

**AIDS FOUNDATION CHICAGO**

**2026 Request for Proposals for  
Ryan White HIV/AIDS Treatment Modernization Acts Part A & B  
Issued: Friday, December 19, 2025**

**Submission of the Intent to Apply form is mandatory and is due January  
9, 2026, by 4:00 p.m. CST**

**Application Submission Due Date: Monday, January 26, 2026 by 12:00  
p.m. CST**

**AIDS Foundation Chicago  
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[aidschicago.org/RW2026](http://aidschicago.org/RW2026)**

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## I. Program Authority

The AIDS Foundation Chicago (AFC) is requesting proposals from community-based organizations, HIV service organizations, Chicago Department of Public Health (CDPH)-funded Population-Centered Health Homes, and other eligible health and social service providers to deliver high-quality, cost-effective Ryan White HIV/AIDS Program services.

The Ryan White Comprehensive AIDS Resources Emergency (CARE) Act is a federal law enacted to address the unmet health needs of persons living with HIV and AIDS (PLWHA). The program serves PLWHA who are uninsured or underinsured, or those who lack financial means to obtain the care they need. Federal Ryan White funding is provided to cities, states and territories, providers, and other organizations. The program is administered by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (DHHS). AFC is the current recipient of Ryan White Part A funds from CDPH and Part B funds from the Illinois Department of Public Health (IDPH).

The Ryan White Program is “payer of last resort” for services. In accordance with HRSA, Ryan White funds may not be used for any item or service to the extent that payment had been or can reasonably be made by another source. This means that funded providers must make reasonable efforts to secure non-Ryan White funds for services whenever possible.

## II. Available Funding

Funding through this Request for Proposals (RFP) is made available from CDPH, which administers the Ryan White Part A program, and IDPH, which administers the Ryan White Part B program. If selected as the Medical Case Management awardee for Part A and the Lead for Part B Regions 7 and 8, AFC will administer the 11 service categories highlighted in the *Anticipated Funding* section.

Approximately \$8.82 million will be distributed through this funding opportunity. Service category definitions are documented in the Funded Service Category Requirements section (Appendix A). Funding levels will be based on availability of Part A and Part B funds, identified need and service gaps, as well as current service utilization and projected gaps in services.

Table 1. Funded Categories- amounts contingent on grant awards from CDPH and IDPH.

Category	Part A or B	Category	Anticipated Number of Awards	Total Anticipated Funding
Ambulatory Outpatient Medical Care	Part B	Core	5-7	\$250,000-\$350,000
Medical, Perinatal and Corrections Case Management; medical benefits	Part A / B	Core	10-20	\$7M-\$7.2M
Medical Nutrition Therapy	Part B	Core	1-2	\$10,000-\$20,000
Mental Health	Part B	Core	6-8	\$70,000-\$90,000
Oral Health Care	Part B	Core	4-6	\$100,000-\$200,000
Substance Abuse Outpatient	Part B	Core	4-6	\$20,000-\$30,000
Food Bank/Home Delivered Meals	Part B	Supportive	4-6	\$150,000-\$200,000
Housing	Part B	Supportive	4-6	\$60,000-\$80,000
Legal Assistance	Part B	Supportive	1-2	\$40,000-\$60,000
Non-Medical Case Management (includes Peer and Retention Specialist)	Part B	Supportive	10-15	\$600,000-\$800,000
Psychosocial	Part B	Supportive	4-6	\$30,000-\$50,000

### III. Eligible Respondents

To be eligible to apply, an organization must:

- Operate a physical site and/or deliver services (with no physical site) in the Chicago Eligible Metropolitan Area, including Cook County, DeKalb and the seven collar counties: DuPage, Grundy, Kane, Kendall, Lake, McHenry and Will.
- Be governed by a board of directors.
- Be a community-based organization, community health center, hospital, health department, mental health center, substance abuse treatment center, university, nonprofit organization, or private for-profit organization\*.
- Have a functioning accounting system that is operated in accordance with generally accepted accounting principles or an agreement with a designated eligible entity that maintains such information and acts as the respondent's fiscal agent.
- Be Medicaid-certified if providing services that are Medicaid-eligible.
- Have all required licenses and certifications required by appropriate government agencies to perform the proposed services and procure all permits and pay all charges, taxes, and fees.

*\* Private for-profit entities may apply for these funds if they can adequately demonstrate that they are the only provider of quality HIV services for a specific category in the geographic area they intend to serve. In addition, it is prohibited non-profit contractors from serving as conduits who pass on their awards to for-profit corporations and may find it necessary to monitor membership of corporate boards to enforce this prohibition. (PCN 11-02: Sections 2604(b), 2613(a)(1), 2651(e)(3), and 2652(b)(1)(B) of the Public Health Service Act)*

### IV. Intent to Apply

Submission of the Intent to Apply form is mandatory for this funding opportunity and is due on January 9, 2026, by 4:00 p.m. Central Time. The Intent to Apply can be found [HERE](#) or by following this link [AIDS Foundation Chicago Ryan White CARE Act Request for Proposals Intent to Apply – Fill out form](#). Intent to Apply submission is recommended even if an entity is unsure about pursuing funding or that a full application will be submitted.

### V. RFP Informational Webinar

AFC will conduct an RFP informational webinar on Monday, January 5, 2026, from 11 a.m. to 12 p.m. to provide an overview of the RFP and describe the application process. To register for the webinar, click [Here](#)

After the live webinar is held, a recording of it will be posted at [aidschicago.org/RW2026](https://aidschicago.org/RW2026). Organizations planning to apply for funding are strongly encouraged to watch the RFP informational webinar.

If additional information or clarification is needed, especially for new applicants, please email [fshufford@aidschicago.org](mailto:fshufford@aidschicago.org)

### VI. Award Notification

AFC anticipates announcing contract awards on February 9, 2026. Funding cycles for successful Ryan White Part A applicants will begin March 1, 2026, and for successful Part B applicants on April 1, 2026. Awards will be for a minimum of three years unless an agency fails to meet service delivery requirements. Funding is contingent on AFC receiving its own notice of award from the Chicago Department of Public Health and the Illinois Department of Public Health.

## VII. Proposal Timeline

Please note the following “Key Dates” related to this funding opportunity (Table 2).

