**IX. Grant Application Instructions and Narrative**

This section contains instructions for writing your application. Forms specified have been included in the Forms Section of this announcement and should be inserted in the application as noted. **Omission of any or all forms may cause the rejection of your proposal in its entirety.** Your completed application must follow this outline with the required information provided in the ORDER shown. **All proposals are to be submitted in two separate sections.**

**Section I contains Items A-F listed. There must one (1) original, one (1) electronic version and seven (7) copies of Section I submitted or the proposal will not be reviewed.**

**Section II contains only Item G (Other Required Documents) listed below. Only one (1) original copy of Section II must be submitted. Please number this section separately from Section I.**

All proposals must be in English. All proposals must be printed using standard size **black** Times New Roman font no smaller or larger than 12-point (color printing is **not** allowed) on 8 1/2" by 11" paper. Text must be double-spaced ***(only forms may be single spaced)*** and have margins of one inch on all sides. **All pages must include page numbers on ALL pages** (including all forms, title pages, and all appendices); and printed only on one side of each page. Brochures, pamphlets, booklets, etc. included in Appendices are not bound by these restrictions but must be identified by a single page number on the cover of that item and that entire item is considered as a single page. Any such items that cannot go into a typewriter may have a neat and legible handwritten page number. Section dividers or title pages included in the proposal must also have a consecutive page number. Proposals must be received on time.

**Proposals without the required number of copies and/or not received on time will not be reviewed**. **Do not submit double-sided copies. Do not use photo-reduction.**

1. **Application for Financial Assistance**

Complete Form A-1: Face Page (Applicant Information) provided. ALL sections of this form must be completed!

1. **Application Checklist**

Complete Form A-2: Subcontractor Checklist & Table of Contents provided. Use the checklist to insure that all required information has been included in the application. Applicants must include the corresponding page numbers for the items on the checklist. Restart page numbering for Section II. This serves as a table of contents.

1. **Agency Contact List**

Complete Form A-3: Agency Contact List provided. Designate a staff contact for each grant function. If the proposed service is not a core medical service (see Appendix D), your agency is not required to have a clinical services contact.

1. **Service Location**

Use Form A-4: Service Location Information Table provided. List the location of the agency’s administration, the agency’s primary service location and any secondary location where the proposed service will be provided.

1. **Project Narrative**

The Project Narrative must provide all requested information in the order listed below about the applicant and the proposed project. Narrative answers/statements must be self-explanatory and understandable to members of the independent review panel who may read, evaluate, and score your proposal. Assume that those individuals are unfamiliar with your agency and its programs, and that they have little information about your target population.

The Project Narrative must not exceed thirty (30) double-spaced printed pages**. Please repeat each question and answer each question separately and in order. When referencing Forms and Appendices in your response to a question, please include the page of that document within your application.** FORMS DO NOT COUNT TOWARDS YOUR 30 PAGES LIMIT.

