



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

## **REQUEST FOR APPLICATION**

<b>SOLICITATION INFORMATION</b>			
RFA Number:	DH-24-0020	RFA Issued:	11/30/2023
Sub-Grant Description:	HIV Prevention Services		
Agency:	AR Department of Health – CHP, Infectious Disease Branch, HIV Prevention Section		

<b>APPLICATION DEADLINE</b>	
Application Deadline Date/Time:	January 19, 2023, 3:00 p.m. Central Time
Applications <b>shall not</b> 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 <b>shall</b> be considered late and <b>shall</b> be returned to the bidder without further review.	

<b>DELIVERY OF RESPONSE DOCUMENTS</b>	
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 <b>must</b> 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"><li>• RFA number</li><li>• Application Date/Time</li><li>• Applicant's name and return address</li></ul>

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

## **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 provide a wholistic and syndemic approach to HIV prevention and care services.

### **1.2 BACKGROUND**

The human immunodeficiency virus, commonly referred to as HIV, weakens a person's immune system by eliminating the cells that fight disease and infection. The virus is transmitted through an exchange of blood, semen, preseminal fluids, rectal fluids, vaginal fluids, and breast milk. No effective cure exists, however, with proper medical care HIV can be managed. Furthermore, HIV, other sexually transmitted diseases, viral hepatitis, and injection drug use are epidemics that can be addressed using similar strategies. The Centers for Disease Control and Prevention (CDC) suggest a status neutral approach to ensure people have access to effective interventions. An individual's happiness and well-being affect their health. Therefore, an equitable approach to HIV care and prevention services is necessary.

HIV can affect anyone regardless of sexual orientation, race, ethnicity, gender, or age. Certain individuals, however, are more vulnerable to an HIV exposure. And although HIV is preventable – HIV prevention has its challenges. Stigma and discrimination still exist primarily toward people who identify as lesbian, gay, bisexual, transgender, or queer (LGBTQ). Negative attitudes about homosexuality make it difficult for some individuals to be open about same-sex behaviors. This can create stress, negatively affect health, and limit the desire to seek and obtain quality health services.

The rural nature of Arkansas further perpetuates this disparity. In certain parts of the state, Arkansans have an increased likelihood of encountering someone they know when seeking services. Innovative approaches to HIV prevention and care have become necessities. TeleHealth, TelePrEP and at home self-testing are strategies that have paved the way to unconventional approaches to HIV.

### **1.3 GRANT PERIOD**

- A. The anticipated initial term is anticipated to be from July 1, 2024 through June 30, 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 is anticipated to be \$150,000.00 per approved recipient.
- 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**

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

- A. Arkansas public or private, non-profit organization. Applicants claiming private, non-profit must include either certification from the State of Arkansas, Office of Secretary of State, or a letter from Department of Treasury or the Internal Revenue Service (IRS) stating classification.

- B. Must have passed their most recent external fiscal audit and must have been audited within the past twelve (12) months.
- C. Private non-profit organizations must have a Board of Directors.
- D. Must have 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. Should have experienced, certified testers. The ADH, HIV Prevention program will provide training to awarded organization(s). The training certifies persons for rapid testing and counseling skills for Hepatitis C, HIV, and chlamydia and gonorrhea testing.
- F. Should have at least two (2) or more staff with experience working with people who inject drugs, people living with HIV/AIDS, people who identify with the LGBTQ community, youth, and unsheltered communities.
- G. Should have experience collaborating with other like-minded organizations and has established relationships.
- H. With submission of application, applicant(s) must provide the following documentation:
  - 1. Proof of nonprofit status: A copy of a current, valid IRS tax exemption certificate or statement from the State Attorney General, or other appropriate state official, certifying that the applicant organization has nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals.
  - 2. Proof of liability insurance for all board and staff members
  - 3. Proof of testing and screening certification, if applicable
  - 4. Written HIPAA policy and procedures.
  - 5. External Audit (summary)

#### **1.6 BUDGET & JUSTIFICATION**

- A. Applicant **must** complete the budget worksheet provided as a separate excel file that will not be included in the scoring of applications.
- B. Recipient(s) **shall** be reimbursed for allowable expenses only. Allowable expenses are those approved by ADH within the budget's itemized listing.
  - Recipients will only be reimbursed for distributed gift cards.
  - Recipients will only be reimbursed for credit card payments when payment has been made in full to the credit card issuer.
- D. Recipient(s) will not be reimbursed if they are not in compliance with reporting guidelines/protocols.
- E. 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.

#### **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

Syndemic Approach – addressing multiple diseases (HIV, STDs, and Hepatitis C) simultaneously.

Status Neutrality – a whole person approach to HIV prevention and care that emphasizes high-quality care to engage and retain people in services regardless if the services are for HIV treatment or prevention.

Equitable Approach – fair and impartial services.

