**Organization name:** *Insert Organization Name*

**Application instructions:**

You must submit your application by email: [ID.RFASyndemic@doh.wa.gov](https://doh.wa.gov/about-us/programs-and-services/executive-office-health-and-science/disease-control-and-health-statistics/ID.RFASyndemic@doh.wa.gov). Your application must be received by the RFA Coordinator before the application deadline of **5:00 pm PST on Monday, June 5, 2023.** Any delay in the delivery of your application is your risk; we do not take responsibility for delays in email delivery. You may not send your application by fax.

We will not accept late applications and will disqualify them from further consideration. All applications and any accompanying documentation become the property of the DOH and will not be returned.

As a reminder, information provided in application documents is subject to public disclosure per section 3.3 of this RFA. Do not include information in your response that you do not want disclosed to the public.

Be sure to reference additional requirements and scoring in the full RFA, found on our website: [Funding Opportunities | Washington State Department of Health](https://doh.wa.gov/about-us/programs-and-services/executive-office-health-and-science/disease-control-and-health-statistics/funding-opportunities).

Please keep the application packet materials in the same order they appear when you download. For narrative sections, you should leave the questions in the text and provide your responses below each one. (The page counts for each section include the questions.) Keep the original formatting for narrative responses (letter-sized (8 ½ x 11 inch) format, with 1-inch margins, single spacing, and use either Arial, Calibri, or Times New Roman, in a minimum of 12-point font).

On any section that requires a signature, you can sign with an electronic/digital signature format: /s/First name Last name. (Example: /s/John Doe.)

When you submit the application packet, please be sure the name of the document includes the name of your organization and the service category you are applying for.

You may apply for more than one service category. Please submit one complete application packet per service category.

**Application contents and checklist (optional):**

|  |  |  |
| --- | --- | --- |
| **Section** | **To do/include** | **Check when done** |
| Service category description and requirements | Review full description and all requirements before starting your application. |  |
| Integrated Testing compliance checklist | Review before starting your application. |  |
| Submission cover form | Respond to all questions and have legal representative sign and date. |  |
| Signed RFA certifications and Assurances | Have legal representative sign these forms:   * Bid certifications and assurances * Contractor Certification – wage theft prevention * Workers’ rights – Washington state goods & services contracts certification |  |
| Organizational background | Respond to all questions |  |
| Proposal: Scope of work | Respond to all questions in the Scope of Work narrative. |  |
| Proposal: Program approach | Respond to all questions |  |
| Program development, implementation startup, and capacity building needs | Respond to all questions (if applicable) |  |
| Qualifications: staffing | Respond to all questions, and attach:   * Positions descriptions for all funded positions (including existing and new staff) * Organizational chart |  |
| Qualifications: Partnerships | Respond to all questions, and attach any relevant LOS or MOUs (if applicable) |  |
| Budget | Complete budget template (download from RFA webpage here: [Funding Opportunities | Washington State Department of Health](https://doh.wa.gov/about-us/programs-and-services/executive-office-health-and-science/disease-control-and-health-statistics/funding-opportunities)) |  |

