



**Grant Funding Opportunity and
Request for Proposals (RFP)**

for

Hepatitis C-related Peer Navigator Programs

Key Dates:

RFP Issue Date:	March 14, 2018
E-Question Period:	March 14 – April 1, 2018
Proposals Due Date:	April 13, 2018
Award Decisions Announced:	May 15, 2018
Project Period:	July 1, 2018 – March 31, 2019

I. INTRODUCTION

End Hep C SF is a multi-sector independent consortium operating under the principles of collective impact. We envision a San Francisco where hepatitis C is no longer a public health threat, and hepatitis C-related health inequities have been eliminated.

End Hep C SF has based our work on our beliefs that:

- All people living with HCV deserve access to the most effective HCV treatment.
- Everyone living with or at risk for HCV should have equal access to prevention and care regardless of individual characteristics, including but not limited to race/ethnicity, insurance status, housing status, gender identity, sexual orientation, age, mental health status, and substance use.
- Our work is most effective when people who have lived experience with HCV are involved in all aspects of planning and implementation.
- It is imperative to draw on the wisdom of service providers, activists, people who use drugs, and others in the community who have been most impacted and most engaged in the fight against HCV over many years.

We are committed to working together to:

- Provide interventions that are evidence based, and continuously review our progress to determine areas where we need to improve, through the regular collection and use of local data related to HCV.
- End stigma about HCV and people living with HCV.
- Maximize the health and wellness of people who use drugs by treating them with respect, ensuring access to appropriate services, and empowering them to reduce harm and make choices to improve their health.
- Continue to invest in populations that have frequently been characterized as “difficult to engage,” as we realize that these groups often have the greatest unmet need for services and support.

HCV elimination strategies necessitate testing, linkage and retention, and treatment interventions for groups disproportionately impacted by HCV infection. Changes in Medi-Cal (California’s Medicaid program), effective July 2015, removed many of the initial restrictions to the new generation of HCV direct-acting antivirals (DAAs) and prioritized treatment for PWID. HCV medications can now be obtained through existing health coverage mechanisms for the majority of low-income individuals living with HCV in California. Patient assistance programs have provided an effective means of access for those who are uninsured or underinsured, and the AIDS Drug Assistance Program covers HCV DAAs for its enrollees who do not have other coverage for these medications.

While San Francisco has made great strides in improving access to HCV treatment, many people in highly impacted populations have yet to take advantage of expanded HCV treatment access. Like many communicable diseases, HCV disproportionately impacts marginalized populations, specifically people who are homeless or marginally housed, people of color (most notably African Americans), people living with HIV, and people who inject drugs, including a growing number of young PWID. In 2016, community-based programs have successfully linked more than 250 people to HCV care and treatment. This funding opportunity is intended to build upon that success, creating a number of small, pilot, peer-based navigation programs to improve rates of HCV linkage to care in San Francisco and continue our progress toward elimination.

II. FUNDING OPPORTUNITY

As a result of funding received in 2018 from the Gilead Foundation, End Hep C SF seeks to award up to 4 mini-grants of up to \$20,000 to establish community-based peer navigation pilot programs. **“Peers” are defined as people with lived experience of HCV infection and treatment, who come from populations disproportionately impacted by HCV.** Funding from this opportunity will support three months of peer recruitment and training, followed by six months of peer-based navigation services. This funding should be considered “seed money” for projects that will ultimately be sustained beyond the grant period if successful.

Total funding available: \$60,000
Total awards anticipated: 3-4
Expected award amounts: \$15,000-\$20,000

At this time, funds available for peer-based HCV treatment navigation are very limited; this RFP is designed to support pilot projects that, if successful, will facilitate more substantial funding to support expanded strategies. Applicants are encouraged to keep proposals simple, given the small amount of available money and desire for sustainability if the strategy proves successful.

III. APPLICATION TIMELINE

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| March 13, 2018 | This RFP is available online at endhepcsf.org as of March 14, 2018. |
| March 13 – April 1, 2018 | E-Question Period
The e-question period is an opportunity to submit questions via email to jkay@projectinform.org . All e-questions must be received by 5:00pm PST on April 1, 2018. Responses to all e-questions will be published at endhepcsf.org no later than April 3, 2018. |
| April 13, 2018 | Proposals Due
Completed proposals must be received via email to Joanne Kay, at jkay@projectinform.org , by 5:00 pm on April 13, 2018. Late applications will not be accepted under any circumstances – no exceptions.

After the date proposals are due, an External Review Panel will be convened to review all completed applications and make an award recommendation based on the evaluation criteria outlined in this RFP. |
| May 15, 2018 | Award Decisions Announced
Letters will be emailed to applications regarding award decisions no later than May 15, 2018.

