**Bidders Conference**

Questions and Answers

**Q**. For the Letter of Intent can we add additional categories after the letter is submitted?

**A.** No. You need to be clear of the categories for which you are applying. If you list a category in your Letter of Intent and decide not to apply for it later that is okay, but if you apply for a category that you did not include in the Letter of Intent, it will not be accepted. The Letter of Intent is non-binding.

**Q**. For the Letter of Intent is it okay if we say in our letter that we want to apply for all five, but maybe I'll apply to just three of the service categories for MAI, is that allowed?

**A.** Yes, that is okay. The Letter of Intent is non-binding.

**Q.** So, to confirm, if we are applying outpatient and medical case management that is one application?

**A.** Yes. Those two categories are combined and one application should be submitted for those bundled categories.

**Q.** There are no places to sign or make choices of Exhibit A, page 40?

**A.** The signature line is on page 42 of the MAI RFP, on the Cover Page.

In Exhibit A, “**Bid Response Packet**” (page 39) on the “**Required Documentation and Submittals**” check list (page 44), in the “**Bidder Information and Acceptance**” section (a), the choice refers to under item 10. Item 10 was deleted in the RFP as Small Local and Emerging Businesses (SLEB) is not applicable to Ryan White funding. The reference to item 10 “**Bidder Information and Acceptance**” section has been edited in the revised RFP.

**Q.** Double-sided is that a requirement?

**A.** No, it is not a requirement.

**Q.** Will you share the PowerPoint slides with us?

**A.** Yes, we can share it. We will post them in an addendum.

**Q.** Question is in reference to page 20 of the RFP talking about funding allocations and there are different dollar amounts listed to the areas, are those the maximum for those program areas?

**A.** Yes those are the maximum amounts for each service category. The amounts are estimated based upon the Ryan White Award and we never know how much we get year to year. These amounts are based on flat funding from what is currently funded. We will know in January 2020 if that amount will change if awarded, the award letter will show the exact amount.

**Q.** We should write our proposal with the listed number in mind?

**A.** Yes you should build your budget based on the amounts listed for each service category. The amounts in the table on page 20 should be the amount agencies use to base their proposed budgets.

**Q.** Psychosocial Support is 42K?

**A.** Yes, it has not been less since I (Phoenix Smith) have worked here.

**Q.** I am not sure if our groups work, our demographic (LGBTQ) likes to have groups that are not just positive people or HIV exclusive group, our research shows they like identify groups like African American or Trans, not sure if we should apply for this award as we are integrated. What we ask for is in the addendum of the requirements.

**A.** As long as your model is serving young men who have sex with men (MSM) of color who are living with HIV or Trans women of color living with HIV, those are the priority populations. So, if you have mixed groups where those people that fit the priority population are in your groups and you can verify that, and you can meet all the requirements then yes you can have mixed groups.

**Q.** Question regarding the categories that need to be combined. Medical Case Management and Outpatient Ambulatory Health Services and Substance Abuse and Non-Medical Case Management are combined. For the case of EIS can it be applied for on its own?

**A.** Yes. One proposal for EIS. But also, if are applying for Outpatient Ambulatory Health Services and Medical Case Management you have to write a separate proposal.

**Q.** So you are saying and/or, so if we want [to serve] young men or color, MSM, or Trans is that together?

**A.** The Planning Council sets the priorities so it can be and/or.

**Q.** Besides EIS, is there another service here that can be applied to on its own?

**A.** Psychosocial and mental health are categories that stand alone.

Comments from Phoenix: We are pushing Ryan White funded agencies to utilize telehealth or various technologies, web-based etc. and expand access to services beyond the standard 9 to 5 model, in order to have more client-centered services For example, research shows that clients, especially younger people, want telehealth and web-based technologies as well as text messaging. We also encourage agencies to provide field-based services beyond the walls of the office to meet people where they are.

