grant funds **may not** be used for the following:
1. To advance political or religious points of view or for fund raising or lobbying;
  2. To disseminate factually incorrect or deceitful information;
  3. Consulting fees for salaried program personnel to perform activities related to grant objectives;
  4. Bad debts of any kind;
  5. Contributions to a contingency fund;
  6. Entertainment;
  7. Fines and penalties;
  8. Membership fees -- unless related to the program and approved by ODH;
  9. Interest or other financial payments (including but not limited to bank fees);
  10. Contributions made by program personnel;
  11. Costs to rent equipment or space owned by the funded agency;
  12. Inpatient services;
  13. The purchase or improvement of land; the purchase, construction, or permanent improvement of any building;
  14. Satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds;
  15. Travel and meals over the current state rates (see OBM website: <http://obm.ohio.gov/MiscPages/Memos/default.aspx> for the most recent Mileage Reimbursement memo.)
  16. Costs related to out-of-state travel, unless otherwise approved by ODH, and described in the budget narrative;
  17. Training longer than one week in duration, unless otherwise approved by ODH;
  18. Contracts for compensation with advisory board members;
  19. Grant-related equipment costs greater than \$1,000, unless justified in the budget narrative and approved by ODH;
  20. Payments to any person for influencing or attempting to influence members of Congress or the Ohio General Assembly in connection with awarding of grants;
  21. Promotional Items;
  22. Office Furniture (including but not limited to desks, chairs, file cabinets) unless otherwise stated;
  23. Syringes for Syringe Service Programs (PS20-2010).

Subrecipients will not receive payment from CCBH with ODH grant funds used for prohibited purposes. CCBH has the right to recover funds paid to Subrecipients for purposes later discovered to be prohibited.

## **SECTION I – INTRODUCTION (5 points)**

### **A. Cover Page**

This must include the RFP title, RFP number, complete bidder name and mailing address as shown in Appendix 6.

### **B. Cover Letter**

Proposal Cover Letters should include a brief overview of the services being proposed and must include the telephone number of the person the Board should contact regarding the proposal.

Proposals must confirm that the bidder will comply with all the provisions of this RFP. Any exceptions to the Board contract general terms and conditions should be discussed here.

The bidder must provide a brief description of the organization including history; number of years your organization has been in business; type of services you provide; legal status of bidder organization, i.e. corporation, partnership, sole proprietor; Federal Tax ID and Unique Entity ID. The bidder must submit a copy of its most recent audited or compiled financial statements, with the name, address and telephone number of a contact in the company's principal financing or banking organization. The financial statements must have been completed by a Certified Public Accountant.

**An agency representative authorized to make contractual obligations must sign the cover letter.**

### **C. Table of Contents**

Provide sufficient detail so reviewers can locate all the important elements of your document readily. Identify each section of your response as outlined in the proposal package.

### **D. Executive Summary**

Provide a high level overview of your services, the distinguishing characteristics of your proposal and the ability of your agency to provide accompanying services related to HIV counseling, testing and referral services for PrEP or ART throughout the Cuyahoga County community and its Addiction Treatment/Rehabilitation Centers.

## **SECTION II - PROJECT NARRATIVE (20 points)**

### **A. Description of Applicant/Experience/Qualifications:**

Briefly discuss your agency's eligibility to apply. Summarize the agency's structure as it relates to this program and how it will manage the program.

Describe the adequacy of staff, equipment, research tools and administrative resources; quality and appropriateness of technical or support staff; and past performance of the organization relevant to this type of project.

Does the agency have demonstrated experience in completing similar projects on time? Do the individuals assigned to the project have experience on similar projects? How extensive is the applicable education and experience of the assigned personnel? Describe how staff assigned to the project will stay up to date on current HIV prevention information.

Describe how services will increase knowledge of HIV status and compliment the community's continuum of care. Include strategies.

Describe the capacity of your organization, its personnel or contractors to communicate effectively and convey information in a timely manner that is easily understood by diverse audiences. This includes persons of limited English proficiency, those who are not literate, have low literacy skills, and individuals with disabilities.

Note any personnel or equipment deficiencies that will need to be addressed in order to carry out this grant. Describe plans for hiring and training as necessary. Delineate all personnel who will be directly involved in program activities. Include the relationship between program staff members, staff members of the applicant agency, and other partners and agencies that will be working on this program. Include position descriptions for these staff.

## **B. Problem/Need**

Identify and describe the local health status concern(s) that will be addressed by the program.

Based on the 2020 Epidemiology data, the priority population groups for Cuyahoga County include but are not limited to, men who have sex with men (MSM), Black Non-Hispanic and Hispanic/Latino MSM, youth (13-24) and people who inject drugs. Describe the priority populations that the agency has selected to focus on for programming, and the steps taken to identify and address the needs of these populations. **Please refer to epidemiology data from Appendix 9 to support your selection of priority populations.**

## **SECTION III – METHODOLOGY (35 points)**

### **A. Methodology Description**

Describe how your agency will carry out deliverables as identified in following sections, please include additional activities to support success of strategy implementation. Please note programs implemented with a peer led staff reflective of the local epidemiological profile will receive **five** additional points for this section. Provide details outlining how peers are being utilized for programming purposes.

All sections must be addressed. The deliverables and activities listed must be included at a minimum. Deliverables must be written as [SMARTIE](#) objectives (Specific, Measurable, Achievable, Realistic, Time-bound, Inclusive, and Equitable).

### **Section 1: HIV Testing at Community Based Organizations & Addiction Treatment/Rehabilitation Centers**

Each applicant agency is responsible for overseeing HIV screening services within their agency and testing sites. Agencies are responsible for ensuring that all HIV testers are trained on best practices such as client-centered counseling (CCC). Agencies must demonstrate the support of testing venues that have the potential to reach persons with undiagnosed HIV infections based on epidemiological data.

Selected agencies will carry out the following:

- a. Identify Key Staff to lead activities to routinize HIV screening
- b. Promote routine opt out screening
- c. Conduct point of care (rapid) and/or confirmatory lab HIV testing and provide counseling and risk reduction education.
- d. Link HIV+ patients to medical care within 30 days and make referrals to appropriate supportive services (Rapid Start of ART, PrEP, Ryan White etc.).
- e. Establish and maintain linkages and referrals to medical care and supportive services.
- f. Utilize ODH established data collection tools/forms and submit to ODH or CCBH in accordance with instructions outlined in the Reporting section (Appendix 1).
- g. Agency HIV testing coordinators are responsible for the submission of required client level data collection forms (op scans), demographic information and aggregate data tables to CCBH monthly (Appendix 10-11). Each agency HIV testing coordinator is responsible for ensuring that these forms have undergone a thorough quality assurance process.

#### **Please answer or provide the required documentation to address the following:**

Describe how the applicant agency will ensure that routine opt out HIV testing is provided in Community Based Organizations & Addiction Treatment/Rehabilitation Centers that aim to reach persons who may be infected, but unaware of their status. Include client engagement strategies used to recruit and counsel individuals who represent the priority population groups.

Describe how the applicant agency will ensure that HIV testing services are delivered in an appropriate, competent and culturally sensitive manner.

Describe the quality assurance procedures conducted for data collection forms before they are submitted to CCBH/ODH.



Describe how the applicant agency will encourage or offer STD, AVH and TB screening services and referrals for treatment. Describe process for ensuring referrals are followed through by client and/or referring agency.

Complete **Appendix 3**. List the locations where the applicant agency will provide HIV testing services in 2022-23 grant period. Agency ID and site number ID for each location will be requested once awarded. Indicate the number of estimated tests the agency will conduct at each site in 2022-23 **for each target population(s)**. Provide documentation of letters of support or memorandum of understanding (MOU) for identified testing locations. Include as an **Attachment**.

## **Section 2: Social Marketing and Community Engagement**

CDC encourages agencies to partner and coordinate with entities such as CBOs, AIDS service organizations, community health centers, FQHCs, LGBT health centers, STD clinics, hospitals, bars, clubs, etc. for condom distribution and health promotion messaging to reach priority populations. Applicant should describe how they will distribute condoms, educational materials (including information on PrEP), and state/local resources (e.g. Love Leads Here outreach materials, ODH provided posters, brochures etc.) for social marketing and community engagement within the county.

### **Please answer the following questions:**

Describe how the applicant agency will include condom distribution for priority populations including PLWH as part of HIV testing.

Describe how the applicant agency will incorporate STD prevention messaging into HIV prevention messaging whenever appropriate.

Describe in detail how your agency will build partnerships with priority populations within Cuyahoga County in order to carry out condom distribution, social marketing, and community engagement activities.

## **Section 3: Prevention with Positives**

This includes the provision of services to support those newly diagnosed with or living with HIV to reduce their risks and remain in care, adherent to their medication, and achieve viral suppression.

### **Please answer the following questions:**

Describe your current partnerships with HIV care providers in Cuyahoga County. Consider proposed testing sites and proximity to care providers.

Describe your process for referrals to HIV Care, including rapid start of ART (antiretroviral therapy) and/or follow up to ensure PLWHA (persons living with HIV/AIDS) are immediately linked to care within one week of HIV diagnosis (but no later than 30 days) and are informed of “U=U”; Undetectable = Untransmittable.

#### **SECTION IV – PROJECT MANAGEMENT (20 points)**

Proposed project management narratives should:

Describe your project management approach including:

- The method used in managing the project.
- The project management organizational structure including reporting levels and lines of authority.
- How will the project be monitored to ensure that the project is implemented as planned?

Describe your methodology for ensuring timeliness of program and fiscal reporting. Provide potential risks/problems and solutions to avoid or minimize them.

Describe methodology for appropriate record keeping, reporting, invoicing and well maintained fiscal data.

Describe steps taken to protect privacy and ensure confidentiality and security of client data that align with [CDC guidance](#).

Describe your prior experience providing HIV prevention services including:

- a. A history of successful priority based HIV testing strategies (please include most recent annual positivity rate).
- b. Content knowledge of issues related to health disparities in priority populations and how to effectively engage those populations in HIV education and risk reduction.

#### **SECTION V –BUDGET (15 Points)**

The model for reimbursement is cost reimbursement. Agencies should ensure costs are reasonable. Up to two awardees will be selected under this announcement. Entities can apply for one or both settings.

- \$60,000 is available for testing in substance abuse rehabilitation facilities
- \$65,000 is available for testing in community based settings
- Total amount available for this announcement is **\$125,000.00** for 12 months.

Submission of the application signifies authorization by an agency official and constitutes electronic acknowledgment and acceptance of GAPP (Generally accepted accounting principles)

rules and regulations in lieu of an executed Signature Page document. See Appendix 2 for language.

Prior to completion of the budget section, please review page 5 of the Solicitation for unallowable costs.