Table 2. Key Dates & Times

<b>Activity</b>	<b>Key Dates &amp; Times</b>
Live RFP Informational Webinar (A recording of the webinar will be posted at <a href="https://aidschicago.org/RW2026">aidschicago.org/RW2026</a> )	<b>January 5, 2026, 11 a.m. to 12 p.m.</b>
Answers to Questions from Webinar and emails posted	<b>Fridays weekly after January 5, 2026</b>
<b>Intent to Apply (Required)</b>	<b>January 9, 2026, by 4:00 p.m.</b>
<b>Proposal Submission Due Date</b>	<b>January 26, 2026, by 12:00 p.m.</b>
Award Notification Date	<b>February 9, 2026</b>
Contract Start Date	<b>March 1, 2026 (Part A) or April 1, 2026 (Part B)</b>

## VIII. Program Background

This section provides information about the history of AFC-administered Ryan White services. AFC was established in 1985 to coordinate the local response to the AIDS epidemic in the Chicago area. In 1989, AFC was awarded a Health Resources and Services Administration (HRSA) demonstration grant to establish a coordinated system of case management services for people living with HIV and AIDS (PLWHA). This coordinated system is formally organized as the Northeastern Illinois Case Management Collaborative (the Collaborative); its mission is to provide comprehensive case management services aimed at empowering PLWHA to live healthy and independent lives.

The Collaborative is the collective body of subcontracted agencies providing case management services to HIV-positive individuals throughout the Chicago Eligible Metropolitan Area (EMA), including Cook County, DeKalb and the seven collar counties: DuPage, Grundy, Kane, Kendall, Lake, McHenry and Will. It is coordinated by AFC and is affiliated with the Service Providers Council (SPC) of the AIDS Foundation Chicago.

The Collaborative supports the statewide IDPH HIV Integrated Plan and the Getting to Zero Illinois 2.0 (GTZ-IL) initiative. The HIV treatment cascade is a continuous care paradigm that outlines the stages of HIV medical care from initial diagnosis to achieving viral suppression while tracking individuals at each stage. Cascade stages are defined as: diagnosis of HIV infection, linkage to care, retention in care, receipt of antiretroviral treatment, and viral suppression. The IDPH HIV Integrated Plan ([090216-ohp-illinois-hiv-integrplan-and-appendices.pdf](#)) is the state’s blueprint for HIV prevention and care and the Getting to Zero Illinois plan (<https://gtzillinois.hiv>) is a statewide initiative to end the HIV epidemic in Illinois by 2030.

The overarching goal of the AFC care model is to ensure access to the full range of Ryan White and non-Ryan White primary care and support services that contribute to viral load suppression and other positive health outcomes for people living with HIV and AIDS. This will be accomplished by prioritizing services and activities that are aligned with the Getting to Zero Illinois plan. Additionally, AFC will ensure awards are aligned with the Chicago Department of Public Health HIV service portfolio, Chicagoland HIV Integrated Planning and Action Council (CHIPAC) identified priorities as well as gaps identified through the Illinois HIV Integrated Planning Council (IHIPC). AFC is committed to ensuring resources are appropriately allocated to geographic areas that are most impacted by the HIV epidemic, ensure funding is based on needs and gaps and serves communities that have historically had limited or no access to HIV services. Furthermore, AFC aims to support agencies that provide culturally responsive services and that work to end inequities within systems. Service provision must be driven by clients’ needs and their point of entry into the service system. The system must also, to the best of its ability, increase efforts to provide coordinated services and prevent duplication of services.

## **IX. Client Eligibility**

The primary intent of Ryan White CARE Act funding is the provision of care, treatment service, and support services to achieve improved medical outcomes for individuals living with HIV/AIDS. All contracted providers receiving Ryan White funding must have systems in place that document and ensure client eligibility.

Documentation of client eligibility must occur immediately upon client consent to enroll in a Ryan White program or service. Eligibility documentation consists of proof of 1) HIV-positive serostatus (e.g., detectable lab results or physician statement), 2) proof of residence in the Chicago EMA, and 3) proof of income (800% of the Federal Poverty Level (FPL) or less for case management, 80% of the Area Median Income for housing, and 500% FPL or less for all other services). Eligibility must be re-assessed annually. Clients must be enrolled in Ryan White case management (medical, non-medical, perinatal and corrections) to access other Ryan White services; services rendered to clients who have not completed an eligibility assessment and care plan (if applicable) are not eligible for reimbursement by AFC. Clients enrolled in non-medical case management are not required to have a care plan.

## **X. Funded Service Category Requirements**

Please see Appendix A for specific information regarding service delivery and reporting requirements.

## **XI. Proposal Preparation Guidelines**

Applicants are to submit only one proposal, regardless of how many service categories are part of the request. However, some sections and forms will need to be completed for each service category. Refer to Table 3 for details.

### **Respondents are to use SharePoint to electronically submit**

**1) a single PDF file of the proposal narrative and**

**2) a single PDF file of all forms and appendices.**

**Instructions on how to submit applications using SharePoint can be found in Section XII below; a link to the SharePoint folder to be used for submission will be shared with agencies that submit an Intent to Apply form. Paper copies will not be accepted.**

Failure to follow the guidelines or instructions highlighted in this RFP will result in the proposal application being eliminated from review and consideration.

Please direct questions not addressed during the RFP informational webinar to:

Freddie Shufford

(312)-334-0930

fshufford@aidschicago.org

Email Subject Header: "2026 Ryan White RFP Questions"

\*Responses will be posted on the AFC website [aidschicago.org/RW2026](https://aidschicago.org/RW2026) on a weekly basis

## **A. Formatting Guidelines**

Within each section of the proposal, respondents should address items in the order in which they appear in this RFP. Ensure that all proposals submitted follow these formatting guidelines. Proposals that do not adhere to these guidelines will be rejected and disqualified for review.

**NOTE:** Refer to Appendix C for all forms.

- Use at least 1-inch margins and at least 12-point, easy to read font.
- Include a Table of Contents. Refer to Table 3 for a list of proposal components.
- Include both the section headers and questions that follow the format of the Proposal Guidelines section of this RFP. **Narrative should be placed under each question.** Utilize bold, underline and italics consistently to designate the original question and subsequent answer.

