



STD and HIV Section

**Community HIV Health Education and
Risk Reduction Projects**

Application and Request for Proposal Packet (RFP)

April 14, 2008

**Notice of Intent Due: 4:00 p.m., Monday, May 5, 2008
(Required)**

Full Proposals Due: 4:00 p.m., Wednesday, June 18, 2008

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THIS ENTIRE DOCUMENT AND ITS APPENDICES ARE AVAILABLE AT:

<http://www.health.state.mn.us/divs/idepc/diseases/hiv/rfp/herr/index.html>

Summary

A. Timeline, Purpose, and Key Terms

Timeline	
Announcement of Request for Proposals.....	April 14, 2008
Proposal Packets Available.....	April 14, 2008
Notices of Intent Due (see page 7 for details)	May 5, 2008
Pre-proposal Workshops	May 2 or 5, 2008
Proposal Questions Accepted Through.....	June 13, 2008
Full Proposals Due (see page 8 for details).....	June 18, 2008
Announcement of Final Funding Decisions.....	Week of September 15, 2008
Grievances of the Review Process Due (in writing)	September 29, 2008
Response to Grievances	October 13, 2008
Grant Agreement Development	September 16 to December 31, 2008
Grant Agreement Period Begins	January 1, 2009
Grant Agreement Period Ends	December 31, 2012

All submission deadlines are final. Notices of intent, proposals, and grievances not received by the deadlines outlined above will not be considered. All expenses incurred in responding to this notice are solely the responsibility of the responder.

Purpose

The Minnesota Department of Health (MDH) is soliciting proposals to provide HIV health education and risk reduction information and behavior change interventions for select communities in Minnesota where the rates of HIV are highest.

Key Terms Used in This RFP

Co-factors: Influences that indirectly put individuals and communities at risk for HIV infection or transmission. Example: Mental health – mental health conditions may impact a person’s ability to make healthy choices regarding safer sex and/or drug use.

Core HIV risk factors: Those behaviors that put people at risk of HIV infection or transmission. Specifically, 1) unprotected anal or vaginal sex with a person or persons of unknown or different HIV status (example: someone who knows s/he is HIV negative who is engaging in unprotected anal or vaginal sex with someone who is HIV positive or whose HIV status is unknown); and 2) sharing of injection drug equipment and other instruments that puncture the skin.

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HERR: (Health Education Risk Reduction) HIV HERR projects provide education and risk reduction support to decrease HIV infection or transmission.

Intervention(s): Interventions are how the Centers for Disease Control and Prevention (CDC) and the MDH categorize all HIV HERR activities. The MDH has developed core elements required to be met for each intervention. Interventions carried out well by skilled staff have been shown by researchers to be effective in preventing HIV infection or transmission.

Target population(s): The population(s) identified and prioritized as most at risk for HIV infection or transmission in Minnesota. Priority populations and risk factors are described in the 2005-2008 Comprehensive HIV Prevention Plan that is available from MDH upon request or by download at: <http://www.health.state.mn.us/divs/idepc/diseases/hiv/taskforce/plan/hivprevplan.html>

Project: The planning, implementing, and evaluation of one or more intervention(s) addressing the core HIV risk factors and selected co-factors and for a given (one of the eleven) target population. Example: providing Outreach Intervention and a Group Level Intervention for adult high risk heterosexual African Americans.

Part One

Background

A. What are Community HIV Health Education and Risk Reduction Projects?

The Minnesota Department of Health (MDH) works to implement comprehensive HIV health education and risk reduction activities for the State of Minnesota. One component of these services is the Community HIV Health Education and Risk Reduction Projects. The MDH believes that the most effective HIV health education and risk reduction activities are targeted to communities and individuals most at risk for HIV and are designed and delivered by agencies and individuals from within those communities. Therefore, the MDH develops grant agreements with community-based organizations (CBO's) and other health education entities to implement targeted HIV Health Education and Risk Reduction (HERR) Projects.

The MDH works in partnership with a community based advisory group, the Community Cooperative Council on HIV/AIDS Prevention (CCCHAP), to identify populations most at risk for HIV infection or transmission and to describe risk co-factors affecting those target populations. These priority populations and risk factors are described in the 2005-2008 Comprehensive HIV Prevention Plan, relevant sections of which are attached to this application packet (see Appendices C and D).

It is understood that HERR interventions are most effective at changing the high-risk behaviors of individuals and communities when they are provided on an ongoing basis, and when many different kinds of activities are available to meet the needs of individuals who are at different stages of behavior change. In addition to the behavior that exposes individuals to HIV, individuals and communities have influences that indirectly put them at high risk for HIV infection or transmission (co-factors). Effective HERR Projects address these co-factors throughout the delivery of their programming (see Appendix C for definitions of the core HIV risk factors and co-factors).

