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December 14, 2015

**ADDENDUM NUMBER 2
TO
REQUEST FOR PROPOSALS NUMBER 2015-003
FOR
PROMOTING HEALTH CARE ENGAGEMENT AMONG VULNERABLE TARGET
POPULATIONS AT RISK FOR OR LIVING WITH HIV AND STDs**

On October 15, 2015, the Los Angeles County Department of Public Health (DPH) released a Request for Proposals (RFP) for Promoting Health Care Engagement Among Vulnerable Target Populations at Risk for or Living with HIV and STDs.

This Addendum Number 2 is being issued to make modifications to the RFP and to respond to Proposers' questions.

This addendum consists of two (2) parts as outlined below:

- **PART 1 – MODIFICATIONS TO RFP**
- **PART 2 – RESPONSES TO PROPOSERS' QUESTIONS**

PART 1 – MODIFICATIONS TO RFP

Pursuant to RFP Section 4.0, County Rights & Responsibilities, subsection 4.3, County's Right to Amend Request for Proposals, "the County has the right to amend the RFP by written addendum." Therefore, this Addendum Number 2 amends the RFP as indicated below:

Revisions to Appendix C, Budget Instructions and Budget Templates

Proposer is advised that Appendix C, Budget Instructions and Budget Templates referenced below have been revised and replaced in their entirety as follows:

The budget templates listed below have been specifically revised for content and re-formatted to "Excel spreadsheets" that include pre-populated mathematical formulas and allows Proposers to modify the form(s) as applicable for insertion of additional line items related to staff positions, etc.

1. **REVISED** Appendix C-1B: Line Item Budget for Concept and Component Related Costs
2. **REVISED** Appendix C-1E: Line Item Budget for HIV and STD Program Component Related Costs
3. **REVISED** Appendix C-1H: Total Program Costs

The budget templates listed below have been revised only to reflect the “reformatting” in which the font size and/or the amount of characters permissible is appropriate to the “fill-in” field size and/or characters do not surpass the allotted field space.

1. **REVISED** Appendix C-1A: One-Page Budget Narrative for Program Concept and Component Related Costs
2. **REVISED** Appendix C-1C: Budget Summary Justification for Program Concept and Component Related Costs
3. **REVISED** Appendix C-1D: One-Page Narrative for HIV and STD Program Component Related Costs
4. **REVISED** Appendix C-1F: Budget Summary Justification for HIV and STD Program Component Related Costs
5. **REVISED** Appendix C-1G: One-Page Exhibit 29 Supplemental

Revisions to Appendix D, Required Forms, Exhibit 28, Logic Model Instructions and Template

Proposer is advised that Appendix D, Required Forms, Exhibit 28, Logic Model Instructions and Template has been revised and replaced in their entirety with REVISED Appendix D, Exhibit 28, Logic Model Instructions and Template.

Proposers are to submit their proposal(s) with the applicable revised budget templates, exhibits, etc. All the above referenced revised budget instructions, budget templates, and exhibits are posted on the Department of Public Health Contracts and Grants website at: <http://publichealth.lacounty.gov/cg/index.htm>.

PART 2 – RESPONSES TO PROPOSERS’ QUESTIONS

Part 2 of this Addendum contains the questions posed at the November 3, 2015 Mandatory Proposer Conference (MPC), as well as those written questions received by the 3:00 p.m. (PT) November 6, 2015 deadline, along with the corresponding answers. Proposers are advised, pursuant to RFP, Section 7.0, PROPOSAL SUBMISSION REQUIREMENTS, subsection 7.3, Proposer’s Questions, the County has reserved its right to group similar questions when providing answers.

Proposers are further advised that Addendum Number 2 constitutes the official record of the County's responses to all questions posed at the MPC as well as those received by the above-referenced deadline.

SECTION 1.0 - INTRODUCTION

Subsection 1.1, Purpose

Q1. Page 10, Section 1.0, Introduction 1.1.2, Eligible Categories of Services: This section did not include prevention services to [sic] for "People who share needles and or works/injection drug users. Will there be additional RFPs released that will include this category or are the only categories receiving prevention funding are those outlined in this RFP?

A1. The Division of HIV and STD Programs (DHSP) intends to solicit additional prevention categories in the future; however, at this time there is no set schedule.