**Service category description and requirements:**

|  |
| --- |
| **Overview:** This service category relates to the provision of non-clinical client-centered HIV, sexually transmitted infection, and viral hepatitis testing services; and linkage to preventive and care services. |
| **Core activities:** Activities must include the following:   1. Pre-test education describing the tests offered, the testing process, and how results will be provided. 2. Receipt of informed consent to test from the client. 3. Post-test education about the meaning of the test results. 4. Linkage to preventive services (e.g., PrEP, syringe service programs, condoms), as relevant. 5. Linkage to care services (e.g., support to access HIV, STI, or viral hepatitis treatment and medical care), as relevant. 6. Appropriate public health reporting of testing to local health jurisdiction. |
| **Outcomes:** Integrated Testing outcomes include, but are not limited to:   * # of test events with priority population(s) conducted * # of STIs identified * # of persons living with undiagnosed HIV identified * # and % of persons living with previously diagnosed HIV re-connected to HIV care * # of cases of viral hepatitis identified * # and % of testing clients referred or linked to essential support services, including clients linked to regional syndemic service navigators |
| **Requirements:** Requirements for this service category include the following:  Engagement:   * Implement recruitment strategies that engage priority population(s) to access testing, whether onsite at your organization or during outreach-based testing (e.g., online outreach through hook-up apps; outreach in venues that reach the priority population). (Note that high-impact incentivized testing models will be considered, but a clear plan for tracking incentives must be developed and approved by OID before incentives may be used as part of OID-funded services). * Gather client satisfaction and feedback to ensure service provision aligns with client needs and that program uses client feedback to better meet client needs.   Testing:   * Provide venue-based/mobile/outreach-based testing in high-impact settings (outside the office of the funded organization). At least 50% of test events must be done through venue-based/mobile/outreach-based testing. (This requirement can be reduced if a program is meeting or exceeding the provision of 200 onsite testing events per month, of which at least 80% reach priority populations, and results in successful identification of new infections and linkage to services.) * Make onsite blood draw (venous-puncture phlebotomy) immediately available during all testing events. * Ensure that at least 80% of the tested persons are of the proposed priority population(s) identified in your application. * Offer confidential testing for STI and hepatitis C; and default to confidential for HIV. * Provide integrated testing options. (Standalone HIV testing programs are not eligible for funding through this RFA.) * Achieve .5% positivity rate for HIV testing and 5% for STI and/or viral hepatitis testing across all integrated testing programs. * Provide hours of operation that meet the needs of the population(s) you work for and with. Non-traditional service times are encouraged (e.g., evenings, early morning hours, weekends).   Prevention:   * Offer condoms to 100% of priority population members who are sexually active and for whom condoms are appropriate. (For more on condoms, see note below in section 2.3)   Linkage/referral to care:   * Link at least 90% of persons newly diagnosed with HIV to HIV medical care and ART initiation immediately, but no later than 30 days after diagnosis. * Refer 90% of persons diagnosed with STI (chlamydia, gonorrhea, syphilis) or viral hepatitis to treatment or care within 30 days after providing reactive test result. * Refer 100% of persons with newly diagnosed HIV or STIs to Partner Services in alignment with local health jurisdiction or DOH guidance. * Report all viral hepatitis cases to the local health jurisdiction and, in collaboration with local health jurisdiction and/or state disease intervention services staff, refer and connect at least 50% of persons diagnosed with viral hepatitis (hepatitis B or C) to follow-up medical care with a clinician to discuss treatment options within 60 days of reactive result.   *Note: this may also include community-based treatment services, in collaboration with a clinical partner.*  Partnerships:   * Partner with relevant agencies and providers, including those able to reach and engage priority populations; health care provider(s) offering PrEP services; medical provider(s) able to provide STI or viral hepatitis treatment or care; and additional services as needed or requested by priority populations. (See Scope of Work checklist in Exhibit J for details on MOUs required.)   Data:   * Work with local health jurisdiction(s) or DOH to acquire and use local data to guide testing approaches and locations; and be willing to shift testing locations in response to changes to the syndemic, including supporting infection cluster and outbreak response. * Review program data on a regular basis to adjust testing efforts as needed (e.g., shifting testing locations to reach priority populations). * Develop strategies to collect and report the required integrated testing variables to DOH.   Other requirements:   * Participate in DOH trainings and capacity building activities for staff providing integrated testing services. * Adhere to all relevant federal and state laws and regulations (see checklist in Exhibit C). |
| **Priority populations:** Priority populations for non-clinical testing services include:   * People systemically marginalized and underserved due to racism – Black, Latino/Latina/Latine/Latinx, Native American/Alaska Native people and other communities for whom there are documented health disparities in your region. * Men who have sex with men. * Gender expansive/transgender individuals. * People who use drugs. * People engaged in sex work. |
| **Optional enhancements:** Applicants can earn up to 2 extra points per enhancement by demonstrating their plan to provide the following additional service:   * Services provided in Spanish to monolingual clients by Spanish-speaking testing staff. |
| **Additional notes:**  Services can be provided through sub-contractor or MOU arrangements if there is a justification the relationship will support efforts to reach specific priority populations (e.g., working with “by and for” agencies that do not currently have testing capacity, but have trusted relationships with community members, particularly community members systemically marginalized: BIPOC individuals; those involved in criminal-legal systems; people who use drugs; non-binary/gender fluid/transgender; female identifying; as examples). |

**Additional requirements and considerations (for all service categories):**

**Accessibility of materials and services:** One important way to reduce health disparities is to remove barriers by making materials and services more accessible. Below are some minimum requirements of accessibility, but we encourage applicants to identify and make plans to address other barriers that clients might face.

