

BALTIMORE CITY HEALTH DEPARTMENT RYAN WHITE OFFICE

**Ryan White HIV/AIDS Treatment Modernization Act of 2006
Part A Minority AIDS Initiative Grant Program**

Competitive Grant Announcement

*Services applicable to this announcement include Medical Case Management,
Mental Health, Substance Abuse Outpatient and Childcare Services*

Fiscal Year 2009

Application Due Date:
June 8, 2009

Date of Issuance: *April 30, 2009*

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EXECUTIVE SUMMARY

The *Ryan White Part A Minority AIDS Initiative (MAI) Application Guidance* will assist eligible applicants to prepare a fiscal year (FY) 2009 competitive grant application for MAI funds. These funds are available under Part A of Title XXVI of the Public Health Service (PHS) Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Public Law 109-415), hereafter referred to as the Ryan White HIV/AIDS Program. Summary information about the Ryan White HIV/AIDS Program is available online at <http://hab.hrsa.gov/law.htm>.

The Baltimore City Health Department (BCHD) Ryan White Office administers the Ryan White HIV/AIDS Programs, which includes MAI funding. The purpose of the Part A MAI program is to improve *"HIV-related health outcomes to reduce existing racial and ethnic health disparities."*

This application guidance details the eligibility and submission requirements, the review criteria and special awarding factors for organizations seeking grant support to establish or expand services to increase access to Medical Case Management (MCM), Mental Health Services (MH), Substance Abuse Outpatient Services (SAO), and Childcare Services (CC) in fiscal year (FY) 2009. It is strongly suggested that applicants thoroughly review this guidance prior to making a decision to apply for the available funding. Organizations **not** currently funded under Ryan White **Part A** for Mental Health or Substance Abuse Outpatient Services will receive priority consideration under this grant opportunity.

The Greater Baltimore HIV Health Services Planning Council (PC) has allocated **\$340,000** to Medical Case Management, **\$161,000** to Mental Health Services, **\$285,000** to Substance Abuse Outpatient, and **\$41,420** to Childcare Services for the program year effective August 1, 2009. Requests for Medical Case Management **may not exceed \$85,000** per application, Mental Health Service **may not exceed \$80,000** per application and Substance Abuse Outpatient Services **may not exceed \$143,000** per application. There is no restriction under Childcare Services; each application can be up to the maximum available funds of \$41,420.

The target populations under this competitive grant announcement are:

- 1) Substance Abusers (injection and non-injection drug use);
- 2) Men who have sex with men (MSM) of color;
- 3) Recently Released Inmates

- 4) Youth (ages 13-24);
- 5) Residents of the six surrounding counties (Anne Arundel, Baltimore, Carroll, Harford, Howard and Queens Anne); and
- 6) Homeless/ Transient Individuals

All applications under this announcement must be submitted **electronically** to Dr. Alberta Ferrari at Alberta.ferrari@baltimorecity.gov no later than 4:00 P.M. ET on June 8, 2009. **No paper submissions will be accepted.**

It is the responsibility of the applicant to ensure that complete application(s) are submitted by the published due date and time. **BCHD will not accept applications delivered after the deadline.**

Please note the following prior to applying for MAI funding under this current request:

- Prospective applicants are **required** to submit **electronically**, a Letter of Intent by May 15, 2009 to Alberta.ferrari@baltimorecity.gov. The Letter of Intent should indicate the category(ies) for which an application will be submitted, and the approximate dollars requested.
- Organizations **must submit a separate application** for each service category to be considered for funding
- It is important for applicants to be able to formally articulate their past and current experience working with the target populations, and detail how they plan to ensure access to services proposed to these populations.

BCHD will conduct a pre-application conference on May 7th at 9:00 am to 11:00 am at the Conference Center at Sheppard Pratt located at 6501 North Charles Street Baltimore, MD 21285 phone: (410) 366-4360.