The Community HIV HERR Projects are therefore intended to develop a continuum of culturally and linguistically specific HERR interventions for each population identified to be at risk for HIV infection or transmission and to address the core HIV risk factors and identified co-factors for the population. Applicants are asked to apply for funds to implement one or more HERR interventions for a given target population that can contribute to this continuum.

The primary objectives of HIV HERR are to assist individuals to identify their risk for HIV infection or transmission, learn how to change the behavior(s) that place them and/or their partners at risk, learn how to access HIV testing and learn their HIV status. Strong applications will reflect these objectives throughout the proposals.

B. What is Included in this Request for Proposals?

Through a competitive process, this Request for Proposals (RFP) makes funds available for community grant agreements designed to reduce HIV transmission among populations identified by the community as being most at risk for HIV infection or transmission. In Minnesota, HIV infection occurs primarily among men who have unprotected sex with men, women who have unprotected sex with men, and people who are injection drug users and share their syringes and other injection equipment. While individuals from any community who engage in these behaviors are at risk for HIV, in Minnesota the rates are disproportionately high among members of certain racial and ethnic groups, specifically African Americans, Latinos, and African immigrants.

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Given that the agencies the MDH funds are community partners helping to fulfill the commitment to the populations served, the MDH expects agencies to honor and respect the diversity of experiences, backgrounds, beliefs, language, interpersonal styles, and behaviors of individuals and families receiving HIV HERR services. In addition, disparities in access to health care and social services exist among populations affected by HIV/AIDS because of cultural, economic, or geographic barriers. The MDH encourages agencies responding to this RFP to provide services in a culturally appropriate manner in order to increase access to health care and supportive services.

Each target population may have unique attributes based on race, ethnicity, national origin, language, class, religion, gender, age, sexual orientation, HIV transmission-based activities (e.g., drug use), geography (rural or urban), or a combination of these characteristics.

C. What Funds are Available and What are They For?

This competitive RFP makes available state HIV/AIDS funds and federal HIV prevention funds for grant agreements for HIV HERR projects in Minnesota. The MDH uses the “Allocation and Funding Principles” (Appendix F) to determine the funding allocation for each target population. Due to an overall reduction in resources available for HIV prevention in Minnesota, there will be less money available per year with this request for proposals than in past request for proposal processes.

Minnesota’s HIV HERR Projects are intended to create a continuum of culturally and linguistically specific HERR services for each population identified to be at high risk for HIV infection or transmission. Funded projects will implement one or more interventions (which include specific activities) for selected target populations that can contribute to this continuum.

Each target population has risk factors that contribute to HIV infection or transmission risk. Agencies selected for funding will be expected to proactively address the core HIV risk factors, which are attributed to all populations, as well as the selected co-factors identified for each target population (see Appendix C for definitions of the core HIV risk factors and co-factors).

Funded projects will enter into a grant agreement with MDH for a four (4) year time period of January 1, 2009 through December 31, 2012.

Part Two

Process

A. Organizations Eligible to Apply

Any public or private non-profit, 501(c) 3 agency, that:

1. can demonstrate administrative, organizational, programmatic, and fiscal capability to plan, develop, implement, and evaluate the proposed project; and,
2. currently provides or has provided in the past five (5) years: 1) HIV health education and risk reduction programming, or 2) services for people living with HIV/AIDS, or 3) health programming to one or more of the target populations (see page 6) (NOTE: This includes all programming regardless of the funding source.); and,
3. receives ongoing input from the target population for its development, implementation, and evaluation of its proposed project; and,
4. can demonstrate that at least 50% of current or expected clients of the project are or will be from the target population.

You must be able to meet all of the criteria above to be eligible to submit a project proposal. EACH of these eligibility criteria pertains to EACH target population you propose to reach (see page 6 for list of target populations). **You must submit a separate proposal for each target population you propose to serve.**

Eligibility Notes:

- County governments and universities are eligible to apply.
- School-based projects are not eligible for this funding, with the exception of alternative school settings experienced in targeting one or more of the listed target populations (see below).
- A clinic’s “in-house” HIV testing activity is NOT an eligible activity.
- If you have any questions regarding your eligibility contact:

Gary Novotny
651-201-4029
gary.novotny@health.state.mn.us

B. Minimum Expectations

Minimum expectations include:

- Ability to serve one or more of the following target populations:
 1. HIV Positive Persons All Races, All Ages and All Genders
 2. Men Who Have Sex With Men (MSM), All Races (ages 25+) *
 3. Young High Risk MSM All Races (ages 13-24)
 4. Young High Risk Heterosexuals All Races (ages 13-24) **
 5. African High Risk Heterosexuals (ages 25+) ***
 6. African American High Risk Heterosexuals (ages 25+)
 7. Latino/a High Risk Heterosexuals (ages 25+)
 8. Native American High Risk Heterosexuals (ages 25+)
 9. Asian and Pacific Islander High Risk Heterosexuals (ages 25+)
 10. MSM/Injection Drug Users All Races and All Ages
 11. Injection Drug Users All Races, Ages, and Genders; except MSM/IDU

Note: Applicants should attempt to serve those at highest risk in these populations.

