



State of Arkansas
ARKANSAS DEPARTMENT OF HEALTH
4815 West Markham
Little Rock, Arkansas 72205

REQUEST FOR APPLICATION

SOLICITATION INFORMATION			
RFA Number:	DH-24-0021	RFA Issued:	12/1/2023
Sub-Grant Description:	Ending the HIV Epidemic Community Organization Initiatives		
Agency:	Center for Health Protection, Infectious Disease Branch		

APPLICATION DEADLINE	
Application Deadline Date/Time:	December 29, 2023 at 3:00 PM Central Standard Time
Applications shall not be accepted after the designated date and time. It is the responsibility of respondents to submit applications at the designated location on or before the deadline. Applications received after the deadline shall be considered late and shall be returned to the bidder without further review.	

DELIVERY OF RESPONSE DOCUMENTS	
Sealed applications may be mailed or hand delivered to the following locations:	
Mailing Address:	Arkansas Department of Health Attn: Jeff Griffin 4815 W Markham Street, Slot #58 Little Rock, AR 72205 Delivery providers, USPS, UPS, and FedEx deliver mail to ADH's street address on a schedule determined by each individual provider. These providers will deliver to ADH based solely on the street address.
Physical Address	Arkansas Department of Health Contract Support Section 4815 W Markham Street, L163 Little Rock, AR 72205
Response's Outer Packaging:	Outer packaging must be sealed and should be properly marked with the following information. If outer packaging of response submission is not properly marked, the package may be opened for identification purposes. <ul style="list-style-type: none">• RFA number• Application Date/Time• Applicant's name and return address

ARKANSAS DEPARTMENT OF HEALTH CONTACT INFORMATION			
Issuing Officer:	Jeff Griffin	Phone Number:	(501) 534-6275
Email Address:	jeffrey.h.griffin@arkansas.gov	Alternate Number:	(501) 280-4630
ADH Website:	https://www.healthy.arkansas.gov/programs-services/topics/grant-and-bid-opportunities		

SECTION 1 – PROGRAM OVERVIEW

- **Do not provide responses to items in this section unless specifically and expressly required.**

1.1 PURPOSE

The Arkansas Department of Health (ADH) issues this Request for Application (RFA) to obtain applications for funding to meet grant funding deliverables of the Center for Disease Control (CDC) PS20-2010 funding award for ensuring at least 25% of the total funds directed to the local Ending the HIV Epidemic (EHE) jurisdiction supports planning and implementation of EHE activities by community organizations.

1.2 BACKGROUND

For more than 35 years, HIV has affected millions of Americans of whom more than 700,000 have died. In recent years, deaths among persons with HIV have declined, while the number of people with HIV has increased. According to CDC, an estimated 1.1 million persons are living with HIV and approximately 15% are unaware they have HIV. Unless effectively treated to achieve viral suppression, HIV can be transmitted to others and leads to premature death. However, person with HIV who use antiretroviral therapy (ART) and reach and maintain an undetectable viral load in their blood can have a nearly normal life expectancy and have effectively no risk of transmitting HIV to others through sex.

Reaching and maintaining viral suppression among people with HIV is the most effective way to reduce new infections. Efforts that uniquely target HIV-negative persons, for example pre-exposure prophylaxis (PrEP), are critical supplements to effective treatment; and behavioral strategies (e.g., use of condoms and reduction of sexual partners) are proven effective strategies to reduce risk of HIV transmission in both those with and without HIV. Community partners are uniquely positioned to complement and extend the reach of HIV prevention efforts implemented by state and local health departments. Thus, it is critical that health departments consider the most productive means for reaching out and engaging the community and other partners. For purposes of this funding opportunity, community organizations include non-profit or private organizations, American Indian/Alaska native tribally designated organizations, community based organizations, faith based organizations, hospitals, and health centers.

