

CHAPP Request for Application RFA
#643
Q&A_March 7, 2014
Revised for CHAPP RFA #1464

The following questions and answers pertain to the CHAPP RFA #643. The answers have been modified for clarity and applicability to the current CHAPP RFA #1464. Changes that have been made from the previous response are highlighted in this document in blue. Some questions and responses may not pertain to the current CHAPP RFA #1464. If you are need of clarification please email questions to cdphe.chapp@state.co.us before 4:30 p.m. on November 4, 2015.

1. Applicant Question

While it is explicitly stated in this CHAPP RFA that it is NOT subjected to the same restrictions as federal grants, will adaption of DEBIs be accepted that have been previously approved by CDPHE (Taking It To The Community - IDU, ManREACH - MSM)?

CDPHE Response

PLEASE NOTE: This RFA is a competitive grant process and no specific intervention previously funded can be legally discussed in these responses.

CDPHE confirms that in compliance with the CHAPP statutes C.R.S. 25-4-1412 and the Colorado Codes of Regulations 6 CCR 1009-10, the 2013 CHAPP Request for Applications (RFA) is not subjected to the same restrictions as the federal funding.

Consequently, CDPHE shall abide to the stipulations of the CHAPP statutes regarding applicants that provide evidence that DEBIs adaptations support the requirement of 25-4-1413 **and continue to adhere to the core elements defined for the intervention.** (5) "Grants shall only be given for medically accurate HIV and AIDS prevention and education programs that are based in behavioral and social science theory and research..." In addition, pursuant to 25-4-1413(c) A description of the activities planned to accomplish the goals and objectives of the grant applicant and of the outcome measures that will be used by the grant applicant.

Moreover, in accordance with 6 CCR 1009-10, 1.2.2, CDPHE is authorized to administer the program with the goal of developing a comprehensive approach that will decrease the transmission and acquisition of HIV and AIDS in Colorado. Consistent with 6 CCR 1009-10, 1.2.2.B. "Grant applications may also include activities related to conducting HIV prevention in conjunction with other comorbidities secondary to HIV infections." Therefore, applicant may include activities that are part of an integrated network model, as per 25-4-1413(c) and 6 CCR 1009-10, 1.2.2.B.

2. Applicant Question

CDPHE has been talking about funding a network of MH/SA providers throughout Colorado for many years. Is there progress on this so when MOA referrals are made from CHAPP contractors consumers can actually receive these services and the funding not impact the CHAPP contractors?

CDPHE Response

Applicants are encouraged to work with publicly funded providers and local providers that accept publicly funded insurance. As a CDPHE subsidized network of mental health and substance abuse providers is not available.

3. Applicant Question

What do we need to know about non-metro CTR to keep services available in rural areas?

CDPHE Response

Applicants are advised that HIV testing and counseling is part of the "Essential Benefits" required by the Affordable Care Act. Therefore, HIV testing in healthcare settings will be afforded at no charge to insured persons. However, the network coordinator may play a very important role in promoting periodic retesting (twice a year or more) by the high risk populations such as MSM and IDUs.

Although the ACA will increase coverage for HIV testing, the need to test in non healthcare setting may be deemed necessary based on the target population of a network. HIV screening of undocumented and uninsured persons at risk may remain an unmet need. Applicants may also develop projects that encompass home testing in social network for populations not covered by third party payers for example. The project must provide the rationale for the model based on the requirement of the RFA.

4. Applicant Question

Considering the RFA requirement for MOAs with a network of medical, mental health, and substance abuse providers, how do we ensure active referrals in areas with no network services?

CDPHE Response

CDPHE is not prescribing any one approach for active referrals. Applicants are encouraged to explore the extensive resource documentation attached to the announcement. Many integrated networks have successful models around the nation. Per the RFA, a local network may at its discretion decide the right referral model or approach for the community based on their target population, available resources or other factors.

5. Applicant Question

I've reviewed the "Epidemiological Profiles by County 2008-2013" document from CDPHE. Based on the data provided in this document, 69% of chlamydial, gonorrhea, syphilis diagnoses in the last five years in Colorado are women. Yet, 86% of HIV diagnoses in the last five years in Colorado are men, with MSM being substantially more impacted than non-MSM. Can you help us understand why CDPHE is using the 2008-2013 Colorado chlamydia/gonorrhea/syphilis diagnoses data as the main predictor for estimating the population sizes at greatest risk for HIV, when the demographic data for chlamydia/gonorrhea/syphilis diagnoses does not, even closely, reflect the demographic data for HIV diagnosis?