**Q.** Do we have to submit two separate proposals for paired categories?

**A.** No, just one for the bundled categories

**Q.** Letter of intent: does it matter from whom it comes from?

**A.** No, anyone from the organization

**Q.** Are MOU’s included in 40-page limit?

**A.** The MOU requirement on page 7 of the MAI RFP has been changed to **Letter of Support** in the revised RFP. Two letters of support must be submitted from non-HIV organizations that have expertise in serving Black and Latinx-Transwomen and Young MSM of Color.

**Q.** In submitting the proposal, it says in the RFP it must be an electronic PDF copy. How do we get that to you?

**A.** No electronic copies should be submitted. The requirement for submission of a PDF copy in Exhibit A has been deleted in the revise RFP.

**Q.** Can you clarify if you would award more than one bidder for EIS?

**A.** Only one bidder for that category.

**Q.** Do you want providers to provide services to both priority populations or ok to choose one?

**A.** Agencies can provide services to either one or both of the priority populations.

**Q.** Are there any restrictions on subcontracting?

**A.** Just have to be clear in your budget and program description that you plan to subcontract.

**Q.** What are the budget and submittal requirements for a subcontractor?

**A.** Same as primary applicant, with standard line items and justifications.

**Q.** In MAI, Exhibit A, first bullet states you also want one electronic copy in PDF

**A.** No. Electronic copies should not be submitted. The requirement for submission of a PDF copy in Exhibit A has been deleted in the revise RFP.

**Q.** MAI References, page 44- are you asking for references from former clients?

**A.** No. The references should be former and current community partners, not from clients.

**Q.** Can you combine the two award amounts for MAI Outpatient Ambulatory Health Services and Medical Case Management

**A.** Yes, the award amounts can combined, but there must be two separate budgets to show that the allocation for OAHS is spent on OAHS and that the MCM allocation is spent for MCM services

**Q.** What would happen if no one applied?

**A.** That’s never happened, we would have to release another RFP.

**Q.** Can we use the same references for both proposals?

**A.** Yes

**Q.** Can I get the federal grant number for MAI?

**A.** MAI Federal Grant Number is: 93.914

**Q.** Are there RFPs for Contra Costa County?

**A.** The CCC health department manages their own RFPs.

**Q.** Alameda County receives the Part A award?

**A.** Yes, then we split the award with Contra Costa County.

**Q.** Should bidders specify which MAI services categories they want to offer?

**A.** Yes, you must apply for a specific service category. Your letter of intent should specify the category (ies) for which you are applying.

**Q**. What is the intended definition of “out of care?”

**A**. <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/coremeasures.pdf> This is a link to the HRSA HAB performance measure guidelines. There are two measures relating to clients being in care, HIV Medical Visit Frequency and Gap in HIV Medical Visits. If a client does not meet these definitions, they are out of care.

**Q**. How much time must have passed since last contact with a patient for them to be considered out of care?

**A**. Use the HIV/AIDS Performance measures as your guide to determine if a patient is out of care. <https://hab.hrsa.gov/sites/default/files/hab/clinical-quality-management/coremeasures.pdf>

**Q**. We’re a bit confused on what percentage of funds must be for Core Services vs. Support Services. If, for example, we apply for Psychosocial Support Services (42K), then our Core Service ask must be at least 126K, correct?

**A**. HRSA requires that the recipient (Alameda County) spend at least 75% of funds for Core Services, and 25% on Support services. <https://hab.hrsa.gov/about-ryan-white-hivaids-program/part-a-grants-emerging-metro-transitional-areas> Those allocations have already been made by the Oakland TGA Planning Council. The amounts in the revised RFP reflect that break down. Agencies individually do not need to abide by the 75%/25% breakdown, that is a requirement of the TGA.

**Q**. If we adhere to this ratio and receive some funding in Core Services, would our Support Services proposal then be denied if we are not awarded enough funds to warrant the 75%/25% split?