1. **Description of the Organization**
2. Describe the history of your agency including your agency’s overall mission. Describe your agency’s historical experience in providing services to Persons Living with HIV (PLWH) in the Designated HSDA. If your agency has not provided services to PLWH in the past, please describe why you are proposing to serve this population.
3. Briefly describe your agency’s structure. Describe its organizational structure, such as management and other key staff positions; board of directors and its components (i.e. officers, advisory councils, and/or committees). Include an organizational chart in the appendices. Also include job descriptions and resumes for **every** position listed in your budget. Include resumes (not to exceed 2 pages) for **all** **existing staff** listed in the budget in the appendices. Job description title **must** match the position title listed on the Line-Item Budget Form and Categorical Budget Justification (Form D-3).
4. Describe all your agency’s **current programs and activities**, especially those targeted to PLWH in the applicable HSDA.
5. What software (electronic health record, custom data collection system, etc.) does your agency use to document service provision? Describe how your agency uses the software to determine client eligibility (including third party payer verification) and document the delivery of services. Describe the systems in place to ensure the security of the client-related data.
6. List the strategies from the National HIV/AIDS Strategy (<https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025/>) and the HIV Continuum of Care (i.e. the Treatment Cascade) that your agency has incorporated into its service delivery systems. Discuss specific activities that your agency performs to accomplish those strategies.
7. **Description of the Proposed Service**
8. Describe how this **proposed** service fits into your agency’s overall mission statement. Describe your agency’s plan for delivering the proposed service. Using Form B-1 Work Plan for the Proposed Service, create a work plan that includes the key action steps for providing the proposed service. The work plan should contain measurable objectives including the number of unduplicated clients and units to be provided. If the proposed service is new to your agency, include realistic timeframes for the implementation of the service. Describe in detail how each objective and its key action step will be accomplished in a manner that ensures PWLH will receive quality services.
9. Describe how the proposed service will be delivered to the population to be served in terms of the HIV/AIDS epidemic in the applicable HSDA as detailed in the most currently published version of the ***HSDA’s Epidemiological Profile*** (see Appendix E).
10. Complete Form B-2 Proposed Clients to Be Served that outlines the specific number of clients and units for the proposed service. Indicate numbers, not percentages you propose to serve in each demographic category.
11. List the priority populations (see Appendix F) that your agency is proposing to serve. Describe in detail the activities that your agency will conduct to ensure that the proposed service will be delivered to those populations impacted by the HIV/AIDS epidemic (in accordance with Appendix E). Describe the process to be used to reestablish contact with clients who drop out of the proposed service.
12. Describe the system that your agency uses to identify and resolve the barriers (i.e., travel, childcare, cultural/ethnic attitudes, etc.) which clients may encounter in accessing service. Give an example of a barrier that your agency identified, and the actions taken to resolve it.
13. **Collaboration and Referral**
14. Applicants are expected to collaborate with other services providers (both Ryan White funded and non-RW funded) to deliver its services within a continuum of care. These collaborations should be formal written agreements to work together in a cooperative effort toward specific and agreed upon objectives. Each agreement should identify the shared staff, workspace and services exchanged. Complete Form B-3 Collaborative Agreements with Other Service Providers outlining established collaborative agreements as they relate to the proposed service. Describe the duties that each agency provides under the collaboration.
15. All applicants are expected to link clients who are newly diagnosed or are out of medical care back into medical care. In narrative form, describe your agency’s procedures for determining whether a client is in medical care. Describe your agency’s Linkage to Care system to connect clients who are newly-diagnosed or reconnect “out of care” clients with a medical provider.
16. In narrative form, describe your agency’s procedures (step by step) to handle incoming and outgoing referrals for the service for which you are applying. Include how your agency will verify clients receive the services to which they are referred (your referral and follow-up system).
17. **Quality Management and Evaluation of the Proposed Service**
18. Describe in detail your agency’s Quality Management program, including how you involve consumers and proposed data collection methods for performance measurement reporting. Describe how the proposed service will be evaluated through your Continuous Quality Improvement process. Include a copy of your agency’s current Quality Management Plan with a copy of the previous year’s Performance Improvement goals (if applicable) in Section II.
19. Describe how your agency handles grievances including the agency staff designated to handle grievances. Describe how grievances and their resolutions are incorporated in the agency’s CQI process. Include a copy of your agency policy for client grievances procedure.
20. Describe your client satisfaction survey process for the proposed service and how your agency will ensure thatall clients of the proposed service will be given the opportunity to fill out a survey annually. Specifically address the availability, frequency and method of distributing/collecting surveys. Include the methods of informing clients of satisfaction survey results. Include a copy of your agency’s latest client satisfaction survey for the proposed service along with tabulated results.
21. **Meaningful Engagement Information**

All applicants are expected to include consumers in the design, implementation, and evaluation of proposed services.  Consumers should receive support, education and training from agency staff that increases their health literacy and improves their ability to be partners in their own care.  Applicants should include consumers in the recruitment and retention of consumers in care.  Complete Form C-1: Meaningful Engagement Plan to outline systems at the agency that will address these expectations outlining goals, opportunities, and activities for obtaining consumer feedback. Include the following activities (if any)

* Consumer Advisory Boards,
* Consumer-specific Board of Director positions,
* Consumer participation in evaluation of services,
* Consumer focus groups or committee,
* Health literacy programs,
* Peer-facilitated patient education and mentoring programs, and/or
* Other consumer involved initiatives at your agency.

1. **Budget Information**

a. Agencies are expected to have a diversity of funding. Describe in narrative form your agency’s experience in grants and contracts management. Provide specific details of what other funding sources your agency has and for what services. Complete Form D-1 Current Funding and Contracts.

b. Describe the applicant’s process and procedure for ensuring clients have been screened for eligibility for Medicaid, Medicare, Veterans benefits, private health insurance or other state or federal programs to ensure that Ryan White Program funds are the payer of last resort. List the name of the software application or third-party service used to perform such verifications. Simply asking clients about their third-party coverage is not adequate. **Applicants must have (in place) a viable methodology to verify insurance coverage @ each patient visit if service is eligible for third party coverage.**

c. If the proposed service is covered by Medicaid, Medicare, or other third-party payment, describe whether your agency is currently able to bill for those services. If your agency is not, include a realistic plan for how your agency will implement third party billing within the first ninety (90) days of the grant period. Complete Form D-2: Licensures, Permits and Certifications. Provide applicant’s Medicaid and Medicare certification numbers on Form D-2. Include copies of applicant’s applicable licensures, permits, and certification (including Medicaid and Medicare certification notifications) in Section II. Failure to provide the required information on Form D-2 and copies of Applicant’s documentation in the applicable categories may result in the disqualification of the submitted proposal.