CDPHE Response

6 CCR 1009-10 does not provide authority to exclude populations such as women on the basis of level of risk. A formula based on high risk behavior and prevalence of HIV would replicate the CDC funded formula grant. Please refer to question # 6 for additional details on scientific evidence that informed the CHAPP policy.

The CHAPP funds are used to address area of needs not covered by Federal funding. Given CHAPP funds must address both rural and urban populations per C.R.S. 25-4-1412, the best way to estimate the population at risk in the rural setting is to use historical STI data reported to the CDPHE Surveillance Program, by contrast, consistent the National HIV and AIDS Strategy (NHAS) that promotes high impact prevention aims at targeting high risk populations in geographical with the highest burden of HIV. Thus, the formula grant funded by CDC is designed to address the categorical risk factors of HIV and to support prevention with HIV positive persons in the urban setting. Control of Chlamydia (CT), gonorrhea (GC) and syphilis are legitimate targets to prevent HIV. State funding address the conditions that are syndemic with HIV, irrespective of the level of risk.

6. Applicant Question

Then, can you help us understand how constructing a formula to guide allowable funding for a county and/or subpopulation in a county that is based on a predictor that does not accurately align with who is getting infected with HIV in Colorado will allocate funds in a way that will most effectively mitigate HIV transmission, and leverage identifying PLWH/A earlier in the course of infection and linking to care?

CDPHE Response

The CDC funded high impact prevention policy is designed to address the most at risk populations in geographical areas with highest burden of HIV disease. As specified in the RFA announcement, the 2013 CHAPP programming is based on scientific evidence presented by the NCHHSTP which recommends Program Collaboration and Service Integration (PCSI) as an important long-term strategy of sustainable STI control. Please refer to resource X.

The RFA also builds on significant past scientific efforts endorsed by the HIV Prevention Trials Network (HPTN) and the National Institute of Health (NIH) recommendations to support the CHAPP funding allocations. Both referenced agencies endorsed research that have shown that improved access to quality STI services for the general population alone can have a measurable impact on HIV transmission.

Finally, with the rise of co-occurring infections in PLWHA and the emergence of resistant strains of gonococcal infections, the CHAPP RFA will effectively benefit PLWHA by reducing comorbidities associated poorer health outcomes. In a nutshell the above rationale underscores the need to address multiple conditions in tandem in an integrated health system. Overall, all persons at risk for STI/HIV irrespective of place of residence may benefit from a reduced incidence of CT, GC, and syphilis and their respective sequelae as supported by the CHAPP funds.

7. Applicant Question

If CDPHE is utilizing other predictors in the formula to determine the allowable funding for a county and/or subpopulation in a county then can CDPHE please provide this information, as it was not included in the formula provided in the CDPHE CHAPP RFA #643 webinars to date?

CDPHE Response

The CHAPP funding is based on a simple per capita distribution based on reported cases (not individuals) of GC, CT and syphilis. The CHAPP funds as proposed in the announcement will support programming NOT covered by the CDC funds. Both CHAPP and CDC funding complementarities will be more evident after the announcement of the federal RFPs. At this time, given it is a competitive process, it would be inappropriate to discuss in further details.

8. Applicant Question

This inquiry is to obtain clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Section V, First Paragraph, Page 18. The document states: "... Application received without a prior intent to apply may not be evaluated. Does this mean that an application may be considered if the applicant did not submit an "Intent to Apply" letter by the "Intent to Apply" deadline? Per the information provided at the CDPHE CHAPP #643 Bidders Conference, I thought it was said that applications will not be considered without an "Intent to Apply" letter from the applicant by the CDPHE announced and adjusted deadline

CDPHE Response

In RFA #1464 the Intent to Apply letter is optional.

Deleted: Upon further deliberations, CDPHE will abide to the statement in the RFA and may consider additional applications based on compelling reasons for missing the deadline to submit a letter of intent to apply.

9. Applicant Question

What are the requirements for the Intent to Apply letter?

CDPHE Response

Exhibit I provides a template for the Intent to Apply letter.

10. Applicant Question

This inquiry is to present to obtain clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Section III. A. 2. c. & f. In regard to application minimum requirements, the document states, "A basic package of prevention services consisting of a combination of prevention interventions adapted to the needs of the target population... The related activities include..." If an applicant selects CTR (Counseling, Testing and Referral) to a target population / emphasis area (noted in Section IV. B. 1. c. iii.), is this sufficient to meet the application's requirement for "f"? Or does CTR exclusively count for "c" and the applicant needs to select one additional behavioral intervention adapted to the needs of the target population in addition to CTR? Along these lines, regarding "c" - can an applicant provide HIV testing without providing CTR?

