



REQUEST FOR PROPOSAL GUIDELINES AND INSTRUCTIONS

Service Category	Proposed Amount	Contract Period	Funding Source
Medical Transportation	\$24,000	March 1, 2023 - February 28, 2024	Ryan White Treatment Modernization Act, Part A

This amount reflects a proposed annual allocation for the contract period 2023-2024 and may decrease or increase depending on the actual federal award. Applicants receiving awards must be able to modify their budgets and proposed programs should the actual allocation be different than the amount proposed. Final contract amounts will be determined after responses have been reviewed and federal notice of award has been received.

Date	Time	Activity
January 17 th 2023		Announcement of funding opportunity
January 27 th 2023	10am-11am	Informal informational meeting for potential applicants via Zoom
February 17 th 2023	By 6pm	Proposals Due: an electronic PDF version (only) of the proposal must be received in the HIV/AIDS & STD Program Email PDF to eva.lodetti@cchealth.org . There will be no exceptions to this deadline.
Week of February 20 th 2023		Review panel(s) will meet to evaluate proposals and develop funding recommendations
February 27 th 2023		Approximate date of announcement for awards and initiation of contract negotiations

General questions about this RFP may be directed to the Deputy Director, April Langro at (925-313-6730), HIV/AIDS and STD Program Office, Contra Costa Health Services Department, 597 Center Avenue, Suite 200, Martinez, CA 94553.

I. DESCRIPTION OF AVAILABLE FUNDING

Federal Health Resources and Services Administration (HRSA) Ryan White Treatment Modernization Act funds are available through the Contra Costa Health Services Department HIV/AIDS & STD Program. Services funded through this RFP are intended to help stabilize clients' lives, reduce barriers to receiving medical attention, and improve health outcomes. More information on HRSA's expectations can be found at <http://hab.hrsa.gov>.



The County of Alameda is the Federal grantee for HRSA Ryan White Part A funds. Contra Costa County (CCC) has a contract with Alameda County for the provision of Part A services. Contra Costa subcontracts with partner agencies to provide services throughout CCC. The HIV/AIDS & STD Program may determine that a single agency receives the full amount of available funding within a service category to provide services throughout the entire County or that an agency's project for services be provided only within a specific geographic region, such as West or East County. Ongoing funding is contingent on successful completion of the contractor's objectives and continued availability of federal funding.

II. QUALIFICATIONS, ELIGIBILITY AND FUNDING RESTRICTIONS

Eligibility is limited to not-for-profit (as determined by Internal Revenue Service) community-based organizations and hospitals or public agency service providers. Applicants need not be based in CCC to be eligible; however, agencies must demonstrate sufficient capacity to provide services within CCC to meet the programmatic objectives. Services that are reimbursable through other means such as Medi-Cal or other funding streams **MUST** be billed to those sources first, and documentation of denial of service or other ineligibility for service must be on file and available for audit review purposes.

Applicants may not use a fiscal agent and must demonstrate fiscal stability. An agency with unresolved outstanding federal/state tax obligations is **not** eligible to apply for funding. Funds may not be spent on the purchase of or improvement to buildings or office facilities or to make payments to recipients of services. Funds may not be used to provide items or services for which payment has already been made, or can reasonably be expected to be made, by third-party payers, including private insurance, Medi-Cal, Medicare, or other programs. Services are intended for low-income people living with HIV or AIDS (PLWHA) who reside in CCC. Agencies funded through this RFP must have the capacity to fulfill all contractual obligations outlined below in Section III.

Agencies not already under contract to the Contra Costa Public Health Department HIV/AIDS & STD Program are strongly urged to apply.

Applicants should specifically address in their proposal how their agency meets qualifications and eligibility requirements and how their proposed program will fit into a continuum of care in Section VIII, numbers 3 and 4.

III. CONTRACTUAL OBLIGATIONS

Award of funds will result in a contract for services after final negotiations with the HIV/AIDS & STD Program regarding work plan and budget. There are general conditions, including Health Insurance Portability and Accountability Act (HIPAA) and insurance and indemnity requirements, which are common to all County contracts. A copy of these conditions is available upon request from the HIV/AIDS & STD Program office. HIV/AIDS & STD Program contracts also require budgets to adhere to federal requirements and that contractors submit financial backup documentation with their invoices for payment. Contractors will also need to be registered in the System for Award



Management (SAM.GOV) database and provide the agency Data Universal Numbering System (DUNS) and Employer Identification Number (EIN).

