**State of Alaska**
**Department of Health and Social Services**
**Division of Public Health**

# Request for Proposals
# HIV/AIDS Prevention
# For FY2025 Through FY2028
Grants and Contracts

NOTICE: Proposals will ONLY be accepted through GEMS. Applicants are responsible for reviewing the GEMS homepage at https://gems.dhss.alaska.gov/ for details regarding agency registration and availability of technical assistance. Log into GEMS through myAlaska, https://my.alaska.gov/Welcome.aspx to begin the application process. Once you are logged into GEMS, guidance and instruction are available in the Documents tab and from the film strip icon. Applicants are responsible for monitoring GEMS or the State Online Public Notices site for any changes or amendments that may be issued regarding this solicitation.

Relay Alaska provides assisted communication services at 711 or 1-800-770-8973 from a TTY phone, and at 1-800-770-8255 from a voice phone.

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PROPOSAL DUE DATE: February 20, 2024, 3:59 PM
DEADLINE FOR WRITTEN INQUIRIES: February 12, 2024, 3:59 PM
PROJECT PERIOD BEGINS: August 1, 2024

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## Amendments

**Amendment 1 Cancel RFP to add federal requirements.** **Posted: 2/20/2024**

***Explanation***

This RFP is being cancelled due to the need for newly released federal requirements to be included. A new RFP will be posted to solicit grantees to provide HIV/AIDS Prevention services as soon as possible. Please monitor the State of Alaska Online Public Notice site and GEMS.

***Additional Information***

Cancelling RFP to add additional federal requirements. A new RFP will be posted to solicit grantees to provide HIV/AIDS Prevention services as soon as possible.

## Section 1 Grant Program Information

### 1.01 Introduction and Program Description

The Department of Health, Division of Public Health, is requesting proposals from eligible applicants to provide HIV/AIDS Prevention services for the State of Alaska in FY2025 through FY2028. Program Services are authorized under 7 AAC 78 Grant Programs. State of Alaska statutes and regulations are accessible at the Department of Law Document Library or through the contact person identified on the cover page of this Request for Proposals (RFP).

More than 1.2 million persons in the United States are living with human immunodeficiency virus (HIV), and roughly 13% of those are unaware of their HIV status. Approximately 50,000 new HIV cases are reported each year in the United States. In Alaska, from January 1, 1982, through December 31, 2020, 2,026 of HIV infection were reported to the Alaska Section of Epidemiology (SOE). Of those cases, 1,294 (64%) had an initial diagnosis in Alaska, and 732 (36%) were previously diagnosed out-of-state but are known to have lived and received care in Alaska. During 2020, 68 cases of HIV were reported to DOH, 30 (44%) of which were newly diagnosed in Alaska. The remaining 38 (56%) of reported cases were in persons with a previous out-of-state diagnosis.

The HIV/STD Program is seeking the provision of HIV prevention services to Alaskan communities. Qualified applicants will support the Alaska Division of Public Health, Section of Epidemiology, HIV/STD Program in achieving National HIV/AIDS Strategy (NHAS) goals which include:

1. Preventing new HIV infections
2. Improving HIV-related health outcomes of people with HIV
3. Reducing HIV-related disparities and health inequities
4. Achieving integrated, coordinated efforts that address HIV among all partners and stakeholders

All activities supported by the HIV Prevention Grant must meet at least one of the NHAS goals. Additional information on NHAS and NHAS supported HIV Prevention activities can be found online at National HIV/AIDS Strategy (2022-2025).

In addition to support the NHAS goals, activities proposed under the RFP should address one or more of the goals, objectives, and/or activities identified in the 2022-2026 Alaska Integrated HIV Prevention and Care Plan. Whenever possible, epidemiologic data, such as the Alaska HIV Epidemiologic Profile, should also be used to support the need and priority of proposed activities and/or interventions. The Alaska Integrated HIV Prevention and Care Plan and Epidemiologic Profile are accessible online at Plans for Alaska Residents | Individual Health Insurance. (the website is currently being updated, thus please see the attached Alaska 2022-2026 Integrated IV Prevention and Care Plan).

HIV Prevention activities are supported by the Centers for Disease Control and Prevention (CDC) as outlined the future Federal Notice of Award (NOA). HIV Prevention activities supported under this RFP may be modified to meet any requirements which may be outlined in the 2024 Federal NOA.

### 1.02 Program Goals and Anticipated Outcomes

The proposed project must demonstrate a thorough understanding and support of the grant program goals and outcomes anticipated by the Department.

The primary goals of the HIV Prevention Grant are to increase the number of Alaskans who know their HIV status and to prevent and reduce new HIV transmission in Alaska. These goals are accomplished through implementation of interventions that achieve the NHAS goals and the Alaska Integrated HIV Prevention and Care Plan's goals,

objectives, and activities.

Anticipated short-term outcomes of this solicitation are:

- An increase in the number of Alaskans who know their current HIV status.
- An increase in the number or Alaskans who have access to condoms and other harm reduction strategies which decrease the chance of acquiring or transmitting HIV or other sexually transmitted diseases.
- An increase in the number of Alaskans who are knowledgeable about or have access to biomedical HIV prevention interventions, such as pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP).
- An increase in the number of Alaskans who are knowledgeable about and have access to syringe services programs, including harm reduction services for people who inject substances.

Anticipated long-term outcomes of this solicitation are:

- A reduction of new HIV infections in Alaska.
- A reduction of HIV-related health disparities and health inequalities in Alaska.

Projects must meet or exceed anticipated minimum outcomes described in this RFP.

**1.03 Program Services/Activities**

The proposed project must include one or more of the following four interventions:

1. HIV Testing
2. Condom Distribution
3. Biomedical HIV Prevention Interventions
4. Syringe Services and Harm Reduction Programs

Recommended activities under each intervention are outlined below. Applicants may propose to implement one or more recommended activities for each proposed intervention. Applicants may also propose innovative activities not outlined in this solicitation, but the proposal must specific which of the four intervention categories the proposed activities fall under. Applicants who choose to propose innovative activities not recommended in this solicitation must include evidence-based justification.

For each proposed activity, the applicant must outline:

1. How the proposed activity supports the NHAS goals listed in this solicitation.
2. How any proposed activity will address health disparities, health inequities, and HIV-related stigma, including the applicant's prior experience working with proposed target population[s] and how the proposed interventions will be delivered in a culturally appropriate manner.
3. How the integrity and security of confidential or protected health information needed to implement the proposed activity will be sorted and maintained.
4. The applicant's prior experience in implementing the proposed activity, including specific dates, service areas, project deliverables, and successes/barriers encountered.

Additional required information specific to recommended interventions and activities is outline below.

**Intervention 1: HIV Testing**

Applicants proposing to implement HIV testing interventions will work to increase the number of Alaskans who know their current HIV status. Each year in the United States, nearly 45,000 people are diagnosed with HIV, and 30% of new HIV diagnoses are transmitted from people who are living with undiagnosed HIV. For those who are living with undiagnosed HIV, testing is the first step in maintaining a healthy life and reducing the transmission of HIV. Under this intervention, applications may propose activities which increase the number of Alaskans who know their HIV status. Recommended HIV testing activities are outline below. Additional information on successful implementation of HIV testing interventions can be found online at HIV-1 Information & Resources | Discover HIV Patient Stories.

**Activity 1: HIV Rapid Testing**

Applicants proposing to implement HIV rapid testing will increase the availability of point-of-care immunoassays, which can be used to screen for HIV in clinical and non-clinical settings. Rapid tests use blood or oral fluid to detect antibodies (or in some instances, antibodies and antigens) associated with HIV. There are many different HIV rapid test technologies on the market, and the State of Alaska HIV/STD Program does not recommend one rapid test technology over another. All HIV rapid tests that are reactive need a follow-up, laboratory-based test to confirm the result.