Subsection 1.2, Program and Technical Requirement- Category 1/Subsection 1.3, Program and Technical Requirement- Category 2

Q2. Can DHSP provide a list of zip codes and/or census tracts for each of the 5 syndemic cluster areas?

A2. This information was provided with Addendum Number 1, released on November 20, 2015. Addendum Number 1 is posted on the Department of Public Health Contracts and Grants website at: <http://publichealth.lacounty.gov/cg/index.htm> and on the County's website at: <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>.

Q3. If an organization is currently providing [HIV] Biomedical services, can this funding be used to support behavioral interventions?

A3. Yes. This funding can be used to fund new or enhanced complementary, relevant prevention services which are not reimbursed through third party payer and/or other grant sources. Proposers are advised that proposed intervention(s) must comply with the requirements for each required program component (Refer to RFP sub-sections 1.2.2, Program Components for Category 1; 1.3.2, Program Components for Category 2). For budget restrictions, please refer to RFP sub-section 1.2.6, Availability of Funding for Category 1 and sub-section 1.3.6, Availability of Funding for Category 2.

Q4. If you happen to have (provide) medical services and are enrolled for Covered California and all things related to Medicaid expansion and have a PrEP program, can this funding (from RFP# 2015-003) be used to support behavioral interventions?

A4. Yes. Please refer to the response provided to “Q3” for further information.

Q5a. If an agency applies for both Category 1 and Category 2, is it possible only one will be funded?

A5a. Yes.

Q5b. Does that mean that the other proposal will be disqualified; is there a possibility that both may be funded; or could an agency be funded for one category without the other?

The County’s goal is to make funding recommendations most likely to provide services in the most efficient and successful manner which could result in the following funding award examples: a) Category 1 proposal could be recommended for funding award whereas a Category 2 proposal is not; b) both a Category 1 and a Category 2 proposal could be recommended for funding; or c) neither a Category 1 or Category 2 proposal is recommended for funding award. For further information regarding Proposer selection and funding award, please refer to RFP, Section 8.0, SELECTION PROCESS AND EVALUATION CRITERIA, sub-section 8.4.9, Final Review and Selection and sub-section 8.4.11, Recommended Funding Allocations Review.

Q6. Explain funding per Tier 1 and 2 for African American/YMSM, how many grants funded per area?

A6. There are no predetermined number of grants to be awarded per eligible cluster area. The goal is to recommend an award to a minimum of one (1) proposed program in both South and Central Cluster Areas, but even that is dependent on the quality, scope and subject matter evaluation of proposed programs. Please refer to the response to “Q9” for further information.

See Table 1. DHSP Estimated Funding Award Summary for Category 1: HIV and STD Prevention Services for YMSM for an overview of estimated funding awards by Tier and Cluster Area.

Table 1. DHSP Estimated Funding Award Summary for Category 1: HIV and STD

TIER LEVEL	ELIGIBLE CLUSTER AREAS	NUMBER OF ESTIMATED AWARDS	AMOUNT OF PROJECT ANNUAL AWARD (ESTIMATE)	TOTAL ANNUAL AMOUNT OF FUNDING (ESTIMATE)
Tier 1	Central, South	Up to 4	Up to \$750,000	Up to \$3,000,000
Tier 2	East, North, Northwest	Up to 3	Up to \$250,000	Up to \$750,000

Q7. Is that two (2) awards in Central and two (2) awards in South or all together?

A7. No, that has yet to be determined. Please review the response to “Q6.”

As outlined in Table 1, up to four (4) awards are estimated to be awarded; how and where they are to be awarded will be determined pursuant to RFP, Section 8.4.11, Recommended Funding Allocations Review.

Q8. The funding limits the awards to two (2) for Category 1 for the Central Cluster Area and two (2) for the South Cluster Area. With majority of new and living with HIV and AIDS in central cluster, can funding and/or number of awards be increased in the central cluster?

A8. This statement is not accurate. Please refer to the responses provided to Q6 and Q7.

Q9. Is there a quota, are you going to fund at least one African American grant or one Latino grant, or a combine grant, who ever submits the best proposal will win the money?

A9. No. There is not a quota for the final number of proposals for young African American and Latino men who have sex with men (YMSM) to be recommended for funding awards. (See RFP Sub-sections 1.2.6 and 1.3.6, Availability of Funding for Category 1 and Category 2) and (RFP Sub-section 8.4.11, Funding Allocation Recommendations Review)

Q10. Are the maps about where the transmission is happening or where people with co-morbidity live?

