



REQUEST FOR PROPOSALS

Braided Funding Technical Assistance: Whole-Person Approaches for HIV Prevention and Care

National Association of County and City Health Officials (NACCHO)
January 2025

Applications must be submitted electronically to jzigman@naccho.org by 5:00 EST/EDT on January 30, 2025

Summary Information

- **Project Title:** Braided Funding Technical Assistance: Whole-Person Approaches for HIV Prevention and Care
- **Deadline for submissions:** January 30, 2025 at 5 PM EST
- **Source of Funding:** Health Resources and Services Administration (HRSA)
- **Maximum Funding Amount:** \$75,000
- **Estimated Period of Performance:** March 1 – August 31, 2025
- **Point of contact for questions:** Julia Zigman, jzigman@naccho.org

Application Process Timeline

| Event | Date/Time |
|-------------------------------------|-------------------|
| RFP Posted and Open for Submissions | January 6, 2025 |
| Proposal Submission Deadline | January 30, 2025 |
| Award Notification Date | February 10, 2025 |
| Anticipated Contract Start Date | March 1, 2025 |
| Contract End Date | August 31, 2025 |

Background

The National Association of County and City Health Officials (NACCHO) represents over 3,300 local health departments (LHDs) across the United States. NACCHO's mission is to improve the health of communities by strengthening and advocating for local health departments.

NACCHO provides technical assistance support to local health departments (LHDs) across the public health continuum, including for HIV, STI, Viral Hepatitis (HSH), and Harm Reduction programs. NACCHO builds capacity of LHDs in these areas through demonstration projects,

learning collaboratives, convenings, and workshops, and documenting and disseminating resulting training processes, presentations, evaluation findings, and best practices to support replication and scale-up across our entire membership.

NACCHO's HIV Work and the *Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities (SNAP)* Initiative:

Despite recent decreases in new HIV diagnoses nationwide, inequities persist, particularly among young Black and Latino gay and bisexual men, Black women, and those in the South. Consequently, culturally responsive health and social services that account for barriers imposed by structural racism and systemic inequities are needed to prevent new HIV infections and improve health outcomes for communities disproportionately affected by HIV and related syndemics. Expanding access to whole-person, comprehensive, continuous, culturally-responsive status neutral services that are not triaged based on HIV test results (i.e., status neutral services) can also reduce stigma, promote equity, and strengthen efforts to achieve national HIV prevention and care goals.

Whole-person approaches to HIV prevention and care emphasize comprehensive and high-quality care to engage and retain people in services. A whole-person approach continually addresses the healthcare and social service needs of all people who can benefit from HIV prevention and care services so that they can achieve and maintain optimal health and well-being.

Launched in September 2023, the Status Neutral Approach to Improve HIV Prevention and Health Outcomes for Racial and Ethnic Minorities initiative (SNAP) ETAP initiative aims to advance the development, implementation, evaluation, and dissemination of whole-person approaches to reduce disparities, prevent new HIV diagnoses, and improve health outcomes for communities disproportionately affected by HIV and related syndemics.

The Health Resources and Services Administration (HRSA) HIV/AIDS Bureau (HAB) funded four Ryan White HIV/AIDS Program (RWHAP) Part A recipients as implementation sites for this initiative:

- Bexar County (San Antonio, Texas)
- Clark County (Las Vegas, Nevada)
- Hennepin County (Minneapolis, Minnesota)
- County of San Diego (San Diego, California)

In the context of the SNAP ETAP initiative, jurisdictions are implementing non-medical case managers (NMCM) to replicate and integrate RWHAP program services for people not living with HIV, in order to create access to whole-person care regardless of one's HIV status. The SNAP ETAP team is supporting each jurisdiction to develop, implement, and evaluate a whole-person approach that:

- Creates “one door” for both HIV prevention and treatment services.
- Addresses institutionalized HIV stigma by integrating HIV prevention and care.
- Makes HIV testing, linkage to medical care and prevention services as appropriate, and testing for other medical conditions such as sexually transmitted infections (STIs) and hepatitis C virus (HCV) more accessible and routine.

NACCHO is a subrecipient of JSI, who is also funded by HRSA HAB to serve as the Evaluation and Technical Assistance Provider (ETAP) for the SNAP initiative. The goal of ETAP is to identify and fulfill responsive Technical Assistance (TA) for the four implementation sites’ status neutral activities to support effectiveness, as well as to disseminate best practices and lessons learned and support or replication and expansion in other programs.