- Begin each section on a new page.
- Agencies applying for multiple service categories will include some narrative sections multiple times. When responding to questions for the same section multiple times, begin that section on a new page each time and clearly indicate which service category the response applies to.
- Number all pages sequentially, including the title page, forms, and required documents.
- Do not include any additional supporting documentation not outlined in the Proposal Organization section below (Table 3). Unsolicited supporting documentation will not be scored and may not be read by review panelists.

**B. Proposal Organization**

Each proposal must be organized in the following order and must contain all Standard Forms and other Required Documents. **Only submit the documents and forms listed below. Number appendices following the format below. If you do not have or need to submit one or more of the sections or appendices listed, include a blank page for that appendix labeling it “Section/Appendix # Title not applicable”.**

Table 3. Proposal Organization

Required Documents Checklist

<b>Sections</b>	<b>Proposal Section Order and Title</b>
Title Page	Title Page
Section 1	Table of Contents
Section 2	Agency Experience
Section 3	Target Population Needs
Section 4	Cultural & Linguistic Capacity & Health Equity
Section 5	Organizational and Fiscal Capacity
Section 6	Payer of Last Resort
Section 7	Quality Management
Section 8	Core and Supportive Services (excluding case management) (if applicable) <i>If applying for multiple applicable service categories, complete this section separately for each service category.</i>
Section 9	Case Management (Medical and Non-Medical) (if applicable) <i>If applying for Case Management, complete this section separately for medical and non-medical.</i>
Appendix 1	Internal Revenue Service 501(c)3
Appendix 2	Proof of Valid registration in the system for award management, SAM.GOV
Appendix 3	Client Demographics Template
Appendix 4	Resumes & Job Descriptions for Key Staff; Relevant staff (new applicants only) and agency certifications and licenses (all applicants)
Appendix 5	*Medicaid Certification (if applicable)
Appendix 6	Budget (case management services only) <i>If applying for both Medical Case Management and Non-Medical Case Management, complete this form twice.</i>
Appendix 7	Most recent financial statement or independent audit, OMB Circular A-133 Audit

\*Medicaid reimbursable services include Ambulatory Outpatient Medical Care, Oral Health, Mental Health, and Substance Use.

Standard forms included in this RFP are formatted such that data can be typed directly into the form fields and saved.

**NOTE:** Budgets do not contain formulas to sum up data. Ensure that figures are summed before entering them on the budget forms.

## **XII. Proposal Submission Guidelines**

### Submission File Format

Applicants will submit two separate files:

1. Narrative file (Title page and Sections 1–9 from Table 3)
2. Required forms (Appendices 1–7 from Table 3)

Ensure that the two separate PDF files are uploaded using the naming convention below.

File #1: Agency Name Narrative.pdf

File #2: Agency Name Appendices.pdf

For example, agency “ACME” submits a proposal for three service categories. The agency will upload two documents to SharePoint. File names would be:

“ACME Narrative.pdf” and “ACME Appendices.pdf”

Submit the two PDF documents using the SharePoint access link that will be provided upon submission of your organization’s Intent to Apply form.

### How to Upload Files to SharePoint

For step-by-step guide to upload files to SharePoint, go to:

<https://support.office.com/en-us/article/Upload-files-to-a-library-da549fb1-1fcb-4167-87d0-4693e93cb7a0>

AFC encourages agencies to read the file upload instructions to access the upload link well before the proposal due date to ensure there are no technical challenges. Email [fshufford@aidschicago.org](mailto:fshufford@aidschicago.org) with technical questions.

### **Proposals must be received no later than Monday, January 26, 2026, 12:00 p.m. Central Time.**

Proposals received after this time/date will be eliminated from consideration. No late submissions will be accepted.

## **XIII. Proposal Narrative Guidelines**

This section outlines the required narrative. Narrative should be error free, clear, and concisely respond to section questions. Formatting should include and be directly responsive to the heading and sub-headings below.

### **Narrative Sections**

Section 1. Table of Contents	Maximum Points: 0
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A Table of Contents must be included as part of the application. List narrative sections and appendices.

Section 2. Agency Experience (3 pgs. maximum)	Maximum Points: 10
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Provide narrative addressing the following:

1. Describe the agency’s overall mission and service portfolio (no points)
2. Describe the geographic area in which services are provided and where sites are located (no points)
3. Describe the agency’s experience providing care services to persons living with HIV/AIDS. If a current provider in AFC’s Case Management collaborative, outline results from your organization’s most recent programmatic and fiscal site visits. What are areas of strength and areas for improvement?

4. Describe how your agency defines and assures equity within your programs. (Be specific about access, removing barriers and closing equity gaps).

Section 3. Target Population Needs (2 pgs. maximum)	Maximum Points: 10
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Provide narrative addressing the following:

1. Describe the needs of the population you intend to serve.
2. Describe how the services your agency provides address client needs, including individuals presenting with co-occurring physical health and behavioral health issues.
3. Describe how your services are marketed to the population you intend to serve (e.g., outreach, advertisement and printed materials, social media, educational forums, etc.).

Section 4. Cultural & Linguistic Capacity & Health Equity (4 pgs. maximum)	Maximum Points: 20
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HIV Core and Supportive services are expected to be sensitive to the unique cultural and socially diverse profile of the target population. Provide narrative addressing the following:

1. Describe how trauma informed care is/will be embedded within your program.
2. Describe how agency leadership and direct service staff are reflective of the target population regarding diverse cultural backgrounds to better understand and communicate with clients who may have different beliefs, values, and languages.
3. Describe the agency's ability to provide services to limited- or non-English speaking, deaf, blind and individuals with physical or other disabilities.
4. Discuss any innovative or successful activities your agency has undertaken to improve its ability to work with individuals from different backgrounds. Include any staff training activities undertaken.
5. Does your organization have a diversity and inclusion goal and how do you track progress?
6. Describe work and/or planning that your organization has been doing to dismantle structural inequity.

Section 5. Organizational and Fiscal Capacity (9 pgs. maximum)	Maximum Points: 20
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Provide narrative addressing the following:

1. Describe the depth and breadth of current collaborations with other service providers.
2. Describe how the security and confidentiality of client-level data is maintained. Discuss the agency's efforts, systems and staffing to maintaining security, privacy, and integrity of client data.
3. Describe your training and onboarding process for new staff.
4. Describe available technical support including trainings.
5. Describe the agency's fiscal capacity and stability to manage the proposed service categories, including submission of invoices/vouchers and the quality assurance process to ensure minimal or no billing errors.
6. Discuss the agency's demonstrated capacity to operate on a reimbursement basis.
7. Describe any audit findings reported in the recent financial statement or independent audit, OMB Circular A-133 Audit and how those findings were resolved through a corrective action plan.