A10. The HIV and STD Syndemic Cluster Areas map the reported area of residence for Los Angeles County (LAC) residents with a given morbidity¹. The reported diseases include: HIV disease and/or gonorrhea or syphilis infection. While it does not show where high risk behavior is happening, it is the most uniform metric data that DHSP has to map out disease burden geographically.

Q11. We currently have a service site within the East Cluster area for Category 1; can we also use the grant to support services provided at sites located just outside the East area that still serve patients that live in the East cluster area? We have a services site just outside the cluster but clients live in the cluster, can we use the funds to service those individuals, in Commerce, East LA, Whittier Blvd., Atlantic, around that area with cluster area of El Monte, Pico Rivera site.

A11. The County is currently reviewing the applicable cluster areas. At this time this question is deferred and will be addressed in a subsequent addendum.

Q12. For Category 2, does the agency need to reside in the cluster area if they are already providing services?

A12. There is no requirement for an agency to “reside” in a cluster area. The requirement is to have a corporate office within LAC. Category 2 identifies two areas for Proposer’s to target and is discussed – please refer to RFP Section 1.3.4, Location of Services for further information.

Q13. For service locations for Category 2, what is “in or near” to be considered?

A13. RFP, sub-section 1.3.4, Location of Services for Category 2, Table 8. **Target Areas for Services for Category 2: HIV and STD Prevention Services for Transgender Individuals, defines “in, or near, as being proximate to the two target areas identified by DHSP for Category 2. The definition is flexible with the goal of providing services in areas frequented and attractive to transgender individuals. Proposers with strong, well-justified rationale for a site will be considered for approval.”**

Q14. If we are in a cluster area and want to move a new office just for this project to another area in the cluster, can we propose that or do we have to have an existing office?

¹ This is done until doing so would breach confidentiality. At that point, the data is only mapped to the zip code and not census tract level.

A14. Consistent with the RFP Sub-section 1.2.4 Location of Services and further, Guidelines Regarding Location of Services for Category 1 (d) Proposers can select multiple service delivery sites within a single cluster area at the time of proposal.

Q15. According the RFP, Page 21, Section 1.2.4 (d) Location of Services for Category 1: “Proposer service delivery site(s) must be located within the selected cluster; multiple satellite service sites can be located within the designated cluster area but not outside the cluster area. This does not mean services cannot be provided to individuals from outside the cluster area.” Under Category 1, Subcategory 1C, if our organization’s service delivery site is in Central Cluster and we also want to deliver services in a satellite site in South Cluster, do we need to submit 2 separate proposals- one for Central and one for South Cluster?

A15. Yes. Please refer to RFP, Section 1.2.5, Categories of Service – Category 1 and Section 1.3.5, Category of Service – Category 2 for further information.

Q16. Explain “evidence based” versus “innovative”?

A16. The following contextual background applies to the current RFP: Innovative programs can be new programs based on the most recent program developments or new theoretical approaches to behavioral interventions. Evidence is **always** required to support those developments and/or theory. While that should not stop Proposer’s from being innovative, the rule to follow is, **every** proposed approach must be supported with clear, reliable evidence, even agency-level or observational data that indicates a likelihood of success for the proposed intervention. As an example: An agency that proposes to pay rent for program clients for one-year as an intervention to prevent homelessness is, perhaps, innovative in that it addresses one of the Social Determinants of Health (SDoH), however, it is not grounded in evidence in that there is no compelling evidence to show how paying a client’s rent will keep someone in long term stable housing.

Evidence-based programs are those programs that have been shown to be effective through a rigorous evaluation and are generally published in professional journals and other peer-reviewed literature. Evidence-based programs can also include theories of interventions proposed and published or observational data which leads the Proposer to suggest a program. If the Proposer is advocating a new program of intervention based on a theory or observational data, the

Proposer must provide the data or observational data that indicates a likelihood of success.

Q17. Are evidence-based practices required and can promising practices be used as evidence?

A17. Program interventions should be evidence-based; promising practices must be supported by sufficient data and evaluation metrics. Refer to the Centers for Disease Control and Prevention (CDC) website (below) for detailed information on a number of evidence-based interventions and best practices for HIV prevention.

