



COLORADO

Department of Public
Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

Dear Prevention Partner;

CDPHE is embarking on an exciting new approach to the prevention of STI, HIV, and viral hepatitis, as expressed in Request for Applications #1464 released on October 1, 2014. We hope you will read this RFA and consider applying.

As an advocate in the broader public health community, you have probably long ago recognized the truth of the statement in the sidebar about broadening our approach to disease prevention. In the *Program Collaboration and Service Integration (PCSI)* approach to disease prevention, rather than focusing on specific diseases, the focus is on the population(s) in question and the conditions that create and sustain health in that population. These conditions that might differ among groups and determine how those conditions might be addressed in a comprehensive manner. PCSI promotes greater community empowerment to stimulate local cooperation and multi-sector coordination to address STIs, HIV and viral hepatitis as well as their social determinants.

You and your agency colleagues are essential to the success of PCSI in your area. In service to your community, you are in the best position to use the epidemiologic data provided by the CDPHE STI/HIV/VH Section and your understanding of the risks and service needs of the communities served to develop appropriate, comprehensive services and that will enhance quality of life, public health impact, and cost-effectiveness.

The STI/HIV/VH Section is committed to your success *succeed both in the application process and implementation of your project. Questions regarding the RFA received before 4:30 pm, November 4, 2014, will be answered and posted at:*

<https://www.colorado.gov/pacific/cdphe/sti-and-hiv-funding-opportunities>.

An application conference webinar will be presented on October 16, 10 am to 12 pm. Please reach out to us. Technical assistance, training and other capacity building services will be available for selected contractors through out the period of the project.

Purpose of Funding: This announcement seeks to fund a local collaborative network of service providers to meet the needs of

“Single, categorical services provided to persons with multiple related risks miss significant opportunities to diagnose, treat, and prevent disease. This is exacerbated in communities that are considered “hard to reach.” Small changes in the way prevention services are delivered can make a dramatic difference by reaching a larger population with more services. It can also improve efficiency, cost-effectiveness and health outcomes.”

Centers for Disease Control and Prevention. *Program Collaboration and Service Integration: Enhancing the Prevention and Control of HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis in the United States*. Atlanta (GA): U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009.

populations at high risk for HIV as informed by the local epidemiology of Sexually Transmitted Infections, Human Immunodeficiency Virus and Viral Hepatitis (STI/HIV/VH) by implementing science-based public health strategies in those areas of rural Colorado not currently receiving services through existing contracts funded through the Colorado HIV AIDS Prevention Program (CHAPP) (see maps). Initial funding is for planning, infrastructure development and network building.

Funding Available: Up to \$100,000 to support multiple prevention projects is available for the period March 1, 2015 to June 30, 2015. In subsequent SFY 2015-2016 and 2016-2017, it is anticipated that up to \$200,000 will be available. All projects will be funded on an annual basis pending continued availability of funds. An application for funding continuation will be required each year during the project period.

Please note that there is no lower funding limit, but there is an upper funding threshold of \$50,000 per proposed project for the initial funding period. No one agency may receive more than three (3) CHAPP awards. The number of awards will be based on the number of applications received, the quality of the proposed projects, the area covered and the number of persons to be served and the score of the application. Budgets and scopes of work will be adjusted to account for the number of projected persons to be served for projects that meet the minimum passing score.

Target population emphasis areas include:

- High-risk men/women of color
- Injection drug users (IDU)
- HIV negative and positive men who have sex with men (MSM)
- Persons transitioning from incarceration or recently paroled
- 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))

Migrant workers and Latinos are of special concern across all risk groups.

A number of Useful Resources, including Questions and Answers from CHAPP RFA #643 issued in December 2014 and an Applicant Checklist have been posted in the Useful Resources section at <https://www.colorado.gov/pacific/cdphe/sti-and-hiv-funding-opportunities>. Again, questions regarding the RFA received before 4:30 pm, November 4, 2014, will be answered and posted at <https://www.colorado.gov/pacific/cdphe/sti-and-hiv-funding-opportunities>. **An Application Conference live webinar will be presented on October 16, 2014.**

In closing, the PCSI approach will only be successful if it involves committed agencies with strong histories of community service and a broad vision of what is possible to prevent disease and promote service integration. We hope you will consider being in the vanguard of this exciting possibility by responding to this RFA.

STATE OF COLORADO

John W. Hickenlooper, Governor
Larry Wolk, MD, MSPH
Executive Director and Chief Medical Officer

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Colorado Department
of Public Health
and Environment

Request for Applications (RFA)

RFA #1464

**STI/HIV Section
Disease Control and Environmental Epidemiology Division**

**Colorado HIV and AIDS Prevention Programs
(CHAPP) in Rural Areas
2015 - 2017**

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I. BACKGROUND AND OVERVIEW

The following Request for Applications (RFA) document provides prospective applicants with sufficient information to enable them to prepare and submit applications for consideration, including instructions, templates and mandatory requirements to be met by each application.

A. Purpose

The Sexually Transmitted Infections, Human Immunodeficiency Virus and Viral Hepatitis (STI/HIV/VH) Section is moving strategically to position the planning and implementation work in HIV prevention to be informed by the local epidemiology (see Exhibit A: Epidemiologic Profiles and Eligible Counties Map), using current science in STI/HIV and hepatitis prevention with input from the local stakeholders in defining and addressing the needs of their community. The procurement process for state funds aims at promoting greater community empowerment to stimulate local cooperation and multi-sector coordination to address STIs, HIV and hepatitis as well as their social determinants. **Integrating medical, behavioral care and prevention services can increase access to and timeliness of prevention and treatment. The expected outcomes for the referral system include the reduction of the impact of behavioral health problems, HIV risk and incidence, and HIV-related health disparities in the targeted areas.** This effort will require local planning by the concerned community stakeholders who understand the socioeconomic factors that influence sexually transmitted diseases and the related health disparities. (See Resources)

This announcement seeks to fund a local collaborative network of service providers to meet the needs of populations at high risk for HIV as informed by the local epidemiology of Sexually Transmitted Infections, Human Immunodeficiency Virus and Viral Hepatitis (STI/HIV/VH) and science-based public health strategies. CHAPP RFA 643 issued in December 2013 solicited applications from eligible entities in all 64 counties in the state to implement HIV/AIDS prevention and education interventions. **This RFA #1464 solicits applications for services only from those counties that do not currently have CHAPP funded services.** Successful projects will develop both vertical integration from local hospitals, health centers and clinics to community-based organizations that provide behavioral interventions within a defined catchment area; and horizontal integration linking primary prevention, care and treatment to behavioral interventions and social support that mitigate the determinants of STI/HIV/VH. The projected result of this investment will be the creation of sustainable networks equipped with culturally competent prevention interventions integrated with community hospitals, primary care and psychosocial support within the catchment area, where clients most need them, with lasting impact on the sexual health disparities in the high risk populations. When combined, these strategies are proven to create a greater impact in the at risk population.

B. Background

During the 2006 legislative session, the Colorado General Assembly enacted legislation C.R.S. 25-4-1213 -25-4-1215 that allocated two percent (up to \$2 million per fiscal year) of the revenue from the Tobacco Master Settlement to fund a competitive grants program for HIV and AIDS prevention and education. The goal of the Colorado HIV and AIDS Prevention Program (CHAPP) is to address local community needs by funding medically accurate HIV and AIDS prevention and education programs based in behavioral and social science theory and research through a competitive grant process.

A seven-member Advisory Committee, appointed by the Executive Director of the Colorado Department of Public Health and Environment (CDPHE) is responsible for the review of grant applications and makes recommendations for funding to the Colorado Board of Health. The Colorado Board of Health (CBOH) has final authority in granting funds to applicants. A list of Advisory Committee members is available at https://www.colorado.gov/pacific/sites/default/files/DC_STI_HIV_Prev_CHAPP-AC-Roster-09-01-14.pdf

During this past decade, research findings have identified approaches that can be combined to effectively reduce HIV transmission compared to any one approach alone. Scientific evidence

supports a comprehensive package of structural, biomedical and behavioral interventions as the optimal HIV prevention strategy for reducing transmission and acquisition of HIV infections among high-risk populations. In Colorado, new cases of HIV continue to increase among the following sub-populations: injection drug users (IDUs), men who have sex with men (MSM), African American men and women (AA) and Latino men and women (Latinos). The compelling array of prevention tools include: targeted sexual health education to delay onset of adolescent sexual activity; mutual monogamy or reduction of number of sexual partners; correct and consistent condom use; pre-exposure prophylaxis with oral antiretroviral drugs or vaginal microbicides; antiretroviral therapy (ART) for prevention (including prevention of mother to child HIV transmission [PMTCT]); treatment of sexually transmitted infections; use of clean needles for all injections; and the female condom. The extent to which evidence-based modalities can be combined to prevent substantial HIV transmission is largely unknown, but combination approaches that are truly implementable in the field are likely to be far more effective than single interventions alone.

The state’s publicly funded HIV prevention program supported by federal funding address **only** a designated five-county area (Adams, Arapahoe, Denver, El Paso and Jefferson) that are hardest hit by HIV and where over 75% of the PLWHA live. The portfolio of interventions supported by the federally funded prevention efforts include partner services, Comprehensive Risk Counseling and Services CRCS, PMTCT, and prevention with positives; "treatment as prevention". Treatment as prevention for adult-to-adult transmission reduction includes expanded HIV testing, linkage to medical care, non-occupational post exposure prophylaxis, retention in medical care, adherence to therapy, and management of key co-morbidities such as STIs, depression and substance use. These are critical to contain the spread of HIV. With successful viral suppression, persons with HIV are far less infectious to others.