Match or Applicant Share is not required by this program. Do not include Match or Applicant Share in the budget and/or the Applicant Share column of the Budget Summary. Only the narrative may be used to identify additional funding information from other resources.

- 1. Budget Narrative and Justification Pages:** Provide a detailed budget justification narrative that describes how the categorical costs are derived. Discuss the necessity, reasonableness, and how the costs are allocated for personnel for the proposed costs. Describe the specific functions of the personnel, consultants and collaborators. Explain and justify equipment, travel, (including any plans for out-of-state travel), supplies and training costs.
- 2. Personnel, Other Direct Costs, Equipment and Contracts:** Submit a budget with these sections and form(s) completed as necessary to support costs for the period August 1, 2022 to July 31, 2023. A sample Budget Narrative is included in Appendix 2. Please ensure the category order is the same as illustrated in the sample while developing your proposal.

Funds may be used to support personnel, their training, travel (see OBM website) <https://obm.ohio.gov/TravelRule/default.aspx> and supplies directly related to planning, organizing and conducting the initiative/program/activity described in this announcement.

Sub-grantees will be responsible for budgeting for supplies required to carry out HIV Testing activities, such as rapid HIV testing kits (if offering point of care testing), sharps containers, sharps disposal, condoms, personal lubricant, bandaids, gloves, alcohol pads, etc.

The applicant shall itemize all equipment (**defined as \$1,000 or more in unit cost value**) to be purchased with grant funds in the Equipment Section.

## **SECTION VI – ADDITIONAL DOCUMENTATION (5 Points)**

### **A. Letters of Support**

- a.** The agency must submit 3 letters of support, including names and phone numbers, for similar projects your firm has completed. Letters of support can also include prospective agencies that you intend to provide on-site testing.

**B. Conflict of Interest**

- a. Each agency shall include a statement indicating whether or not the organization or any of the individuals working on the contract has a possible conflict of interest and, if so, the nature of that conflict.
- b. The Board reserves the right to cancel the award if any interest disclosed from any source could either give the appearance of a conflict or cause speculation as to the objectivity of the program to be developed by the agency
- c. The Board’s determination regarding any questions of conflict of interest shall be final.

**SECTION VII – REQUIRED FORMS**

**The agency must complete and submit the following forms:**

- Non-Collusion Affidavit (requires notarization).
- Certification of Compliance with Section 3517.13 of the Ohio Revised Code.

Ohio Revised Code Section 3517.131(3) and J(3) requires that no agency or department of this state or any political subdivision shall enter into any contract for the purchase of goods costing more than five hundred dollars or services costing more than five hundred dollars with a corporation, individual, partnership or other unincorporated business, association, including, without limitation, a professional association organized under Chapter 1785 of the Revised Code, estate, or trust unless the contract includes a certification that the individuals named in Revised Code Sections 3517.13(1)(1) and (J)(1) are in compliance with the aforementioned provisions. Any questions you may have as to whether or not you are in compliance should be directed to your legal counsel.

Blank copies of the above are included in Appendix 4 and 5 of this RFP.

**Original signatures required as indicated on the forms. Copies of the proposal documents will be acceptable only if they contain original signatures and required notarization on all documents.**

**SECTION VIII – ADMINISTRATIVE INFORMATION**

**A. RFP Contact**

All vendor communications concerning the RFP must be directed to the contact person listed below. Any oral communication will be considered unofficial and non-binding on the agency. Vendors should only rely on written statements issued by the Board.

Name            Judy Wirsching, CFO

Department    Administration

Address 5550 Venture Drive, Parma, OH 44130  
Phone 216.201.2001 x 1103  
Fax 216.676.1311  
Email [Jwirsching@ccbh.net](mailto:Jwirsching@ccbh.net)

## **B. Location of work**

Work to be performed, completed and managed at agency's place of business and/or service area.

## **C. Pre-proposal conference**

The pre-proposal conference for all participating agencies scheduled as indicated below.

Date: June 27, 2022  
Time: 10:30 A.M  
Location: Microsoft Teams meeting  
**Join on your computer or mobile app**  
[Click here to join the meeting](#)  
**Or call in (audio only)**  
[+1 469-208-1353](tel:+14692081353).,153345426#  
Phone Conference ID: 153 345 426#

The purpose of the conference is to discuss the work to be performed with prospective agencies and allow them the opportunity to ask questions concerning the RFP. It is encouraged that interested organizations attend. Questions prior to the pre-proposal conference must be emailed to [bidquestions@ccbh.net](mailto:bidquestions@ccbh.net). No questions will be accepted or answered after the pre-proposal conference. Questions and answers will be posted and may be viewed on the Board's website: [www.ccbh.net](http://www.ccbh.net) by clicking on the "Business" tab on the home page.

Prospective participants needing ADA accommodations should contact Judy V. Wirsching at (216) 201-2001 ext. 1103 prior to the date set for the pre-proposal conference so that reasonable accommodations can be made.

## **D. RFP Addenda**

The Board reserves the right to issue addenda to the RFP at any time. The Board also reserves the right to cancel or reissue the RFP. If an addendum is issued less than seventy-two hours prior to the proposal due date, the closing date will be modified accordingly.

#### **E. Proposal Response Date and Location**

The applicants' proposal, in its entirety, must be received at the location, by the date and time specified on the cover page of this RFP. Proposals arriving after the deadline will be returned unopened, to the agency. The official closing time will be determined by the time clock located in Board Administrative offices. All proposals and accompanying documents will become the property of the Board and will not be returned. Proposals should be submitted in a sealed envelope with the name of the vendor and the relevant RFP name and number on the front.

Applicants assume the risk of the method of dispatch chosen. The Board assumes no responsibility for delays caused by any delivery service. Postmarking by the due date will not substitute for actual proposal receipt. Late proposals will not be accepted nor will additional time be granted to any vendor. Proposals may not be delivered by facsimile transmission or other telecommunication or electronic means.

Hand-delivered proposals may be delivered ONLY between the hours of 8:30 a.m. and 4:30 p.m., Mondays through Fridays, excluding holidays observed by the Board.

#### **F. Proposal Opening**

Proposals will be publicly opened at the Administration Office, Cuyahoga County Board of Health, 5550 Venture Dr., Parma, OH 44130. At this time, all proposals will be opened, the bidder name and dollar amount read from the proposal cover page, and logged. The submittal of a proposal will be considered by the Board as constituting an offer to perform the required services at the stated costs.

#### **G. Required Review**

Applicants should carefully review this RFP for defects and questionable or objectionable matter. Comments concerning defects and objectionable material should be made in writing and received by the RFP contact at least ten days before proposal opening. This will allow for issuance of any necessary addenda. Protests based on any omission or error, or on the content of the solicitation, will be disallowed if these faults have not been brought to the attention of the RFP contact before the time set for opening.

#### **H. Multiple Proposals**

The submission of multiple proposals for the same service will be considered noncompliant and those proposals will be disqualified. We are relying on the applicant as expert, to identify in its proposal the approach which the bidder believes will be the most effective to produce the required services on time and within budget. A potential bidder submitting a proposal for direct

services cannot submit a proposal for administrative and quality management support for the grantee.

### **I. Proposal Rejection**

The Board reserves the right to reject any or all proposals at any time without penalty. Bidders may withdraw a proposal that has been submitted at any time up to the proposal closing date and time, by submitting a written request to the RFP contact.

### **J. Response Property of the Board**

All materials submitted in response to this request become the property of the Board. Selection or rejection of a response does not affect this right.

### **K. No Obligation to Buy**

The Board reserves the right to refrain from contracting with any bidder. The release of this RFP does not compel the Board to purchase. The Board is not bound to accept the lowest priced proposal or any of the proposals submitted.

### **L. Cost of Preparing Proposals**

The Board is not liable for any costs incurred by bidders in the preparation and presentation of proposals submitted in response to this RFP.

### **M. Acceptance of Terms**

All the terms and conditions of this RFP are deemed to be accepted by the bidder and incorporated in its proposal except those conditions and provisions that are expressly excluded by the vendor in the proposal.

### **N. Disclosure of Proposal Contents**

All documents submitted to the Board as part of the proposal become public information after the contract is awarded, and available for review and inspection by anyone requesting to do so. The Board does not encourage the submission of confidential/proprietary information in response to this proposal. However, written requests for confidentiality can be submitted to the RFP contact. Neither a proposal in its entirety, nor proposal price information will be considered confidential or proprietary. Under Ohio Revised Code Section 149.43, the BOARD will make a determination of application for disclosure on an ad hoc basis.

### **O. Equal Opportunity**

Prospective bidders must comply with the applicable contract compliance procedures for equal employment opportunity as stipulated by the Board. It is the policy of the Board, to assure equal employment opportunity. Discrimination against any person in the recruitment, training,

examination, appointment, promotion, retention, discipline or any other aspect of personnel administration because of race, religion, national origin, sex, ancestry, age, disability, sexual orientation, or veteran status is prohibited.

Words of the masculine gender used in proposals shall be deemed and construed to include correlative words of the feminine gender.

## **P. Evaluation Process**

All proposals will be reviewed to determine if they are responsive. They will then be evaluated by an Evaluation team. The team will evaluate and numerically score each proposal in accordance with the following evaluation criteria:

- Introduction (5 points)
- Project Narrative (20 points)
- Methodology (35 points)
- Project Management (20 points)
- Budget (15 points)
- Additional Documents (5 Points)

The evaluation process is designed to award the contract to the bidder with the best combination of attributes based upon the evaluation criteria. Due to the fixed cost for this project, lowest cost is not considered.

Further details on how the proposal will be scored can be found in Appendix 7.

## **Q. Contract Negotiations**

The option of whether or not to initiate contract negotiations rests solely with the Board. If the Board elects to initiate contract negotiations, these negotiations cannot involve changes in the Board's requirements or the bidder's proposal which would, by their nature, affect the basis of the source selection and the competition previously conducted. The terms of the proposed contract will be negotiated based upon the merit of the application, availability of funding, and conditions of award. Failure of a selected bidder to satisfactorily negotiate a contract within a reasonable time may result in the bidder forfeiting its award.

The bidder is responsible for their travel and per diem expenses during contract negotiations.

## **R. Failure to Negotiate**

If any contract cannot be negotiated within fifteen (15) days of notification to the designated bidder, the Board may terminate negotiations with the bidder and negotiate a contract with the next highest ranked bidder.

## **S. Recommendation of Award**



Once the Board evaluation team has made its selection, a Notice of Recommendation of Award letter will be issued to the recommended bidder(s), advising of the expected award date.

#### **T. Notice of Intent to Award**

Prior to approval of the award by the Board, the Administration will issue a written Notice of Intent to Award and send copies to all unsuccessful bidders. The scores and placement of bidders will not be part of the notice. A tabulation of all bidders' names and addresses submitting proposals will be available upon request from the RFP contact person.