Please refer questions specific to this announcement guidance to:

Ralph Brisueno @ Ralph.Brisueno@baltimorecity.gov or

Alberta Ferrari @ alberta.ferrari@baltimorecity.gov

I. FUNDING OPPORTUNITY DESCRIPTION

Purpose

The goal of the MAI funding opportunity is to increase access to core medical services at agencies targeting minority populations. This current guidance for MAI funding is only applicable to the following four service categories: *Medical Case Management, Mental Health Services, Substance Abuse Outpatient Services, and Childcare Services.*

Medical Case Management

Background

Access to case management services is critical in ensuring linkage to medical care and support services. The availability of this essential service enhances the ability of programs to provide comprehensive primary care, increases access to essential health care services, and continues to improve the health status of those served. Medical case management is a collaborative process that refers to the planning and coordination of health care services appropriate to improve a client's care. The provision of services may include, but is not limited to, care assessment, providing assistance in developing, implementing and coordinating a treatment plan with health care providers, as well as the individual and his/her family. In medical case management, a medical case manager assesses the individual's case for its appropriateness to the local Standards of Care to assist consumers in making informed choices about their medical care by communicating the treatment plan so that the person can eventually function without any limitations.

Medical case management requires an evaluation of the individual's current situation, developing and implementing a plan of care, coordinating medical resources, and monitoring progress towards the desired goal. Levels of case management services may range from limited to intermediate to intensive depending on the complexity of the individual's situation. Intensive case management entails monthly face-to-face visits, significant involvement in coordinating services for the client and requires follow-up on referrals and missed appointments. Whereas, individuals engaged in intermediate case management while requiring coordination of care and treatment plans, receive follow-up visits at least every three months with one face-to-face contact every six months. Limited case management is generally associated with assistance for a single event.

Access to comprehensive health services for underserved populations is essential for populations served by a Ryan White program. The burden of HIV/AIDS restricts activities in school, work, and home, and often significantly diminishes the quality of life. The populations served by the Ryan White program often experience significant barriers to accessing health services. The health care needs of low-income, minority, populations continue to be greater than those of the general population are and the lack of access to medical case management, substance abuse treatment and mental health services is a primary reason for those disparities.

As a result, the Baltimore City Health Department makes access to core services for underserved populations a priority for Ryan White Programs, and is offering this opportunity to establish or expand critically needed services. The establishment or expansion of medical case management services is expected to include the current HIV/AIDS Clinical Performance Measures for case management (refer to <http://hab.hrsa.gov/special/habmeasures.htm>), cultural and linguistic competent services, implementation and quality improvement plans, provision of services by licensed professional staff.

Substance Abuse Outpatient

Background

The purpose of Ryan White MAI Substance Abuse services is to assist HIV positive clients in abstaining from substance use or reducing their use through the provision of medical treatment and/or counseling in an outpatient setting. This service should be rendered by a physician or under the supervision of a physician.

For FY 2009, applications are sought from agencies that are compliant with the current Code of Maryland Regulations (COMAR). Substance Abuse Outpatient treatment programs must be appropriately licensed by the State of Maryland. Interested applicants must demonstrate steps that will be taken to actively support engagement and retention in care through the provision of substance abuse services. Providers must demonstrate competence and experience in evaluation, formulation, diagnosis and evidence-based therapeutics, using contemporary practice guidelines where available.

The service goals under the Substance Abuse Outpatient category are to (1) support individuals living with HIV/AIDS in their efforts to enter into and remain in primary health care and health related support services and (2) help improve the clinical health outcomes and quality of life of people living with HIV/AIDS. Consumers with co-occurring issues of substance abuse require greater intensity of care and services to improve their level of adherence to medical care.

Therefore, applications are sought from agencies that are successful in engaging and retaining clients in primary care, and assisting them in gaining and maintaining access to the continuum of supportive HIV services.

Provision of substance abuse services requires an intake and assessment of the individual's current situation and the development of a plan of care toward the desired goal. Substance abuse treatment models may range from intensive outpatient services, medication-assisted treatment to detoxification services. Substance abuse services may be provided as **Individual sessions or Group sessions**. Group session is the provision of substance abuse services with a group of three or more individuals.

Mental Health Services

Background

The purpose of Ryan White MAI Mental Health services is to assist HIV-positive clients in handling stress, relating to others and making favorable choices which will enable clients to remain adherent to medical care.

All clients must have an intake form and a comprehensive mental health assessment with complete historical data that establishes a Diagnostic and Statistical Manual of Mental Disorders (DSM) IV diagnosis. Programs are expected to develop a treatment/service plan, if client is not engaged in primary medical care, to provide referral to primary care and other health related support services and conduct reassessment as required in the local Standards of Care.

All programs must ensure that mental health services are provided by licensed psychiatrists, psychologists and/or clinical social workers. Generally, visit frequency should average every week to two weeks for patients with active symptoms working toward a short-term goal and, every three months for patients, whose symptoms are in remission but who remain on psychotropic medicines.