The CHAPP program is **NOT** subjected to the same restrictions as grants provided with federal moneys for HIV and AIDS prevention. This request for application (RFA) is to; serve persons at high risk for acquiring HIV, address systemic conditions that increase the risks for acquiring HIV, or augment the potential for PLWHA to transmit HIV infections in all sixty four (64) Colorado counties. Those include but are not limited to sexually transmitted infections, hepatitis, substance abuse and mental health issues. The integration of STIs, HIV and VH prevention efforts has advantages beyond health benefits and streamlining of services. Integration allows for continuity of care (which enhances service quality and client follow-up), provides access to more people, and increases the provision of comprehensive services. Additionally, the “mainstreaming” of HIV prevention into access for primary care, substance abuse prevention and treatment, and services at school health clinics, community pharmacies, and family planning clinics helps to reduce stigma surrounding HIV. It also heightens clients' knowledge of a broader array of healthy behaviors.

This project period is from March 1, 2014 through June 30, 2017. Successful grantees will need to complete an annual renewal for the second and third years of implementation. First and second year funding, SFY 14-15 and 15-16, 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 2015-2017 grant period. This programmatic approach funds prevention interventions that will be supported by local contractors that promote system collaboration, integrated planning for services within a network of behavioral intervention providers, primary care delivery and other agencies that address social barriers to health equity for the population at risk for STI/HIV and hepatitis.

C. Definition of Terms

AA	African American
ART	Anti Retroviral Treatment
CDC	Center for Disease Control
CDPHE	Colorado Department of Public Health and Environment
CHAPP	Colorado HIV and AIDS Prevention Program
CMS	Colorado Contract Monitoring System
CRCS	Comprehensive Risk Counseling and Services

FQHC	Federally Qualified Health Centers
HIV	Human Immunodeficiency Virus
IDU	Intravenous Drug Users
IT	Information Technology
LTC	Linkage to Care
MSM	Men Who Have Sex With Men
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother to Child HIV Transmission
RFA	Request for Application
SOW	Scope of Work
SSP	Syringe Service Programs
STI	Sexually Transmitted Infection
VH	Viral Hepatitis
State	State of Colorado
CBOH	Colorado Board of Health

D. Eligibility

1. Per C.R.S. 25-4-1413 eligible agencies must be at least one of the following:
 - a. A nonprofit organization that is governed by a board of directors;
 - b. A tax-exempt organization 501(c) (3) of the federal “internal revenue code;”
 - c. A local health department (local public health agency, regional public health agency or county nursing service); or
 - d. Grants may be provided to organizations that conduct HIV prevention in conjunction with other comorbidities secondary to HIV infections.
2. Funds shall not contribute to:
 - a. existing scholarships;
 - b. directly to endowments;
 - c. fund-raising events;
 - d. annual fund drives; or
 - e. debt reduction.
3. Public information events, trainings, or conferences that are not part of a larger HIV prevention intervention or public information campaigns targeting the general population will not be funded.
4. Other examples of specific items that will not be funded include:
 - a. Capital campaigns;
 - b. Building renovations, services;
 - c. Interventions delivered outside the state of Colorado;
 - d. Events and materials that involve explicit sexual activity, or
 - e. Interventions that violate local, state, or federal laws.
5. Projects that are *primarily* research-oriented will not be funded through this RFA. However, projects are expected to have an evaluation plan, so projects may be pilot tested and evaluated for new approaches to enhance project performance. Requests for equipment that are deemed necessary to complete the scope of work will be considered in the context of the overall application.
6. The State reserves the right to deny requests for any item that is deemed to be unjustified.

E. Conflict of Interest/Organizational Conflict of Interest

By submission of a RFA response, the Applicant agrees that at the time of contracting the applicant has no interest, direct or indirect, that would conflict in any manner or degree with the performance of the required services and obligations. The Applicant shall guarantee that in the performance of the contract they shall not employ any person having any such known interest. Applicants are required to disclose all current or pending projects with the State of Colorado, and/or political subdivisions. Applicants must include all potential conflicts related to this solicitation and any other services related to this project at the time of response submission and during contract performance. Applicants must explain any State employment affiliation.

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).

No person or business entity who was engaged by the State to prepare the original RFA shall be eligible to participate (directly or indirectly) in the submission of an application for this solicitation **IF**:

1. Such person or entity had prior access to source selection information related to this procurement process, and
2. That prior access included -- but is not limited to - requirements, statements of work, or evaluation criteria.

The State considers such engagement or access to be an Organizational Conflict of Interest, which would cause such business entity or person to have an unfair competitive advantage.

If the State determines that an Organizational Conflict of Interest exists, the State, at its discretion, may cancel the contract award. In the event the successful Applicant was aware of an Organizational Conflict of Interest prior to the award of the contract and did not disclose the conflict to the procuring agency, the State may terminate the contract for default. The provisions of this clause must be included in all subcontracts for work to be performed by subcontractors in connection with the performance of the contract, with the terms “contract,” “contractor,” and “contracting officer” modified appropriately to preserve the State’s rights.

II. PROJECT BUDGET, TIMELINE AND LIFE OF PROJECT

A. Project Budget

Between \$1.2 and \$1.5 million is available annually (state fiscal year) to support multiple prevention projects to cover all 64 counties. The tobacco settlement funds available are divided by the number of persons at risk for HIV around the state to calculate a cost per capita to procure prevention services in the entire state. All projects will be funded on an annual basis pending continued availability of funds. An application for funding continuation will be required each year during the project period of three years.

Budgets and scopes of work will be adjusted to account for the number of projected persons to be served in each catchment area for projects that meet the minimum passing score. **Please note that there is an upper funding threshold of \$50,000 per proposed project. No agency may receive more than three (3) awards.**

Financial obligations of the State payable after the current state fiscal year are contingent upon funds for that purpose being appropriated, budgeted, and otherwise made available. In the event funds are not appropriated, any resulting contract will become invalid, without penalty to the State of Colorado.

Project expenses will be reimbursed on a monthly basis for approved expenses incurred in the previous month. Project expenses must be submitted on a reimbursement form provided by the Department. The State will not be liable for any cost incurred by the applicant prior to the issuance of a legally executed contract, task order, purchase order, or other procurement document. No property interest of any nature shall occur until a contract is awarded and signed by all parties concerned. Reimbursement shall not be made until the monthly progress report and process monitoring data for the invoice period has been received, reviewed and approved by the Department.

B. Award Period (Life of Project)

The term of this project is March 1, 2015 through June 30, 2017. The term of the initial contracts will be March 1, 2015 through June 30, 2015, or following contract approval by the Colorado Board of Health and fully executed by the CDPHE, whichever is later. Contracts may be renewed annually through June 30, 2017. Continued funding will be based on successful implementation of the proposed project, the grantees’ standing in the Colorado Contract

Monitoring System (CMS), the overall programmatic assessment of progress to-date and Colorado Board of Health approval.

III. GOALS AND PURPOSE

The primary objective of this funding opportunity is to support a comprehensive HIV prevention package consisting of structural, biomedical and behavioral interventions that are locally tailored, population-based and informed by the latest scientific evidence. Applicants are expected to use the data metrics attached to this RFA to choose specific geographical areas to tailor their programming and inform the scope of their projects and the targeted local high-risk populations.

Applicant must propose specific plans based on their local epidemiology for the chosen county (or counties) to achieve the desired outputs and outcomes. Each catchment area covered by a grantee will implement a locally tailored combination prevention package that efficiently addresses the STIs, HIV and Hepatitis needs of their respective community in a sustainable and cost-effective manner. Grantees are expected to use continuous quality improvement (QI) methods to evaluate their progress and reformulate their strategy for annual continuation. The most comprehensive networks will be preferred for funding.

A. Minimum Requirements:

At a minimum, each network shall incorporate the following core structural and programmatic requirements:

1. An essential referral network infrastructure consisting of planning and implementing local systems for referrals within a defined catchment area. At a minimum, the local integrated network should include:
 - a. A STI/HIV prevention service provider;
 - b. A primary care provider and a behavioral health provider(s) addressing referral for substance use/mental health needs at the community level;
 - c. Evidence of the following components must be attached.
 - i. Letter of intent/commitment from all providers to create a referral network, and
 - ii. Timeline for creation of an advisory/steering body for the local network to devise comprehensive recommendations for behavioral, biomedical and structural strategies for the catchment area. These activities may be performed by an existing body.
2. A basic package of prevention services consisting of a combination of prevention interventions adapted to the needs of the target population. (**Exhibit B: List of Supported Behavioral Interventions**) The related activities include:
 - a. Data driven strategy for outreach and education to the target population;
 - b. Data driven strategy promotion and dissemination of free condoms and risk reduction materials;
 - c. Data driven HIV and hepatitis testing;
 - d. Culturally competent approach to linkage to medical care;
 - e. Strategy for screening and referrals to substance use treatment and mental health services; and
 - f. Delivery of at least one behavioral intervention adapted to the needs of the target population.
3. An Evaluation Plan for each activity above.
4. Depending on the needs of the targeted population(s) include the following elements in your network to enhance comprehensiveness. While all these elements **MUST** be in place by March 1, 2015, the CDPHE realizes that not all may be in place at the time of the application submission. If they are not in place, please describe the progress for each...
 - a. Memorandum of agreement for confidentiality and data sharing with a primary care provider (Federally Qualified Health Clinic, Medical Home, Accountable Care Organization or Regional Care Organizations)
 - b. Memorandum of agreement with a behavioral health provider (if not available through the medical home entity)
 - c. Referral protocol within the network
 - d. Need assessment for information technology (IT) referral system capabilities

- e. Timeline for implementation of a shared infrastructure within the network for seamless referral services
- f. Availability of patient navigation for eligibility and access to insurance
- g. Planned approach for a network-based data collection system through the state data system (Evaluation Web) to track performance and inform quality improvement

B. Elective elements:

The following elective elements may add to a network and will better position the applicant for funding. This funding opportunity will support added components to the essential infrastructure for a more comprehensive network. Depending on state of readiness and the needs of the targeted population(s), an applicant may elect to include the following elements in their network to enhance comprehensiveness:

- a. Network plans to interact and collaborate with local public health agency(ies);
- b. Network plans to connect and cooperate with social services (for services such as food, transportation, housing, job training, etc.);
- c. A fully integrated community-based pharmacy (ies) conducting STI/HIV testing to screen within the referral network;
- d. Collaboration with community support groups;
- e. Inclusion of homeless shelters;
- f. Inclusion of transitional housing;
- g. Inclusion of a social media platform(s) to engage population age 13 – 24;
- h. Needle exchange program with VH vaccination.