All Contractors are required to:

1. Adhere to legal requirements to maintain the confidentiality of clients.
2. Provide multiculturally and linguistically appropriate services for the specific culture and region where services are being provided.
3. Ensure that at least 30% of services are provided to women and 50% to people of color.
4. Enter service data into the service database (ARIES). Agencies not currently using the ARIES database will be provided access to ARIES upon notification of award.
For more information on ARIES go to: [OA ARIES Resources \(ca.gov\)](#).
5. Work collaboratively with all existing HIV service providers within the HIV network of care and with other providers in other systems of care as applicable to assure coordination and utilization of existing services.
6. Track all related contract expenses in keeping with generally accepted accounting principles.
7. Submit monthly payment demands along with grant expenditure reports and back-up documentation such as payroll ledgers and major operating cost receipts by the 10th of the following month.
8. Offer services free of charge to participants and without regard to past or present health condition.
9. Retain all documents pertaining to this contract for five years from the date of submission of contractor's final payment demand or fiscal cost report.
10. Ensure that the goods and services provided by this program will be available to all qualified persons regardless of age, sex, race, religion, color, national origin, ethnic background, disability, or sexual orientation, and that no grant funds shall be used, in whole or in part, for religious worship or instruction.

IV. DESCRIPTION OF SERVICES TO BE FUNDED

For additional detail on the Ryan White Standards of Care for the Oakland Transitional Grant Area refer to: [Part-A-Standards-of-Care ForFinalApproval.pdf \(oaklandtga.org\)](#)

MEDICAL TRANSPORTATION SERVICES

Medical transportation service is a centralized and coordinated system that provides critical transportation to HIV-positive individuals so that they can access health care and/or other core and support services. Services are provided both routinely and on an emergency basis, as determined by referring providers. This service does not include provision of vouchers for public transportation, taxicabs, paratransit or gasoline assistance. Medical Transportation is to be provided throughout CCC and must be available to transport clients to and from Positive Health clinics. Currently, the operating hours for these clinics are:



Positive Health Clinic and Provider	Clinic Hours
Martinez Health Center	Monday 8:00 am- 12:00 p.m.
West County Health Center	Tuesday 1:00- 5:00 p.m.
Pittsburg Health Center	Wednesday 8:00 am- 12:00 p.m.
North Richmond Health Center	Wednesday 1:00- 5:00 p.m.
Concord Health Center	Thursday 1:00- 5:00 p.m.
Martinez Health Center	Thursday 1:00- 5:00 p.m.

Medical Case Managers will refer clients to medical transportation, which must be prompt and dependable. Set schedules must be maintained and appointments for transportation service must be kept by the subcontractor. If problems and/or changes in schedules arise, affected parties must be notified immediately. Current schedules should be maintained and availability of services should be discussed on a regular basis with clients and system of care providers. A written protocol should be in place to document referrals, scheduled transportation appointments, and client notification about schedule changes.

The goals of Medical Transportation services are to:

1. Provide access to medical care and other core and support service appointments for those clients who otherwise would not be able to attend.
2. Increase the number of clients receiving medical care on a regular basis.
3. Improve health outcomes of clients.

Outcome Indicators for Medical Transportation include:

1. Increase in the number and percent of HIV+ clients with access to primary care and support services.
2. Increase in the number and percent of HIV+ clients who schedule and keep van transportation appointments.



UNITS OF SERVICE, ALL SERVICES:

The standard unit of service is one (1) one-way trip.

SERVICE STANDARDS AND REQUIREMENTS FOR ALL SERVICES

All programs must:

1. Serve only those clients who have been referred by a Medical Case Manager in the system of care (recertified annually) to ensure eligibility for service.
2. Provide culturally appropriate and respectful services to all enrolled clients.
3. Train staff in HIV related medical concerns directing standards for service provision.
4. Maintain accurate record-keeping and ensure accountability.
5. Document service provision in ARIES and update client status and records throughout the program year.

Providers must also:

1. Provide readily accessible and timely transportation to medical and other core and support service appointments for Contra Costa residents living with HIV/AIDS.
2. Vehicles and drivers must have adequate insurance coverage, and drivers must have a safe driving record.
3. The vehicle must be one that can be approached, entered, and used by persons with disabilities. If vehicles are not wheelchair accessible, transportation providers must have MOUs in place with other providers to transport wheelchair-bound individuals.
4. Vehicle drivers must comply with city/county safety regulations and State driving Rules of the Road while operating agency vehicles. Emergency exits, fire extinguishers, other safety equipment, and instructions for safety and passenger conduct must be accessible and clearly visible in the vehicle.
5. All vehicle transportation staff are to receive orientation and training in program and safety protocols.