1.3 GRANT PERIOD

- A. The anticipated initial term is anticipated to be from June 1, 2024 through May 31, 2025.
- B. Upon mutual agreement between the applicant and the agency, the sub-grant agreement may be renewed for up to six (6) additional one-year terms or portions thereof contingent upon appropriation of funding and approvals.
- C. Total agreement term, including any amendments and/or possible extensions, will not exceed seven (7) consecutive years.

1.4 AVAILABLE FUNDING

- A. Maximum amount of funding available for awarding is \$441,243. Funding will be awarded to multiple recipients based upon proposed application budgets.
- B. Funding is contingent upon review and acceptance of application.
- C. Funds **must** be used in accordance with the budget as approved.
- D. ADH reserves the right to determine allowable and non-allowable costs.
- E. Prior to award, ADH may increase the amount of funding in efforts to maximize program support. Recipient(s) **must** submit a revised budget worksheet reflecting changes.

1.5 ELIGIBILITY & FUNDING REQUIREMENTS

Multiple applications will be accepted and funded. Applicant proposals can include more than one EHE funding component.

Applicant must meet the following to be eligible to obtain funding:

- A. At least one member of organization's personnel a Certified Voluntarily and Counseling Tester (VCT) and knowledgeable about HIV; or upon awarding, personnel funded through the award must be certified within the first three months of awarding.

- B. Positions or roles outlined in the applicants proposal and budgeted for through funding must have appropriate licensure and/or certification as required by Arkansas law. Documentation will be required for submission to program upon awarding.
- C. Funded organizations must attend and participate in meetings and trainings (fiscal and programmatic) required by the ADH EHE program.
- D. Must has sufficient resources or funding, independent of this agreement, to ensure the organization's ability to provide service under an actual cost reimbursement method up to sixty (60) days from the date of submission of an invoice. No advance payments will be made.
- E. Funded organizations must ensure mechanisms within their system for reporting data to the ADH EHE program, and ensure timely submission of reporting as outlined by the EHE program.
- F. Funded organizations personnel associated to the activities under the awarded funded must complete the ADH Infectious Disease Branch, CDC required Security and Confidentiality Training module and receive certification.

1.6 **BUDGET & JUSTIFICATION**

- A. Applicant shall complete the included Budget Template in sufficient itemized detail to clearly demonstrate all proposed reimbursable expenses. Include any written justification necessary.
- B. Recipient(s) **shall** be reimbursed for allowable expenses only. Allowable expenses are those approved by ADH within the budget's itemized listing.
- D. Recipient (s) may only submit invoices for expenses up to 60 days prior to the due date and will not be reimbursed for invoices submitted 60 days after the due date.
- E. Recipients not in compliance with reporting guidelines/protocols may have reimbursement delayed until compliance is achieved.

1.7 **ISSUING OFFICER**

The ADH contact name listed on page one is the sole point of contact throughout this solicitation.

1.8 **RFA OPENING LOCATION**

Applications submitted by the due time and date **shall** be opened at the following location:

Arkansas Department of Health
4815 W Markham Street, Room L163
Little Rock, AR 72205

1.9 **DEFINITION OF REQUIREMENT**

- A. The words "**must**" and "**shall**" signify a requirement of this RFA and that vendor's agreement to and compliance with that item is mandatory.
- B. Applicant may request exceptions to NON-mandatory items. Contractor **must** clearly explain the requested exception and should reference the specific solicitation item number to which the exception applies.

1.10 **DEFINITION OF TERMS**

The issuing officer has made every effort to use industry-accepted terminology in the competitive bid and will attempt to further clarify any point or item in question. The following acronyms will be used throughout the document.