End Hep C SF will begin contract negotiations with agencies selected for funding between May 15 and June 30, 2018. |

July 1, 2018

Grant Period Begins

Programs should be ready to start on July 1, 2018. The grantee must be prepared to begin navigating clients to services no later than October 1, 2018 after a recruitment and training period for peer navigators.

March 31, 2019

Grant Period Ends

Programs will be expected to submit completed data collection forms for all pilot services on March 31, 2019.

IV. APPLICATION REQUIREMENTS

A. MINIMUM ELIGIBILITY CRITERIA

End Hep C SF is committed to diversity, inclusion, and broad-based community access, and to funding a variety of San Francisco's community organizations, non-profit agencies and service providers. All qualified applicants are cordially invited to submit applications. However, failure to meet the minimum qualifications will eliminate applicants from further consideration for funding.

1. Applicant must be an existing non-profit agency recognized as tax-exempt by the IRS under Section 501(c)(3) of the Internal Revenue Code and must demonstrate a history of providing services to communities within San Francisco.
2. Applicant must be in good financial standing according to generally accepted accounting practices.
3. Applicant must have the ability to demonstrate connection and capacity to reach the population of interest (people who are living with HCV and not connected to care).
4. Applicant must have demonstrated history and experience working with an HCV testing program, either existing within the organization or through collaboration with a partner agency.
5. Applicant must have an existing relationship with a clinical site to which peer navigators can link people living with HCV for assessment and initiation of treatment.
6. Applicant must have an existing position within their organization, currently filled by a person who will function as an in-kind coordinator for the peer navigator program. The limited funding available through this opportunity will not permit hire of new staff members.

B. ACCESSIBLE SERVICES

Applicant must offer services in an accessible and non-discriminatory manner regardless of race, color, ethnicity, class, age, economic level, education, language, religion, disability, immigration status, gender identity, or sexual orientation.

- **Immigration Status:** In keeping with San Francisco's policy as a Sanctuary City, applicant must make services available to all clients regardless of immigration status.

- **Disability:** Applicant must ensure compliance with the mandates of the Americans with Disabilities Act of 1992 (ADA), allowing accessibility for all clients who are physically and/or otherwise disabled.
- **Ethnicity/Culture/Language:** Applicant must provide linguistically and culturally competent services.

C. PROGRAM REQUIREMENTS

1. Training Requirements

Staff of funded agencies will be asked to assist in the development of a centralized curriculum for peer navigator training, which will ultimately be provided by End Hep C SF. This required training will include:

- Information about HCV transmission, treatment, and resources in San Francisco
- Harm reduction principles and information
- Cultural competency regarding populations at high risk for HCV
- Motivational interviewing skills
- Information about how and why to collect quality program data

Peer navigators in funded programs will be expected to attend the centralized training; funded agencies may then choose to supplement the core training with additional information specific to their program or population of focus.

Peer navigators will also be expected to attend quarterly citywide networking meetings, intended to provide updates on relevant skills and information and support networking among peer navigators in other agencies.

2. Program Characteristics

Applicants are strongly encouraged to design programs that provide stipends/incentives for peer navigators, to recognize the value of their time and effort toward HCV elimination.

Programs must be designed in a way that is low-threshold, meaning that the burden for peers to enter the program and continue participation should be as minimal as possible.

3. End Hep C SF Participation

Funded agencies will be expected to ensure at least one staff person attends monthly End Hep C SF Prevention, Testing, and Linkage meetings, which occur on the first Friday of each month, from 1:00-2:30 pm at 25 Van Ness Avenue.

4. Data Requirements

Peer navigators will be expected to complete a standardized data collection form for each encounter, which will include (but not be limited to) the following data points:

- Peer navigator name/ID
- Demographic of contact

- Setting of contact
- Duration of contact
- Topics discussed
- Efforts made to link to care
- Date of successful linkage to care, if known
- Date of HCV treatment initiation, if known
- Method of verification

Forms will be submitted to End Hep C SF for data entry on a monthly basis for the duration of the pilot program. Aggregate data will be made available to funded agencies after data entry is complete.

D. APPLICATION FORMAT

Please read all instructions carefully and include all information required. Incomplete applications may not be reviewed. The burden is on the applicant to demonstrate qualifications. Be advised that End Hep C SF has the right to reject any and all proposals/applications.

- Use single-spaced line spacing, in Arial or Times New Roman font no less than 11 points, and 1" margins.
- Number pages on upper right corner and staple application on upper left (no folders or binders).
- Submit one electronic version of your application via email to jkay@projectinform.org, as a single PDF document.

E. PAGE LIMITS

Proposals must include:

Document	Page limit
Cover letter	1
Proposal Narrative	3
Budget	1
Budget justification including all staff	1

No attachments or supplemental material beyond the 6 pages above will be accepted.

