RFP#ETHE072020

Questions and Answers from Bidders Conferences

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| Q: Question about page limitation: what is included in the 20 pages?  A: The 20 pages of narrative includes the Letter of transmittal, key personnel, description of proposed services, cost (but not the use of exhibits D and E) implementation plan, capacity and relevant experience, data and reports. Exhibits are not counted in the 20 pages. |
| Q: What kinds of equipment are restricted for purchase with these funds:  A: Construction equipment, cars, durable medical equipment |
| Q: Do normal Ryan What cost restrictions apply?  A: Yes, normal Ryan White cost restrictions do apply. |
| Q: So are these innovation projects are innovation within the current framework  A: Yes. Innovative services for people living with HIV |
| Q: What about out-year funding. The RFP says potential for renewal for up to 5 years.  A: Focus your response for this four-month funding only. The other years are dependent on federal funding and not guaranteed. |
| Q: Would you recommend attending both bidders conference?  A: Only if you have the time. All of the Q&A will be published on the County website |
| Q: Could you please share the RFP link to the county website? A: That will be sent out via email.  <https://www.acgov.org/gsa_app/gsa/purchasing/bid_content/contractingdetail.jsp?BID_ID=2282> |
| Q: What kinds of questions are expected in the Q&A  A: Any question. In the past, we have received questions in the past about formatting, content,  funding, technical questions, etc. |
| Q: How is innovation defined:  A: Addressing the needs of the priority populations, flexibility of services, increasing access, utilizing  telehealth and technology ie. Video calls, video support groups, text messaging etc. |
| Q: Does the County have any preferred platform for use for telehealth  A: No, there is no preferred platform |
| Q: Do extended service hours need to be physical or can they be virtual  A: They can be virtual and physical. During this pandemic, there isn’t an expectation of in-person services unless they are absolutely required. |
| Q: Is there a minimum number of extended hours required?  A: No there is no minimum. |
| Q: If an agency already has extended service hours, does there need to be more extended hours in addition to those that already exist?  A: No, the extended hours just need to be outside of the tradition 9am-5pm day. |
| Q: Does offering telehealth outside of the traditional 9-5 day be considered extended hours?  A: Yes, telehealth outside the traditional 9-5 workday is considered extended hours. |
| Q: What about double dipping?  A: Agencies are expected to have a system in place to accurately track clients who are served by different programs. We know that there are clients who receive Ryan White services who will also receive services through this funding source, and that is OK. It is key to be sure to adequately document the different service through the different funding sources. |
| Q: What will subsequent years of funding look like?  A: We do not know yet, but we anticipate year 2 funding to be for a full year. |
| Q: What will be the amount for next year’s funding? |

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| A: We do not know yet, it will likely be $20,000 but depend on the award the County receives. We will  likely extend contracts for another year, but we will also look at performance. |
| Q: How are EFA funds used for phones?  A: These aren’t EFA funds, Contact the EFA provider for that information. |
| Q: What are the complexities of tracking for using Ryan White funds for phones, especially under the CARES act funding?  A: This isn’t CARES act funding, this is Ending the HIV Epidemic Funding. It’s complex for our office as the administrator of these fundings, so for example, we can’t ensure that phones are only used for medical and health purposes, when clients lose phones we can’t replace them etc. |
| Q: Are there conferences associated with ETHE funds that we need to budget for?  A: At this point, NO, while we are still sheltering in place. |
| Q: Program Specific requirements (d): Must address client’s physical, mental, emotional, and spiritual needs, as well as provide education on risk reduction, stigma, mental health, substance use and abuse, and HIV medication adherence. We must address all of these?  A: No, must address at least some of them. |
| Q: What hours are considered evening hours?  A: Any hours after the clinic or site traditionally closes and any hours after 9am-5pom. For example if clinic closes at 5, 6pm is evening hours etc. would be considered extended evening hours. |
| Q. Can you define the criteria that will qualify a client as “unstably housed or who are houseless”  (Page 5)  A. Please see HUD document defining homelessness available using this link: [https://files.hudexchange.info/resources/documents/HomelessDefinition\_RecordkeepingRequire mentsandCriteria.pdf](https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf) |
| Q. Our team would like to provide our homeless clients with headphones so that they can have extra privacy during telemedicine visits, is this an acceptable supply cost?  A. Yes, please include this is a line item on your budget and be sure to submit receipts with all detailed information when you invoice |
| Q. Our team would like to provide our homeless clients with batteries with built-in solar chargers so that they can ensure their devices are charged and ready for telemedicine visits, is this an acceptable supply cost?  A. Yes, please include this as a line item under supplies on your budget with detailed description and  be sure to submit receipts with detailed information when you invoice. |
| Q. Our team would like to provide our homeless clients with pre-paid smartphones so that they can do telemedicine visits, is this an acceptable supply cost?  A. YES see HRSA Guidance below. As long as a clear written documented plan on how pre-paid smartphones will be used, and a clear well documented system of tracking and storage is included in the description, that is sufficient. See language from the EtHE Notice of Award below on allowable expenses.  EHE funds may not be used to make cash payments to intended clients of EHE funded  services. This prohibition includes cash incentives and cash intended as payment for EHE services. Where direct provision of the service is not possible or effective, store gift cards,  vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals  and objectives of the EHE are also allowable as incentives for eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which |

