STATE OF CALIFORNIA—HEALTH AND WELFARE AGENCY GEORGE DEUKMEJIAN, *Governor*

DEPARTMENT OF HEALTH SERVICES
714/744 P STREET
SACRAMENTO, CA 95814

Office of AIDS
P. O. Box 160146
Sacramento, CA 95816-0146
(916) 445-0553

November 5, 1986

TO: Prospective Applicants

ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) PILOT PROJECTS FOR TREATMENT AND COUNSELING SERVICES FOR UNDERSERVED MINORITY POPULATIONS

The Department of Health Services, Office of AIDS, has prepared the attached Request for Proposal (RFP) for implementing six pilot projects for Underserved Minority Populations. The projects shall be located in Los Angeles (3), San Francisco, Alameda, and San Diego counties. Each project shall receive an appropriation of up to $100,000 and cover a period of twelve months starting March 1, 1987. Please note that at the present time funding is limited to one year. Additional funding may or may not be available in the future.

Twenty-one percent of all AIDS cases in California are from minority groups. Black groups represent 9 percent, Hispanic groups represent 10 percent and 2 percent are in other groups. Yet there are few treatment and counseling programs specifically targeted for minority people that have been diagnosed with AIDS.

Due to the high incidence of AIDS in minority populations the State is attempting to 1) increase the availability of medical treatment and counseling services to AIDS patients in outpatient primary health care settings, 2) better describe the epidemic in terms of its impact on racial/ethnic minority groups, and 3) identify possible risk factors that may be closely associated with race/ethnic group membership.

During the project year contractors will demonstrate that increased treatment and counseling services are being provided to AIDS patients from minority groups. In addition contractors will provide a needs assessment upon completion of the project. This study should demonstrate the need for treatment and counseling services for AIDS patients from minority groups and the availability of resources.

This RFP (which includes application instructions and forms) should be read thoroughly before completing. If you do not plan to respond to this RFP, please forward it to another potential applicant.

Two mandatory deadlines are of utmost importance to applicants. A signed original and five copies of a Letter of Intent are due in the Office of AIDS by no later than 1:00 p.m., Tuesday, December 2, 1986. Only those applicants that submit a Letter of Intent will be allowed to submit a full application. A signed original and six copies of the completed application package are due in the Office of AIDS no later than 1:00 p.m., Wednesday, January 15, 1987. Both deadlines are explained in the RFP, Section III.

We have attached a Schedule of Contractors Information Meetings where additional information will be presented and questions addressed.

If you have questions regarding this RFP, please contact Bonnie Nathan, R.N., Nurse Consultant, at (916) 445-0553.

Sincerely,

Donald O. Lyman

Donald O. Lyman, M.D., Chief

Attachments

NOTICE

CONTRACTORS INFORMATION MEETINGS

Contractor's information meetings will be held to explain the purpose of this RFP on the following dates. PLEASE BRING THIS RFP WITH YOU. Additional copies will not be provided at the meetings.

November 17, 1986 10-Noon	Berkeley	State of California Department of Health Services 2151 Berkeley Way Room 804 Berkeley, CA
November 20, 1986 10-Noon	Los Angeles	State of California Department of Health Services 107 S. Broadway Room 1012 Los Angeles, CA 90012
November 21, 1986 10-Noon	San Diego	State of California Department of Health Services 1350 Front Street Room B108 San Diego, CA 92101

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REQUEST FOR PROPOSALS
FOR THE
ACQUIRED IMMUNITY DEFICIENCY SYNDROME (AIDS)
PILOT PROJECTS FOR TREATMENT AND COUNSELING
SERVICES FOR UNDERSERVED MINORITY POPULATIONS

Department of Health Services
Office of AIDS
1812 - 14th Street, Room 200
P.O. Box 160146
Sacramento, CA 95816-0146

October, 1986

Department of Health Services
Request for Proposal (RFP)
Pilot Projects for Treatment and Counseling Services
Underserved Minority Populations

The attached informational materials provided in the application package are divided into five major sections:

Section	I	General Terms and Conditions
Section	II	Contract Requirements
Section	III	Instructions for Completing Application
Section	IV	Attachments
Section	V	Forms

Section I General Terms and Conditions

A. General Instructions

If, upon reviewing the material provided under Sections I and II, you have determined that your agency is eligible for funding under this program you may submit an application.

Complete and submit a typewritten original and six copies of your application package by 1:00 p.m January 15, 1987 to the Department of Health Services Office of AIDS located at:

1812-14th Street Room 200
P.O. Box 160146
Sacramento, CA 95816-0146

The application should not exceed twenty (20) typewritten pages, excluding the cover page, table of contents, scope of work and required forms and letters.

Please be sure all required forms are completed accurately and attached to the appropriate section.

Do not submit your application and copies in binders or special covers or add a special cover or title page.

In addition please provide an abstract summary of your proposal in no more than two pages. It should be written in such a manner that, if the reader were to read nothing but the summary, there would be a good understanding of how the applicant's project would be established.

B. Scope of Funding

The Department of Health Services (DHS) has been authorized to fund six pilot projects for AIDS Treatment and Counseling Services for Underserved Minority Populations. Three projects will be located in Los Angeles, and one each in San Francisco, Alameda, and San Diego counties. This RFP is designed to explain the contract conditions and application procedures for new and existing Office of AIDS contractors for FY 1986-87.

An appropriation of up to $100,000 has been allocated for each successful applicant.

The length of the contract will be twelve (12) months.

C. Applicant Eligibility Requirements:

1. Applicants must be community based organizations (delivery site must be physically located in a minority community) who are providing direct services to patients.

2. Facility staff must possess appropriate licenses for providing treatment and counseling services to patients.

3. Applicant must have community support as evidenced by at least five letters from community organizations.

4. The applicant has been operational during the last year.

5. Demonstrated ability and experience to serve patients. For example having provided outpatient medical treatment and counseling to minorities or the general population.

Section II Contractor Requirements

A. Authority to Contract: Each application for funding must include the following information:

1. Each application for funding must be signed by the applicant or a person authorized to act for the applicant and to assume on behalf of the applicant any obligations imposed by law, regulations, or by agreement. Each applicant must submit a signed and dated Board of Director's Letter of Agreement and Authorization, indicating the individual(s) authorized to commit to an agreement on behalf of the agency and to sign monthly invoices (See Section V, Authorization to Bind Corporation)

2. Submit a copy of your Incorporation documents including a copy of your bylaws.

3. Submit a current (dated and approved) organization chart for your total health care corporation.

4. Documentation verifying that the contractor has been operational for one year.

B. Contract Requirements

Applicants selected to be contractors will be responsible for the following:

1. Providing medical treatment and counseling services to minority patients with AIDS/ARC. The services shall include but not be limited to the following:

   a. Designate a licensed health professional to coordinate care provided to AIDS/ARC patients.

   b. Develop linkages with secondary and tertiary providers.

   c. Develop linkages with other critical agencies such as home attendant care, skilled nursing facilities, Hospice programs etc.

   d. Utilize family centered treatment plans where the patient and his/her family is significantly involved in all decisions.

e. Develop short and long term plans for patient care.

f. Counseling services should be culturally relevant and deal with psycho-social problems, financial problems, housing, employment and all other concerns the patient may have.

g. Develop an outreach component to access hard to reach cases.

h. Develop and maintain a system assessing confidentiality of medical records.

2. Each contractor will be expected to participate in the collection of data to document the needs of their clients. A description of the existing resources, the communities perception regarding barriers to care for AIDS patients from minority groups and the need for new services should be included in the final report.

The final report will include the following:

a. A quantitative description and analysis of characteristics of the target population.

b. Address the specific health needs of the community being served. Statistics should define target patient population, minority group members at risk, types of services needed, individual and group concerns, morbidity, mortality, health status and living/working conditions.

c. Address the cultural and economic barriers such as language, educational level, poverty, and unemployment. Explain the existence of these barriers and detail how you propose to overcome them.

d. Describe the existing services and how people are accessing the current system.

e. Identify community and other agency and provider support mechanisms and linkages.

f. A map of your county or counties of operation showing location of your target population and square miles of the county or counties and

target population area(s). Ensure that all printing on the map is readable.

g. Provide a clear, realistic plan for implementation and attainment of objectives, availability of adequate resources, description of activities, internal evaluation procedures, and a time frame or schedule for accomplishing the objectives.

h. Indicate in the evaluation plan how data collection methods will be implemented with time frames, who will be responsible for specific tasks, and how the evaluation results will be analyzed and reported.