Applicant proposing to implement HIV rapid testing must outline:

1. The proposed setting(s) for HIV rapid testing activities, including any prior experience working in or offering HIV rapid testing in the proposed setting(s). Examples of potential settings for HIV rapid testing activities include:
    i. Non-clinical outreach settings where populations at increased risk for HIV may be found.
    ii. Clinical settings where populations at increased risk for HIV may be found.
    iii. Correctional settings, including jails, prisons, half-way houses, and facilities for persons exiting corrections.
    iv. Alcohol or substance treatment facilities.
    v. Syringe service programs.
2. Target population(s), including any prior experience working with the proposed population(s). Priority consideration will be given to target populations who meet CDC's definition of being at increased risk for HIV and population identified as being at increased risk for HIV in Alaska in the Integrated HIV Prevention and Care Plan, including:
    i. Gay, bisexual, and other men who have sex with men (MSM), particularly young MSM of color and transgender persons.
    ii. People who inject drugs (PWID).
    iii. Heterosexuals at increased risk for HIV. This includes men and women who are the sexual partners of persons living with HIV, men and women who are the sexual partners of PWID, and women who have sex with men who also have sex with men.
3. Strategies for offering confidential, but not anonymous, HIV rapid testing to the proposed target populations. Outlined strategies should include the process by which demographic and locating information will be obtained for clients whose are undergoing HIV rapid testing. Any previous experience in offering confidential HIV or other point-of-care rapid testing should be described.
4. How an individual with a preliminary positive ('reactive') HIV rapid test will receive confirmatory HIV testing and be linked to HIV medical care. This process must be active and occur in conjunction with or immediately following the determination of a preliminary positive HIV rapid test.
    i. Agencies that will offer phlebotomy services and submit specimen to a laboratory for confirmatory testing should outline that process in detail, including: Staff's ability to offer phlebotomy services at all proposed HIV rapid test settings, policies and procedures for submitting the collected specimen to a

laboratory for confirmatory testing, and strategies to ensure that all persons who receive confirmatory testing are provided with their results.

ii. Agencies that will be actively referring individuals with a preliminary positive HIV rapid test to another agency for confirmatory testing must outline procedures for ensuring an active transition to the setting which offers confirmatory testing. This may include: A representative from a partner organization providing 'on call' services to respond to preliminary positive HIV rapid tests, a policy that persons who have a preliminary positive HIV rapid test result are transported or escorted to an agency which is able to draw and submit specimen for confirmatory testing, or an agreement with a Public Health Center to provide HIV confirmatory services. Any proposed confirmatory process which involves an outside agency or organization must be supported by a Letter of Agreement, Memorandum of Understanding, or other written document which outlines the agreement between the two (or more) parties.

5. The process by which test-level data will be collected, maintained, and submitted to the HIV/STD Program (via EvaluationWeb) in compliance with grant requirements.
6. The process by which individuals that test positive for HIV, including preliminary positives (i.e. persons with reactive HIV rapid tests), will be reported to the State Section of Epidemiology, as required by state statute. Additional information on conditions reportable to public health in Alaska may be found at Conditions Reportable to Public Health in Alaska.
7. A training plan for staff, volunteers, or other personnel who will be offering HIV rapid testing. This plan should include:
   i. A clear supervisory structure to ensure responsibility for training, guidance, and oversight of testing procedures.
   ii. A timeline for ensuring all HIV testing staff are trained to perform HIV rapid testing quickly and appropriately.
   iii. Written organizational policies and procedures which outline the complete training requirements for non-clinical staff to perform HIV rapid testing.
8. How the applicant will ensure compliance with the Clinical Laboratory Improvement Amendments of 1988 (CLIA) Waiver. Additional information on CLIA waivers in Alaska may be found atClinical Laboratory Improvement Amendments - Alaska.
9. A detailed description of the proposed activity, including how it will increase the availability of HIV rapid testing in non-clinical or clinical settings.

**Activity 2: Systems Level Interventions to Promote Routine Screening for HIV in Health Care Settings**

Applicants proposing to implement systems level interventions to promote routine screening for HIV in health care settings will work within existing health systems to increase the routine screening for HIV in accordance with CDC guidelines. CDC's Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings advises routine HIV screening of adults, adolescents, and pregnant persons in health care settings in the United States. CDC recommends that everyone between the ages of 13 and 64 get tested for HIV at least once as part of routine health care. Those with risk factors should be tested annually, and sexually active gay and bisexual men may benefit from getting an HIV test more often; every 3 to 6 months. The recommendations also call for reducing barriers to HIV testing by integrating HIV testing into standard screening panels of sexually transmitted diseases and by addressing stigma. Additional information on CDC HIV screening recommendations in health care settings can be found online at HIV Treatment Medication | Important Safety Information.

Applicants proposing to implement systems level interventions to promote routine screening for HIV in health care settings must outline:

1. A detailed training plan which outlines:

   i. The goals of systems level intervention efforts.
   ii. Objectives for systems level intervention efforts.
   iii. The proposed activities that will be implemented to increase routine screening of HIV.
   iv. The proposed settings where systems level interventions will be implemented.
   v. The target population(s) who will receive interventions to promote routine screening for HIV.

Specific targets that will be monitored to evaluate the impact of the proposed systems level activities.

1. How the applicant will ensure input and feedback from the target population(s) to ensure that materials are relevant and culturally appropriate.
2. How the applicant will ensure review and approval of all training materials from the State HIV Prevention Coordinator prior to their implementation.
3. A detailed description of the proposed activities, including how it will increase routine screening for HIV.

**Activity 3: HIV Prevention Outreach and Health Education to Populations at Increased Risk**

HIV Prevention outreach and health education activities will focus on increasing knowledge about HIV prevention, testing, and treatment options in populations at highest risk for HIV. This may be achieved through in-person educational opportunities, online outreach and education, or through other activities which reach individuals at highest risk for HIV in Alaska.

Applicants proposing to implement HIV prevention outreach and education to populations at increased risk interventions must outline:

1. The proposed setting(s) in which the outreach and education will be offered. Settings may be online (i.e., social media sites such as Facebook or Twitter), mobile-based (i.e., mobile applications, or "apps", such as Grindr or Tinder) or in person (i.e., bars, community events, shelters, community organizations). Descriptions should include:
   i. Which populations will be reached at the proposed venue. Priority consideration will be given to activities which emphasize outreach and health education to populations identified as being at increased risk for HIV by CDC or in the Integrated HIV Prevention and Care Plan.
   ii. Any potential obstacles to reach members of priority populations at the proposed venue(s), and strategies to overcome them.
2. How the applicant will incorporate CDC developed or approved HIV Prevention campaigns into their messaging. Additional information on CDC HIV Prevention campaigns may be found online at Engage in Small Talks | PIC | Campaigns | Act Against AIDS | CDC.
3. How the applicant will ensure input and feedback from the target population(s) to ensure that materials are relevant and culturally appropriate.
4. How the applicant will ensure review and approval of all outreach and health education materials from the State HIV Prevention Coordinator prior to their implementation or use.
5. How the applicant will ensure compliance with CDC's Program Guidance on the Review of HIV-Related Educational and Informational Materials for CDC Assistance Programs. Additional information on this guidance can be found at PROGRAM GUIDANCE ON THE REVIEW OF HIV-RELATED EDUCATIONAL AND INFORMATIONAL MATERIALS FOR CDC ASSISTANCE PROGRAMS.
6. A detailed description of the proposed activity, including how it will increase knowledge about HIV prevention, testing, and treatment options among populations at highest risk for HIV.