All programs must ensure that clients are enrolled in primary care and have ongoing access to the continuum of HIV primary medical care and health related support services. Programs are expected to provide the following services to all clients: intake/assessment, development of a treatment/service plan, referral to primary care and other health related support services within the HIV continuum of care, and follow-up including reassessment. All programs must comply with state regulations, including licensing requirements, for mental health services

Childcare Services

Background

Child care services enable HIV-positive care-givers to attend medical appointments, support service activities and other Ryan White program-related meetings, groups or training. Child care is essential to ensure that HIV positive clients are empowered to become effective advocates for themselves and their community. Within this category a unit of service is defined as eight hours of care per day per child. Limitations: Clients (HIV+ parent or HIV+ guardian of children) may only receive **36 days of services** per 12 month period.

Applicants are required to submit monthly client level data using the appropriate unique record number to validate provision of services and must indicate within the application how this data will be tracked

Special requirements or notices

- Only programs regulated through the Maryland State Department of Education, Office of Child Care will be considered as providers of Ryan White Part A Child Care Services. Applicants are required to submit documentation of current licensure.
- The maximum reimbursement rate for allowable services under this category is **\$72 per child**.
- Direct service cost under this category is limited to the daily rate.
- Services are restricted to the children of HIV+ persons or their guardian who is HIV+ for the purpose of the HIV+ client attending medical or attending RWHAP-related meetings, groups, or training.
- The status of children engaged in childcare services can be either HIV+ or affected.

II. Award Information

The Ryan White HIV/AIDS Program Part A Minority AIDS Initiative (MAI) Grant Program is authorized by Title XXVI of the Public Health Service (PHS) Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2006 (Ryan White HIV/AIDS Program), under Part F, Subpart III. **The purpose of the Part A MAI is to improve *"HIV-related health outcomes to reduce existing racial and ethnic health disparities."*** As such, MAI funds provide direct financial assistance to develop or enhance access to high quality community-based HIV/AIDS care

services and improve health outcomes for low-income minority individuals and families. For the purposes of this Guidance, "minority" is defined as an individual who self-identifies as a member of one of the racial/ethnic communities listed in Section 2693(a) of the PHS Act, including African Americans, Alaska Natives, Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders, or as "more-than one-race."

Requests under Medical Case Management **may not exceed \$85,000** per application, Mental Health Service **may not exceed \$80,000** per application and Substance Abuse Outpatient services **may not exceed \$143,000** per application. There is no ceiling restriction under Childcare Services; each application can be up to \$41,420.

Applicants requesting funds in excess of the established caps, outlined above, will be considered non-responsive to this announcement and will not be considered for funding.

Budget forms and narrative submissions must be reasonable and appropriate based on the scope of services planned and projected base on the number of individuals to be served. The budget must be consistent with the proposed service delivery model. No more than **Ten percent (10%)** of an award can be used for administrative costs.

Funding levels will be reviewed prior to a final funding decision and may be adjusted based on past performance, and an analysis of operating costs, utilization, provider staffing, and an applicant's ability to generate 3rd party revenue.

Funding Exclusions and Restrictions

Pursuant to Section 2605 (a)(6) of the Ryan White legislation, MAI funds cannot be used to pay for any item or service that can reasonably be expected to be paid under any State compensation program, insurance policy, Federal or State health benefits program, or by any entity that provides health services on a prepaid basis. The Ryan White Programs (Part A and MAI) are the "payer of last resort." This means providers must make reasonable efforts to secure other funding sources outside of Ryan White legislation funds, whenever possible.

If a provider elects to use Ryan White funds for client services eligible for third-party reimbursement, the provider must have a system in place to bill and collect from the appropriate third party payer. Ryan White funds are to be used only if a client's services are not eligible for reimbursement from Medicaid or from other third parties. Ryan White funds may be used in cases of pending

Medicaid eligibility determination but agencies must back bill Medicaid during their retroactive period of enrollment. The Ryan White Office reserves the right to audit records and require proof that grant funds are not being used to support clients enrolled in third-party reimbursement programs. **Grant funds may not be used to supplement or supplant current state or local HIV related funding.**

Eligibility Information

Eligible Applicants

This funding opportunity is intended to establish or expand services for case management, mental health, substance abuse and child care services.