**A**. The 75%/25% requirement applies to the recipient (Alameda County) and not to individual subaward-recipients.

**Q**. Page 44, 6. Cost, makes reference to Exhibit E. There is no such exhibit.

**A.** Reference to “Exhibit E” has been deleted from the revision.

**Q.** Page 43 of the RFP (Exhibit A – RFP No. RW0719MAI), at 3(a) Bidder Information and Acceptance, (1) states*: “Every Bidder must select one choice under Item 10 of page 3 of Exhibit A and must fill out, submit a signed page 4 of Exhibit A”.*  In looking at all of the 11 pages of Exhibit A, from pages 38 to 48 of the RFP, we cannot tell which is page 3, nor do we see an Item 10. Please clarify where this Item 10 is located.

**A.** Item 10 has been deleted. The reference to item 10 “Bidder Information and Acceptance” section has been edited in the revised RFP. In Exhibit A, “Bid Response Packet” (page 39) on the “Required Documentation and Submittals” check list (page 44), in the “Bidder Information and Acceptance” section (a), the choice refers to under item 10. Item 10 was deleted in the RFP as Small Local and Emerging Businesses (SLEB) is not applicable to Ryan White funding.

**Q**. On page 7 it sounds like we have to submit a separate application for each services category we are applying for. Is this correct?

**A.** Yes, separate applications should be made for separate service categories if you are applying for more than one:

* One application for Mental Health services
* One application for Psychosocial Support services
* One application for Early Intervention services
* One application for bundled Medical Case Management and Outpatient Ambulatory Health Services
* One application for bundled Substance Abuse services and Non-Medical Case Management.

**Q.** If we are submitting a separate application for each service category, and since Outpatient Medical and Medical Case Management are combined, do we submit one application for both combined or a separate application for Outpatient Medical and a separate application for Medical Case Management?

**A.** One application for Medical Case Management and Outpatient Ambulatory Health services bundled, and one for Substance Abuse and Non-Medical Case Management bundled service categories.

**Q.** On page 36, in section 3, it sounds like the word COPIES is missing.  Do we understand correctly that per service category, you want ONE original with wet signatures, and FIVE copies?

**A.** Yes, submit one original with wet signature and five (5) copies

**Q.** Where does the Cover Page go in the response - before the Table of Contents?

**A.** The location of the cover page is up to you.

**Q.** Please confirm that EFA is not part of this RFP.

**A.**EFA is not a part of this RFP, this service category has been removed in the revised RFP.

**Q.** Please confirm that in place of MOUs we are to provide at least two Letters of Support from non-HIV organizations.

**A.** MOUs are not required in your proposal. Two Letters of Support from non-HIV organizations are required to be submitted with your proposal. This is in the revised RFP (page 7).