3. Other Important Information

a. Maintain confidentiality of any and all data collected for and on behalf of this program. The contractor agrees that its employees, agents, and consultants will not divulge any information obtained in the course of such work in said program to unauthorized persons, and not publish or otherwise make public any information regarding persons involved in this program in such a manner that the person who received services or gave information or other wise was involved in the program was identifiable.

b. Provide for equal access by all patients and will not discriminate against any persons because of race, sexual preference, color, religion, sex, physical or mental disability, or national origin.

c. Demonstrate its financial soundness by providing fiscal information such as net worth, current operational income, financial ratio of assets to liabilities and revenue/expense data.

d. Will demonstrate the need for funds to provide comprehensive services to AIDS/ARC patients with special emphasis on the medical treatment and counseling needs of minority populations.

e. Develop a plan of short and long term goals for achieving improved access to care for minority populations.

f. Assure that all patients' rights will be protected in accordance with Section 72527, Title 22, California Administrative Code.

g. Quarterly reports prepared according to instructions from the Office of AIDS which describes the progress made in meeting the stated objectives, specific activities undertaken to achieve these objectives and a description of any problems related to the achievement of objectives.

h. Submit a final report plan to this office upon completion of the study which should contain, but not be limited to, findings, recommendations and a summary of observations.

Terms of Contract

C. Compensation, Invoicing, Term of Contract, and Miscellaneous Budget Guidelines

1. The term of this contract will be twelve (12) months.

2. Reimbursement for services rendered will be monthly or quarterly in arrears. Submission of an invoice according to Office of AIDS guidelines is required to assure accurate invoicing and payment.

3. The maximum dollar amount will be specified in the contract.

4. Ten percent (10%) of the contract dollar amount will be withheld until the contract is completed and all deliverables including the final report are delivered to the Department.

5. Contract funds cannot be used for the purchase or renovation of buildings, facilities or land, or the purchase of major equipment.

6. Indirect administrative overhead costs shall not exceed 10% of total personnel costs. Contractors must itemize operating expenses e.g., rent, utilities, maintenance, telephone, etc. Indirect administrative overhead expenses should be limited to items that cannot be accurately identified, e.g., centralized accounting and payroll in large agencies. Reimbursement for overhead shall be at the rate specified in the budget line item

for indirect administrative overhead applied to actual personnel expenditures invoiced by the contractor.

7. Salaries may not exceed rates that have been established by the California State Personnel Board for State employees. If you need information regarding salary for particular class levels contact the State Personnel Board after determining comparable State position titles. You may obtain salary information by telephoning (916) 324-0476.

8. Duty statements will be developed and included with the application.

9. Mid-term salary and unit rate adjustments will only be allowed when they are provided for in the budget at the time of negotiation (usually by inclusion of a salary range). Salary adjustments shall not be used as a cause to increase the maximum amount payable under any given line item, or to increase the maximum amount payable under increases in their budget requirements. These increases should not exceed 5-6% between steps.

10. The Office of AIDS will reimburse only for vacation earned and expended during the contract term.

11. Eligible nonprofit agency contractors may be entitled to advance payments. Request for advance payment should be initiated before, or during the contract negotiation process. Information will be provided on how to apply prior to or during the first negotiation meeting. No application for advance payment shall be permitted after the contract negotiation is completed. No advance payment can be processed until after the contract is fully executed.

12. Program contract budget adjustments allow the increase or decrease of any numbered line item by up to $5,000 or 10% of the total contract amount, whichever is the lesser amount. Contractors must request and justify in writing line item transfers in advance of expenditures. Authorization for, or refusal of, the request will be given in writing by the Office of AIDS staff.

    Contractors are cautioned against making expenditures in advance of receiving written authorization. Line item transfers will not be allowed or approved after the termination of the contract.

Budget amendments may be approved with written justification when more than $5,000 or 10% of the total contract amount must be moved from one line item to another.

13. The Department of Health Services provides priority processing of invoices submitted by agencies which have Small Business status. If any agency wants to be designated as a small business, it is the contractor's responsibility to establish their eligibility with the State Department of Small Business. For further information contact:

Department of General Services
Office of Small and Minority Business
1808 - 14th Street, Suite 100
Sacramento, CA 95814
Telephone (916) 322-5060

Section III. Instructions for Completing the Application

A. Application Checklist

{ } One original and five copies of Letter of Intent were submitted by December 2, 1986. (See Section III, B General Instructions)

{ } Application is no longer than twenty (20) typewritten pages (excluding cover page, scope of work forms, project summary, community support letters, and appendices).

{ } One original and six copies of all application materials provided to the Office of AIDS on January 15, 1987.

{ } All sections (as shown below) are complete and included in the application package:

- { } Cover page (attached to the front of the application)
- { } Project summary
- { } Table of contents
- { } Need Statement/Identification of Target Group(s).
- { } Project Description (includes narrative and scope of work)
- { } Community Support - 5 letters
- { } Applicant Capability
- { } Budget Request - Both Parts A & B are completed and the Justification for Part A is included.
- { } Appendices
  - { } Board of Supervisors (required for County Governments only)
  - { } Proof of Nonprofit Status (required for all nonprofit applicants)
  - { } Agency Information Sheet
  - { } Current Incoming Funds by Source for FY 1986-87
  - { } Anticipated Incoming Funds by Source for FY 1986-87
  - { } Statement of Compliance
  - { } Letter of Certification-Access
  - { } Letter of Certification-Confidentiality
  - { } Affirmative Action Information Sheet

Attach two agency mailing labels to the cover of your application.

B. General Instructions

1. A signed original Letter of Intent and five copies must be received in the Office of AIDS (see #2., below, for mailing address) by 1:00 p.m., Wednesday, December 2, 1986. The Letter of Intent is mandatory. Proposals will only be accepted from applicants who submitted timely Letters of Intent. The Letter of Intent shall not exceed one typewritten, single spaced page on agency letterhead. It shall contain:

   - Name of Agency
   - Length of time in operation
   - Profit or nonprofit status
   - Current number and description of ethnic minority groups or individuals served
   - Current census of AIDS/ARC patients currently being served by the agency.
   - Description of services provided to AIDS/ARC patients.

2. One signed original application and six copies must be received in the Office of AIDS by 1:00 p.m., Wednesday, January 15, 1987. Incomplete or late applications will not be considered for funding. Completed applications must be delivered to:

   Peggy Falknor, R.N., M.S., Chief
   Pilot Care Projects Unit
   Office of AIDS
   1812 - 14th Street, Room 200
   Sacramento, California 95814

3. Application Funding Cover Sheet

   Item 1 Type the legal agency name and address which will appear on any subsequent agreement. Enter the telephone number for the agency and the county in which the agency headquarters is located.

   Item 2-3 Specify term of proposal and funding amount requested

Item 4 Disregard unless proposal is for more than one year.

Item 5 In the space provided, enter title and brief description of your proposed project. Items you may want to address include: target population, intervention methodology, geographics, and demographics.

Item 6 Should equal the total number of people served in all the proposal's objectives.

Item 7-8 Self Explanatory

Item 9 The agency official authorized by the board of directors to sign on behalf of the board is to certify to the statement provided and enter the date their certificate is signed. Also, enter typed name and title of this official.

Note: Do not write in areas of the form designated "For State Use Only".

C. Project Summary

Provide an abstract summary of your proposal in no more than two pages. It should be written in such a manner that, if the reader were to read nothing but the summary, there would be a good understanding of how the applicant's project would be established.

D. Project Description

1. Narrative Description

Need Statement and Identification of Target Group(s)
Please use agency letterhead for this first page. Describe why the proposed project is necessary. This description must identify the need that will be addressed by the project. This section should include a description of the treatment and counseling needs for AIDS patients in terms of knowledge, attitudes, and practices. Explain why the need is present and who specifically is being affected.