* All service categories must:
  1. Address the provision of both oral and written interpretation and translation servicesto eligible clients.
  2. Ensure that services are provided by a qualified linguistic services provider as a part of service delivery between the provider and the client.
  3. Ensure that services are provided when necessary to facilitate communication between the service provider and client or to support the delivery of services.
* All service categories must address the provision of hearing and vision accessible services (e.g., ASL interpretation, braille translation) and services for people with physical limitation (e.g., ADA compliant facilities).

**Condom Distribution:** Free and accessible condoms are an integral component of a syndemic prevention program. OID will provide condoms free of charge for distribution. All successful applicants, regardless of service category (except for mail-order categories and the innovative project category), will be required to:

* Implement condom distribution as a structural intervention to increases access to and use of condoms of priority population members, regardless of HIV status.
* Offer condoms to 100% of priority population members regardless of HIV status.
* Ensure that condom distribution programs adhere to the following principles:
  + Provide condoms free of charge.
  + Promote condom use by increasing awareness of condom benefits and normalizing condom use.
  + Conduct promotion and distribution activities at the individual, organizational, and community levels, where relevant. For additional information and guidance, please visit <https://www.cdc.gov/hiv/effective-interventions/prevent/condomdistribution-programs/index.html>.

**Partnerships:** When contracts are finalized, we expect funded partners in the same region to work with each other and develop MOUs if they do not already exist. If needed, OID can offer support to facilitate these relationships. Some service categories have specific MOU requirements; see Scope of Work checklists in Exhibit J for details.

**Regional focus:** OID’s goal is to fund programs that can deliver robust, comprehensive services that together provide coverage across each of the following regions of the state, depending on applications received and funding available:

1. King County
2. Pierce County
3. North Central/East (Chelan, Douglas, Ferry, Lincoln, Okanogan, Pend Oreille, Stevens)
4. North Sound (Island, San Juan, Skagit, Snohomish, Whatcom)
5. Southwest (Clark, Klickitat, Skamania, Wahkiakum)
6. South Central (Adams, Asotin, Benton, Columbia, Franklin, Garfield, Grant, Walla Walla, Whitman, Yakima)
7. Spokane
8. West (Clallam, Cowlitz, Grays Harbor, Jefferson, Kitsap, Kittitas, Lewis, Mason, Pacific, Thurston)

Application review panel members will be instructed to recommend a mix of programs/applicants that provide the best regional coverage across the state, including broad geographical coverage; provision of services to regions highly impacted by syndemic conditions; and provision of services to regions with few existing services available.

**Syndemic workforce:**

When clients and participants see their identities and experiences reflected in the services they access, they may experience increased rapport, improved engagement, and better outcomes.[[1]](#footnote-2) The workforce in agencies providing syndemic services should reflect different identities of their particular client population, including race, ethnicity, language, ability, culture, and other aspects of lived experience such as class, history of unstable housing, history of criminal legal involvement, and drug use.

Individuals with lived and living experience should be part of all aspects of the organization, from leadership, to administration, to board governance, to direct services. Agencies should ensure that compensation is fair relative to the experience, performance, and job requirements of their staff; and that wages are livable wages relative to their location or region.

Workforce caseloads should allow them to adequately perform the duties and activities associated with the needs of their clients, in order to maintain continuity of services. (See each service category for any specific requirements.)

**Training and reporting requirements:**

* Funded partners must be willing to attend trainings that the Office of Infectious Disease determines are minimally required for work in the relevant service category(ies), including the trainings specific to the above service categories as well as others yet to be identified.
* Funded partners must be willing to attend any meetings required by DOH.
* Funded partners must be willing to participate in any site visits as required by DOH.
* Funded partners must complete monthly reports, including:
  + Required data for service category.
  + Description of partner engagement and relationship building activities, including meeting dates, attendees, and outcomes.

