

**HOUSTON DEPARTMENT OF HEALTH AND HUMAN SERVICES**  
**BUREAU OF HIV/STD PREVENTION**  
**RESPONSE TO QUESTIONS REGARDING RFP FOR HIV/STD PREVENTION SERVICES**

<b>DATE RECEIVED</b>	<b>QUESTION</b>	<b>RESPONSE</b>	<b>RFP PAGE #</b>
1. 10/30/2006	<i>Regarding the request for a letter from an organization's financial institution, did the legal department okay this?</i>	Legal has said that the HDHHS has the ability to require this documentation.	46
2. 10/30/2006	<i>Regarding the request for a letter from an organization's financial institution, is this procedure in agreement with OMB guidelines?</i>	Yes.	46
3. 10/30/2006	<i>Regarding the request for a letter from an organization's financial institution, it seems like the financial institution would be held liable as opposed to the organization itself should there be a problem with reimbursement from the city. Why would the financial institution write such a letter?</i>	The financial institution is only verifying that an agency is financially stable and can carry the costs of the proposed program for at least 90 days at any point during the term of the contract. The financial institution is not assuming any liability by providing this verification.	46
4. 11/01/2006	<i>How is the City defining behavioral specialist/evaluation specialist?</i>	The two (2) behavioral scientists/behavioral specialist must have, at a minimum, a Master's degree in Public Health or a related social science. They must also have experience with behavioral science theory in relation to behavior change interventions as well as outcomes based evaluation.	34
5. 11/02/2006	<i>It is unclear if outreach activities will be funded under HERR since there is no drop down for that on form 4 B-3. Is that true? If not, how should outreach/recruitment activities be listed?</i>	Outreach activities will only be funded as recruitment for other interventions. Stand-alone outreach programs will NOT be funded. There is a drop-down menu for Outreach/Recruitment (OUT/REC) under column 6 (Units of Service) on Form B-3. For example, if proposing outreach/recruitment for Healthy Relationships, one would enter "Healthy Relationships" under column 1 (Intervention Type) on Form B-3 and then "OUT/REC" under column 6 (Units of Service).	62
6. 11/02/2006	<i>Are we required to have both home and business numbers for officers on form 13?</i>	Yes.	105

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<b>7.</b>	<b>11/02/2006</b>	<i>On Form 21, if we have existing bilateral agreements that cover the information, may we use those or do they have to be on these specific forms?</i>	<b>Bilateral Service Agreements should be specific to this proposal, i.e. each agency must specifically outline what they are providing in relation to this proposal. Please use the format specified on Form 21. There is a sample provided on Form 21A.</b>	<b>120</b>
<b>8.</b>	<b>11/02/2006</b>	<i>Please provide sample language for the Financial Stability Documentation and if we submit 2 grants do we need 2 originals of this statement for each or just 2?</i>	<b>The HDHHS cannot provide sample language for the Financial Stability Documentation. Regardless of the number of proposals that an agency submits, only two (2) copies of the Financial Stability Documentation are required. They should be packaged separately from the proposals.</b>	<b>46</b>
<b>9.</b>	<b>11/02/2006</b>	<i>Where in the submission do we certify that we intend to use PEMS and that we "intend to deliver services at hours that maximize service delivery".</i>	<b>There is not a form to certify this information. Once funds are awarded, there will be language in the contract to reflect these requirements.</b>	<b>10</b>
<b>10.</b>	<b>11/02/2006</b>	<i>On Form 22, if we have been funded for 3 consecutive years by the same grant do we list that 3 times?</i>	<b>Yes, if the funding cycle (term) was in one-year increments, each year would be listed separately.</b>	<b>122</b>
<b>11.</b>	<b>11/02/2006</b>	<i>Are there any licensing or education requirements for staff conducting direct services CRCS?</i>	<b>The minimum staff requirements for Comprehensive Risk Counseling Services are as follows: A bachelor's degree in a human-service-related field, such as social work, psychology, nursing, counseling, or health education; skill in case management and assessment techniques; skill in counseling; ability to develop and maintain written documentation (case notes); skill in crisis intervention; knowledge of HIV risk behaviors, human sexuality, substance abuse, STDs, the target population, and HIV behavior change principles and strategies; cultural and linguistic competence.</b>	<b>30</b>

