STATE OF TENNESSEE
DEPARTMENT OF HEALTH

REQUEST FOR APPLICATION

FOR

HIV PREVENTION ACTIVITIES IN SOUTHWEST TENNESSEE

RFA # 34349-95120
REQUEST FOR APPLICATION
STATE OF TENNESSEE
DEPARTMENT OF HEALTH

I. Introduction:

Program Goals

The purpose of this Request for Application (RFA) is to support the implementation of targeted HIV prevention activities, including HIV testing, evidenced-based behavioral interventions (i.e., high impact prevention (HIP) strategies), and pre-exposure prophylaxis (PrEP) navigation to: 1) reduce undiagnosed and late-diagnosed HIV; and 2) ensure linkage to, and participation in, HIV medical care and supportive services for persons living with HIV (PLWH). Funded agencies will provide strategic risk reduction, prevention, and support services to both priority prevention populations and PLWH.

Program Information

The HIV Prevention Program at the Tennessee Department of Health (TDH) has announced the expected availability of federal funding for eligible entities to provide HIV testing, evidence-based behavioral interventions, and PrEP navigation services to persons at greatest risk for acquiring or transmitting HIV. Funding may also be used to support an applicant to become a certified HIV Counseling, Testing, and Referral (CTR) training agency.

TDH HIV prevention strategies are aligned with the National HIV/AIDS Strategy\(^1\), the Tennessee HIV/AIDS Strategy\(^2\), and Ending the HIV Epidemic: A Plan for America\(^3\). The National and Tennessee HIV/AIDS strategies have four goals:

- Reduce new infections in highest incidence areas;
- Increase access to health care and improve health outcomes among PLWH;
- Reduce HIV related disparities and health inequities; and
- Increase internal and external collaboration between HIV prevention and care providers to ensure a seamless system of care is available to individuals with HIV/AIDS.

The key strategies in Ending the HIV Epidemic: A Plan for America are:

Diagnose all people with HIV as early as possible;
Treat HIV rapidly after diagnosis, and effectively, in all PLWH to help them get and stay virally suppressed;
Prevent HIV by using proven prevention interventions, including PrEP and syringe service programs (SSPs); and
Respond quickly to potential HIV outbreaks and provide prevention and treatment services to people who need them.

In addition to aligning with national and statewide strategies, the priority populations and interventions supported with these funds have been identified through a community-driven planning process.

Funding available through this RFA is determined by a formula that is based on the number of reported new diagnosis of HIV in Southwest Tennessee (TN). Southwest TN is defined as Shelby, Tipton, and Fayette counties.

Background Information about HIV in Southwest Tennessee

The Southwest TN region is made up of three counties: Shelby, Tipton, and Fayette. Shelby County, home to the City of Memphis, is the most populated county in TN. The Southwest TN region is home to over 1 million people. Southwest TN has been deeply impacted by the HIV epidemic. In 2017, nearly 40% of Tennessee’s 17,522 PLWH lived in the Southwest, of whom 43% reported male to male sex as their transmission risk factor and almost one third (27%) identified as African American cisgender females. While approximately half of the population is African American, 83% of PLWH in Southwest TN are African American.

Hispanic cisgender males newly diagnosed with HIV who reported male-to-male sex increased by 15% throughout TN from 2013 to 2017. Of the new diagnosis among the LatinX community in 2017, 27% were in Southwest TN.

In 2017, the rate of new HIV diagnoses in the Southwest region was 24.1 per 100,000, ranking highest in the state among all regions. In comparison, Middle TN (including Davidson County, home to the City of Nashville), the most populous region in TN, had a rate of 9.8 new HIV diagnoses per 100,000. Southwest TN had more than quadruple the rate of Middle TN for identifying persons at the time of diagnosis with advanced HIV (Stage 3) (5.3 per 100,000). Because Stage 3 illness occurs years after initial HIV infection, this indicates delays in HIV diagnoses for persons in Southwest TN. The HIV Continuum of Care (CoC) provides a framework for the stages of HIV medical care from initial diagnosis through viral suppression. For example, in 2016 in TN, 46% of persons newly diagnosed with HIV were linked to care within 30 days and 40% of newly diagnosed Southwest TN residents were linked within 30 days. Additional disparities were observed among African Americans and youth (aged 15-24 years). Disparities were observed among the LatinX community throughout the State.

Linkage between HIV Prevention and Care
Linkages with other programs and services are a vital component to meeting client needs related to HIV prevention. Prevention providers are often not able to meet all of the various needs of every client. Therefore, linkages and collaborations among other agencies provide more comprehensive and effective services to meet the complex issues and concerns of clients receiving HIV prevention services.