**Integrated testing compliance checklist:**

|  |  |  |
| --- | --- | --- |
| **Requirement** | **Policy, RCW/WAC, Program Requirement** | **DOH Monitoring** |
| Medical Test Site (MTS)/CLIA License | See [RCW Chapter 70.42](https://apps.leg.wa.gov/rcw/default.aspx?cite=70.42&full=true#:~:text=PDF%20RCW%2070.42.060%20Quality%20control%2C%20quality%20assurance%2C%20recordkeeping%2C,and%20personnel%20consistent%20with%20federal%20laws%20and%20regulations.); [WA State Non-clinical Testing Guidelines](https://doh.wa.gov/sites/default/files/2022-02/WAGuidelinesHIVTestingNonClinicalSettings.pdf) | * Agencies that conduct rapid, point-of-care, CLIA-waived testing function as laboratories when reading results from these test kits. * All laboratories in Washington must have a Medical Test Site (CLIA) license from the [Department of Health Laboratory Quality Assurance program](https://doh.wa.gov/licenses-permits-and-certificates/facilities-z/laboratory-quality-assurance) to use CLIA-waived test kits. * The contractor will obtain the MTS Certificate of Waiver to conduct integrated testing. * The contractor will show active MTS license status at annual site visits. * The contractor will operate FDA-approved test kits as indicated in test kit packet insert instructions. |
| Medical Oversight | See [RCW 18.360](https://app.leg.wa.gov/rcw/default.aspx?cite=18.360); [WAC 246-827-0420](https://app.leg.wa.gov/wac/default.aspx?cite=246-827-0420&pdf=true); [WA State Non-clinical Testing Guidelines](https://doh.wa.gov/sites/default/files/2022-02/WAGuidelinesHIVTestingNonClinicalSettings.pdf) | * The contractor must acquire medical oversight within three months from start of contract period. * The contractor must submit documentation (MOU/MOA) that ensures medical oversight and provide contact information for medical oversight provider. * DOH will verify with medical oversight provider as part of routine monitoring on ad hoc basis. |
| Medical Assistant-Phlebotomist Requirement | See [RCW 18.360](https://app.leg.wa.gov/rcw/default.aspx?cite=18.360); [WAC 246-827](https://app.leg.wa.gov/wac/default.aspx?cite=246-827); [WA State Non-clinical Testing Guidelines](https://doh.wa.gov/sites/default/files/2022-02/WAGuidelinesHIVTestingNonClinicalSettings.pdf) | * All personnel in Washington who withdraw whole blood from clients must be medically certified to do so. Most non-clinical personnel will certify for this activity by becoming licensed Medical Assistants- Phlebotomist (MA-P) * OID makes phlebotomy training available to all subcontracted partners via partnership with UW STD Prevention Training Center at Harborview Medical Center in Seattle. * The contractor must ensure that MA-P trained staff obtain the MA-P credential from DOH licensing in order to collect whole blood samples from clients. * OID Program staff will periodically verify the active MA-P licensing status of contractor staff. |
| Bloodborne Pathogen Training and Bloodborne Exposure Control Plan | See [Chapter 296-823- WAC](https://apps.leg.wa.gov/wac/default.aspx?cite=296-823) | * DOH will provide contractor with a link to asynchronous bloodborne pathogen training and provide a model exposure control plan template for contractor review and use. * The contractor will provide evidence of training and exposure plan to DOH during annual site visits. |
| Rapid Testing Training & Policy | See [WA State Non-clinical Testing Guidelines](https://doh.wa.gov/sites/default/files/2022-02/WAGuidelinesHIVTestingNonClinicalSettings.pdf) | * The testing program will access training on utilizing rapid test kits; this training will be made available in partnership with OID and test kit manufacturer representatives. The contractor will provide DOH with documentation of staff participation in training. * The testing program will access training on utilizing controls for rapid test kits. * The testing program will keep control logs on site and available for review by OID program staff during site visits as part of compliance monitoring. |
| Integrated Testing Quality Assurance (QA) Plan | See [WA State Non-clinical Testing Guidelines](https://doh.wa.gov/sites/default/files/2022-02/WAGuidelinesHIVTestingNonClinicalSettings.pdf) | * The contractor must submit a QA Plan within three months of the start of contract year. * The contractor must update the QA Plan when major program changes occur and when there are staff changes. * OID Program Staff will store and review QA Plans routinely. |
| Linkage and referral of HIV, STI & viral hepatitis diagnoses to treatment, care, and partner services | Program requirement- defined by OID. [WA State Non-clinical Testing Guidelines](https://doh.wa.gov/sites/default/files/2022-02/WAGuidelinesHIVTestingNonClinicalSettings.pdf) | * Link at least 90% of persons newly diagnosed with HIV to HIV medical care and ART initiation immediately, but no later than 30 days after diagnosis. * Refer 90% of persons diagnosed with STI (chlamydia, gonorrhea, syphilis) or viral hepatitis to treatment or care within 30 days after providing reactive test result. * Refer 100% of persons with newly diagnosed HIV or STIs to Partner Services in alignment with local health jurisdiction or DOH guidance. * Report all viral hepatitis cases to the local health jurisdiction and, in collaboration with local health jurisdiction and/or state disease intervention services staff, refer and connect at least 50% of persons diagnosed with viral hepatitis (hepatitis B or C) to follow-up medical care with a clinician to discuss treatment options within 60 days of reactive result. |
| Integrated Testing | Program requirement- defined by OID. [WA State Non-clinical Testing Guidelines](https://doh.wa.gov/sites/default/files/2022-02/WAGuidelinesHIVTestingNonClinicalSettings.pdf) | * The contractor must offer integrated testing within six months from the start of contract period. Integrated testing includes HIV, Gonorrhea/Chlamydia, syphilis, and Hepatitis C testing. **Standalone HIV testing programs are not eligible for funding through this syndemic RFA.** * The contractor must submit documentation that integrated testing is supported at their agency. * OID program staff will run monthly integrated testing monitoring reports to ensure integrated testing is supported. * OID Program staff will monitor test kit procurement & laboratory services at subcontractor sites to ensure integrated testing is supported. |
| Test Kit Procurement | Program requirement- defined by OID. [WA State Non-clinical Testing Guidelines](https://doh.wa.gov/sites/default/files/2022-02/WAGuidelinesHIVTestingNonClinicalSettings.pdf) | * If the contractor procures test kits through OID, it must use those kits in the existing contract period. * Test kit volume requested should align with testing data entered into EvaluationWeb or submitted to DOH. |
| Outreach Testing | Program requirement- defined by OID *(to be developed*). | * The contractor must adhere to DOH Outreach Testing Guidance (to be developed) to support implementation of high-impact outreach testing for priority population(s). * OID Program staff will monitor outreach testing activities via test event entry into relevant data systems. |
| Incentivized Testing | Program requirement- defined by OID (t*o be developed*). | * The contractor must adhere to DOH Incentivized Testing Guidance (to be developed) to support implementation of incentivized prevention programs. * The contractor must complete a request to implement incentivized testing program, and that request must be approved by OID. * OID program staff will monitor Incentivized testing program monthly. * OID program staff will evaluate incentivized testing programs routinely to ensure effectiveness in reaching hard to reach priority populations, increasing testing volume, increasing positivity rates, and increasing case findings. |
| Hours of testing operation | Program requirement- defined by OID | * The contractor will inform OID Program staff of on-site and outreach testing hours and locations. * The contractor will notify OID program staff of any changes to hours of testing operation. |
| Routine Program & Data Review | Program requirement- defined by OID | * The contractor will evaluate testing program efficacy every six months with OID Program staff. * The contractor must be willing to make program revisions in response to findings and must reflect those revisions in updated program work plan and deliverables. |
| Data Entry- | Program requirement- defined by OID | * The contractor must develop strategies to collect and report the required integrated testing variables to DOH, including entering individualized integrated testing event data into Evaluation Web for each month by the 10th day of the following month. * OID program staff will review data submitted by the contractor and meet regularly with the contractor to discuss. |