Section 6. Payer of Last Resort (2 pgs. maximum)	Maximum Points: 10
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All agencies receiving Ryan White Funds are expected to maximize other sources of funding for services when available. Provide narrative addressing the following:

1. Explain your agency's procedures and efforts to enroll clients into insurance/benefit programs, utilize third-party reimbursement and assure that Ryan White funds are the payer of last resort.
2. Describe your agency's procedure to serve individuals who do not enroll in eligible benefits, despite documented vigorous efforts by the agency to encourage clients to enroll.
3. State if your agency is a Medicaid certified provider. If your agency is certified, please list all services that are billed to Medicaid. If your agency is not Medicaid certified, explain the reason.

- List all other public and private sources of payment your organization bills or otherwise utilizes for the proposed service(s). List the creative ways that you have or plan to secure other funding to support and grow your programs.

Section 7. Quality Management (3 pgs. maximum)	Maximum Points: 10
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Describe the milestones and methodology for evaluating program success in achieving the goals of the HIV treatment cascade. Provide narrative addressing the following:

- Describe your agency's process in assessing quality of services. Provide an example of one recent successful quality improvement project.
- Describe how your organization uses data to inform program planning.
- Describe strategies to solicit consumer feedback to improve program processes and service delivery.

Section 8. Core and Supportive Services (excluding case management) (5 pgs. maximum per service category) – Respond only if applicable	Maximum Points: 20 per service category
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Respond to questions in this section for applications that include the following service categories: ambulatory outpatient medical care, food bank/home delivered meals, housing, legal assistance, medical nutrition therapy, mental health, psychosocial, oral health care, substance abuse outpatient services. Refer to Appendix A: for service category definitions and allowable activities. *If applying for multiple of the service categories mentioned above, complete this section for each applicable service category.*

- Describe the proposed program and in detail the service provided during a client visit.
- Define one unit of service. (for example, one face to face meeting)
- Describe how clients are or will be recruited.
- Describe the hours of operation for this specific service category.
- Describe the roles and responsibilities of staff delivering the proposed service; include staff qualifications, including degrees, certifications, licensing, training, and years of experience.
- Describe any proposed or future innovations in the design or delivery of this service category to address the needs more effectively. Include how your program will collaborate with other local providers like the HIV Resource Hub, Patient Centered Health Homes, etc.
- What key performance indicators do you or will you track and report?
- Quantify the per-unit cost of services being provided and explain how these figures were derived. State the usual and customary rate and the negotiated rate offered for this specific program.

Section 9. Case Management (Medical, Non-Medical, Perinatal, Corrections) (6 pgs. Maximum per Case Management category) – Respond if applicable	Maximum Points: 20 per service category
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Respond to questions in this section for applications that include the following service categories: Medical Case Management, Non-Medical Case Management, Perinatal Case Management, Corrections Case Management. If applying for multiple case management categories, include this section for every category applied for (non-medical, medical, perinatal, corrections).

- Describe the proposed case management program, population intended to serve and how clients are or will be recruited.
- Describe strategies for engaging, re-engaging and retaining clients in care to meet the caseload standard (Please refer to Appendix A: Service Delivery Requirements).
- Describe how case management services are integrated into your agency's service offerings.
- Describe your agency's capacity to conduct field visits/home visits with clients.
- Describe the agency's process to provide services when there is a case management vacancy.
- Describe the agency's ability to provide necessary supervision to case managers.
- Provide a summary budget justification for each allowable cost category, with the total amount requested as well as how budget figures were derived. Refer to Appendix B cost categories sections

for common terms. This funding opportunity will cover some but not all costs of a comprehensive case management program. Agencies must demonstrate in their budget narrative that expenses are adequately covered by other sources beyond AFC grant funding.

- a. Describe the agency’s method of devising operational costs, cost allocation and how costs were calculated.
  - b. Personnel – AFC offers a base salary of \$50,000 for case managers. There must be a rationale provided for case manager salaries beyond or below the current salary or start-up salary of \$50,000.
  - c. Material and Supplies - List the total number of computers and types of software being requested for the program. Describe any technology deficiencies as described in the “Technical Capacity” section of the general narrative. Agencies may request up to \$2,000 per case management FTE for technology support and provide narrative justification for this request.
  - d. Travel must follow federal mileage rates. See <https://www.irs.gov/tax-professionals/standard-mileage-rates>
  - e. Describe other sources of funding that will contribute to operating a comprehensive case management program.
8. Describe the agency’s process for tracking staff time allocations, including for Supervisors that may be split between programs. Describe how the agency ensures that time allocations are accurate and no staff’s allocation across all grants exceeds 100%.

**XIV. Amended or Withdrawn Proposals**

Respondents may submit an amended proposal before the deadline for receipt of proposals. Amended proposals must be complete replacements for the previously submitted proposal and must be clearly identified “Amendment” and adhere to submission guidelines. AFC will not merge, collate, or assemble proposed materials. Amendments to proposals cannot be submitted after the proposal deadline.

Respondents can withdraw proposals at any time prior to the deadline for receipt of proposals. A respondent must submit via email a written withdrawal request signed by its Executive Director or Chief Executive Officer to [fsufford@aidschicago.org](mailto:fsufford@aidschicago.org).

**XV. Proposal Evaluation and Scoring**

AFC will utilize the following scoring methodology. AFC will review all submitted proposals for completeness. Proposals that are determined to be incomplete or do not follow all submission requirements will not be considered for review. Proposals that are determined to be complete will be forwarded to panelists for review. A network of independent review panelists will review proposal applications. Panelists represent the diversity of the HIV community.

Scoring Methodology- Review Evaluation Criteria

Table 4 highlights the criteria by which panelists will evaluate and score narrative section questions. Panelists will determine if the response meets the criteria for the scores of Does Not Meet Requirements, Somewhat Meets Requirements, Meets Requirements, or Excellent. Review panelists will evaluate applicant responses and assign each narrative section question a score between “0” and “3” based on these criteria. Please review the following evaluation standards. Agencies should construct narrative that directly reflects experience and capacity to provide services.

