



**Addendum #1  
RFP 03-1415  
HIV/AIDS Patient Care Services  
Early intervention Services  
via Peer Mentoring**

Date: January 8, 2014  
To: Prospective Vendors  
From: Flora Davis, Program Director  
Subject: Addendum #1 to 03-1415

---

The purpose of this addendum is to:

1. Page 5, Section 1.2 – Amend potential renewal terms
2. Page 16, Section 3.3 – Amend Care coordination section reference
3. Page 17, Section 3.4 – Clarify page limits

**BUILDING A HEALTHIER REGION THROUGH RESEARCH AND COLLABORATION**

---

100 North Laura St. Suite 801 • Jacksonville, FL 32202 • P. 904.301.3678 • F. 904.301-3682  
- 101 South Palmetto Ave. Suite 5 • Daytona Beach, FL 32114 • P. 386.323.2046 • F. 386.323.2048  
**WWW.HPCNEF.ORG**

## SECTION 1 INTRODUCTORY MATERIALS

### 1.1 Statement of Purpose

The purpose of this Request for Proposal (RFP) is to competitively procure HIV/AIDS Patient Care Services for Volusia and Flagler counties (Area 12) in the state of Florida. This RFP meets the requirements of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White) and the state of Florida General Revenue Patient Care Network (PCN) This RFP covers the provision of specified care services (see Section2.1) throughout Area 12.

### 1.2 Term

It is anticipated that the contracts resulting from this RFP shall be for an estimated period of one (1) year with up to ~~two (2)~~ one (1) one (1) year renewals. Estimated funding of \$81,373.00 has been identified as potentially being available through March 31, 2015 for Early Intervention Services (EIS) via Peer Mentoring.

Grant awards will be determined by the lead agency at its sole discretion based on the availability of funds.

The lead agency reserves the right to offer multiple grant awards as it deems in the best interest of the State of Florida, Area 12 and the lead agency. Before grant awards are made, the lead agency may conduct pre-decisional site visits to further assess the applicant's infrastructure and organizational capacity. The lead agency may negotiate with respondents on the number of clients to be served in order to ensure adequate coverage throughout Area 12 and to ensure that services are available for all clients in Area 12. Additionally, the lead agency reserves the right to negotiate budgetary changes with applicants prior to the offer of a grant award or execution of the Contract.

Applicants may decline the modified grant award and may request a commensurate modification in the scope of the contract. If, during the grant funding period, the authorized funds are reduced or eliminated by the federal grantor agency or the Department, the lead agency may immediately reduce or terminate the grant award by written notice to the grantees. No such termination or reduction, however, shall apply to allowable costs already incurred by the grantees to the extent that funds are available for payment of such costs.

### 1.3 Definitions

- **“Administrative costs”** mean costs for general management, oversight, coordination, evaluation, and reporting on eligible activities as stated in Section 2.8, Task List. Such costs do not include costs directly related to carrying out eligible activities, since those costs are eligible as part of the activity delivery costs of such activities. Administrative costs are limited to no more than 10% of the portion of the grant amount they receive.
- **“Allowable Services”** mean the HIV/AIDS patient care services listed in the current federal Glossary of Services as referenced by the Health Resources and Services Administration in the Ryan White CARE Act Title II Manual (2002); the eligible activities as stated in Section2.8, Task List as governed by the list of HIV/AIDS patient care services administered by the Department of Health, HIV/AIDS and Hepatitis Program, Bureau of Communicable Diseases under the Division of Disease Control and Health Protection, all of which are incorporated by reference and available upon request from the Department of Health, HIV/AIDS and Hepatitis Program, Bureau of Communicable Diseases under the Division of Disease Control and Health Protection at 4052 Bald Cypress Way, Bin A09, Tallahassee, FL 32399-1715. The allowable services actually delivered are based on availability, accessibility and funding of the service.

**RFP #01-1415**  
**HIV/AIDS PATIENT CARE SERVICES**  
**Area 12**

3. Organization's mailing address, including City, State and Zip Code
4. Telephone number, fax number and e-mail address of the person who can respond to inquiries regarding the proposal
5. Federal Employer Identification Number (FEIN) of the organization
6. Signature of the person authorized to submit the proposal on behalf of the organization along with this statement: "By signing this document, I do hereby attest that the information within is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability."