Extra points will be awarded for items i through o that are in place at the time of the application submission:

- i. Memorandum of agreement for confidentiality and data sharing with a primary care provider (FQHC, Medical Home, Accountable Care Organization or Regional Care Organizations);
- j. Memorandum of agreement with a behavioral health provider (if not available through the medical home entity);
- k. Referral protocol within the network;
- l. Need assessment for IT referral system capabilities;
- m. Timeline for implementation of a shared infrastructure within the network for seamless referral services;
- n. Availability of patient navigation for eligibility and access to insurance;
- o. Planned approach for a network-based data collection system through the state data system (Evaluation Web) to track performance and inform quality improvement.
- p. Additional points will be awarded to the applicant that plans to provide required services in innovative, creative formats (e.g., social media, internet delivery platforms for screening, assessment, interventions, etc) that are cost effective and/or show a greater penetration of the emphasis populations.

IV. HOW TO APPLY

Responses must be submitted as specified in this announcement. **NOTE: Applications that fail to follow ALL of the requirements may not be considered.**

A. Requirements Documentation

All applications must include the following in this order:

1. Applicant Information Form **Exhibit C**
A completed and signed form must be submitted with the response.
2. Application Executive Summary (**two-page maximum**)

An application executive summary shall be included. The executive summary must contain a summary of the proposed project, which is suitable for dissemination to the public. It should be a self-contained description of the project and target catchment area, population(s), and shall contain a brief statement of objectives and proposed methods to be employed. The executive

summary should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. The executive summary must not include any proprietary/confidential information. The executive summary will not be included in the overall page limit.

3. Other Requirements

- a. Address of Applicant's Office:
Describe where your business is located within the network catchment area. Provide addresses for all network collaborators.
- b. Personnel:
 - i. 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, the level of such involvement, and information on all anticipated subcontractors.
 - ii. Describe the roles and responsibilities of all staff to be funded through the application.
- c. Completed W-9 form

B. Project Description

1. Application Narrative

The application narrative must address each section clearly and concisely, and include all of the required information for the section. Please follow all formatting requirements.

- a. Problem Description
(10 points)
 - i. A defined catchment area using established geographical outlays including city, county, zip codes or census tracks;
 - ii. The problem statement that encompass the social determinants of STI, HIV and viral hepatitis with a strategy to address the unmet needs of the at risk population(s); **see Resources**
 - iii. A description of the target population(s) to be served and how the epidemiologic profile supports the selection of each sub-population in the proposed catchment area;
 - iv. Describe the local HIV and AIDS prevention or education issue(s) or need(s) to be addressed by this project.
- b. Essential Referral Network Infrastructure
(10 points)
 - i. A STI/HIV prevention service provider,
 - ii. A primary care provider and a behavioral health provider(s) addressing referral for substance use/mental health needs at the community level, and
 - iii. Evidence of the following components must be attached:
 - 01. Letters of commitment from all providers to create a referral network, and
 - 02. A timeline for creation of an advisory/steering body for the local network to devise comprehensive recommendations for behavioral, biomedical and structural strategies for the catchment area.
- c. Basic Package of Prevention Services
(40 points)
 - i. Related Activities
Describe the overall project design consisting of a combination of prevention interventions adapted to the needs of the target population. The related activities

include:

01. Data driven strategy for outreach and education to the target population,
02. Data driven strategy promotion and dissemination of free condoms and risk reduction materials,
03. Data driven HIV and hepatitis testing,
04. Culturally competent approach to linkage to medical care,
05. Strategy for screening and referrals to substance use treatment and mental health services and
06. At least one behavioral intervention adapted to the needs of the target population.

ii. Prevention Intervention Justification

Cite the research and describe how your application utilizes HIV and AIDS prevention and education program(s) that are medically accurate and based in behavioral and social science theory and research.

If the project is a replication of a previously conducted research intervention, document how behavioral and social science theory used in the project by providing the following information:

01. The type of behavioral intervention to be provided within the network to address the needs of the target population(s),
02. The plan to create a local multidisciplinary referral network with the required partners that provide behavioral interventions and primary care and a list of other participating local agencies,
03. A rationale for the chosen combination of prevention interventions or prevention packages that will be delivered within the referral network,
04. Indicators that will measure the effectiveness of the HIV combination of interventions or prevention packages in specific populations,
05. How the network will assess and demonstrate that the target population accepts the proposed prevention package.

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

01. Implementation of a program for one or more of the following specific target populations:
 - (i) High-risk women and men of color;
 - (ii) Injection drug users (IDU);

Note: Programs targeting IDUs may include a syringe access component, if it is consistent with state C.R.S. 25-1-520, Clean Needle Exchange Programs.

To implement a syringe exchange component, a letter from the appropriate local health department or board of health MUST be included with the application showing that the county is supportive of syringe service programs (SSPs).

If approval from a local health department or board is “in process” at the time this application is due, then programs must obtain approval from the local health jurisdiction by March 1, 2015. **If this does not occur by that time, the project will not be funded for any SSP activities through this funding opportunity.**

- (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 paroled;
- (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)).

Migrant workers and Latinos are of special concern across all risk groups.

- 02. State the expected benefit of the project to the target group or community. Describe how the project is culturally and linguistically appropriate, as well as how the project addresses the literacy difficulties. For the purpose of this RFA:
 - (i) *Cultural* competency consists of possessing or attaining a working knowledge of the worldview, cultural beliefs, norms, values, social practices, language use, and literacy level of clients/participants as it influences health behavior and outcomes.
 - (ii) *Linguistic* competency means that the translation and interpretation of materials and communications results in an accurate representation of the original material.
 - (iii) *Literacy* means assuring that printed materials are appropriate for the reading comprehension level of the target population.
- 03. Describe how those affected by your project have been and/or will be involved in the design and implementation.
- 04. Complete and attach the Evaluation Demographics Table **(Exhibit D)**.

iv. Enhancements

Depending on the needs of the targeted population(s), include the following elements in your network to enhance comprehensiveness:

- 01. Memorandum of agreement for confidentiality and data sharing with a primary care provider (FQHC, Medical Home, Accountable Care Organization or Regional Care Organizations); **Enter under “Memoranda of Agreement”, Section 6, below.**
- 02. Memorandum of agreement with a behavioral health provider (if not available through the medical home entity); **Enter under “Memoranda of Agreement”, Section 6, below.**
- 03. Referral protocol within the network;
- 04. Need assessment for IT referral system capabilities;
- 05. Timeline for implementation of a shared infrastructure within the network for seamless referral services;
- 06. Availability of patient navigation for eligibility and access to insurance;
- 07. Planned approach for network-based data collection system through the state data system (Evaluation Web) to track performance and inform quality improvement.

2. Elective Elements

Describe any of the following elements in your network to enhance comprehensiveness: (10 points if this element included in application)

- a. Network plans to interact and collaborate with local public health agency;
- b. Network plans to connect and cooperate with social services (for example, services such as food, transportation, housing, job training);
- c. A fully integrated community-based pharmacy (ies) conducting STI/HIV testing to screen within the referral network;

- d. Collaboration with community support groups;
- e. Inclusion of homeless shelters;
- f. Inclusion of transitional housing;
- g. Inclusion of a social media platforms to engage population age 13 – 24;
- h. Needle exchange program with VH vaccination;
- i. Memorandum of agreement for confidentiality and data sharing with a primary care provider (FQHC, Medical Home, Accountable Care Organization or Regional Care Organizations);
- j. Memorandum of agreement with a behavioral health provider (if not available through the medical home entity);
- k. Referral protocol within the network;
- l. Need assessment for IT referral system capabilities;
- m. Timeline for implementation of a shared infrastructure within the network for seamless referral services;
- n. Availability of patient navigation for eligibility and access to insurance;
- o. Planned approach for network-based data collection system through the state data system (Evaluation Web) to track performance and inform quality improvement.
- p. ***Up to an additional 10 points*** will be awarded to the applicant that plans to provide required services in innovative, creative formats (e.g., social media, internet delivery platforms for screening, assessment, interventions, etc) that are cost effective and/or show a greater penetration of the emphasis populations.