ELIGIBILITY/SUPERVISION OF PROGRAM PERSONNEL

1. Drivers must have the appropriate driver's license for the class of vehicle they are driving, a safe driving record, and insurance as described in the services standards. Drivers must undergo annual certification of tuberculosis clearance.
2. Supervision of staff should include a quarterly review of the quality of staff interaction with clients, punctuality, and adherence to programmatic and safety protocols.
3. Cultural competency training to provide appropriate services to the populations served.
4. Gender sensitivity training or similar training focused on issues pertaining to the LGBTQ+ community is also strongly recommended.
5. HIPAA training is required for all employees.



In addition, ALL agencies must ensure the following:

1. Compliance with Fire Regulations, Health and Safety Regulations, Building Codes, and Zoning Regulations: Buildings in which services are provided must follow city and county fire regulations, health and safety regulations, building codes, and zoning regulations. Emergency exits, smoke detectors, etc., must be clearly visible.
2. Compliance with Requirements for Accessibility for Persons with Disabilities: The term “accessibility” means that service provider offices can be approached, entered, and used by persons with disabilities, including but not limited to those using wheelchairs or walkers, and those with sight impairments. The following codes and acts specify requirements related to accessibility:
 - a. Americans with Disabilities Act (“ADA”), 42 United States Code (“USC”): Title II applies to residential dwellings; Title III applies to hotels providing nonresidential accommodations (Path of travel for residents must be accessible).
 - b. Fair Housing Act (“FHA”), 42 USC: Applies to new residential dwellings except certain single family or small owner-occupied dwellings. (5% of the units plus all common space must be accessible).
 - c. Section 504 of the Rehabilitation Act of 1973, 42 USC: Applies to all programs & activities receiving federal funds.
 - d. Architectural Barriers Act, 42 USC: Applies to most new buildings built with federal assistance.
 - e. State Building Code, Title 22 of CA Code of Regs: Applies accessibility standards to public buildings, public accommodations and publicly funded rental housing.

V. FISCAL MANAGEMENT

The Contra Costa Health Services Department will reimburse the contractor for actual costs monthly. This funding must not exceed 60% of the agency’s total annual budget. Administrative expenses are not eligible for reimbursement. The agency is responsible for meeting all obligations outlined in the contract. **All services funded through this RFP process are to be provided free of charge to eligible individuals.**

Contracted agencies must comply with an annual fiscal audit from the county in addition to or as part of the annual program site visit.

VI. HOW TO APPLY

Applicants may request an electronic version of this RFP by either emailing their request to eva.lodetti@cchealth.org or by downloading a copy in PDF format from the Contra Costa Health Services Department website at [HIV/AIDS & STD Program :: Public Health :: Contra Costa Health Services \(cchealth.org\)](#). Electronic versions of the submitted proposal will be accepted only in Portable Document Format (PDF). Pages must be submitted in the same order as required in the RFP and numbered sequentially. **Late proposals will not be accepted. Facsimile (fax) copies**



will not be accepted. Proposals must be complete when submitted; changes and additions will not be accepted after submission.

A comprehensive and specific proposal narrative should not exceed ten (10) pages, including the Project Budget and Justification (see "Required Format," Section VIII). Supporting documentation is **not** included in the maximum page count.

Please submit your proposal via email to Eva.Lodetti@cchealth.org, electronically time stamped no later than 6:00pm on 2/17/2023 and only in standard (8 x 11 letter sized) PDF format.

If signature pages and attachments cannot be scanned into the application, they must be delivered to the following address below by 2/17/23.

Contra Costa Public Health Department
HIV/AIDS and STD Program
Attn: Eva Lipke
597 Center Ave. Suite 200
Martinez, CA 94553

Please note:

1. Contents should be in the order outlined here with the pages numbered sequentially throughout the proposal, including the forms and attachments.
2. Only the attachments identified in Section VIII will be accepted.
3. Proposals should be as concise as possible, must be in 12-point font with 1-inch margins on letter sized paper and must not exceed page limitations where specified. Do not assume that the reader knows your agency or program.
4. Issuing an RFP does not obligate the HIV/AIDS & STD Program to award a contract to any provider, nor is the HIV/AIDS & STD Program liable for any costs incurred by the organizations in the preparation of proposals. The HIV/AIDS & STD Program retains the right to award parts of the contract to several bidders, to not select any bidders, and/or to re-solicit proposals.