F. PROPOSAL NARRATIVE REQUIREMENTS

In a proposal narrative of up to 3 single-spaced pages, answer the following:

1. Applicant Capacity (20 points)

Discuss your agency's background with HCV testing, treatment, and linkage/navigation. Be sure to clearly address how you meet each of the minimum requirements in section IV.A. Explain why you believe your agency is well-positioned to create a successful pilot peer navigation program. Discuss your experience and capacity for data management and program quality assurance.

2. Population of Focus (10 points)

Describe the specific subpopulation(s) you plan to reach with your program. Explain why you think this population is important, why you think you are well-suited to reach them, what you see as the particular challenges to HCV care for that population, and what your strategies are for addressing those challenges within your proposed program.

3. Program Design (40 points)

Describe your plans for a 9-month pilot peer navigator program. Be sure to include information about each of the program requirements specified in section IV.C., as well as anything that you think makes your program innovative and/or especially important. Note any non-English language capacity you expect to have in your program, with information about how you will manage outreach and navigation in other languages.

Include a table in your response to this section that includes estimates of:

- a. How many peers you anticipate will complete the training program
- b. How many contacts you expect the peers to reach overall during the pilot
- c. How many people you predict will be "successfully linked to care" as a result of the program you are proposing

4. Peer Recruitment and Retention (20 points)

Explain your plans for recruiting peers to the program, your strategies for providing ongoing support to peers who are in the program, and an overview of your agency staffing plan related to the program (i.e. who will be involved in the peer navigator program in addition to the peers?) Anyone identified in your staffing description in this section should appear in your budget and budget justification, even if they are in-kind staff (i.e. have zero dollars allocated to their salary/benefits in the budget).

G. BUDGET REQUIREMENTS

Your proposal should contain a brief, one-page budget that covers the entire costs of the 9-month period, including the peer recruitment and training period and at least 6 months of service delivery. All staff members referenced in the *Peer Recruitment and*

Retention section of your proposal narrative should appear in your budget; if they are in-kind staff you can set their requested budget amount to zero.

Budgets should realistically reflect the expected cost of your proposed program. However, totals should not exceed \$20,000, including any direct and indirect costs. It is the applicant's responsibility to design simple programs that can be achieved within this funding limit.

Budgets should be accompanied by a one-page budget justification that makes clear how the total amounts allocated in each line of your budget were calculated. For example, if you include a total amount for peer stipends in the budget, in the justification you should explain how much money will be provided to how many peers, and how frequently, to arrive at that total amount. Your budget justification should make it clear how the pilot funding will actually be spent to implement your program in the allotted time period.

V. TERMS AND CONDITIONS

A. ERRORS AND OMISSIONS IN RFP

Applicants are responsible for reviewing all portions of this RFP. Applicants are to promptly notify End Hep C SF, in writing, if the applicant discovers any ambiguity, discrepancy, omission, or other error in the RFP. Any such notification should be directed to End Hep C SF promptly after discovery, but in no event later than five working days prior to the date for receipt of proposals. Modifications and clarifications will be made by addenda as provided below.

B. INQUIRIES REGARDING RFP

Inquiries regarding the RFP and all oral notifications of an intent to request written modification or clarification of the RFP must be directed to:

Joanne Kay, End Hep C SF Coordinator
jkay@projectinform.org

C. OBJECTIONS TO RFP TERMS

Should an applicant object on any ground to any provision or legal requirement set forth in this RFP, the applicant must, not more than ten calendar days after the RFP is issued, provide written notice to End Hep C SF setting forth with specificity the grounds for the objection. The failure of an applicant to object in the manner set forth in this paragraph shall constitute a complete and irrevocable waiver of any such objection.

D. CHANGE NOTICES

End Hep C SF may modify the RFP, prior to the proposal due date, by issuing Change Notices, which will be posted at endhepcsf.org. The applicant shall be responsible for

ensuring that its proposal reflects any and all Change Notices issued by End Hep C SF prior to the proposal due date, regardless of when the proposal is submitted. Therefore, End Hep C SF recommends that the applicant consult the website frequently, including shortly before the proposal due date, to determine if the applicant has downloaded all Change Notices.

E. REVISION OF PROPOSAL

An applicant may revise their proposal at any time before the deadline for submission of proposals. The applicant must submit the revised proposal in the same manner as the original, and it must clearly be marked as “REVISED” on the envelope and in the footer of the proposal package itself. A revised proposal must be received on or before the proposal due date. No revisions will be accepted after the due date for proposals.