* The rates of HIV are disproportionately high among men of color who have sex with men.

** Minnesota's urban youth of color are most impacted by HIV and STDs.

***Countries of origin of Minnesota's African immigrant communities that have had the most HIV cases diagnosed over the past three years in ranked order are: Ethiopia/Oromia, Liberia, Kenya, Cameroon, and Somalia.

- Ability to effectively locate and reach those individuals within the proposed target population identified as being at risk of HIV infection or transmission.
- Ability to effectively address the core HIV risk factors identified by CCCHAP: 1) unprotected anal or vaginal sex with a person or persons of unknown or different HIV status (example: someone who knows s/he is HIV negative who is engaging in unprotected anal or vaginal sex with someone who is HIV positive or whose HIV status is unknown); and 2) sharing of injection drug equipment and other instruments that puncture the skin (see Appendix C).
- Ability to effectively address the selected co-factors identified for the target population (see Form D and Appendix C).
- Ability to implement intervention(s) through activities and strategies, some of which are described in Appendix D, that facilitate and maintain behavioral changes to reduce the risk of HIV infection or transmission in the target population.
- Ability to develop and maintain community partnerships that will directly impact HIV prevention programming for the proposed target population to be served.

C. Notice of Intent

Notices should follow the format presented on the Notice of Intent form (Form A).

Only one completed Notice of Intent is required regardless of the number of proposals you intend to submit.

Proposals will NOT be accepted from applicants who fail to submit a Notice of Intent.

Notice of Intent Purpose:

Notices of Intent are used by the MDH to assist staff in communicating with submitting agencies, plan the technical assistance workshops, and to plan for the proposal review process. In addition, agencies submitting a Notice of Intent will receive a summary of the questions and answers from the pre-proposal workshops. Notices of Intent are not used as a screening tool. **Notices of Intent submitted after May 5, 2008 will not be accepted.**

All applicants should begin work on their proposal as soon as possible. Agencies submitting a Notice of Intent will receive confirmation from MDH that the notice of intent was received.

Agencies intending to submit a proposal MUST submit a Notice of Intent by:

4:00 p.m., Monday, May 5, 2008

Options for Submission:

1. Mail Notice of Intent to:

**Jessica Barry
STD and HIV Section
Minnesota Department of Health
625 Robert Street North
P.O. Box 64975
St. Paul, Minnesota 55164-0975**

If submitting by U.S. Post Service, you are encouraged to use registered mail and secure a receipt.

The Notice of Intent must have a legible postmark from the United States Postal Service, or a legible pick-up or drop-off time from a private carrier with a date and time that precedes 4:00 p.m., Friday, May 5, 2008. Postmarks from private in-office metering machines are not acceptable.

OR

2. Electronic Mail (e-mail):

Complete the Notice of Intent form (Form A) and e-mail it as an attachment to Jessica Barry at: jessica.barry@health.state.mn.us

OR

3. Hand Deliver during Pre-proposal Workshop:

Complete the Notice of Intent form (Form A) and hand deliver it to Gary Novotny at a pre-proposal workshop on either May 2, 2008 or May 5, 2008.

WARNING: MDH will not be responsible for Notices of Intent lost in transit by any carrier or electronic means.

D. Proposal Due Date and Style Requirements

All agencies that meet the eligibility and minimum expectations criteria outlined above are eligible to submit a proposal. Proposals will be accepted if they address one of the target populations outlined above and one to three risk co-factors for that target population. Applicants wishing to serve more than one target population are required to submit separate proposal for EACH target population.

Format and Style Requirements:

1. Submit one (1) signed unbound original and ten (10) copies of the complete application.
Applicants for whom the copying requirement presents a fiscal challenge should contact Jessica Barry at (651) 201-4005 by June 13, 2008.
2. Use 12-point font, one-inch margins, and single spaced lines on 8½ X 11-inch paper.
3. Do not exceed the section page limits set forth.
4. Include a proposal Table of Contents.
5. Number all pages including any attachments.
6. Staple or clip proposal. Do not bind in any other way.

If submitting by U.S. Post Service, you are encouraged to use registered mail and secure a receipt.

Completed proposals MUST arrive at the MDH on or before:

4:00 p.m., Wednesday, June 18, 2008

or have a legible postmark from the United States Postal Service, or a legible pick-up or drop-off time from a private carrier with a date and time that precedes 4:00 p.m., Wednesday, June 18, 2008. Postmarks from private in-office metering machines are not acceptable. Proposals are not accepted by e-mail or facsimile (fax).

Full proposals are to be submitted by the specified date and time to:

US Postal Service Mailing Address	Street Address (hand or courier delivery)
Jessica Barry STD and HIV Section Minnesota Department of Health Orville L. Freeman Building 625 Robert Street North PO Box 64975 St. Paul, Minnesota 55164-0975	Jessica Barry STD and HIV Section Minnesota Department of Health Orville L. Freeman Building 625 Robert Street North St. Paul, Minnesota 55155-2538 Hand delivered proposals <u>must</u> be dropped off at the loading dock in the back of the Orville L. Freeman building.

