

**REQUEST FOR QUOTATIONS FOR
ENDING THE HIV EPIDEMIC THROUGH PREVENTION
FOR THE
CUYAHOGA COUNTY BOARD OF HEALTH**

Date Issued: August 24, 2022

Response Due: Friday, September 23, 2022 at 11:00 am

Return to: Documents may be mailed or emailed to the following:

Cuyahoga County Board of Health
Attention: Gloria Agosto Davis
5550 Venture Drive, Parma, Ohio 44130
(216)201-2001 ext. 1340
gagosto@ccbh.net

Contract Period: November 1, 2022 to July 31, 2023

Background

The Cuyahoga County Board of Health (CCBH) seeks qualified contractor(s) to provide innovative prevention strategies to Ending the HIV Epidemic in Cuyahoga County. Applicants should submit one application per proposed project. Applicants may submit more than one project. Applicants can also apply for both RFQ opportunities available to End the HIV Epidemic (Care and/or Prevention).

Cuyahoga County is one of the 57 priority jurisdictions determined to have substantial HIV burden by the U.S. Department of Health and Human Services (HHS), and CCBH is continuing to focus on the first phase of the Ending the HIV Epidemic (EHE) Initiative: reducing new HIV infections by 75 percent within five years and 90% by 2030. 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.

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 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.

Price Range

Quotes shall begin at \$10,000 but should not exceed \$24,000.

Duration of Services

The Cuyahoga County Board of Health is seeking services commencing as early as November 1, 2022 through July 31, 2023. The Board will have the option to renew successful innovative strategies for an additional two-year extension through July 31, 2025.

Scope of Work

Innovative proposed quotes should align with the goals, strategies and action items included in the [Cuyahoga County Ending the HIV Epidemic Plan](#). Specifically, the “Prevent or Diagnose” Pillar and/or an overarching strategy (ex. Reduce Systemic Racism; LGBTQ Inclusivity & Care; Priority Populations; Social Impact Media; Health Education; Professional Workforce Development; HIV Law Advocacy; Data & Research Infrastructure).

Deliverables

CCBH is proposing numerous innovative strategies targeting Cuyahoga County’s three priority populations: 1) Men who have sex with men (MSM); 2) MSM of Color; and 3) Youth (13-24). Proposed strategies should also consider how their proposal addresses EHE Testing Strategies which 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.

Applicants will propose an innovative approach to one of the following:

- Innovative Strategies / Projects that will enhance HIV prevention
- HIV Testing Event(s) or HIV Testing Pilot Programs located at: CBOs (Community Based Organizations), ASOs (AIDS Serving Organizations), Mental Health Centers, Substance Abuse/ Treatment Facilities, Shelters or Specific Events attended by priority populations in Cuyahoga County
- PrEP/PEP Clinical Provider Education / Prescribe HIV Prevention
- PrEP/PEP Linkage
- HIV Self-Test Kit Pilot
- Prevention Education (ex. PrEP/PEP, HIV Testing, Condoms, Partner Services, U=U/TasP [Treatment as Prevention], Harm Reduction)
- HIV Prevention Provider (primary care, OB/GYN, Emergency Medicine etc.) Education (PrEP/PEP Referrals, PrEP/PEP Funding Sources)
- EMR/Infrastructure updates (ex. Universal HIV Testing, PrEP/PEP)
- Consumer Satisfaction / Engagement
- Social Media / Web Site and/or phone application enhancements
- Evidenced Based and/or Evidence Informed Intervention Pilot (PrEP, Risk Reduction, Harm Reduction)

<https://www.cdc.gov/hiv/research/interventionresearch/compendium/index.html>

Information Requested

The following items listed below must be included, for quotes to be considered.

1. ORGANIZATION INFORMATION

Name of Organization:

Address:

Project Lead Name and Title:

Phone Number:

Email Address:

Total Amount Requested:

Brief Project Description:

2. Three references (CCBH form attached)

3. Describe how deliverables will be met:

a) Background and Justification: This section should clearly identify the problem to be addressed and how it connects to the [Cuyahoga County Ending the HIV Epidemic Plan](#).

b) Priority Population(s): Indicate the key population(s) that the EHE funding would affect, the projected number of participants you anticipate to reach and recruitment strategy during the project period.

c) Work Plan: Outline your plans to implement the project. List specific goals and objectives. List the names and organizations, as well as the roles of any additional individuals who will be involved in implementing this project. Provide a timetable listing specific key activities and completion dates from project beginning to end.

d) Evaluation: How will you define success of your innovative approach? What indicators or performance measures do you anticipate collecting to monitor program implementation and outcomes? Describe your process to collect supporting evidence.