VIII. REQUIRED FORMAT

1. Funding Application Cover Sheet (Attachment A) (not counted in page limit)
The Funding Application Cover Sheet contains the applicant's name, mailing address, telephone and fax numbers and the service category and amount requested. It must be signed by the applicant's Chief Executive Officer and the President of the applicant's Board of Directors.
2. Agency Capability, Outreach and Collaboration - maximum two (2) pages (counted in page limit)



- a. Provide a brief agency history and description.
 - b. Explain the agency's involvement with its target community.
 - c. Describe the qualifications of project personnel including direct service and supervision.
 - d. Describe how the program will ensure the success of the proposed project.
 - e. Describe how your service will assist "hard to serve" clients, including those with mental health or substance abuse issues, homelessness, criminal histories or limited work/income.
 - f. Describe how the agency views its role in the community and the Contra Costa system of HIV care.
- 3. Proposed Project Objectives and Program Design – maximum five (5) pages (counted in page limit)**
- a. Define proposed objectives for the number of clients you will serve and any specific characteristics. For each objective, describe the primary steps and activities that are designed to lead to successful accomplishment of your objectives. Be sure to identify who will manage the proposed project and who will carry out the program.
 - b. Explain how your agency will evaluate the services you provide, the service delivery system, internal monitoring, and progress towards meeting contractual objectives. Include in this explanation a description of how supervision will be provided to direct service staff, and how evaluation will be used to improve services and ensure achievement of quality indicators.
 - c. Describe your agency's plan for quality assurance and evaluation: how will your agency evaluate program effectiveness, and how will the results from this evaluation be used to improve the provision of services?
 - d. Describe the ways in which these activities and strategies are developmentally appropriate, culturally competent, and linguistically specific for the target population(s) and community area(s) to be served.
 - e. Describe how the agency will avoid duplication of services.
- 4. Proposed Project Budget - maximum one (1) page and Budget Justification - maximum two (2) pages (counted in page limit)**
- The agency awarded this contract will be compensated on a per-ride basis. The application must include a line-item budget and a budget narrative (see attachments B and C) explaining the details of the proposed rate. Costs such as mileage to and from clinics or clients' homes, gasoline for vehicles, and other similar charges should be assigned as program expenses, not administration. No administrative charges are allowable. The project budget should include information on other sources of revenue. Applicants will be required to maintain written documentation, including legible invoices and canceled checks.
- 5. Service Continuity Plan: maximum one (1) page (counted in page limit)**
- a. The applicant must describe in detail how and with what frequency services will be conducted when a staff vacancy or other disruption occurs within the



program. What will be done to minimize interruption? Which services will be prioritized during the period and why? Who will be responsible for which aspects of service delivery? Who will provide supervision? How will clients be notified? How will communication with other providers and the HIV/AIDS & STD Program be handled?

- b. The applicant will also describe the process for agency oversight to ensure timely submission of data and other deliverables, and attendance at required meetings. What process will be used if the proposed plan has to be redesigned due to other unforeseeable events?

6. Additional Supporting Documentation (not counted in page limit)

- a. If bidding agency is a non-profit organization, tax-exempt status determination letters from the Internal Revenue Service and/or the State of California must be provided.
- b. Job Descriptions for any primary positions to be funded under the proposed project. These should include educational/experiential qualifications for the position, as well as job duties and responsibilities.
- c. Resumés or statements of qualifications of primary staff, consultants, or subcontractors whose positions will be funded under the proposed project as well as any supervisory staff--even if not funded under this grant. If a prospective candidate has been identified, but not yet hired for any position to be funded, include the resumé here. Resumés should reflect an individual's current job status. Proposals should not include resumés of individuals not involved in the proposed project.
- d. Memoranda of Understanding and Letters of Collaboration may be included but must be project specific.
- e. Service Provider Profiles (Attachments D, E, F and G) report financial information on the agency - including HIV composite and total agency budgets - and provide demographic information on the agency's Board of Directors, volunteers, program staff, and HIV/AIDS clientele. Self-disclosure of HIV status is voluntary and is not required.
- f. Fast Performance/References (Attachment H) provides contact information on contracts held with the applicant agency. Those individuals listed will be contacted for an evaluation of the applicant agency's performance. Applicants are encouraged to list those contracts that are most relevant to the service category applied for. Applicants may list only one contract held with Contra Costa HIV/AIDS & STD Program.
- g. Program Procedural Protocols (optional) - several service providers have developed service manuals outlining procedures and protocols. This additional information may provide the independent review panel with a better perspective of an applicant's program. A maximum of 20 pages is allowable. If your manual



exceeds this amount, provide a representative sample with an explanatory cover sheet.