CDPHE Response

All local networks must provide access to HIV testing through a partnering agency as part of the prevention services. It is noteworthy that the ACA expands insurance coverage for STD preventive services. Since 2010, the ACA required all health plans to provide preventative coverage without cost-sharing. Consequently, services including CT screening for females ages younger than 25 years; prenatal screening for syphilis, GC, CT, HIV and hepatitis B; behavioral counseling and syphilis, GC, and CT screening for high risk individuals; HIV screening for individuals ages 15-65 and human papillomavirus (HPV) and hepatitis B vaccines are covered by third party payers. However, local networks that have undocumented, or uninsured sub-populations may develop HIV counseling testing and referrals interventions in non-healthcare settings adapted to the needs and size of the target population. Testing supported by these funds would need to include (per BOH Rules and Regulations) counseling, screening for MH/SU and referrals to indicated services in all settings except clinical and outreach settings.

11. Applicant Question

This inquiry is to obtain clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Section I, B, Paragraph 3 and Section IV, B, iii. The document states, "In Colorado, new cases of HIV continue to increase among the following subpopulations: ...and Latino men and women..." Why are Latino men not included as a target population / emphasis area?

CDPHE Response

This is a legitimate point. Latino men should be included in the population emphasis. The referenced segment is thereby revised to read as follows:

Emphasis areas: Indicate how your application matches one or more of the emphasis areas below:

1. Implementation of a program for one or more of the following specific target populations:
 - (i) High-risk men and women of color

- (ii) Injection drug users (IDU);
- (iii) HIV negative MSM statewide and HIV positive MSM outside the five-county area (including MSM of color).
- (iv) Persons transitioning from incarceration or recently parole
- (v) High-risk youth age 13-24 (specifically: homeless youth, those involved in survival sex, adjudicated youth, and youth with a history of sexually transmitted infections (STIs).

This has been corrected in RFA #1464

12. Applicant Question

This inquiry is to obtain clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Section I, B, Paragraph 6. The document states, "First year funding, SFY 14-15, will support a six month planning period aimed at building capacity and a phased implementation to create a more favorable environment for combined prevention to be developed during the 2014-2017 grant period." Does this mean that applicant deliverables, aside from project planning, will begin January 1, 2015, or six-months after the start of the 2014-2017 grant period? If not, can you explain what "a six month planning period" includes?

CDPHE Response

It means that a portion of the funding awarded in the first six months will be allocated to establish formal relationships with network partners and build the ability to receive and make referrals. Prevention services (intervention, condom distribution and HIV/HCV testing) and referrals within local network should start upon the issuance of a contract or after training is received.

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13. Applicant Question

This inquiry is to clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Section I, E, Paragraph 2. The document states, "Any business entity or person is prohibited from being awarded a contract if the business entity or person has an "Organizational Conflict of Interest" with regard to this solicitation and the resulting contract(s)." It appears from this language that any individual sitting on the CHAPP Advisory Committee who is representing any agency submitting an application for this funding announcement would present a direct "Organizational Conflict of Interest" if that person reviews, evaluates/ranks, or sits in on discussion for any applications that influences any resulting contract(s). a) Is this the case, and if not why? b) If so, does this mean that any applicant for CDPHE CHAPP RFA #643 sitting on the CHAPP Advisory Committee needs to take a leave from the committee until the grant contracts are awarded, the contracts are finalized, and the funding cycle begins? c) If so, what process will take place to ensure that the CHAPP Advisory Committee is in place in time to review grant applications?

CDPHE Response

The Department selected a widely used and accepted questionnaire for all reviewers of applications. This applies to CHAPP Advisory Committee Member and non members. If there is a real or perceived conflict, the reviewer is not able to discuss or score the application. This approach has been approved by CDPHE legal counsel and procurement staff.

14. Applicant Question

This inquiry is to obtain clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Section II, A, Paragraph 1 and 2. The document states, "The tobacco settlement funds available are divided by the number of persons at risk for HIV around the state...." (which CDPHE has defined as 22,281 per chlamydia/gonorrhea/syphilis diagnoses for one year, hence the projected \$64 available per person at risk for HIV) and then ..."Budgets and scopes of work will be adjusted to account for the number of projected persons to be served in each catchment area..." a) Does this mean that, in general, an applicant that receives \$100,000 in funding for a project needs to serve 1,563 unique people for a program's scope of work? b) What will be the minimum service delivery to a person to count as a unique client and what minimum data will need to be collected? c) Does someone who receives outreach education and a safer sex kit count as a unique individual reached? d) What about interventions in which an individual is seen more than once? e) How will cost of intervention (i.e. personnel time and resources to implement the intervention) to reach one unique client factor into this?