PLEASE NOTE: All submissions are final. **Full and complete proposals not received by the deadline outlined above will NOT be considered.** Please utilize the “Forms Checklist” (Form B) to assure that your proposal is complete. You must also include Form B with your proposal.

WARNING: MDH will not be responsible for a proposal lost in transit by any carrier.

We plan to notify you by letter during the week of September 15, 2008 whether or not your proposal was selected for funding. All decisions are final. We reserve the right to negotiate changes to the proposed activities and budget(s) you submit.

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E. Available Funding and Questions

Available Funding

Total Funds Available per Year	\$1,450,000 per year for 4 years
Grant Agreement Period	January 1, 2009 – December 31, 2012

Target Population		Funding allocation	Estimated number of projects to be funded
1.	HIV Positive Persons All Races, All Ages and All Genders	\$116,000	1 or 2
2.	MSM of All Races (ages 25+) *	\$591,752	4 to 6
3.	Young High Risk MSM All Races (ages 13-24)	\$170,297	2 or 3
4.	Young High Risk Heterosexuals All Races (ages 13-24) **	\$94,136	1 or 2
5.	African High Risk Heterosexuals (ages 25+) ***	\$115,687	1 or 2
6.	African American High Risk Heterosexuals (ages 25+)	\$78,000	1 or 2
7.	Latino/a High Risk Heterosexuals (ages 25+)	\$78,000	1 or 2
8.	Native American High Risk Heterosexuals (ages 25+)	\$20,000	1
9.	Asian Pacific Islander High Risk Heterosexuals (ages 25+)	\$20,000	1
10.	MSM/Injection Drug Users All Races and All Ages	\$78,000	1 or 2
11.	Injection Drug Users All Races, Ages, and Genders; except MSM/IDU	\$88,128	1 or 2

* The rates of HIV are disproportionately high among men of color who have sex with men.

** Minnesota’s urban youth of color are most impacted by HIV and STDs.

***Countries of origin of Minnesota’s African immigrant communities that have had the most HIV cases diagnosed over the past three years in ranked order are: Ethiopia/Oromia, Liberia, Kenya, Cameroon, and Somalia.

Note: High Risk is defined as behaviors that put people at risk of HIV infection or transmission. Specifically, 1) unprotected anal or vaginal sex with a person or persons of unknown or different HIV status; and 2) sharing of injection drug equipment and other instruments that puncture the skin.

Note: Due to restricted availability of funds, it is the intent of this RFP to fund only Health Communication/Public Information (HC/PI) activities for the Native American High Risk Heterosexual and Asian Pacific Islander High Risk Heterosexual target populations. See Principle #4 of Allocation and Funding Principles (Appendix F) and Appendix B for the definition of HC/PI. Applicants with questions on this should contact Gary Novotny as indicated on page 10.

Proposed projects MUST be within the range of \$39,000-156,000 per project (except the Native American High Risk Heterosexual and Asian Pacific Islander High Risk Heterosexual target populations). No project over \$156,000 will be considered. See Principle #4 of Allocation and Funding Principles (Appendix F).

These funds cannot be used to take the place of funding that your agency currently has for existing HIV health education and risk reduction activities (i.e., funding obligations and/or awards that your agency will have in 2009, and/or 2010, and/or 2011, and/or 2012). See Principle #6 of Allocation and Funding Principles (Appendix F).

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Funded projects may be eligible for additional future funding during this period and for a period of up to one (1) year beyond this funding period.

Questions

Questions regarding this RFP will be accepted through **Friday, June 13, 2008**. Prospective applicants who have any questions should e-mail in their questions and their phone number with "RFP" in the subject line. If the applicant does not have e-mail access then they may phone in their questions.

CONTACT NAME	E-MAIL ADDRESS	PHONE
Gary Novotny	gary.novotny@health.state.mn.us	651-201-4029

Other MDH personnel are **NOT** allowed to discuss this RFP with prospective applicants. Contact regarding this RFP with any personnel not listed above could result in disqualification.

F. Workshops and Technical Assistance Resources

The MDH is offering workshops in association with this RFP process. Though the workshops are not required, we strongly encourage applicants to attend. You may submit a proposal if you do not attend a workshop. Workshops are open to all applicants. Registration is preferred but not required.

Please register for workshops by Wednesday, April 30, 2008 through e-mail or telephone: (Please register early to reserve an ASL interpreter or other special accommodations.)