**Submission cover form:**

|  |
| --- |
| 1. **Name of applicant (organization, firm, or entity):** |
|  |
| 1. **Address and phone number:** |
|  |
| 1. **Name and email address of primary contact:** |
|  |
| 1. **Name and email of person authorized to legally bind the applicant in a contractual relationship:** |
|  |
| 1. **Legal status of entity (ownership):** |
|  |
| 1. **Are you applying for any other service categories under the Syndemic RFA or the Ryan White RFA? If so, which ones?** |
|  |
| 1. **Applicant’s Federal Employer Tax Identification number:** |
|  |
| 1. **Applicant’s Washington Uniform Business Identification (UBI) number:**   *(note: If none exists, initial below to affirm that it will be provided prior to contract signing)* |
|  |
| 1. **Is the applicant organization a Certified Minority-Owned or Certified Women-Owned firm?**   *(note: If yes, please provide proof of certification issued by the Washington State Office of Minority and Women’s business Enterprises.)* |
|  |
| 1. **Has the applicant ever had a contract terminated for default in the last five years?**   *(Note: If yes, please describe such incident and full details of the terms for default, including the other party's name, address, and phone number.  The DOH will evaluate the facts and may, at its sole discretion, reject the RFA on the grounds of the Applicant’s past experience.)* |
|  |

*Signature and date by a person authorized to legally bind the applicant in a contractual relationship, e.g., the president or executive director of a corporation, the managing partner of a partnership, or the proprietor of a sole proprietorship.*

**Print name:**

**Signature:**

*(Use E-signature format: /s/First name Last name)*

**Date:**

## BID CERTIFICATIONS AND ASSURANCES

I/we make the following certifications and assurances as a required element of the bid to which it is attached, understanding that the truthfulness of the facts affirmed here and the continuing compliance with these requirements are conditions precedent to the award or continuation of the related contract(s):