CDPHE Response- The \$64/case is not applicable to RFA #1464

- a) Please note, that the 1,563 CASES are duplicated events of STIs, not individual people. This is not \$64 per person but per reported case. The \$64/case is design to distribute funds according to disease burden across Colorado. Applicants wanting full funding according to disease burden must be willing to serve people at higher risk in the entire area. However, it is expected that the majority of the funds will be dedicated to people that are included in the target populations.
- b) The unit of service delivery to be provided should be based on the model of prevention proposed by the local network. For instance, if a 21 yo woman tests positive for gonorrhea and is referred to the prevention provider for STI prevention, the unit of service, could be letting her know how to receive free condoms and providing her information about STIs.
Number of unduplicated persons in an area may be projected in part by the local network medical provider's historical diagnoses of STIs.
Minimum referral data collected is not finalized, however it is likely to include zip code of the person being referred, what service(s) are needed, the agency that the person has been referred to or from, and what was the outcome of the referral.
- c) Only if they receive the key requirements for access to treatment (e.g. medical, mental health and substance use) and assessment for other services.
- d) An individual would only be counted once in an intervention with multiple sessions. However, the same individual could be counted as a referral if they were assessed and referred to medical care, for HIV/HCV testing, for substance use or for other services. Additionally, the same individual could be counted again if they received HIV testing (if offered by the agency).
Applicants are encouraged to carefully decide the combination of prevention services best adapted to the unique needs of their target populations.
- e) Applicants are encouraged to present a cost proposal based on their local network model as part of their application.

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15. Applicant Question

This inquiry is to obtain clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Section IV, G, 2nd paragraph, bullet point #5, sub bullet point #2.

The document states that the Project Description can be no more than 15 pages. Can you confirm that the Project Description components included in the 15 page limit is all questions in Section IV. B. 1-5 and excluding question 6 in this section? If this is not the case, can you please define what is included in the Project Description?

CDPHE Response

The Project Description components included in the 15 page limit is all questions in Section IV. B. 1-5 and excludes question 6 in this section.

16. Applicant Question

This inquiry is to obtain clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Section III, B, I. Can you define what “a need assessment for IT referral system capabilities” means? Can you provide an example of what would be considered industry standard in this regard?

CDPHE Response

“A need assessment for IT referral system capabilities” means the type of hardware and software needed to ensure seamless referrals within the proposed local network. In some networks it may be advantageous to make referrals electronically using particular software to maintain confidentiality. These funds could be used to support needed upgrades.

17. Applicant Question

Does the application submission checklist break out these components because CDPHE wants them submitted in separate Microsoft word documents, or can all these components be submitted in one document with major headings?

CDPHE Response

It is preferred that the components are submitted in one document under major headings in an organized manner as specified in the announcement; however it is not a requirement. Labeling each checklist component assures proper organization of your application for review.

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18. Applicant Question

This inquiry is to obtain clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Section V, D. The application submission checklist lists the Project Description, Elective Elements (if applicable), Capacity and Program Infrastructure, HIV Testing Narrative (if applicable), and Project Evaluation Narrative separately. It appears that these components are all part of the 15- page limit Project Description component; is this correct?

CDPHE Response

You are correct, these components are all part of the 15-page limit Project Description.

19. Applicant Question

This inquiry is to obtain clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Section IV, C, 1-7. Can all information requested for the work plan be concisely represented in the template provided? Or should the template provided be accompanied by detailed narrative?

CDPHE Response

The work plan is expected to be concisely represented in the template provided. The template provided should not be accompanied by detailed narrative.

20. Applicant Question

RFA #643, regarding Section IV, D, Paragraph 1 & 2 - Can you review the budget spreadsheet template provided online? In the version I downloaded, I can view pages 1, 2, 3, and 7 of 8. The document jumps from page 3 to page 7. Can you confirm if any essential components of the budget are omitted in the spreadsheet template?

CDPHE Response

There are no obvious problems with the spreadsheet.

21. Applicant Question

RFA #643, regarding Section IX, A - The templates and forms, as they are labeled via exhibits here, are not labeled the same way they are throughout the RFA, i.e. Section IV. In Section IV, I did not find reference to an Exhibit A or Exhibit B. Can you confirm that there is no Exhibit A or Exhibit B to be submitted in the application?