TO REGISTER	E-MAIL ADDRESS	PHONE
Jessica Barry	jessica.barry@health.state.mn.us	651-201-4005

Pre-proposal Workshop(s)

This will be an opportunity to ask questions and receive clarifications about the RFP document, its requirements, and this process. Applicants are encouraged to review the RFP packet and its requirements before attending one of the pre-proposal workshops. You may choose to attend the workshop on one of the following two dates:

DATE	TIME	LOCATION
Friday, May 2, 2008	9:00 a.m. to 12:00 p.m.	Minnesota Department of Health Snelling Office Park - Mississippi Room 1645 Energy Park Drive St. Paul, Minnesota 55108
Monday, May 5, 2008	1:00 p.m. to 4:00 p.m.	Minnesota Department of Health Snelling Office Park - Mississippi Room 1645 Energy Park Drive St. Paul, Minnesota 55108

Note: The content of each workshop is identical. MDH is offering them twice for your convenience. You do not need to attend twice.

Technical Assistance Resources

1. Agencies submitting proposals may choose, but are not required, to utilize one or more of the Diffusion of Effective Behavioral Intervention (DEBI) projects. Appendix D includes descriptions of the DEBI projects, interventions included in the Compendium of HIV Prevention Interventions with Evidence of Effectiveness (Compendium), as well as other interventions that have been shown to be effective. See <http://www.effectiveinterventions.org>, http://www.cdc.gov/hiv/resources/reports/hiv_compendium/index.htm, and http://www.cdc.gov/hiv/topics/prev_prog/index.htm for more information. In accordance with Principle #7 of the Allocation and Funding Principles (Appendix F), applicants proposing to use a combination of MDH and non-MDH funding to replicate a DEBI, or adapt a DEBI on a large scale, will be required to discuss their proposal with Gary Novotny at (651) 201-4029.
2. **Assistance with strategic planning and proposal writing can be sought from the following resources:**
 - Minnesota Council of Nonprofits – www.mncn.org
 - Minnesota Council on Foundations - www.mcf.org
 - MAP for Nonprofits - www.mapfornonprofits.org
 - Nonprofits Assistance Fund - www.nonprofitsassistancefund.org

G. Disclaimer, Right of Refusal, and Grievances

Disclaimer

This RFP does not obligate the MDH to complete the RFP process or to enter into grant agreements. Applicants responding to the RFP assume all risk and costs associated with the submission of their proposals.

The MDH reserves the right to withhold the distribution of funds in cases where proposals submitted do not meet the necessary criteria and the proposed projects do not meet the HIV health education and risk reduction needs of the target population. These funds would then be set aside to ensure those needs are met through an alternative process (see Principle #5 in Appendix F). Any awarding of final grant agreements as a result of this RFP process is subject to final approval by the Commissioner of Health.

All funds are dependent upon the availability of state HIV/AIDS and federal HIV prevention funds to the MDH.

Right of Refusal

This RFP does not obligate the state to award a grant agreement or complete the project and the state reserves the right to cancel the solicitation if it is considered to be in its best interest.

Grievances

Written grievances can only be made with regard to a faulty process and not with regard to an unfavorable decision. **Grievances must be written and received at the MDH by:**

4:00 p.m., Monday, September 29, 2008

A response to each written grievance will be made by Monday, October 13, 2008. Any grievances found to be justified will result only in changes to future RFP processes.

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Please mail written grievance communications to:

Jessica Barry
STD and HIV Section
Minnesota Department of Health
625 Robert Street Northeast
PO Box 64975
St. Paul, Minnesota 55164-0975

H. What Will be Required Of The Applicant?

Applicants for this funding must agree to the requirements described below.

1. During the Application Process

- a. If choosing to collaborate with another agency(s), to submit one proposal, a lead organization must be designated. All collaborating partners must meet the eligibility criteria (see page 5). The lead organization should serve as the fiscal agent and also be the applicant agency. If selected for funding, the lead organization (fiscal agent) will:

- assure that the proposed project occurs;
- be responsible for reporting required evaluation data;
- report progress on project;
- develop and implement a system for regular communication with other partners; and,
- maintain financial records and submit invoices.

NOTE: The lead organization will need to have the capacity and expertise to effectively implement the proposed strategies or project activities and to effectively provide fiscal oversight.

- b. Complete all forms, answer all questions, provide the required signatures on all forms that request signatures, and submit proposal (original and 10 copies) by the due dates stated above.

2. After Receiving an Award

- a. Participate in the MDH-sponsored skill building/training workshops and recommended workshops for technical assistance, planning, evaluation, and other essential programmatic and organizational topics.
- b. Meet with the MDH grant management staff to complete grant agreement negotiations including completion of “Administrative/Indirect Cost Allocation for HIV HERR Projects” Form.
- c. Consult with the MDH grant management staff on the development of annual Intervention Work Plans that set goals and objectives for each intervention each year, and annual Budget Plans.
- d. Provide documentation of consumer input regarding the effectiveness and appropriateness of the interventions for the target population being served.
- e. Consult with the MDH grant management staff on the development and content of all products used or distributed through the MDH funded HIV HERR project. This includes submitting for review and approval, prior to use, all brochures, media, curricula, educational and outreach materials, or other items used in the HIV HERR project.