**Activity 4: Integration of HIV Testing with Sexually Transmitted Disease and Hepatitis C Virus Testing**

Applicants proposing to integrate HIV testing with sexually transmitted disease (STD) and Hepatitis C Virus (HCV)

testing will work to increase the number of Alaskans who receive comprehensive HIV, STD and HCV testing. A person infected with a bacterial STD such as gonorrhea (GC), chlamydia (CT), or syphilis is more likely to acquire HIV than someone who has not been diagnosed with an STD in the past 12 months, due to sexual behaviors and circumstances that may put someone at increased risk. One reason is the behaviors that put someone at risk for one infection (not using condoms, multiple partners, anonymous partners, etc.) often put them at increased risk for other infections. Also, because STDS and HIV tend to be linked, when someone has an STD it suggests it was transmitted from someone who may be at risk for other STDs and HIV. Finally, a sore or inflammation form and STD may allow infection with HIV that would have been stopped by intact skin. Because of this, taking a complete sexual history and testing persons for STDs at all applicable physiologic sites (i.e., urine, rectal, and oral-pharyngeal) is an important HIV Prevention intervention.

HCV is most often spread through blood but can sometimes be spread through sexual contact. The most common mode of transmission is blood contact from an infected person, primarily through sharing needles, syringes, or other injection equipment. Because of similar modes of transmission between HCV and HIV, ensuring that persons infected with HCV are tested for HIV and vice-versa is an important prevention intervention and ensures that persons at increased risk for both diseases are screened appropriately.

Per limitations associated with the Federal funding which supports this grant opportunity, HIV Prevention Grant funds may not be used for purchase of STD treatment medications, to pay for medical visits, or to pay for laboratory tests. However, funding under this solicitation may be used to educate persons receiving HIV testing about the importance of also being screened for STD and HCV, to increase access to concurrent HIV, STD, and HCV testing by promoting service integration at the systems level, and to increase access to point-of-care rapid testing for HCV and STD. Examples of allowable activities include:

- Incorporating STD and HCV information into existing HIV prevention education and services.
- Educational materials on how STD and HCV prevention, testing, and treatment intersect with HIV prevention and care services.
- Development and delivery of HIV risk-reduction counseling and behavioral interventions that incorporates STD and/or HCV testing and treatment.
- Development and implementation of communications (i.e. webcasts) or learning opportunities (i.e., webinars or trainings) which address prevention, testing, and (if appropriate) treatment for HIV, STD, and HCV in a holistic manner.
- Purchase of rapid (point-of-care) HCV tests for implementation in non-clinical or clinical settings.

Applicants proposing to implement activities which promote integration of HIV testing with HCV and STD testing must outline:

1. The proposed setting(s) in which the integrated HIV, STD, and HCV services will be offered, including which target populations will be reached at the proposed setting(s).
2. How HCV and STD services will be integrated into the HIV-testing related encounter, including:
    i. Taking a complete sexual and injection use history to assess any biologic of behavioral risk factors for HIV, STD, or HCV transmission including recent sex partners who were treated for a STD, past and recent STD diagnosis, and alcohol or substance-use behaviors which may lead to STD transmission.
        a. For persons who report sexual risk behaviors, how the applicant will offer concurrent STD screening tests onsite, or link to a health care facility that provides STD screening.
        b. For persons who report injection substance use behaviors, how the applicant will offer concurrent HCV screening tests onsite or linking to a health care facility that provides HCV screening. HCV testing may be offering via point-of-care HCV rapid testing or through other, laboratory-based, techniques.

c. For persons who report any sexual or injection use behaviors, how the applicant will offer brief or intensive behavioral risk-reduction or harm-reduction interventions.

3. If proposing to offer STD testing:
   i. Agencies that will offer STD services and submit specimen to a laboratory for confirmatory testing, should outline that process in detail, including: Staff's ability to offer STD testing services at all proposed settings, policies and procedures for submitting the collected specimen to a laboratory for confirmatory testing, strategies to ensure that all persons who receive STD testing are provided with their test results, and processes which will be implemented to ensure that persons who test positive for a STD receive appropriate and timely treatment.
   ii. Agencies that will be actively referring individuals to another agency for STD testing must outline procedures for referring clients to the setting which offers STD testing.
   iii. The process by which individuals that test positive for an STD will be reported to the Section of Epidemiology, as required by state statute. Additional information on conditions reportable to public health in Alaska may be found at Conditions Reportable to Public Health in Alaska.
4. If proposing to offer HCV rapid testing:
   i. How test-level data will be collected, maintained, and submitted to the HIV/STD Program (via EvaluationWeb), in compliance with grant requirements.
   ii. The process by which individuals that test positive for HCV will be reported to the Section of Epidemiology, as required by state statute. Additional information on conditions reportable to public health in Alaska may be found at Conditions Reportable to Public Health in Alaska.
   iii. The process by which individuals that test positive for HCV will be referred to a medical provider for clinical evaluation.
5. A detailed description of the proposed activity, including how it will increase integration of HIV testing with STD and HCV testing.

Intervention 2: Condom Distribution

Applicants proposing to implement condom distribution interventions will work to increase the availability of condoms and other safer-sex supplies among high-risk populations in Alaska. Correctly and consistently using external condoms, internal condoms, dental dams, and other harm reduction protections can reduce the risk of HIV and other STDs.

Applicants proposing to implement condom distribution interventions must outline:

1. The proposed service area for condom distribution activities, including any previous or current experience in distributing condoms or other health-related supplies in the proposed area.
2. A distribution strategy which describes where condoms will be distributed and why particular sites were recruited to disseminate condoms. The distribution strategy should include:
   i. Already existing programs or activities to which condom distribution could be added.
   ii. New programs or activities which will start condom distribution.
   iii. For each condom distribution site, the primary risk population targeted. Priority consideration will be given to activities which emphasize condom distribution to persons living with HIV and populations identified as at higher risk of HIV acquisition by CDC or the Integrated HIV Prevention and Care Plan.
   iv. How the availability of condoms will be advertised to the target community or communities.
3. A detailed description of the proposed activity, including how it will increase the availability of condoms.

**Intervention 3: Biomedical HIV Prevention Interventions**

Applicants proposing to implement biomedical interventions will work to increase knowledge about and availability

of pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) in Alaska. Biomedical Interventions use medical, clinical, and public health approaches designed to moderate biological and physiological factors to prevent HIV infection, reduce susceptibility to HIV and/or decrease HIV infectiousness. PrEP is a way for people who are not living with HIV to prevent HIV acquisition. PrEP medications include brand names Truvada, Descovy, and Apretude. When someone is exposed to HIV through sex or injection use, these medicines can work to keep the virus from establishing a permanent infection. Additional information on PrEP may be found online at HIV Prevention Medication | What Is PrEP? Read Facts Here. nPEP is the use of antiretroviral medications after a single high-risk event to prevent HIV seroconversion. nPEP must be started as soon as possible to be effective—and always within 72 hours of a possible exposure. Additional information on nPEP can be found at HIV Prevention Medication | What Is PrEP? Read Facts Here.

Per limitations associated with the Federal funding which supports this grant opportunity, HIV/AIDS Prevention Grant funds may not be used for purchase of PrEP or nPEP medications (antiretroviral therapy), to pay for medical visits, or to pay for laboratory tests. However, funding under this solicitation may be used to increase knowledge about, use of, or availability of PrEP and nPEP. Examples of allowable activities include:

- Incorporating PrEP or nPEP messages into existing HIV prevention education and services.
- Educational materials on how to use PrEP in conjunction with other HIV prevention and care services, as well as STD, viral hepatitis, mental health treatment, and substance abuse treatment.
- Development and delivery of HIV risk-reduction counseling and behavioral interventions that incorporates PrEP or nPEP.
- Development and implementation of communications (i.e., webcasts) or learning opportunities (i.e., webinars or trainings) related to PrEP for persons who may benefit from using PrEP or nPEP, clinical providers who may prescribe PrEP or nPEP, or non-clinical providers who may educate persons who may benefit from using PrEP or nPEP.