CDPHE Response

This is posted to benefit others and to ensure transparency.

22. Applicant Question

This inquiry is to obtain clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Section IV, F, Bullet Point #2. a) Regarding the "roster of the members of the applicant's Advisory Group" if the advisory group consists of program members and clients, can the roster arrive with first name, first and last name initials, or unique identifier? b) Or does the advisory group need to have full names represented?

CDPHE Response

- a) Program members and clients first and last name initials are acceptable.
- b) Members of the advisory group who are clients do not need to have full names represented

23. Applicant Question

RFA #643, regarding Section IV, F, Bullet Point #1, 2, and 4. Regarding the applicant's rosters for the Board of Directors, Advisory Group, and Network's Advisory/Steering Body, can you specify what information is requested in these rosters or is it solely at the applicant's discretion?

CDPHE Response

Please comply strictly with Section IV as stated. See question [21](#).

24. Applicant Question

This inquiry is to obtain clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Section IV, F, Bullet Point #3. Regarding the organizational chart, is this document considered "supplemental information or additional attachments" and so can be submitted in Adobe Acrobat format? Or does this document have to be submitted in a MS Word version ending in doc or docx?

CDPHE Response

The organizational chart can be submitted in Adobe Acrobat format.

25. Applicant Question

This inquiry is to obtain clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Section IV, C, 01, 02, 03. These components ask for "data driven strategy for... outreach and education to the target population... promotion and dissemination of free condoms and risk reduction materials... and HIV and hepatitis testing." Can you define and or illustrate what "data drive" looks like for these components?

CDPHE Response

The data driven strategy is a particular prevention package based on the key characteristics of a target population that are supported by data. The rationale for the model is substantiated by the applicant analytical interpretation of the data that inform a course of action designed to produce a specific quantifiable projected result. To simplify the data and your analytical interpretation of the data proving that your strategy will address the problems identified. The local network model is part of the strategy to describe how the desired outcome will be achieved. For further reference please see the "Making Connections" document from The Annie E. Casey Foundation at the following address:

mc-sa.org/research/reports/pdf/DataStrategies.pdf

26. Applicant Question

This inquiry is to obtain clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Section IV, C, 1-7. Can you provide one example of what the requested information for the work plan would look like for one goal and one key action step?

CDPHE Response

An example is provided in the Work Plan template.

27. Applicant Question

Regarding Exhibit A: Epidemiological Profiles by County 2008-13: When will the risk percentages be posted for each county? Specifically Regions 1, 5, 6, 8, 9,10, 11, 12, 13 and 17?

CDPHE Response

Applicants are encouraged to apply the risk data posted on CHAPP website and apply the estimated rates to their catchment area as appropriate

28. Applicant Question
Regarding Section IV.A.1.: Requests for Application Cover Sheet and Signature Page:
When will this be available?

CDPHE Response

The Applicant Information form (Exhibit C) provides a signature line and should be used for this purpose.

29. Applicant Question
Regarding Exhibit B: List of Supported Interventions: Will adaptations of the supported interventions on this list be accepted, specifically the ManREACH adaptation of Mpowerment?

CDPHE Response

Due to the competitive process, CDPHE cannot address specific interventions conducted by specific agencies previously funded by the program. Please see response to question # 1.

30. Applicant Question
Regarding Exhibit A: Epidemiological Profiles by County (2008-13): Dolores County appears in both Regions 9 and 10. Which is the correct region for Dolores County?

CDPHE Response

After a review of the epi data posted on the website, Dolores County only appears in Region 9.

31. Applicant Question
Regarding Section III.A.2.a., Data Driven Outreach and Education Strategy: Considering the geographic area that would need to be covered by a project that would propose serving multiple "rural" regions in one catchment area, can this Outreach/Education requirement be met through the use of phone, text and email?

CDPHE Response

Any combination of these approaches and others leveraging available technologies are acceptable in a well structured model.

32. Applicant Question
Regarding Section III, Goals and Purpose: Can non-contiguous regions be included in the same catchment area?

CDPHE Response

Yes

33. Applicant Question
Again regarding Section III, Goals and Purpose: Can individuals from outside a program's chosen catchment area be served by the program?

CDPHE Response

Yes

Deleted: Cover Sheet and Signature Page has been sent via email to applicants. It will also be posted to the website as soon as we are able to resume web posting (see answer to question 36). If you have not yet received it, please email cdphe.chapp@state.co.us

34. Applicant Question
Regarding Exhibit A, Epidemiological Profiles by County (2008-13):

CDPHE Response
Question unclear

35. Applicant Question
Specifically regarding Regions that contain multiple Counties, must each County have individuals participating in the proposed program?