ADH: Arkansas Department of Health
RFA: Request for Applications

1.11 **APPLICATION INSTRUCTIONS**

A. Original Application Packet

1. Application Submission Requirements

- a. Applicants **shall** provide one (1) original hard copy of the Application Packet clearly marked as "Original" and **must** include:
 - Original signed Application Signature Page
 - Response to the Information for Evaluation section included in the Application Packet
 - Budget Worksheet, proposed in U.S. dollars and cents
 - Proposed Subcontractors Form
 - FIN-9350 Certification Regarding Lobbying
 - EO 98-04 Contract and Grant Disclosure and Certification form
 - Combined Form for Boycotts and Illegal Immigration Certifications
 - b. The application **must** be entirely in the English language.
2. **DO NOT** include any other documents or ancillary information, such as a cover letter or promotional/marketing information.

B. Additional Copies and Redacted Copy of the Application Packet

In addition to the original Application Packet, the following items **shall** be submitted:

1. Additional Copies of the Application Packet
 - a. Three (3) complete hard copies (marked "COPY") of the Application Packet.
 - b. One (1) electronic copy of the Application Packet, preferably on a flash drive. CDs will also be accepted.
 - c. All additional hard copies and electronic copies **must** be identical to the original hard copy. In case of a discrepancy, the original hard copy **shall** govern.
 - d. If ADH requests additional copies of the response, the copies **must** be delivered within the timeframe specified in the request.
2. One (1) redacted copy (marked "REDACTED") the original Application Packet, preferably on a flash drive. A CD will also be acceptable. (See Proprietary Information.)

1.12 CLARIFICATION OF SOLICITATION

- A. Any questions requesting clarification of information contained in this RFA should be submitted in writing via email to the issuing buyer.

1.13 APPLICATION SIGNATURE PAGE

- A. An official authorized to bind the vendor(s) to a resultant Sub-Grant **must** sign the Application Signature Page included in the Application Packet.
- B. Applicant's signature on this page **shall** signify vendor's agreement that either of the following **shall** cause the response to be disqualified:
 - Additional terms or conditions submitted intentionally or inadvertently
 - Any exception that conflicts with a requirement of this RFA

1.14 FUNDING ESCALATION

- A. ADH may increase funding throughout the duration of the contract.
- B. Recipient **must** provide a revised budget reflecting the increase. ADH **shall** have the right to require additional information pertaining to the increase.
- C. Budget revisions are not valid until approved by ADH.

1.15 PROPRIETARY INFORMATION

- A. Submission documents pertaining to this solicitation become the property of the State and are subject to the Arkansas Freedom of Information Act (FOIA).
- B. The vendor **shall** be responsible for identifying all proprietary information and for ensuring the electronic copy is protected against restoration of redacted data.
- C. The redacted copy **shall** be open to public inspection under the Arkansas Freedom of Information Act (FOIA) without further notice to the vendor.
- D. If a redacted copy of the submission documents is not provided with vendor's response packet, a copy of the non-redacted documents, with the exception of financial data, **shall** be released in response to any request made under the Arkansas Freedom of Information Act (FOIA).
- E. If the State deems redacted information to be subject to Arkansas Freedom of Information (FOIA), the vendor will be contacted prior to release of the documents.

1.16 **CAUTION TO RECIPIENT(S)**

- A. Prior to any contract award, all communication concerning this solicitation **must** be addressed through ADH.
- B. Applicant **must not** alter any language in any solicitation document provided by the State.
- C. All official documents and correspondence related to this solicitation **shall** be included as part of the resultant contract.
- D. Responses **must** be submitted only in the English language.
- E. The State **shall** have the right to award or not award a contract, if it is in the best interest of the State to do so.
- F. Applicant **must** provide clarification of any information in their response documents as requested by ADH.
- G. Qualifications **must** meet or exceed the required specifications as set forth in this solicitation.

1.17 **QUALIFICATION AND AWARD PROCESS**

- A. Successful Recipient(s) Selection
The ranking of recipients **shall** be determined by the total score each application receives during evaluation.
- B. Anticipation to Award
 - 1. Once the anticipated successful recipient(s) have been determined, the anticipated award notification will be emailed to all applicants and/or posted on the ADH website.
 - 2. It is the applicant's responsibility to check email and/or the website for the notification of an anticipated award.
 - 3. Any resultant sub-grant agreement of this Request For Applications **shall** be subject to State approval processes which may include Legislative review.