Description and Availability of Funds

One major challenge faced by providers seeking to implement whole-person services are the limited and siloed nature of federal funding streams. For example, HRSA HAB funds can generally only be used to provide services to HIV positive individuals, while CDC funds may not be used to provide treatment or care to HIV positive individuals. Similarly to how clients living with or at risk for acquiring HIV benefit from similar services, the same staff delivering or linking to services funded under one grant (such as HRSA-HAB funds for HIV positive individuals) can be well-equipped to deliver services funded by a grant with different requirements (such as CDC funds for HIV-negative individuals). Many providers lack capacity to allocate, track, and report staff time and effort across different grants with varying requirements to implement whole-person approaches.

NACCHO is seeking to identify a consultant to provide technical assistance and resource development on braiding funding mechanisms, as well as for sustainability planning for local health department HIV programs implementing status neutral approaches. Funds will be awarded through a fixed-price contract, in which contractors are reimbursed for completion of deliverables outlined in the agreement. The maximum available funding for this contract is \$75,000.

The period of performance for this collaboration is March 1, 2025 – August 31, 2025. Any work beyond this period of performance is contingent upon funding availability and would be completed under a separate consultancy contract.

The contractor(s) will work with NACCHO staff to:

- Identify, compile, and adapt (as necessary) existing tools and resources about braided funding and multi-grant sustainability mechanisms for LHDs and/or HIV serving organizations
- Facilitate and attend site visits to each of the 4 sites, as requested, to identify TA needs and delineate relevant funding streams & other financial resources available for braided funding at each site (ex. creating a funding crosswalk tool), utilizing existing analysis and

resources from the NACCHO & JSI team such as site-specific landscape analyses and broad TA plans.

- Create TA action plans highlighting programmatic and organizational opportunities, challenges, and TA needs related to braided funding for the 4 Status Neutral sites
- Provide expert review & content input on NACCHO-produced resources (i.e. case studies describing sustainable financing strategies at health departments)

Proposal Outline

Applicants should submit a brief proposal (15 pages max) that includes the following components as separate attachments:

A. **Project Narrative (Word – 5 pages maximum)** that includes:

- A description of the consultant/organization’s knowledge, skills, and experience in HIV grants management, health department financing and grant management, technical assistance delivery, braided/blended funding implementation, and educational resource development for public health staff (**see Section D for required attachment on methodology**).
- **Required/desired skills (see Section D for attachments):**
 - i. Demonstration of skills/experience in technical assistance delivery and provision of implementation support related to health department program management
 - ii. Subject-matter expertise in braiding/blending federal, state, and/or local grant funding, including conducting funding cross-walks and analyzing auditing and reporting requirements across multiple grants
 - iii. Experience in implementing and/or supporting the financial management of RWHAP grant programs and/or CDC-funded HIV programs
 - iv. Public health workforce development and sustainability planning
- The names and roles of the primary staff and any other significant contributors to this project, including qualifications (include resumes or CVs – see section D for attachment guidelines).

B. **Line-Item Budget (Excel) and Budget Narrative (Word) description of costs**, not to exceed \$75,000 over a 6-month project period, using the templates provided.

- Examples of possible costs to include are personnel costs (number of staff, percent effort to the project and annual salary/wages or hourly fees of all personnel, consistent with federal expert/salary [guidelines](#)), funds to be provided to other consultants/firms working on project, and other costs necessary to complete the scope of work and deliverables (e.g., supplies, travel, etc.).
- **Please review the Budget Guidelines tab in the budget file for a list of unallowable costs.**

- If the budget includes staff fringe benefits and/or indirect costs (over the 10% de minimis rate), please also submit proof of the organization’s approved fringe/indirect cost rates. Acceptable documentation of fringe benefits includes:
 - i. An approval letter issued by a relevant federal or state agency (e.g., HHS) authorizing your organization to calculate fringe benefits/indirect costs based on a certain percentage of direct salary and wages/direct costs.
 - ii. An excerpt from a financial audit report that outlines the official fringe/indirect cost rate.
 - iii. A letter (on your organization letterhead) signed by a financial official that lists the approved fringe/indirect cost rate used by the organization.
 - iv. A copy of your accounting procedures or policy that outlines how you calculate fringe/indirect cost rates.

