MINNESOTA MDH DEPARTMENT OF HEALTH

Protecting, maintaining and improving the health of all Minnesotans

MEMORANDUM

DATE: May 30, 2008

TO: Eligible Agencies Intending to Propose
Community HIV Health Education and Risk Reduction Projects

FROM: Gary A. Novotny, MPA,
Program Manager
STD and HIV Section
Freeman Office Building
625 Robert St. N.
St. Paul, MN 55155-2538
Phone: 651-201-4029
FAX: 651-201-4000

SUBJECT: Summaries of Questions and Responses Regarding the Request for Proposals (RFP) for Community HIV Health Education and Risk Reduction Projects

Thank you for your interest in Minnesota's Community HIV Health Education and Risk Reduction Projects. Also, thank you for submitting a Notice of Intent where you indicated your eligibility and proposed target population(s).

Enclosed is a summary of the questions and responses (noted as Q and R) collected during the Pre Proposal Workshops and inquiries made directly with me. Please review these responses and clarifications when developing your proposed project(s). If you have additional questions, please email them to me by June 13 at: gary.novotny@health.state.mn.us.

If you have not begun writing your proposal(s) you are strongly encouraged to do so. Please keep in mind that completed proposals must arrive at the MDH by 4:00 pm, Wednesday, June 18, 2008, or have a legible postmark preceding that date/time. Please review the RFP: Part Two – Process, page 8.

Once again, thank you for your interest in HIV health education and risk reduction and this RFP.

GN:rad-k

Attachments

Minnesota Department of Health
STD and HIV Section
Community HIV Health Education and Risk Reduction Projects
Questions and Responses Regarding the 2008 RFP Document

Request for Proposals Document Corrections

There are only two corrections to the RFP document:
1. Part Two – Process, page 16, should read "Final funding recommendations will be forwarded to the STD and HIV Section Manager for approval.
2. Form A, page 2, "Notice of Intent Purpose," the last sentence should read "Notices of Intent submitted after Monday, May 5, 2008 will not be accepted.

Prevention with Positives

During the May 2008 Minnesota HIV Services Planning Council meeting, "key observations" were reported from the Services Assessment Project contractor regarding prevention with positive persons. A copy of this information is being sent to agencies proposing to reach HIV Positive Persons All Races, Ages, Genders. This information is not intended to prioritize any additional co-factors, strategies, etc. It is simply for your information.

HIV Counseling, Testing and Referral

Q1. *Can we propose HIV Counseling, Testing and Referral (CTR) as an intervention by itself?*
R1. No. You can only propose CTR as part of an Individual Level Intervention (ILI). Describe how CTR will be conducted in the context of ILI.

Q2. *When budgeting, do we include the cost of test kits or do we budget only for staff time?*
R2. If you are proposing CTR/ILI, do not budget for the cost of test kits; but do budget for staff time. MDH will provide the test kits. The total MDH budget for all test kits for all contractors is approximately $25,000 per year, beginning January 1, 2009. At $15.00 per kit, approximately 1,700 kits can be purchased.

Q3. *Since there is only a small amount of money available for test kits, can we budget for kits?*
R2. No

Q4. *There is the requirement that staff performing testing do at least 50 tests per year. Can this requirement be met with a combination of testing technologies?*
R4. Each testing staff is required to do 50 finger stick tests per year to stay proficient. The combination of HIV rapid testing and Hepatitis C rapid testing counts toward the 50 test minimum.

All Races, All Ages, All Genders – Targeting "Subgroups/Subpopulations"

Q5. *In the HIV Positive All Races, Ages, Genders population (or any population), can you specify one subgroup/subpopulation or does it need to include all races, ages and genders?*
R5. It does <u>not</u> need to include all; you may identify one (or several) subgroups/subpopulations. These subgroups could include an age group, a gender, a specific ethnic group/tribe or country of origin, geographic area in Minnesota, urban area, etc. This is true for all population categories.

<u>NOTE</u>: At least 50% of all persons you reach with an intervention must be from the behavioral target population: MSM or Heterosexual or IDU or MSM/IDU. If you are targeting HIV Positive Persons, 50% of all persons you reach with an intervention must be HIV positive.

(Continued next page)

NOTE: In Part Two – Process, page 15 it states "While CCCHAP did not prioritize specific communities within some target populations, the MDH will consider (in the internal review process) communities with the highest HIV incidence and those most impacted by the co-factors.