3. Capacity and Program Infrastructure
(5 points)

- a. Describe your organization's ability to complete this project and your knowledge and experience providing/coordinating the services proposed. The response must include any relative experience and a description of types of agencies applicant worked for (governmental public health agencies, private not for profit clinics, Federally Qualified Health Clinics, etc.).
- b. Describe the background of your organization in designing, managing, and implementing HIV and AIDS prevention and education programs similar to the activities described in this request.
- c. Describe the history and experience of your agency in working with the target population(s) and/or community and providing services as described in the application.
- d. Describe your agency's capacity to comply with and monitor the implementation of the grant requirements.
- e. Describe the strengths of your organization, including historical accomplishments, experience with public health entities, public health and health care services in HIV and AIDS, and experience with outreach to high-risk populations or communities.
- f. Describe how your proposed strategy or method enhances or expands existing programs but does not duplicate or supplant funding for existing programs. Specify your organization's plan to sustain the proposed project beyond the Colorado HIV and AIDS Prevention Grant Program funding.
- g. Provide a description of past successful collaborative projects with other groups and agencies or other HIV and AIDS programs in the community with similar program content or conducted with similar target populations.
- h. Past Contract Performance: Provide a summary of the applicant's past contract performance including financial and performance highlights. Indicate the amount of funding received for the project(s) in the previous funding period, both awarded and expended. If the applicant received CHAPP funding, please describe that project. If the applicant has not received CHAPP funding, please describe another grant funded project.

4. HIV Testing
(10 points if this element included in application)

- a. HIV testing should be available within all local networks. HIV testing may either be a

component of a broader intervention for any of the populations mentioned above or as a stand-alone testing program. All CHAPP programs which include a testing component will be required to track, through *Evaluation Web*, the number of all tests conducted, the results of each test, whether clients received their test results (by result type), and whether HIV positive clients received partner services and accessed medical care within 90 days of being tested for HIV.

- b. If HIV testing in non-healthcare setting is a component, the following must be followed:
 - i. HIV testing should be based on risk-behavior(s).
 - ii. HIV testing initiatives must include a Linkage to Care (LTC) component.
 - iii. HIV testing must comply with all standards and definitions detailed in the state law, Colorado Board of Health Rules and Regulations and the *CDPHE HIV Prevention Guidelines* as well as guidelines provided by the Centers for Disease Control and Prevention (CDC).
 - iv. Applicant shall ensure that it has avoided duplicative HIV testing in non healthcare setting that are implemented for the same target population in the same geographical area.
 - v. If testing is occurring within the high prevalence jurisdictions defined for this RFA then applicants shall coordinate their activities with the federally funded entities. The five counties are Adams, Arapahoe, Denver, **El Paso** and Jefferson.

5. Project Evaluation
(10 points)

Include in the Evaluation section the procedures that will be implemented to monitor the effectiveness of your project as described. Provide a detailed evaluation plan that includes both process and outcome measures. *Successful grantees shall fully cooperate with individuals or agencies designated by the State to provide evaluation of programs covered by CHAPP.*

- a. Outreach and education of target population
 - i. Describe how you will use the number of clients reached, and when feasible, age, race, ethnicity, gender, and geography of clients, as a process measure.
 - ii. Describe the behavioral risk factors of the clients you are attempting to influence through this project. Such risk factors may include:
 - 01. attitudes and norms related to the outcome(s) you wish to achieve,
 - 02. intentions to perform a behavior related to the outcome(s), or
 - 03. structural barriers to outcomes, such as access to services or availability of risk reduction materials.
- b. Describe the specific objectives you wish to achieve as well as what outcome measures will be used to evaluate each activity listed in the project scope of work. Examples of Measures are:
 - i. improved early detection of HIV,
 - ii. personal knowledge of HIV status,
 - iii. enhanced partner disclosure; improvements in HIV-related knowledge, attitude, beliefs, and behavior; or reduction in the number of sex partner and other high-risk transmission behaviors.

Outcome measures shall be realistic given program resources, and shall be achievable within the time frame of the grant.

- c. Documentation
Describe how you will document the factors and measures described above. Describe the timelines (consistent with work plan), tools, and approaches used, as well as designate the staff responsible for collecting and analyzing data on outcomes. Documentation may include surveying clients or conducting chart reviews. Specify

how often data will be collected, from how many clients data will be collected, and how data collection will be implemented.

- d. Describe how data on the program/intervention outcomes will be evaluated.
 - i. If the program included the delivery of any established HIV prevention intervention or program (i.e., those included in the CDC compendium of effective interventions), describe if the intervention will be delivered as intended or will be modified.
 - ii. If modified, describe how it will be modified and rational for modification. Describe the timelines, tools, and approaches used, as well as the staff responsible for evaluating the outcomes. Provide detail on how you will determine if you have achieved the outcomes described in your plan.
- e. Describe how to whom and when you plan to disseminate the results of the project.
- f. HIV Testing
If testing will be included in the program activities, describe:
 - i. The intended number of tests to be conducted according to target population and geographic location.
 - ii. How you will track:
 - 01. The total number of tests conducted,
 - 02. The total number of positive and negative test results,
 - 03. The total number of clients informed of test results (for both positive and negative results), and
 - 04. The total number of HIV-positive clients who accessed medical care within 90 calendar days of being tested for HIV.

6. Memoranda of agreement
(5 points)

Referral networks are an expectation of all funded organizations and must be evident in the application work plan. Letters and MOAs must clearly describe network agency roles and responsibilities toward achieving project goals and objectives as outlined in the proposed work plan. Submit the following:

- a. Copies of memoranda of agreement for confidentiality and data sharing with primary care providers (FQHC, Medical Home, Accountable Care Organization or Regional Care Organizations).
- b. Copies of memoranda of agreement with behavioral health providers (if not available through the medical home entity).
- c. For any pending MOA or subcontract, submit a letter signed by each collaborator and known potential subcontractor detailing their roles and responsibilities.

C. Work Plan
(10 Points)
(Template Provided)

Submit a work plan that describes how the applicant will carry out the scope of work. Responses must address and clearly identify each of the deliverables in the order presented. *SOW Work Plan Table* templates are included as **Exhibit E**. Thoroughly describe the objective; the work to be done.

- 1. Define the work to be completed including a description of all elements of the project.
- 2. List all specific objectives in the table. Organize objectives by S.M.A.R.T (Specific, Measurable, Achievable, Realistic and Timely) outcome objectives. Each objective shall directly address a specific goal area and strategy; express the intended outcomes, results or accomplishments, of

- individual project activities; describe the intended target populations if appropriate.
3. List a minimum of one and a maximum of 10 activities employed in accomplishing the project goals/objectives; List major sub-activities as needed.
 4. List the actual results you expect to achieve by meeting the goals/activities.
 5. List standards and requirements that will be used to establish quality and ensure the activities will provide the expected results. Often multiple sources of requirements exist/apply including Colorado Statute, Board of Health rules, and State/Federal/industry requirements.
 6. List what will be measured to ensure the expected results of the activities have been achieved.
 7. Enter each expected deliverable related to the objective and include a description of the party responsible for completion (if applicable) and the completion date(s). Deliverables are typically tangible objects produced as a result of the activities performed. They are “delivered” to the State as evidence of compliance with standards and requirements for performance and can be an indication of the progress made. Examples of deliverables may be reports, tracking logs, meeting minutes, and copies of professional licenses, data entered, or some other element of a project.

D. Budget

(10 points)

(Template provided; The template includes an instruction sheet, sample sheet and budget. Follow spreadsheet instructions.)

This section shall include a budget and a brief explanation describing how costs for each line item were determined and are related to the project. Applications must clearly justify the funding request in the scope of work and in the budget template. The budget justification must be included in the budget template and must describe the rationale for budget allocations and resource utilization.

A budget template with justification form is provided and can be found as **Exhibit F**. Please provide a detailed budget for the project period using the spreadsheet provided. Do not modify the format of the spreadsheet. The budget form must explain all expenses included. Applicants are responsible for ensuring the calculations in the budget are accurate. **There will be no reimbursement of pre-award costs.** The Colorado Department of Public Health and Environment reserves the right to deny requests for any item listed in the budget that is deemed to be unnecessary for the implementation of the project.

1. Funding Period:

Proposed budgets shall reflect the following funding period: March 1, 2015 – June 30, 2015.

2. Unallowable Expenses:

- a. Funds from this grant may not be used for:
 - i. existing scholarships,
 - ii. directly to endowments,
 - iii. fund-raising events,
 - iv. annual fund drives, or
 - v. debt reduction.
- b. Public information events, trainings, or conferences that are not part of a larger HIV prevention intervention or public information campaigns targeting the general population will not be funded.
- c. Other examples of specific items that will not be funded include:
 - i. Capital campaigns,
 - ii. Building renovations, services
 - iii. Interventions delivered out of state, or
 - iv. Events and materials that involve explicit sexual activity, or interventions that violate local, state, or federal laws.
- d. Projects that are *primarily* research-oriented will not be funded through this RFA.

3. Budget Categories:

- a. Personnel

- i. List all personnel to perform work for the project. Include proposed salaries, time and effort percentage (full time equivalent or FTE), and fringe benefits.
 - ii. In the justification, include the role and expected contribution of budgeted personnel.
 - iii. A description of how fringe benefits are projected and what components are included in the calculation (examples: insurance and paid time off) must be included.
- b. Supplies/Other Operating**
Include a list of all allowable operating expenses. The justification should describe the rationale, necessity and reasonableness of the operation costs budgeted.
- c. Travel**
- i. Include all travel and indicate whether in-state or out-of-state. Include costs for attendance of any mandatory meetings.
 - ii. Out-of-state/national travel and conference registrations will be funded on a case-by-case basis (and must be part of the larger intervention(s) delivered by the project). International travel and conference registrations will not be funded.
- d. Contractual**
- i. To qualify as a “subcontract,” an agreement with an outside agency must be provided in writing and must clearly describe the mutual requirements and expectations of the parties to the agreement.
 - ii. Subcontractors perform duties indicated in the program/intervention description. Payments made to outside service providers, for example, for accounting services or data maintenance should be characterized as operating expenses.
 - iii. Applicants should use the “Contractor Determination Elements” worksheet **(Exhibit G)** for planning purposes only to determine the status of subcontractors under the budget.
- e. Other**
Includes items not included in the previous budget categories
- i. Requests for equipment are at the discretion of the CDPHE. Equipment with a unit cost of less than \$5,000 is considered a supply. Items such as desktop or laptop computers would be placed in the supply category of the budget.
 - ii. If equipment costs are granted, the equipment remains the property of the CDPHE.
 - iii. If equipment is not used exclusively for the delivery of funded services in your applications, clearly describe how you will allocate the equipment costs to other funding sources so that funds awarded from this announcement pay only for the portion used to provide stated services.
 - iv. Large equipment purchases may require additional insurance requirements. The contractor’s estimates for those costs should be included.
 - v. Include in your description a plan to place a residual value on and return the equipment to the State upon request by CDPHE.
 - vi. Individual items, such as refrigerators, freezers, etc., costing less than \$5,000 must be included under “Other Operating” or “Supplies”. CDPHE also retains ownership of supply items and may require their return.
 - vii. Contractors may not generally use the funding for the purchase of furniture or certain types of large equipment. Any such proposed spending must be identified in the budget and may be disallowed.
- f. Indirect Rate:**
- i. The applicant may request funding for indirect services. The indirect cost rate requested shall be based on the vendor’s existing negotiated rate with CDPHE.