1. Describe the financial management staff (provide the who, what, when and how often of), including any financial management conducted by outside accountant/accounting firm.
2. If your organization is a not-for-profit agency, describe the role your Board of Directors takes in each of the following activities (must address all activities listed):

1. Describe the trainings (specific topics) provided to the BOD and how often trainings are conducted?

2. How often does the BOD meet, when and where?

3. List the specific information/reports provided to the BOD at each meeting?

4. Describe the procedure/process utilized by the BOD to:

* + 1. Approve/amend annual agency budgets – when/how often?
    2. Approve variances – describe process of approval of budget variances
    3. Determine appropriate salary level for the Executive Director’ annual evaluation and subsequent increases.

5. Describe in detail fundraising activities and/or events conducted by the BOD.

1. **Budget Forms**

The project budget must be submitted in the format provided. All applicants must submit a line-item budget, categorical budget justification **and** the fee-for-service form.  **All Applicants Must Submit all three.** All final budgets for applicants awarded funds will be negotiated and approved by the Houston Regional HIV/AIDS Resource Group prior to contract execution.

A list of "allowable" and "unallowable" expenses is included in Appendix H for your reference. Providers are not allowed to bill for "no shows" or missed appointments.

The following information/forms are required:

1. Form D-1: Current Funding and Grants Form must be completed by all applicants. Use the form provided.
2. Form D-2: Licensures, Permits, & Certifications Form must be completed by all applicants. Use the form provided.
3. Form D-3: Line Item & Categorical Budget Justification must be created by all applicants. Instructions and examples for a categorical budget justification are in the forms section. Please separate administrative and program costs. Use the Excel form provided. Do not change the formatting of Form D-3. Do not submit budgets in any other format than Form D-3.
4. Form D-4: Fee-For-Service Form must be completed by all applicants. Use the form provided.
5. Form D-5: Proposed Subcontracting of Services Form must be completed by all applicants who incorporated any subcontracting of the proposed services in Form D-3. Use the form provided. If your agency is not proposing any subcontracting, enter “NA” in the Page Number column on Form A-2: Subcontractor Checklist & Table of Contents.
6. **Required Appendices**

The applicant should place the items requested in the Narrative in order in this section. Those items are as follows:

1. Organizational Chart
2. Job Descriptions (for all positions)
3. Resumes (for existing staff)
4. Required Narrative (Series B) Forms
5. Client Grievance Policy
6. Client Satisfaction Surveys (English and Spanish) and Tabulated Results
7. Required Form C-1 Consumer Involvement Plan
8. Required Financial (Series D) Forms
9. **Additional Appendices**

The applicant should use additional appendices to add any necessary reference or supporting materials to the application (such as legal agreements between agencies, brochures, etc). **The appendices should be included with Section I, not Section II and should be numbered in sequence with Section I, not Section II. Applicants are limited to 15 pages of additional appendices.**

1. **Other Required Documents (Section II)**

The following documents are required for the application to be considered for funding. Documents must be arranged in the application in the order shown. Use the enclosed “Section II Cover Sheet” as a cover sheet for Section II. Where indicated, forms are provided in the Forms Section of the RFP. This section should be page numbered separately. Please restart this section with Page 1.

Submit ONLY one (1) copy of Section II, regardless of how many different service applications you are submitting; additional copies of Section II are NOT required. Submit Section II separate from Section I (have a separate clip on these two sections.)

Reviewers will **NOT** see Section II.  **DO NOT** include additional items in Section II that you want Reviewers to see or that you reference in your Narrative. Include any additional documents that you want reviewers to see in the Appendices of Section I.

1. Form E-6: Renewal Option Form (use form provided; required IF planning to seek funding renewal for year-two)
2. Board of Director’s List – must include name, occupation, address, and phone number of ALL Board members. Board officers MUST be indicated. Please note: place of employment is NOT acceptable for occupation. Government agencies are exempt from this requirement.
3. Current single audit or program specific audit in accordance with the 2 CFR 200.501, UGMS, State of Texas Single Audit Circular and 4.02 HHSC Uniform Terms and Conditions.
4. Quality Management Plan and Performance Improvement Goals.
5. Article of Incorporation – must be a certified (by the Secretary of State) copy. Government agencies are exempt from this requirement. (May list as ‘On File’ if submitted in 2013 or later.)
6. By-Laws – A current copy of the By-Laws adopted by the Board of Directors. Government agencies are exempt from this requirement. (May list as ‘On File’ if submitted in 2013 or later.)
7. IRS Non-Profit determination letter – the current letter from the IRS giving notification of non-profit status. (May list as ‘On File’ if submitted in 2013 or later.)
8. Copies of licensures, permits, and certifications for the proposed services
9. Copies of subcontracts (current or proposed)