Q6. *In my facility, we see people from all target populations, how should we handle this?*
R6. If you reach all eleven populations, you identify a specific population that you propose to target and design a project tailored to that population.

Collaboration and Partner Questions

Q7. *Please clarify collaborative partners. Is this different than sub-contracting?*
R7. Example 1: Collaborative partnering can take the form of sub-contracting. For example, if the proposed project will be delivered by two or more agencies, and staff at all agencies are being paid from awarded funds, it is considered a type of collaborative. In this example, one of these agencies is the lead agency that is responsible for project delivery, fiscal management, and sub-contracts with the other agency(s).
Example 2: It is also possible to collaborate with an agency(s) without a sub-contract(s). For example, some MDH grantees have conducted outreach and HC/PI with other agencies (either other grantees and/or non-MDH funded agencies).
Note: Since individuals cannot propose a project nor use a fiscal agent, they could look to be hired into an agency that is awarded funding.

Q8. *Can one agency be both a sub-contractor and a lead agency?*
R8. Yes. However, with limited available funding, this is not expected to happen.

Q9. *If I collaborate with someone, but it is not a formal arrangement, is that considered a partner?*
R9. Yes.

DEBI, EBI and Other Interventions Questions

Q10. *On Form "F", can we get further compensation for a "DEBI" and what evidence do I need to show if I am doing one of these?*
R10. There is no further compensation from MDH for DEBIs.

NOTE: For a "DEBI" and an "EBI" there are core elements that must be adhered to replicate the intervention. If you are proposing replication or adaptation of a DEBI, your proposal you should address how you would adapt the intervention to your population. If it is a very large DEBI, you should break it down into its intervention components..

NOTE: We don't require "DEBI" or "EBI" interventions. If you plan to totally replicate a "DEBI" you should contact Gary Novotny for further discussion. If you choose to totally replicate one of the above, you will need to send a staff member to an out-of-state training session. Though the training itself is free, the travel costs, including hotel and meals, would need to come out of your project budget. So, be sure to include these costs in your proposed budget.

Q11. *If I am doing outreach, and spend significant time talking with an individual, can I count this as ILI?*
R11. Be sure to review and understand the core required elements for ILI and Outreach in Appendix B to assure that you are in fact planning and successfully implementing ILI and Outreach.

Q12. *Can you talk about CRCS (formerly known as prevention case management)?*
R12. The Comprehensive Risk Counseling Service (CRCS) intervention is not frequently used as it must strictly follow the CDC guidelines. Please contact Gary Novotny if you would like to propose this.

Q13. *Please provide some clarity on where to include Internet outreach as an intervention. After reading Appendix B, I am still not clear. Is it outreach, HCPI or ILI?*
R13. In the past, the internet has been a vehicle for conducting different interventions, especially Outreach and HCPI. If you are planning to do an ILI via the internet, it would be incumbent on you to assure that the "Required Core Elements" of ILI can be met. These are found in Appendix B, "HIV Prevention Intervention Comparison Guide." *(Continued next page)* If you choose to propose intervention work via the internet and non-internet, please note in questions 5., Form F, page 3 of 5, which are the live/traditional interventions and which are internet/virtual intervention.

Grantees that have proposed/implemented intervention work on the internet in the past have: 1) made the distinction (live or virtual) in their proposals and intervention work plans, as well as reports; 2) they have carefully examined the intervention requirement; and, 3) established specific/strategic hours when the internet work is planned/implemented. You will need to identify which intervention, and its requirement, best fits what you think is feasible and plan to accomplish.

Co-factor Questions

Q14. *When completing Form D, if a cofactor is not listed in the list for my target population (in Appendix C), but is something important to my target population, does it mean that it isn't an option and we shouldn't focus on it? Can we still list it as a cofactor on form "D" and describe it?*
R14. Though MDH may have answered this slightly differently at the Pre-proposal Workshops, we will clarify here any doubts about selecting and addressing cofactors. The planning group (CCCHAP) went through a detailed process to identify cofactors that are relevant to each target population. The lists are not meant to be all-inclusive, however we must stick to the list of identified cofactors for each target population (see Appendix C).