<http://www.cdc.gov/hiv/prevention/research/compendium/index.html>

Q18a. In the section where it says considering other SDoH not listed in the RFP and provide a justification for choosing other SDoH not listed in the RFP, but there needs to be a justification for the specific area as to why choosing it wouldn't be so much based on SPA area information vs. cluster?

A18a. Proposer's are required to choose a minimum of **one** eligible SDoH from those provided in Table 1, RFP Sub-section 1.2.2, Program Components (2) and RFP Sub-section 1.3.2, Program Components (2) Table 6. Additionally, if there is another SDoH that the proposer thinks plays a profound role in health outcomes, Proposers can add it; however, it must meet the justification requirements provided in the sub-section mentioned above for consideration.

Q18b. I thought the RFP stated that we (Proposers) had to justify the need based on geographical area?

A18b. The only justification required relating to SDoH and geography relates to Proposer showing an in-depth understanding of the service needs of the target population in the selected service area and submitting data that justifies those needs. Proposers should explain the service needs of the target population in the selected cluster area and provide data or evidence to support those service needs.

Q19. Do we have to choose distinct resiliency/protective factors for each SDoH we select?

A19. No. Proposers may use the same resiliency and protective factors for each unique SDoH addressed. Proposers are required to justify how the resiliency and protective factors relate and are appropriate to each unique SDoH.

Q20. Proposers have to address at least one SDoH, so if agency picks two SDoH, agency has to pick 4 resiliency factors?

A20. No. Please refer to the response provided to Q19.

Q21. Can YMSM who live outside of cluster area still receive services if they accessed services within a cluster area?

A21. Yes, if they are a member of the target population being served.

Q22. If a required HIV/STD component is already covered through existing funds must the proposer include additional services using funds through this RFP? If a HIV and STD program component listed in RFP Sub-section 1.2.3 (Category 1) or 1.3.3 (Category 2) is already reimbursed or paid for through existing resources, does the Proposer have to propose to increase services using funds from this RFP?

A22. No. Proposers do not have to increase specific services or request additional HIV and STD program component funds to replace existing funds in response to this RFP.

Proposers requesting additional HIV and STD program component service funds are required to demonstrate how this results in new or enhanced HIV and STD prevention services and must ensure they do not supplant existing resources (see RFP Sub-sections 1.2.6 (Category 1) and 1.3.6 (Category 2), Availability of Funding).

PROPOSERS SHOULD NOT ASSUME CURRENT DHSP PREVENTION FUNDS, EXCEPT THOSE FUNDED FOR HIV AND STD TESTING SERVICES, WILL BE AVAILABLE TO SUPPORT PROPOSED PROGRAMS IN THE FUTURE.

Q23. What exactly does the proposal mean by “holistic approach”?

A23. Please refer RFP sub-sections 1.2.1 and 1.3.1 Program Concepts (2) Holistic in Concept – Categories 1 and 2, which states “Programs must be focused on improving whole body health (mental, physical and spiritual) of the individual, and not simply and solely focused on HIV and STD testing, treatment and linkage to care.”

Q24. What do you mean by holistic? Does it mean looking at the whole patient, family, community or are you taking about complimentary therapies, complimentary ways of dealing with SDoH?

A24. Please refer to the response provided to Q23.

Q25. For counseling and testing, what is the medical staffing requirement, there was a reference indicating that medical oversight was needed, is that a billable component of the contract?

A25. Agencies are responsible for maintaining staffing patterns in compliance with all federal, State and local laws, rules and labor regulations. Staffing is an allowable budget cost.

SECTION 3.0 – PROPOSER’S MINIMUM MANDATORY QUALIFICATIONS

Subsection 3.1, Category 1- Minimum Mandatory Qualifications/ Subsection 3.2, Category 2- Minimum Mandatory Qualifications

Q26. Can the CAB that is involved with the development of the response be the same CAB that is involved with implementation of the project?

A26. Yes, it has to be the same.

Q27. Can CAB member be clients of the program?

A27. Yes.

Q28. How do mixed race people (black and Latino) count into the CAB and program?

A28. Proposers should base decisions on the person’s self-identification and any interpretation should be generous rather than restrictive.

Q29. So if an individual identifies as black and Latino, do we get one in each race ethnicity or how does it work?

A29. The same person can satisfy the CAB requirement for multiple Category 1 Sub-categories and/or Category 2 if that’s how they identify, however, within each CAB, an individual can only be counted **once**.