#### **U. Debriefing**

Bidders who submitted an unsuccessful proposal may request a meeting for debriefing and discussion of their proposals after receiving a Notice of Intent to Award letter. The request must be in writing addressed to the RFP contact. The debriefing is not to be seen as an opportunity to challenge the decision, nor will it include any comparisons of the bidder's unsuccessful proposal with any other bidder's proposals. The Board will attempt to respond to questions and concerns in this debriefing.

#### **V. Protests**

A bidder may protest the recommendation of award of a contract by filing in writing to the RFP contact person, as outlined in the Notice of Intent to Award letter. The protest letter shall include the following information:

1. Name, address and telephone number of the protester;
2. The signature of the protester;
3. Identification of the contract at issue;
4. A detailed statement of the legal and factual grounds of the protest;
5. The form of relief requested.

#### **W. Contracting Requirements**

The successful bidder shall, upon notification of award, be required to enter into a contract with the Board and must comply with the contract terms and conditions defined herein. If the bidder is unwilling to agree to a proposed clause or term, then your cover letter must reference an appendix which identifies these clauses in dispute and should:

- a. Suggest a specific alternative term, clause or approach;

b. Provide an explanation of your reasons.

**X. Contract Processing**

The Board’s Administrative Counsel shall prepare the contract required by this RFP specification. This contract shall be fully responsive to the requirements defined in these RFP specifications.

**Y. Proposal as Part of the Contract**

Part or the entire successful proposal may be incorporated into the contract.

**Z. Commencement of Contract Performance**

In order to protect the interests of the Board, a contract must be approved by the Board at a regularly scheduled Board meeting after which it must be executed by the Health Commissioner and approved by Administrative Counsel before the goods or services as set forth in this RFP specification can be provided.

**SECTION IX – CONTRACT INFORMATION**

**A. Terms and Conditions**

The following terms and conditions shall apply to the contract between the contractor and the Board:

1. The contract shall be subject to interpretation under the laws of the State of Ohio, and subject to the review of the Board’s Administrative Counsel as to legal form and correctness.
2. The successful contractor shall agree to indemnify and save the Board harmless from suits or actions of every nature and description brought against it, for or on account of any injuries or damages received or sustained by a party or parties or from any act of the contractor, his servants or agents.
3. The Board shall not assume responsibility for the payment of any personal property taxes for any materials not owned by the Board, nor shall the Board pay any insurance premiums for any coverage of any property not owned by the Board. No conditions shall alter this statement.
4. The Board is a tax-exempt No. 29 political subdivision of the State of Ohio (Federal Tax ID No. 34-6000817). Necessary tax exemption blanks will be furnished to the contractor when the contract is signed.
5. Acceptance of performance is a condition of the contract. It shall be understood and agreed that an agent for the Board shall determine finally the satisfactory quality of the services and/or

materials furnished under the contract. Failure to meet performance requirements is a reason for termination of the contract, and the contractor shall be liable to the Board for any excess cost and/or expenses incurred by the Board thereafter.

6. In the event that the contract is terminated by the Board, advance written notice shall be given to the contractor as provided in contract. The contractor shall provide all services and/or materials required by the contract and the specifications to the date of termination. Under no circumstances shall the Board be responsible for any type of penalty payment upon the cancellation of the contract. The contractor, however, shall be paid for all services and/or materials provided to the date of termination.

7. Anti-discrimination: The contractor agrees that in the employment of labor, skilled or unskilled, under this contract, there shall be no discrimination exercised against any person because of race, religion, national origin, sex, ancestry, age, disability, sexual orientation, or veteran status, and that violation thereof shall be deemed a material breach of said contract.

8. Social Security Act: The contractor shall be and remain an independent contractor with respect to all services performed hereunder and agrees to and does hereby accept full and exclusive liability for payment of any and all contributions or taxes for social security, unemployment insurance, or old age retirement benefits, pensions, or annuities now or hereafter imposed under any Local, State or Federal Law which are measured by the wages, salaries, or other remuneration paid to persons employed by the contractor for work performed under the terms of this contract and further agrees to obey all lawful rules and regulations and to meet all lawful requirements which are now or hereafter may be issued or promulgated under said respective laws by and duly authorized State or Federal officials; and said contractor also agrees to indemnify and save harmless the Board from such contributions or taxes or liability.

9. Labor and Material: The contractor shall well, truly and promptly pay or satisfy the just and equitable claims of all persons who have performed labor or furnished materials or equipment for said contractor in the execution of this contract, and all bills, costs or claims of whatever kind which might in law or equity become a lien upon said work.

10. Assignment: The contractor shall not assign, transfer, convey or otherwise dispose of this contract, or his right to execute it, or his right, title or interest in or to it or any part thereof, or assign, by power of attorney or otherwise, any of the monies due or to become due under this contract without approval of the Board.

11. Ownership of Contract Products: All products produced in response to the contract will be the sole property of the Board.

12. If applicable, the successful Respondent will comply with the provisions of the Ohio Revised Code (4115.03 through 4115.16) requiring the payment of prevailing wage. Information on prevailing wage may be obtained from the Prevailing Wage Coordinator of Cuyahoga County, 2079 East 9<sup>th</sup> Street, Cleveland, Ohio 44113, (216) 443-5530.

13. Respondent's Warranty against an Unresolved Finding for Recovery: Ohio Revised Code Section 9.24 prohibits the award of a contract to any Respondent against whom the Auditor of State has issued a finding for recovery, if the finding for recovery is "unresolved" at the time of the award. By submitting a bid, the bidder warrants that it is not now, and will not become subject to an "unresolved" finding for recovery under Ohio Revised Code Section 9.24, prior to the award of any contract arising out of this RFP, without notifying the Board of such finding.

14. Suspension and Debarments: The Board will not award contracts for services funded in whole or part with Federal funds, to an entity who has been suspended or debarred from doing business or who appears on the Federal Excluded Parties Listing System at [www.sam.gov/](http://www.sam.gov/) .

15. Criminal Background Checks (If applicable): Prior to entering into a contract with the Board the successful Respondent shall conduct background checks on all applicants for employment in direct service positions in accordance with applicable requirements so as to not knowingly employ staff who have been convicted or plead guilty to any of the crimes specified in ORC 3319.39(B) or other section of the ORC applicable to the Agency. Failure to conduct such background checks may result in termination of this contract.

16. Disbursement of Funds: The Board shall make payments to the contractor on a reimbursement basis based on actual, reasonable and necessary costs in the contractor's Board-approved budget. The contractor shall submit invoices supported by such documentation as requested by the Board. The contractor may be required to provide the Board with copies of time sheets, receipts or contracts as validation of expenditures when submitting requests for payment.

17. Confidential Information: During the term of this contract, confidential information shall be held by the contractor in the strictest confidence and shall not, without the prior written consent of the Board, be disclosed to any person other than in connection with contractor's assigned projects and activities hereunder. All of the documents and information transmitted and communicated to the contractor shall be considered as sensitive material and shall be held in the strictest confidence by the contractor. Upon termination of contractor's engagement or at any time at the request of Board, or its designees, the contractor shall promptly return or destroy all confidential information in the possession or under the control of contractor and shall not retain any copies or other reproductions or extracts thereof. Nothing contained herein shall be construed as granting or conferring any rights by license or otherwise in any confidential information.

18. Books and Records: Funded agencies will be expected to keep records of their activities related to funded projects and services to permit the Board, the federal funding source, or their agents access to those records, including fiscal, medical and client records, where appropriate and with respect for client rights to privacy and confidentiality.

19. Payment: Payment for contracted services will be made on a line-item reimbursement basis based on monthly invoices (quarterly invoicing is an option) and compliance with reporting requirements. This is a cost reimbursement grant.

20. Projections and Revisions: Funded agencies will be held accountable for meeting their programmatic projections or, when fitting, for revising projections with the Board. Failure to make progress as projected or to revise projections in conjunction with the Board staff will jeopardize the funded agency's current and/or future funding. Corrective action may include contract amendment or termination of contract.

21. Amendments: Contracts may need to be amended from time to time throughout the funding cycle based on program performance, and other contracted requirements.

22. Change in Services: If awarded a contract, providers will be reimbursed for defined services delivered to eligible consumers as outlined in the service contract. Any change of staffing, service location, or service protocols is not permitted without the written consent of the Board. Any such change in service delivery is not eligible for reimbursement and may result in termination of the service contract.

23. Reporting: All funded providers and programs will be required to collect and report data reports to the grantee. This report may include program, quality, and fiscal data. The format in which these reports will be submitted will be determined by the grantee. Completion and submission of these reports must be in compliance with the guidance of the reports.

## **B. Required Contract Documents**

In addition to the contract agreement furnished by the Board, the successful contractor shall provide the following documents within fourteen (14) calendar days of the RFP award date. Failure to provide these documents within this time frame may result in a rescission of the award.

1. Signature Authorization
2. Worker's Compensation Certificate (if required)
3. Certificates of Insurance (if required)
4. Letter of Indemnification in Lieu of Worker's Compensation Certificate and/or Certificate of Insurance
5. IRS Form W-9: Request for Taxpayer ID and Certification
6. Certification of Personal Property Tax
7. Suspension and Debarment
8. Warranty against Unresolved Finding for Recovery

These documents are described in the following paragraphs.

### **C. Signature Authorization**

The contractor shall provide one of the following signature authorizations:

- a. For a corporation, including but not limited to non-profit organizations, a notarized certificate of power of attorney authorizing the individual's signature to bind the entity or a notarized certificate of corporate resolution authorizing the signature of the document.
- b. For the sole owner, a notarized statement indicating that the individual is the sole owner and is authorized to sign for and bind the company.
- c. For a partnership, a certificate of partnership agreement showing the names and address of all partners and authorizing the signatures to bind the partnership.

### **D. Worker's Compensation Certificate**

A Worker's Compensation Certificate is required from corporations and partnerships with employees. Sole proprietors and individual contractors are not required to submit this document.

The contractor shall provide a Certificate of Premium Payment for Ohio State Worker's Compensation Insurance, or equivalent Worker's Compensation Insurance or letter of indemnification in lieu thereof. This document shall be current for the entire period of the contract.

### **E. Certificate of Insurance**

During the full term of the contractual agreement, the contractor shall have in effect and maintain such insurance as defined herein. Where applicable, to be determined by the Board's Administrative Counsel, the applicable insurance shall name the Board and its employees as a co-insured or additional insured.

This insurance shall protect the contractor, the Board and its employees and any subcontractor performing work covered by the contractual agreement against: 1) general auto liability claims; 2) professional liability claims; 3) personal injury claims; 4) accidental death claims; 5) property damage claims; 6) economic loss claims; 7) general liability claims; and such other types of claims including but not limited to D&O, employee dishonesty, workers compensation claims which may arise from operations under the contractual agreement whether such operations be by the contractor or by any subcontractor or by anyone directly or indirectly employed by either of them.