1. I/we declare that all answers and statements made in the bid are true and correct.
2. The prices and/or cost data have been determined independently, without consultation, communication, or agreement with others for the purpose of restricting competition. However, I/we may freely join with other persons or organizations for the purpose of presenting a single bid.
3. The attached bid is a firm offer for a period of 60 days following receipt, and it may be accepted by the DOH without further negotiation (except where obviously required by lack of certainty in key terms) at any time within the 60-day period.
4. In preparing this bid, I/we have not been assisted by any current or former employee of the state of Washington whose duties relate (or did relate) to this bid or prospective contract, and who was assisting in other than his or her official, public capacity. (Any exceptions to these assurances are described in full detail on a separate page and attached to this document.)
5. I/we understand that the DOH will not reimburse me/us for any costs incurred in the preparation of this bid. All bids become the property of the DOH, and I/we claim no proprietary right to the ideas, writings, items, or samples, unless so stated in this proposal.
6. Unless otherwise required by law, the prices and/or cost data that have been submitted have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by him/her prior to opening, directly or indirectly to any other Bidder or to any competitor.
7. I/we agree that submission of the attached proposal constitutes acceptance of the solicitation contents and the attached sample contract and general terms and conditions. If there are any exceptions to these terms, I/we have described those exceptions in detail on a page attached to this document.
8. No attempt has been made or will be made by the Bidder to induce any other person or firm to submit or not to submit a proposal for the purpose of restricting competition.
9. Information that has been determined to be proprietary or confidential has been clearly marked and included in this bid as a separate document.
10. If any staff member(s) who will perform work on this contract has retired from the State of Washington under the provisions of the 2008 Early Retirement Factors legislation, his/her name(s) is noted on a separately attached page.
11. I/we declare that we are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded in any Federal department or agency from participating in transactions.

|  |  |
| --- | --- |
|  |  |
| Signature of Bidder  *(Use E-signature format: /s/First name Last name)* |  |
|  |  |
| Title | Date |

**Contractor Certification**

**Wage Theft Prevention – Responsible Bidder Criteria**

**Washington State Goods & Services Contracts**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | *Prior to awarding a contract, agencies are required to determine that a bidder is a ‘responsible bidder.’ See RCW 39.26.160(2) & (4). Pursuant to legislative enactment in 2017, the responsible bidder criteria include a contractor certification that the contractor has not willfully violated Washington’s wage laws. See Chap. 258, 2017 Laws (enacting SSB 5301).* | | | | | |  |
|  | | | |  |  | |  | |
|  | | |  | | |  |  | |
|  | | | Procurement Solicitation Dated: | | |  |  | |
|  | | | |  |  | |  | |
| I hereby certify, on behalf of the firm identified below, as follows (check one): | | | | | | | | |
|  |  | **No Wage Violations.** This firm has NOT been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgement entered by a court of limited or general jurisdiction to have willfully violated, as defined in RCW 49.48.082, any provision of RCW chapters 49.45, 49.48, or 49.52 within three (3) years prior to the date of the above-referenced procurement or solicitation date. | | | | | | |
|  |  |  | | | | |  | |
|  |  | **OR** | | | | |  | |
|  |  |  | | | | |  | |
|  |  | **Violations of Wage Laws.** This firm has been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgement entered by a court of limited or general jurisdiction to have willfully violated, as defined in RCW 49.48.082, any provision of RCW chapters 49.45, 49.48, or 49.52 within three (3) years prior to the date of the above-referenced procurement or solicitation date. | | | | | | |
|  |  |  | | | | |  | |
| I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.   |  |  | | --- | --- | | Firm name: |  | |  | Name of Contractor/Bidder – Full legal entity name of firm | | Signature: |  | |  | Signature of authorized person *(Use E-signature format: /s/First name Last name)* | | Name: |  | |  | Name of person making certifications for firm | | Title: |  | |  | Title of person signing certificate | | Date: |  | |  | Date when signed | | Place: |  | |  | City and state where signed | | | | | | | | | |

**EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS**

**WASHINGTON STATE GOODS & SERVICES CONTRACTS CERTIFICATION**

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Health is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

**Procurement No.: RFA SFY2024 Office of Infectious Disease**

I hereby certify, on behalf of the firm identified below, as follows (check one):

**o NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

**OR**

**o MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES.** This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

|  |  |
| --- | --- |
| Firm name: |  |
|  | Name of Contractor/Bidder – Full legal entity name of firm |
| Signature: |  |
|  | Signature of authorized person *(Use E-signature format: /s/First name Last name)* |
| Name: |  |
|  | Name of person making certifications for firm |
| Title: |  |
|  | Title of person signing certificate |
| Date: |  |
|  | Date when signed |
| Place: |  |
|  | City and state where signed |

**Organizational Background** (3 pages maximum, including questions)

Who are you?