- h. List of Board of Directors - including affiliations and city of residence.
 - i. Organization Chart – including the name of staff currently in each position and the FTE of each position.
 - j. A copy of the agency’s most recent audited financial statement - including the auditor’s management letter and all notes.
7. Service Continuity Plan: maximum one (1) page (counted in page limit)
The applicant must describe in detail how and with what frequency services will be conducted when a staff vacancy or other disruption occurs within the program. What will be done to minimize interruption? Which services will be prioritized during the period and why? Who will be responsible for which aspects of service delivery How will clients be notified? How will communication with other providers and the HIV/AIDS & STD Program be handled?

The applicant will also describe the process for agency oversight to ensure timely submission of data and other deliverables, and attendance at required meetings. What process will be used if the proposed plan must be redesigned due to other unforeseeable events?

8. Additional Supporting Documentation (not counted in page limit)
- a. Tax-exempt status determination letters from the Internal Revenue Service and/or the State of California.
 - b. Job Descriptions for any primary positions to be funded under the proposed project. These should include educational/experiential qualifications for the position, as well as job duties and responsibilities.
 - c. Resumés or statements of qualifications of primary staff, consultants, or subcontractors whose positions will be funded under the proposed project as well as any supervisory staff--even if not funded under this grant. If a prospective candidate has been identified, but not yet hired for any position to be funded, include the resumé here. Resumés should reflect an individual’s current job status. Proposals should not include resumés of individuals not involved in the proposed project.
 - d. Memoranda of Understanding and Letters of Collaboration may be included but must be project-specific.
 - e. Service Provider Profiles (Attachments D, E, and F) report financial information on the agency - including HIV composite and total agency budgets. Attachment G provides demographic information on the agency’s Board of Directors, volunteers, program staff, and HIV/AIDS clientele. Self-disclosure of HIV status is voluntary and is not required.
 - f. Past Performance/References (Attachment H) provides contact information on contracts held with the applicant agency. Those individuals listed will be contacted for an evaluation of the applicant agency’s performance. Applicants are encouraged to list those contracts that are most relevant to the service category applied for. Applicants may list only one contract held with CCC’s HIV/AIDS & STD Program.



- g. Program Procedural Protocols (optional) - several service providers have developed service manuals outlining procedures and protocols. This additional information may provide the independent review panel with a better perspective of an applicant's program. A maximum of 20 pages is allowable. If your manual exceeds this amount, provide a representative sample with an explanatory cover sheet.
- h. List of Board of Directors - including affiliations and city of residence.
- i. Organization Chart – including the name of staff currently in each position and the FTE of each position.
- j. A copy of the agency's most recent audited financial statement - including the auditor's management letter and all notes.

Additional documentation may be required to complete the contracting process.

IX. REVIEW AND AWARD CRITERIA

Complete applications will be reviewed and evaluated as follows:

1. Applicant Capability, Outreach and Collaboration- 20 points
 - a. Does the applicant describe sufficient relevant experience in the successful provision of services similar to those it proposes to provide? Has the applicant identified qualified individuals to carry out the proposed activities? Does the applicant currently employ them or do they need to be hired?
 - b. Has the proposal convincingly demonstrated that the applicant has the administrative and programmatic abilities necessary to successfully administer this program?
2. Proposed Program - 33 points
 - a. Are the applicant's objectives and proposed activities appropriate, culturally competent, and linguistically specific for the target population(s) and community area(s) to be served? Does the applicant explain why these strategies were selected?
 - b. Does the applicant present a realistic plan to deliver proposed services relevant to the needs of the target population?
 - c. Are proposed objectives specific?
 - d. Does the applicant explain where/when services will be provided including site location and hours of service?
 - e. Does the applicant adequately substantiate that it possesses the cultural sensitivity and competency necessary for successful program delivery. Do resumés reflect specific training, prior work, or other evidence of appropriate experience that meet the service standards?
 - f. Is appropriate supervision for service staff described?
 - g. Does the applicant specify how the agency will coordinate with other HIV/AIDS services and general medical/social services to ensure client success in implementing plans and attaining positive health outcomes?
 - h. Does the proposed service meet the service standards and requirements outlined in



this RFP?