In describing the target group include the following information: socioeconomic status, racial/ethnic

composition, educational and subcultural factors, age, sex and risk factors.

Provide the number of AIDS/ARC patients currently being seen. Explain how this project will increase the number of AIDS/ARC patients being seen.

Describe your project and how it would be implemented to achieve its intended outcomes. Be specific and give the reviewers an understanding of the project's methodologies and how they would address the need identified in the previous section. The following information should be included in this narrative.

- The size of the proposed target group(s) i.e., the number and type of persons that will receive project services.

- Include any other necessary information to adequately explain your project and its merits.

Definitions

- Need statement: Is a statement supported by expert opinion and local, state, or national statistics that a certain target group needs medical treatment and counseling services to maintain or improve their health status, and/or their health knowledge, attitudes, or practices.

- Target Group: A group of people defined in terms of their unique characteristics, especially as those characteristics are related to the need stated in your proposal. As a minimum, they should be defined ethnically, socioeconomically, numerically, and geographically.

2. Scope of Work Form

To complete the Scope of Work (See Section IV, page 17), use the forms provided in Section V, (first page, continuation page) to describe your plan of action. This will supplement your narrative by specifying a program plan of action: goals, objectives, activities, and evaluation. This will be the basis for contract negotiations and final contract language.

Goal(s)

After "Goal No." please number all project goals in sequence and in the space title "Specify" write the goal(s) for each objective or series of objectives. Each target group should have at least one separate goal.

Project Goal: A project goal is a statement that describes the end result or accomplishment that project activity and effort is designed to achieve.

Project results and/or accomplishments may be specified in terms of:

- o What will be done for, with, or to some target population
- o What the population will do.
- o What the population will know, be aware of, or achieve.
- o Identify an improvement, increase, or reduction in some state of affairs, e.s., services, attitudes, care, health, risk.
- o Produce or create some product, process, or conditions.
- o Identify some missing or unknown process, conditions, element or knowledge.

Objective(s)

In the left hand column write the objective(s) that will be achieved to reach the stated goal. The objectives should be numbered in sequence for each goal. The target group in each goal should be subdivided into numerically defined subgroups, specified in one or more objectives.

- Project Objective: An objective is more specific than a goal. The objective's target group is numerically defined, the amount of knowledge,

attitude, or behavior change is stated, and there is a completion date. There may be several objectives for each goal. Objectives should be realistic given project time and available resources. Objectives are developed prior to implementation activities and should not be confused with the latter.

All contract objectives are required to be written in measurable terms.

Each subgroup of the target group identified in the goal should have a separate objective.

Implementation Activities/Time Schedule

In the middle column describe the specific, timebound major activities (tasks) that are going to be implemented to accomplish the objective. List activities in chronological order and identify by job title (as stated in the budget) who is responsible for implementing the activity. In the "Timeline" column indicate the start and completion date for the activity. Examples of major types of activities would be: hire staff, recruit advisory boards, agreements, negotiate service, promote services, provide direct services, or conduct individual or group counseling sessions. In general, major activities are tasks that take the majority of project time and/or are essential components of the project. The questions that should be answered in this column include: who, what, where, when and how.

Evaluation

The final column is for evaluation of the objectives. Provide a description of how each objective will be measured to determine if it has been successfully met.

The evaluation should measure the knowledge, attitude, or behavior changes stated in the objectives and verify the number of persons reached. The evaluation methods can include, but are not limited to counting and recording, pre/post testing, interviews, competency testing, longitudinal observation/study, self assessment questionnaire, focus groups, and surveys.

The evaluation is to measure the accomplishment of the objectives and not the completion of activities.

The Evaluation plan must indicate how data collection methods will be implemented and in what time frames, and who will be responsible for specific tasks. State how the evaluation results will be analyzed and reported.

The project description section (Parts A and B) will be reviewed for completeness of project planning; realistic goals and objectives; evidence that the methodology and evaluation are appropriate, well-conceived, and will be effectively implemented; and the relationship between the implementation of the project and the need as identified in the proposal. This section will be used to assess the appropriateness of the proposed staff and the budget request.

3. Community Support

Document community support by including five letters of support for this project from each of the target groups to be served, from representatives and opinion leaders of the target groups, from representatives of agencies that serve the target groups, and others as appropriate. These letters should describe your capability to conduct this proposed project and the supporters willingness to cooperate and collaborate with the project. General support letters, such as legislator's letters should be only in addition to the above described letters.

Letters of support will only be accepted when they are included with your proposal. Do not instruct supporters to send letters directly to the Office of AIDS.

4. Applicant Capability

Provide the following information:

a. Describe who and what your agency/organization is and how long you have been established (Firm/agency history).

b. Document staff qualifications by providing profiles or resumes for key agency and project personnel.

c. Describe previous work that qualifies your organization to conduct this proposed project. Include the name and telephone number of people who can verify your capability.

d. Explain how this project can be integrated into your agency's existing services.

e. Attach an agency/department organization chart which includes the proposed project. Include names and position titles on the organization chart.

f. Provide job descriptions for all staff positions identified in your budget proposal.

g. Complete proposal appendices, including agency information, current incoming funds by source, anticipated incoming funds, and other required appendices.

Note: Funded applicants will be required to maintain staff with appropriate levels of education and experience.

5. Budget Requirements

The budget shall consist of two parts:

a. Itemized budget for funds requested from the Office of AIDS; and

b. Total project budget including other support and inkind.

Refer to the instructions in Section IV, Attachment F.

E. Time Schedule

1.	Mandatory Letter of Intent Deadline	December 2, 1986
2.	Application Deadline	January 15, 1987
3.	Notice of Intent to Contract Issued	February 16, 1987
4.	Grievance Deadline Date	February 27, 1987
5.	Contract Start Date	March 1, 1987
6.	Contract Termination Date	February 29, 1988

F. Proposal Evaluation Procedure

1. Intake/Compliance Review

   a. All applications will be dated and time stamped upon receipt.

   b. At the time of application receipt, each application will be reviewed for the presence or absence of required information as specified in Attachment A Section IV of this RFP.

      These requirements are mandatory and any application which does not comply with these requirements will be considered nonresponsive and will not be reviewed.

      The Department reserves the right to waive any non-material variation that in the sole judgment of the Department does not compromise the overall purpose and intent of the RFP.

2. Evaluation Procedure

   a. Proposals which meet the initial screening criteria as described in the introduction of this proposal.

   b. Point values will be assigned as follows:

1.	Capability to Perform Needs Assessment	(25 points)
2.	Need statement and identification of Target Group(s)	(15 points)
3.	Project Description - community based serving minority populations, goals	(15 points)
4.	Community Support - 5 letters	(10 points)
5.	Applicant Capability	(15 points)
6.	Budget	(20 points)

G. Contract Award and Grievance Procedure

Notice of proposed contract awards will be posted in the Department's Contract management Office for five (5) working days. In addition, applicants will be sent an announcement letter on the date the notice is posted in the Contract Management Office.

The Department's Informal Contract Grievance Procedure shall be utilized to appeal contract award decisions. Grievances protesting contract award decisions must be received no later than 5:00 p.m., February 27, 1987. All grievances must be in writing and must state the issues in dispute, the legal authority or other basis for the applicant's position and the remedy sought. All grievances shall be addressed to:

Donald O. Lyman, M.D., Chief
Office of AIDS
California Department of Health Services
1812 - 14th Street, Suite 200
Sacramento, CA 95814

H. News Releases

No one may issue news releases resulting from this RFP or award a contract without prior written approval of the Department.

I. Disposition of Proposals

All material submitted in response to the RFP will become the property of the State and as such is subject to the public records act.

1. Following the evaluation and selection process to determine which applicant, if any, is to be awarded the contract, a final contract will be prepared between the selected applicant and the Department, based upon the applicant's application, program requirements, and state and federal laws.

2. Award of this contract is subject to the review and approval of the State Department of General Services and the State Department of Finance.

3. If it becomes necessary to extend the terms of the contract beyond the projected period of performance, the contractor must be willing to negotiate appropriate amendments in good faith.