4. Pricing document: Provide an estimated budget of the funding needed to carry out the above strategy.

Insurance Requirements

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

This insurance may protect the contractor, the Board and its employees and any subcontractor performing work covered by the contractual agreement against liabilities including but not limited to: 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.

If applicable, 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 General Counsel at the time of negotiation of the contract.

Payment

Quoted projects shall be no more than \$24,000. Awards will be based upon fee schedule or cost reimbursement. The amount should be reasonable in comparison to number of clients served and services delivered during the funded period.

Funds Cannot 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)

VENDOR'S REFERENCE SHEET

INSTRUCTIONS:

List a minimum of three (3) organizations to whom you have provided like services to that being requested in the specification. Provide all data requested below for each reference listed. Use additional sheets if desired.

ORGANIZATION'S NAME:	CONTACT PERSON'S NAME & EMAIL:
ORGANIZATION'S FULL ADDRESS:	CONTACT PERSON'S TELEPHONE NUMBER:
	DATE SERVICE(S) PROVIDED:

SPECIFY THE SERVICES PROVIDED:

ORGANIZATION'S NAME:	CONTACT PERSON'S NAME & EMAIL:
ORGANIZATION'S FULL ADDRESS:	CONTACT PERSON'S TELEPHONE NUMBER:
	DATE SERVICE(S) PROVIDED:

SPECIFY THE SERVICES PROVIDED:

ORGANIZATION'S NAME:	CONTACT PERSON'S NAME & EMAIL:
ORGANIZATION'S FULL ADDRESS:	CONTACT PERSON'S TELEPHONE NUMBER:
	DATE SERVICE(S) PROVIDED:

SPECIFY THE SERVICES PROVIDED:

Application Scoring

All proposed quotes that are complete and comply with the requested requirements will be reviewed and scored by an objective review committee. Ineligible applications will not be reviewed. A scoring of 50 points will be used to evaluate each quote as follows (details for each of these categories can be found in the application section):

AGENCY:

Proposed Project:

REVIEWER:

Grant: ODH Ending the HIV Epidemic

Information Requested	Score	Comments
Organization Information (3 Points) <ul style="list-style-type: none">○ Did the applicant provide the following: Name of Organization; Address; Project Lead Name and Title; Phone Number; Email Address; Total Amount Requested & Brief Project Description.		
References (2 Points) <ul style="list-style-type: none">○ Did the applicant provide 3 references?		
Background and Justification (10 points) <ul style="list-style-type: none">○ Did the applicant clearly identify the problem?○ Was the need for funding properly justified?○ Did the applicant indicate how this program connects to the Cuyahoga County EHE Plan?		

<p>Priority population(s) (10 points)</p> <ul style="list-style-type: none"> ○ Did the applicant identify the key population that aligns with the EHE priorities? ○ Did the applicant provide an accurate projected number of clients that the funding would affect? ○ How will the program recruit clients who represent the priority populations? 		
<p>Work Plan (10 points)</p> <ul style="list-style-type: none"> ○ Did the applicant provide specific goals and objectives relevant to the project outline? ○ Did the applicant list specific key activities necessary to fulfill the project requirements? ○ Did the applicant specify completion dates from project beginning to end inclusive of person(s) responsible? 		
<p>Evaluation (10 points)</p> <ul style="list-style-type: none"> ○ How will the project determine that intended outcomes were reached? ○ How will the project be monitored to ensure that the project is implemented as planned? ○ Did the applicant identify how it will collect potential indicators or performance measures? 		
<p>Pricing Document (5 points)</p> <ul style="list-style-type: none"> ○ Did the applicant provide an accurate budget needed to carry out the project's projected goals? ○ Is the proposed budget reasonable and adequate to meet the intended goals and objectives? 		
<p>Total Score</p>		