1.18 **CERTIFICATION REGARDING LOBBYING**

- A. The applicant will comply with Public Law 101-121, Section 319 (Section 1352 of Title 31 U.S.C.) by certifying that appropriated federal funds have not been or will not be used to pay any person to influence or attempt to influence a federal official/employee in connection with awarding of any federal contract, sub-grant, loan or cooperative agreement for an award in excess of \$100,000.
- B. If the applicant has paid or will pay for lobbying using funds other than appropriated federal funds, Standard Form-LLL (Disclosure of Lobbying Activities) **shall** be completed and included with the Application Packet.

1.19 **CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**

- A. The recipient, as a lower tier recipient of federal funds, will comply with Executive Order 12549 (Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion – Lower Tier Covered Transactions).

- B. By signing and submitting this application package, the applicant(s) understands and agrees, as defined in 45 CFR Part 76, and certifies to the best of its knowledge and belief that it and its principals:
- Are not presently debarred, suspended proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department of agency.
 - Where the prospective lower tier participant is unable to certify to any of the above, such prospective participant shall attach an explanation to this proposal.

1.20 **PAST PERFORMANCE**

An applicant's past performance with the State may be used to determine if the applicant is "responsible." Responses submitted by applicant determined to be non-responsible **shall** be disqualified.

1.21 **PRIVACY & SECURITY REQUIREMENTS**

The Contractor **shall**:

1. At all times comply with the requirements of the Arkansas Personal Information Protection Act and any other State/Federal laws, regulations, rules, and policies regarding the privacy and security of information.
2. Provide for physical and electronic security of all Protected Health Information generated or acquired by the contractor in implementation of the contract, in compliance with Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act, and consistent with the Business Associate Agreement executed between the parties.
3. If required, prior to award, the contractor **must** sign a Business Associate Agreement.

1.22 **RESERVATION**

The State will not pay costs incurred in the preparation of an application.

SECTION 2 – APPLICANT REQUIREMENTS

2.1 **SCOPE OF WORK**

Recipients will be responsible for helping to raise awareness through mass health communications in rural and marginalized communities addressing priority populations of minorities, women, youth, and MSM. This will include the implementation of activities that focus on promoting awareness of HIV/AIDS, testing services, and adherence to antiretroviral (ART) medication. This includes original material but is not limited to billboards, print media, radio, television, and social media platforms with the exception of TikTok.

Pre-exposure Prophylaxis navigation assistance will consist of locating and identifying persons who are at high risk for contracting HIV. Working with these persons to understand their risk behavior, providing PrEP educational information, assistance with locating a PrEP provider, and following through on the process to ensure that the person is successfully engaged in care and on PrEP medication to decrease their chances of contracting HIV. These activities include but are not limited to HIV testing events, school health fairs, community engagement activities, and other activities in the community.

Linkage to Care services will include assisting HIV-positive persons with accessing medical care and treatment and transportation assistance. Recipients will be responsible for providing medical transportation for newly and previously diagnosed clients. The recipient would also be responsible for navigating the client through the engagement process, offering transportation assistance, and linking the person to a Community Health Worker (CHW) for non-medical case management services and supportive services.

Recipients that are successful in these areas targeting marginalized communities and high-risk populations through innovative approaches and activities will help to reduce all new HIV infections within the state of Arkansas by 75% in 5 years and by 90% by 2030.

2.2 **RECIPIENT REQUIREMENTS**

Applicants are encouraged to apply for more than one funded activity contingent upon having the workforce to ensure that anticipated deliverables are consistent with the details below. Activities should be developed towards the areas of:

Mass Health Communications Campaign: This area should provide HIV awareness to communities throughout the state and to populations that are marginalized and at high-risk exposure (e.g.: low-income and rural areas, minorities, adolescents, gay and bisexual men, women, and injection drug users). Available Funding: \$75,000 available in funding. Funding will be shared among all approved applicants per approved budget.