Applicants proposing to implement biomedical HIV prevention interventions must outline:

1. The target population(s) for the proposed activity. Priority target populations include:
   i. Persons who are HIV-negative or at risk for HIV infection, as defined by CDC's PrEP Guidelines- 2021 Update (HIV Prevention Medication | What Is PrEP? Read Facts Here)
   ii. Clinical providers who may prescribe PrEP or nPEP to their patients.
   iii. Non-clinical providers who may educate persons who are HIV-negative about the availability of PrEP and nPEP.
2. The setting(s) for proposed activities, including any previous experience in implementing HIV-prevention related or other health-related interventions in the proposed setting. Priority settings include:
   i. Sites offering other HIV prevention interventions, such as HIV testing and condom distribution, for persons at increased risk for HIV.
   ii. Sites which offer HIV care or case management services, where the sexual and injection partners of people living with HIV can be identified for education about and referral to PrEP and nPEP services.
3. How the applicant will ensure review and approval of all newly developed or revised PrEP and nPEP educational materials or presentations from the State HIV Prevention Coordinator prior to their implementation or use.
4. How feedback on any newly developed PrEP or nPEP educational materials or presentations will be gathered from the target population(s) to ensure they are relevant and culturally appropriate.
5. A detailed description of the proposed activity, including how it will increase the availability of biomedical interventions to prevent HIV infection.

**Intervention 4: Syringe Services and Harm Reduction Programs**

Applicants proposing to implement syringe services and harm reduction programs will work to increase HIV prevention activities for people who inject drugs (PWID). In Alaska, and across the United States, the epidemic of prescription opioid misuse has led to increased numbers of PWID, placing new populations at risk for HIV. Sharing needles, syringes, and other injection equipment is a direct route of HIV transmission, and the risk of acquiring or transmitting HIV is very high if an HIV-negative person shares injection equipment with someone who is living with HIV. Per CDC, the practice of sharing needles, syringes, and other injection equipment is common among PWID, but interventions such as syringe service programs (SSPs) and harm reduction programs can help address structural and social factors which may lead to disease transmission.

Per limitations associated with the Federal funding which supports this grant opportunity, HIV Prevention Grant funds may not be used for purchase of needles or syringes or to purchase overdose medications such as Naloxone (also known as Narcan). However, funding under this solicitation may be used to support SSPs and increase access to harm reduction programs. Examples of allowable activities include:

- Personnel time to integrate HIV prevention, HCV prevention, SSP, and harm reduction services.
- Safe disposal of used needles, syringes, and other equipment.
- Purchase of prevention materials which support SSP and harm reduction services (e.g. alcohol swabs, sterile cotton, tourniquets, sharps disposal containers, and condoms).
- Incorporating SSP and harm reduction messages into existing HIV prevention education and services.
- Development and delivery of HIV risk-reduction counseling and behavioral interventions that incorporates SSP and harm reduction programs.
- Development and implementation of communications (i.e., webcasts) or learning opportunities (i.e., webinars or trainings) related to HIV prevention, SSP, and harm reduction for populations such as PWID, clinical and non-clinical providers (including pharmacists) who may refer PWID to SSP and harm reduction services, or community members who may benefit from learning the role of SSP and harm reduction programs in reducing disease transmission in their area.

**Activity 1: Syringe Services Programs (SSP)**

Syringe services programs will work to increase the knowledge and availability of syringe services programs (SSP) for people who inject drugs (PWID). SSPs, which have also been referred to as syringe exchange programs (SEPs), needle exchange programs (NEPs) and needle-syringe exchange programs (NSEPs), are community-based programs that provide access to sterile needles and syringes and facilitate safe disposal of used needles and syringes. PWID can substantially reduce their risk of acquiring and transmitting HIV, viral hepatitis and other blood borne infections by using a sterile needle and syringe for every injection. PWID can access sterile needles and syringes through SSPs and through pharmacies without a prescription.

Applicants proposed to implement Syringe Services Programs must outline the following:

1. How SSP services will be integrated with other HIV Prevention interventions, including HIV testing, condom distribution, biomedical HIV prevention interventions, and harm reduction for PWID.
2. How SSP activities funded under this solicitation will be implemented in conjunction with current or anticipated syringe services undertakings, funded by other opportunities, to offer comprehensive SSP services.
3. The proposed setting for SSP activities, including an assessment of the community's need for SSPs, how the community will be engaged to build support for SSPs, and any previous experience in implementing HIV-prevention, SSP, or harm reduction related interventions in the proposed setting.
4. How safe syringe collection and disposal will be implemented, including the proposed strategy for meeting Federal and local medical waste disposal regulations and any current or planned contracts with licensed

medical waste disposal companies which provide for the transport and disposal of medical waste.

5. A training plan for SSP staff, which includes:
   i. HIV (and, if applicable, HCV) rapid testing.
   ii. Implementation of harm reduction counseling and other associated brief interventions for PWID.
   iii. Infection control procedures that meet the requirements of the OSHA Bloodborne Pathogen Standard.
   iv. A post bloodborne pathogen exposure management plan.
6. Determination of SSP program participant eligibility and enrollment procedures, including procedures of termination of program participants.
7. The systems which will be implemented to secure and track SSP and other harm reduction supplies stored at the agency.
8. How the applicant will ensure review and approval of all newly developed or revised SSP, materials or presentations from the State HIV Prevention Coordinator prior to their implementation or use.
9. How feedback on any newly developed SSP and harm reduction educational materials or presentations will be gathered from the target population(s).
10. How the agency will ensure requirements set forth in the Occupational Safety and Health Administration (OSHA) Bloodborne Pathogens Standard will be met, including the development and annual revision of agency policies and procedures to meet OSHA standards. Additional information on the Bloodborne Pathogens Standard can be found online at OSHA Blood Borne Pathogen | OSHA BBP Certification and Bloodborne Pathogens and Needlestick Prevention
11. A detailed description of the proposed activity, including how it will increase knowledge and availability of syringe services programs.

**Activity 2: Harm Reduction Services**

Applicants proposing to implement harm reduction programs will work to increase knowledge and availability of harm reduction programs for PWID. Harm reduction programs, often offered in conjunction with SSPs, offer prevention materials (such as alcohol swabs, vials of sterile water, and condoms) and harm reduction services, such as: education on safer injection practices and wound care; overdose prevention education; referral to substance use disorder treatment programs including medication-assisted treatment; and, counseling and testing for HIV, HCV, anc STDs.

Applicants proposing to implement harm reduction services must outline the following:

1. The proposed setting(s) in which the harm reduction services will be offered, including any prior experience in delivering harm reduction services.
2. The target population(s), including any prior experience working with the proposed population(s).
3. How the applicant will incorporate CDC developed or approved harm reduction messaging into their proposed activities. Additional information on CDC-approved harm reduction messages for PWID can be found online at HIV Risk and Prevention | HIV/AIDS | CDC.
4. How the applicant will ensure input and feedback from the target population(s) to ensure that materials are relevant and culturally appropriate.
5. How the applicant will ensure review and approval of all harm reduction materials from the State HIV Prevention Coordinator prior to their implementation or use.
6. A detailed description of the proposed activity, including how it will increase knowledge and availability of harm reduction programs for PWID.

Applicants will upload a timeline for the initiation of services and project activities. The anticipated project start date is August 1, 2024.

Applicant proposals must describe the ways in which the project aligns with program intent. The submitted project proposal will identify agency resources available to the project; describe project activities; and clearly state the project's anticipated goals, outputs, and outcomes.

**Logic Model Instructions**

A logic model must be completed for each activity the grantee is proposing to implement. Each proposed activity must have a corresponding logic model. Please use the attached logic model template when developing your project's anticipated goals, outputs, and outcomes.