Table 4. Evaluation Scores

<b>"0" Does Not Meet Requirements</b>	Response does not meet RFP requirements and includes omissions, errors, and/or defects that are unacceptable. Agency fails to demonstrate sufficient capacity and/or experience to provide the requested service.
<b>"1" Somewhat Meets Requirements</b>	Response meets some but not all RFP requirements. Questions are answered with minimal omissions or errors. Agency demonstrates required capacity and/or experience providing the requested service.

<b>"2" Meets Requirements</b>	Response meets RFP requirements. Questions are answered completely, contain descriptive details, and have no omissions. Agency demonstrates capacity and/or experience providing the requested service that exceeds minimum requirements.
<b>"3" Excellent</b>	Response exceeds RFP specifications. Questions are answered completely with no omissions. Narrative responses clearly detail the agency's operationalized best practices and innovative or enhanced approaches. Innovation and program effectiveness are supported by rigorous data collection and quality improvement strategies. Agency demonstrates strong capacity and/or experience providing the requested service that greatly exceed minimum requirements.

Scoring Methodology- Proposal Points Allocation

Table 5 highlights the maximum score each section can obtain. Review panelists will assign points to each section using the scoring criteria outlined in Table 4. Agencies will receive a total score for each service category for which they have applied.

Table 5. Evaluation Criteria

<b>Narrative Sections</b>	<b>Possible Points</b>
Table of Contents	0
Agency Experience	10
Target Population Needs	10
Cultural & Linguistic Capacity & Health Equity	20
Organizational and Fiscal Capacity	20
Payer of Last Resort	10
Quality Management	10
* Core and Supportive Services (excluding case management)	20
* Case Management (Medical, Non-Medical, Perinatal, and Corrections) Categories	20
Total possible points per service category	100

\*Narrative sections with an asterisk in Table 5 should be completed for each service category, as applicable.

AFC will utilize a Consensus Review Panel Process in which all review panelists will convene to discuss their proposal review, including individual panelist scoring.

The review panel will agree on a single consensus (group) score for each section. Agencies will receive a total score for each service category for which they have applied; therefore, points assigned for narrative sections completed multiple times will only count toward scoring their respective service categories. The consensus scores will be summed by AFC.

Example: Agency ACME would like to apply for funding for 3 categories: mental health, oral health, and medical case management. Agency ACME completes all questions from the sections labeled: agency experience, target population needs, cultural & linguistic capacity & health equity, organizational and fiscal capacity, payer of last resort, agency collaborations, quality management, and technology & systems capacity. ACME will then complete three service category specific narratives: 1) one narrative for oral health from questions outlined in the core and supportive services section, 2) one narrative for mental health from question outlined in the core and supportive services section, and 3) one narrative for medical case management from the case management section. All three of Agency ACME's proposed categories will be scored separately. If all three categories receive the highest score on all questions, they would get a total of 100 points for mental health, 100 points for oral health and 100 points for medical case management.

AFC will compile panelist comments and scores to assist in making final award determinations. Final decisions will be based on review panel scores, past performance (if applicable) and a health equity index score with a weight of 60%, 15% and 25% respectively. The health equity index grants points to agencies working with hard-to-reach populations, special populations, populations with disproportionate health disparities and agencies located in high incidence/prevalence HIV/STD areas. AFC is committed to a Ryan White network that is diverse and reflects our priority communities and their needs. If an insufficient number of qualified proposals are submitted in any service category, AFC reserves the right to directly solicit and select appropriate providers to fill existing gaps in service.

All respondents will be notified in writing of their award status.

#### **XVI. Appendices**

The following section lists additional information, and the forms required to apply for this funding opportunity:

Appendix A: Service Delivery Requirements

Appendix B: Budget Guidelines

Appendix C: Proposal Forms

## Appendix A: Service Delivery Requirements

### A. Funding Priorities

AFC will prioritize services and activities that support and are aligned with the Getting to Zero Illinois 2.0 plan. AFC's goal is to ensure that funding is appropriately allocated to geographic areas that are most impacted by the HIV epidemic, ensure funding is based on needs and gaps and serves communities that have historically had limited or no access to HIV services. Furthermore, AFC aims to support agencies that provide culturally responsive services and that work to end inequities. AFC will prioritize agencies that are filling gaps in services areas that are underserved and under resources.

### B. Core Medical Services

Core Medical Services are a set of direct health care services provided to HIV-positive and HIV-indeterminate clients awaiting a confirmatory test result. HIV-negative individuals or individuals at risk of HIV infection cannot receive services under this category.

<b>Ambulatory/Outpatient Medical Care (AOMC)</b>	
<p><b>Ambulatory/Outpatient Medical Care (AOMC)</b> includes the provision of professional diagnostic and therapeutic services directly to a client by a physician, physician's assistant, clinical nurse specialist, nurse practitioner or other health care professional licensed in the Chicago EMA jurisdiction to prescribe antiretroviral (ARV) therapy in an outpatient setting. These settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services, urgent care, or inpatient overnight treatment are not reimbursable by the program.</p>	
<b>Service Activities:</b>	
<ul style="list-style-type: none"> <li>lab tests integral to the treatment of HIV infections and related complications</li> </ul>	<ul style="list-style-type: none"> <li>Education and counseling on health issues</li> </ul>
<ul style="list-style-type: none"> <li>Early intervention and risk assessment</li> </ul>	<ul style="list-style-type: none"> <li>Well-baby care</li> </ul>
<ul style="list-style-type: none"> <li>Preventative care and screening</li> </ul>	<ul style="list-style-type: none"> <li>Continuing care and management of chronic conditions</li> </ul>
<ul style="list-style-type: none"> <li>Practitioner examination, medical history evaluation, diagnosis, and treatment of physical or mental conditions</li> </ul>	<ul style="list-style-type: none"> <li>Referral to and provision of specialty care (including all medical sub-specialties)</li> </ul>
<ul style="list-style-type: none"> <li>Prescribing and managing medical therapy</li> </ul>	
<b>Other Requirements:</b>	
<p>Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with guidelines of the U.S. Department of Health and Human Services (HHS). Such care must include access to combination antiretroviral (ARV) and other drug therapies, including prophylaxis and treatment of opportunistic infections and other comorbidities and health conditions.</p>	
<b>One (1) Unit of Service:</b> An office visit, lab test visit	