4. During the course of the contract, the Department reserves the right to approve any changes which in the judgment of the Department will enhance the results of the program. Changes must be made by an amendment to the contract approved by the Department of General Services; except for budget changes as specified in Section IV, Attachment F of this document.

5. Any and all papers, questionnaires, tabulations, or any other documents pertaining to this program shall become the property of the State upon completion of this contract.

6. Contractors will be required to indemnify, defend and save harmless the State, its officers, agents and employers from any and all claims and losses.

7. Without limiting the Contractor's indemnification of the State, the Contractor shall provide and maintain at its own expense during the term of the contract, insurance covering liability and worker's compensation.

8. Contractors will be bound by the provisions contained in Exhibit A (C), Additional Provisions and the Nondiscrimination Clause. These exhibits will be incorporated by reference and made a part of the contract between the Department and the successful applicant. See Section IV, Attachments C and D.

9. Contractors will conform to the state Board of Control travel guidelines and rates. (See Section IV, Attachment E)

10. Contractors will be subject to periodic audit to verify financial transactions and ensure the fiscal integrity of accounting records and reports.

11. Contractors are responsible for all requirements under the contract even though the requirements are carried out pursuant to a subcontract. All State policies, guidelines and requirements apply to all subcontractors. Subcontractors generally must conform to the Federal and State requirements included in the prime contract. The

contractor shall submit any subcontracts to the State for approval prior to implementation. Upon termination of any subcontract, the State shall be notified immediately.

Knowledge of prime contract provisions and Exhibits are essential to prepare a satisfactory subcontract.

Subcontract services should be specifically identified in the Scope of Work and in the Budget. These services generally are important duties, or those costing a minimum of $1,000 during the contract period, or reimbursement of $250 or more per day (except Medical consultation).

Contractors shall maintain documentation that discloses the manner and selection of any award of subcontracts for the period of record retention required for the agreement.

Refer to Section IV, Attachment H for Suggested Subcontract Review Criteria.

12. For the purpose of this contract, equipment is defined as items having a unit value of $150 or more and a life expectancy of two years or more. Contractors must obtain three bids when purchasing equipment, and they are obligated to purchase from the lowest bidder.

13. There is no guarantee that the submission of a proposal will result in funding, nor that funding will be allocated at the level requested. Final contract provisions will take precedence over information contained in the application.

14. Proposals must be complete when submitted. Contextual changes or additions will not be accepted after submission.

15. Costs of developing proposals and bids are entirely the responsibility of applicants and shall not be chargeable to the State of California or included in any cost elements of the application budget.

16. Unnecessarily elaborate brochures, reporting forms, or other presentations beyond those sufficient to present a complete and effective proposal are not desired.

17. The State may reject any or all proposals and may waive any immaterial deviation in any proposal. The State's waiver of any immaterial defects shall in no way modify the RFP's documents or excuse the contractor from full compliance with the objectives if the applicant is awarded a contract.

18. All patients' rights will be protected in accordance with Section 72527, Title 22, California Administrative Code.

Section IV

Attachments:

A. Table of Contents
B. Progress Report Form and Guidelines
C. Additional Provisions (Exhibit A[C])
D. Nondiscrimination Clause
E. Board of Control Rates
F. Budget Request
G. Scope of Work
H. Subcontract Review Criteria

Sample Attachment A

Treatment and Counseling Service for Minority Populations

FY 1986/87 Funding Applications

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Attachment B

PROGRESS REPORT FORM AND GUIDELINES

Contractors will provide the Department with three quarterly performance reports and a final report. The reports, prepared according to instructions from the Office of AIDS, will consist of three components: A description of progress made toward accomplishing the objectives, specific activities undertaken to achieve these objectives, and a description of any problems related to the achievement of objectives. The final report must also include camera ready (STAT) copies of all materials developed as part of the contract. Exceptions to this STAT requirement may be granted on a case by case basis. (See attached Exhibit E, Progress Report form.)

The Progress Reports (an original and two copies) shall be forwarded to the address indicated below:

Peggy Falknor, R.N. M.S., Chief
Pilot Care Projects Unit
Office of AIDS
1812 - 14th Street, Room 200
Sacramento, CA 95816-0146

State of California—Health and Welfare Agency

Department of Health Services
Community Health Services Division

Submit original and one copy to the address specified in Exhibit D.

EXHIBIT E

PROGRESS REPORT

Review Instructions Below Prior to Completion of This Report.

You may request state consultation when completing this report.
WE ENCOURAGE YOU TO BE BRIEF.

1. REPORT PERIOD

From _____ to _____

☐ First Report ☐ Third Report
☐ Second Report ☐ Fourth Report
☐ Final Report

2. CONTRACT NUMBER

_____

3. PROJECT TITLE

CONTRACT AMOUNT $ _____

4. AGENCY NAME AND ADDRESS

5. AGENCY REPRESENTATIVE PREPARING REPORT

NAME:

TITLE:

PHONE:

INSTRUCTIONS

Item 1. **REPORT PERIOD:** Enter the dates covered by this report and check the appropriate box.

Item 2. **CONTRACT NUMBER:** Enter the agreement number which appears on the Standard Agreement.

Item 3. **PROJECT TITLE:** Enter the project title which appears in paragraph one (1) of the Standard Agreement. Enter the contract amount.

Item 4. **AGENCY NAME AND ADDRESS:** Enter the official agency name and address which appears on the Standard Agreement.

Item 5. **AGENCY REPRESENTATIVE MAKING THIS REPORT:** Enter the name, title, and telephone number of the agency person preparing this report.

Item 6. **NARRATIVE STATEMENT OF PROJECT PROGRESS:** Attach a Project Narrative. For each objective specified in the SCOPE OF WORK, Exhibit B, the narrative must include the following in the order specified:

a. RESTATE the objective.

b. Summarize progress made to date toward meeting the objective. Use quantifiable terms if applicable. This should include a brief summary of both implementation and evaluation activities.

c. Briefly describe any problems encountered in implementing the objective. Outline strategies for dealing with the unresolved problems. Discuss personnel transactions (including vacancies) which have had an impact on meeting the objective.

d. Address any issues needing the special attention of state staff.

Item 7. **PROGRESS REPORT SUPPLEMENTS:** Complete progress report supplements, if specified in Exhibit D and send with this form. Submit all required contract products which may be specified in the SCOPE OF WORK, Exhibit B.

Item 8. **CERTIFICATION BY PROJECT DIRECTOR:** The project director should sign and enter the date.

CERTIFICATION BY PROJECT DIRECTOR:

I affirm that the information presented in this report accurately reflects the current status of this project to the best of my knowledge.

Original Signature _____ Date _____
(Project Director)

PM 168 (2/82)

Exhibit A (C)

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES

ADDITIONAL PROVISIONS
(For Consultant and Personal Services Contracts)

(1) There is no Paragraph (1) in this Exhibit A (C).

(2) **Travel and Per Diem** .

Contractor agrees that all travel and per diem paid its employees under this agreement shall be at rates not to exceed those amounts paid to the State's represented employees under collective bargaining agreements currently in effect. No travel outside the State of California shall be reimbursed unless prior written authorization is obtained from the State.

(3) **Standards of Work**

The Contractor agrees that the performance of work and services pursuant to the requirements of this contract shall conform to high professional standards.

(4) **Inspection**

The State, through any authorized representatives, has the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed hereunder including subcontract supported activities and the premises in which it is being performed. If any inspection or evaluation is made by the State of the premises of the Contractor or a subcontractor, the Contractor shall provide and shall require his subcontractors to provide all reasonable facilities and assistance for the safety and convenience of the state representatives in the performance of their duties. All inspections and evaluations shall be performed in such a manner as will not unduly delay the work.

(5) **Rights in Data**

A. *Subject Data.* As used in this clause, the term "Subject Data" means writings, sound recordings, pictorial reproductions, drawings, designs or graphic representations, procedural manuals, forms, diagrams, workflow charts, equipment descriptions, data files and data processing or computer programs, and works of any similar nature (whether or not copyrighted or copyrightable) which are first produced or developed under this contract. The term does not include financial reports, cost analyses, and similar information incidental to contract administration.