- i. Does the quality assurance plan adequately describe how the agency will ensure that a high level of service will be provided?
 - j. Does the applicant describe how duplication of services will be avoided and that Federal dollars will be used only as "funds of last resort?"
 - k. Overall, will this project be an effective use of the HIV/AIDS and STD Program's funds?
3. Financial Information - 12 points
- a. Is the applicant's proposed project budget appropriate and reasonable, given the services to be provided and stated staffing levels?
 - b. Does the requested budget amount reflect the total cost of the proposed project? If not, does the applicant identify other resources that will support this program?
 - c. Does the budget justification provide a basis for the level of service proposed and the number of clients targeted?
 - d. Does the applicant's project appear to be cost effective?
 - e. Is the annualized program budget less than 60% of the agency's total annual budget?
 - f. Were there any financial audit findings?
4. Service Continuity - 15 points
- a. Does the applicant have a plan in place that describes how the agency will provide services to clients during any period of time when the funded position is vacant?
 - b. Does the plan adequately describe how the applicant will ensure that clients and system of care providers will be notified of a change in staffing and that no clients fall through the cracks?
 - c. Does the plan adequately address how the applicant will meet contract deliverables without using staff funded for other services?

Applicants are encouraged to use the questions listed above to guide, in part, the content of their proposal. Keep in mind that reviewers may not be aware of your proposed program or your agency's experience in Contra Costa County.

NOTE: ALL FORMS (ATTACHMENTS A - H) MAY BE DUPLICATED IN LIKE FASHION ON THE APPLICANT'S OWN COMPUTER IF DESIRED.

ANNA M. ROTH, RN, MS, MPH
HEALTH SERVICES DIRECTOR
ORI TZVIELI, MD
HEALTH OFFICER



OFFICE OF THE DIRECTOR

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Fax (925) 957-2651

Attachment A

**CONTRA COSTA HEALTH SERVICES DEPARTMENT
PUBLIC HEALTH DIVISION
HIV/AIDS & STD PROGRAM**

FUNDING APPLICATION COVER SHEET

(Use one sheet for each service category proposal)

Service Category: ___ **Medical Transportation**

Amount Requested: \$ _____

Targeted Region(s) (Circle as many as appropriate):

West County Central County East County County Entire

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ FAX: _____

Agency Website: _____

Project Director: _____

Telephone Number of Project Director: _____ email: _____

Program Site Address(es): _____
(If different than address above)

Program Operating Days/Hours: _____

Are services provided on-site, off-site or both? _____

Applicant's Chief Executive Officer

President, Applicant's Board of Directors

Name: _____
(Type or print)

Name: _____
(Type or print)

Signature: _____

Signature: _____



Attachment B

USE THIS FORMAT WHEN COMPLETING THE PROPOSED BUDGET

Agency Name

March 1, 2023 to February 28, 2024

Name of Service

PERSONNEL

	annual rate of pay	Percent FTE	Number of Months	Program Cost	Admin Cost	Total Cost
position 1	\$xxx	xx%	12	\$aa	\$bb	\$aa+\$bb
position 2	\$xxx	xx%	12	\$aa	\$bb	\$aa+\$bb
Supervisor	\$xxx	xx%	12	\$aa	\$bb	\$aa+\$bb
total Salaries				\$x,xxx	\$x,xxx	\$x,xxx
Fringe Benefits estimated at (xx%)				\$xx	\$xx	\$xx
Total salaries and Benefits				\$x,xxx	\$x,xxx	\$x,xxx

OPERATING

describe discrete categories of expenses

Mileage Reimbursement	\$xx		\$xx
Supplies	\$ -	\$xx	\$xx
Telephone	\$ -	\$xx	\$xx
Occupancy	\$ -	\$xx	\$xx
Total Operating	\$x,xxx	\$x,xxx	\$x,xxx

OTHER EXPENSES

List other charges not related to Personnel or Operating expenses

agency audit	\$ -	\$xx	\$xx
Total Other	\$x,xxx	\$x,xxx	\$x,xxx

TOTAL REQUEST

| \$x,xxx | \$x,xxx | \$x,xxx

Charges in the administration column may not exceed 10% of the budget.

Administrative charges may include shared agency costs not assigned to a specific program such as payroll, accounting, maintenance, insurance, utilities, etc. Admin. time for personnel includes general staff meetings, general supervision, etc., not related to client services. DO NOT use an indirect line for administration charges.