The model proposal should include the following components:

1. Development of an HIV YouTube Channel and/or state-specific podcast.
2. Social media communities and community engagement groups (on-site and virtually).
3. Arkansas HIV Resources website.
4. Develop relationships with schools, colleges, and student programs for engaging youth and young adults. Platforms can be on-site and/or virtual.

The ADH Ending the HIV Epidemic (EHE) will provide technical assistance to the funded agency and/or agencies to ensure state policies and guidelines are understood and followed. The HIV health mass communication efforts should reach communities statewide with an emphasis on targeting populations at high risk for exposure and transmission of HIV as well as marginalized communities throughout the state.

The preference is for the Mass Health Communications Campaign to be made available statewide using various mass communication platforms.

The ADH will provide technical assistance to the funded agency to ensure state policies and guidelines are known and followed. The HIV health mass communication efforts should reach statewide with emphasis on targeting those populations at high risk and marginalized within the state.

The preference is for the Mass Health Communications Campaign to be made available statewide.

Pre-exposure Prophylaxis (PrEP) Awareness and Navigation: This area of innovation and implementation should be developed for the establishment of a model within the state for persons who are HIV-negative seeking assistance/ guidance with obtaining PrEP. The PrEP patient navigator model takes the lead with those testing negative to ensure the patient is educated about safe behaviors and PrEP; receives assistance from a PrEP provider for care and the necessary lab work to start PrEP; and is assisted with the costs of medication to eliminate any barrier to medication adherence. The model must include HIV testing and counseling for the identification of persons who are at risk for being HIV positive to ensure they are aware of their status; and persons who are HIV negative to ensure they remain negative through available preventive measures. Available Funding: \$224,492 is available in funding for multiple organizations. All applicant's proposals should illustrate the capacity to serve the whole Northern and/or Southern areas of the state. This includes having adequate staffing to carry out the outlined duties and responsibilities for ensuring that persons who are high-risk for HIV receive assistance with navigating through the process of accessing PrEP.

The model proposal should include the following components:

1. A targeted PrEP awareness campaign. The campaign should reach persons or groups through dating websites, social media sites, radio ads, etc.
2. A website and toll-free number for connecting to a PrEP navigator. Hours of operation should be in alignment with medical provider business hours.
3. Implementation of services for ensuring PrEP retention, continuous HIV testing and counseling, and linkage to PrEP provider services.
4. Implementation of a developed logistics plan for ensuring transportation assistance to PrEP providers for care services.
5. Appropriate staffing to focus on building relationships and rapport in marginalized and high-risk communities.

The preference is for PrEP Awareness and Navigation assistance to be made available statewide. The ADH EHE Program will provide technical assistance to the funded agency and/or agencies to ensure state policies and guidelines are known and followed.

Linkage to Care: This area of innovation and implementation should be developed for the establishment of a model within the state for people who are living with HIV and need transportation assistance to HIV care appointments and HIV supportive services appointments. Available Funding: \$141,751 available in funding based on the following allocation for each area:

Northeast: \$38,000 Northwest: \$13,875 Central: \$13,876 Southeast: \$38,000 Southwest: \$38,000

The model proposal should include the following components:

1. A website and toll-free number for scheduling transportation services.
2. A developed logistics plan for how each area of the state can be served with transportation services to HIV medical care and supportive services based upon the transport availability within the area.
3. Proposals should include how the organization will ensure patient confidentiality and non-disclosure of health information. Applicant personnel must have a valid driver's license, insurance, and a quality mode of transportation.
4. Appropriate staffing to provide transportation assistance to persons as needed throughout the state.

The preference is for HIV Transportation assistance to be made available statewide. Refer to the attached document to identify the areas available for serving.