Q30. Since we are extending the deadline for submissions can we extend the deadline for letters of intent?

A30. Pursuant to Addendum Number 1, released on November 20, 2015, RFP, Section 3.0, PROPOSER'S MINIMUM MANDATORY REQUIREMENTS, subsection 3.1, Category 1 (HIV and STD Prevention Services for YMSM) Minimum Mandatory Qualifications, paragraph 3.1.6, Mandatory Intent to Apply and subsection, 3.2, Category 2 (HIV and STD Prevention Services for Transgender Individuals) Minimum Mandatory Qualifications, paragraph 3.2.5 Mandatory Intent to Apply have been removed in their entirety and are no longer a minimum mandatory qualification. In addition, Proposers are hereby reminded that Addendum Number 1 also extended the deadline in which proposals are due. Proposals are due by 3:00 p.m. (PST) on January 28, 2016.

Q31. Should Letters of support be included, or are they allowed or encouraged, as part of this RFP?

A31. Letters of support are not required under the RFP. However, Memorandum(s) of Understanding (MOU) or Agreement (MOA) with agencies that leverage or obtain additional required support for the proposed program and constitute a written agreement to provide services as a result of any award should be included in the proposal to demonstrate a written agreement versus a verbal commitment. Proposer's should not confuse a letter of support with the **required letter of concurrence** due from the Proposer's Community Advisory Board at the time of proposal submission (see RFP Sub-section 1.2.1 (Category 1) and 1.3.1 (Category 2) Program Concepts (3) Collaborative in Design and Implementation). *The CAB's letter of concurrence is required as part of the proposal.*

Q32. Does a proposer have to have previous experience providing services in a particular cluster in order to propose providing services in said cluster”?

A32. No, the requirement regarding experience (see RFP Category 1 Sub-section 3.1.1, Experience and Category 2, Sub-section 3.2.1, Experience) relates to prior experience working with the target population in Los Angeles County.

SECTION 6.0 – COUNTY'S PREFERENCE PROGRAMS

Q33a. Exhibit 7, Request for Local SBE Preference Program Consideration and CBE Firm/Organization Information Form, two versions of the same form: Version 1, states “use this form for County Solicitations which are not

subject to the federal restriction and Version 2, states “use this form for County Solicitations which are subject to the federal restrictions.” Which version of Exhibit 7 are we to complete and submit with application, there is nothing on the RFP that explains whether the county solicitation is or is not subject to this federal restriction?

A33a. As noted in RFP, subsection 6.2, Local Small Business Enterprise Preference Program (LSBE), cost is not a determining factor in this solicitation process; as such no preference will be applied. However, LSBE Proposer is encouraged to apply for certification to take advantage of the LSBE Prompt Payment Program further identified in RFP, subsection 6.3, Local Small Business Enterprise Prompt Payment Program. For Proposers who meet the definition of the LSBE (refer to RFP, subsection 6.2.1) OR Proposers that are certified as a small by the Small Business Administration (SBA) or registered as small on the federal Central Contractor Registration data base (refer to RFP, subsection 6.22) should complete and submit **both** Exhibit 7 (not subject to the federal restriction) **and** Exhibit 7 (subject to federal restriction) in order to be considered for the LSBE Prompt Payment Program.

As the services being procured for under this RFP will be funded by multiple funding sources, which can include federal and/or non-federal funding, Local SBE Preference Program must be included as part of the RFP.

Q33b. Are all applicants required to fill out Exhibit 7, even if the applicant is not a small business (the form says ALL applicants should fill it out, but the questions are not applicable)?

A33b. Only Proposers that meet one of the criteria referenced in the response to Q33a should complete and submit both “versions” of Exhibit 7.

SECTION 7.0 – PROPOSAL SUBMISSION REQUIREMENTS

Subsection 7.8, PROPOSAL FORMAT

Q34. Are agencies able to subcontract on multiple applications, within the same cluster areas?

A34. Yes.

Q35a. Does the Logic model have to stay within 1 inch margins?

A35a. Exhibit 28, Logic Model has been revised. Please refer to Part 1: RFP MODIFICATIONS, Revisions to Appendix D, Required Forms of this addendum for further information. The one (1) inch margin does not pertain to RFP forms, exhibits, and/or attachments. Pursuant to RFP, subsection 7,7, Preparation of the Proposal “All RFP forms, Exhibits, and or Attachments, required in the submission of the proposal must be printed and signed and dated where application. No other templates shall be accepted.” Proposers should complete and submit the revised Exhibit 28 accordingly.

