

# CUYAHOGA COUNTY

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# BOARD OF HEALTH

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## **RFP #2025-02**

### **Implementing Enhanced HIV Prevention and Surveillance for Health Departments to End the HIV Epidemic in Ohio (EHE Prevention) Pre-Bid Webinar Meeting Notes & Questions and Answers April 16, 2025 at 9:30 A.M.**

The Pre-bid conference PowerPoint presentation may be viewed at the Board website at [www.ccbh.net](http://www.ccbh.net) by clicking on the “Business” tab on the home page.

#### **Presentation**

Judy Wirsching presented and reviewed the power point presentation for administrative requirements.

Erin Lark presented and answered questions related to the project/services.

The presentation can be found on the Board of Health website at [www.ccbh.net](http://www.ccbh.net) under the “Business” tab

#### **Questions & Answers:**

1. **Q:** How many hard proposal copies should be submitted?  
**A:** One original, five (5) proposal copies, and one electronic copy should be submitted.
2. **Q:** Are indirect costs allowed in the budget?  
**A:** Yes, indirect costs are allowed in the budget. We follow the code of federal regulations.
3. **Q:** Should the electronic copy of the proposal be a jump drive included in the sealed packet?  
**A:** Yes, the electronic copy of the proposal should be a jump drive and should be included in the sealed packet.
4. **Q:** For linkage to PrEP, are we able to cover the copays for PrEP?  
**A:** Per ODH guidelines, covering the copays for PrEP is not an allowable cost.
5. **Q:** Is this RFP for Cuyahoga County only?  
**A:** Yes, all services must be rendered within Cuyahoga County.
6. **Q:** If you are a current EHE Prevention awardee, is this a new award or in place of our existing award?  
**A:** Funding ends for all current EHE Prevention partners on May 31<sup>st</sup>, 2025. This is a competitive grant; all current EHE Prevention partners interested in funding past May 31<sup>st</sup>, 2025 should reapply.

- 7. Q:** Are we still eligible if we are not doing testing, but partner with other agencies to do testing on our site?  
**A:** Proposed Strategies 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/PrEP, (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.
- 8. Q:** There's a lot of language in the RFP around MSM and other language forbidden by the federal government. In order to ensure we are in compliance, should we reconsider using this language in our proposals?  
**A:** MSM are disproportionately affected by HIV. We have not been given guidance by either of our funders to stop using this language. We will leave it to you and the standards of your agency as to what language you choose to use in your proposal.
- 9. Q:** Can you confirm that this is the same EHE Prevention grant our UH site has?  
**A:** Yes, it is the same grant, but a new competitive cycle. A new proposal will need to be submitted for funding past May 31<sup>st</sup>, 2025.
- 10. Q:** How much is the total amount available?  
**A:** \$549,600 is the total amount available. Agencies should write reasonable proposals with budgets that match anticipated outcomes.
- 11. Q:** How many projects do you expect to be awarded?  
**A:** The number of projects that will be awarded will depend on the number of proposals, strength of proposals, and the proposed cost of projects, but we will not exceed the \$549,600 total amount available.
- 12. Q:** In the past test kits, have been a line item, and are no longer for our agency. Is there guidance on how this should be treated in this proposal?  
**A:** Please include test kits in your budgets submitted with your proposal. In the past, test kits have been removed as a line item on a case by case basis due to lower test kit costs for public health agencies. Awards will be off set in these cases. Please indicate in your proposal if this is necessary.
- 13. Q:** Are you able to share how many projects/grantees CCBH currently funds through EHE overall?  
**A:** EHE currently funds eleven (11) projects. Some agencies are funded only for Prevention, others only for Care, and others for both.
- 14. Q:** Are there any other specific unallowables we should be aware of?  
**A:** All unallowables are listed in the RFP.
- 15. Q:** Syringes are listed as a specific unallowable. Can other harm reduction supplies be purchased?  
**A:** Syringes are an unallowable cost. Other harm reduction supplies – including naran and fentanyl test strips – can be purchased. Harm reduction supplies are allowed, but please keep in mind that the project focus should be on HIV testing and the budget should reflect this.