B. *Federal Government and State Rights.* Subject only to the provisions of (C) below, the Federal Government and State may use, duplicate, or disclose in any manner and for any purpose whatsoever, and have or permit others to do so, all Subject Data delivered under this contract.

C. *License to Copyrighted Data.* In addition to the Federal Government and State rights as provided in (B) above, with respect to any subject data which may be copyrighted, the Contractor agrees to and does hereby grant to the Federal Government and State a royalty-free, nonexclusive and irrevocable license throughout the world to use, duplicate, or dispose of such data in any manner for State or Federal Government purposes and to have or permit others to do so. *Provided, however,* that such license shall be only to the extent that the Contractor now has, or prior to completion or final settlement of this contract may acquire, the right to grant such license without becoming liable to pay compensation to others solely because of such grant.

(6) **Clean Air and Water** (Applicable only if the contract is not with a sole source vendor of products or services, and if it is not less than $5,000, or the federal Contracting Officer or State has determined that orders under an indefinite quantity contract in any one year will exceed $5,000.)

A. The Contractor agrees (it, he, she) is not in violation of any order or resolution which is not subject to review promulgated by the State Air Resources Board or an air pollution control district.

B. The Contractor agrees (it, he, she) is not subject to a cease and desist order which is not subject to review issued pursuant to Section 13301 of the Water Code for violation of waste discharge requirements or discharge prohibitions, or is not finally determined to be in violation of provisions of federal law relating to air or water pollution.

(7) **Utilization of Small and Minority Business Enterprises**

A. It is the policy of the Federal Government and the State as declared by the Congress and the State Legislature that a fair proportion of the purchases and contracts for supplies and services for the State be placed with small business and minority business enterprises.

B. The Contractor agrees to use his/her best efforts to carry out this policy in the award of subcontracts to the fullest extent consistent with the efficient performance of this contract. As used in this contract, the term "minority business enterprise" means a business, at least 50 percent of which is owned by minority group members or, in the case of publicly owned businesses, at least 51 percent of the stock of which is owned by minority group members. For the purpose of this definition, minority group members are black, Asian, Spanish-speaking/surnamed, Filipino, Polynesian, American Indian, or Alaskan Native. Nonminority women-owned firms may be included when business is 50 percent owned and operated by a woman and the co-owner is not her husband, or 51 percent (or greater) when owned and operated by a woman and the co-owner is her husband, and/or is publicly owned. Contractors may rely on written representations by subcontractors regarding their status as minority business enterprises in lieu of an independent investigation.

C. A firm shall qualify as a small business if it meets the requirements specified in Government Code, Section 11342(e).

(8) Confidentiality of Information

A. The Contractor shall protect from unauthorized disclosure names and other identifying information concerning persons receiving services pursuant to this contract, except for statistical information not identifying any client.

B. The Contractor shall not use such identifying information for any purpose other than carrying out the Contractor's obligations under this contract.

C. The Contractor shall promptly transmit to the State all requests for disclosure of such identifying information not emanating from the client.

D. The Contractor shall not disclose, except as otherwise specifically permitted by this contract or authorized by the client, any such identifying information to anyone other than the State without prior written authorization from the State.

E. For purposes of this paragraph, identity shall include, but not be limited to, name, identifying number, symbol, or other identifying particular assigned to the individual, such as finger or voice print or a photograph.

(9) **National Labor Relations Board Certification**

(Not applicable if Contractor is a public entity)

Contractor, by signing this agreement, does swear under penalty of perjury that no more than one final unappealable finding of contempt of court by a Federal court has been issued against Contractor within the immediately preceding two-year period because of the Contractor's failure to comply with an order of a Federal court which orders the Contractor to comply with an order of the National Labor Relations Board.

(10) **Documents and Written Reports**

Any document or written report prepared as a requirement of this agreement shall contain, in a separate section preceding the main body of the document, the number and dollar amounts of all contracts and subcontracts relating to the preparation of such document or report, if the total cost for work by nonemployees of the State exceeds $5,000.

(11) **Audits**

Contractor agrees that this contract, is subject to examination and audit by the State, including the Auditor General, for a period of three years after final payment by the State to Contractor under said contract.

(12) **Resolution of Contract Disputes**

A. If Contractor believes there is a dispute or grievance between Contractor and the State, the following two-step procedure shall be followed by both parties:

1. The Contractor should first discuss the problem informally with the program contract administrator within the Department. If the problem cannot be resolved at this stage, the Contractor must direct the grievance together with any evidence, in writing, to the program section chief. The grievance must state the issues in the dispute, the legal authority or other basis for the Contractor's position and the remedy sought. The section chief must make a determination on the problem within ten (10) working days after receipt of the written communication from the Contractor. The section chief shall respond in writing to the Contractor indicating the decision and reasons therefor. Should the Contractor disagree with the section chief's decision, he/she/it may appeal to the second level.

2. The Contractor must prepare a letter indicating why the section chief's decision is unacceptable, attaching to it the Contractor's original statement of the dispute with supporting documents along with a copy of the section chief's response. This letter shall be sent to the division chief of the division in which the section is organized within ten (10) working days from receipt of the section chief's decision. The division chief or designee shall meet with the Contractor to review the issues raised. A written decision signed by the division chief or designee shall be returned to the Contractor within twenty (20) working days of receipt of the Contractor's letter.

(13) **Evaluation of Consultant Contractors**

The Contractor's performance under this contract shall be evaluated at the conclusion of the term of this contract. The evaluation shall include, but not be limited to:

A. Whether the contracted work or services were completed as specified in the contract, and reasons for and amount of any cost overruns.

B. Whether the contracted work or services met the quality standards specified in the contract.

C. Whether the Contractor fulfilled all requirements of the contract.

D. Factors outside the control of the Contractor which caused difficulties in Contractor performance.

The evaluation of the Contractor shall not be a public record.

(14) **Progress Reports or Meetings**

A. Contractor shall submit progress reports or attend meetings with state personnel at least once a month to allow the State to determine if Contractor is on the right track, whether the project is on schedule, provide communication of interim findings, and afford occasions for airing difficulties or special problems encountered so that remedies can be developed quickly.

B. At the conclusion of this contract, Contractor shall hold a final meeting with the State during which Contractor shall present his findings, conclusions, and recommendations. If required by this contract, Contractor shall submit a comprehensive final report.

(15) **Final Invoice—Final Report—Retention of Funds**

If a final report is required by this contract, ten percent of the face amount of the contract shall be withheld until after receipt by the State of a report satisfactory to the State.

(16) **State Approval of Subcontracts**

The Contractor shall submit any subcontracts to the State for approval prior to implementation. Upon termination of any subcontract, the State shall be notified immediately.

(17) Contract Amendments

A. This contract may be amended by mutual agreement between the parties and, if required by Government Code Sections 11010.5, or Public Contract Code, Section 10366, the amendment shall be subject to the approval of the Department of General Services.

B. If any amendment to this contract has the effect of increasing the monetary amount of the contract or an agreement by the State to indemnify or save harmless the Contractor, his agents or employees, the amendment shall be approved by the Department of General Services.

(18) **Government Code Section 19130(b) Termination by SPB**

This agreement may be terminated by the State by giving 30 days advance written notice to the Contractor if the State Personnel Board determines this agreement was not entered into under the provisions of Section 19130(b) of the Government Code.

NONDISCRIMINATION CLAUSE

(OCP - 1)

1. During the performance of this contract, contractor and its subcontractors shall not unlawfully discriminate against any employee or applicant for employment because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, age (over 40) or sex. Contractors and subcontractors shall insure that the evaluation and treatment of their employees and applicants for employment are free of such discrimination. Contractors and subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Government Code, Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code, Section 12990, set forth in Chapter 5 of Division 4 of Title 2 of the California Administrative Code are incorporated into this contract by reference and made a part hereof as if set forth in full. Contractor and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement.