You must choose between 1 and 4 cofactors listed for your target population and describe in Form E, "Project Description Narrative" question 10. b., how you will address this cofactor(s) through the activities and project you are proposing. This doesn't mean that you can't address unidentified cofactors, but these will not count towards the required cofactors. At this time, we will not add any new cofactors to the lists for any of the target populations. However, you may be able to describe these other cofactors or barriers in your answer to Form E question 8, and through your answers to the questions on Form E "Agency Overview Narrative".

Q15. *Where in the RFP is it stated that a cofactor must be listed under your target population in order for you to use it?*
R15. It is listed on form "F", page 5 of 5, fifth bullet from the bottom. Also, form "F", page 4 of 5.

Questions Regarding Proposed Budgets

Q16. *In the African high risk heterosexual has $115,000 available. Would it be ideal to get two proposals for $57,500?*
R16. This could be a funding outcome. Keep in mind, however, that agencies need to propose a budget that can pay for their proposed project.

Q17. *How will Native American and API be considered differently?*
R17. The intent is to fund one agency to reach Native American High Risk Heterosexuals and one to reach Asian/Pacific Islander High risk Heterosexuals, with an award of $20,000 each. Since these allocations are small, applicants targeting these populations must propose HC/PI.

Q18. *On form "D" under total requested budget, do you want the actual cost of the project, or just the amount we are asking for from you?*
R18. Use the amount that you are asking from MDH.

<u>Regarding four year budget planning and Forms D. G and H</u>: When planning your budget, you may take the full four year proposed dollar amount and divide it by four and use that as your yearly budget figure. It is also acceptable for the budget amount to be different in each of the four years. For example, you may want to include cost of living and salary increases for years two, three and four. If you have start up and/or training costs that will occur only in year one, your yearly amount can also vary.

<u>For this proposal</u>: You should describe in detail, the first year budget. It doesn't matter which formula you use as long as the twelve month amount is the same on each of Forms D, G and H. There is no preference given for either method, the scoring will not differ based on which formula is used.

Other Budget and Fiscal Questions

Q19. *Since the estimated number of projects to be funded is one or two (for most populations), can you apply for all funds available in your proposal, or must you apply only for half of available funds?*
R19 You may apply for all of the allocated funds in any of the populations except for MSM All Races and Young MSM All Races, where the allocations exceed the maximum allowed proposed budget of $156,000. However, given that we may fund up to two or three projects in most populations, applying for less than the total allocation should be considered.

Q20. *Is the funding allocation a per-year amount, and can it fluctuate each year?*
R20. Yes, it is per year. This number is based on available funds each year. If the state and/or federal funds are reduced, funding for community HIV HERR projects could change.

Q21. *Would you fund someone at less than they propose?*
R21. We strive to fund at the proposed amount; however, there is a strong chance that proposed budgets will be negotiated this year.

Q.22 *If more money is available in year three, for example, would you look at giving people more money?*
R.22 It isn't likely that this will happen, but if it did, CDC usually provides specific guidelines and specific populations.

Q23. *Since the funding isn't starting until 2009, we may not be certain of our other sources of funding, how should we respond to Form H, parts B. and C.?*
R23. In part B., include known amounts and sources of other funding. You can also answer "in addition, we are seeking (will be seeking) funds from (name the potential funder)". Be clear what these funds are for, give some description of the full program in part C.

Q24. *If we currently receive MDH funding through the end of 2009, do we need to list this?*
R24. Yes.

Q25. *Regarding Form J, Accounting System and Financial Capability Questionnaire", Section b, question 1: Has a federal or state Agency issued an official opinion regarding the adequacy of the applicants accounting system for the collection, identification and allocation of costs for grants?"*

R.25 If you or your accounting staff does not know if an official opinion has ever been issued about them, then your agency probably has never had one issued.
An official opinion is an official statement from a state or federal agency about an applicant's accounting system. It may be a communication from the Minnesota Office of Legislative Auditor (OLA) or its federal equivalent. An official opinion is not automatically generated just because an applicant received state or federal money at any point.

Q26. *Of the 1.4 million dollars of available funds, what percentage is state money and what percentage are federal funds?*

R26. It is expected to be mostly state funds. Federal funding has been cut this year.

Q27. *Our agency does not have outside fiscal review or audit. Can we submit our internal fiscal documentation?*

R27. Yes. Make sure you label the document so we are able to identify what it is.