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| assures that they cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network,  such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general use prepaid cards, not store gift cards, and therefore are also unallowable. |
| Q. Our team would like to provide our homeless clients with gift cards that can redeemed for data plan credit at dedicated retailers like Metro and Boost Mobile to insure that their smartphone has enough available data to do telemedicine visits, is this an acceptable supply cost?  A. Yes, gift cards are allowed, as long as there is a clear, and well documented plan on how you are going to track disbursement of cards, and ensure that they are housed in a locked space etc. |

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| **1. DATE ISSUED:**  02/20/2020 | | **2. PROGRAM CFDA:** 93.686 | | | | NOTICE OF AWARD  AUTHORIZATION (Legislation/Regulation)  Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff­11 et seq.). | | | |
| **3. SUPERSEDES AWARD NOTICE dated:**  except that any additions or restrictions previously imposed remain in effect unless specifically rescinded. | | | | | |
| **4a. AWARD NO.:**  1 UT8HA33916­01­00 | | **4b. GRANT NO.:**  UT8HA33916 | | **5. FORMER GRANT NO.:** | |
| **6. PROJECT PERIOD:**  **FROM:** 03/01/2020 **THROUGH:** 02/28/2025 | | | | | |
| **7. BUDGET PERIOD:**  **FROM:** 03/01/2020 **THROUGH:** 02/28/2021 | | | | | |
| **8. TITLE OF PROJECT (OR PROGRAM):** Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B | | | | | | | | | |
| **9. GRANTEE NAME AND ADDRESS:**  ALAMEDA, COUNTY OF  1000 Broadway Ste 500  Oakland, CA 94607­4033 **DUNS NUMBER:** 101367600 | | | | | | **10. DIRECTOR:** (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)  Phoenix Smith ALAMEDA, COUNTY OF  1000 Broadway, Suite 500  Oakland, CA 94607­4033 | | | |
| **11.APPROVED BUDGET:**(Excludes Direct Assistance)  **[X]** Grant Funds Only  [ ] Total project costs including grant funds and all other financial participation | | | | | | 1. **AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**    1. Authorized Financial Assistance This Period **$850,000.00**    2. Less Unobligated Balance from Prior Budget Periods       1. Additional Authority $0.00       2. Offset $0.00    3. Unawarded Balance of Current Year's Funds $0.00    4. Less Cumulative Prior Awards(s) This Budget $0.00 Period    5. AMOUNT OF FINANCIAL ASSISTANCE THIS **$850,000.00**   ACTION | | | |
| a . Salaries and Wages : $0.00  b . Fringe Benefits : $0.00  c . Total Personnel Costs : $0.00  d . Consultant Costs : $0.00  e . Equipment : $0.00  f . Supplies : $0.00  g . Travel : $0.00  h . Construction/Alteration and Renovation : $0.00 i . Other : $850,000.00  j . Consortium/Contractual Costs : $0.00  k . Trainee Related Expenses : $0.00  l . Trainee Stipends : $0.00  m Trainee Tuition and Fees : $0.00  .  n . Trainee Travel : $0.00   * . TOTAL DIRECT COSTS : $850,000.00 p . INDIRECT COSTS (Rate: % of S&W/TADC) : $0.00 q . TOTAL APPROVED BUDGET : $850,000.00   1. Less Non­Federal Share: $0.00   2. Federal Share: $850,000.00 | | | | | |
| **13. RECOMMENDED FUTURE SUPPORT:** (Subject to the availability of funds and satisfactory progress of project) | | | |
| 1. **APPROVED DIRECT ASSISTANCE BUDGET:**(In lieu of cash)    1. Amount of Direct Assistance $0.00    2. Less Unawarded Balance of Current Year's Funds $0.00    3. Less Cumulative Prior Awards(s) This Budget Period $0.00    4. AMOUNT OF DIRECT ASSISTANCE THIS ACTION **$0.00** | | | |
| **15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A ]**  Estimated Program Income: $0.00 | | | | | | | | | |
| **16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:**  a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is  acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system. | | | | | | | | | |
| **REMARKS:** (Other Terms and Conditions Attached **[ X ]Yes [ ]No**) | | | | | | | | | |
| ***Electronically signed by Brad Barney , Grants Management Officer on :*** 02/20/2020 | | | | | | | | | |
| **17. OBJ. CLASS:** 41.15 | | **18. CRS­EIN:** 1946000501A1 | | **19. FUTURE RECOMMENDED FUNDING:** $0.00 | | | | | |
| **FY­CAN** | **CFDA** | | **DOCUMENT NO.** | | **AMT. FIN. ASST.** | | **AMT. DIR. ASST.** | **SUB PROGRAM CODE** | **SUB ACCOUNT CODE** |
| 20 ­ 377EAGR | 93.686 | | 20UT8HA33916 | | $850,000.00 | | $0.00 |  | 20RWHAP­A­B |













