2. This contractor shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under the contract.

Attachment E

CURRENT STATE BOARD OF CONTROL TRAVEL STATUS INFORMATION
Effective July 1, 1985

1. State Board of Control has established the following Subsistence Allowances for regular employees:

   A. For each 24-hour period, not to exceed 30 consecutive days, the short-term allowance shall be $75 for each 24-hour period from the starting time. Starting time is either one hour prior to takeoff time or from the time a person leaves his or her home, whichever is earlier.

   B. For each 24-hour period after 30 consecutive days, the long-term allowance will be $47 for each 24-hour period.

   C. Employees on travel status for more than one 24-hour period and less than 31 consecutive days may claim $75 per day—statewide—or up to $95 per day in designated high-cost areas, for each 24 hours of travel after July 1, 1985. For travel which is the last fractional part of a period of short-term travel of more than 24 hours, the authorized allowance for meals or lodging will be paid. If the travel extends past 9:00 a.m., a breakfast may be claimed; if the travel extends past 7:00 p.m., a dinner may be claimed; if travel extends overnight, lodging may be claimed.

	Statewide	Designated High Cost Area
Lodging	$47.00	up to $63.00 (with receipt)
Breakfast	4.00	5.00
Lunch	7.00	8.00
Dinner	13.00	15.00
Incidental Allowance	4.00	4.00

Receipts are not required for reimbursement under the statewide rate. In designated high-cost areas, employees may be reimbursed for actual lodging expense, not to exceed $63, if supported by a motel/hotel receipt for the day(s) of travel bearing one of the following ZIP codes:

San Francisco—94102, 03, 04, 05, 07, 08, 09, 10, 11, 12, 14, 15, 16, 17, 18, 21, 22, 23, 24, 27, 29, 31, 32, 33, 34.
Los Angeles—90004, 05, 06, 07, 10, 12, 13, 14, 15, 17, 19, 20, 21, 24, 25, 28, 35, 36, 38, 41, 45, 46, 48, 49, 57, 64, 67, 69, 71, 77, 90210, 90212, 90230, 90245.
Long Beach—90801, 02, 03, 04, 15
Monterey—93940
Oakland—94606, 07, 08, 21
San Diego—92101, 03, 06, 08, 09, 10.
San Jose—95112, 13, 21, 31
Santa Barbara—93101, 05, 08, 10, 17

Receipts bearing other than the above ZIP codes, or no receipts, will limit reimbursement to the statewide rate of $75.

   D. Out-of-state Subsistence Allowance. For out-of-state travel, employees will be reimbursed actual lodging expenses, supported by a voucher, and reimbursement for meals and incidental allowance each 24-hour period computed as follows:

Breakfast	$5.00	
Lunch	8.00	
Dinner	15.00	
Incidental Allowance	4.00	(over 24 hours only)

   E. For less than 24 hours, see Paragraph C above. Note: No lunch or incidental allowance will be paid on any segment of travel that is not a complete 24-hour period.

2. For transportation expenses, a traveler should retain any receipts for parking, taxi, airline, bus or rail tickets, car rental, or any other travel vouchers pertaining to each trip for attachment to the invoice as substantiation for reimbursement. Transportation costs consist of charges for commercial carrier fares, private car mileage allowances, overnight and day parking, bridge tolls, necessary taxi, bus or streetcar fares, and commercial auto rental when substantiated by a voucher.

3. **Note on Use of Autos:** If a consultant uses his/her car for transportation, the rate of pay will be 20.5 cents per mile. If, however, the consultant maintains the actual cost is over 20.5 cents per mile, the consultant may claim up to 30 cents per mile for each calendar month provided the consultant types on the invoice and certifies to the following sentence: "I certify that the actual cost of operating my vehicle was equal to or greater than the rate I have claimed." If a consultant uses his car "in lieu of" air fare, the air coach fare will be the maximum paid by the State and not mileage.

4. All of the above information should be included in an invoice made out in triplicate which contains at least the following:

   A. Name of the Contractor (if an individual, Social Security Number is also required)
   B. Address — city, state and ZIP code
   C. Contract number
   D. The period of the claim, i.e., the term "from" and "to"
   E. Amount claimed for consultant fee, which is stated in the contract, i.e., hours served times hourly rate—amount claimed for fee
   F. Travel and per diem with substantiating vouchers. This will be the amount claimed for this part
   G. Total amount due on the invoice, which includes the total of both travel and per diem and consultant fee
   H. Consultant's original signature
   I. Submit the invoice in triplicate to the address listed in the contract for departmental approval
   J. If private auto is used, the license number must be listed

5. If the State Board of Control amends any of the above rates, the Accounting Section of the Department will automatically adjust to the new Board of Control rates on or after the effective date.

Budget Request

The budget ("Payment Provisions" is the term used by the State) shall consist of two parts: A) Itemized budget for funds requested from the Office of AIDS; and B) Total project budget including other support and inkind.

1. Part A: Payment Provisions (Funds requested from the Office of AIDS for this project)

   This budget request must be in the same format as the sample budget shown at the end of this section. Note however, the line items and dollar amounts are only examples.

There are two categories within this budget: Personnel and Operating Expenses and Equipment (OEE). Round dollar amounts and percentage figures to whole numbers.

A. Personnel

Personnel includes all personnel costs to operate the project.

(1) List personnel by job category or classification rather than by name. This allows flexibility for agency turnover.

(2) Indicate total Monthly Salary for full time equivalents.

(3) Indicate percentage of time the position will be utilized in this project - e.g., 20 hours work of a 40 hour work week is 50%. These percentages should be in whole numbers. If biweekly pay periods cause the monthly salary amount to vary, indicate the variance in a footnote at the bottom of the page.

(4) Indicate the amount requested per position, based upon the monthly salary rate and the percentage of time on the project.

(5) Indicate percentage of employee benefits and total amount.

(6) Subtotal all Personnel costs.

B. Operating Expenses and Equipment (OEE)

OEE includes all costs except Personnel costs. Examples of common OEE line items are included in the sample. Basically, OEE includes such expenses as supplies, equipment rental, operating expenses (such as utilities, telephone, insurance, etc.), travel, consultant and subcontract services and other support services. Some pointers regarding this section include the following:

(1) Describe supplies by type - i.e., office education, etc., and indicate amount for each type.

(2) Rental of space and/or equipment, utilities, telephone, insurance, building and/or equipment maintenance and administrative services (bookkeeping, auditing, etc.) are considered as operating expense. Itemize each operating expense showing the cost for each. Total square footage and cost per square foot must be indicated for space rental.

(3) Mileage is reimbursed at 20.5 cents per mile without special certification.

(4) Per diem is to cover cost of meals and lodging and cannot exceed $75.00 per day, except in a limited number of high cost areas.

(5) The least expensive mode of transportation must be used.

(6) for airfare, indicate number and destination of trips and expected cost per trip.

(7) Travel must be matched to the geographical boundaries and needs of the project.

(8) Consultants cannot be paid over $250.00 per day without prior authorization.

(9) No funds will be provided for meals or refreshments served at workshops and/or training sessions.

(10) Participants will not be paid for attendance at workshops and/or training sessions. This includes mileage and per diem)

(11) Indirect administrative overhead expense, shall be included in specific line items that describe how the expense supports this project. If your budget includes a line item for indirect expense, indicate what percentage of total personnel costs it represents.

You must provide a specific line item explanation of this cost in the budget justification. Formula explanations are unacceptable. You must document how this expense supports this particular project.

C. Budget Justification Narrative

On an attachment explicate and justify each budget line item: For personnel line items explain the time allocation by goal for each position in the budget; for operating expenses explain the expenditures and justify their inclusion. For subcontractor line items, describe the subcontractor work plan and reference to your proposal's Scope of Work.

2. Part B: Total Project Budget (including inkind and other support)

Using the attached form DHS 8311A (Total Project Budget) indicate the total funds needed to support this proposal by category and funding source. The first column is for funds requested from the Office of AIDS. The second is for funds provided by the requesting agency. The third column is federal funds supporting the project. The fourth column is any other State funds supporting the project. The next column is any other support funds not covered in the first four columns. If amounts appear in columns to the right of the Office of AIDS request column, give an explanation of the type of support and funding source in the context of the table or by footnote; for example, Volunteers 5/hour. x 100 hr.

