

**FY2010 Minority AIDS Initiative (MAI)
Request for Proposals (RFP) COMPETITIVE GUIDANCE
Corrections and Questions/Answers**

This document details corrections to the FY2010 MAI Competitive RFP and summarizes questions (and answers) asked during the guidance call that took place on June 17, 2010.

Corrections to Guidance

The following corrections were made to the FY 2010 MAI Competitive Guidance released on June 11, 2010:

On Page 2 (Section: Executive Summary) and Page 11 (Section: Application Preparation) of the guidance there is a correction (see bolded text below):

1. All applications under this announcement must be submitted electronically to Dr. Alberta Ferrari at ryanwhite@baltimorecity.gov by **11 p.m.** on Thursday, July 22, 2010 (*the guidance says 4 p.m.*).

On Page 9 (Section: Service Delivery Expectations) and Page 16 (Section: Attachments), the following has been deleted:

1. Applicants must include with the application a total of six (6) Memoranda of Understanding; three (3) with medical case management and three (3) primary medical care programs to document ability to facilitate referrals of consumers into care.

While the requirement for a specific number of memorandums of understanding between the applicant, with primary care and medical case management is rescinded; it is the expectation that applicants will document formal relationships with primary care and medical case management programs to facilitate referrals of consumers engaged.

On Page 10 (Section: Eligibility Information), there is a correction (see bolded text below):

1. Applicants for Youth Outreach Services will be considered eligible if all requirements stated below are met:
 - a. Have current 501 (c) (3) non-profit status **or are Health Departments located in the Baltimore EMA (comprised of Baltimore City, Anne Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne's counties)**
 - b. Applicant is located within the Baltimore EMA (comprised of Baltimore City, Anne Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne's counties)
 - c. For Outreach Services, has a documented history of providing AIDS-related services to the youth population

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On Page 16 (Section: Attachments), there is a correction; the following has been added to the guidance (see bolded text below):

1. Add to Attachment C - Memorandum of Understanding: **should be dated no later than 8/1/2009**

Response to Questions Submitted by Guidance Call Participants

The health department provides the following responses to all applicants.

1. **Question:** As per the RFP, the projected target is to reach at least 100 newly diagnosed or reengaged youth who are HIV+ annually. With the 6 month initial award period, would the projected target then be at least 50 newly diagnosed or reengaged youth who are HIV+?
 - a. **Response:** Yes, that is correct.
2. **Question:** Can we anticipate level funding annually for continuation awards?
 - a. **Response:** No. The category allocation for Outreach Services in FY2011 is not yet determined. Furthermore, continuation funding is based on a) the availability of funding in outreach, past programmatic and fiscal performance of the provider, and the amount of funds requested in subsequent years.
3. **Question:** Is the purchase and maintenance of cell phones for staff use to achieve the program's goals considered an allowable direct cost? The cell phones will be directly assigned to the program and will not benefit the organization as a whole.
 - a. **Response:** Yes, this is an allowable expense and can be considered a direct-service expense as well. In this case, the budget narrative should clearly describe the total cell phones to be used (based on the staff funded under the award) and the monthly fee associated with the cell phone usage.
4. **Question:** Must youth live in Baltimore City and County or the entire EMA?
 - a. **Response:** Youth may reside anywhere in the EMA, which is comprised of Baltimore City, Anne Arundel, Baltimore, Carroll, Harford, Howard, and Queen Anne's counties.
5. **Question:** Must there be MOUs if the applying organization provides the services—addictions, mental health, primary care and case management?
 - a. **Response:** While an applicant could provide core medical services internally, the referral to care should consider the residency of the clients. As such, is the applicant agent does not operation in all EMA jurisdictions; then it is recommended that MOU's with external organizations be established who provide primary care and medical case management services in those area.

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6. **Question:** What is the number of applications expected to be awarded funding?
- a. **Response:** A **maximum of 2 awards** will be made under the award announcement. Applicants should determine their funding request based on the need of their program as it relates to targeting the youth population.
7. **Question:** Is \$75,000 for the 6 month period?
- a. **Response:** Yes, a total of \$75,000 will be **awarded to up to 2 organizations** for the service period September 1, 2010 – February 28, 2011.
8. **Question:** Define what is meant by the documented history of providing HIV-related services to youth. If a part of the HIV population (served by the applicant organization) includes 18-24 year olds, can this be included?
- a. **Response:** Page 11 of the guidance states that Applicants for Youth Outreach Services will be considered eligible if there is a documented history of providing AIDS-related services to the youth population. Applicant organizations should have experience targeting HIV-related services (outreach or other services) to youth, ages 18-24.
9. **Question:** Why were ages 18-24 years selected as the target population for youth?
- a. **Response:** Pages 5 of the RFP details the distribution of HIV positive youth by age. The majority (76.08%) of persons were ages 18-24 years old. While persons 18-24 years old should be targeted through outreach, youth 13 - 24 years may receive services as well.
10. **Question:** Do applicants have to focus on the sub-populations listed in the application?
- a. **Response:** Page 4 of the RFP indicates the populations with the highest prevalence of HIV amongst youth. Pages 6-8 detail the risk behaviors associated with HIV infection amongst youth. Competitive applications will identify the sub-population to be targeted through outreach efforts and will describe the experience working with these populations, outreach model(s) to be used and expected number of persons to be linked to care. The sub-populations listed are:
- i. Substance Abusers (injection and non-injection drug use);
 - ii. Men who have sex with men (MSM) of color;
 - iii. Recently Released Inmates;
 - iv. Homeless or transient; and
 - v. Residents of Baltimore City or Baltimore County.