An exact copy of such insurance policy or policies and any declarations pages shall be made available to the contracting authority for review at or before the time of execution of the contract. Such insurance shall include coverages for general liability, professional liability (where deemed necessary), workers compensation, D&O coverage and employee dishonesty (if deemed

applicable) in such reasonable and adequate amounts as shall be determined by the Administrative Counsel at the time of negotiation of the contract.

**F. Letter of Indemnification in Lieu of Worker’s Compensation Certificate and/or Certificate of Insurance (if either document is required above)**

If the contractor cannot provide a workers compensation certificate and/or certificate of insurance as requested, the contractor must, at the time of submission of the RFP, substitute a letter of indemnification for a worker’s compensation certificate and/or certificate of insurance.

Only in those circumstances where the contractor verifies being self-insured by means of documentation will the Board consider the substitution of a letter of indemnification for a worker’s compensation certificate and/or certificate of insurance. Such documentation, together with the letter of indemnification, must be submitted with the RFP proposal. Such a request will not be considered after the contract has been awarded.

**G. Performance bond**

If applicable, a Performance Bond or certified check, made payable to the Board, in a sum equal to 100% of the total contractual award shall be provided by the contractor should the total amount of the contractual award be in excess of \$25,000.

Such bond or check shall be conditional on the faithful performance of the work in accordance with the specifications, and shall remain in the possession of the Board for the term of the contract and material warranties, whichever is concluded last. Such bond or check shall also indemnify the Board, Ohio, against such damages as may be suffered by failure to perform such contract according to the provisions thereof and in accordance with the specifications. If a bond is submitted, it shall be executed by a surety company authorized to do business in the State of Ohio. The bond shall be notarized with the corporate seal and the bonding company seal.

Accompanying the bond shall be:

- A. A certified power of attorney for the agent to sign the bond.
  - B. A certificate of compliance for the bonding company for the State of Ohio, Department of Insurance.
- If the contractor fails to satisfactorily perform the contract, the bonding company which provided the performance bond will be required to obtain timely performance of the contract.

**H. Liquidated Damages**

If applicable, liquidated damages shall be assessed in the amount of \$800.00 per calendar day for each and every day that the Contractor fails to meet the agreed upon deadline requirements for deliverables under the negotiated contract.

**I. Letter of Credit in Lieu of Performance Bond/Certified Check**

If a performance bond is required, the following will be in effect:

If the contractor cannot provide a performance bond or a certified check in the amount requested, the contractor must, at the time of entering into a contract, substitute a letter of credit for a performance bond or certified check.

Only in those circumstances where the contractor verifies by documentation from insurance and/or bonding companies that a performance bond is not available because of the new, unusual or unique nature of the product or the service being purchased will the County consider the substitution of a letter of credit for the performance bond or certified check requirement. Such documentation, together with the letter of credit in the amount requested for the performance bond, must be submitted during the writing of the contract with the successful contractor.

#### **J. IRS Form W-9: Request for Taxpayer Identification Number and Certification**

An Internal Revenue Service Form W-9 (Request for Taxpayer Identification Number and Certification) is required to be completed by the contractor, prior to the execution of the contract with the Board.

#### **K. Certification of Personal Property Tax**

A Certificate of Compliance with Section 5719.042 of the Ohio Revised Code, which requires a certification of delinquent personal property tax by the contractor prior to the execution of the contract of a political subdivision, must be completed.

#### **L. Suspension and Debarment**

The Board will not award a contract for services funded in whole or part with Federal funds, to an entity who has been suspended or debarred from doing business or who appears on the Federal Excluded Parties Listing System at [www.sam.gov/](http://www.sam.gov/).

#### **M. Warranty against Unresolved Finding for Recovery**

Ohio Revised Code Section 9.24 prohibits the award of a contract to any Respondent against whom the Auditor of State has issued a finding for recovery, if the finding for recovery is “unresolved” at the time of the award. By submitting a bid, the bidder warrants that it is not now, and will not become subject to an “unresolved” finding for recovery under Ohio Revised Code Section 9.24, prior to the award of any contract arising out of this RFP, without notifying the Board of such finding.



# **APPENDIX 1**

## **SCOPE OF SERVICES**

### **Scope of Work**

**Designate a Sub-recipient lead that will be responsible for all day to day interactions with CCBH. This team member is responsible for coordinating all communication within the contracted agency.**

#### **A. Routine Opt Out HIV Testing**

The goals of EHE Prevention funding initiative are to: 1) diagnose all persons with an HIV infection as early as possible, 2) rapidly treat persons with HIV infection to reach viral suppression, 3) prevent new HIV transmission by using evidence-based, proven interventions, and 4) quickly respond to potential local HIV clusters and outbreaks to interrupt disease transmission and ensure prevention and treatment services are provided to persons who need them.

EHE Testing Strategies will include: (1) routinize screening to increase the number of people who are aware of their HIV status, (2) increase awareness of prevention messaging and techniques, (3) increase access and linkage to care, (4) promote health equity, (5) increase community and provider knowledge of HIV-related treatment, prevention, epidemiology, and effective policies, (6) and reduce new HIV infections.

Each testing location will require a unique site identification number, please allow two weeks for processing new site numbers.

#### **B. Meetings**

- 1.** Participate in monthly TA calls or in person meetings with CCBH
- 2.** Attend Regional Prevention Planning meetings
- 3.** Attend required program or fiscal meetings established by CCBH
- 4.** Attend required trainings conducted by CCBH

#### **C. Site Visit Monitoring**

CCBH will determine the need for site visits on an as needed basis. Testing sites may receive up to one site visit per year from CCBH. If CCBH determines a site visit is necessary, a formal report with identified review points and corrective action steps if necessary will be provided to the agency for follow up.

#### **D. Quality Assurance**

Agency HIV testing coordinators are responsible for the submission of monthly Opscans

positivity reports and aggregate data to CCBH (See appendix 10-11). Each agency HIV testing coordinator is responsible for ensuring that these forms have undergone a thorough quality assurance process.

**E. Reporting**

Sub-Recipients are expected to submit required program and fiscal reports according to pre-established dates. The reports should be reviewed for quality assurance before submission.

**Note: Failure to assure quality of reporting such as submitting incomplete and/or late program or expenditure reports will jeopardize the receipt of future agency payments.**

**1. Program Reports:** Sub-grantee’s Program Reports must be completed and submitted via email as required by CCBH HIV Prevention Program by the dates listed below. **Program Reports that do not include required attachments will not be approved.** All program report attachments must clearly identify the authorized program name.

*Submission of Sub-grantee Program Reports via email indicates acceptance of the requirements of CCBH Fiscal Office and ODH GAPP.*

<b>Report</b>	<b>Due Date</b>	<b>Submitted</b>
Comprehensive Work Plan that gives ample description detailing how the project scope will be accomplish. (template will be provided)	60 days after NOA	Email
ODH client level data collection forms (opscans) submitted to ODH at <a href="mailto:hivprevention@odh.ohio.gov">hivprevention@odh.ohio.gov</a> or Fax Number: <b>614-728-0876</b>	<b>Positives using <u>rapid test</u></b> - report within 24 hrs. <b>Positives using <u>lab test</u></b> - report within 72 hrs.	Secure fax/ Email
Monthly <u>or</u> Quarterly expenditure report and supporting documentation submitted to CCBH	15 <sup>th</sup> of the month following close of billing period	Email
Monthly aggregated testing data reports submitted to EHE Prevention Program Manager	5th day of month following close of reporting period.	Email
Interim Progress Report- 6 months	TBD	Email
Annual Progress Report- 12 months	TBD	Email

**2. Final Expenditure Reports:** A Sub-Recipient Final Expenditure Report reflecting total expenditures for the fiscal year must be completed and submitted **via email** by 4:00 p.m. on or before **August 14, 2023**. The information contained in this report must reflect the program’s

accounting records and supporting documentation.

**3. Inventory Report:** A listing of all equipment purchased in whole or in part with **current** grant funds (Equipment Section of the approved budget) must be submitted to CCBH as part of the Sub-Recipient Final Expenditure Report. At least once every two years, inventory must be physically inspected by the sub-grantee. Equipment purchased with CCBH grant funds must be tagged as property of ODH for inventory control. Such equipment may be required to be returned to ODH at the end of the grant program period.

## APPENDIX 2

### EHE PREVENTION BUDGET NARRATIVE– EXAMPLE COMMUNITY CARES CENTER

#### PERSONNEL

##### A. Salaries and Fringe

##### Salary

**Total: \$54,750.00**

Position/Title/Name	Description	FTE	Amount	<u>Budget Request</u>
Health Educator TBD	Coordination of program requirements/community contact	50%	\$32,000.00	\$16,000.00
Jose Pierce, Outreach Coordinator	Completes all testing	100%	\$32,000.00	\$32,000.00
Tim Brown, Program Coordinator	Oversight program objectives and reporting	15%	\$45,000.00	\$6,750.00
	<b>TOTAL PERSONNEL:</b>		\$109,000.00	<b>\$54, 750.00</b>

##### B. Fringe Benefits

**Total: \$ 14,560.05**

Fringe benefits are computed at a approximate rate of 26.5% of total salaries. Fringe Benefits for staff including health insurance, payroll taxes, workers compensation, unemployment and retirement plan.

**Health Educator** – TBD (Part-Time Employee) 1 FTE 50% on Prevention Grant

This position will provide direct services to prevention services for 2 counties in conjunction to coordination with local jails and prisons and youth Detention Centers. They will assist with the completion of all required program components and reports. This team member is on the prevention 50% of the time and the other 50% is on the local HOPWA grant.

**Outreach Coordinator** – Jose Pierce

This position will be responsible for all counseling testing and referral service requirements in the community.

**Program Coordinator** – Tim Brown (Part-Time Employee)

This position will be responsible for monitoring grants outcomes, program reporting to CCBH. Responsible for providing program coordination 15% of the time this team member’s other time is divided between 50% Ryan White Care coordination and 35% HOPWA coordination.