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12.	11/02/2006	<p><i>VI. Evidenced- and Theory-based Interventions, Program Descriptions, Definitions, Standards and Indicators, under Category I, states: "Under this category, the HDHHS will fund one program targeted exclusively to Transgenders at a minimum funding level of \$50,000. This funding is subportion of MSM BRG available. The proposed program should include HERR component designed consistent with the guidelines provided by this RFP and should also include an HIV CTR component designed to diagnose Transgenders with HIV". In this case, would you write a proposal for the BRG of MSM and incorporate the Transgender population into one proposal for both groups, or would you need to have two separate proposals with separate narratives, budgets and scopes of work-- 1) MSM, and 2) Transgender?</i></p> <p><i>Would the \$50,000 per Category be in addition to the money requested for the MSM BRG, or subtracted out of that money?</i></p>	<p><b>A proposal targeting Transgenders needs to be exclusive of any other proposal. This proposal will incorporate both HE/RR and CTR activities and will be funded at a minimum of \$50,000. The \$50,000 is a sub-portion of the MSM BRG funding, NOT in addition to the MSM BRG funding.</b></p>	16
13.	11/02/2006	<p><i>VI. Evidenced- and Theory-based Interventions, Program Descriptions, Definitions, Standards and Indicators, under Category I, states: "Proposer may submit a single proposal for Category 1 and 2, but must submit two separate program budgets. If you want to write for Category 4 along with 1 and 2, would you then need a completely separate proposal for Category 4, or all combined?</i></p>	<p><b>ONLY Categories 1 and 2 may be written as combined proposals. In this scenario, one proposal would be written for Categories 1 and 2 combined and two separate budgets would be submitted: one for Category 1 and one for Category 2. Another proposal would then be submitted for Category 4 along with one budget for Category 4.</b></p>	16
14.	11/02/2006	<p><i>Recruitment Definition: Is Recruitment considered a stand alone intervention under Category 1?</i></p>	<p><b>No, outreach/recruitment is NOT a stand-alone intervention. See also response to Question 5.</b></p>	17
15.	11/02/2006	<p><i>Please define "transit" under Category 4, Social Marketing?</i></p>	<p><b>"Transit" refers to media placed on the public transportation system, i.e. METRO buses, METRORail, etc.</b></p>	11

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16.	11/02/2006	<p><i>Form 1: Proposal Information Form states: "Complete a Separate Form for Each Category for Which You are Applying for Funding". Does this apply when applying for both Category 1 and Category 2 as a combined program? Also, "A separate proposal is required for each category". Does this apply when applying for both Category 1 and Category 2 as a combined program?</i></p>	<p><b>The Proposal Information Form is misleading in this instance. For joint proposals (Categories 1 and 2 ONLY), proposers may complete only ONE Proposal Information Form. Joint proposals are allowed for Categories 1 and 2 ONLY.</b></p>	61
17.	11/02/2006	<p><i>Could you please give a bit more clarity on what is meant by a program versus proposal for funding? The following are scenarios for review: Can you propose 2 programs under one Category and is that considered one proposal, or two proposals?</i></p>	<p><b>In general, proposers need to complete one proposal for each program proposed.</b></p> <p><b>For example, if proposing to do outreach/recruitment, CTR (Non-traditional), and Many Men, Many Voices (3MV) all for the same population, this would be considered one program addressing the continuum of care for that population and thus would only need to have one proposal.</b></p> <p><b>However, if proposing to provide outreach/recruitment and 3MV to one target population and CTR (Non-traditional) to a completely different target population, these would be considered two separate programs and thus require two separate proposals.</b></p>	61
18.	11/02/2006	<p><i>Example 1: Under Category 2, can you propose one program as clinic-based CTR, and a second program that is community-based CTR for a total of 2 programs under Category 2 with a combined budget up to \$300,000?</i></p>	<p><b>In this scenario, if all parts of the proposal are not part of a continuum of care for ONE target population, this would be considered separate programs and thus require separate proposals. Each CTR proposal must not exceed \$150,000.</b></p> <p><b>If proposing CTR (Traditional) for one target population, that proposal could not exceed \$150,000.</b></p> <p><b>And then, if proposing CTR (Non-traditional) for a completely separate target population, that proposal could not exceed \$150,000.</b></p> <p><b>If proposing to provide both CTR (Traditional) and CTR (Non-traditional) to the SAME target population, that proposal could not exceed \$150,000.</b></p>	6