Comprehensive Testing – testing that encompasses HIV, Syphilis, Hepatitis C, Chlamydia and Gonorrhea testing.

HIV/STD Counseling – counseling efforts that provide knowledge and resources in a culturally, sensitive manner.

Referral to Care and/or Treatment – efforts that include referring, or linking, individuals to confirmatory testing, STD treatment and/or HIV care services.

Prevention Services – services that include, but not limited to, providing condoms and/or access to medication for treatment or prevention.

Services for People Living with HIV/AIDS (PLWHA) – services that provide information or resources specific to PLWHA.

Mental Health Services – services that provide information or resources that cater to an individual’s mental health well-being.

Digital Outreach – outreach efforts that utilize social media, digital marketing, dating apps and other digital platforms.

Wholistic Interventions – interventions that address, but are not limited to addressing, food scarcity, housing instability, or transportation needs.

The following acronyms will be used throughout the document.

ADH: Arkansas Department of Health

OSP: Office of State Procurement

RFA: Request for Applications

PLWHA: People Living with HIV/AIDS

LGBTQ: Lesbian, Gay, Bisexual, Transgender and Queer

PWID: People who Inject Drugs

**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**

- A. Contractor **must** provide a status-neutral, syndemic approach to HIV prevention and care on a weekly to monthly basis. All strategies and methodologies **must** be equitable and wholistic in nature.
- B. Contractor **must** partner with communities, or entities, that provide services to PLWHA, unsheltered populations, populations more vulnerable to an HIV exposure, PWID, LGBTQ communities, and youth.
- C. Intervention services include but are not limited to the following:
  1. Comprehensive Testing
  2. HIV/STD Counseling
  3. Referral to Care and/or Treatment.
  4. HIV/STD/Hepatitis C Education & Outreach
  5. Prevention Services
  6. Services for PLWHA
  7. Mental Health Services
  8. Digital Outreach
  9. Wholistic Interventions

### 2.1 **RECIPIENT REQUIREMENTS**

#### A. Participation & Attendance

1. Recipient **must** attend all programmatic meetings and participate in other trainings and conferences as scheduled by the Program or Field Operations officer.
2. Recipient **must** designate staff to participate in bi-monthly Prevention Planning meetings.

3. Recipient **should** collaborate with other funded entities and ADH for various events.  
Project

#### B. Testing & Detection

1. Recipient **must** provide HIV, Syphilis, Hepatitis C, Chlamydia, Gonorrhea, and self-testing to individuals who meet CDC recommendations, are priority populations, have recently been exposed, or would like to know their status.
2. Recipient **must** provide counseling services along with testing.
3. Recipient **must** utilize certified testers and counselors.
4. Recipient **must** follow testing protocols and guidelines.

#### C. Referral to Care

1. Recipient **must** refer preliminary HIV and Hepatitis C positives to appropriate medical care for confirmatory testing.
2. Recipient **must** refer identified Chlamydia and Gonorrhea cases to the local health unit, or a primary care physician, for treatment.

#### D. Education & Outreach

1. Recipient **must** identify individuals, groups, and/or communities affected by HIV, STDs, and Hepatitis C, and provide comprehensive education.
2. Recipient **must** utilize digital marketing and digital platforms for education and outreach.
3. Recipient **must** provide information about PrEP, PEP, and condom usage.
4. Recipient **must** provide information, resources, and support to PLWHA.
5. Recipient **should** provide information and resources for mental health services.

#### E. Wholistic & Equitable

1. Recipient **must** ensure all individuals seeking services receive equitable care, regardless of their status.
2. Recipient **must** ensure their organization's data collection practices, materials and space is equitable for all individuals.
3. Recipient **should** provide information, resources and access to support groups, shelters, food pantries, and employment assistance to individuals experiencing unstable living.

#### F. Reporting

1. Recipient **must** maintain a fiscal management system and an information management system that has the capacity to track, store and report required fiscal and client level data.
2. Recipient **must** provide a monthly calendar of events by the 25<sup>th</sup> of every month, for the following month.
  - Any, and all changes or updates, must be communicated to the Field Operations Manager.
3. Recipient **must** participate in quarterly site visits, audits, and technical calls.
4. Recipient **must** submit quarterly reports to the assigned Program or Field Operations officer by the 15th of the month following the reporting period. Each quarterly report **must** include the following:
  - Status (met, ongoing or unmet) of projected goals.
  - The number of clients served and their demographics.



- Barriers encountered and how those barriers were addressed.
- If applicable, include the reasons that goals were not met and include if assistance is required to resolve the situation.

## **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	15	30	300
E.2 Organizational Capacity	15	30	300
E.3 Work Plan	5	30	300
E.4 Previous or Existing Successes	5	10	100
<b>Response Score</b>	<b>50</b>	<b>100%</b>	<b>1000</b>

\*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.