**Total Personnel Cost**

**\$69,310.05**

## OTHER DIRECT COSTS

### Advertising

- 30 Radio spots @ \$100.00 per spot will be used to raise awareness to parents and community on effects of <purpose or objective to achieve>. **\$300.00**

### Maintenance/Lease

- Liability Insurance  
The agency's annual insurance cost in 2019 was \$10,000 and we anticipate a 5 percent increase in 2020. The estimated annual cost in 2020 is \$10,500. A cost allocation plan is in place and this grant will be charged 5% of the annual cost. **Total charged \$525.00.**
- Postage  
Agency cost for mailing billings and general patient communications.  
Agency cost for shipping and handling of supplies. **\$250.00**
- Copier – The lease for the copier/fax is based on the amount of copies each program makes and each program is assigned a four digit code. The annual lease is estimated to be \$2,500 annually and 5% is the share being charged according to the cost allocation plan to this program based on actual copies made in 2019. **\$125.00**

### Subscriptions/Publications

Subscriptions to journals related to clinical genetics will provide access to this vital information and give staff the opportunity to be current in their knowledge. Budget is for renewal of <Name of Subscription/Publication>. **\$500.00**

### Supplies

Medical supplies budgeted at **\$700.00** for the year are needed to service patients of the program such as band aids, alcohol swabs, needles, rubber gloves, paper gowns, hand soap, paper towels, tissue, cleaning supplies, hand sanitizer and cotton balls. The budgeted amount includes the pharmaceuticals listed below:

Office supplies budgeted at **\$650.00** for the year are needed for general operation of the program such as binder clips, copy paper, highlighters, labels, markers, pens, portfolios, pencils, message pads, rubber bands, adding machine tape, staplers, staples, binders, file folders, tape and desk trays. Training materials will be developed and used by the investigators to train patrol officers how to preserve crime scene evidence.

### Travel/Training

Agency's mileage reimbursement rate is \$.52 per mile. ODH will only allow reimbursement \$.40 per mile.

### **In State**

### Program Coordinator

This person will travel to 6 meetings, approximately 5 times each per year, to participate meetings and trainings with CCBH.

20 miles per meeting x .40 cents a mile x 5 meetings = \$40.00

**Total In-State = \$40.00**

### **Out of state**

#### Outreach Coordinator

<Name of Conference> <Location> : <Purpose and objective of Out of state travel> for example, Out of state travel for Program Coordinator to attend required curriculum training (costs not to exceed current state rates).

Mileage to and from Airport 100 miles x \$0.40/mile = \$40

Airport parking \$30/day x 4 days = \$120

Airfare \$300 x 2 people = \$600

Hotel \$81/night x 4 nights x 2 people = \$324

Per-diem of \$56/day x 4 days x 2 people = \$448

**Total Out of State = \$1,532.00**

### **Links:**

OBM Travel: <http://obm.ohio.gov/TravelRule/>

GSA: <http://www.gsa.gov/portal/content/104877>

### **Training**

Health Educator will be attending the 2 seminars (name the seminars) to prepare for this year's prevention activities.

- <Name of Seminar 1> = \$ 75.00
- <Name of Seminar 2> = \$ 25.00

Project Kind is a 3-day Train the Trainer program for the training of cultural humility. The cost for the training is \$1,000.00 per participant. The training will be attended by the Program Coordinator.

**Training Total = \$1,100.00**

### **Utilities/Phone Services**

- Cell Phone
  - Service for 1 agency owned cell phones used by Outreach Coordinator at \$66.70/month times 11 months = **\$733.70**

**Total Other Direct Cost= \$6,455.70**

### **EQUIPMENT**

#### **Laptop Computer**

1 Laptop @ 1,500 each are to support the Outreach Coordinator. The laptops would enhance the ability of the team member to have a virtual location to meet the program needs of working in the field.

**Total Equipment Cost** **\$1,500.00**

**CONTRACTS**

1. Your sub-contractors are required to abide by the same rules and regulations as that of an ODH Sub-recipient
2. The “Services” line item should be used to identify contract services for the subrecipient’s contractor. For example, if Community Cares Center enters into a contract for interpreters then the amount of the contract is listed under “Services.”

**Speaker**

A Contractor is needed to conduct 1 cultural competency training for HIV Prevention staff. The agenda will be provided to CCBH for approval before the training is scheduled. Speaker will be paid \$300 per training/workshop.

- Contractor \$3,000.00

**Total Contract Cost** **\$3,000.00**

**Total Request for 2022 EHE Prevention** **\$80,265.75**

Subrecipient’s authorized representative certifies the foregoing:

- Subrecipient understands and agrees that it must follow the federal cost principle that applies to its type of organization (2 CFR, Part 225; 2 CFR, Part 220; or, 2 CFR, Part 230).
- Sub-recipient’s budgeted costs are reasonable, allowable and allocable under OGAPP and federal rules and regulations.
- The OGAPP and the rules and regulations have been read and are understood.
- Subrecipient understands and agrees that costs may be disallowed if deemed unallowable or in violation of OGAPP and federal rules and regulations.
- The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.
- Subrecipient agrees and understands that costs incurred in the fulfillment of the Deliverables must be allowable under OGAPP and federal rules and regulations to qualify for reimbursement.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Print Name & Title]

\_\_\_\_\_  
[Date]

### APPENDIX 3

**Ending the HIV Epidemic Prevention Grant – Cuyahoga County  
Enhanced HIV Testing at Community Based Organizations  
And  
Addiction Treatment / Rehabilitation Centers**

Agency \_\_\_\_\_ Agency ID#: TBD

Site Name	Site ID #	Address	Testing Days/Hours	Target Population	# 2022-23 tests projected
	TBD				
	TBD				
	TBD				
	TBD				
	TBD				
	TBD				
	TBD				



**APPENDIX 4**

**NON-COLLUSION AFFIDAVIT**

\* THIS AFFIDAVIT MUST BE EXECUTED FOR THIS BID TO BE CONSIDERED

STATE OF OHIO )  
 ) SS.  
COUNTY OF CUYAHOGA )

\_\_\_\_\_ being first duly sworn, deposes and says that he/she is \_\_\_\_\_ of the party making the foregoing proposal: that such proposal is genuine and not collusive or sham: that said Respondent has not colluded, conspired, connived or agreed, directly or indirectly, with any contractor or person to put in a sham proposal, or that such other person shall refrain from bidding and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the price of affiant or any other contractor, or to fix any overhead, profit or cost element of said price, or of that of any other contractor, or to secure any advantage against the Cuyahoga County Board of Health or any other persons interested in the proposed contract; and that all statements contained in said proposal are true; and further that all statements contained in said proposal are true; and further that such contractor has not, directly or indirectly submitted this proposal, or contents thereof, or divulged information relative thereto to any association or to any member or agent thereof.

\_\_\_\_\_ AFFIANT

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 2022.

\_\_\_\_\_ NOTARY PUBLIC

## APPENDIX 5

### CERTIFICATION OF COMPLIANCE WITH SECTION 3517.13 OF THE O.R.C. RFP #2022-01

CONTRACTS AWARDED TO INDIVIDUAL, PARTNERSHIP, OTHER UNINCORPORATED BUSINESS, ASSOCIATION (INCLUDING A PROFESSIONAL ASSOCIATION ORGANIZED UNDER CHAPTER 1785), ESTATE, OR TRUST MUST CONTAIN THE FOLLOWING CERTIFICATION:

Any contract for goods or services costing more than five hundred dollars must contain a certification by the contracting entity (vendor) that all of the following persons are in compliance with 3517.13(1)(1), limiting campaign contributions to the holder of the public office having the ultimate responsibility for the award of the contract:

- THE INDIVIDUAL
- EACH PARTNER OR OWNER OF THE PARTNERSHIP OR UNINCORPORATED BUSINESS
- EACH SHAREHOLDER OF THE ASSOCIATION
- EACH ADMINISTRATOR OF THE ESTATE
- EACH EXECUTOR OF THE ESTATE
- EACH TRUSTEE OF THE TRUST
- EACH SPOUSE OF ANY OF THE PRECEDING PERSONS
- EACH CHILD SEVEN YEARS TO SEVENTEEN YEARS OF AGE OF ANY OF THE PRECEDING PERSONS
- ANY COMBINATION OF THE PERSONS LISTED ABOVE

CONTRACTS AWARDED TO A CORPORATION OR BUSINESS TRUST (EXCEPT A PROFESSIONAL ASSOCIATION ORGANIZED UNDER CHAPTER 1785) MUST CONTAIN THE FOLLOWING CERTIFICATION:

Any contract for goods or services costing more than five hundred dollars must contain a certification by the contracting entity (vendor) that all of the following persons are in compliance with 3517.13(J)(1), limiting campaign contributions to the holder of the public office having the ultimate responsibility for the award of the contract:

- EACH OWNER OF MORE THAN TWENTY PER CENT OF THE CORPORATION OR BUSINESS TRUST
- EACH SPOUSE OF AN OWNER OF MORE THAN TWENTY PER CENT OF THE CORPORATION OR BUSINESS TRUST
- EACH CHILD SEVEN YEARS TO SEVENTEEN YEARS OF AGE OF AN OWNER OF MORE THAN TWENTY PER CENT OF THE CORPORATION OR BUSINESS TRUST
- ANY COMBINATION OF THE PERSONS LISTED ABOVE

It is hereby certified that all of the persons listed above are in compliance with section 3517.13(1)(1) or 3517.13(J)(1) of the Ohio Revised Code.

IF CONTRACTING ENTITY IS A NONPROFIT CORPORATION ESTABLISHED UNDER ORC CHAPTER 1702, THE UNDERSIGNED CERTIFIES THAT SECTIONS 3517.13(1)(1) AND 3517.13(J)(1) ARE NOT APPLICABLE TO THE CONTRACTING ENTITY.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**APPENDIX 6**

**SAMPLE PROPOSAL COVER PAGE**

(Use this as the format for preparing the proposal Cover Page)

**RFP # 2022-01**

**PROPOSAL FOR EHE PREVENTION GRANT  
Implement Enhanced HIV Testing at Community Based Organizations &  
Addiction Treatment/Rehabilitation Centers**

**Agency Name  
Agency Street Address  
Agency City, State, Zip Code**

**CEO/Executive Director:** \_\_\_\_\_

**Board President:** \_\_\_\_\_

**Individual who will sign contract:** \_\_\_\_\_

**Agency EIN:** \_\_\_\_\_

**Agency accounting basis:** \_\_\_\_\_

**Total Amount Requested:** \_\_\_\_\_

**Proposal Contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

## APPENDIX 7

### RFP EVALUATION FORM

Agency: \_\_\_\_\_ Service: \_\_\_\_\_

Reviewer: \_\_\_\_\_ Total Score: \_\_\_\_\_

CRITERIA	POINT VALUE	SCORE	REVIEWER COMMENTS
<p>1. Cover Letter and Introduction-Executive Summary</p> <ul style="list-style-type: none"> <li>◆ Is there a concise description of the agency;</li> <li>◆ Is there a concise description of the proposed service;</li> <li>◆ Does the agency have experience with this service and/or population;</li> <li>◆ Does proposal identify target population to be served, number served, and total budget;</li> <li>◆ Does the proposal provide an overview of the agencies' unique approach to providing services?</li> </ul>	<b>5</b>		
<p>2. Project Narrative</p> <ul style="list-style-type: none"> <li>◆ Conveys understanding of purpose and scope of this project.</li> <li>◆ Demonstrates ability to meet each of the scope of services.</li> <li>◆ Provides qualifications for deliverables identified in RFP.</li> <li>◆ Description of how program staff will stay up to date on HIV information.</li> </ul>	<b>20</b>		