<b>Medical Nutrition Therapy</b>	
<p><b>Medical Nutrition Therapy services</b> include the development of a nutritional plan by a licensed registered dietitian, provision of nutritional supplements or food outside of a primary care visit but pursuant to a physician's recommendation and based on the nutritional plan.</p>	
<b>Service Activities:</b>	
<ul style="list-style-type: none"> <li>Nutritional plan</li> </ul>	<ul style="list-style-type: none"> <li>Assessments &amp; reassessment</li> </ul>
<ul style="list-style-type: none"> <li>Nutritional supplements and food provided, quantity and dates</li> </ul>	<ul style="list-style-type: none"> <li>Recommendations of follow up</li> </ul>
<ul style="list-style-type: none"> <li>Dietician-rendered services</li> </ul>	
<b>Other Requirements:</b> Services provided must include a nutritional plan that calls for allowable activities and includes:	
<ul style="list-style-type: none"> <li>Document quantity, frequency and modality of treatment provided</li> </ul>	<ul style="list-style-type: none"> <li>Regularly monitor and assess client's progress</li> </ul>
<ul style="list-style-type: none"> <li>Document the date treatment begins and ends</li> </ul>	<ul style="list-style-type: none"> <li>Document the signature of the practitioner providing service or supervisor</li> </ul>

<b>Oral Health Care</b>	
<b>Oral Health Care</b> includes diagnostic, preventative, and therapeutic dental services that follow state dental practice laws and include evidence-based clinical decisions that are informed by the American Dental Association Dental Practice Parameters. Services are based on an oral health treatment plan and adhere to specified service caps. Oral Health Care services must be provided by a dental health care professional licensed and certified to provide health care in the state of Illinois and Chicago EMA including general dental practitioners, dental specialists, dental hygienists and licensed and trained dental assistants.	
<b>Service Activities:</b>	
• Check Ups	
• X-rays	
• Cleanings	
• Extractions	
• Fillings	
<b>Other Requirements:</b> More extensive procedures may be covered based on available funding. Cosmetic procedures are not allowable.	
<b>One (1) Unit of Service:</b> A single diagnostic, preventative, or therapeutic visit	

<b>Substance Abuse Outpatient Services</b>	
<b>Substance Abuse Outpatient Services</b> includes medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting by a physician or under the supervision of a physician or by other qualified/licensed personnel.	
<b>Service Activities:</b>	
• Pre-treatment/recovery readiness programs	• Neuropsychiatric pharmaceuticals
• Harm reduction counseling	• Relapse prevention
• Outpatient drug-free treatment and counseling	• Opiate-assisted therapy
• Limited acupuncture services with a written referral from the program participant's primary health care provider, provided by certified or licensed practitioners wherever State certification or licensure exists	
<b>Other Requirements:</b> Services provided must include a treatment plan that calls for allowable activities and includes:	
• Document quantity, frequency and modality of treatment provided	• Regularly monitoring and assessment of client progress
• Document the date treatment begins and ends	• Document the signature of the practitioner providing service or supervisor
<b>One (1) Unit of Service:</b> An outpatient visits or a single methadone treatment session	

<b>Mental Health Services</b>	
<b>Mental Health Services</b> are psychological and psychiatric treatment and counseling services offered to individuals with diagnosed mental illness conducted in a group or individual setting based on a detailed treatment plan and provided by a mental health professional licensed or authorized within the State to provide such services, typically including psychiatrists, psychologists, and licensed clinical social workers.	
<b>Service Activities:</b>	
1. Psychological and psychiatric treatment and counseling	
<b>One (1) Unit of Service:</b> a single individual or group session	

Agencies intending to request funding for Medical Case Management (Part A/B) will be required to conduct the following activities. The application process is the same for both Part A and Part B services. AFC will determine funding based on the total number of case management applicants and demonstrated capacity.

<b>Medical Case Management, Perinatal Case Management, Corrections Case Management, Medical Benefits</b>
<p><b>Medical Case Management</b> includes a range of services that link clients with health care, psychosocial and other services, benefits/entitlement counseling and other referral activities to increase access to eligible insurance (i.e., Medicaid, Medicare, the state’s Medication or Premium Assistance Program, pharmaceutical manufacturers’ patient assistance programs and other care/support services). Activities listed ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care through ongoing assessment of the needs and personal support systems of the client and other key family members.</p>
<p><b>Service Activities:</b></p> <ul style="list-style-type: none"> <li>• <b>Entry into and Retention in Primary Medical Care:</b> Link clients to an HIV care provider. Agencies funded for Medical Case Management (MCM) will coordinate with Early Intervention Services (EIS) and prevention service providers to ensure linkage, retention, and re-engagement in Primary Care. Agencies funded for Non-Medical Case Managers (NMC) will coordinate with Part A-funded Outreach services as well as with HIV prevention services to assist with linkage-to-care services.</li> <li>• <b>Initial and Periodic Service Planning:</b> Initial assessment of needs. Continuous client monitoring to assess the efficacy of the service/care plan. Periodic re-evaluation and adaptation of the service/care plan, at least every six months, as necessary.</li> <li>• <b>Treatment Readiness and Adherence:</b> Provision and coordination of support services that ensure adherence to treatments. Treatment adherence counseling to ensure readiness for and adherence to complex HIV/AIDS treatment therapies.</li> <li>• <b>Linkages &amp; Coordination with Ancillary Providers:</b> Connect clients with services outside of the case management system. Provide advice and assistance to clients in obtaining medical, social, and community, legal, financial, and other needed services. Benefits/entitlement counseling and referral activities to assist eligible clients to obtain access to public and private programs for which they may be eligible.</li> <li>• <b>Health System Navigation:</b> Streamline the successful entry into care and support systems.</li> <li>• <b>Monitoring Outcomes:</b> Monitor improvements and changes to health outcomes.</li> <li>• <b>Retention &amp; Re-engagement:</b> Ensure that clients do not drop out of care services and re-engage clients at drop out.</li> <li>• <b>Harm Reduction:</b> Reinforce harm reduction services like needle exchange and condoms.</li> <li>• <b>Disclosure &amp; Social Support:</b> Employ strategies to promote safe and supportive HIV status disclosure to friends and family.</li> <li>• <b>Standard Operating Procedures:</b> Utilize standard operating procedures, including policies and protocols. Ensure that clients are receiving unduplicated support from a single case manager within the Ryan White system to maximize funding.</li> <li>• <b>Evaluate Case Manager Performance:</b> Develop strategies for supervision and quality management.</li> <li>• <b>Professional Development:</b> Support case managers to acquire skills and abilities necessary to improve performance.</li> </ul>
<p><b>One (1) Unit of Service:</b> A face-to-face or telephone contact to complete the following: an individual service plan, a client-centered assessment, care conference meetings; and timely reassessment using any of these service modalities.</p>
<p><b>Total Clients Per FTE:</b> 25-45</p>