CDPHE Response
Yes, each county should have participants in the prevention programs. Applicants are expected to demonstrate how the proposed local network will provide a package of prevention services to at risk persons from all the counties included in the chosen catchment area.

36. Applicant Question
This inquiry is to obtain clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Section IV, A, 3, b, i. Can you provide clarification in regard to this requirement: "Identify personnel to be assigned to the project (provide resumes that describe staff experience for key staff). Describe the experience of personnel to be assigned to this project, including minimum qualifications of personnel to be involved in the work..." In the request to provide "resumes... from key staff," is CDPHE asking for attached full *curriculum vitae*/resume, or is CDPHE asking for a paragraph or two in narrative form to "describe staff experience for key staff"?

CDPHE Response
In an attachment labeled *Personnel* provide a paragraph which describes experience of personnel to be assigned to this project, including minimum qualifications, the roles and responsibilities, and information on all subcontractors. Include resume/curriculum vitae of each key staff in the *Personnel* attachment.

37. Applicant Question
Are all elements listed in III.A.2. Basic Package of prevention services mandatory for all applications.
More specifically, if we were to apply to develop a retention coordinator/program or even to support an nPEP program (as I suspect it will necessarily grow next year as you all advertise), does a behavioral intervention from the appended list have to be included in our proposal?

CDPHE Response
All elements of the basic prevention package are mandatory. Services must be provided by at least one of the participants of the local network. It is the grantee's responsibility to assure that all the mandatory services are provided and coordinated.

In this specific case, it would be optimal to build an "in-network referral system" to pertinent behavioral intervention(s) that address the risk factors of the at risk population whether the client qualified for nPEP or not. If an agency would like to limit its

participation, this could be done by the applicant/grantee or a network partner.

38. Applicant Question

This email is to present an inquiry to obtain clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Page 18 of 32, Section IV - G - Paragraph 2 - Bullet Point #6: "Headings: The original headings for each and all sections of the response must be included."

Can you provide clarification about what original headings for all sections does and does not include? For example, in the 15-page max for "Project Description" there is an extensive outline and it is unclear what constitutes as original headings; i.e., text introduced via outline form: "B, 1., a., i., 01., (i)"

CDPHE Response

Major headings are required to assist reviewers in following your application. Using the Checklist Headings in Section V, D should be followed.

- Request for Applications Cover Sheet & Signature Page, Exhibit C.
- Application Executive Summary
- Requirements Documentation
- Project Description
- Memoranda of Agreement
- Evaluation Demographics
- SOW Work Plan Table, Exhibit E.
- Budget Template with Justification, Exhibit F.
- Financial Assessment Questionnaire, Exhibit H
- Other Documents

39. This email is to present an inquiry to obtain clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Section IV, B., 1., c., iii., 01., iii. The document states that one of the purposes of the CHAPP program is to "serve persons at high-risk for acquiring HIV" and "augment the potential for PLWHA to transmit HIV in all 64 Colorado counties," (I. B. Background, paragraph #5) but then later states that the RFA requires that the application matches one or more of the emphasis areas which includes "MSM outside the five Denver metro counties."

Will this not allow a MSM program to be developed and implemented within metro Denver?

Will you please clarify if we would be able to implement an MSM program for metro Denver?

CDPHE Response

Applicants can develop programming for HIV negative MSM in the five county area and across the state. The statement in IV. B. 1. c. iii. 01. iii is inaccurate.

This correction was made in the CHAPP RFA #1464

40. Applicant Question

Our agency would like to deliver two different interventions to two distinct target populations. Do we need to submit two separate applications?

CDPHE Response

Each defined catchment area is required to have "*An essential referral network infrastructure*" consisting of planning and implementing local systems for referrals. At a minimum, the local integrated network should include: a STI/HIV prevention service provider, a primary care provider, and a behavioral health provider(s) addressing referral for substance use/mental health needs at the community level."

There are two options for the question you posed:

1. Two distinct catchment areas can be defined for each of your target populations in which case you can submit two separate applications; however this is not a requirement. In this case the applicant would be responsible for planning and implementing two referral networks, establishing MOUs with the associated network providers and ensuring a prevention intervention.
2. Define one catchment area encompassing both target populations. In this case the applicant would be responsible for planning and implementing one referral network and could deliver or ensure the delivery of two distinct interventions to the target populations.