<ul style="list-style-type: none"> <li>◆ Is there a clear description of priority population(s) to be addressed by proposed services supported by epidemiological data?</li> <li>◆ Does agency have experience with target population?</li> </ul>			
<p>3. Methodology</p> <ul style="list-style-type: none"> <li>◆ Description of how deliverables will be met.</li> <li>◆ Activities in Section 1: HIV Testing at Community Based Organizations &amp; Addiction Treatment/Rehabilitation Centers addressed, including: <i>Cultural Competency, Data Collection, Quality Assurance, Co-Occurring screenings, referral strategy, and Identified Sites (Completed <b>Appendix 3</b>)</i></li> <li>◆ Activities in Section 2: Social Marketing/Community Engagement addressed, including: <i>Condom Distribution, STD/HIV messaging, how agency plans to build partnerships in priority based populations</i></li> <li>◆ Activities in Section 3: Prevention with Positives addressed, including: <i>Description of partnerships with HIV Care providers, Referrals for Rapid ART, U=U education and condom distribution to PLWHA.</i></li> <li>◆ Peer led program reflective of epidemiologic profile described (<i>if applicable-5pts</i>)</li> </ul>	<p style="text-align: center;"><b>35</b></p> <p style="text-align: center;"><b>5/NA</b></p>		
<p>4. Project Management</p> <ul style="list-style-type: none"> <li>◆ Describes method(s) for managing the project;</li> <li>◆ Provides organizational structure for managing the project;</li> <li>◆ Describes method(s) for reporting project status updates;</li> </ul>	<p style="text-align: center;"><b>20</b></p>		

<ul style="list-style-type: none"> <li>◆ Provides potential risks/problems and solutions to avoid or minimize them.</li> <li>◆ Can agency demonstrate appropriate record keeping, reporting, invoicing and well maintained data?</li> </ul>			
<p>5. Budget</p> <ul style="list-style-type: none"> <li>◆ Is budget data complete and accurate;</li> <li>◆ Is cost reasonable for services being provided;</li> <li>◆ Are actual costs (i.e. not estimates) with detailed breakdown provided;</li> <li>◆ Do staffing patterns match services proposed;</li> <li>◆ Authorized individual to make contractual obligations must sign the pricing document.</li> </ul>	<b>15</b>		
<p>6. Additional documents</p> <ul style="list-style-type: none"> <li>◆ 3 letters of support included from previous partners or prospective testing sites?</li> <li>◆ Conflict of Interest statement provided?</li> </ul>	<b>5</b>		
<b>TOTAL</b>	<b>100</b>		

**APPENDIX 8**  
**CUYAHOGA COUNTY BOARD OF HEALTH**  
**REQUEST FOR PROPOSALS**  
**RFP # 2022-01**  
**CHECKLIST**

Proposal should include the following components submitted in the following order:

**A. INTRODUCTORY PAGES**

- \_\_\_\_\_ 1. Cover Page (see Appendix 6 – Sample Cover Page).
- \_\_\_\_\_ 2. Table of Contents
- \_\_\_\_\_ 3. Proposal Submission Requirements Checklist (A signed copy of this form)

**B. SCORED NARRATIVE SECTION**

- \_\_\_\_\_ 4. Cover Letter
- \_\_\_\_\_ 5. Introduction – Executive Summary (5 points)
- \_\_\_\_\_ 6. Project Narrative (20 points)
- \_\_\_\_\_ 7. Methodology (35 points)
- \_\_\_\_\_ 8. Project Management (20 points)
- \_\_\_\_\_ 9. Budget (15 points)
- \_\_\_\_\_ 10. Attachments (5 points)

**C. REQUIRED ATTACHMENTS**

- \_\_\_\_\_ 11. Vendors Reference Sheet - *Appendix 10*
- \_\_\_\_\_ 12. Non-Collusion Affidavit – *Appendix 4* (must be notarized)
- \_\_\_\_\_ 13. Certification of Compliance with Section 3517.13 of the O.R.C.- *Appendix 5*
- \_\_\_\_\_ 14. Cover Page- *Appendix 6*
- \_\_\_\_\_ 15. List of Testing Sites – *Appendix 3*
- \_\_\_\_\_ 16. Copy of CLIA Waiver (*If performing rapid HIV tests*)
- \_\_\_\_\_ 17. Budget Narrative – *Appendix 2*
- \_\_\_\_\_ 18. Letters of Support (3)
- \_\_\_\_\_ 19. Additional supporting attachments (*Optional*)

## APPENDIX 9

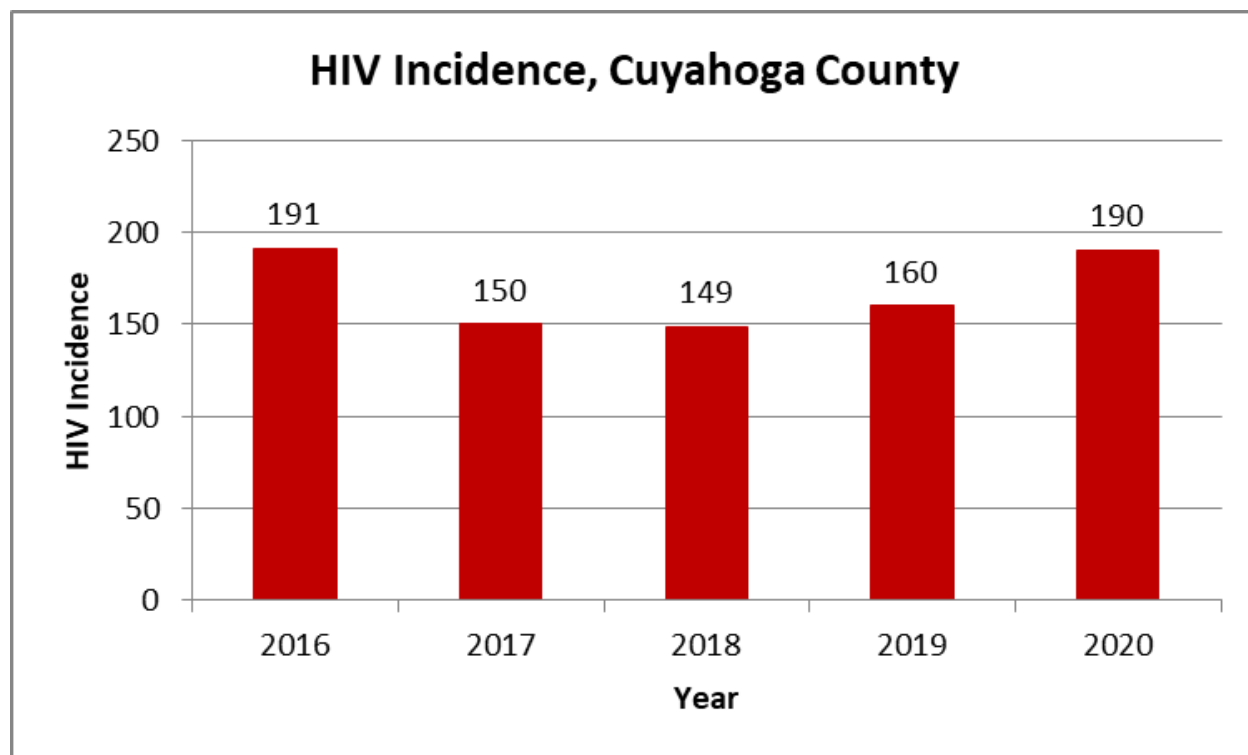
### CUYAHOGA COUNTY EPIDEMIOLOGY SUMMARY, 2020

#### Prevalence

- 5,180 PLWH in Cuyahoga County as of end of 2020
- Males made up 80% of PLWH in the county; 44% were African-American males
- Highest number of PLWH was in the 55-64yo age group
- 52% of PLWH were in the MSM exposure category

#### Incidence

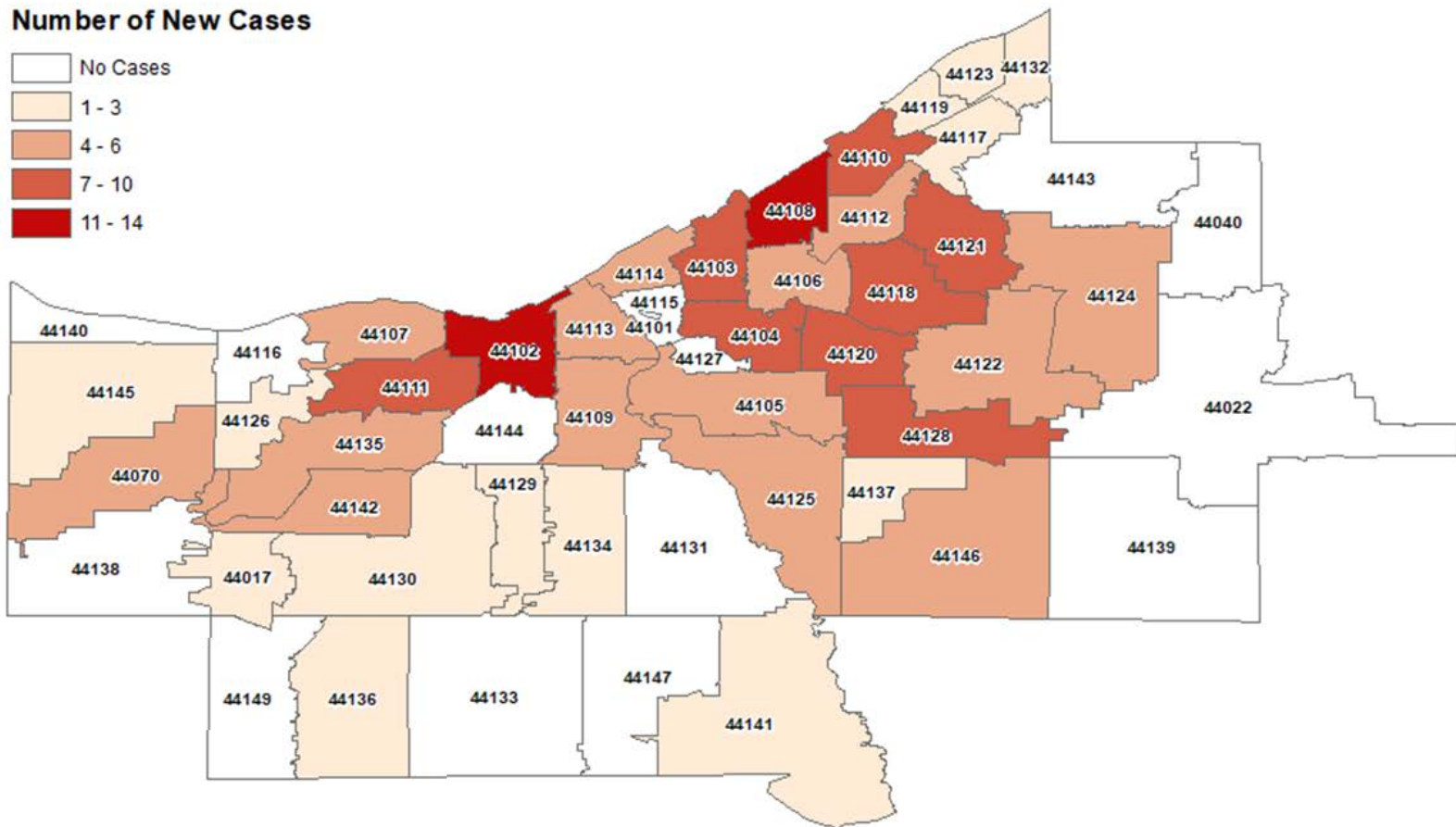
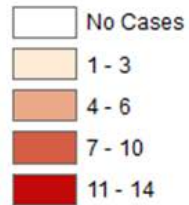
- 190 new cases in the county; 19% increase from 2019
- Males made up 88% of new cases in the county; specifically, 63% of new cases were African-American males
- Highest number of new cases was in the 20-24yo age group. 49% of new cases were below the age of 30
- 41% of new cases were in the MSM exposure category