At any time during the proposal evaluation process, End Hep C SF may contact the applicant for clarification or correction of minor errors or deficiencies in their proposals prior to deeming a proposal to be non-responsive. Clarifications are “limited exchanges” between End Hep C SF and a proposer for the purpose of clarifying certain aspects of the proposal, and do not give a proposer the opportunity to revise or modify its proposal in any way other than the requested clarification. Minor errors or deficiencies are defined as those that do not materially impact End Hep C SF’s evaluation of the proposal; for example, failing to label a “revised” proposal as “revised”.

F. ERRORS AND OMISSIONS IN PROPOSAL

Failure by End Hep C SF to object to an error, omission, or deviation in the proposal will in no way modify the RFP or excuse the vendor from full compliance with the specifications of the RFP or any contract awarded pursuant to the RFP.

G. FINANCIAL RESPONSIBILITY

End Hep C SF accepts no financial responsibility for any costs incurred by an agency in responding to this RFP.

VI. GRANT AWARD PROCESS

A. APPLICATION SCREENING

End Hep C SF staff or members will screen applications to ensure that they meet the minimum eligibility requirements and are eligible for review before being forwarded to the Review Panel. Three basic requirements must be met for applications to merit further review. This preliminary staff screening is not a qualitative review. All applications that meet the following eligibility criteria are forwarded to the Review Panel for evaluation:

1. Received by deadline (late applications will not be accepted)
2. Completeness (incomplete applications may not be reviewed)

3. Address the RFP minimum eligibility criteria (Applications that do not meet the criteria are disqualified from further consideration)

B. REVIEW PANEL

The proposals will be evaluated by a Review Panel composed of individuals familiar with HCV-related service provision, particularly the challenges associated with linkage to care and treatment for key populations. Members of the Panel will not be affiliated with any agency submitting a proposal in response to this RFP, and will be screened for real or perceived conflicts of interest prior to assignment. The Panel is established to review, discuss, score, and make an award recommendation regarding applications based on the evaluation criteria outlined herein. Reviewers will evaluate only the application materials submitted and base their scoring strictly on the requirements of the RFP and the contents of the application. End Hep C SF will review award recommendations and make all final decisions.

C. EVALUATION CRITERIA

The Review Panel will assess and score applications according to the following matrix:

Category	Scoring Considerations	Max Pts
Applicant Capacity	<ul style="list-style-type: none"> • How well does the applicant meet the minimum requirements? • What is the applicant's experience with HCV testing, treatment, and linkage/navigation? • How well-suited does the applicant seem to creating and piloting a successful peer navigation program? 	20
Population of Focus	<ul style="list-style-type: none"> • How well does the applicant make the case for the importance of their population of focus? • What is the applicant's experience working with this population of focus? • How well does the applicant understand the challenges this population experiences in relation to HCV care/treatment? • Are the applicant's strategies well-designed and fully responsive to the challenges identified for the population? 	10
Program Design	<ul style="list-style-type: none"> • Is the program design clear and convincing as described? • Does the applicant address each of the program requirements listed in section IV.C.? • Does the proposed program seem realistic given the limited funding available? • Did the applicant provide a table with estimated numbers of peers, contacts, and successful linkages expected as a result of the proposed program, and do those estimates seem appropriate given the challenges faced by the population of focus and the limited funding available? 	40

Peer Recruitment and Retention	<ul style="list-style-type: none"> • Does the applicant describe a solid plan for recruitment of the number of peers estimated in the <i>Program Design</i> section of the proposal? • Is the applicant prepared to provide sufficient ongoing support for peer navigators involved in the program? • Does the agency staffing appear appropriate for successful execution of the pilot program in the time allotted? 	20
Budget and Budget Justification	<ul style="list-style-type: none"> • Are all staff referenced in the <i>Peer Recruitment and Retention</i> section of the proposal identified in the budget? • Do the total budget and line-item budget allocations seem reasonable for the scope of work proposed? • Does the budget justification provide clear information about how all budget subtotals were calculated? • Does the total budget remain at or below the \$20,000 cap? 	10
MAXIMUM POSSIBLE POINTS		100

D. FINAL DETERMINATION

Final decisions regarding proposal awards will be made by the Coordinating Committee of End Hep C SF, after scoring and recommendations have been received by the Review Panel. No appeals will be permitted. Coordinating Committee members deemed to have any real or perceived conflict of interest with any proposing organization will be excluded from the process for determination of awards. Recommendation by the Review Panel of any proposal for funding shall not imply acceptance by End Hep C SF of all terms of the proposal, which may be subject to further negotiations and approvals before contracts are finalized. Members of the End Hep C SF Coordinating Committee will initiate the process for formalizing grant agreements. Funding may be contingent upon the submission of additional information, budget revisions, and/or program design changes. If a satisfactory contract cannot be negotiated in a reasonable amount of time, End Hep C SF, in its sole discretion, may terminate negotiations with the applicant and begin contract negotiations with another applicant.