Applicants are eligible if it meets all of the specific eligibility requirements (stated below).

- Have current 501 (c) (3) non-profit status
- Located within the Baltimore EMA. The Baltimore EMA consists of Baltimore City and the surrounding counties of Anne Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne's
- Have a documented history of providing medical or social services to populations targeted.

Medical Assistance Provider Number: Applicants proposing services that qualify for coverage through Maryland Medicaid must have a current Medical Assistance Provider Number **by the due date of this application**. In the event that a provider has applied for, but not received a Medical Assistance Provider Number yet, applicants must provide documentation from Medicaid attesting to this fact. Applicants not complying with this requirement are not eligible for funding.

Licenses and Certifications: Applicants providing services that require licensure or certification as described in COMAR and/or the EMA's local Standards of Care must submit current licensure or certification documentation with their application. These service categories include:

- **Medical Case Management**
- **Mental Health Service**
- **Substance Abuse Outpatient Service**
- **Child Care Service**

Applicants whose current licenses or certifications expire before July 31, 2010 should note impending expirations and submit updated documentation prior to these expiration dates. Failure to submit required valid licenses or certificates as required will result in loss of funding and/or require repayment of funds issued.

Application Preparation

Applicants are encouraged to thoroughly review this guidance prior to finalizing a decision to apply and/or preparing an application for submission. Information and data should be accurate and consistent; directions and written instructions should be followed carefully and completely. **Applications not meeting application requirements may not be processed, or may result in a low rating by the Independent Review Board (IRB).** In developing applications, applicants are encouraged to review the local Standards of Care to prepare high quality, competitive applications. The Standards of Care are can be viewed at www.baltimorepc.org .

Only those materials/documents included with the application submitted by the announced deadline will be considered. Any documentation associated with an application will not be accepted by the Ryan White Office after 4 p.m. June 8th. Documentation received after that date will be destroyed and not considered in the review process.

Pre-Application Conference

The BCHD will hold a pre-application conference for applicants wishing to apply for the above categories. The conference will provide an overview of this program guidance and will include an opportunity for applicant organizations to ask questions regarding the category funding opportunity, to learn the expectations for the listed service categories and the requirements of Ryan White providers. The pre-application conference will be held on May 7th at 9:00 am to 11:00 am at the Conference Center at Sheppard Pratt located at 6501 North Charles Street Baltimore, MD 21285 phone: (410) 366-4360.

Application Format Requirements

Page Limit

All applications may not exceed 80 pages when printed or 10MB. This 80-page limit includes the abstract, project, budget narratives, attachments, and letters of commitment and/or support.

Applications that exceed the specified limits will be deemed non-compliant, and returned to the applicant without further consideration.

Font

Please use an easily readable typeface, such as Times Roman, Courier, or Arial. The narrative portions of the application must be submitted in 12 point font and 1.0 line spacing. Applications not adhering to 12 point font requirements may be returned. Do not use colored, oversized or folded materials. For charts, graphs,

footnotes, and budget tables, applicants may use a different pitch or size font, not less than 10 pitch or size font. However, it is vital that when scanned and/or reproduced, the charts are still clear and readable.

Please do not include organizational brochures or other promotional materials, slides, films, clips, etc.

Paper Size and Margins

For duplication purposes, please ensure that the application can be printed on 8 ½" x 11" white paper. Margins must be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align text.

Names

Within the footer of the application please include the applicant's name and service category.

Section Headings

Please put all section headings flush left in bold type.

Page Numbering

Number pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment.

Allowable Attachment or Document Types

BCHD will only accept the following types of attachments; files with unrecognizable extensions may not be accepted or may be corrupted, and will not be considered as part of the application:

- .DOC - Microsoft Word
- .WPD - Word Perfect Document
- .PDF - Adobe Portable Document Format
- .XLS - Microsoft Excel

Project Abstract

Provide a summary of the application. The abstract should be clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed grant project including the needs to be addressed, the proposed services, the population group(s) to be served and a synopsis of proposed patients, providers and service delivery sites.

The project abstract must be single-spaced and limited to one page in length. All information provided in the abstract should be consistent with data included in the application.

Program Narrative

This section provides a comprehensive framework and description of all aspects of the proposed service category project. It should be succinct, self-explanatory, and well organized so that reviewers can understand the proposed project.