- ii. If an applicant does not have an established negotiated rate with CDPHE, then the indirect cost rate will be calculated at up to ten (10) percent of the requested staff salaries and wages, excluding fringe benefit costs.
- iii. This same indirect cost rate is applicable to any subcontractor(s) as well. No budget justification is needed for indirect costs.

E. Financial Assessment Questionnaire

A Financial Assessment Questionnaire (**Exhibit H**) must be completed and included in the application. The questionnaire is designed to assess the administrative structure of entities. If your entity has not undergone a formal Financial Risk Assessment System evaluation by the CDPHE, you must submit the questionnaire.

F. Other Required Documents

- Roster of the applicant’s Board of Directors
- Roster of the members of an applicant’s Advisory Group
- Organizational Chart
- Proposed roster of the network’s advisory/steering body
- Certifications and assurances: Syringe Access Program certification from local Board of Health, 501 C3 status

G. Page Formatting Instructions

Unnecessarily elaborate applications are not desired. Indexes, tables of contents, lists of figures/tables, and glossary of terms will not be counted toward the overall page count. Allowance will be made for tabular or graphical presentations and screen prints, whether incorporated in the text of the technical description or attached as separate exhibits. Textual explanations of screen prints or graphic materials, standard commercial brochures or descriptions, or other standard product documentation that are attached in appendices or exhibits will not be counted against page limitation. However, evaluators cannot be expected to comprehend all material in exhibits whose content and relevance to the application description are not clearly integrated into the technical discussion.

The RFA must be submitted using the following page formatting requirements. Reviewers will not consider anything beyond the page limit. Submit narrative response in MS Word version (ending in .doc or .docx), and submit the Budget and Budget Narrative in the MS Excel spreadsheet that was posted with this announcement. Supplemental information or additional attachments may be submitted in Adobe Acrobat format (.pdf).

- Application Font: Times New Roman
- Application Font Size: 11-12 point
- Application Spacing: Single spaced, 1” margins on all sides
- Page Numbering: Number all pages at the bottom right corner of the page
- Page Limits: The following describes the sections subject to page length limits.
 - **Executive Summary:** no more than two (2) pages
 - **Project Description:** no more than 15 pages (excludes MOA, Evaluation Demographics table and Work Plan table);
- Headings: The original headings for each and all sections of the response must be included.
- Labeling Requirements: Each attachment should be labeled with the original label for the document, e.g., Scope of Work, Budget Template, etc.

V. SUBMISSION INSTRUCTIONS:

Important: All applicants must submit an “Intent to Apply” letter for each project application. Letters must be submitted prior to the application due dates according to the Schedule of Activities. Application received without a prior intent to apply may not be evaluated.

This Request for Applications (RFA) is issued by the STI/HIV/VH Section, Disease Control and

Environmental Epidemiology Division at the Colorado Department of Public Health and Environment (CDPHE), also referred to as the "State". The CDPHE contact listed in these instructions is the sole point of contact concerning this RFA.

During the solicitation process for this RFA, all official communication with Applicants will be via notices on the CDPHE program web site at <https://www.colorado.gov/pacific/cdphe/sti-and-hiv-funding-opportunities>. Notices may include any modifications to administrative or performance requirements, answers to inquiries received, clarifications to requirements, and the announcement of the apparent winning Applicant(s). Applicants are responsible for monitoring for publication of modifications to this solicitation. **It is incumbent upon Applicants to carefully and regularly monitor for any such notices.** Applicants are not to contact any other state office or individual regarding this RFA or this project. Applicants are not to rely on any other statements that alter any specification or other term or condition of the solicitation.

Applications must be received on or before the due date and time as indicated in the Schedule of Activities. **Late applications will not be accepted.** It is the responsibility of the Applicant to ensure that its application is received by the STI/HIV Section at the location listed in these instructions on or before the due date and time.

One completed copy of the Applicant Information Form MUST be signed by a person who is legally authorized to bind the Applicant to the application. The signed Applicant Information Form shall be included as an attachment with the application copy. Submissions that are determined to be at a variance with this requirement may be deemed non-responsive and may not be accepted.

Applicants are to segregate the portion 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.

All materials submitted shall become the property of the CDPHE, and will not be returned unless the RFA solicitation is cancelled prior to the submittal due date, in which case applications will be returned unopened or opened only for identification purposes.

A. Hardcopy Applications

No hard copy applications will be accepted for this RFA.

B. Electronic Applications

Applications must be received electronically by no later than the due date and time indicated on the cover page of this document. Faxed applications will not be accepted. Email your application and all attachments to the following: cdphe.chapp@state.co.us.

Clearly identify your email inquiries with the following:

- a. "RFA 1464" in the subject line of the email
- b. Colorado HIV and AIDS Prevention Programs (CHAPP) 2015 – 2017

Applications received via email will receive email confirming the delivery. The applicant is responsible for ensuring that the file size or other restrictions regarding internet transmissions do not adversely impact submission of intact files. **Partial files will not be accepted.**

C. Submission agreement:

By submission of an application, the Applicant agrees as follows:

1. Awarded applicants are required to provide a valid insurance certificate prior to commencement of any work or services. It is a provision of the contract that all applicable insurance coverage remain in effect during the contract and that a new certificate is provided to the CDPHE each time coverage is renewed.
2. Applicant testifies that submitted prices were arrived at independently and there was no collusion involved.
3. The Applicant guarantees to the State that it understands and agrees to the terms and conditions

of this solicitation and that they will not default from performance by virtue of a mistake or misunderstanding. Applicants shall seek clarification from the CDPHE Program Contact of any specifications, terms and/or conditions that they determine to be unclear. The failure of an applicant to seek clarification may be deemed a waiver of any such clarification.

4. Pursuant to C.R.S. §24-30-202.4 (as amended), the State Controller may withhold debts owed to State agencies under the vendor offset intercept system for: (a) unpaid child support debt or child support arrearages; (b) unpaid balance of tax, accrued interest, or other charges specified in Article 22, Title 39, C.R.S.; (c) unpaid loans due to the student loan division of the department of higher education; (d) owed amounts required to be paid to the unemployment compensation fund; and (e) other unpaid debts owing to the State or any agency thereof, the amount of which is found to be owing as a result of final agency determination or reduced to judgment as certified by the Controller.
5. Reciprocity is mandated by statute. C.R.S. §8-18-101 states, “When a contract for commodities or services is to be awarded to a bidder, a resident bidder...shall be allowed a preference against a nonresident bidder equal to the preference given or required by the state in which the nonresident bidder is a resident.”
6. The CDPHE reserves the right to reject any and all applications or parts thereof, and to waive informalities or irregularities.

D. Application Submission Checklist

- Applicant Information Form, Signed, **Exhibit C.**
- Application Executive Summary
- Requirements Documentation
- Project Description
- Application Narrative
- Elective Elements (if applicable)
- Capacity and Program Infrastructure
- HIV Testing Narrative (if applicable)
- Project Evaluation Narrative
- Memoranda of Agreement
- Evaluation Demographics
- SOW Work Plan Table, **Exhibit E.**
- Budget Template with Justification, **Exhibit F.**
- Financial Assessment Questionnaire, **Exhibit H**
- Submit “Intent to Apply” letter (optional), (**Exhibit I**), electronically to cdphe.chapp@state.co.us by 4:30 p.m. November 4, 2014.
- Other Documents

VI. APPLICATION TECHNICAL ASSISTANCE

A. Inquiries

1. Applicants may make written inquiries via email to obtain clarification of requirements concerning this RFA. No inquiries will be accepted after the date and time indicated in the Schedule of Activities listed under Section VII of this document. Send all inquiries to:

cdphe.chapp@state.co.us

2. Clearly identify your email inquiries with:
 - a. “RFA #1464” in the subject line of the email
 - b. Colorado HIV and AIDS Prevention Programs (CHAPP) 2015- 2017
 - c. The section number and paragraph number to which the inquiry applies.
3. Responses to Applicant inquiries will be published as a modification on <https://www.colorado.gov/pacific/cdphe/sti-and-hiv-funding-opportunities> by close of business on the date indicated in the Schedule of Activities listed under Section VII of this document. Applicants are not to rely on any other statements that alter any specification or other term or

condition of the RFA.

B. Application Webinar

Applicants are strongly encouraged to view the Application webinar that will be posted on <https://www.colorado.gov/pacific/cdphe/sti-and-hiv-funding-opportunities> on October 1, 2014. The Webinar will include an overview of National and Colorado HIV Strategy and Colorado “Any Door” Model, RFA Overview, application requirements, and RFA timeline.