1. What type of organization are you? (e.g. community-based organization, local health jurisdiction, AIDS Service Organization, Federally Qualified Health Center)
2. What is your organization’s purpose or goals? (If applicable, can include agency mission or vision statement)
3. Who is on your Board of Directors? (If applicable; provide names for all, and name and contact of Board Chair.)
4. What is your organization’s total budget (rounded to the nearest dollar, for the current fiscal year)?
   1. Please list the major sources of funding for your budget.

What does your organization do?

1. What are your organization’s core services?
2. What is your current geographic service area?
3. For which communities or populations does your organization provide services?
4. Describe any relevant current partnerships that demonstrate your organization’s success in collaborating with other organizations to expand or deepen your reach and avoid duplication of efforts.
5. Give a brief explanation of your organization’s commitment to providing equitable services. (You can provide your organization’s equity statement, or some examples of policies you have implemented to improve equity.)

**Scope of Work Narrative - Community-focused integrated infectious disease testing and linkage to services in** **high-impact settings** (Max 5 pages, including questions):

Respond to the questions below. Please reference requirements in the service category description above for more information.

Signature of person responsible for ensuring adherence to relevant federal and state laws and regulations (e.g., Executive Director, Administrator, CEO) affirming they have read the testing checklist in Exhibit C and will ensure the agency follows all requirements outlined in the checklist:

|  |
| --- |
|  |
| Signature of authorized person *(Use E-signature format: /s/First name Last name)* |

1. Describe proposed locations of activity and how you will provide at least 50% of test events through venue-based, mobile, or outreach-based testing. (This requirement can be reduced if a program meets or exceeds the provision of 200 onsite testing events per month, of which at least 80% reach priority populations, and result in successful identification of new infections and linkage to services.)
2. Describe proposed hours of operation and how they meet the needs of the population(s) you want to reach (non-traditional hours of operation are encouraged).
3. Describe your recruitment, outreach, and engagement methods:
   1. How will you develop your strategy?
   2. How will you ensure you are engaging priority populations?
4. Number of clients you expect to reach monthly:
   1. Testing, including pre-test education, receipt of informed consent, administration of rapid test and/or phlebotomy, and post-test education.
   2. Linkage to preventive services (e.g. PrEP, SSPs, condoms).
   3. Linkage to care/referral to treatment for HIV, STIs, and viral hepatitis.
   4. Referral to partner services.
5. How will you ensure appropriate public health reporting?
   1. How will data be collected and stored?
   2. How will data be reported?
   3. How will you ensure client confidentiality?
6. If providing the optional enhancement of services provided in Spanish by monolingual Spanish-speaking staff, please describe how you will ensure availability of Spanish-speaking staff on a consistent and regular basis.
7. If you are proposing to provide services with sub-contractor or MOU arrangement, describe how the relationship will support efforts to reach specific priority populations (e.g., working with “by and for” agencies that do not currently have testing capacity, but have trusting relationships with community members, particularly community members systemically marginalized: BIPOC individuals; those involved in criminal-legal systems; people who use drugs; non-binary/gender fluid/transgender; female identifying; as examples).

Attach, at minimum, the required letters of support, MOUs, and MOAs

1. At least 3 MOUs describing the agreement your agency has with community-based partners that reach and engage priority population(s) to provide integrated testing and linkage services for their clients/participants. If not possible, describe why they could not be obtained and include at least 3 Letters of Support from partners with whom you plan to work to develop MOUs by the time contracts are finalized.
2. At least 1 MOA or MOU with a health care provider offering PrEP services\* near your service area that has capacity and history providing services to priority population(s). If not possible, describe why it could not be obtained and include a Letter of Support from a provider with whom you plan to work to develop a MOU by the time contracts are finalized.
3. At least 1 MOA or MOU with a medical provider\* able to provide STI and/or viral hepatitis treatment or care services near your service area that has capacity and history providing services to the priority population(s). If not possible, describe why it could not be obtained and include a Letter of Support from a provider with whom you plan to work to develop a MOU by the time contracts are finalized.
4. Letter of support from local health jurisdiction. If not possible, explain why it was not obtained.