Q35b. Can you provide the Logic model in Microsoft word format?

A35b. No. Please refer to the response provided to Q35a.

Q36. I didn't see a reference in the RFP to where Letters of support and MOUs should go in the proposal?

A36. Letters of support are not required under this RFP – please refer to the response provided to Q31 for further information. MOUs and/or subcontracting agreements are not required to be submitted with the proposal(s).

Q37. According to RFP, Section 7.7 Preparation of Proposal: Page 60, No. 6. “Proposal must be organized and tabbed in the appropriate section with the proper titles, and with alphabetized sub-paragraphs as described herein.” What does this mean? Can we use tab dividers to separate each section of the proposal?

A37. Yes. Proposer's response to the RFP should be tabbed appropriately in accordance with the instructions provided in the RFP. Each section of the RFP should be tabbed separately. Yes, you can use tab dividers as long as they are tabs, as instructed in the RFP.

Q38a. Citations and References: Where do we place citations of references/resources used in responses to Part 1 and Part 2 of the Proposal?

A38a. Proposers should create a list of references at the end of the document. Proposers are not required to use a specific style for the list of references at the end of the document, however, reviewers must be able to access the cited references using the information provided or they will be considered invalid. The Reference Page does not count towards the page limit of any section of the Proposer's RFP response.

Q38b. Do we use Footnotes or References Page? If References List is allowable, where do we attach this List in the Proposal (specific place in the Proposal)?

A38b. Please refer to the response provided to Q38a.

Q39. According to page 65, Required Support Documents, 1c. Corporations or Limited Liability Company (LLC) it states, "If applicable, a determination letter granting tax exemption under IRS Section 501(c)(3) status." Proposer asked, "Do we need to include a 501(c)3 status letter for lead agency and each partnering agency in the Proposal?"

A39. Only the lead agency has to submit a tax exemption letter under IRS Section 501(c)(3).

Q40. Are résumés included in the 10-page limit for the Management Plan?

A40. No, they do not count towards the page limit.

GENERAL QUESTIONS

Q41. In regards to the current Health Education/Risk Reduction (HE/RR) contracts, will they be extended to December 2016 for sure?

A41. DHSP has Board authority to extend the HE/RR contracts through December 31, 2016 and intends to do so.

Q42. Will there be additional RFPs for other categories targeting women, etc. coming soon?

A42. Please refer to the response provided to Q1.

Q43. Are agencies allowed to lead and subcontract on multiple applications within the same cluster (for example, can agency be the lead on one application but also a partner agency on other applications)?

A43. Yes.

Q44. Are there specific requirements regarding lead agencies - if a collaborative is proposed - is there a minimum percentage of services that needs to be provided directly by the lead agency?

A44. No.

Q45a. Is data going to be available by cluster area for example, HIV prevalence/STD data, if not, can we present SPA based data in need section?

A45a. The HIV and STD syndemic cluster areas have been determined based on raw data (HIV and/or syphilis and/or gonorrhea cases) that suggest an increased morbidity in those areas. Raw data will not be available. The use of SPA-based data is discouraged.

Q45b. How much data do you want presented in the Statement of Need Section? There are only a couple of questions in this section - and if DHSP wants responses to be based on strong data evidence-based data - than we need data by cluster, if they do not care about that data?

A45b. Presenting HIV and STD morbidity as supporting data is not necessary, since the clusters have already been identified by DHSP. The premise of the cluster area model is that these are the areas of highest HIV and STD morbidity. The RFP seeks to address the social, environmental and economic issues that elevate risk of HIV and STD infection in YMSM living in the cluster area.

In the Statement of Need Section, Proposer's must provide a narrative demonstrating an in-depth understanding of the service needs of the target population in the targeted service area, in particular those service needs related to increased risk for HIV and STD infections. **Data submitted should support Proposer's request to address those service needs.**

Q46. Can a female to male person that identifies as a male qualify as YMSM if they have sex with men or will they fit in to the transgender program, because I am assuming the transgender is male to female?

A46. It's up to an individual to determine how best they see themselves and determine whether a proposed program is responsive to their self-identity.

Q47. When are the programs, under this RFP, expected to start?