The program narrative should be a detailed description of:

- the target population(s) to be served by the proposed MAI funding and the specific category needs of the target population(s)
- the, community and organizational resources already available to meet these needs,
- the applicant organization's plan for addressing the identified health care needs/issues of the target population.
- the applicant organization's plan (work plan) for responding to these needs,
- and the plan to evaluate the effectiveness of the proposed project.

Applicants should organize the program narrative using the following five section headers

SECTION 1: NEED

SECTION 2: RESPONSE

SECTION 3: EVALUATIVE MEASURES

SECTION 4: RESOURCES

SECTION 5: SUPPORT REQUESTED

All applicants should ensure that the program narrative completely addresses each of the specific elements listed under the review criteria found on pages 17-19 of this guidance.

Budget

This announcement is inviting application for project periods up to 1 year.

Applicants must submit a proposed 12-month operating budget, effective August 1 through July 31, and based on the amount of funding requested. A detailed budget justification in line-item form must be completed for the 12-month period requested for funding. In addition, please complete all applicable budget forms that are in the Attachment of this RFP; include in your submission as Attachment A. If any budget pages are not applicable to your application, please submit the blank template(s) for the sake of uniformity.

Organizations currently receiving Part A funding who plan to apply for the same service under this announcement are required to submit their Part A budget Form 2a as attachment J in addition to all other required budget forms.

Personnel Costs: Personnel costs (salaries and wages) should be explained by listing key management staff and all other full time equivalents (FTEs) who will be supported from funds, position title, percent full time equivalency, annual salary, and the exact amount requested for each year. *Please reference "Form 2: Staffing Profile" as justification for dollar figures.*

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

Administrative/Indirect Costs: **No more than 10 percent** of the budget can be allocated to administrative costs. Administrative costs are costs incurred for common objectives that benefit multiple programs of the applicant organization, or the organization as a whole, and as such are not readily assignable to a particular funding stream. Staff activities that are administrative in nature must be allocated to administrative costs. The following are examples of administrative costs:

- ❑ Indirect costs rate approved by a national agency do not apply to this announcement, **the limit for all indirect cost applicable to this announcement is 10 percent of the total cost of the grant.**
- ❑ Rent, utilities and other facility support costs
- ❑ Personnel costs and fringe benefits of staff members responsible for the management of the project such as the Project Director
- ❑ Telecommunications, including telephone, fax, pager
- ❑ Postage
- ❑ Liability Insurance
- ❑ Office supplies
- ❑ Audits
- ❑ Payroll/accounting services
- ❑ Computer hardware/software
- ❑ Data collection activities related to data collection requirements, including the Ryan White legislation Data Report (RDR; formerly CADR), unduplicated Part A client-level data, outcomes and other reports.

Equipment: List equipment costs and provide justification for the need of the equipment to carry of the program's goals. Extensive justification and

a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational (e.g., continuing medical education) purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, supplies must be listed separately.

Travel: List travel costs according to local and long distance travel. For local travel, estimate the mileage rate, number of miles, reason for travel, and staff member/consumers completing the travel. Reflect the approximate travel expenses associated with participation in meetings and other proposed trainings or workshops in the budget.

Subcontract: Provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category.

Staffing Plan /Personnel Requirements

Applicants must present a staffing plan for the proposed service program and provide a justification for the plan that includes education and experience qualifications and rationale regarding the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment C; this includes copies of biographical sketches for any key personnel that will be funded and/or assigned to work on the proposed project.

The staffing plan should include the proposed number of full-time equivalents (FTEs) and credentialing.

Attachments

Attachments should be submitted with the following enumeration: (Items in bold require forms which are attached)

- A. Budget Package
- B. Work Plan(s)

Please provide updated copies of the following:

- C. Professional Licenses and Certifications
- D. Memoranda of Understanding
- E. Consumer Advisory Board Member List
- F. Assurances
- G. Certifications
- H. Liability Insurance Verification
- I. Agency Quality Assurance Plan
- J. Budget Form 2a

Other Submission Requirements

Applicants for this funding opportunity are **required** to submit **electronically** a Letter of Intent by May 15, 2009 to Alberta.ferrari@baltimorecity.gov. The letter of intent should indicate the category(s) for which an application will be submitted, and the approximate dollars requested.

Application Review Information

Review Criteria

Applicants must ensure that the following five (5) Review Criteria are fully addressed within the Program Narrative and supported by supplementary information as necessary to outline your agencies responses. Your responses to the following Review Criteria will be used by a Independent Review Board (IRB) to evaluate the merits of the proposed scope of work presented in the application.

Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific details and scoring points.

Review Criteria are used to review and rank applications. This guidance contains five Review Criteria: Need, Response, Evaluative Measures, Resources and Support Requested. Reviewers will assign points based on how well the

Applicant Organization has addressed each of the requested items in the Program Narrative section of this guidance.

Review Criterion 1: NEED (15 points maximum)

1. Applicant Organization describes the service area for the proposed service.
2. Applicant Organization clearly describes the target population for the proposed service and provides a detailed assessment of need for the proposed service, including:
 3. Any special populations (i.e., Homeless clients, Substance Abusers, Youth, Recently Released Inmates)
 4. Applicants should describe specific access barriers to receiving the proposed service appropriate to the target population that will be served by this project.
 5. Applicant Organization identifies the number of patients and visits currently being served under the proposed category (irrelevant of funding stream) and the projected number of patients and visits that will receive services through the proposed project.
 6. Applicant Organization identifies all providers within the proposed service area that provide this service.
 7. The applicant discusses ways in which services funded by Federal and local sources (including other Ryan White programs) are taken into consideration in planning for, and requesting Ryan White Part A funding this project.

Review Criterion 2: RESPONSE (35 points maximum)

1. Applicant Organization describes the proposed services, including:
 - a. All services to be provided,
 - b. Location of site(s) where services will be provided
2. Applicant Organization describes how the proposed services will be provided and demonstrates the appropriateness of these arrangements for optimal accessibility by the target population. The description should include any linkages, collaborations or partnerships,
3. Applicant Organization describes how the target population to be served will be informed about the services available or identified.

4. Applicant Organization demonstrates how the proposed service will be integrated with the primary health care services (e.g., collaboration with medical providers to ensure continuity of comprehensive primary health care).
5. Applicant should describe the program's plan, policies, and initiatives that demonstrate a commitment to providing culturally and linguistically competent health care and developing culturally and linguistically competent health care providers, faculty, staff, and program participants.

Review Criterion 3: EVALUATIVE MEASURES (20 points maximum)

1. Applicant organizations should identify, at a minimum, one performance measure specific to the proposed service on which to establish baseline data and systematically track progress.
2. In addition, Applicant Organizations should describe in significant detail the organization's existing or proposed quality improvement program.
3. Applicant Organizations should identify appropriate performance measures, including the implementation protocol, for all goals and related data collection methodology.
4. Applicant Organization describes a plan for tracking patients' outcomes over time:
 - a. Identified time-framed and measurable goals/objectives and key action steps for providing the proposed services;
 - b. Identification of key health measures and a definition of those measures;
 - c. Staff responsible for the activities; and
 - d. A timeline for carrying out the evaluation activities.

Review Criterion 4: Resource (20 points maximum)

1. Applicant Organizations should discuss why it is the appropriate entity to receive funding by demonstrating its experience and expertise in:
 - a. Working with the target population(s);
 - b. Addressing the target population's identified health care needs;
 - c. Developing and implementing appropriate systems and services; and
 - d. Collaborating with and securing support from the local community.

Applicant Organizations are encouraged to provide letters of support, commitment and/or investment.

2. Applicant Organization describes how existing barriers to services will be reduced or eliminated for the target population(s).
3. Applicant Organization demonstrates that the proposed staffing is appropriate for the level and type of service to be provided.

Review Criterion 5: SUPPORT REQUESTED (10 points maximum)

1. The applicant includes a budget justification with descriptions that explain the amounts requested for each line in the budget.
2. Applicant Organization demonstrates that the budget for the proposed project is appropriate and reasonable in terms of:
 - a. The total resources required to achieve the goals and objectives of the applicant's proposed service delivery plan
 - b. The number of patients and visits

Review and Selection Process

Applications competing for funds receive an objective and independent review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The IRB committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Funding Preferences

Upon receipt of the IRB's recommendation, the Ryan White Office:

1. Identifies new agencies requesting funding
2. Reviews the prior performance of existing agency's in achieving projected goals and objectives
3. Reviews the utilization of funds

4. Reviews the proposed work plan and budget for reasonable new initiatives requiring additional funding
5. Considers findings from site visits or quality reviews which would impact the provision of service
6. Reviews the program's geographic location
7. Evaluates the agency's fiscal stability to continue the provision of service.