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- f. Develop and maintain a system to collect information that will document and measure the implementation of strategies and interventions (i.e., process monitoring evaluation).
- g. Participate in the evaluation of the HIV HERR Project. Evaluation responsibilities will include:
 - providing project data to MDH regularly using formats developed by the MDH and/or MDH consultants;
 - providing a narrative report at least twice each year on the project's progress; and,
 - responding to technical assistance and recommendations (regarding project planning staffing, implementation, and evaluation) from the MDH staff and/or MDH consultants.
- h. Send the MDH an invoice at least quarterly for incurred expenses. The MDH reimburses actual costs incurred during an invoiced period. The agency must notify the grant manager of any new developments in project or budget changes before they occur during the grant agreement period.
- i. Provide the grant manager with the names and positions of all paid project staff and any subcontractors. The agency shall provide the grant manager with written notice of all staff changes during the grant agreement period.
- j. Agencies must ensure the confidentiality of all client records including any records of HIV/AIDS status. Pursuant to the Minnesota Government Data Practices Act and federal HIPAA requirements, the agency must agree to maintain the data on individuals received or to which the agency has access according to the statutory provisions applicable to the data.
- k. Operate the funded project according to the HIV, AIDS, and STD policies and recommendations of the MDH and the CDC.
- l. Let the MDH and others use any products produced by activities supported with these funds.
- m. Incorporate other Sexually Transmitted Disease (STD), hepatitis A, hepatitis B, and hepatitis C health education and risk reduction activities and information into the funded project as appropriate and feasible.
- n. Be prepared to modify the funded project to respond to emerging priorities established by the Community Cooperative Council on HIV/AIDS Prevention (CCCHAP) and/or the MDH.
- o. Use research on behavior change interventions in planning, implementing, and evaluating the interventions that are supported with these funds.
- p. Be willing to meet all other terms and requirements in the MDH grant agreement.

I. What Will MDH Do For The Applicant?

1. During the RFP Process the MDH will:
 - a. Respond to applicant e-mail and telephone inquiries about the RFP document, its requirements, and this process.
 - b. Provide pre-proposal workshop(s) for applicants to ask questions and receive clarifications about the RFP document, its requirements, and this process (see page 10).
 - c. Communicate a summary of the questions and answers from the pre-proposal workshops.

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2. During the grant agreement period the MDH will:
 - a. Provide, or make referrals to, technical assistance and training for grantees that will address such topics as skill building for intervention planning/delivery and evaluation.
 - b. Provide assistance in developing evaluation plans and data collection tools for all grantee projects to measure project implementation (process evaluation) and as appropriate, effectiveness (outcome monitoring evaluation).
 - c. Provide technical assistance through administrative and programmatic site visits to improve the quality of delivered interventions.
 - d. As required by the CDC, any product used within an HIV HERR project needs to be submitted for review prior to use. Thus MDH provides for the review and approval of all HIV HERR project materials submitted in a timely manner. Material review includes but is not limited to technical accuracy, compliance with federal guidelines, and appropriateness for the target audience.
 - e. Work in partnership with community based organizations, the CCCHAP, the MDH Office of Minority and Multicultural Health, and other health care/education systems to develop an overall coordinated and comprehensive plan to reduce health disparities in HIV infection rates.
 - f. Provide data and information about HIV, STDs, hepatitis, and recommendations for effective interventions and promising project strategies.
 - g. Coordinate the activities of the HIV HERR Projects with other efforts at the local, state, and national levels to avoid duplication of effort and to promote consistency.
 - h. Assist grantees in working with state and local health departments, community planning groups, foundations, funding institutions, and other potential partners.
 - i. Share information regarding educational opportunities and available funding from foundations and other public and private groups.

J. How Will MDH Review and Score Proposals?

1. How will proposals be reviewed?

Proposals will be reviewed during both a proposal review process and an internal MDH process as follows.

Proposal Review Process

The purpose of a proposal review process is to gather recommendations and comments/suggestions from community members. This input will be one of the criteria used for developing final funding recommendations and awards.

Proposals will be reviewed and scored by review teams comprised of community members and MDH staff. The community members will reflect the diversity of Minnesota and will have familiarity with HIV. Reviewers will be required to identify any conflicts of interest and will not review a proposal if they have a direct relationship with the applicant.

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In addition:

- Reviewers will first evaluate and score each proposal independently.
- Each proposal will be evaluated and scored individually against the criteria described in the “Criteria for Scoring Proposals” section (see page 16), not against other proposals.
- Proposal budgets and budget narratives will be reviewed to assess feasibility.
- Reviewers will not score the “Accounting System and Financial Capability Questionnaire” (Form J). MDH staff will review this information to identify the technical assistance needs of the awarded agencies.
- Reviewers will forward their scores, funding recommendations, and comments to the MDH for compilation.
- Reviewers will then meet to discuss all proposals assigned to their team and identify their individual and final funding recommendations. Consensus will not be sought in the proposal review process.