## HIV Incidence in Cuyahoga County, 2020, by Zip Code

### Number of New Cases



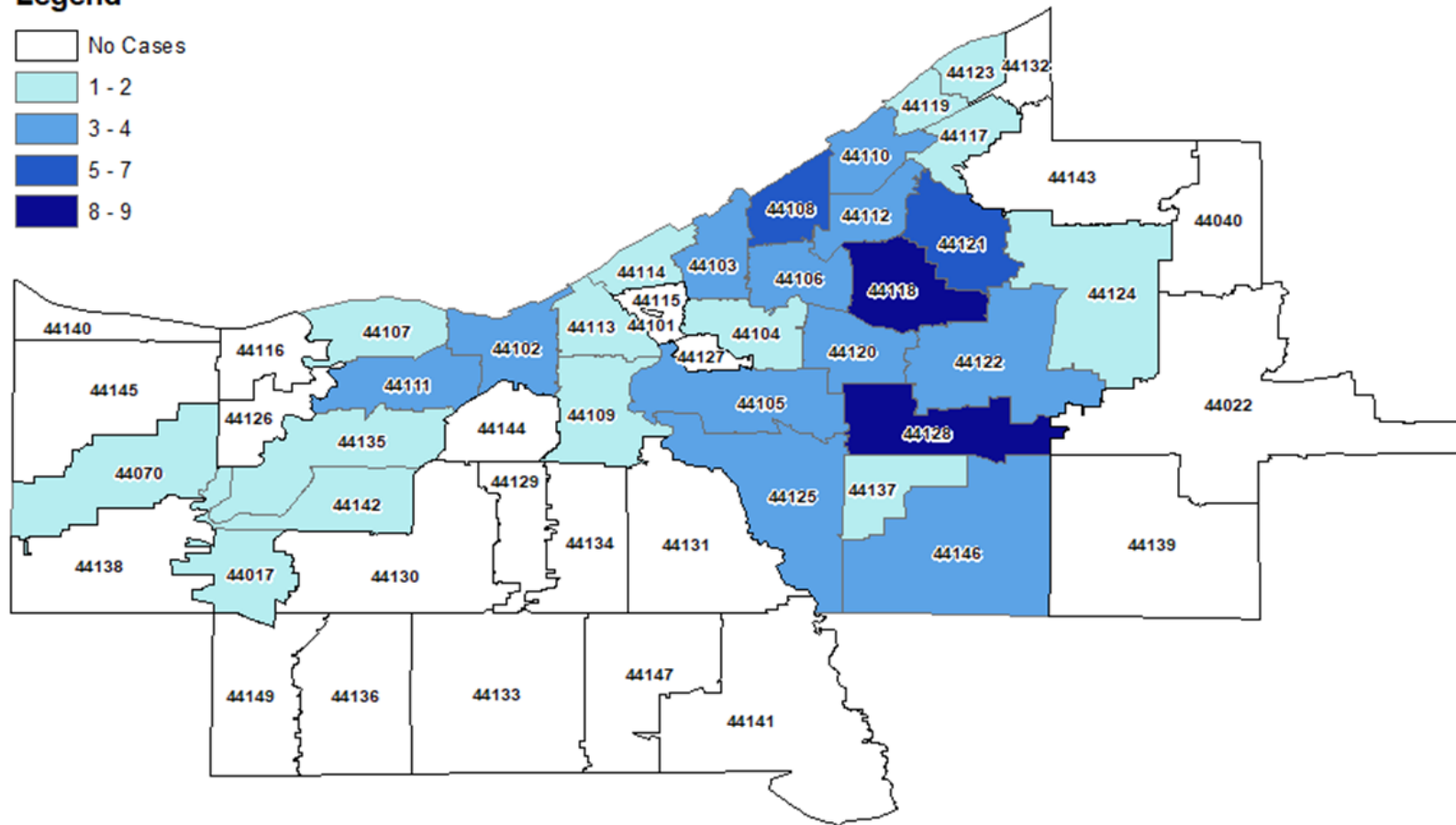
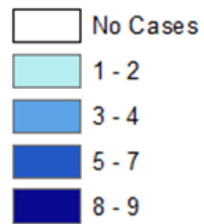
CUYAHOGA COUNTY  
BOARD OF HEALTH  
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

Data Source: Ohio Disease Reporting System (ODRS)  
Map Created By: V.Panakkal  
Version Date: 3.14.2022

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## HIV Incidence in Cuyahoga County Under Age 30, 2020, by Zip Code

### Legend



CUYAHOGA COUNTY  
BOARD OF HEALTH  
YOUR TRUSTED SOURCE FOR PUBLIC HEALTH INFORMATION

Data Source: Ohio Disease Reporting System (ODRS)  
Age is at the time of diagnosis  
Map Created By: V.Panakkal  
Version Date: 3.21.2022

## APPENDIX 10

### OPSCANS TEMPLATE [For Reference Only]

#### EvaluationWeb® PS20-2010: Routine Opt-out HIV Testing Template

Form ID (enter or adhere)	
<b>1 Agency and Client Information</b> (complete for ALL persons)	
Session Date	Client State
<i>If client tests positive for HIV:</i> ODRS ID (if applicable) _____ Client Name _____ Client Contact Information _____	Client County
Program Announcement <input type="radio"/> PS20-2010 Component A	Client ZIP Code
Agency Name	Client Ethnicity <input type="radio"/> Hispanic or Latino <input type="radio"/> Don't Know <input type="radio"/> Not Hispanic or Latino <input type="radio"/> Declined to Answer
Site ID Number	Client Race (select all that apply) <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Not Specified <input type="checkbox"/> Black/African American <input type="checkbox"/> Declined to Answer <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Don't Know
Site Type (codes below)	Client Assigned Sex at Birth <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Declined to Answer
Site ZIP Code	Client Current Gender Identity <input type="radio"/> Male <input type="radio"/> Transgender Unspecified <input type="radio"/> Female <input type="radio"/> Another Gender <input type="radio"/> Transgender Male to Female <input type="radio"/> Declined to Answer <input type="radio"/> Transgender Female to Male
Site County	Has the client had an HIV test previously? <input type="radio"/> No <input type="radio"/> Yes <input type="radio"/> Don't Know
Local Client ID (optional)	
Client Date of Birth (1800 if unknown)	
<b>Site Types: Clinical</b> <ul style="list-style-type: none"> <li>• F01.01 - Inpatient hospital</li> <li>• F02.12 - TB clinic</li> <li>• F02.19 - Substance abuse treatment facility</li> <li>• F02.51 - Community health center</li> <li>• F03 - Emergency department</li> <li>• F08 - Primary care clinic (other than CHC)</li> <li>• F09 - Pharmacy or other retail-based clinic</li> <li>• F10 - STD clinic</li> <li>• F11 - Dental clinic</li> <li>• F12 - Correctional facility clinic</li> <li>• F13 - Other</li> </ul> <b>Additional Site Types:</b> <ul style="list-style-type: none"> <li>• F40 - Mobile Unit</li> <li>• F50 - Self-Testing</li> </ul>	<b>Site Types: Non-clinical</b> <ul style="list-style-type: none"> <li>• F04.05 - HIV testing site</li> <li>• F06.02 - Community setting - School/educational facility</li> <li>• F06.03 - Community setting - Church/mosque/synagogue/temple</li> <li>• F06.04 - Community Setting - Shelter/transitional housing</li> <li>• F06.05 - Community setting - Commercial facility</li> <li>• F06.07 - Community setting - Bar/club/adult entertainment</li> <li>• F06.08 - Community setting - Public area</li> <li>• F06.12 - Community setting - Individual residence</li> <li>• F06.88 - Community setting - Other</li> <li>• F07 - Correctional facility - Non-healthcare</li> <li>• F14 - Health department - Field visit</li> <li>• F15 - Community Setting - Syringe exchange program</li> <li>• F88 - Other</li> </ul>
Form Approved: OMB No. 0920-0696, Exp. 10/31/2021. Public reporting burden of this collection of information is estimated to average 8 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-79, Atlanta, Georgia, 30333, ATTN: PRA 0920-0696. CDC 50.135b(E),10/2007	

# EvaluationWeb® PS20-2010 HIV Testing Template

Form ID (enter or adhere)

## 2 Final Test Information (complete for ALL persons)

HIV Test Election  
 Anonymous     Confidential     Test Not Done

Final Test Type (select one only)  
 CLIA-waived point-of-care (POC) Rapid Test(s)     Laboratory-based Test

Screening Test Name: \_\_\_\_\_  
 Screening Test Result: \_\_\_\_\_

Final POC Rapid Test Result <i>(definitions on page 3)</i>	Final Laboratory-based Test Result
<input type="radio"/> Preliminary Positive <input type="radio"/> Positive <input type="radio"/> Negative <input type="radio"/> Discordant <input type="radio"/> Invalid	<input type="radio"/> HIV-1 Positive <input type="radio"/> HIV-1 Positive, possibly acute <input type="radio"/> HIV-2 Positive <input type="radio"/> HIV Positive, undifferentiated <input type="radio"/> HIV-1 Negative, HIV-2 Inconclusive <input type="radio"/> HIV-1 Negative <input type="radio"/> HIV Negative <input type="radio"/> Inconclusive

Result provided to client?  
 No     Yes     Yes, client obtained the result from another agency

## 3 Negative Test Result (optional)

Is the client at risk for HIV infection?  
 No     Yes     Risk Not Known     Not Assessed