A47. At this time it is too early to speculate.

Q48a. Given the 6 month extension of HE/RR programs, will there be an overlap between these programs and HE/RR programs thus disqualifying us from applying if we are currently implementing HE/RR programs?

A48a. No such disqualification exists. HE/RR programs will be scheduled to end on December 31, 2016.

Q48b. Are these programs that will be funded under this RFP, designed to replace HE/RR programs that are going to sunset in 2016 or is there going to be another RFP to replace the current HE/RR programs that are currently being implemented to MSM?

A48b. This RFP is considered the first phase of a local HIV prevention redesign in which DHSP is intentionally focusing on the prevention needs of YMSM of color and transgender persons, which are groups that continue to have extremely high rates of burden. At this point, DHSP cannot be explicit in regards to a specific time period in which other parts of the current HE/RR portfolio are going to be solicited to include all the programs serving women, or stimulant users or injection drug users.

DHSP will continue to consider how this body of prevention programs (as a result of this RFP) complement or duplicate existing HE/RR programs in order to make decisions to ensure that there is no gaps in service. However, DHSP will be hard pressed to have newly funded prevention programs serving YMSM of color and maintain 12 existing programs serving the same group in the spirit of revolutionizing HIV prevention in LAC. DHSP's objective is to always consider what is currently in place and look at emerging needs of the group we are trying to engage that is least disruptive to the clients we are all trying to serve more effectively.

Q49. Is it possible to get a copy of the sign in sheet of Mandatory Proposer's Conference?

A49. A copy of the sign-in sheet for the Mandatory Proposer's Conference, held on November 3, 2015, was included with Addendum Number 1 which was released on November 20, 2015. Addendum Number 1 is posted on the Department of

Public Health Contracts and Grants website at: <http://publichealth.lacounty.gov/cg/index.htm> and on the County's website at: <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>.

Q50. Will site costs (rent, utilities, telephone, etc.) be considered 100% administrative cost?

A50. The costs mentioned here are operating costs and can be reimbursed as such. Rent, utilities, telephone, etc., can be allocated as direct service costs based on the amount used for direct client services. These costs can be captured under the operating expenses category of the line item budget. When these costs are related to services provided by administrative staff they are considered administrative operating expenses and they should not be identified in this budget. Proposers recommended for funding awards will be provided additional budgeting instructions and have the opportunity to capture administrative operating expenses at that time.

Q51. For STD testing, will awarded contractors have access to the LAC DPH Laboratory for STD screening or processing or will agency/clinic absorb cost for lab services?

A51. Proposers should develop a proposed budget incorporating all laboratory screening costs using a private laboratory service. Contractual provisions will be allowed so that agencies recommended for award are able to re-program funds should lab services become available through the Department's Public Health Laboratory.

Q52. I am a grant proposal writer, and an agency has asked for my assistance responding to the YMSM category (not the transgender category). Can you tell me if you would view this as a conflict of interest if I were to assist them?

A52. As a general rule, the only persons excluded from assisting a Proposer in preparing a response to the RFP are those who had a direct role in the writing and development of DHSP's RFP package.

Q53. Are grantees required to serve a minimum number of persons annually based on category or tier?

A53. No.

As outlined in RFP, Section 4.0, COUNTY'S RIGHTS AND RESPONSIBILITIES, subsection 4.3, County's Right to Amend Request for Proposals, Proposers are reminded that should such addendum require additional information not previously requested, failure to address the requirements of such addendum may result in the Proposal being found non-responsive and not being considered, as determined in the sole discretion of the County. The County is not responsible for and shall not be bound by any representations otherwise made by any individual acting or purporting to act on its behalf.

Pursuant to RFP, Section 4.0, COUNTY'S RIGHTS AND RESPONSIBILITIES, subsection 4.3, County's Right to Amend Request for Proposals, Addendum Number 2 has been made available to each person or organization which County records indicate was notified of the release of the RFP and posted on the Department of Public Health Contracts and Grants website at: <http://publichealth.lacounty.gov/cg/index.htm> and on the County's website at: <http://camisvr.co.la.ca.us/lacobids/BidLookUp/BidOpenStart.asp>.

Thank you for your interest in contracting with the County of Los Angeles. Except for the revisions contained in this Addendum Number 2, there are no other revisions to the RFP. All other terms and conditions of the RFP remain in full force and effect.