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19.	11/02/2006	<i>Example 2: Under Category 2, could you have one clinic-based CTR program at one clinic location, and then a second clinic-based CTR program at another clinic location with a combined budget up to \$300,000?</i>	Please refer to the response for Question 18.	6
20.	11/02/2006	<i>Example 3: Under Category 1, could you have a group-level intervention program for African American women, and a community-level intervention program for MSM for a total of 2 programs under each category with a combined budget up to \$300,000.</i>	In this example, these two independent programs should be written in two separate proposals. The budgets on each proposal could not exceed \$300,000.	6
21.	11/02/2006	<i>If you apply to serve a BRG under both Category 1 (HE/RR) and Category 2 (CTR), is that considered one program or two programs? Is that one or two proposals?</i>	If designing a program to serve ONE BRG combining Categories 1 and 2, this would be considered one program with one proposal.	6
22.	11/02/2006	<i>If you submit two or more proposals, then you would have completely separate narratives, budgets, etc.?</i>	Each proposal must include separate narratives, budgets, forms, etc. The ONLY exception to this are proposals combining Categories 1 and 2, which require one narrative and one set of forms, but TWO budgets (one for each category).	7
23.	11/07/2006	<i>Form 23 &amp; 24: What constitutes a Reference? We have two public sector contracts to provide CTR services but no private contracts. We do have vendors such as Labcorp who process specimens but I'm not sure that constitutes a reference. We provide CTR at various locations in the community but we have no contract with them. Would that constitute a reference?</i>	<p>On Form 23, please list references that can verify that the proposer meets the minimum requirements stated on pages 9 – 12 of this RFP. Generally, this should include organizations where the same or similar services (to those included in this RFP) were provided. The HDHHS can be included as a reference.</p> <p>On Form 24, please list references that can verify the proposer's past performance, including documentation, timeliness of reporting/invoices, timeliness of quarterly reports, etc. These references must be public entities and can include the HDHHS.</p> <p>In the example given, Labcorp would not constitute a reference. The various community locations would not constitute a reference either because no services were provided directly for the community organization rather in collaboration with the community organization. It does not appear that the community organization would be in a position to verify whether the proposer <b>adequately and appropriately</b> provided similar services to those requested in this RFP.</p>	123 & 124

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<b>24.</b>	<b>11/07/2006</b>	<i>Form 23 and form 20 &amp; 21: Can a reference on form 23 also be a bilateral service agreement on form 21 or have a letter of intent on form 20?</i>	<b>Yes. An agency/organization can be a reference as well as a collaborator in a proposal. A collaborator would complete form 20 (Letter of Intent for a Memorandum of Understanding) and/or form 21 (Bilateral Service Agreement).</b>	<b>118, 120, 123 &amp; 124</b>
<b>25.</b>	<b>11/07/2006</b>	<i>Can we apply for funding to provide CTR (traditional setting) in an HDHHS health center?</i>	<b>The HDHHS does not recommend applying for funding to supplant any HDHHS resources.</b>	<b>22</b>
<b>26.</b>	<b>11/10/2006</b>	<i>Can we use incentives for our intervention or outreach? If so, is there a limit or amount the City would like us to use?</i>	<b>Yes. Please see page 64. The amount requested must be reasonable and fully justified.</b>	<b>64</b>
<b>27.</b>	<b>11/11/2006</b>	<i>The service description form does not include all of the DEBIs specifically Community Promise. How can that be added or listed?</i>	<b>The budget forms have been updated to reflect all of the DEBIs.</b>	<b>71</b>
<b>28.</b>	<b>11/11/2006</b>	<i>The budget form b-3 also does not have community level intervention as a choice under 6 units of service. How do we designate community level intervention community promise?</i>	<b>The budget forms have been updated, and CLI has been added to Form B-3.</b>	<b>71</b>
<b>29.</b>	<b>11/13/2006</b>	<i>If our organization's positivity rate is below 1% does it mean that we are not eligible for CTR funds?</i>	<b>No. A positivity rate of 1% is the target positivity rate for all funded CTR programs in 2007. This is to ensure that the appropriate target populations are being reached by CTR activities. If proposers are not currently attaining a minimum 1% positivity rate among target populations, they should begin to strategize how to achieve this target positivity rate in the future.</b>	<b>30</b>
<b>30.</b>	<b>11/13/2006</b>	<i>Can I provide only one CTR intervention, either Targeted HIV Screening or Protocol-Based Counseling?</i>	<b>No. All CTR programs must be able and equipped to provide both Targeted HIV Screening and Protocol-Based Counseling. Depending upon the target population, the testing technology, and the setting, a proposer should estimate/plan on the number of Targeted HIV Screening sessions as well as the number of Protocol-Based Counseling sessions that will be provided in the proposal.</b>	<b>25</b>