Internal Review Process

Staff from the STD and HIV Section at the MDH will develop the final funding recommendations during the Internal Review process. This process will consider the proposal review team’s scores, funding recommendations and comments, as well as, but not limited to, the following criteria. Therefore, final awards will not be based solely on the proposal review results.

- MDH staff will strive to achieve a continuum of HIV HERR interventions and activities for each target population.
- The internal review process will determine the number and locations of the programs selected to conduct HERR project HIV counseling, testing and referral (CTR).
- While CCCHAP did not prioritize specific communities within some target populations, the MDH will consider communities with the highest HIV incidence and those most impacted by the co-factors.
- Cultural competency will be measured using the average of seven (7) scores for responses to the indicators of cultural competency (see page 16). MDH will consider the average score, and may also use it for determining final funding recommendations.
- Organizational competency will be measured using the budget scores, Form J, and a site visit if needed. MDH will consider these, and may also use them for determining final funding recommendations.
- MDH may need to contact applicant agencies to gain clarification regarding a proposal and thus reserves the right to collect additional information as needed. This may include a site visit during mid-August 2008.
- Other considerations will include, but are not be limited to:
 - the agency’s experience with the target population and its success in reaching this population;
 - the costs of the proposed intervention(s) and projects;
 - the agency’s fiscal stability and capacity;
 - the other potential sources of funding and current, non-MDH funded HIV prevention programming for a target population;
 - geographic coverage reflecting HIV/AIDS epidemiology; and,
 - the performance of currently funded projects regarding both intervention delivery and meeting contractual requirements. Assessment items include:
 - Is staff time in alignment with the grant agreement?
 - Is the grantee reaching their intended target population(s)?
 - Is the grantee meeting the core elements of the intervention(s)?
 - Is the grantee addressing the co-factor(s) they selected?
 - Has the grantee developed and used an advisory mechanism?
 - Has the grantee implemented an appropriate process to develop and/or revise their program?

Final funding recommendations will be forwarded to the Commissioner of Health for approval. All funds are dependent upon the availability of state HIV/AIDS and federal HIV prevention funds to the MDH.

2. Criteria for Scoring Proposals

(Note: criteria in *italics* are indicators of cultural competency)

Agency Overview Narrative (20 points)

- The applicant agency history and mission are compatible with providing HIV HERR programming.
- The applicant agency has current or historical (within the past five (5) years) experience providing HIV HERR programming (or health programming or services for people living with HIV/AIDS) to the intended target population.
- The applicant agency currently provides sexual health education and health promotion programming.
- *The applicant agency is well suited to provide HIV HERR for the intended target population.*

Project Description Narrative (75 points)

- Strong rationale(s) and support for the intervention(s) that make up the project are provided.
- *Methods to gather, document and use input from the target population for the development, implementation, and evaluation of the project are fully described.*
- Strategies to recruit high-risk individuals are fully described.
- *Methods to ensure cultural and developmental appropriateness for the target population are fully described and are workable for the target population.*
- Settings and activities for each intervention are appropriate and feasible.
- If two or more interventions are proposed, how the interventions work together to create the proposed project is fully described.
- Expected outcomes (i.e., changes in knowledge, attitudes, behavioral intentions, beliefs, skills, and behaviors) relate to the proposed activities and are measurable indicators of success.
- Types and methods of client referrals within or between agencies are fully described and are feasible.
- *Cultural factors that create barriers to delivering prevention messages to and implementing prevention interventions with the target population are fully described.*
- *Strategies to deliver programming in light of described cultural factors and barriers are fully described and are feasible.*
- Strategies to address core HIV risk factors are fully described and are feasible.
- *Between one (1) and four (4) co-factors are selected, the selections are realistic and consistent with the resources available, and the identified co-factors are fully described and non-duplicative with other service providers.* (Note: Projects will not be evaluated based on the number of co-factors selected; rather, they will be evaluated based on how well the proposed intervention(s) will address the co-factor(s).
- Integration of STD and hepatitis (A, B, and C) prevention into programming is fully described.
- *The type and number of staff needed and the duties of each staff member are stated and appropriate.*
- *Staff qualifications/requirements (and recruitment strategies, if needed) are stated and appropriate.*
- The description of monitoring the planning, implementation, and evaluation of the proposed project is fully described and feasible.

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Project Budget and Project Budget Narrative (10 points)

- The project budget and project budget narrative are complete.
- The project budget and project budget narrative are correct.
- The information in the budget narrative is consistent with the proposed activities.
- The costs projected for the proposed activities and staffing level are reasonable.

Partners Chart (10 points)

- Cooperative relationships with other community organizations appear to be in place and are appropriate.

Note: Though not a criteria for scoring, all forms (A through K) must be completed as indicated. Failure to complete all forms may be grounds for disqualification.

Part Three

Application Content

A. Forms Required for all Applications

Applicants are required to complete Form B “Forms Checklist and Certification” as part of the application. This will help to assure that the application is complete. Please review Form B before beginning.