(In support of project planning narratives, the applicant will complete a logic model using the instructions and template attached to this RFP. The logic model will identify resources available to the proposed project; summarize project activities; and clearly state anticipated goals, outputs, and outcomes compliant with program intent.)

Applicants agree to comply with the following additional program requirements and service standards.

Other Program Requirements

Applicants must also include the following additional program requirements and service standards:

1. A detailed timeline for initiating project activities as an attachment to their proposal. Applicants should be prepared to start implementing their proposed activities by the project start date of August 1, 2024. This timeline should include any relevant staffing or hiring information.
2. A data security and confidentiality policy as an attachment to their proposal. Any agency funded under this solicitation must ensure the integrity and security of confidential and or protected health information (including, but not limited to, client information and HIV testing information). Funded agencies must protect against any anticipated threats or hazards to the physical or technical security or integrity of protected health information. Data must be stored onsite in a locked and secure location with limited personnel access. Data transmitted electronically must be encrypted. Any data that is transported offsite should be done so on a limited basis and protected to the greatest extent possible and should never be left unattended by an agency staff member. If data is to be transported off site, the agency must have written policy in place to direct agency staff on how to protect the data. Data should never be stored offsite unless it is encrypted and stored in a locked and secure location. If data is to be stored off site, written protocol must be approved by the State HIV/STD Program prior to offsite storage. Prior to disposal of electronic devices on which confidential information has been stored, the grantee shall clean the devices with a wipe utility that prevents data recovery. Additional information on CDC HIV Data Security and Confidentiality requirements can be found online at Data Security and Confidentiality | CDC.

**1.04 Program Evaluation Requirements and Reporting**

**Evaluation Plan**

The applicant must provide a comprehensive project evaluation plan that will be used to evaluate the progress of the grant project. For every proposed intervention and corresponding activity, the evaluation plan must include:

1. Performance measures that will be used to evaluate the progress of the grant project toward achieving the program goals and outcomes outlined in this RFP, including project annual targets for each proposed activity.
2. For every proposed activity, clearly defined indicators that are measurable and can be used to monitor outcomes throughout the project period.
3. Specific strategies that will be used to collect and track indicator data over time, including identifying any

new or existing data systems that will be used.

**Results Based Budgeting Framework**

Results based budgeting provides a framework in which allocated resources support, and are justified by, a set of outputs and expected results. Within this framework, actual performance and achieved outcomes are measured by objective performance measures.

Projects are required to align with program objectives expressing Department priorities and core services. Projects will use performance measures to evaluate progress toward meaningful outcomes, and to initiate data collection and reporting consistent with Department priorities.

The Department Priorities, Core Services, Objectives, and Performance Measures of Effectiveness and Efficiency for this program are:

Department Priorities

- 1 Health & Wellness Across the Life Span

Department Core Services

- 1.1 Protect and Promote the Health of Alaskans

The applicant's proposed evaluation plan will incorporate the performance measures of effectiveness and efficiency identified above. Applicants can propose additional performance measures for evaluating the project's progress in achieving results supportive of program goals and outcomes.

**Grant Reporting**

Required reporting will include:

1. Cumulative Fiscal Reports recording overall grant and match expenditures by budget line; and
2. Program Reports in the format prescribed by the program.
3. FFATA: If funding for this program includes federal funds with reporting requirements that include those imposed under the Federal Funding Accountability and Transparency Act (FFATA), an agency power user must complete a FFATA form in the GEMS Agency Administration tab Federal reporting requirements are not limited to prime awardees (such as the State) but include awards with federal funds that the State grants out (sub awardee).
4. All agencies funding to conduct HIV rapid testing will need to meet CDC requirements on the provision of test-level data on an ongoing basis throughout the grant period.

**1.05 Target Population and Service Area**

Applicants must clearly describe the population targeted by the project, including the area or communities that will be served. Proposals will be evaluated for compatibility with the program's intended target population identified in this solicitation.

**Target Population:** The target population for the solicited services includes all Alaskans who may be at increased risk of acquiring HIV. Priority consideration will be given to interventions and activities which emphasize target populations identified by CDC and the Integrated HIV Prevention and Care Plan. These populations include:

- Gay, bisexual, and other men who have sex with men (MSM) and transgender persons
- Persons who inject drugs (PWID)
- Heterosexual persons at increased risk (defined as heterosexual sex with a person known to be living with HIV or be at high-risk for HIV acquisition).

**Service Areas and Communities:** The service delivery area is potentially statewide; however, the HIV/STD Program is required to identify the geographic area(s) in Alaska with at least 30% of HIV diagnoses and ensure that funding and prevention resources is prioritized in areas of that state with the greatest burden of HIV.

**1.06 Program Funding**

Funds available for this program are anticipated to total an estimated $333,200.00/year in Federal Funds for FY25-FY28; $1,332,800 for the full duration.

**Proposed Budget**: The applicant must submit a budget proposal for the first fiscal year of the project. The proposed budget detail and narrative.

Per limitations associated with the Federal funding which supports this grant opportunity, HIV Prevention Grant funds may not be used for:

- The purchase of STD treatment medications, to pay for medical visits or to pay for laboratory tests associated with STD testing and/or treatment.
- The purchase of PrEP or nPEP medications (antiretroviral therapy), to pay for medical visits, or to pay for laboratory costs associated with PrEP and/or nPEP.
- The purchase of needles or syringes to purchase overdose medications such as Naloxone (known as Narcan).

The proposed budget will be fully compliant with the limitations described in this RFP, and those detailed in 7 AAC 78.160 (Costs). Regulations are provided under the GEMS Documents tab.

Resources specific to budgeting are also available under the GEMS Documents tab. The Department's Grant Budget Preparation Guidelines provide information and guidance about budget lines, cost detail groupings, and narrative requirements. Grantee User Manual Part I provides detailed instructions for entering a budget proposal in the chapter "Responding to a Solicitation."

**Other Agency Funding**: Prior to submitting a proposal, applicants are required to list all other agency funding received and applied for. This task must be completed by an Agency Power User in the Other Funding section of the Agency Administration tab. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

**Indirect Costs**: If the proposed budget includes indirect costs, 7 AAC 78.160(p) requires a copy of the agency's current federally approved Indirect Cost Rate Agreement. The agreement is to be uploaded in the Agency Administration tab. Lapsed agreements can be used if uploaded with the negotiating federal agency's written approval to continue using the rate until a new agreement is negotiated. If an agency has never entered into a federally approved Indirect Cost Rate Agreement or no longer has a federally approved agreement in place, the recently updated Federal Uniform Guidance 2 CFR 200 now allows that agency to budget the 10% De Minimis.

**Payment for Services/Grant Income**: If applicable to the services proposed in response to this solicitation, awarded grantees will have a Medicaid Provider Number or apply to obtain one, and will make reasonable effort to bill all eligible services to Medicaid and any other available sources of payment before seeking grant support for delivery

of the proposed services. Department funds are the payer of last resort.

In the applicant's proposed budget, anticipated receipts and expenditures for all grant income must be evident in the detail and narrative. Fiscal reports for awarded income generating projects will include the receipts and expenditure of all grant income.

## Section 2 Applicant Qualifications

### 2.01 Agency Experience

Proposal evaluation will include consideration of the applicant's history of compliance with service and grant requirements, and previous experience in providing the same or similar services. Evaluation may include Department site reviews, program audits, and confirmation of the successful resolution of any findings. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

The applicant must describe previous experience providing services the same or similar to those proposed. The description must clearly identify the time period over which services were provided and the target population served.

### 2.02 Project Staffing

Project staffing must be sufficient to implement the proposed activities in order to meet program goals and the anticipated outcomes.

Resumes, position descriptions and professional credentials for key project personnel must be uploaded as part of the response. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

### 2.03 Administrative, Management, and Facility Requirements

The applicant must demonstrate the agency's sustainable fiscal and administrative capacity. Executive, administrative, and financial staff must be qualified, as indicated by the resumes of position holders uploaded as an element of the proposal. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.