***One (1) Page Limit***

**3.2 Table of Contents**

Each copy of the proposal shall contain a table of contents identifying major sections of the proposal with page numbers. ***Two (2) Page Limit***

**3.3 Description and Approach to Performing Task**

The proposal shall include a narrative section to provide details of the services as specified in this solicitation. The respondent(s) technical approach will demonstrate a thorough understanding and insight into this project. At a minimum, this section should address:

- A synopsis of corporate qualifications, indicating ability to manage and complete the proposed project;
- Description of similar projects to the one proposed in the RFP that the respondent(s) has previously performed
- Documented evidence of successful experience and knowledge of providing similar related services and tasks.
- The respondent(s) demonstrated technical knowledge, expertise and ability to meet the specifications stated in the Scope of Service, Section 2.1 and Major Program Goals, Section 2.3.
- The respondent's understanding of all areas of work within the Task List, Section 2.8
- The respondent's approach to meeting areas of work within the Task List, Section 2.8 and the applicable Service Specific Standards in **Attachment VII**, including staffing levels.
- Care coordination, ~~Section 0~~ **Section 2.24**. If the proposal is for multiple services the provider's internal coordination approach should also be described.
- The respondent's quality management procedures.
- Knowledge of and experience using the state CAREWare database
- A guarantee that the respondent(s) understands the Health Planning Council's standards is able to perform in a manner consistent with Health Planning Council standards, and that system operation will not be interrupted if these standards change.

***Fifteen (15) Page Limit - including all services proposed***

**3.4 Budget Summary**

Cost Proposals and Budget Narratives with a detailed justification and breakdown of costs to include the initial year and the (2) two renewal years for each service(s). All costs contained in the Budget Summary must be directly related to the services and activities proposed to be provided and identified in the proposal.

The cost proposal must comply with the requirements presented in this RFP (Respond on **Attachment II**).

**RFP #01-1415**  
**HIV/AIDS PATIENT CARE SERVICES**  
**Area 12**

The budget narrative must provide detailed justification for each direct care service (**One (1) page limit**). The applicant should also describe the administrative and fiscal infrastructure that will enable them to track and expend funds in accordance with generally accepted accounting practices.

**Three (3) Page Limit– including budget narrative; per service proposed– excluding Cost Proposals**

### **3.5 Description of Staffing and Organizational Capacity**

The respondent(s) proposal must include:

1. A table of organization or organizational chart presented on one page
2. A current roster of the board of directors including name, address and telephone numbers
3. A description of the staff who will provide the service, their qualifications, resumes and their number
4. Proof of the respondent(s) financial stability (Audit management letter only)
5. Respondent Experience form **Attachment III** -(No letters of Support should be submitted)
6. Proof of non-profit and/or governmental entity vendor designation status
7. Proof of Liability Insurance covering the professional activities of the organization
8. Copy of Business/Occupational Licenses
9. Proof of Federal, State or City Certification as a Certified Minority Business Enterprise (CMBE) (if applicable)
10. **Attachment IV**, Required Certifications

**Page Limits do not apply to this section**

### **3.6 Results of Monitorings**

Please include copies of results of all monitorings of HIV/AIDS-related programs from the last twelve months (not including monitorings compiled by Health Planning Council). Does not count toward page limits.

## **SECTION 4 SPECIAL INSTRUCTIONS TO RESPONDENTS**

### **4.1 Instructions for Submitting Proposals**

- Proposals may be sent by U.S. Mail, Courier, or Hand-Delivered to the location as identified in the Timeline. Faxed or emailed proposals will not be accepted.
- Proposals must be submitted in a sealed envelope/package with the solicitation number and the date and time of the bid opening clearly marked on the outside.
- The Health Planning Council is not responsible for any envelope which is not properly marked.
- It is the responsibility of the respondent(s) to assure their proposal is submitted at the proper place and time indicated in the Timeline. The Health Planning Council's clocks will provide the official time for bid receipt and opening.
- **Late proposals/offers will not be accepted.**

### **4.2 Instructions for Formatting Proposals**

- Respondents are required to complete, sign, and return the "Cover Page" with their proposals.
- Each Section shall not exceed the page limits as identified in SECTION 3, Grant Proposal Instructions. The proposal shall not exceed 50 pages. For proposals that exceed the page limit, only the first 50 pages will be reviewed and scored.
- The Description and Approach to Performing Task should be no longer than 15 pages.
- The proposal should be single-spaced.
- The pages should be numbered and one-inch margins should be used.
- The font size and type is at the discretion of the respondent(s) but must be at least as large as the font type you are currently reading (Franklin Gothic Book 11).