



*Delaware Health  
And Social Services*

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**DIVISION OF MANAGEMENT SERVICES**

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PROCUREMENT

DATE: July 23, 2007

PSC#774

FACILITATION OF HIV-AIDS COMMUNITY PLANNING PROCESS

FOR

DIVISION OF PUBLIC HEALTH

Date Due: August 20, 2007  
11:30 AM

**ADDENDUM # 1**

Please Note:

**Questions and Answers from the Pre-bid meeting on  
July 23, 2007.**

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**ADDENDUM #1 TO RFP PSCO-774**  
**FACILITATION OF HIV-AIDS COMMUNITY PLANNING PROCESS**

*Questions, Answers & Clarifications from Pre-bid meeting held July 23, 1:30 pm.*

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**Question 1:**

On page 15 of the RFP, the final product of the community planning process is identified as a single document that integrates the Comprehensive HIV Prevention Plan and the Statewide Coordinated Statement of Need (SCSN). The RFP itself contains good information about the parameters of the HIV Prevention Plan. Currently Delaware's SCSN is an integrated document that incorporates the Comprehensive HIV Treatment Plan. Should the end product of this RFP include all three components? Will the Division of Public Health (DPH) provide interested bidders with information about the parameters of the SCSN and/or Comprehensive HIV Treatment Plan?

**Answer 1:**

Yes. All three components should be included in the one document. The minimum parameters of the referenced documents are set forth in the guidance provided by CDC and SAMSHA (available on their website).

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**Question 2:**

On page 16, it says that the intent of the RFP is "to return some of the more time-demanding but routine tasks back to a professional facilitator and reduce reliance on committee members to perform such activities as focus groups, needs assessments, direct client surveys, etc." (i.e., to reduce the work done by volunteer members and to increase the work done by paid staff). At the same time, we understand that DPH is seeking to contain costs as much as possible. Will DPH provide any guidance as to how bidders should respond to the inherent tension between those two strategies?

**Answer 2:**

DPH sees no inherent conflict in these objectives. The successful bidder is expected to propose an economical and effective plan for use of staff time.

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**Question 3:**

In Item K on page 23, the RFP indicates that an unmet need estimate for HIV prevention and treatment services must be included in the final product. We are familiar with how DPH calculates the unmet need estimate for treatment services; will DPH provide any information on how that estimate is calculated for HIV prevention services? Does the CDC have any protocols for such a calculation? If protocols are available, who exactly is responsible for calculating the estimate, DPH or the contractor?

**Answer 3:**

If the question pertains to actual funding needed to address the unmet needs, DPH is aware of no CDC protocol for calculating this. The successful bidder will work with DPH to assess the cost of such services in the local market and estimate the funding needed.

If the question pertains to prioritizing the unmet needs identified, the CDC provides guidance on this and it is available on the CDC website.

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**Question 4:**

In the past, the HIV Planning Council has not prioritized populations for HIV treatment services, but rather prioritized service categories. Based on Items H and M on page 23, should the bidder assume that these expectations have changed?

**Answer 4:**

Prioritization of services for HRSA and of populations/interventions for CDC will continue to be accomplished in accordance with the federal guidance provided. This has proved variable over time, but the federal guidance will continue to be the primary source used to shape the process and product.

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**Question 5:**

On page 25, there is language that indicates that no-cost DPH meeting rooms will be used for meetings, and that the budget should allow for only light refreshments. Would DPH look favorably on a proposal that continues the present configuration of facilities and food, as long as those costs were privately funded (i.e., not billed against the DPH contract)?

**Answer 5:**

As it is not currently a requirement of the RFP, the securing of alternate funding to continue the current configuration of meetings/food will neither add to nor subtract from the scoring of the proposal. However, the option is not prohibited if the bidder considers it a vital part of the project.

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**Question 6:**

On page 25, the deadline for producing the integrated Prevention Plan / SCSN is identified as being June 17, 2008. This date does not correspond well at all with the timeline presently used by the HIV Planning Council, which calls for the completion of that document by June 2009. Is the June 17, 2008 deadline negotiable?

**Answer 6:**

The timeline is negotiable. However, the dates above were chosen as the HIV Prevention grant application is typically due in early September and is the only grant that requires a letter of concurrence from the CPG. It would facilitate the process to have updates to the plan accomplished by this time each year. If integration of the documents is not possible by June 17,

2008, the Comprehensive HIV Prevention Plan, at minimum, must be accomplished by this time in order to meet grant requirements.

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**Question 7:**

Page 29 states that the "budget should include an amount per hour along with an estimation of time per activity". How does this apply to reimbursement- based contracts?

**Answer 7:**

If reimbursement-based contracts are used, the method of calculating the reimbursement and the maximum projected total reimbursement amount should be included in the proposal.

*NOTE: As always, when staff is assigned to a project, even if less than a full FTE, 100% of the staff time must be accounted for in the proposal. For example, if 50% of a full-time employee's time is to be applied to this project, the proposal must detail how the remaining 50% of the employee's time is allocated and how the employee is being paid for that time (fund, grant, etc.).*

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**Question 8:**

Neither this RFP nor RFP #PSCO-773 (HIV Support Services) mentions the work of the Formulary Committee, which reviews information about new drugs and makes recommendations to the AIDS Drug Assistance Program administered by DPH. Can this work be included in the scope of service for a proposal in response to one of these RFP's? If so, in which RFP should the Formulary Committee be included?

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**Question 9:**

Neither this RFP or RFP #PSCO-773 (HIV Support Services) mentions the work of the Policy Committee, which evaluates the potential impact of significant public or private policy issues relating to the HIV/AIDS community and makes recommendations for policy changes. Can this work included in the scope of service for a proposal in response to one of these RFP's? If so, in which RFP should the Policy Committee be included?

**Answer 8 & 9:**

The exclusion of the Formulary Committee and the Policy Committee from this RFP was not an oversight. Neither should be addressed in proposals to this RFP. Information relative to these committees will be shared at a later date.

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**Question 10:**

Is it expected that the membership of the CPG will change? Should the proposal include recommendations about membership?

**Answer 10:**

It has always been desired that the membership of the CPG include more citizens, members of academia, etc and fewer service providers. However, this has proven difficult to accomplish. While there is no requirement that the current membership change, any ideas for improving representation from historically absent groups is welcomed.

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**Additional Requirements of Bidders:**

Please include the following among the forms in the 'Forms' section of the bid:

1. A current W-9 form (even if a 501-C3 organization)
2. A current Certification of Insurance that meets the requirements of Item B3 in the boilerplate contract provided in the RFP.
3. A current Delaware Business License. In the case of a 501-C3 organization, you can include a tax-exempt status letter from the IRS in lieu of the Delaware Business license.