\*PrEP provider and medical provider may be the same provider requiring only one MOU to cover both PrEP and other medical services.

\*\*If agency is applying for both integrated testing and syndemic service navigation categories, only one MOU from each category is required.

**Proposal - Program approach** (Max 4 pages, including questions):

Briefly describe your programmatic vision by addressing each of the following questions:

1. Is the service category you are applying for a new service for your organization, or does it represent a continuation or expansion of existing services?
   1. If this is a continuation of existing services, describe your organization’s past successes and challenges providing these services. How have you ensured your services are meeting the needs of your population?
   2. If you are expanding existing services, please describe where/how you plan to expand and explain why expanding existing services is needed.
2. How does your programmatic vision incorporate a syndemic approach?
3. How does your program incorporate evidence-based practices?
4. What are the priority populations that you intend to work with?
   1. Please reference the priority populations listed in the service category you are applying to, and be specific about any sub-populations or communities you plan to work with.
   2. Remember to reference the syndemic data provided as part of this RFA in Exhibit A**,** “The State of the Syndemic in Washington.”
5. What barriers to access do the identified priority populations face, and how does your program address those barriers?
   1. In addition to other access barriers, you must address how your program currently provides language access appropriate to your populations, or how you plan to provide language access services (for example translation of written materials, interpreting services, and recruitment and hiring of bilingual staff, as needed).
6. How will you define success for the program you are proposing, and what data would you need to measure your success?
   1. Please reference any applicable outcomes from the service category tables.
7. How will you involve members of the communities of focus in program design and implementation?
8. How will you gather feedback from the individuals reached by this program and shift services in response to this feedback?
9. If your program plans to include any of the optional enhancements, describe how they will be integrated into your program.

*Reviewers will take into consideration whether bidders have incorporated the syndemic (e.g. HIV, viral hepatitis, sexually transmitted infections, and overdose) data provided as part of this solicitation into their response.*

**Program development, implementation startup, and capacity building needs** (Max 1 page, not counting questions)

*(Required for applicants proposing new or expanded services. Applicants requesting funding to replace existing funding for services already provided can omit this section.)*

OID understands that some programs will require a period of development before program implementation can begin. In most cases, this startup period should be three to six months. Some programs may require longer than this (for example, the PrEP housing pilot will likely require a six to twelve month development phase prior to implementation).

Please provide a timeline describing program development and implementation startup activities, including, but not limited to:

* Staff hiring
* Attending any training needed to implement program
* Partnership development and creation of MOUs/MOAs, if needed

In addition, OID understand that some programs will need capacity building assistance, including technical assistance and training. Please describe what capacity building assistance your agency needs to implement the proposed program(s).

**Qualifications** (2 pages maximum, including questions. Attachments do not count toward page limit.)

Please describe your staff capacity and explain why they can make the proposed program a success by addressing the following points:

1. Describe the relevant experience and qualifications of current staff who will be working on this project, including project role and title, and any relevant licenses or trainings. Explain how their capacity, including lived experience, work experience, and technical skills, will ensure implementation of the services as you have described in your work plan.
2. If you will hire additional staff to fulfill project activities, list the proposed job titles, activities, qualifications.
3. Please list any technical assistance or training needs you anticipate needing in order to implement a syndemic approach.

*Attach position descriptions for all funded positions, including existing staff and proposed new hires, as attachments to your submission.*

*Attach an organizational chart that includes all positions in this proposal. You may include the agency org chart but please indicate which are to be funded by this grant and which are not.*

**Partnerships** (1 page maximum, including questions. Attachments do not count toward page limit.)

List any other organizations who you propose to formally partner with to complete program activities. Briefly describe what services each partner would provide and how your proposed partners’ activities and strengths complement your work.

If you have current partnerships that you plan to continue to complete these program activities, please include any current Memoranda of Understanding.

If you plan to pursue new partnerships as part of these program activities, please include a Letter of Support from each partner and plan to develop MOUs or MOAs during contract negotiation.

*See the service category definition for more details or requirements.*

1. See, for example, [this video](https://crosscut.com/video/hidden-barriers/why-diversity-important-among-wa-doctors-and-health-care-providers) about physician diversity in Washington state, and [this article](https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2772682?utm_source=For_The_Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=110920) about improved patient satisfaction when patients and providers share the same racial/ethnic background. [↑](#footnote-ref-2)