Was the client screened for PrEP eligibility?  
 No     Yes

Is the client eligible for PrEP referral?  
 No     Yes, by CDC criteria     Yes, by local criteria or protocol

Was the client given a referral to a PrEP provider?  
 No     Yes

Was the client provided with services to assist with linkage to a PrEP provider?  
 No     Yes

## 4 Positive Test Result (complete for persons testing POSITIVE for HIV)

Did the client attend an HIV medical care appointment after this positive test?  
 Yes, confirmed     No  
 Yes, client/patient self-report     Don't Know

Date Attended: \_\_\_\_\_

Has the client ever had a positive HIV test?  
 No     Yes     Don't Know

Date of first positive result: \_\_\_\_\_

Was the client provided with individualized behavioral risk-reduction counseling?  
 No     Yes

Was the client's contact information provided to the health department for Partner Services?  
 No     Yes

What was the client's most severe housing status in the last 12 months?  
 Literally homeless     Not asked  
 Unstably housed or at risk of losing housing     Declined to Answer  
 Stably housed     Don't know

If the client is female, is she pregnant?  
 No     Declined to Answer  
 Yes     Don't know

Is the client in prenatal care?  
 No     Don't Know     Not Asked  
 Yes     Declined to Answer

Was the client screened for need of perinatal HIV service coordination?  
 No     Yes

Does the client need perinatal HIV service coordination?  
 No     Yes

Was the client referred for perinatal HIV service coordination?  
 No     Yes



# EvaluationWeb® PS20-2010 HIV Testing Template

Form ID (enter or adhere)

## 5 Additional Tests (optional)

Was the client tested for co-infections?  
 No  Yes

Tested for Syphilis?  
 No  Yes

Syphilis Test Result (optional)  
 Newly Identified infection  
 Not Infected  
 Don't know

Tested for Gonorrhea?  
 No  Yes

Gonorrhea Test Result (optional)  
 Positive  Negative  Don't Know

Tested for Chlamydial infection?  
 No  Yes

Chlamydial infection Test Result (optional)  
 Positive  Negative  Don't Know

Tested for Hepatitis C?  
 No  Yes

Hepatitis C Test Result (optional)  
 Positive  Negative  Don't Know

### Value Definitions for POC Rapid Test Results

**Preliminary positive** - One or more of the same point-of-care rapid tests were reactive and none are non-reactive and no supplemental testing was done at your agency

**Positive** - Two or more different (orthogonal) point-of-care rapid tests are reactive and none are non-reactive and no laboratory-based supplemental testing was done

**Negative** - One or more point-of-care rapid tests are non-reactive and none are reactive and no supplemental testing was done

**Discordant** - One or more point-of-care rapid tests are reactive and one or more are non-reactive and no laboratory-based supplemental testing was done

**Invalid** - A CLIA-waived POC rapid test result cannot be confirmed due to conditions related to errors in the testing technology, specimen collection, or transport

## 6 PrEP Awareness and Use/Population Groups (PrEP questions optional, complete others for all persons)

Has the client ever heard of PrEP (Pre-Exposure Prophylaxis)?  
 No  Yes

Is the client currently taking daily PrEP medication?  
 No  Yes

Has the client used PrEP anytime in the last 12 months?  
 No  Yes

In the past five years, has the client had sex with a male?  
 No  Yes

In the past five years, has the client had sex with a female?  
 No  Yes

In the past five years, has the client had sex with a transgender person?  
 No  Yes

In the past five years, has the client injected drugs or substances?  
 No  Yes --- If yes, enter 'SSP' in Local Use Field 1 if client referred to SSP.

## 7 Essential Support Services (complete for persons testing positive, optional for persons testing negative)

	Screened for need	Need determined	Provided or referred
Navigation services for linkage to HIV medical care (positive only)	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Linkage services to HIV medical care (positive only)	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Medication adherence support (positive only)	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Health benefits navigation and enrollment	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Evidence-based risk reduction intervention	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Behavioral health services	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes
Social services	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes

# EvaluationWeb® PS20-2010 HIV Testing Template

Form ID (enter or adhere)

## 8 Local Use Fields (if applicable)

Local Use Field 1  
*Referral to SSP*

Local Use Field 2

Local Use Field 3

Local Use Field 4

Local Use Field 5

Local Use Field 6

Local Use Field 7

Local Use Field 8

## Notes (optional)

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## 9 Health Department Use Only (for ODH use only)

eHARS State Number

eHARS City/County Number

New or Previous diagnosis?

New diagnosis, verified

New diagnosis, not verified

Previous diagnosis

Unable to determine

Has the client seen a medical care provider in the past six months for HIV treatment?

No

Yes

Declined to Answer

Don't Know

Partner Services Case Number

Was the client interviewed for Partner Services?

Yes, by health department staff

Yes, by a non-health department person trained by the health department to conduct partner services

No

Don't Know

Date of Interview

**Value Definitions for New or Previous Diagnosis**

**New diagnosis, verified** - The HIV surveillance system was checked and no prior report was found and there is no indication of a previous diagnosis by either client self-report (if the client was asked) or review of other data sources (if other data sources were checked).

**New diagnosis, not verified** - The HIV surveillance system was not checked and the classification of new diagnosis is based only on no indication of a previous positive HIV test by client self-report or review of other data sources.

**Previous diagnosis** - Previously reported to the HIV surveillance system or the client reports a previous positive HIV test or evidence of a previous positive test is found on review of other data sources.

**Unable to determine** - The HIV surveillance system was not checked and no other data sources were reviewed and there is no information from the client about previous HIV test results.



## APPENDIX 11

### CDC AGGREGATE DATA TABLES TEMPLATE [For reference Only]

#### HIV Testing: Routine Testing, Non-Traditional Venue Testing, and HIV Self-Testing

##### Routine Testing in Prioritized Health Care Settings:

**Mock-up for Diagnose indicators 1A1.1A, 1A1.1B, and 1A1.1C:** *Percentage of persons tested for and diagnosed with HIV (new and previous positives) in health care facilities identified as a priority for routine opt-out screening.*

**Contextual Question 1A1:** Please briefly explain the 1) criteria used to select the PS20-2010-funded health care facilities that have been prioritized for routine opt-out screening and 2) how HIV screening is conducted in each facility.

##### Aggregate Data Collection:

**Table 1A1.A Routing Opt-Out HIV Testing in Prioritized Health Care Facilities:** *Enter the name of each prioritized health care facility in column A and select the facility type from the drop-down options in column B. In columns C through G, enter the requested aggregate data in cells labelled "DDE" (direct data entry). Please note that in Column D you will need to enter the total number of persons whose HIV test were directly funded or indirectly funded (e.g., EMR enhancements, testing staff, etc.) by PS20-2010. You may add additional rows as needed.*

(A) Prioritized Health Care Facility Name	(B) Facility Type <i>Drop down</i>	(C) Number of Persons Served <sup>1</sup>	(D) Number of Persons Tested <sup>2,3</sup>	(E) Number of HIV-positive Person <sup>4</sup>	(F) Newly Diagnosed HIV-positive Persons <sup>5</sup>	(G) Previously Diagnosed HIV-positive Persons
		DDE	DDE	DDE	DDE	DDE
			% Calculated	% Calculated	% Calculated	% Calculated
		DDE	DDE	DDE	DDE	DDE
			% Calculated	% Calculated	% Calculated	% Calculated
		DDE	DDE	DDE	DDE	DDE
			% Calculated	% Calculated	% Calculated	% Calculated
		DDE	DDE	DDE	DDE	DDE
			% Calculated	% Calculated	% Calculated	% Calculated
		DDE	DDE	DDE	DDE	DDE
			% Calculated	% Calculated	% Calculated	% Calculated

<sup>1</sup> Includes persons who received one or more services at the health care facility during the reporting period.

<sup>2</sup> Includes tests that are supported in any way by PS20-2010-funded resources (e.g., funding, test kits, personnel, training and technical assistance, laboratory support, electronic medical record enhancements).

<sup>3</sup> Includes persons who had a positive or negative test result.

<sup>4</sup> Includes newly and previously diagnosed infections and those with unknown prior history

<sup>5</sup> Includes newly identified infections. HIV surveillance system is checked, and no prior report was found and there is no indication of a previous diagnosis by either client self-report (if the client was asked) or review of other data sources (if other data sources were checked).

*Calculations for Percentages: Percentage of persons tested (Column D%)=(D#/C#)\*100; Percentage of HIV-Positive Persons (Column E%)=(E#/D#)\*100; New Positivity (Column F%)=(F#/D#)\*100; Percentage of Previous HIV-Positives (Column G%)=(G#/D#)\*100.*



Table 1A1.B. Persons Tested and Positivity in Health Care Facilities Conducting Routine Opt-Out HIV Testing									
	Total Number of Persons Served <sup>1</sup>	Number of Persons Tested <sup>2,3</sup>		Number of HIV-Positive Persons <sup>4</sup>		Newly Diagnosed Persons <sup>5</sup>		Previously Diagnosed Persons	
		N	%	N	%	N	%	N	%
<b>Age Group</b>									
<15 Years									
15-19 Years									
20-29 Years									
30-65 Years									
≥ 66 Years									
Unknown									
<b>Gender<sup>6</sup></b>									
Male									
Female									
Transgender									
Unknown									
<b>Race/Ethnicity</b>									
Hispanic or Latino									
Not Hispanic or Latino	American Indian/Alaska Native								
	Asian								
	Black/African American								
	Native Hawaiian/Pacific Islander								
	White								
	Multi-race								
Unknown									
<b>HIV Subpopulation</b>									
MSM/IDU									
MSM									
Transgender/IDU									
Transgender persons									
PWID									
Heterosexual males									
Heterosexual females									
Other									
Unknown									
<b>Total</b>									

<sup>1</sup> Includes persons who received one or more services at the health care facility during the reporting period.

<sup>2</sup> Includes tests that are supported in any way by PS20-2010-funded resources (e.g., funding, test kits, personnel, training and technical assistance, laboratory support, electronic medical record enhancements).

<sup>3</sup> Includes persons who had a positive or negative test result.

<sup>4</sup> Includes newly and previously diagnosed infections and those with unknown prior history

<sup>5</sup> Includes newly identified infections. HIV surveillance system is checked, and no prior report was found and there is no indication of a previous diagnosis by either client self-report (if the client was asked) or review of other data sources (if other data sources were checked).

<sup>6</sup> "Transgender" includes all persons whose gender identity or expression is different from their sex assigned at birth. Transgender persons may self-identify themselves as transgender female or transgender woman ( A person whose physical or birth sex is female but whose gender expression and/or gender identity is male), transgender male or transgender man ( A person whose physical or birth sex is male but whose gender expression and/or gender identity is female) or other gender non-binary person (e.g., gender queer, two-spirited).

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