TDH is committed to linking medical and support services from testing to diagnosis to treatment for all HIV clients living with diagnosed HIV in order to maintain their health and quality of life by providing a successful continuum of HIV services. It is imperative that HIV providers collaborate and stay informed about programs and agencies in the community. Referrals by HIV prevention providers should include HIV care and treatment, HIV partner counseling and testing, sexually transmitted infection (STI) and viral hepatitis testing, substance abuse and/or mental health counseling, housing assistance, food pantry service, and transportation services to medical appointments. As linkages and collaborations occur, the result should be:

- Provider-level and client-level knowledge of HIV transmission;
- Early identification of HIV;
- Improved quality and efficiency of services;
- Reduced community, provider, and client level stigma;
- Identification and elimination of services gaps; and
- Coordination of resources and services for prevention and care programs.

The State is seeking applications to provide the services outlined in this RFA. The State will offer grant(s) for a combined total of up to $600,000. The project period is expected to begin on January 1, 2020 and will last for 12 months. At this time, no additional funding is guaranteed beyond the 12-month project period. Should additional funding become available at the end of each grant term, the State reserves the right to renew the grant(s) for a period not to exceed one year with the maximum term not to exceed three (3) years total. The number and amount of grants awarded will depend on the number and budgets of the applications received.

II. APPLICATIONS

Eligible HIV Prevention Activities

Applicant organizations may propose HIV Prevention activities from one or more of the categories below. Included in these categories are Behavioral Interventions – which are recommended Centers for Disease Control and Prevention (CDC) HIP projects.

Agencies can propose to implement HIV prevention activities in one or more of the following four categories:

1. **HIV counseling, testing & referral**: Organizations wishing to conduct HIV testing under the TDH HIV testing program may apply. The application must include number of tests, target populations/locations, and strategies for reaching a 1% positivity rate. Tools for planning a CTR program can be found at [https://effectiveinterventions.cdc.gov/](https://effectiveinterventions.cdc.gov/). The link will be receiving upgrades...
after December 31, 2019 and will not be accessible for an undetermined period of time.

2. **HIV counseling, testing & referral training (“I Know” training):** Organizations wishing to facilitate HIV CTR training under the TDH capacity building program may apply. The Applicant must be able to provide at least one training each quarter of the year. The Applicant must complete training certification and be willing to train participants in TDH approved rapid testing devices. See Exhibit 5 for “I Know” training topics.


4. **Behavioral Interventions:** In 2020, funding for behavioral interventions will be limited to those that target HIV negative African American women, African American men who have sex with men (MSM), Latino MSM and transgender persons, and PLWH. At least 90% of individuals enrolled in behavioral interventions must come from these priority populations.

5. More information regarding behavioral interventions can be found at [https://effectiveinterventions.cdc.gov/](https://effectiveinterventions.cdc.gov/). The link will be receiving upgrades after December 31, 2019 and will not be accessible for an undetermined period of time.

Eligible behavioral interventions and priority populations for this RFA are as follows:

- Anti-Retroviral Treatment and Access to Services (ARTAS): People living with diagnosed HIV;
- Healthy Relationships: People living with diagnosed HIV;
- Sin Buscar Excusas/No Excuses: Latino men who have sex with men;
- Many Men, Many Voices (3MV): African American men who have sex with men;
- MPowerment: Latino men who have sex with men AND African American men who have sex with men OR African American men who have sex with men only;
- Social Network Strategy (SNS) for HIV Testing Recruitment and PrEP: African American women; and

To respond to this RFA, please complete the Application and include all required documentation. See the Checklist for Submission of Applications (on page 8) for additional required documents.

Attachment 3 is the Grant Budget. This section shall contain all information relating to cost, based on a line item budget. Complete the Grant Budget form and the attached Line Item Details form. A description of how dollars will be used must be provided for each line item completed, as applicable for the Budget form.

Note: Please use the Department of Finance and Administration – Policy 03 Schedule A (please refer to pages 11-16 of that policy) for your use in determining in which expense category an item should be listed in your grant budget. This policy can be found on the internet at the address listed below:

https://www.tn.gov/content/dam/tn/finance/documents/fa_policies/policy3.pdf

III. Schedule of Events

The following is the anticipated schedule for awarding grants for the HIV prevention programs in Southwest Tennessee. The State reserves the right to adjust the schedule as it deems necessary.

<table>
<thead>
<tr>
<th>EVENT</th>
<th>TIME</th>
<th>DATE</th>
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<tbody>
<tr>
<td>1. RFA Issued</td>
<td></td>
<td>December 23, 2019</td>
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<tr>
<td>2. Pre-response Teleconference</td>
<td>11:00 a.m.</td>
<td>January 3, 2020</td>
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<td>3. Written “Questions &amp; Comments” Deadline</td>
<td>2:00 p.m.</td>
<td>January 7, 2020</td>
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<td>4. State Response to Written “Questions &amp; Comments”</td>
<td></td>
<td>January 10, 2020</td>
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<tr>
<td>5. Deadline for Applications</td>
<td>2:00 p.m.</td>
<td>January 21, 2020</td>
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<td>6. Evaluation Notice Released</td>
<td></td>
<td>January 31, 2020</td>
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<tr>
<td>7. Effective Start Date of Contract</td>
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<td>March 1, 2020</td>
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Pre-response Teleconference:

A pre-response teleconference will be held at the time and date detailed in the RFA Schedule of Events to answer questions concerning the funding opportunity. The information for the pre-response teleconference is as follows:

Meeting Name: RFA HIV Prevention SW TN
Meeting number (access code): 649 758 320
Meeting password: pPrSHan3
Meeting Link: https://tngov.webex.com/tngov/j.php?MTID=ma30a108906e53b1ec44fba8951ca2926
Join by phone: +1-415-655-0003 US TOLL

Attendance on the teleconference is optional. A recording of the teleconference will be made available. Please submit additional questions by the scheduled deadline as indicated above to Melissa Painter, Competitive Procurement Coordinator, listed below in Section IV.