Q28. *What is available for greater Minnesota under the reduced funding?*

R.28 The allocations in this RFP were developed by target population, not by geographic area. Therefore, proposals for programming in greater Minnesota compete with proposals from across the state – and compete within a given target population. However, on page 15 of Part Two – Process, the internal review will consider geographic coverage reflecting HIV/AIDS epidemiology.

Q29. *Recently we were granted funding by a foundation for Teen Pregnancy Prevention which includes HIV and STD education as one component. The target population is low income, youth of color. Please clarify principle 6 in light of this.*

R29. Principle #6, Appendix F, applies to HIV prevention programming. If you funding is intended primarily to prevent teen pregnancy with additional education regarding HIV and STD prevention, the principle would not apply. However, on page 2 of 2, Form H, you may want to include the foundation funding if it in fact supports your proposed HIV prevention program.

Miscellaneous Questions

Q30. *Must we submit separate a proposal for each target population that we are proposing to reach?*

R30. Yes, you must submit a separate proposal for each target population. You don't need to send more than one NOI.

Q31. *Will you accept duplicate responses regarding agency information (referring to Form E)?*

R31. Only if you edit the information to include specific information about the target population you are proposing to reach.

Q32. *Form "E" includes instructions. Can we eliminate the instructions to gain more room?*

R32. Yes, you may delete the instructions. However, please leave the question intact for the reviewers.

Q33. *On form "B", you ask for a 503C to be attached. Can we just submit one form, or do we need to make 10 copies?*

R33. You only need to submit one copy of each - the 503C, the audit report and proof of worker's compensation insurance – with your "original" proposal. You do not need to make ten copies of these documents.

Q34. On Form "F", page 3 of 5, question #6. What are we expected to have in there?

R34. You can measure changes in knowledge, attitudes, behavioral intentions, beliefs and skills. For example, you have a group that attends three sessions. You do a pre-test before the first session and then a post-test after the third session and analyze the data. You could explain that for question #6. Be sure to describe why it would be relevant. Talk about achievability.

Q35. Form "F", #5, is there a minimum or maximum number of individuals to be reached?

R35. You should estimate this number based on the dollar amount you are asking for and the number of interventions being proposed, taking staff time into consideration.

Q36. Form "F", page 1, is there a limit to the number of interventions we propose?

R36. You need to do at least one, but there is no limit; keep in mind, however, that the number needs to make sense within your budget, staffing, etc.

Q37. On Form "J"- the responses are yes, no and not sure. Can we add notes to this that something is being developed?

R37. Yes. Form J information is not scored. You should add brief notes if needed.

Q38. On Form "J", question 4 – do you want us to track expenses by intervention or do we track by clinic versus agency?

R38. If you are a counseling and testing site and funded by MDH to provide an intervention(s), you should keep separate budget line items for each the CTR and the intervention(s). Also, if funded by more than one grant, or a single grant with multiple programs, your accounting system should be able to accommodate this tracking. Form J information is not scored.

Q39. In Part Two – Process, page 15 refers to seven cultural competencies, and on page 16 there are seven things in italics. Are those in italics the cultural competencies?

R39. Yes, they are indicators of cultural competency.

Q40. Is it necessary to create a proposal table of contents?

R40. Yes. This is very help to reviewers.

Q41. Do the page limits for each section exclude references (this refers to citations to publications such as journals, periodicals, textbooks, etc.)?

R41. The page limits exclude references. However, please keep references limited to a page or two if possible. References are not a requirement in the RFP; and we do not expect to have the resources of time and reviewers to actually check references.

Q42. Are we expected to do the same programming for the full four years?

R42. We are looking for your vision for the entire four years. Funded agencies fill out a yearly work plan and budget plan in which they can specify any changes. It is expected that there could be some change to your project, but drastic changes are not acceptable. You could not change your target population, for instance.

Q43. If we submit proposals for many target populations, will they be reviewed together?

R43. No. There will be several different review subcommittees based on the target populations. Proposals will compete within each target population. You must submit a separate proposal for each of the populations you are targeting.

Q44. How long will this contract last?

R44. Pending the agency's performance and adherence to contractual requirements, a contract could last up to four years in this cycle (January 1, 2009 through December 31, 2012).

Q45. If we have questions, we are to send them to Gary Novotny via email. Will the received questions be summarized for everyone to see?

R45. Yes. Gary will send them out by May 30th, 2008. If other significant questions come in after May 30 and before June 13, Gary will communicate the responses.