41. Applicant Question

What % of MSM does CDPHE believe to be living with HIV in CO? What census data does CDPHE use to predict the number of MSM in CO? I cannot find this in CDPHE's posted surveillance data online

CDPHE Response

In the Resources section the document *CDPHE MSM Estimates Factsheet* has been developed to answer this question.

42. Applicant Question

This email is to present an inquiry to obtain clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Section IV, G, 2nd Paragraph, 4th Bullet. The document states "Page Numbering: Number all pages at the bottom right corner of the page." Does this page formatting instructions apply to all pages submitted within the RFA? If so, how should the applicant approach this, as the application in full is divided into a number of sections and attachments with varying format within a section and between sections (i.e. doc, xls, pdf), and the application will be submitted with multiple sections/documents? Should page numbers carry forward between different sections of the application, or start new via each section of the grant? (i.e. Should page #1 be "Request for Applications Cover Sheet & Signature Page, then pages #2-3 be "Application Summary, then page #4 be Other Requirements, then page #5-? be W-9 forms, then pages #6-20 be the Project Description). Please provide guidance on how you would like this approached, as it is a bit unclear in the page formatting instructions.

CDPHE Response

Unless there are specific formatting directions, the formatting is at the discretion of

the applicant. Please keep in mind that the reviewer should be able to easily determine your intent, e.g., to what section are you replying, and follow the document throughout.

43. Applicant Question

Please provide clarification regarding the network partnerships. I have been asking providers in the community to partner and everyone is concerned about the legality of signing an MOU when I'm not really sure what I am asking of their participation as a network provider.

- a) This is what everyone is telling me: "*before we sign a letter of intent to participate in an MOU, could you tell me a little more about the grant, and what we'd be expected to do in supporting your work?*"
- b) What is meant in the .ppt slides from the bidder's conference regarding data sharing with these network partners?
- c) So, I will refer people to the network provider, then, am I expecting them to report how many people were seen each month?
- d) What is expected with programmatic reports? Are those monthly reports?
- e) At last week's bidder's conference, there was an offer for capacity building to help build the network partnerships and technical assistance for this process. Who is providing this assistance and how do we access it?

CDPHE Response

- a) Applicants are encouraged to review the RFA purpose and background as well as program requirements to inform discussions. While an MOU must be in place by the beginning of the contract period, the Department recognized that MOUs would probably not be in place at the time of the application. See on page 10, a. Essential Referral Network Infrastructure, iii Letters of commitment from all providers to create a referral network and page 15, 1. Memoranda of agreement, c. For any pending MOA or subcontract, submit a letter signed by each collaborator and known potential subcontractor detailing their roles and responsibilities.
- b) The PowerPoint slides provided in the bidder's conference make reference to "Minimum Requirements" Section 4.a.
- c) The model of referral and prevention services is at the discretion of the applicant. CDPHE will negotiate the reporting based on the logic model developed.
- d) As stipulated in the RFA all networks are required to report monthly. The applicants' model of prevention services will inform a logic model which will determine the content of the programmatic report.
- e) Capacity building will be offered to all funded programs. Assessment of needs for capacity building will be conducted during contract negotiations.

44. Applicant Question

I am interested in reading the questions that have been submitted to date so I can see if my questions have already been asked. When I tried to go into the link below I receive a "Forbidden" message and I am unable to access. Other staff had the same issue trying to access the Resources link. Can you tell me if the site has been taken down? Can you ask others to check so I can assess if I need to contact my IT administrator if this is a BCAP-specific problem?

CDPHE Response

This was/is a technical problem on our end. The site has not been taken down but has been experiencing intermittent technical difficulties since January 13. There were a few times during the week of January 13 when documents and information was unavailable across the entire Department's website. We have been addressing these issues, and we will continue to do what we can to maintain timely communication regarding the RFA.

45. Applicant Question

This email is to present an inquiry to obtain clarification of a requirement concerning CDPHE CHAPP RFA #643, regarding Section V, G, 2nd Paragraph 6. The document states "Applicants are to segregate the portions of the application responding to the pricing and funding application so the technical application can be evaluated without consideration of the price or funding model." How can parts of a technical application (i.e. scope of work) be evaluated if the reviewer doesn't know the cost to make that scope of work possible?

CDPHE Response

Please follow directions as specified in the RFA document. These requirements are dictated by the procurement process. All eligible applications will be reviewed by the CHAPP Advisory Committee.

39. Applicant Question

If an applicant perceives that one's question or a part of one's question was not answered in the CHAPP RFA #643 Q&A, how can an applicant seek further clarification on the original question posted by the submission deadline?