C. Application Conference

An Applicants Conference will be provided on October 16, 2014. Interested parties may attend in person or via teleconference/webinar and must RSVP. The conference will provide an opportunity for clarification of online questions, and allow for additional questions. RSVP with name and email to cdphe.chapp@state.co.us. A recording of the Applicants Conference will be posted on October 17, 2014 at <https://www.colorado.gov/pacific/cdphe/sti-and-hiv-funding-opportunities>

VII. SCHEDULE OF ACTIVITIES:

Date	Activity
October 1, 2014	Release of grant application
November 4, 2014	Submit “Intent to Apply” letter by 4:30 p.m. This is optional.
October 1 – November 4, 2014	Written inquiries via email to obtain clarification of requirements concerning this RFA will be accepted beginning Wednesday, October 1, 2014. Responses will be posted at least weekly on the website beginning Monday, October 6, 2014. No inquiries will be accepted after 4:30 p.m., November 4, 2014.
October 1, 2014	Application Webinar available for viewing
October 16, 2014	Application Conference 10:00 am – 12:00 pm via live Webinar/teleconference RSVP with name and email to cdphe.chapp@state.co.us Recorded and posted 10-17
November 18, 2014	Applications due by 12 noon
November 20-24, 2014	CDPHE Technical Review
December 11, 2014	Review of applications
January 21, 2015	Presentation of Advisory Committee recommendations to the Colorado Board of Health
January 22, 2015	Notification of grantees
December 2, 2014 -February 13, 2015	Scope of Work Development
January 22- February 13, 2015	Contract negotiation process
March 1, 2015	Estimated Contract Start Date

VIII. SELECTION AND EVALUATION:

The total score possible is 100 points or 110 points if HIV testing is included. Elective elements may add up to an additional 20 points. **A minimum score of 65 has been established.** Applications that score 65 points or more will be considered and those scoring 64 or lower will be rejected. If all applications fall below that score, all will be rejected. In such a case, the RFA may be re-solicited at a later date. Scoring will be used to rank applications in order to determine funding.

The technical aspects of applications will be assessed based on the soundness of the Applicant's approach and the Applicant's understanding of the requirement. Past experience/qualifications will be assessed by considering the extent to which the qualifications, experience, and past performance are likely to foster successful, on-time performance. Technical and past experience assessments may include a judgment concerning the potential risk of unsuccessful or untimely performance, and the anticipated amount of State resources necessary to insure timely, successful performance. The State may use all information available regarding past performance as defined in C.R.S. §24-102-205 et.seq.

An Evaluation Committee will evaluate the merits of applications received in accordance with the evaluation factors stated in this RFA and identify the application that is most advantageous to the state. While numeric evaluations may be used in some aspects of the process to identify strengths and weaknesses of applications, and to establish a ranking, the final decision will be a business decision by the State and will not be based on a numerical score. A Decision Memorandum will document the basis for the award decision.

Failure of the Applicant to provide any information requested in this RFA may result in disqualification of the application. This responsibility belongs to the Applicant.

Applicants should not assume that they have an opportunity for oral presentations or revisions of applications, so they should submit their most favorable applications as their initial application. If award is not made on receipt of initial applications, Applicants in the competitive range (those most responsive to the requirements and reasonably susceptible of being selected for award) may be provided an opportunity to make an oral presentation. The oral presentation may be held for the purpose of clarification and to ensure full understanding of and responsiveness to solicitation requirements.

The program carefully designed scoring and selection process to ensure fair selection of the best qualified applicants. The selection process is described below. The criteria for scoring are in direct correlation to the required application components. **Applications that fail to follow ALL of the requirements may not be considered.**

A. Evaluation:

1. Consideration of Factors:

The evaluation factors, in decreasing order of importance are:

- a.** The technical content of the application, including:
 - (i)** soundness of methods proposed to complete the project,
 - (ii)** how well the proposed methods reflect an understanding of and compatibility with Colorado's decentralized administrative structure, and
 - (iii)** required commitment of state personnel, including reasonableness to accomplish objectives, secondary impact to existing programs

Criteria:

- Does the organization describe the project, methods and implementation plan, including time-framed and measurable goals, objectives, and outcomes?
 - Does the implementation plan match the deliverables in the scope of work?
 - Does Applicant maintain an office in Colorado and/or in the metro Denver area?
 - Was the response submitted on the requested templates and required supporting documents and attachments, etc.?
 - Does the applicant use the funding efficiently and maximize the geographical coverage of the project?
- b.** Experience as related to each factor:
 - (i)** Applicant's experience, qualifications and experience of key personnel assigned to this project, and
 - (ii)** the extent to which the qualifications, experience, and past performance are

likely to foster successful, on-time performance

Criteria:

- Each Applicant's past performance will be reviewed as part of the State's overall evaluation. This evaluation will take into account past performance information submitted as a part of such Applicant's application; for example: information regarding predecessor companies, key personnel who have relevant experience, and subcontractors performing major or critical aspects of the service(s), if such information is relevant.
- Applicant's without a record of relevant past performance or for whom information on past performance is not available will receive a neutral past performance rating. The State will consider the Applicant's performance on past or current State contracts with requirements similar to the State requirements for this contract. The State will consider information provided by the Applicant regarding any problems encountered on the identified contracts and any associated corrective actions.
- Does the Applicant demonstrate the ability to complete this project and knowledge and experience providing the services or goods proposed?
- Are the strengths of the organization, including historical accomplishments, experience with public health entities, public health and health care services described?
- Does the response demonstrate sufficient understanding of the project?

c. Funding Model

Budget and total proposed cost: The budget must coincide with the elements in the work description, be reasonable, allowable, allocable and in compliance with laws and regulations.

Criteria:

- Is a detailed budget narrative included? Are salaries and detail provided to reflect the number of people assigned to the project?
- Is the overall budget, as well as the individual items, reasonable considering the scope of work activities?
- Projected hard dollar savings: includes the time period over which the savings will accrue and how realistic the projections appear to the State

2. Application Review Process/Scoring

Applications will be reviewed and rated by each panel member individually, who will score every factor for each application. After individual ratings are complete, the review committee will discuss the scores as a group, and the total score for each application will be the average sum of all scores for all factors.

3. Assignment of possible points is as follows:

Required Elements – Must be present to receive a score (100 points available)

- Requirements Documentation: No points; must be complete to be considered
- Project Description
 - Problem description: 10 points
 - Essential referral network infrastructure: 10 points
 - Basic package of prevention services: 40 points
- Capacity and program infrastructure: 5 points
- Project evaluation: 10 points
- Memoranda of agreement(s): 5 points
- Work Plan: 10 points
- Budget: 10 points

Additional Scoring (30 points available)

- Elective elements: 20 points
- HIV Testing: 10 points

4. Notification and Decision

- a. Applicants whose application does not pass technical review will be informed by November 28, 2014 that their application is NOT being reviewed by the CHAPP Advisory Committee for funding. Applicants whose application scores 64 or lower will be rejected for funding and will be notified by January 23, 2015. The Colorado Board of Health makes its recommendation for funding on January 21, 2015. Applicants will receive notification by January 22, 2015.
- b. No appeal process is available. Concerns or complaints about the RFA process and its outcomes should be submitted to the attention of the STI/HIV Section Chief via email at cdphe.chapp@state.co.us. Include the phrase “RFA Concerns” in the email subject line.

B. Post-Award Process:

1. Key Contract Language/Additional Provisions

- a. Monthly Reports
 - i. Monthly reports describing the work completed during the previous month must be submitted.
 - ii. A final summary report for fiscal year 2015 is due July 30, 2015.
 - iii. Payment of the monthly contract reimbursement request is contingent upon receipt of the monthly reports.
 - iv. Evaluation data shall be submitted to an evaluation contractor or into an electronic system on a schedule determined by the CDPHE.
 - v. The successful applicant is expected to prepare reports and meet with the Advisory Committee, Board of Health, CDPHE staff or their designees upon request.
- b. Copyright and Ownership of Materials
 - i. The State of Colorado, specifically the CDPHE, shall be the owner of all data, documents and computer software or other intellectual property, printed materials, research, graphic representations, educational materials, or audiovisual products created under this grant.
 - ii. All material purchased with funding granted by this RFA becomes property of the State of Colorado and is subject to the terms of the Colorado Revised Statutes 24-72-201 through 24-72-206, Colorado Open Records Act. The State of Colorado has the right to use any or all information/material presented in the application, subject to limitations for proprietary or confidential information. It is the responsibility of the applicant to identify proprietary information and request the information be treated as such. Disqualifications or denial of the application does not eliminate this right. Any additional restrictions on the use or inspection of material contained within the application shall be clearly stated in the application itself. The contents of the application will become contractual obligations if the project is funded.
- c. Successful applicants may be required to participate in meetings or trainings sponsored by the CDPHE and coordinate media plans, media purchases, evaluation activities, and training activities with the program at the request of the program manager.
- d. The successful applicant must comply with the U.S. Department of Health and Human Services guidance regarding provision of services to persons with limited English proficiency. Guidance and related documents may be viewed at <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/>.

2. Contract Negotiation Process
The State reserves the right to request revisions to the budget or scope of work of any applicant.
3. Insurance Requirements/W-9

Successful applicants will be asked to comply with the State's insurance requirements to protect the grantee and the state from any damages or loss. The grantee will need to submit certificates of insurance demonstrating coverage for Professional Liability and other coverage required by the State as outlined below. The certificate must include the State of Colorado as an additional insured on the Commercial General Liability and Automobile Liability Insurance policies* and Commercial General Liability Insurance written on ISO occurrence form CG 00 01 10/93 or equivalent, covering premises operations, fire damage, independent contractors, products and completed operations, blanket contractual liability, personal injury, and advertising liability with minimum limits as follows:

- a. \$1,000,000 each occurrence
- b. \$1,000,000 general aggregate
- c. \$1,000,000 products and completed operations aggregate
- d. \$50,000 any one fire

* Automobile Liability Insurance covering any auto (including owned, hired and non-owned autos) with a minimum limit as follows: \$1,000,000 each accident combined single limit.