**Q.** In the bidder’s conference, you mentioned that the narrative should be single-spaced. Please confirm.

**A.** Yes, narrative should be single spaced.

**RFP Revisions:**

~~Strike throughs~~ = deleted from RFP Highlights = Added or changed in RFP

| **Page No.** | **Revision** | | | |
| --- | --- | --- | --- | --- |
| 1 | ~~[Must be signed by SLEB Partner](#SLEBSubcontractor) if subcontracting to a SLEB~~ | | | |
| 4 | They also will include ~~three~~ two Support Services Non-Medical Case Management, ~~Emergency Financial Assistance~~ and Psychosocial Support. | | | |
| 4 | Agencies can apply for one or more of the following service categories: Early Intervention Services, Mental Health, ~~Emergency Financial Assistance~~, and Psychosocial Support. | | | |
| 6 | <https://hab.hrsa.gov/program-grants-management/ryan-white-hivaids-program-recipient-resources> | | | |
| 7 | <https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters> | | | |
| 7 | Must have partnerships ~~via MOU’s etc.~~ with other non-HIV organizations that have expertise in serving Black and Latinx-Trans women and Young MSM of Color and submit at least two Letters of Support | | | |
| 14-15 | * 1. ~~Emergency Financial Assistance~~      1. ~~Service Definition: Emergency Financial Assistance consists of providing limited one-time or short-term payments to agencies or establishing voucher programs to assist with an emergency need for paying for essential utilities and food (includes groceries and food vouchers), when other resources are not available.~~      2. ~~Proposed program should include the following key activities:~~         1. ~~Coordination with Case Managers~~         2. ~~Determining and documenting eligibility and need~~         3. ~~Documenting Services~~      3. ~~Proposed program should meet the following objectives and performance requirements~~         1. ~~Clients receiving service with 2 HIV medical visits per year- Target 75%~~ | | | |
| 20 | * Substance Abuse | | $38,607.47 | |
| 20 | * ~~Emergency Financial Assistance~~ | | ~~$21,058.62~~ | |
| 24 | **Completeness of Response:**  Responses to this RFP must be complete. Responses that do not include the proposal content requirements identified within this RFP (see section R in Instructions to Bidders) and subsequent Addenda and do not address each of the items listed below will be considered incomplete, be rated a Fail in the Evaluation Criteria and will receive no further consideration.  Responses that are rated a Fail and are not considered may be picked up at the delivery location within 14 calendar days of contract award and/or the completion of the competitive process. | | | |
| 25 | **~~Formatting~~**   1. ~~13-point Arial font, single-spaced~~ 2. ~~1-inch margins~~ 3. ~~Total response not to exceed 40 printed pages, including exhibits, attachments, and table of contents~~ 4. ~~Printed on 8.5 x 11-inch paper~~   ~~Each page should be sequentially numbered, including exhibits~~ | | | ~~Pass/Fail~~ |
| 26 | **Implementation Plan and Schedule:**  An evaluation will be made of the likelihood that Bidder’s implementation plan and schedule will meet the County’s schedule. ~~Additional credit will be given for the identification and planning for mitigation of schedule risks which Bidder believes may adversely affect any portion of the County’s schedule.~~   1. Does the implementation plan depict a logical approach to fulfilling the requirement of the RFP? 2. Does the implementation plan match and contribute to achieve the objectives set out in the RFP?   Does the implantation plan interface with the County’s time schedule? | | | 10 Points |
| 27 | **I.** | **Use of Technology and Telehealth**  Proposals will be evaluated on integration of telehealth i.e. text messaging, video streaming, etc. into services for both populations, YMSM of Color and Transwomen of color.  1. Does proposal include agency policy and procedure updates to support the use of technology for outreach and client services?  2. Does the proposal clearly describe how telehealth policy and procedures will be implemented to support the use of technology for outreach and client services? | | 10 Points |
| 27-28 | **~~I.~~** | **~~Methodology:~~**  ~~Proposals will be evaluated against the RFP specifications and the questions below:~~   1. ~~Does the methodology depict a logical approach to fulfilling the requirements of the RFP?~~ 2. ~~Does the methodology match and contribute to achieving the objectives set out in the RFP?~~   ~~Does the methodology interface with the County’s time schedule?~~ | | ~~15 Points~~ |
| 28 | **J.** | **Extended Service Hours Offered**  Proposals will be evaluated against the requirement to offer extended services hours during evenings and/or weekends. | | ~~5~~ 10 Points |
| 35 | The ~~Procurement department's~~ Office of HIV Care’s timestamp shall be considered the official timepiece for the purpose of establishing the actual receipt of bids. | | | |
| 36 | Bidders are to submit one original hardcopy bid (Exhibit A – Bid Response Packet, including additional required documentation), with original ink signatures, plus five (5) copies of their proposal. | | | |
| 39 | * **AS DESCRIBED IN THE SUBMITTAL OF BIDS SECTION OF THIS RFP, BIDDERS ARE TO SUBMIT ONE ORIGINAL HARDCOPY BID (EXHIBIT A – BID RESPONSE PACKET), INCLUDING ADDITIONAL REQUIRED DOCUMENTATION), WITH ORIGINAL INK SIGNATURES, PLUS five (5) Copies ~~AND ONE ELECTRONIC COPY OF THE BID IN PDF (with OCR preferred)~~** | | | |
| 43 | ~~Emergency Financial Assistance~~ | | | |
| 44 | Every Bidder must ~~select one choice under Item 10 of page 3 of Exhibit A and must fill out,~~ submit a signed cover page (page 42 of Exhibit A). | | | |
| 44 | Bidders are to provide a list of three (3) current and three (3) former ~~client~~ community partner references. | | | |