- 16. Q:** What was the overall annual award amount this current year for all awardees combined?  
**A:** In the past EHE Prevention cycle, CCBH was awarded \$1.2M. CCBH was awarded \$1M for FY2025, a \$200,000 cut.
- 17. Q:** Are we allowed to purchase promotional items?  
**A:** ODH does not have a hard line with this. They call incentives and promotional items “client enablers.” Minimally priced gift cards are allowed to be provided as incentives for testing. Any promotional items purchased cannot be branded with your logo.
- 18. Q:** Are we allowed to pay for the boosting of social media content posted to promote testing?  
**A:** Yes, paid social media is an allowable cost at a reasonable amount to promote HIV prevention messaging.
- 19. Q:** Has CCBH been provided the full amount of what they have been awarded by the federal government or are they being paid in installments?  
**A:** HRSA grants are paid in installments. The EHE Prevention grant is funded to CCBH through ODH, with one NOA and funding provided all up front.
- 20. Q:** Many other grants encourage working with other organizations. Should we continue to highlight agency collaboration in our proposals?  
**A:** Yes, we strongly encourage highlighting collaborations with other agencies serving our populations of focus.
- 21. Q:** Can you shed some light on the 11 current recipients so that we have an idea of who we should be collaborating with?  
**A:** Current partners are all required to attend EHE Community Advisory Group Meetings, where you can learn more and connect with other partners. A Vision of Change, MetroHealth, Beech Brook, University Hospitals, Nueva Luz Urban Resource Center, The Centers, and Thrive for Change make up current EHE Prevention subrecipients.
- 22. Q:** Is there a maximum indirect rate? Our federally negotiated rate is higher than most because we are an academic medical center.  
**A:** We follow the code of federal regulations. Whatever you select should balance and fit within the budget reasonably. Please keep in mind that the higher the requested indirect, the more it takes away from direct services for clients.
- 23. Q:** Would requesting a higher indirect make a proposal less competitive?  
**A:** No, requesting a higher indirect does not necessarily make a proposal less competitive.
- 24. Q:** As a current EHE Prevention partner, with our indirect rate, we used the form provided to us by CCBH for calculating indirect. Should we include this form with our proposal?  
**A:** We do not need this form with the proposal, as it is more so used for establishing budgets. It would not hurt to be included in your proposal, but is not required.

- 25. Q:** Is there a cost per impact that you are expecting we directly provide? For example, people you would like to see impacted per budget, or per grant period? We are newer to this space and trying to figure out what makes most sense in terms of estimating reach and our agency capacity.
- A:** There is no black and white cost per impact we want to see across the board in the proposals. It is largely dependent on setting; for example, emergency departments will likely do much more testing than a CBO. Agencies should apply with a realistic reach for their agency. We also understand there are spikes and fluctuations in testing numbers throughout the 12 month grant period.
- 26. Q:** Can you further explain prevention surveillance? I understand surveillance to see who is HIV positive, but can you explain more of what you're looking for in terms of the surveillance piece?
- A:** Prevention surveillance helps us as a health department to stay on top of prevalence data, cluster detection, and where to intervene and reallocate resources if necessary. Data informs programming. Whereas we are focusing on the Prevent and Diagnose pillars of EHE Prevention for the purposes of this RFP, CCBH is required to report on the Treat and Respond pillars, as well, tracking new diagnosis with the EHE Care grant.
- 27. Q:** Can you speak a bit about the EHE Care side? We are dual funded for EHE Care and EHE Prevention. Is the EHE Care award similar to this, where we will have to reapply for funding if we are a current partner?
- A:** We do not typically think of it as "dual funded," as the grants, reporting requirements, and contracts for EHE Care and EHE Prevention are quite different. The competitive EHE Care RFP was released in November 2024, and the new grant period began on March 1, 2025.