The application must be complete and signed where noted. All of the required forms, located in Appendix A, must be completed and included in the application. These forms can also be accessed on the MDH website at: <http://www.health.state.mn.us/divs/idepc/diseases/hiv/rfp/herr/index.html>

If Form B “Forms Checklist and Certification” and all other forms (A through K) are not completed and submitted by the deadline, the proposal may be disqualified.

Writing an application involves completing all forms and in some cases attaching additional required documents. The instructions in the section “Developing the Application” are stated in seven (7) steps. First, take time to read and consider the following.

1. What to Consider Before Beginning

- a. First, determine which target population you or your agency has the capacity to serve. The eligibility requirements and minimum expectations described in Part Two: Process section (pages 5-6) of this RFP will serve as your guide. Remember that you must include targeting persons at highest risk in these populations, in particular people who engage in: 1) unprotected anal or vaginal sex with a person or persons of unknown or different HIV status, and/or 2) share injection drug equipment and other instruments that puncture the skin.
- b. After reviewing this RFP packet in its entirety, determine which intervention(s) will be proposed for the target population the agency intends to serve. Consider how the interventions will address the core HIV risk factors and the identified co-factor(s) for the selected target population.
- c. Consider the agency’s capacity to feasibly implement a successful HIV HERR project. Quality is more important than quantity.
- d. While planning a project, be sure to consider all costs of the project, including competitive salaries, inflation costs, and cost of living adjustments over the four (4) year grant agreement period.
- e. Plan on attending a pre-proposal workshop (see page 10) and bring any ideas or questions. If unable to attend a workshop and have questions, please contact Gary Novotny by e-mail at gary.novotny@health.state.mn.us or if you do not have e-mail access, telephone him at 651-201-4029.
- f. Lastly, consider what the agency already does well. It may be better to propose one or a few things the agency does well, perhaps with modifications, instead of proposing many new things that may challenge the success of the project.

B. Developing the Application – Steps 1 to 7

All forms can be found with instructions in Appendix A. Please number all pages consecutively in the application.

Step 1

Complete and submit Form A by 4:00 p.m., Monday, May 5, 2008

Form A: Notice of Intent –Year 2008

This form is required to be able to submit a proposal. It allows the MDH to plan the review process.

Step 2

Complete Form B: Forms Checklist and Certification

This form is self-explanatory. Applicants are required to use and complete this form and submit the completed form as part of the application. Check each item on this form as it is completed. The signature of the director of the applicant agency is required on the certification section of Form B.

Step 3

Complete Forms C and D

Form C: Applicant Information Sheet

Form D: Project Information Sheet

Form C provides MDH contact information and other information required by the CDC. Form D provides MDH and reviewers easy reference to key information about the proposed project.

Step 4

Complete Form E

Form E: Agency Overview Narrative (Note: Limit 4 pages)

The questions that require a response are provided on Form E.

Step 5

Complete Forms F, G, and H

Please read and understand all appendices before completing Form F. Appendix B provides explanations for acronyms and terms used in this form, Appendix C lists co-factors and their definitions, and Appendix E defines CTR requirements. Please take into account that some interventions are more time intensive and expensive than others when designing and proposing the project. Agencies intending to replicate or adapt a DEBI project, must define the interventions that make up the DEBI project (example: Many Men, Many Voices is a group level intervention).

Be sure to understand and be able to provide the required core elements for each type of intervention being proposed (see Appendices B and E).

(Hint: It may be easiest to work on these forms at the same time)

Form F: Project Description Narrative (Note: Limit 10 pages. The number of pages depends on the number of proposed interventions.)

Form G: Project Budget

Form H: Project Budget Narrative

The questions that require a response are provided on Form F.

Instructions for completing Forms G and H are included on each form.

NOTE: If the project description includes two (2) or more interventions:

HIV HERR Projects that include a number of interventions usually move people through different stages of health education and risk reduction. Such programming includes a combination of interventions that support one another and create a “whole” effect that is greater than the sum of the “parts.” Agencies that are considering proposing two (2) or more interventions for one population, should be sure that the interventions fit together well and that staff skills and time are adequate to ensure project success.

NOTE: If you plan to offer Counseling Testing and Referral (CTR):

Agencies implementing CTR must comply with CTR project requirements (see Appendix E) and must also provide Individual Level Interventions (ILI).

See Appendix B “Definitions and HIV Prevention Intervention Comparison Guide”, Appendix C “Co-factor List and Definitions”, and Appendix E “Counseling Testing and Referral Definition and Guidelines” when completing step 5.

Step 6

Complete Forms I, J, and K

Form I: Partners Chart

Form J: Accounting System and Financial Capability Questionnaire

Form K: Evidence of Compliance of Workers’ Compensation Insurance

Each of these forms includes instructions for their completion.

Step 7

Once again, please check to be sure that all forms have been completed (A through K) and all completed forms are included in the application.