1. The applicant must ensure procedures are in place to protect client confidentiality compliant with State and federal standards.
2. The applicant must ensure its most recent financial audit was submitted to the appropriate state office (see Audit Requirements below), and any findings identified have been resolved.

Awarded proposers will be required to submit additional agency information if the agency GEMS record is not current.

**Audit Requirements**:

Federal Requirements: Agencies spending $750,000 or more total Federal Financial Assistance in the agency fiscal year may be required to comply with conditions of the Single Audit Act of 1984, P.L. 98-502, as amended by the Single Audit Act Amendments of 1996, P.L. 104-156, and as defined in 2 CFR 200.

State Requirements: Agencies spending $750,000 or more total State Financial Assistance in the agency fiscal year

are required to comply with the conditions of 2 AAC 45.010-090. The current regulations may be viewed at the State of Alaska, Department of Law website, Department of Law Document Library, or copies may be obtained from the contact identified on the cover page of the RFP.

Information on State and Federal Single Audit Acts compliance may be obtained from:

State Single Audit Coordinator
Department of Administration
Division of Finance
PO Box 110204
Juneau, AK 99811-0204
Telephone: (907) 465-4666
Fax: (907) 465-2169

Department of Health Program Audit Requirements: All DOH grantees are subject to the requirements of 7 AAC 78.230. If awarded, agencies which are not required to file State Single Audits under 2 AAC 45.010 must ensure a fiscal audit of the agency operations under the grant program is performed by an independent, licensed, certified public accountant at least once every two years and submitted to:

State of Alaska Department of Health
Finance and Management Services
Audit Section
PO Box 110602
Juneau, AK 99811-0602
Telephone: (907) 465-3120

**Facility, Service Access, and Safety**:

1. The applicant must address potential safety concerns for clients and staff in the management of services proposed in response to this RFP.
2. The applicant should describe client accessibility to services and the way in which that will enhance project success.
3. All applicants for Department grants should have a written plan for emergency response and recovery that provides for potential safety concerns and the safe evacuation of clients and staff. This plan is mandatory for agencies providing residential and/or critical care services as noted in the State Grant Assurances.

### 2.04 Support/Coordination of Services

Applicants must demonstrate the proposed project has the necessary support and coordination for the successful delivery of services. The proposal must address the following:

1. Community support where services are proposed;
2. Involvement of the public and potential service recipients in the planning process;
3. Partnerships and collaborations specific to the proposed project; and
4. Coordination with necessary referring agencies and the role of each described.

## Section 3 General Instructions for Proposal Submission

### 3.01 Eligibility

Applicants must be eligible to apply under 7 AAC 78.030 (Eligible Applicants). Eligible applicants are state agencies; political subdivisions of the state such as cities, organized boroughs, and Regional Educational Attendance Areas; nonprofit organizations and consortia of nonprofits; and Alaska Native entities. As follows, eligibility will be verified by Grants and Contracts.

1. Political subdivisions of the state and Regional Educational Attendance Areas will be verified by State records.
2. Eligible nonprofits are listed in the State's database of registered nonprofit entities or the US Internal Revenue Service's register of tax-exempt organizations. Nonprofit subsidiaries of nonprofit corporations must also provide a letter from the parent organization confirming nonprofit status.
3. Alaska Native entities as defined in 7 AAC 78.950(1) must submit, with the application, a legally binding resolution waiving the entity's sovereign immunity to suit through the duration of the program, identified in RFP Subsection 3.05. The resolution must be authorized in compliance with the tribe's constitution, either by the tribal council or by majority vote of the tribal membership. The required template is provided at Subsection 4.02, Other Technical Requirements.

In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub- Award and Executive Compensation Information, reporting is required of any grant award with federal funding equal to or greater than $30,000. FFATA is intended to hold the federal government accountable for spending decisions. Accountability data is available to the public at U.S. Government spending. Reporting requirements extend to recipients of State-issued awards with federal funds. An Agency Power User must complete the FFATA form under Federal Reporting in the GEMS Agency Administration tab. The report data will reflect the audited figures of the agency's most recently completed fiscal year. The report captures expenses and executive compensation for your agency. More information regarding FFATA requirements can be found at Federal Funding Accountability and Transparency Act Subaward Reporting System.

Effective April 4th, 2022, the US Federal Government transitioned from the Dun & Bradstreet Data Universal Numbering System (DUNS) number to a System for Award Management (SAM) generated Unique Entity Identifier (UEI) alpha-numeric value for federal awards management. All grantees receiving awards with federal funds are required to have a UEI. More information regarding this transition can be found on theU.S. General Services Administration

The Grants Electronic Management System (GEMS) has been updated to include fields for both the DUNS nine-digit number and the UEI twelve-digit alpha-numeric value under the General section of the Agency Administration tab. An Agency Power User must confirm the current UEI number is listed in GEMS. The DUNS number will continue to be displayed in GEMS until further notice.

Applicant agency GEMS records must contain the agency's current State of Alaska Business License number, and a current governing board roster which includes titles, contact information, and terms of office for each seat. The roster must include emergency contact information outside the applicant agency for one or more officers.

Grants and Contracts will verify neither the applicant agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving grant assistance from any State or federal department or agency. If an agency or its principals are excluded from receiving grant assistance, the proposal may not be considered.

If this grant program includes Federal funding, effective November 12, 2020 Federal Uniform Guidance 2 CFR 200 requires that agencies be registered on the System for Award Management (SAM) website at System for Award Management (SAM). If an applicant is recommended for award and is not registered on this site, the offered award will not be executed, and funds will not be issued until agency registration is confirmed. Applicants who have had a contract or grant to help produce this RFP are not eligible to apply and any submitted proposal will not be

considered.

### 3.02 Acceptance of Terms

By submitting a proposal, an applicant accepts all terms and conditions of this RFP including all identified attachments and guidelines, 7 AAC 78, and any other applicable statutes and regulations. Copies of these may be accessed through the contact person identified on the cover page or through the web address(es) identified in this RFP.

If a grant is awarded, this RFP and the applicant's proposal become part of the grant agreement. The applicant will be bound by the provisions contained in the awarded proposal unless the Department agrees that specific parts of the proposal are not part of the agreement.

Proposals and other materials submitted in response to this RFP become the property of the State and may be returned only if the State allows. Proposals are public documents and may be inspected or copied by anyone after grants have been awarded.

### 3.03 Inquiries

Applicants should immediately review this RFP for defects and questionable or confusing content. Questions that can be answered by directing the applicant to a specific section in the RFP may be answered verbally by the contact person identified on the RFP cover page. Questions that cannot be answered by directing an applicant to a specific section of the RFP may be declared substantive. The applicant will be directed to submit the question in writing to the contact person at the email address on the cover page no later than the Deadline for Written Inquiries, also identified on the cover page. This will allow issuance of any necessary amendments and/or clarifications to all prospective applicants.

Applicants are responsible for monitoring GEMS or the State's Online Public Notices website (Online Public Notices) for any clarifications or amendments that may be issued regarding this solicitation.

**Proposals will not be accepted after 3:59 PM prevailing local time on the due date identified on the cover page.**

### 3.04 Proposal Costs and Content

The Department will not be responsible for any expenses incurred by the applicant prior to the authorized grant performance period. All costs of responding to this RFP are the responsibility of the applicant.

The applicant is responsible for the content of the proposal.

### 3.05 Duration

This RFP is for a four-year period, beginning 8/1/2024 through 6/30/2028. At the discretion of the Department, a project funded under this RFP may be considered for continued funding in subsequent program year(s). The annual decision to continue funding for the subsequent year(s) of the four-year grant cycle is based on the following general conditions:

1. the Department's judgment that there is a continued need for the grant project service;
2. the grantee's satisfactory performance during the previous grant year;
3. the availability of sufficient grant program funds, and whether continuation of the financing is consistent with public health and welfare; and
4. the ability of the grantee and the Department to agree on any adjustments in payments or service.