### C. Supportive Services

Supportive Services are a set of non-medical services needed to ensure that clients remain in primary care and achieve improved health outcomes, namely viral load suppression. These services are directed to HIV-positive clients; however, they can also be delivered to HIV-affected individuals, including partners or family members of HIV-positive persons when the service supports a health outcome for the HIV-infected client.

<b>Food Bank/Home Delivered Meals</b>	
<b>Food Bank/Home Delivered Meals</b> involves the provision of actual food items, hot meals, or a voucher program to purchase food and non-food items	
<b>Service Activities:</b>	
<ul style="list-style-type: none"> <li>Provide vouchers (not money) to clients to purchase food as groceries or cooked meals</li> </ul>	<ul style="list-style-type: none"> <li>Provide essential, hygiene products and cleaning supplies</li> </ul>
<ul style="list-style-type: none"> <li>Home delivered meals and food pantry access</li> </ul>	<ul style="list-style-type: none"> <li>Water filtration/purification systems in communities where issues with water purity exist (IDPH approval required)</li> </ul>
<b>One (1) Unit of Service:</b> A single voucher for the provision of the above stated meal, food, or supply items	

<b>Housing Services</b>	
<b>Housing Services:</b> Provision of short-term assistance to support housing that enables an individual or family to gain or maintain medical care. Nights of stay at housing facilities, including those for clients with substance abuse and mental health issues. Eligible housing can include housing that provides direct medical or supportive housing such as residential mental health services, foster care, or assisted living residential services, as well as housing that does not.	
<b>Service Activities:</b>	
<ul style="list-style-type: none"> <li>Referral services including assessment, search, placement, advocacy, and the fees associated with these activities</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that patients/clients are receiving unduplicated support from a single case manager within the Ryan White system to maximize funding</li> </ul>
<ul style="list-style-type: none"> <li>Coordinate with Outreach Services as well as with HIV prevention services to assist with linkage-to-care services</li> </ul>	
<b>One (1) Unit of Service:</b> A single night of stay	

<b>Legal Assistance</b>	
<b>Legal Assistance</b> services are defined as the provision of services to address legal matters directly necessitated by the individual's HIV status. Criminal defense and class action suits are unallowable unless related to access to services eligible for funding under the RW Program	
<b>Service Activities:</b>	
<ul style="list-style-type: none"> <li>Permanency planning for an individual or family where the responsible adult is expected to pre-decease a dependent (usually a minor child) due to HIV/AIDS which includes the provision of social service counseling or legal counsel regarding the drafting of wills or delegating powers of attorney or preparation for custody options for legal dependents including standby guardianship, joint custody, or adoption.</li> </ul>	<ul style="list-style-type: none"> <li>Interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under Ryan White</li> </ul>
<ul style="list-style-type: none"> <li>Preparation of Powers of Attorney and Living Wills</li> </ul>	
<b>One (1) Unit of Service:</b> A single face-to-face visit or a single phone contact	

<b>Non-Medical Case Management (Retention Specialists, Peers)</b>
<b>Non-Medical Case Management</b> includes the provision of services that provide advice and assistance to program participants in obtaining medical, social, community, legal, financial, and other needed services.
<b>Service Activities:</b>
<ul style="list-style-type: none"> <li>• Assist program participants in submitting all required documentation to determine eligibility for the program</li> <li>• Conduct outreach to program participants who have fallen out of care or whose eligibility has terminated due to a failure to reapply</li> <li>• Provide benefits/entitlement counseling and referral activities to assist eligible program participants to obtain access to public and private programs for which they may be eligible</li> <li>• Non-Medical Case Management does not involve coordination and follow-up on medical treatments or access to medical coverage. Those services are conducted under Medical Case Management.</li> </ul>
<b>One (1) Unit of Service:</b> A face-to-face or telephone contact to complete the following: an individual service plan, a client-centered assessment, and timely reassessment
<b>Total Clients Per FTE:</b> 25-100

<b>Psychosocial Services</b>
<b>Psychosocial Services</b> are support and counseling activities. Funds under this service category <b>may not</b> be used to provide nutritional supplements.
<b>Service Activities:</b>
Counseling for child abuse and neglect, HIV support groups, pastoral care/counseling, caregiver support and bereavement counseling
<b>One (1) Unit of Service:</b> a single individual or group session

#### **D. Technical Reporting & Other Requirements**

All agencies awarded under this funding opportunity, called “sub-recipient agencies”, will be required to document service utilization daily for case management and monthly basis for all other core and supportive services. In addition, case management agencies must submit quarterly narrative reports to AFC regarding utilization, trends, successes, and barriers. Agencies must be Medicaid certified (if applicable) and document that Ryan White is the payer of last resort.

All funded providers will be required to utilize the Provide Enterprise (PE) system to collect client-level data. Sub-recipients are required to collaborate and share clinical information within the coordinated case management system. All funded providers must agree to receive an annual site visit conducted by the AIDS Foundation Chicago.

## Appendix B: Budget Guidelines

### Allowable Cost Categories

***Personnel:*** Provide the following information: the job title, number of positions, monthly salary, and percent of time to be charged for the project, the amount of the Part A/B share, other share and in-kind share, and the total cost. If the respondent has not yet identified individuals to fill salaried positions, indicate that these individuals are yet to be hired.