Questions and Answers:

All questions concerning this RFA must be presented to the Competitive Procurement Coordinator shown in Section IV., in writing, on or before the Deadline for Written Questions and Comments as detailed above in the Schedule of Events. Questions may be faxed, emailed, mailed, or hand-carried to the Competitive Procurement Coordinator. The State’s responses will be emailed and posted as an Amendment to the following website: https://www.tn.gov/health/funding-opportunities.html.

Deadlines stated above are critical. If documents are submitted late, they will be deemed to be late and cannot be accepted. The clock-in time will be determined by the time of the online submission. No other clock or watch will have any bearing on the time of application receipt.

Each applicant shall assume the risk of the method of dispatching any communication or application to the State. The State assumes no responsibility for delays or delivery failures resulting from the method of dispatch.

IV. Submission of Applications:

Please submit the completed application with all attachments by online submission via the following link no later than the deadline specified in Section III, Schedule of Events in the form and detail specified in this RFA.

Web Link: https://www.tn.gov/health/funding-opportunities.html
Please contact the Competitive Procurement Coordinator at the address shown below with any issues or concerns with online submission. **The application and all attachments must use 12-point font. Page limits are noted in Attachment 1.**

Melissa Painter  
Competitive Procurement Coordinator  
Service Procurement Program  
Division of Administrative Services  
Andrew Johnson Tower, 5th Floor  
710 James Robertson Parkway  
Nashville, TN 37243  
Phone: (615) 741-0285  
Fax: (615) 741-3840  
Email: Competitive.Health@tn.gov

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Checklist for Submission of Applications:

- **Application Form (Attachment 1), signed by a person that has signatory authority:**
  - Population & HIV Burden Description
  - Organizational Capacity
  - Work Plan by Proposed Program *(Exhibit 1)*
  - Evaluation Plan by Proposed Program *(Exhibit 2)*
  - Letter of Assurance *(Exhibit 3)*
  - Resume(s) for key personnel (max 2 pages per person) *(Exhibit 4)*
  - Appendices (max 5 pages per proposed program) *(Exhibit 5)*

- **2-page Budget Form (Attachment 3)**

- Documentation of incorporation and exemption from Federal Income Tax under Section 501(c) of the Internal Revenue Service Code. If an organization does not have its own tax-exempt letter, it should attach a copy of the IRS tax-exemption determination letter of the agency that will act as fiscal agent for the project and a signed letter of agreement between the organization and the fiscal agency describing how the funds will be handled should a grant be awarded.

- Form W-9, Request for Taxpayer Identification Number (TIN) and Certification *(Mailed per instructions.)*

- State of Tennessee, Department of Finance and Administration ACH (Automated Clearing House) Credits and Instructions *(Mailed per instructions.)*

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V. **Application Evaluation:**
An evaluation committee made up of at least three (3) representatives of the Department of Health will be established to judge the merit of eligible applications.

A. The committee shall review applications on the basis of the information requested in the RFA. Applications will be evaluated based on the following criteria:

1. Population & HIV Burden Description
2. Organizational Capacity
3. Work Plan by Proposed Program(s)
4. Evaluation Plan
5. Budget & Budget Narrative

The committee will evaluate and recommend for selection to the Commissioner of the Department of Health the applications which are most responsive to the State’s needs.

B. Any application that is incomplete or contains significant inconsistencies or inaccuracies shall be rejected. The State reserves the right to waive minor variances or reject any or all applications. The State reserves the right to request clarifications from all applicants.

VI. Sample Grant Contract

Following the State’s evaluation, grant contracts will be prepared as shown in the Sample Grant Contract.

The Sample Grant Contract has optional clauses based on the services you are applying for:

Certified HIV CTR Training Agency
Evidence-based Behavioral Interventions
HIV Testing
PrEP Navigation Services

It is imperative that each applicant review the entire Sample Contract with its legal counsel prior to submitting an application for the HIV prevention programs in Southwest Tennessee grant award and notify the State in advance if it cannot accept any terms or conditions. The Application for a HIP Project in Southwest Tennessee grant award asks you to list any terms or conditions that your organization cannot accept. Taking any exceptions to State contract language may result in the Application being deemed non-responsive and rejected. Any later requests for contract changes will not be entertained.