IX. TEMPLATES AND RESOURCES

A. Templates and Forms

1. Exhibit A: Epidemiologic Information
2. Exhibit B: List of Supported Behavioral Interventions
3. Exhibit C: Applicant Information Form and Checklist
Complete all sections of the Application Information Form and sign.
4. Exhibit D: Evaluation Demographics Table
5. Exhibit E: SOW Work Plan Table Template
6. Exhibit F: Budget Justification Form Instructions, Budget Sample & Budget Template
7. Exhibit G: Contractor Determination Elements
8. Exhibit H: Financial Assessment Questionnaire
9. Exhibit I: Intent to Apply Letter – Template

Program Resources/Websites

<https://www.colorado.gov/pacific/cdphe/sti-and-hiv-funding-opportunities>

X. ADMINISTRATIVE INFORMATION:

A. Modification or Withdrawal of Applications

Applications may be modified or withdrawn by the Applicant prior to the established submission due date, November 18, 2015 at 12:00 p.m.

B. Addendum or Supplement to Request for Application

In the event that it becomes necessary to revise any part of this RFA, a modification will be posted at <https://www.colorado.gov/pacific/cdphe/sti-and-hiv-funding-opportunities>. It shall be the responsibility of the Applicants to regularly monitor the Funding Opportunities web site for any such postings. Failure to retrieve such modifications, and include their provisions in your application, may result in your application being disqualified.

Should the Applicant find any part of the solicitation to be discrepant, incomplete, or otherwise questionable in any respect, the Applicant shall be responsible to call such matters to the attention of the purchasing agent immediately. Failure to do so shall be at the Applicant's risk. Amendments to this solicitation will be official only if published on <https://www.colorado.gov/pacific/cdphe/sti-and->

[hiv-funding-opportunities](#) Applicants should not rely on verbal statements that alter this solicitation.

C. Acceptance of RFA Terms

An application submitted in response to this RFA shall constitute a binding offer. The autographic signature of the Applicant or of a designee legally authorized to execute contractual obligations shall indicate acknowledgment of this condition. A submission in response to this RFA acknowledges acceptance by the Applicant of all terms and conditions, including compensation, as set forth herein. An Applicant shall identify clearly and thoroughly any variations between the Applicant's application and the State's RFA. Failure to do so shall be deemed a waiver of any rights to subsequently modify the terms of performance, except as outlined or specified in the RFA.

D. Confidential/Proprietary Information

Any restrictions of the use or inspection of material contained within the application shall be clearly stated in the application itself. Written requests for confidentiality shall be submitted by the Applicant with the application. The Applicant must state specifically what elements of the application are to be considered confidential/proprietary and must state the statutory basis for the request under the Public (open) Records Act. (§24-72-201 et seq., C.R.S.) Confidential or proprietary information must be readily identified, marked and separated from the rest of the application. Co-mingling of confidential and/or proprietary and other information is NOT acceptable. **Neither an application in its entirety, nor application price information will be considered confidential and proprietary.** Any information that will be included in any contract resulting from the RFA cannot be considered confidential.

The CDPHE will make a written determination as to the apparent validity of any written request for confidentiality. In the event the CDPHE does not concur with the Applicant's request for confidentiality, the written determination will be sent to the Applicant. Ref §24-72-201 et seq., C.R.S., as amended, Public (open) Records Act.

Applicant(s) acknowledge that they may come into contact with confidential information contained in the records or files of the State in connection with any resulting contract or in connection with the performance of its obligations under any resulting contract. The awarded Applicant(s) shall keep such records and information confidential and shall comply with all laws and regulations concerning the confidentiality of such records to the same extent as such laws and regulations apply to the State.

The awarded Applicant(s) shall notify its employees that they are subject to the confidentiality requirements as set forth above, and shall provide each employee with a written explanation of the confidentiality requirement before the employee is permitted access to confidential data. Awarded Applicant(s) shall provide and maintain a secure environment that ensures confidentiality. The confidentiality of all information will be respected and no confidential information shall be distributed or sold to any third party nor used by awarded Applicant(s) or its assignees and/or subcontractors in any way except as authorized by this contract. Confidential information shall not be retained in any files or otherwise by awarded Applicant(s). Disclosure of such information may be cause for legal action against the awarded Applicant(s). Defense of any such action shall be the sole responsibility of the awarded Applicant(s). Unless directed otherwise, awarded Applicant(s) is required to keep all State information in a secure, confidential manner.

E. Response Material Ownership

The State of Colorado has the right to retain the original application and other RFA response materials for our files. As such, the State of Colorado may retain or dispose of all copies as is lawfully deemed appropriate. The State of Colorado has the right to use any or all information/material presented in reply to the RFA, subject to limitations outlined in the Proprietary/Confidential Information clause. Applicant expressly agrees that the State may use the materials for all lawful State purposes, including the right to reproduce copies of the material submitted for purposes of evaluation, and to make the information available to the public in accordance with the provisions of the Public Records Act.

F. RFA Cancellation

The State reserves the right to cancel this Request for Application in its entirety or individual phases at any time, without penalty.

G. Selection of Successful Application and Notice of Intent to Award

The State reserves the right to make an award on receipt of initial applications, so Applicants are encouraged to submit their most favorable application at the time established for receipt of applications. Applicants not meeting the requirements identified in the RFA shall be ineligible for further consideration. The State may conduct discussions with Applicants in the competitive range (those most responsive to the requirements and reasonably susceptible of being selected for award) for the purpose of promoting understanding of the State's requirements and the Applicant's application, to clarify requirements, make adjustments in services to be performed, and in prices. Changes to applications, if permitted, will be requested in writing from Applicants. Applicants will not be provided an opportunity for comprehensive application revisions.

Upon review and approval of the evaluation committee's recommendation for award, the CDPHE will issue "Notice of Intent to Make an Award" letter(s) to all Applicants.

H. Award of Contract/Standard (Model) Contract/Legislative Changes

The award will be made to that Applicant(s) whose application, conforming to the RFA, has been determined to be responsive and responsible and most advantageous to the State of Colorado, considering the evaluation factors set forth in this announcement. A contract must be completed and signed by all parties. In the event the parties are unable to enter into a contract in a reasonable timeframe, the State may elect to rescind the "Notice of Intent to Make an Award" communication and make the award to the next most responsive and responsible Applicant. The successful Applicant(s) is required to enter into a formal Contract with CDPHE. The State of Colorado reserves the right to amend the contract in response to future legislative changes that affect this project.

I. Term of the Contract

This RFA may result in one or more multiple year contracts with renewal periods not to exceed three (3) years. The initial contract will be effective upon approval by the State Controller's designee for one (1) year. The contract may be renewed for up to two (2) additional one-year periods, at the sole discretion of the State, contingent upon contractual requirements being satisfied and funds being appropriated, budgeted, and otherwise made available.

J. Acceptance of Application Content

The contents of the application (including persons specified to implement the project) of the successful Applicant will become contractual obligations if acquisition action ensues. Failure of the successful Applicant to accept these obligations in a contract, purchase document, delivery order or similar acquisition instrument may result in cancellation of the award and such Applicant may be removed from future solicitations.

K. Order of Precedence

In the event of any conflict or inconsistency between terms of this request for application and the offer, such conflict or inconsistency shall be resolved first, by giving effect to the terms and conditions of the contract, second to the request for application, and third, to the application.

L. Venue

The parties agree that venue for any action related to performance of this contract shall be in the City and County of Denver, Colorado.

M. State Ownership of Contract Products / Services

All products/services produced in response to the contract resulting from this RFA will be the sole property of the State of Colorado, unless otherwise noted in the RFA.

N. Incurring Costs

The State of Colorado is not liable for any cost incurred by Applicants prior to issuance of a legally executed contract or procurement document. No property interest of any nature shall occur until a contract is awarded and signed by all concerned parties.

O. Non-Discrimination

The Applicant shall comply with all applicable state and federal laws, rules and regulations involving non-discrimination on the basis of race, color, religion, national origin, age or sex.

P. Rejection of Applications

The State of Colorado reserves the right to reject any or all applications received in response to this RFA, to waive informalities and minor irregularities in applications received, and to accept any portion of an application or all items proposed if deemed in the best interest of the State of Colorado to do so.

Q. Parent Company

If an Applicant is owned or controlled by a parent company, the name, main office address, and parent company's tax identification number must be provided in the solicitation response. The tax identification number provided must be that of the Applicant responding to the RFA. The Applicant must be a legal entity with the legal right to contract and must be registered in the State of Colorado to conduct business.

R. News Releases

No news releases pertaining to this RFA shall be made prior to execution of the contract without prior written approval of CDPHE.

S. Contract Cancellation

CDPHE reserves the right to cancel, for cause, convenience, or lack of fiscal funding, any contract resulting from this RFA by providing timely notice to the contractor.