- AFC is committed to ensuring that case managers have the necessary supervision to effectively provide case management services. For every case management FTE funded, AFC will seek to provide \$6,000 in salary support for supervision. Case management positions that may be funded include supervisors, medical case managers including perinatal and corrections, and/or non-medical case managers.
- Case manager salaries are to be determined by individual agencies depending on experience and qualifications; however, there must be a rationale provided for case manager salaries beyond the current salary or start-up salary of \$50,000.
- Fringe Benefits will be supported fully if possible. Annual increases in either salaries or fringe rates will be dependent on annual funding levels.

***Fringe Benefits:*** Provide the following information: the amount of fringe benefits requested (which should also include the percentage rate for FICA); medical insurance, including dental and vision coverage, if applicable; worker's compensation and disability insurance; life insurance, if applicable; and vacation and sick pay benefits, etc. Please include elements that are included in the fringe benefit amount. Fringe benefits must be based on the respondent's established personnel policies.

***Materials & Supplies:*** Request office supplies that will be used by program staff in the service delivery.

***Transportation & Travel Expenses:*** Funding for transportation should be requested only as appropriate for program staff's needs. This is not a general substitute for the centralized client transportation system operated through the Case Management service categories. Do not include purchased travel cards (e.g., bus cards, rail cards) in this category.

- Local travel for staff, reimbursement at the agency's rate, for travel to local training activities and client home visits is generally estimated at \$500/FTE for Chicago agencies and \$750/FTE for non-Chicago agencies

### Unallowable Expenses

Any costs not listed as "Allowable" will not be funded through this opportunity.

**NOTE:** It is a legislative requirement, as defined through Ryan White, that funds may not be used to make direct payments to recipients of services. Funds may not be used to make payment for any item or service if payment has already been made or can reasonably be expected to be made under any state compensation program, any insurance policy or any federal or state health benefits program or by an entity that provides health services on a pre-paid basis. (42USC 300ff-15(a) (6)). Funds may not be used to supplant third-party reimbursement.

**Appendix C: Proposal Forms**

AIDS Foundation of Chicago  
 Ryan White CARE Act Request for Proposals  
**Proposal Title Page**

Organization Name:	
Administrative Address:	
Program/Services Address: (Include all sites)	
Primary Contact Name:	
Email Address:	
Phone Number:	
Tax ID Number:	
DUNS/UEI Number:	

**Service Categories**

Select the Core or Supportive Service category/categories for which your organization is requesting funds.

Category	Category	"X"
Medical Case Management	Core	
Medical Case Management (Medical Benefits Specialist)	Core	
Perinatal Case Management	Core	
Corrections Case Management	Core	
Non-Medical Case Management (Peer Services)	Supportive	
Non-Medical Case Management (Retention Specialist)	Supportive	
Non-Medical Case Management	Supportive	
Ambulatory Outpatient Medical Care	Core	
Mental Health Services	Core	
Oral Health Care	Core	
Substance Abuse Outpatient Services	Core	
Food Bank/Home Delivered Meals	Supportive	
Housing Services	Supportive	
Legal Assistance	Supportive	
Medical Nutrition Therapy	Core	
Psychosocial Services	Supportive	

**Counties Served**

Select counties in which your facility is located and/or where services will be delivered. Select all that apply.

X	County	X	County	X	County
	Cook		Grundy		Lake
	DeKalb		Kane		McHenry
	DuPage		Kendall		Will

AIDS Foundation of Chicago  
 Ryan White CARE Act Request for Proposals  
**Client and Agency Demographics Template**

Organization Name:	
--------------------	--

	Client Profile	HIV/AIDS	
Percentage of Clients are:	Hispanic/Latino/a/x		%
	Non-Hispanic		%
Percentage of Clients are:	White		%
	Black (African American/African)		%
	Asian/Asian America		%
	Pacific Islander/Native Hawaiian		%
	Indigenous/Native Alaskan/American Indian		%
	Woman		%
	Man		%
Percentage of Clients are:	Transgender MTF		%
	Transgender FTM		%
	Non-Binary/Nonconforming/Third Gender		%
	Intersex		%
Percentage of Clients are:	Under 18		%
	Ages 18-24		%
	Ages 25-34		%
	Ages 35-44		%
	Ages 45-54		%
	Ages 55- 64		%
	Ages 65-74		%
	75+		%

List top 5 community areas served (example: majority of our clients live in North Lawndale area)

1)	
2)	
3)	
4)	
5)	

AIDS Foundation of Chicago  
 Ryan White CARE Act Request for Proposals  
**Budget Template for Case Management Services**

Organization Name:	
--------------------	--

Service Category:	
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**Instructions:**

Prepare the following budget based on a 12-month award. Use or adapt this template to add more rows. Do not change the column/row headers or font sizes. Submit additional templates if needed.

If applying for both Medical Case Management and Non-Medical Case Management, complete this form twice.

1. Percentage of Time on Project - Input this figure as a decimal point. For example, 50% = .50.
2. Salary Request - Multiply the annual salary by the percentage of time. For every case management FTE funded, AFC will seek to provide \$5,000 in salary support for supervision.
3. Fringe Benefits Rate - Agencies have a standard percentage fringe rate. Enter the percentage in the blank provided. Calculate the total percentage of fringe and its total cost. Enter the total cost for fringe benefits.
4. Grand Total - Total Salary with Total Fringe Benefits lines.
5. Travel - AFC sets standard rates for travel for all FTE's. Chicago/Cook County is \$500.00 per case management FTE and \$750.00 per case management FTE for Suburban Cook/Collar Counties. Multiple the total number of FTEs by the applicable per-FTE amount. Sum all travel costs for Total Travel.

<b>I. Program Personnel &amp; Fringe</b>			
Name and Title	Annual Salary	% Time on Project	Salary Requested
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
<b>Total Salary</b>			
Total Fringe Benefits (_____ % of Salary) for all staff listed			\$
<b>Grand Total Personnel Costs</b>			<b>\$</b>

<b>II. Materials &amp; Supplies</b>	
	\$
	\$
	\$
	\$
	\$
<b>Total M &amp; S</b>	<b>\$</b>

<b>III. Travel</b>	
<b>Local Travel for Case Manager (\$500 for x ___ FTE; \$750 for Suburban Cook/Collar x ___ FTE)</b>	<b>Total Request</b>
Total Travel for Chicago/Cook County	\$
Total Travel for Suburban Cook/Collar Counties	\$
<b>Total Travel</b>	<b>\$</b>
<b>Grand Total 12-Month Budget Request</b>	<b>\$</b>