REQUEST FOR QUOTATIONS FOR ENDING THE HIV EPIDEMIC [CARE FOR PEOPLE LIVING WITH HIV] 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 February 28, 2023

Background

The Cuyahoga County Board of Health (CCBH) seeks qualified contractor(s) to provide innovative strategies to Ending the HIV Epidemic for people living with HIV (PLWH) 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 Health Resources and Services Administration (HRSA) an agency of HHS for fiscal years 2020 to 2025 (through 2/28/2025) to implement the Ending the HIV Epidemic (EHE) 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 and Youth (ages 13-24).

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 February, 28 2023. The Board will have the option to renew successful innovative strategies for an additional two-year extension through February, 28 2025.

Scope of Work

Innovative proposed quotes should align with the goals, strategies and action items included in the <u>Cuyahoga County Ending the HIV Epidemic Plan</u>. Specifically, the "Treat or Respond" 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 PLWH who are: 1) Not in care; 2) Not virally suppressed; or 3) Newly diagnosed. In support of Ending the HIV Epidemic: CCBH will work with community partners to significantly increase outcomes along the HIV Care Continuum, which include linked to care, retention in care, antiretroviral use, and viral suppression.

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

- Innovative Strategies / Projects that will enhance HIV outcomes for PLWH
- Peer to Peer Support Groups / Affinity Groups to support PLWH (ex. Youth, Black/African American, MSM, Trans, 50+, etc.)
- Workforce Development for PLWH (ex. Resume Building, GED/College prep, Trade schools, Financial Literacy etc.)
- Event support (PLWH, key populations)
- Assistance for PLWH (ex. Medical Transportation, Rental Deposit, Utility Support etc.)
- EMR / Infrastructure updates (ex. HIV Treatment, Re-Engagement in Care)
- HIV Provider Education (ex. Mental Health, U=U, Stigma Reduction, LGBTQ Inclusivity)
- Consumer Satisfaction / Engagement
- Social Media / Web Site and/or phone application enhancements
- Evidenced Based and/or Evidence Informed Intervention Pilot (Linkage to, Retention in, and Re-engagement in HIV Care, Medication Adherence) Examples:
 - https://targethiv.org/bestpractices/search
 - o https://targethiv.org/library/hiv-care-innovations-replication-resources

 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:

Business Establishment Date:

Address:

Project Lead Name and Title:

Phone Number:

Email Address:

Total Amount Requested:

Brief Project Description:

List Skills & Qualifications:

- 2. Three references (CCBH form attached)
- 3. Describe how deliverables will be met:
 - <u>a) Background and Justification</u>: This section should clearly identify the problem to be addressed and how it connects to the <u>Cuyahoga County Ending the HIV</u> <u>Epidemic Plan</u>.
 - <u>b) Priority Population(s)</u>: 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.
 - <u>d) Evaluation</u>: 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. Quotes shall begin at \$10,000 but should not exceed \$24,000.

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:

- a. Pre-Exposure Prophylaxis (PrEP) or non-occupational Post-Exposure Prophylaxis (nPEP)
- b. Costs of operating clinical trials of investigational agents or treatments;
- c. Costs of funeral, burial, cremation or other related expenses:
- d. Clothing purchases;
- e. To purchase a vehicle;
- f. Cash payments to intended recipients of services;
- g. Purchasing or construction of real property;
- h. Criminal defense legal services.
- i. Direct maintenance expenses of privately owned vehicles or any other costs associated with a vehicle, such as lease or loan payments, vehicle insurance, or license registration fees;
- j. Improvements to land, or to purchase, construct;
- k. Improvements to any building, except for minor remodeling;
- I. Payment of personal property taxes;
- m. Fundraising expenses;
- n. Foreign travel;
- o. Incentive costs or payments (by check, gift card, or other mechanism) to volunteers or patients participating in a grant-supported project or program or to motivate individuals to take advantage of grant-supported health care or other services unless Sub-Recipient receives prior written consent of the Board;
- p. Entertainment Costs;
- q. Bad Debts;
- r. To support Syringe Services Programs, inclusive of syringe exchange, access, and disposal;
- s. Outreach programs which have HIV prevention education as their exclusive purpose, or broad-scope awareness activities about HIV services that target the general public.

VENDOR'S REFERENCE SHEET

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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.

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:				
	<u></u>			
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:				
	T			
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: <u>HRSA Ending the HIV Epidemic</u>

Information Requested	Score	Comments
Organization Information (3 Points)		
 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)		
o Did the applicant provide 3 references?		
Background and Justification (10 points)		
 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? 		

Priority population(s) (10 points)					
 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? 					
Work Plan (10 points)					
 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? Evaluation (10 points)					
 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? 					
Pricing Document (5 points)					
 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? 					
Total Score					