C. Project Scope of Work (Word) that includes proposed Activities/Outputs, Deliverables, and Timeline (10 page(s) maximum)

- A realistic scope of work that includes proposed activities and outputs as well as timelines for completion of activities over approximately a 6-month project period (March 1 – August 31 2025).
- Please use the table below for developing the scope of work.
- Applicants may add as many deliverables as needed within the maximum budget envelope.

| Deliverable | Description of Activity/Output | Completion Date |
|----------------------|---------------------------------------|------------------------|
| Deliverable 1 | | |
| Deliverable 2 | | |
| Deliverable 3 | | |
| Deliverable 4 | | |

D. Attachments: additional application materials (max 15 pages)

- Resumes/CVs of the primary staff and any other significant contributors to this project
- Documentation/examples of TA consultant(s) have delivered about relevant topics (such as training outlines, frameworks, template funding assessments, etc)
- Description of methodology/approach for assessing jurisdiction- and program-level braided funding capacity and creating TA plans for health department financing & grants management

E. Administrative and Financial Forms, signed and dated within the last six months where applicable, including:

- [NACCHO Vendor Form](#)
- [W9](#)
- [Certificate of Non-debarment](#)

- [FFATA Form](#)
- Proof of an active registration with [SAM.gov](#) (PDF or screenshot showing applicant's (for organizational applications only) unique entity identification number)
 - i. Please note that NACCHO cannot enter into a contract with any entity that does not have an active SAM.gov registration. As such, NACCHO reserves the right to only consider proposals from applicants that already have an active registration record through the end of the contract period of performance.

NACCHO Contact and Responsibilities

NACCHO staff will oversee the contract and serve as the contact for the consultant. Other responsibilities include:

- Provide background information, as appropriate
- Review all materials, in draft form, and recommend revisions
- Review and approve content for final materials
- Serve as liaison for external partners
- Participate and support strategic planning activities as appropriate

Selection Process

Each proposal will be reviewed and rated on the following elements:

- **Applicant Capacity and Expertise:** Applicant has clearly documented evidence of their (and that of proposed project staff) subject matter expertise and experience in the proposed content area; previous work and projects in the subject area and with the intended audiences are required.
 - Subject matter expertise in understanding, assessing, and braiding grant funding for HIV programs in the U.S., preferably at the local health department (LHD) level, including tracking of reporting and auditing requirements across multiple grant structures. Priority will be given to applicants with experience working with / managing CDC HIV grants and RWHAP Part A grants.
 - Deep knowledge of federal grant mechanisms and associated requirements for funding streams, particularly grants through CDC (especially HIV and STD), HRSA (HIV/AIDS Bureau and Bureau of Primary Care), and CMS (Medicaid),
 - Experience guiding the development of staff roles (i.e. job descriptions, salary/personnel budgets, etc) funded through multiple grant funding streams

- Clear and logical methodology/approach for assessing jurisdiction capacity and organizational structure for braided funding across existing federal grant funding & other potential income sources
- **Understanding of Project Purpose and Goals:** Applicant demonstrates a clear understanding of the project goals and deliverables.
- **Project Scope of Work:** The proposed scope of work, deliverables, and timelines are realistic and appropriate for achieving the project objectives.
- **Operational Plan:** The proposal includes a clear, feasible, appropriate, detailed and supportable methodology and plan to effectively meet the goals and deliverables of the project.
- **Budget:** The proposal includes a detailed, line-item budget justifying the proposed expenses; the expenses are appropriate for the purposes of the deliverables and are cost efficient.

Any work products created by this contract will be co-owned by NACCHO and Consultant.

Please note that submission of a proposal is a statement of acceptance of NACCHO's [standard form contract](#). If any items cannot be accepted, these issues need to be resolved prior to submitting a proposal.

Deadline/ Staff Contact

Submissions must be electronic, in pdf format. The deadline for submission is **5:00 pm, Eastern Standard Time, January 30th**. Decisions will be made, and applicants will be notified of their selection status, no later than **February 10th**. Proposals should be submitted via e-mail to jzigman@naccho.org.

Please submit all required attachments, including the budget and budget narrative, as separate.