Applicants will submit a budget proposal for year one of the grant only. Funding in each subsequent year will require submission and approval of documents needed to update service plans, evaluation measures, and budgets. Grants and Contracts will notify grantees of specific submission requirements necessary to qualify for consideration of continued funding.

Start date for the RFP will be August 1, 2024. Subsequent years will start July 1 of the following year.

**3.06 Proposal Review**

Following the deadline for receipt of proposals, no revisions will be accepted unless provided in response to a request from the contact person named in this RFP. Proposals will be reviewed as follows:

1. Proposals will be evaluated in a manner that will avoid disclosure of contents before notices of grant award have been issued.
2. Department of Health staff will evaluate each proposal for minimum responsiveness and other technical requirements and eliminate nonresponsive proposals from consideration.
3. Using the criteria set out in this RFP and 7 AAC 78.100 (Criteria for Review of Proposals), Department staff will evaluate each responsive proposal. **Scores for each criterion will be based solely on the response to the associated question. Points will not be earned if the information was provided in response to another question in Section 4**. Department staff will also review relevant departmental documentation regarding the applicant. Staff recommendations regarding awards and levels of funding will include consideration of the following:
    i. a history of the applicant's compliance with grant requirements, to include records of program performance, on-site program reviews, and prior year audits;
    ii. priorities in applicable State health and social services plans;
    iii. requirements of applicable State and federal statutes; and
    iv. municipal ordinances or regulations applicable to the grant program.

If there are multiple responsive proposals for which there is insufficient money to fully fund, or supplementary expertise is deemed necessary to the review of proposed services, the Department may appoint a Proposal Evaluation Committee (PEC) as an additional advisory body. PEC members will initially evaluate proposals, independently of other committee members. As a committee the PEC will meet in a **closed session** (7 AAC 78.090 Review of Proposals) to further review proposals and develop recommendations. Scores will be assigned based on the applicant's response to each individual question and the associated criteria. **Applicants will not earn points for a given question based on a response to another question in the RFP**. The PEC review will include discussion of each proposal's merits. PEC recommendations will rank proposals in priority order and include approval or disapproval for award, modifications to the proposed project, and special compliance conditions.

All staff advisory recommendations and, if applicable, those of the PEC, and all review materials will be submitted for consideration by the Division Director, who will make recommendations to the Commissioner of the Department of Health or the Commissioner's designee.

### 3.07 Final Decision Authority

Recommendations are advisory only, including those from any PEC that may be held. The final decision to approve or disapprove award, the amount of each award, and whether to impose special conditions or modifications rests with the Commissioner or Commissioner's designee.

NOTE: The final decision may include additional considerations, such as a lack or duplication of services in certain locations, or alternative services that may be available; a critical need for services by vulnerable populations; and matters of health, life and safety. The Department has the responsibility to ensure public monies are utilized in a manner that protects the interests of the people of the State and retains the right to make final awards that ensure responsible distribution of grant funds.

### 3.08 Notification of Grant Award and Appeals

Within fifteen (15) days after the decision regarding grant awards, applicants will be notified of the final funding decisions, and, if awarded, any conditions of award or modifications. Following any necessary negotiations for revisions to the proposed budget and scope of services, successful applicants will be issued a grant agreement. This formal agreement will contain specific performance and reporting requirements consistent with Department policy and procedure and 7 AAC 78.

Per 7 AAC 78.305 (Request for Appeal), an applicant may appeal a final grant award decision. Requests for hearing must be addressed to the Commissioner and received in writing at the address below within 15 days after the applicant receives notification of the decision. The request must contain the reasons for the appeal and must cite the law, regulation, or terms of the grant upon which the appeal is based.

**With a copy to the contact identified on the solicitation cover page, send appeal to:**

Heidi Hedberg, Commissioner
Department of Health
3601 C Street, Suite 902
Anchorage, Alaska 99503-5923

### 3.09 Cancellation of the RFP/Termination of Award

Contingent upon funding appropriations and the Governor's approval, the Department may fund proposals from eligible applicants. The Department may withdraw this RFP at any time and reserves the right to refrain from making an award when such action is deemed to be in the best interest of the State. Funds awarded for a grant as a result of this RFP may be withheld and the grant terminated by written notice from the State to the grantee at any time for violation by the grantee of any terms or conditions of the grant award, or when such action is deemed to be in the best interest of the State.

## Section 4 Submission Requirements/Evaluation Criteria

### 4.01 Minimum Responsiveness Criterion per 78.100(2)(A)

Proposals that fail to meet the minimum responsiveness requirements below will be eliminated from consideration

per 7 AAC 78.090(b)(2).

***1 Applicant is eligible per 7 AAC 78.030.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | Applicant is eligible per Alaska Administrative Code 7 AAC 78.030. | ☑ | |

**4.02 Other Technical Requirements per 7 AAC 78.060, 78.090(b) and 78.100**

Response & Organizational Documentation

***1 If applying as a non-profit organization, confirm non-profit status is documented.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The agency is listed as a non-profit in good standing on the State's corporation database, confirmed at State Corporation Database and/or | ☑ | |
| **b** | The agency's current 501(c)(3) status is confirmed on the Exempt Organizations page, accessible at IRS Tax Exempt Organization Search. | ☑ | |
| **c** | If a non-profit subsidiary of a non-profit corporation, a verifying letter from the parent non-profit agency is uploaded to the applicant's agency GEMS record (under General in the Agency Administration tab). The parent corporation must meet criteria a and/or b. | ☑ | |

***2 If applying as a Federally recognized tribal entity, upload the signed Resolution for Tribal Entities using the template provided below. Confirm the following criteria are met.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The applicant is a recognized Alaska Native entity as verified by the Federal Register at Federal Register. If a tribal consortium, all members are recognized Alaska Native entities. | ☑ | |
| **b** | A Resolution, completed on the provided form, is uploaded in the space provided. If a tribal consortium, a Resolution from each member tribe is uploaded as a single file. | ☑ | 0 |

***3 If applying as a government entity, confirm the following criterion is met.***

| *Evaluation/Review Criteria* | Review | Points |
|---|---|---|

| | | | |
|---|---|---|---|
| **a** | The applicant is another State Agency, such as the University; a political subdivision such as a city or municipality, verified at Local Boundary Commission ; or an REAA under AS 14.08.031 verified at Department of Education Alaska School Map. | ☑ | |

***4 Confirm neither the applicant agency nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from receiving grant assistance from any State or federal department or agency. If an agency or its principals are excluded from receiving grant assistance, the proposal may not be considered.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The applicant agency nor its principals are barred from receiving federal assistance as verified in the federal System for Awards Management at System for Award Management (SAM). | ☑ | |

***5 Electronically sign the State Grant Assurances form.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | State Grant Assurances form is signed by an individual authorized to enter into legal agreements on behalf of the applicant agency. | ☑ | |

***6 This program receives federal funds. Confirm the following criteria are met.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The Federal Assurance and Certification form is electronically signed by an individual authorized to enter into legal agreements on behalf of the applicant. | ☑ | |
| **b** | The applicant agency GEMS record, under General in the Agency Administration tab, contains the agency's UEI number. | ☑ | |
| **c** | The required Federal Funding Accountability and Transparency Act (FFATA) information, located under the Federal Reporting section of the Agency Administration tab, has been provided for the agency's most recently completed fiscal year. This task can only be completed by an Agency Power User. | ☑ | |