3. Appendices

A. For County Governments - Board of Supervisors Resolution Supporting Application Submission.

B. For Nonprofit Agencies - Proof of Nonprofit Status: State Franchise Tax Board or IRS Approval.

C. Agency Information Sheet (Self explanatory)

D. Current Incoming Funds by Source (Self explanatory)

E. Anticipate Incoming Funds by Source (Self explanatory)

F. Statement of Compliance - Nondiscrimination (Self explanatory)

G. Letter of Certification - Access (Self explanatory)

H. Letter of Certification - Confidentiality (Self explanatory)

I. Affirmative Action Information Sheet (Self explanatory)

PART A

SAMPLE BUDGET

1. Example of Part A

ADAMS COUNTY HEALTH AGENCY

Payment Provisions

Project Title

February 2, 1987 - February 1, 1988

A. Personnel	Salary Range	% of Time*	Amount
1. Project Director	$1,706-2,028	100%	$24,336
2. Medical Social Worker	1,300-1,622	100%	17,760
3. Secretary	823-1,120	25%	3,072
Subtotal, salaries and wages			$45,168
Benefits at approximately 15% of salaries			$ 6,775
B. Operating Expenses and Equipment			
1. Office supplies			$ 200
2. Rent (100 sq. ft. X .50 sq. ft. x 12)			600
3. Phone			500
4. Duplication			640
5. Postage			400
6. Travel and Per Diem at State Board of Control Rates			2,026
7. Consultant Services (Nurse Practitioner $25/hr.)			1,824
8. Indirect Expense 4.0% of total personnel expenses			1,921
Subtotal, Operating Expenses			$ 8,111
TOTAL REQUEST FOR FY 1986-87			$60,054

*Time percentage is a yearly estimate and is subject to change during the contract period.

PART B

TOTAL PROJECT BUDGET

Applicant Agency Name Here

TERM: _____ THROUGH _____

	Amount Requested From AIDS Section For This Project	Agency Support (Specify)*	Other Federal (Specify)*	Other State (Specify)*	Other (Specify)*	TOTAL
A. Personnel						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
B. Operating Expenses and Equipment (OE & E)						
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
C. TOTALS						Grand Total

*Use descriptive line items to identify costs included in this table under the Personnel or OE & E Categories as well as the funding source.

State of California Health and Welfare Agency

SAMPLE

Department of Health Services
Community Health Services Division

(Contractor) _____

_____

(Contract Number) _____

(Project Title) _____

_____

EXHIBIT B

SCOPE OF WORK

The Contractor shall work toward achieving the following goals and will accomplish the following objectives. This shall be done by performing the specified activities and evaluating the results using the listed methods to focus on process and/or outcome.

Goal No. 1 (Specify) DEVELOP A NEEDS ASSESSMENT

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING PROCESS AND/OR OUTCOME OF OBJECTIVE(S)
1. Identify or hire the person responsible for this activity	1.1 - Develop duties statement 1.2 - Develop a recruitment plan 1.3 - Recruit, interview and hire	1/15-2/15 1987	
	EXPAND ON THESE SECTIONS. THIS IS	A BRIEF	SAMPLE
2. Initiate Study	2.1 - Develop methodology 2.2 - Implement pre test 2.3 - Define problem 2.4 - Gather data 2.5 - Analyze data		
	EXPAND ON THESE SECTIONS. THIS IS	A BRIEF	SAMPLE

EXHIBIT B (Continued)

SCOPE OF WORK

The Contractor shall work toward achieving the following goals and will accomplish the following objectives. This shall be done by performing the specified activities and evaluating the results using the listed methods to focus on process and/or outcome.

Goal No. _____ (Specify) _____

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING PROCESS AND/OR OUTCOME OF OBJECTIVE(S)

Page ___ of ___

DHS 4024 (Cont'd) (7/82)

Attachment H

SUGGESTED SUBCONTRACT REVIEW CRITERIA

1. Is there an accurate identification and signature of all parties? (Consultants include SS#, License#, Medi-Cal#, and expiration date where applicable professional qualifications/credential, e.g., M.D., R.N., M.S.W., etc.)

2. Does it contain a complete statement of measurable work or service to be performed/provided, or product to be provided?

3. Is the amount to be paid specified - maximum and basis for payment agree with budget in prime contract? (Fixed fee, reimbursement, cost recovery, etc.)

4. Time period for performance/completion of agreement must be compatible with the term of the prime contract.

5. Termination clause (30 days) upon giving of written notice by either party to the other.

6. Method of reimbursement described - monthly in arrears, lump sum at completion of contract, fee schedule, etc.

7. Are references made to prime contract provisions, attachments, exhibits, budgets, schedules, etc., that are part of the total agreement?

8. Does this comply with State/Federal Equal Opportunity Employment/Non-Discrimination requirements? {See Non-discrimination Clause (OCP-1), Attachment D}

9. All reimbursements agreed to for services under the sub-contract are reasonable and justified; any award of sub-contract is documented to disclose the manner of selection.

10. Personnel Standards and Work Standards, and budget shall conform to the requirements of the prime contract. {Per Exhibit A(C), Attachment C}

11. Does it provide for access to subcontractor's books, records, documents, and other evidence of all work performed or accounting of costs or expenses incurred in the performance of this contract, pursuant to Exhibit A(C). In addition, the following clause must appear in the subcontract.

"(Name of Vendor or Subcontractor) agrees to maintain and preserve until four years after termination of (Contractor's name) agreement or contract with the State of California, and to permit the State or any of its duly authorized representatives, including the Comptroller General of the United States, to have access to and to examine and audit any pertinent books, documents, papers, and records of (Name of Subcontractor or Vendor) related to this (purchase order or subcontract)."

12. Standard "hold harmless clause" naming the State in conformity with Standard Form 2. Standard Agreement paragraph 1.

13. Assure confidentiality of patient information per Exhibit A(C).

14. Publications by subcontractors prepared as part of work funded by the prime contract require preview before publication and must credit State government for financing the preparation, etc.

SECTION V

Forms:

A. Scope of Work
B. Funding Application Cover Sheet
C. Agency Information Sheet
D. Current Incoming Funds By Source
E. Anticipated Incoming Funds By Source
F. Affirmative Action Information Sheet
G. Statement of Compliance
H. Authorization to Bind Corporation
I. Letters of Certification

(Contractor) _____

EXHIBIT B

(Contract Number) _____

SCOPE OF WORK

(Project Title) _____

The Contractor shall work toward achieving the following goals and will accomplish the following objectives. This shall be done by performing the specified activities and evaluating the results using the listed methods to focus on process and/or outcome.

Goal No. _____ (Specify) _____

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING PROCESS AND/OR OUTCOME OF OBJECTIVE(S)

EXHIBIT B (Continued)

SCOPE OF WORK

The Contractor shall work toward achieving the following goals and will accomplish the following objectives. This shall be done by performing the specified activities and evaluating the results using the listed methods to focus on process and/or outcome.

Goal No. _____ (Specify) _____

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING PROCESS AND/OR OUTCOME OF OBJECTIVE(S)

State of California—Health and Welfare Agency

Department of Health Services

FUNDING APPLICATION
COVER SHEET

(FOR STATE USE ONLY)
Date Application Received

State assigned I.D. No. _____

REVIEW ATTACHED INSTRUCTIONS CAREFULLY BEFORE COMPLETING APPLICATION

A. APPLICATION INFORMATION

1. OFFICIAL AGENCY NAME AND ADDRESS (as it is to appear on agreement):

Agency Name

Organizational Unit

Address

County | Zip Code | Telephone

2. AMOUNT REQUESTED FOR FY _____

$ _____

3. PROPOSED FUNDING PERIOD (if different from state FY):

Project Duration: _____ months

FROM: _____ (Month/Day/Year) TO: _____ (Month/Day/Year)

4. ANTICIPATED AMOUNT REQUESTED FOR:

FY _____ $ _____

FY _____ $ _____

(FOR STATE USE ONLY)

$ _____

$ _____

5. TITLE AND BRIEF DESCRIPTION OF PROPOSED PROJECT

6. ESTIMATED NUMBER OF PERSONS TO BENEFIT FROM PROJECT

7. AREA OF PROJECT IMPACT (Names of cities, counties, etc., to be involved/affected)

8. TYPE OF APPLICANT

Enter appropriate letter ☐

a. County
b. City
c. School District
d. Community Action Agency _____
e. Higher Education Institution
f. Indian Tribe
g. Other (specify): _____

9. THE APPLICANT CERTIFIES THAT: To the best of my knowledge and belief, data in this application are true and correct. The document has been duly authorized by the governing body of the applying agency. I understand that the State may use and reproduce the materials submitted by this agency and that this is a public document and open to public inspections.