Attachment C

PROPOSED PROGRAM BUDGET JUSTIFICATION (SAMPLE)

Agency Name
Dates of Services
Name of Services

1. PERSONNEL

Salaries

- A. Housing Advocates (One 1.0 FTE, 12 months)** \$xx,xxx
The HIV/AIDS housing advocate is responsible for providing housing-related services in order to facilitate client acquisition or maintenance of permanent housing. The housing advocate's duties may include helping clients complete housing and financial assistance applications, landlord negotiations, educating clients about tenant rights and responsibilities, developing information on housing resources such as a list of affordable and available rental units, etc.
- B. Supervisor (0.1 FTE, 12 months)** \$xx,xxx
The supervisor is a qualified professional who has extensive knowledge of and experience with housing advocacy. This person reviews client records regularly, provides professional support and assistance to the housing advocate, and generally oversees housing advocate activities.
- C. Fringe Benefits and Taxes** \$xx,xxx
A rate of xx% for benefits and payroll taxes, which includes FICA, medical insurance and disability insurance, has been applied to total salaries.

- 2. OPERATING EXPENSES** \$x,xxx
Program: Mileage reimbursement for housing searches and client assessments calculated at \$100 miles/mo x \$0.xx /mile x 2 FTE
Administrative: Office Supplies are estimated at \$xx/month x 12 months x 2 staff
Administrative: Telephone charges for 3 staff estimated at \$xx /month x 12 months x 3 staff
Administrative: Occupancy is \$x.xx per sq ft x y feet

- 3. OTHER EXPENSES** \$x,xxx
Administrative: Other Expenses include annual agency audit estimated at \$xxxx

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Attachment D

SERVICE PROVIDER PROFILE

AGENCY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

COMMUNITY AREAS SERVED BY HIV/AIDS & STD PROGRAMS:

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN) _____

DUNS NUMBER: _____

SAM REGISTRATION STATUS: _____

FISCAL YEAR 2020-2021

TOTAL FISCAL YEAR 2020-2021 AGENCY REVENUE (ACTUAL): _____

TOTAL FISCAL YEAR 2020-2021 AGENCY EXPENSE (ACTUAL): _____

SURPLUS/DEFICIT: _____

TOTAL FY Year 2020-2021 HIV/AIDS & STD PROGRAM EXPENSE (ACTUAL):

_____ (This amount should not be equal to the total 2014-2015 agency expense)

Explain how deficit was resolved or how surplus was expended, whichever situation is applicable:



COMPLETE THE FOLLOWING INFORMATION FOR YOUR HIV/AIDS BUDGETS ONLY.

Attachment E

Select the fiscal year most appropriate to your agency.
Personnel: Include all salaries to be paid in whole or in part with each fund. Fringe: Provide aggregate amount of fringe benefits.
Travel: Include airfare, ground transportation, lodging, per diem (not mileage). Equipment: Include both purchases and leases. Cost sharing must be applied.
Supplies: All supplies to be purchased, including computer software.
Other: All other direct costs not included above. (e.g., rent, printing, phone, postage, utilities, advertising, training, interpreter fees, insurance, equipment maintenance).

Contractual: Funds to be used for services to clients, and/or administration/program support, including consultants or contractors).
Indirect Costs: Use only if your agency has a federally approved indirect cost rate. This is included in the overall cap of 10% for administration.

Summary of HIV/AIDS-Related Funding Sources for FY 2020-2021 (select a different FY if 2020-2021 is not applicable)

FUNDING SOURCE:	Ryan White Part A	Other Ryan White (specify):	Other Ryan White (specify):	HOPWA	City and/or State Grants	General Op. or Private Funds	Other	TOTAL (of row)
Personnel								
Fringe								
Travel								
Equipment								
Supplies								
Mileage								
Contractual								
Total Direct Costs								
Indirect Costs								
TOTAL COSTS								

Summary of HIV/AIDS-Related Funding Sources for FY 2022-2023 (projected)

FUNDING SOURCE:	Ryan White Part A	Other Ryan White (specify):	Other Ryan White (specify):	HOPWA	City and/or State Grants	General Op. or Private Funds	Other	TOTAL (of row)
Personnel								
Fringe								
Travel								
Equipment								
Supplies								

ANNA M. ROTH, RN, MS, MPH
 HEALTH SERVICES DIRECTOR

ORI TZVIELI, MD
 HEALTH OFFICER

OFFICE OF THE DIRECTOR

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Summary of HIV/AIDS-Related Funding Sources for FY 2022-2023 (projected)

Mileage							
Contractual							
Total Direct Costs							
Indirect Costs							
TOTAL COSTS							