CDPHE Response

If you believe there was an oversight and a question was missed, please indicate to the program what the question was and how it was originally submitted; e.g. via email or at the bidders' conference. We can then respond if it was received before Wednesday, January 15, 2014. If you are referring to need further clarification, that is, a question was not interpreted fully or correctly, you may ask for clarification. If is directly related to the question and the program feels that further clarification is needed, you will be notified that a response will be posted.

40. **Applicant Question**

Per CHAPP audit findings, you read that the purpose of the CHAPP RFA is designed to serve all 64 CO Counties. The formula CDPHE has established to determine eligible/available funding for a region or area results in 70 percent of CHAPP funding being allocated to Denver, Adams, Arapahoe, and Jefferson. How does this support the CHAPP audit findings to better distribute available funding statewide?

CDPHE Response

The CHAPP funds are not allocated through a formula grant. The 2013 CHAPP RFA funding methodology is distributed evenly to prevent HIV in the population at risk. The projected at risk population is an estimate based on the average number of persons reported for the past five years to have gonorrhea, chlamydia and syphilis statewide. Calculating the projected CHAPP dollars available per person at risk is derived from the total amount of CHAPP funds appropriated divided by the estimated at risk population to derive the per capita investment. The amount of funding to the rural counties is proportionately allocated to the burden of disease.

41. **Applicant Question**

Can you describe the rationale as to selecting 5 years of chlamydia, gonorrhea, and syphilis diagnosis data provides a reliable control variable to determine the number of people at risk for HIV and in need of prevention services?

CDPHE Response

The sexually transmitted infections such as chlamydia, gonorrhea and syphilis share the same mode of transmission as well as facilitate the acquisition and the transmission of HIV. The five year average of reported cases is used as a baseline to prospectively measure the effectiveness of the prevention efforts overtime. The reported disease burden is the simplest estimation technique to statistically infer the pattern of morbidity overtime across subpopulations within specified geographical areas. Please note: the five year average of reported cases is a snapshot of cases of high risk behaviors leading to incurred STIs statewide, (*not a reliable control variable*). It is important to note these caveats:

- The total number of reported STI cases may not account for the STI cases not reported;
- The total number of reported STIs include recurrent individual infections and subsequent STIs acquired by persons living with HIV/AIDS.

42. **Applicant Question**

How does the formula address consideration of undiagnosed individuals, individuals exposed but not infected, and individuals needing to be reached through prevention to not get exposed or infected?

CDPHE Response

The 2014 CHAPP funding opportunity is purposely directed to enhance access to interventions delivered by HIV preventionists in local networks. The funding strategically sponsors a required infrastructure and other partnerships that serve the at risk population in different disciplines including mental health, substance use and local medical care providers. Thus the CHAPP investment should create an integrated environment that

extends to other social determinants of STI/HIV and leverage these collaborations to reach the population at greatest risk.

43. Applicant Question

- 1) Clarify funding: up to \$100,000/year for each of 3 years.
- 2) Clarify pg. 9, IV B (c) - Pharmacies and STI/Testing.
- 3) Clarify pg. 9 IV (d) Needs assessment for IT referral systems - what specifically are you looking for?
- 4) How do we access the support? The RFA email?

CDPHE Response

1. Each network will be limited to \$100,000 per year for the three-year cycle.
2. Around the nation many pharmacies in inner city areas are coordinating STI/HIV testing, linkage to care and engagement in care. The CHAPP announcement recognizes the opportunity community pharmacies may represent as part of potential (*not required*) partners in local networks.
3. Plans to assess hardware and software needs of the network to implement effective electronic based referral to other network providers.
4. Supportive assistance will be in the form of capacity building once a proposal is funded. The needs assessment will inform the Section on the type of capability that is necessary.

44. Applicant Question

How will you determine how many trans-women are in a local catchment area?

CDPHE Response

The transgender population is understudied. However working with established agencies such as the Denver-based GLBT community center and other prominent health insurance providers including Kaiser Permanente and Colorado HealthOP that will cover health services for transgender individuals would be excellent resources to appreciate the size of that target population.

45. Applicant Question

If a program leverages other funding sources to fund a program, is it a conflict of interest to CDPHE if a program references the same deliverables?

CDPHE Response

Strategic leveraging of different funding sources is exactly what the CHAPP funds should enable all our community partners to do. Hence, the goal is to create community systems that are resilient and capable of generating diversified revenue streams. However, an agency must be careful not to create duplicated funding by carefully assessing the proportion of a program that is fiscally supported by CHAPP and the other revenue sources.