Signature: _____ Date: _____

Type name and Title: _____

(DO NOT WRITE IN SPACE BELOW—FOR STATE USE ONLY)

ACTION TAKEN	ACTION DATE	START DATE	REMARKS ADDED	END DATE	REVIEW INFORMATION
☐ Approved—funded ☐ Rejected ☐ Approved—unfunded ☐ Withdrawn	/ /	/ /	☐ Yes ☐ No	/ /	

DHS 8311 (11/85)

AGENCY INFORMATION SHEET

1. Agency Director:

   Name: _____ Telephone: ( ) _____

   Title: _____

   Address: _____

   _____

   _____ Zip: _____

2. Agency Fiscal Officer:

   Name: _____ Telephone: ( ) _____

   Title: _____

   Address: _____

   _____

   _____ Zip: _____

3. Agency Official with Board Authority to Commit Agency to an Agreement and Sign Contract:

   Name: _____ Telephone: ( ) _____

   Title: _____

   Address: _____

   _____

   _____ Zip: _____

4. Project Director (if none, agency contact regarding application):

   Name: _____ Telephone: ( ) _____

   Title: _____

   Address: _____

   _____

   _____ Zip: _____

5. Agency Tax Status:

   _____ Public (Government/University)

   _____ Private, Nonprofit

   _____ Other (specify)

State of California—Health and Welfare Agency

Department of Health Services

CURRENT INCOMING FUNDS BY SOURCE

Fiscal Year 19____ – ____

LIST ALL FEDERAL, STATE, AND LOCAL GRANTS, CONTRACTS, AND AGREEMENTS FOR HEALTH SERVICES

CONTRACT/GRANT/ALLOCATION/ AGREEMENT TITLE AND NAME OF PROGRAM FUND SOURCE	SPECIFY FEDERAL, STATE, LOCAL, OR PRIVATE FOUNDATION	AMOUNT OF SUPPORT	FUNDING PERIOD

ANTICIPATED INCOMING FUNDS BY SOURCE

Fiscal Year 19____ – ____

LIST ALL FEDERAL, STATE, AND LOCAL GRANTS, CONTRACTS, AND AGREEMENTS FOR HEALTH SERVICES

CONTRACT/GRANT/ALLOCATION/ AGREEMENT TITLE AND NAME OF PROGRAM FUND SOURCE	SPECIFY FEDERAL, STATE, LOCAL, OR PRIVATE FOUNDATION	AMOUNT OF SUPPORT (Estimate if not known)	FUNDING PERIOD

AFFIRMATIVE ACTION INFORMATION SHEET

1. For statistical purposes, please complete the following information and check the appropriate squares to the questions below.

2. This information is for statistical use only. It is considered confidential and does not constitute a basis for award or rejection of any contract or proposed contract with the Department.

Name of Firm

Business Address | City | Zip

Type of Business

6. Type of Ownership

A. ☐ Individual

B. ☐ Partnership

C–1. ☐ For-Profit Corporation

C–2. ☐ Not-for-Profit Corporation

D–1. ☐ For-Profit Hospital or Skilled Nursing Facility

D–2. ☐ Not-for-Profit Hospital or Skilled Nursing Facility

E. ☐ Unincorporated Association

F. ☐ College or University (Include Both Private and Public) Including University Hospitals

G. ☐ County Government Only

H. ☐ Other Public Entity, Except County (City, School District, Joint Powers, etc.)

I. ☐ Other Private Entity: Describe:

7–A. Last Name of Principal (If C, D, E, F, G, H, or I)	7–B. First Name or Initial	8. Title

9. Size of Business (See reverse for definition)

A. ☐ Large B. ☐ Small

10. Minority Business Enterprise (See reverse for definition)

A. ☐ Yes B. ☐ No

11. Ethnic Classification of Owners (See reverse side for definition)

1. ☐ Black
2. ☐ Asian American
3. ☐ Filipino
4. ☐ Hispanic American
5. ☐ Caucasian
6. ☐ Polynesian
7. ☐ American Indian or Alaskan Native
8. ☐ All Others

Please Submit With Application/Bid/Proposal

INFORMATION PRACTICES ACT STATEMENT

This information is requested by the State of California for the Department of Health Services in order to determine whether your firm qualifies for a small business preference and/or as a minority business enterprise (MBE). Completion of the form is voluntary and there are no consequences for not providing the information. Information will be provided to the Contract Management Section, Administrative and Business Services Section of the Department of Health Services, and possibly other public agencies. For more information or access to your records, contact the Section Chief, Contract Management Section, Department of Health Services, 744 P Street, Sacramento, CA 95814.

STATEMENT OF COMPLIANCE

_____ hereby certifies, unless
(Agency)
specifically exempted, compliance with Government Code Section 12990 and California Administrative Code, Title II, Division 4, Chapter 5 in matters relating to the development, implementation and maintenance of a nondiscrimination program. The agency agrees not to unlawfully discriminate against any employee or applicants for employment because of race, religion, color, national origin, ancestry, physical handicap, medical condition, marital status, sex or age (over forty).

I _____ hereby declare that I am duly
(Name of Official)
authorized to legally bind the prospective contractor to the above described certification. I am fully aware that this certification executed on _____ in
(Date)
the county of _____ is made under
(County)
the penalty of perjury under the laws of the State of California.

_____
Signature

_____
Title

DATE: _____

AUTHORIZATION TO BIND CORPORATION

The Board of Directors of the _____ (Clinic/Corporation Name) in a duly executed meeting held on _____ (Date) and where a quorum was present resolved to authorize:

Name: _____

Title: _____

to sign and negotiate the treatment and counseling for minority populations application and any contract that may result.

In addition, we authorize:

Name(s): _____ Title: _____

_____ Title: _____

to sign monthly invoices.

The undersigned hereby affirms that the statements contained in the application package are true and complete to the best of the applicants knowledge and accepts as a condition of a Contract/Grant Award, the obligation to comply with the applicable state and federal requirements, policies, standards and regulations. The undersigned recognizes that this is a public document and open to public inspection.

Board Chairperson: _____ (Signature)

Date: _____

LETTER OF CERTIFICATION

The _____ hereby certifies that,
(Name of Agency)
all client information will be kept confidential, except in those circumstances authorized in writing by the client or pursuant to the provisions of the California Confidentiality of Medical Information Act of 1979, Sections 56 et. seq. This requirement will apply to personal, social and medical information gathered by the _____ in the course of client service. Information so gathered may be disclosed as data for evaluation reporting and planning purposes so long as clients identification is not disclosed.

I _____ hereby declare that I am
(Name of Official)
duly authorized to legally bind the applicant agency to the above described certification. I am fully aware that this certification executed on _____ in the
(Date)
county of _____ is made under the penalty
(County)
of perjury under the laws of the State of California.

_____
Signature

_____
Title

10/24/86

925-6jb/c

LETTER OF CERTIFICATION

_____ hereby certifies that, unless
(Name of Agency)
specifically exempted, the _____ will be accessible to and usable by physically handicapped persons. It is the intent of this requirement that public and private facilities, including buildings, structures, sidewalks, curbs and related facilities meet California State Access Standards, Government Code Section 4460-4458 for Public Buildings and Health and Safety Code Sections 19955-19959 for privately funded buildings.

I _____ hereby declare that I am duly
(Name of Official)
authorized to legally bind the applicant agency to the above described certification. I am fully aware that this certification executed on _____ in
(Date)
the county of _____ is made under the
(County)
penalty of perjury under the laws of the State of California.

_____
Signature

_____
Title

10/24/86

925-6jb/c