T. Certification of Independent Price Determination

1. By submission of this application, each Applicant certifies, and in the case of a joint application, each party thereto certifies as to its own organization, that in connection with this procurement:
 - a. The prices in this application have been arrived at independently, without consultation, communication, or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other Applicant or with any competitor;
 - b. Unless otherwise required by law, the prices which have been submitted in this application have not been knowingly disclosed by the Applicant and will not knowingly be disclosed by the Applicant prior to opening, directly or indirectly to any other Applicant or to any competitor; and
 - c. No attempt has been made or will be made by the Applicant to induce any other person or firm to submit or not submit an application for the purpose of restricting competition.
2. Each person signing the Request for Application Cover Sheet & Signature Page of this application certifies that:
 - a. He is the person in the Applicant's organization responsible within that organization for the decision as to the prices being offered herein and that he has not participated, and will not participate, in any action contrary to (1)(a) through (1)(c) above; or
 - b. He is not the person in the Applicant's organization responsible within that organization for the decision as to the prices being offered herein but that he has been authorized in writing to act as agent for the persons responsible for such decision, in certifying that such persons have not participated, and will not participate, in any action contrary to (1)(a) through (1)(c) above, and as their agent does hereby so certify; and he has not participated, and will not participate, in any action contrary to (1)(a) through (1)(c) above.
3. An application will not be considered for award where (1)(a), (1)(c), or (2) above have been deleted or modified. Where (1)(b) above has been deleted or modified, the application will not be considered for award unless the Applicant furnishes with the application a signed statement which sets forth in detail the circumstances of the disclosure and the head of the agency (CDPHE) determines that such disclosure was not made for the purpose of restricting competition.

U. Taxes

CDPHE, as purchaser, is exempt from all federal excise taxes under Chapter 32 of the Internal Revenue Code (Registration No. 84-730123K). CDPHE's Colorado State and Local Sales Tax Exemption Number is 98-02565. Applicant is hereby notified that when materials are purchased in certain political sub-divisions (for example in the City of Denver) the Applicant may be required to pay sales tax even though the ultimate product or service is provided to the State of Colorado. This

sales tax will not be reimbursed by the State.

V. Assignment and Delegation

Except for assignment of antitrust claims, neither party to any resulting contract may assign or delegate any portion of the contract without the prior written consent of the other party.

Awarded vendor(s) will be allowed to subcontract portions of this RFA. Awarded vendor(s) shall be fully accountable to the CDPHE and shall ensure that all subcontractors agree to and comply with the terms and conditions of the contract within their agreements with the vendor. During contract performance, the CDPHE may request the awarded vendor(s) provide proof of subcontractor compliance with CDPHE terms and conditions.

W. Availability of Funds

Financial obligations of the State payable after the current fiscal year are contingent upon funds for that purpose being appropriated, budgeted, and otherwise made available. In the event funds are not appropriated, any resulting contract will become null and void, without penalty to the State of Colorado.

XI. APPENDIXES

A. Appendix A: Glossary

Activities:	Activities are what your project will do with its resources. They are the concrete processes, events, and actions that are core to the design and implementation of your project. Without the activities in your project’s logic model, the project would not exist.
Agency Capacity:	The process by which an agency develops the ability to build an effective and sustainable infrastructure.
Collaboration:	The extent to which an agency/organization works/interacts with other public, private, and not-for-profit prevention and intervention programs, practices, or policies at the state, regional or local level for purposes of resource sharing, coordination of effort, case management, and/or avoidance of duplicative services.
Community Settings:	These include workplaces, schools, healthcare settings, community-based organizations, faith-based organizations, and character-based organizations.
Community:	A specific group of people, often living in a defined geographic area, who share a common culture, values and norms, and who are arranged in a social structure according to relationships the community has developed over a period of time.
Community-Based organization:	A public or private nonprofit organization (including a church or religious entity) that is representative of a community or a significant segment of a community, and is engaged in meeting human, educational, environmental, or public safety community needs
Cultural competency	consists of possessing or attaining a working knowledge of the worldview, cultural beliefs, norms, values, social practices, language use, and literacy level of clients/participants as it influences health behavior and outcomes
Cultural Competency Plan:	Maps out the organization’s plan to identify and address racism, sexism, classism, and homophobia on the personal and organizational level; This includes an examination of agency strengths and weaknesses and a specific plan to increase the cultural competency of individual staff and the agency as a whole.

Cultural Responsiveness:	The lifelong development of skills demonstrated by a set of behaviors, values and policies enabling an individual, agency/organization to work effectively and inclusively across diverse cultural situations. Criteria for assessing cultural competence include whether agency board members, staff, interns and volunteers reflect the community to be served; ongoing professional development available for all of the previously mentioned groups; and opportunities for dialogue and feedback from culturally diverse clients and communities.
Evaluation:	The systematic process of collecting information about a project, analyzing that information, and using that information for decision-making purposes. Evaluations can include needs assessments.
Evidence-based:	Interventions that are based on peer-reviewed, published, high-quality research studies for which outcomes can confidently be assigned to the interventions in the application and/or procedures that have been adopted by national leadership as clinical or preventive guidelines. These are services that have been previously implemented in one or more communities with demonstrated success in achieving the intended results, or that otherwise demonstrate a reasonable potential for success based on research, sound (prevention/intervention) principles or relevant theory.
Goals:	Broad statements (i.e., written in general terms) that convey a project's overall intent to change, reduce, or eliminate the problem described. Goals identify the project's intended long-term results.
Indicators:	The specific items measured to depict the status of a goal, or condition of interest. Indicators must be specific, observable, and measure a characteristic or change that shows the progress a project is making toward achieving a specified outcome.
Key Staff:	The principle investigator and other individuals who contribute to the scientific development or execution of a project and are involved in a substantive, measurable way, whether or not they receive salaries or compensation under the grant; Consultants also may be considered key personnel if they meet this definition.
Lead Agency:	Serves as the single point of contact for an entity and is responsible for coordinating all activities and communications with respect to new applications or amendments.
Linguistic competency	Means that the translation and interpretation of materials and communications results in an accurate representation of the original material
Literacy	Means assuring that printed materials are appropriate for the reading comprehension level of the target population
Logic Model:	A tool for planning, describing, managing, communicating, and evaluating a project or intervention; Logic models graphically represent the relationships between a project's activities and its intended effects, state the assumptions that underlie expectations that a project will work, and frame the context in which the project operates. Logic models are not static documents. In fact, they should be revised periodically to reflect new evidence, lessons learned, and changes in context, resources, activities or expectations.

Long-Term Outcomes:	These are measures of the longer results of the project, often occurring after the project is completed. These outcomes are the ultimate reasons for undertaking a project, but may not be measurable during the project period. Typically include long-term changes in behaviors, practices, and decision-making. They may also include changes in social conditions, i.e., local arrest rates. Long-term outcomes are directly related to the goal of the project.
Memorandum of Agreement (MOA) or Memorandum of Understanding (MOU):	A non-legally binding agreement signed by two or more parties that define the terms under which all partners will cooperate.
Needs Assessment:	A process for collecting information to understand a community's concerns, characterizing its needs and resources, and eventually working together to respond to the issues identified.
Not-For-Profit Organizations:	Organizations created by statute, government or judicial authority that is not intended to provide a profit to the owners or members, and are designated 501(c) 3 and 501 (c) 4 organizations by the Internal Revenue Service
Objectives:	Project objectives describe the concrete, measurable steps your agency will take to reach the goal and achieve your intended outcome/impact/product. Objectives should be quantifiable (i.e., a numeric value can be attached). Objectives state specifically what will be done, by who, by when, and the method of measurement.
Organizational Structure:	How individuals or organizations have agreed to work together to accomplish a goal
Outcome measures:	Measures that identify and quantify the measurable outcome/impact/product and answer the questions: "How will things be different at the conclusion of the project than they are right now?" and "How do we know that our project activities are the cause of the difference?"
Population-Based Approaches:	These focus on groups of individuals. Population-based interventions emphasize multi-component projects that address social norms and the needs of individuals. Population-based approaches reach more people than individual approaches.
Process Measures:	Measures that quantify the progress on objectives and answer the questions: "Who will do what by when, to/for whom, and how many?"
Process monitoring	
Research-Based:	A project, activity, or strategy that has the highest degree of proven effectiveness supported by objective and comprehensive research and evaluation
Resources/Inputs:	Resources, sometimes referred to as inputs, include all of the human, financial, organizational, and community resources that your project can draw upon as it undertakes it work.

S.M.A.R.T. Outcome Objectives:	<p>These express the intended results or accomplishments of project or intervention activities. They most often focus on changes in policy, a system, the environment, knowledge, attitudes, or behavior. Objectives should be S.M.A.R.T., which stands for: Specific; Measurable; Attainable/Achievable; Relevant; and Time bound.</p> <ul style="list-style-type: none"> ❖ Specific—What exactly would get done for whom? ❖ Measurable—Is it quantifiable and can it be measured? ❖ Attainable/Achievable—Can it be done in the proposed timeframe with available resources and support? ❖ Relevant—Would this objective have an effect on the desired goal or strategy? ❖ Time bound—When would this objective be accomplished?
Short-Term Outcomes:	The measures of the initial results of the project. Changes often include such things as increases in knowledge, shifts in attitudes, and increases in awareness. Short term outcomes are changes that will occur within one to three years.
Stakeholder:	People who have a vested interest in the planning, development, implementation, etc.
Target Population:	The group(s) of people that project interventions are designed to reach.
Work Plan:	A work plan is a roadmap for the achievement of goals and objectives. It should be a reasonable, realistic timeline for the completion of each task to successfully implement the project.

1.1 Definitions.

J. "Rural" shall be a term applied to counties having fewer than 50,000 persons, or have less than 250 reported HIV/AIDS cases. Department of Public Health and Environment, Division of Disease Control and Environmental Epidemiology, 6CCR 1009-10, Rules and Regulations Pertaining to the COLORADO HIV AND AIDS PREVENTION GRANT PROGRAM, Adopted by the Board of Health on June 18, 2014.