Work Plan: All applicants are required to submit a work plan for each area in which funding is being requested. The work plan should detail activities and actions that will be taken to reach the desired goals based on the funded area. Applicants should ensure that work plans are clear about desired outcomes and activities and deliverables that will assist in accomplishing the program's goal. Applicant's work plans will be reviewed yearly for key objectives and goals that need to be achieved with a focus on critical tasks. The work plan should serve as a road map that illustrates how each applicant intends to meet the EHE program goals and objectives outlined under each funding area.

SECTION 3 – CRITERIA FOR SELECTION

- **Do not provide responses to items in this section.**

3.1 APPLICATION SCORE

- A. ADH will review each Application Packet to verify submission requirements have been met. Application Packets that do not meet submission requirements **shall** be disqualified and **shall not** be evaluated.
- B. An agency-appointed evaluation committee will evaluate and score qualifying applications. Evaluation will be based on applicant's response to the Information for Evaluation section included in the Application Packet.
 1. Members of the evaluation committee will individually review and evaluate proposals and complete an Individual Score Worksheet for each proposal. Individual scoring for each evaluation criteria will be based on the following Scoring Description.

Quality Rating	Quality of Response	Description	Confidence in Proposed Approach
5	Excellent	When considered in relation to the RFA evaluation factor, the application squarely meets the requirement and exhibits outstanding knowledge, creativity, ability or other exceptional characteristics. Extremely good.	Very High

4	Good	When considered in the relation to the RFA evaluation factor, the application squarely meets the requirement and is better than merely acceptable.	High
3	Acceptable	When considered in relation to the RFA evaluation factor, the application is of acceptable quality.	Moderate
2	Marginal	When considered in relation to the RFA evaluation factor, the application's acceptability is doubtful.	Low
1	Poor	When considered in relation to the RFA evaluation factor, the application is inferior.	Very Low
0	Unacceptable	When considered in relation to the RFA evaluation factor, the application clearly does not meet the requirement, either because it was left blank or because the application is unresponsive.	No Confidence

2. After initial individual evaluations are complete, the evaluation committee members will meet to discuss their individual ratings during the consensus meeting. At this consensus scoring meeting, each member will be afforded an opportunity to discuss his or her rating for each evaluation criteria.
3. After committee members have had an opportunity to discuss their individual scores with the group, the individual committee members will be given the opportunity to change their initial individual scores, if they feel that is appropriate.
4. The final individual scores of the evaluators will be recorded on the Consensus Score Sheets and averaged to determine the group or consensus score for each application.
5. Other agencies, consultants, and experts may also examine documents at the discretion of the Agency.

C. The Information for Evaluation section has been divided into sub-sections.

1. In each sub-section, items/questions have each been assigned a maximum point value of five (5) points. The total point value for each sub-section is reflected in the table below as the Maximum Raw Score Possible.
2. The agency has assigned Weighted Percentages to each sub-section according to its significance.

Information for Evaluation Sub-Sections	Maximum Raw Points Possible	Sub-Section's Weighted Percentage	* Maximum Weighted Score Possible
E.1 Proposal Narrative	5	50	500
E.2 Organizational Capacity	5	20	200
E.3 Work Plan	5	30	300
Response Score	15	100%	1000

*Sub-Section's Percentage Weight x Total Weighted Score = Maximum Weighted Score Possible for the sub-section.

D. The applicant's weighted score for each sub-section will be determined using the following formula:

$(A/B) * C = D$ A = Actual Raw Points received for sub-section in evaluation
B = Maximum Raw Points possible for sub-section
C = Maximum Weighted Score possible for sub-section
D = Weighted Score received for sub-section

E. Applicant's weighted scores for sub-sections will be added to determine the Total Score for the Application.

3.2 ACCEPTANCE OF EVALUATION TECHNIQUE

A. Applicant **must** agree to all evaluation processes and procedures as defined in this solicitation.

B. The submission of an Application Packet signifies the applicant understands and agrees that subjective judgments will be made during the evaluation and scoring of the responses.