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Attachment F

AGENCY'S CURRENT YEAR TOTAL OPERATING BUDGET (SAMPLE)

Agency Name

Time Period (select the fiscal year most appropriate to your agency)

EXPECTED REVENUE:

	Service Area 1 (i.e. Housing)	Service Area 2 (i.e. Education)	Service Area 3 (i.e. HIV Services)	TOTAL
Public Funds:				
CDBG:	\$ xx,xxx			\$ xx,xxx
Ryan White (Part A):			\$xxx,xxx	\$ xx,xxx
City of XXX:	\$ xx,xxx	\$ x,xxx	\$ xx,xxx	\$xxx,xxx
Foundation Grants:		\$ xx,xxx	\$ xx,xxx	\$ xx,xxx
Contributions:	\$ xx,xxx		\$ x,xxx	\$ xx,xxx
Fee for Services:		\$ x,xxx		\$ x,xxx
Special Event Revenue:		\$ x,xxx		\$ x,xxx
TOTAL REVENUE:	\$ xx,xxx	\$ xx,xxx	\$xxx,xxx	\$xxx,xxx

EXPECTED EXPENSES:

Salaries:	\$ xx,xxx	\$ xx,xxx	\$xxx,xxx	\$xxx,xxx
Fringe Benefits:	\$ x,xxx	\$ xx,xxx	\$ xx,xxx	\$ xx,xxx
Occupancy/Rental:	\$ x,xxx			\$ x,xxx
Supplies:	\$ xxx	\$ x,xxx	\$ xx,xxx	\$ xx,xxx
Postage:	\$ xxx	\$ xxx		\$ xxx
Equipment:			\$ xx,xxx	\$ xx,xxx
Travel:	\$ x,xxx	\$ xxx	\$ xxx	\$ x,xxx
Telephone:	\$ x,xxx	\$ xxx	\$ x,xxx	\$ x,xxx
Printing:	\$ xxx	\$ x,xxx	\$ xxx	\$ x,xxx
Staff Training/Conferences:	\$ xxx	\$ xxx	\$ xxx	\$ xxx
TOTAL EXPENSES:	\$ x,xxx	\$ xx,xxx	\$xxx,xxx	\$xxx,xxx

****Share of Federally Approved Indirect Costs:

	\$ x,xxx	\$ x,xxx	\$ x,xxx	\$xxx,xxx
--	----------	----------	----------	-----------

TOTAL EXPENSES INCLUDING DIRECT COSTS:

	\$xxx,xxx	\$xxx,xxx	\$xxx,xxx	\$xxx,xxx
--	-----------	-----------	-----------	-----------

****NOTE: There are no allowable administrative costs in this contract.

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Attachment G

Please complete this agency profile for the total agency (all programs) and then for HIV/AIDS direct services only.

TOTAL AGENCY	HIV/AIDS DIRECT SERVICES
---------------------	---------------------------------

BOARD OF DIRECTORS	STAFF	UNDUPLICATED CLIENTS	STAFF	UNDUPLICATED CLIENTS	STAFF	UNDUPLICATED CLIENTS	OTHER VOLUNTEERS
--------------------	-------	----------------------	-------	----------------------	-------	----------------------	------------------

	#	%	#	%	#	%	#	%	#	%
Native American										
African American										
Hispanic or Latino(a)										
Asian or Pacific Islander										
TOTAL MINORITY										
TOTAL WHITE										
TOTAL WOMEN										
TOTAL MEN										
Gay/Lesbian/ Bisexual										

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Transgender																			
PLWHA																			

* Self-disclosure of HIV status is voluntary and is not required.

Please indicate whether your organization classifies itself as a "minority" organization: YES ___ NO ___
 (A "minority" organization is one in which at least 51% of the board of directors and of the staff are persons of color.)
 If your Board of Directors and/or staff are not reflective of the agency's client population, briefly explain why and any steps taken to rectify this situation.

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Attachment H

PAST PERFORMANCE/REFERENCES

AGENCY NAME: _____

COMPLETE THE TABLE BELOW FOR UP TO FIVE (5) PREVIOUS (NOT CURRENT) CONTRACTS YOU CONSIDER PERTINENT TO THIS PROPOSAL. YOU MAY LIST ONLY ONE CONTRACT HELD WITH THE CONTRA COSTA HIV/AIDS & STD PROGRAM.

Contract Title	Grantor or Funder	Contract Period	# Of Clients Expected to Be Served	# Of Clients Served	Program Monitor & Phone Number
1.					
2.					
3.					
4.					
5.					