

**NEW UPDATED 01/21/25**

Please note the changes to the dates on Page 2: PROCESS OVERVIEW AND TIMELINE

Application Process  
Question/Answer

# **GRANT APPLICATION: RYAN WHITE PART A SERVICES**

# PROCESS OVERVIEW AND TIMELINE

**Title: Ryan White HIV/AIDS Program (RWHAP) Part A and MAI**

Application Start Date: January 3, 2025

Email “Intent to Apply” (Required): January 17, 2025

Application End Date: February 10, 2025

Award Announcement: February 24, 2025

Award Start Date: Upon contract execution - up to 60 days

Contract Duration: 3 years

Contract Renewal: Not Applicable

Virtual Pre-Application Conference (link will be emailed): Optional

# GRANT PROPOSAL REQUEST PURPOSE

To identify Subrecipients to provide services to create a comprehensive continuum of high-quality, community-based care for low-income Persons Living with HIV (PLWH).

We are seeking subrecipients to provide HIV Medical and/or Support services to Part A eligible clients in the Nashville/Davidson County Transitional Grant Area (TGA)

# GRANT PROPOSAL REQUEST HIGHLIGHTS

Only the service categories prioritized and funded by the MPHD Ryan White Program are eligible under this RFP according to the Nashville TGA Standards of Care.

Annual budgets will change according to availability of funding and allocations made by the Part A Planning Council.

Applicants may apply for one or more of the service categories (Part A and MAI).

# GRANT PROPOSAL SERVICE CATEGORIES

## Part A:

Outpatient Ambulatory  
Early Intervention Services  
Mental Health  
Medical Case Management/  
Case Management  
Emergency Financial Assistance

Nutrition Services  
Housing Assistance  
Linguistics  
Transportation  
Psychosocial  
Referral

# GRANT PROPOSAL SERVICE CATEGORIES

Ryan White MAI

**Outpatient Ambulatory  
Early Intervention Services  
Mental Health**

**Medical Case Management  
Outreach**

# GRANT FUNDED LISTING OF ALL SERVICES

## \* INDICATES SERVICES CURRENTLY FUNDED

### Core Medical Services

ADAP Treatments  
AIDS Pharmaceutical Assistance  
Early Intervention Services \*  
Health Insurance Premium and Cost Sharing Assistance for Low-Income Individuals  
Home and Community-Based Health Services  
Home Health Care  
Hospice Services  
Medical Case Management, including Treatment Adherence Services \*  
Medical Nutrition Therapy  
Mental Health Services \*  
Oral Health Care  
Outpatient/Ambulatory Health Services \*  
Substance Abuse Outpatient Care

### Support Services

Childcare Services  
Emergency Financial Assistance \*  
Food Bank/Home Delivered Meals \*  
Health Education/Risk Reduction  
Housing \*  
Legal Services  
Linguistic Services \*  
Medical Transportation \*  
Non-Medical Case Management Services \*  
Other Professional Services  
Outreach Services \*  
Permanency Planning  
Psychosocial Support Services \*  
Referral for Health Care and Support Services \*  
Rehabilitation Services  
Respite Care  
Residential Substance Abuse Disorder Services

# EVALUATION CRITERIA

Criteria	Points
<b>A. Organization and Team Qualifications</b>	<b>25</b>
<b>B. Reference Projects</b>	<b>10</b>
<b>C. Project Approach and Process: Goals, Objectives, Service Delivery, and Work Plan</b>	<b>30</b>
<b>D. Budget</b>	<b>35</b>
<b>Total Points</b>	<b>100</b>



# NEW REQUIREMENT INFORMATION

## Required and Expected Use of CAREWare Information System

All **newly funded subrecipients** of the Ryan White Part A Program (RWPAP) will be ***required*** to utilize the CAREWare Information System.

CAREWare is a free, comprehensive electronic health and social support services information system specifically designed for recipients and providers within HRSA's Ryan White HIV/AIDS Program. This system, developed by HRSA's HIV/AIDS Bureau, is the preferred data management tool for program participants.

Current RWPA recipients who receive funding will be expected to transition to CAREWare within a designated timeframe, which will be announced later. Meanwhile, it is crucial to understand that *all* data, reports, and information pertaining to health and social support services must be submitted in a format fully compatible with CAREWare, using the designated fields and standards outlined by the system

# FORMATTING AND SUBMISSION

1 inch margins

.pdf format

12 point font

Submit as an email attachment to: [Beverly.Glaze-Johnson@nashville.gov](mailto:Beverly.Glaze-Johnson@nashville.gov)

# CONTACTS FOR QUESTIONS

For program questions,

contact: [Beverly.Glaze-Johnson@nashville.gov](mailto:Beverly.Glaze-Johnson@nashville.gov)

For finance questions,

Contact: [Sharon.Daniels@nashville.gov](mailto:Sharon.Daniels@nashville.gov)

# Q & A

**Please ask questions that you may have from the RFP**