***7 Confirm the following information is provided at the Agency Administration tab. These tasks must be completed by a Power User. If the information is found to be incomplete or not current, there may be delay in execution of any offered award.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The General section contains a current governing board roster. The roster includes terms of each seat and contact information outside the applicant agency for one or more officers. | ☑ | |
| **b** | The Other Funding section contains a record for each source of agency operating funds. The record includes funds applied for under this solicitation. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200. | ☑ | |
| **c** | The General section contains a State of Alaska business license number, verified at Alaska Business Licenses Search. | ☑ | |
| **d** | All agency contact records are up to date, including Head of Agency, Primary Contact, and Head of Financial Operations. | ☑ | |
| **e** | The applicant's agency record contains the Agency Fiscal Year Start Date. | ☑ | |
| **f** | The applicant's agency GEMS record contains a current Federally Negotiated Indirect Cost Rate Agreement. If lapsed, the agreement is uploaded with written confirmation from the negotiating agency that the rate is valid until a new agreement is approved. | ☑ | |

**4.03 History of Compliance with Grant Requirements per 7 AAC 78.100(2)(B)**

***1 Previous recipients of grant awards will confirm the following criteria pertaining to past performance and compliance are met. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200. All other applicants will mark Complete without confirming.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | Fiscal, narrative, and data reporting in prior years has been complete and timely. | ☑ | |
| **b** | Required State and Federal Single Audits have been submitted, verified at Division of Finance, State Single Audit. Any prior year audit exceptions have been resolved, verified by the Finance and Management Services Audit Section contact identified at Finance and Management Services Audit Contact. | ☑ | |

| | | | |
|---|---|---|---|
| **c** | Activities in prior year(s) demonstrate effective delivery of services. The departmental review may include documentation such as performance reports, audit reports, grant records, site visits, etc. | ☑ | |
| **d** | Agency historically maintains required standards. Verification may include, though is not limited to, quality assurance reviews, licensing, and certifications. | ☑ | |

**4.04 Questions and Criteria Related to Program Policy, Goals, Outcomes, and Activities**

***1 Describe the proposed project in the text box below, identifying the ways in which it will achieve the program goals and anticipated outcomes stated in this RFP.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The description demonstrates a thorough understanding of program goals and outcomes, and clearly identifies the ways in which they will be achieved. | ☐ | 80 |

***2 Provide the timeline for the initiation of services and implementation of project activities in the upload field below.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The timeline proposed for initiation of services and project activities is compatible with program intent. | ☐ | 120 |

***3 In the text box below, describe the ways in which the project aligns with program intent. The response will identify project resources, activities, and clearly state the project's anticipated goals, outputs, and outcomes. In the upload field below, provide the project's completed logic model.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The described activities are well developed, reasonable and supportive of program intent. | ☐ | 80 |
| **b** | The response identifies project resources, activities, and clearly states the project’s anticipated goals, outputs, and outcomes. | ☐ | 40 |
| **c** | The applicant's logic model identifies project resources, activities, and projected outcomes that meet program intent. | ☐ | 120 |

***4 In the text box below, describe the project evaluation plan, including indicators and data gathering strategies that will be implemented to address the program's performance measures identified in Subsection 1.04.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The proposed evaluation plan includes indicators and data gathering strategies aligned with the program performance measures identified in Subsection 1.04. | ☐ | 80 |

***5 In the text box below, describe the target population and service area(s) of the proposed project.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The description clearly identifies the proposed target population and service area and meets the intent of the services solicited. | ☐ | 80 |

***6 Provide the proposed budget for the first year of the project. Include detail and supporting narrative as shown in the provided Grant Budget Preparation Guidelines (Documents tab). Confirm the following criteria are met.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The budget narrative is complete and mutually consistent with the budget detail. | ☑ | |
| **b** | Cost line items are allowable under 7 AAC 78.160 and are compliant with stated program requirements. | ☑ | |
| **c** | Travel costs are consistent with 7 AAC 78.160(h) and (i), and with any program requirements or limitations identified in the solicitation. | ☑ | |
| **d** | Equipment costs and subcontract costs are allowed by the program and consistent with 7 AAC 78.280. | ☑ | |
| **e** | Indirect costs are fully compliant with rates and exemptions of the agency's current Federally Negotiated Indirect Cost Rate Agreement, uploaded in the General section of the Agency Administration tab. | ☑ | |
| **f** | The budget supports the proposed project and program intent, and the project appears achievable with demonstrated resources. | ☐ | 40 |

| | | | |
|---|---|---|---|
| **g** | Costs are reasonable and substantiated in the narrative. | ☐ | 20 |
| **h** | The proposed budget narrative clearly describes any necessary allocation of resources among target populations or service areas. | ☐ | 20 |

**4.05 Applicant Qualifications - Criteria Relating to Personnel, Management, and Facilities**

***1*** ***In the text box below, describe the agency's previous experience in providing services the same as, or similar to, those proposed. Clearly identify the time period over which services were provided and the population served. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The applicant's previous experience providing the same or similar services demonstrates the resources and capacity needed to provide the solicited program services. Note: the review by department staff will also include documentation such as prior year performance reports, audit reports, site visits, etc. as noted in Subsection 4.03. | ☐ | 60 |

***2*** ***In the text box below, describe the proposed project's program and administrative staffing needs. Scan the following documents as a single file and upload in the space provided below: 1) Position descriptions for key project positions 2) Resumes and professional credentials for position holders 3) Resumes of administrative staff providing supervision, fiscal, reporting, and management needs. This is part of the pre-award risk assessment required under Uniform Guidance 2 CFR 200.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | Staff providing services are qualified and competent as demonstrated by the uploaded position descriptions, resumes, and professional credentials. | ☐ | 120 |
| **b** | Staffing levels are sufficient to support the requirements of the proposed project and compliant with all identified program mandates. | ☐ | 80 |
| **c** | Position descriptions support the intent of the RFP and the project proposed. | ☐ | 60 |
| **d** | Administrative staff is qualified as demonstrated by the resumes provided. | ☐ | 80 |
| **e** | Administrative capacity demonstrates capability to meet management and reporting needs. | ☐ | 80 |

***3 In the text box below, describe the procedures that will be used to protect client confidentiality.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The applicant's description identifies the procedures necessary to protect client confidentiality compliant with State and Federal standards. | ☐ | 100 |

***4 In the text box below, describe the service delivery facilities and locations and the ways in which access to services will enhance project success.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The facilities described are safe and appropriate to the purpose of the program. | ☐ | 60 |
| **b** | Access to the locations will enhance delivery of services to the targeted populations. | ☐ | 60 |

**4.06 Demonstration of Support/Coordination of Service**

***1 In the upload field below, provide a single-file scan of documented community support for the proposed project.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | Appropriate documentation of support is provided from each community in which the applicant proposes to provide services. | ☐ | 60 |

***2 In the text box below, describe the ways in which the project planning process involved the public and potential service recipients.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|
| **a** | The applicant’s description demonstrates the involvement of the public and potential recipients of services in planning the project proposed. | ☐ | 40 |

***3 In the text box below, describe partnerships or collaborations necessary to the proposed project. In the upload field below, provide a single-file scan documenting existing partnerships and collaborations specific to the proposed project.***

| *Evaluation/Review Criteria* | | Review | Points |
|---|---|---|---|

| | | | |
|---|---|---|---|
| **a** | Partnerships and collaborations necessary for the effective delivery of services are well described. Evidence specific to the proposed project is provided. | ☐ | 60 |

***4*** ***In the text box below, describe the in-place or planned coordination with the State or other providers for referrals necessary to project success. Identify the project staff involved as well as the responsible positions at the referring agencies.***

| ***Evaluation/Review Criteria*** | | **Review** | **Points** |
|---|---|---|---|
| **a** | The applicant's description demonstrates a clear understanding of the roles that must be performed by the applicant and by referring agencies for the effective delivery of services to the targeted population. | ☐ | 60 |