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31.	11/13/2006	<i>What is meant under Section 3: Program Design Question #1 "Describe your follow up plan"? Is this related to client services after outreach/recruitment? testing? HERR group? Is this meant as evaluating the program after implementation? Please expand what exactly is being requested.</i>	<p>A follow-up plan is required for nearly every intervention; usually to determine if referrals were completed, but not always. Some examples are as follows:</p> <p>1) Outreach/recruitment activities require follow-up after a client is engaged to ensure that referrals were completed.</p> <p>2) Individual-level interventions require a 30, 60, and 90 day follow-up component. In this instance, the follow-up component is utilized to assess risk reduction behaviors over a period of time.</p> <p>3) CTR activities require follow-up to ensure that referrals were completed.</p>	43
32.	11/14/2006	<i>What is the intent of Form 19: Identification of Consultants and/or Volunteers?</i>	This form is to identify all consultants or volunteers who were involved in the preparation of the proposal.	117
33.	11/14/2006	<i>What is the purpose of knowing this information if consultants are paid with unrestricted funds? What information is the city trying to ascertain?</i>	This information is used to ascertain any possible conflict of interest among proposers and their consultants and volunteers.	117
34.	11/14/2006	<i>In regards to the health communication/public information piece, the last sentence reads "Group presentations cannot be a stand-alone intervention and must be complemented by at least one HERR intervention." What do you mean exactly? For example, if an agency has been doing one-shot presentations with organizations like HPD, CPS, or other employee training or parental training sessions, the only way we can continue providing this service is if we include one HERR intervention. Could this HERR intervention be POL or HR recruitment or do we have to do either POL or HR with employees or parents of these organizations? If so, what scientific evidence could we present in this proposal that would allow us to continue doing one-shot presentations to organizations that require HIV 101 in their trainings, etc.</i>	One-shot group presentations (HC/PI) may be appropriate in conjunction with another intervention, thus using the larger group presentation as a recruitment tool into another intervention. Of course, a program designed in this manner must be targeted to a specific BRG. One-shot group presentations (HIV 101 trainings) as described here are not an appropriate use of HDHHS funds. The HDHHS cannot make recommendations as to what scientific evidence would be appropriate in this, or any, situation.	22

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35.	11/14/2006	<i>For my "Peer Health Educators", is there something in particular we should be doing to include them in this proposal or is their role in this understood within Healthy Relationships? I guess I am not understanding why that subgroup is there under Category 1...should we be writing something separate for these individuals to make their work stand out. And can this subgroup be used to incorporate some of our PHE's from our recently released incarcerated program? Is there a way that we can incorporate these guys into this RFP for example under the HC/PI piece?</i>	<b>The definition of Peer Health Educators provided here is for proposers who wish to design a Non-DEBI program that includes PHEs. If proposing a DEBI that includes PHEs as a core component, proposers do not have to write something separate for these individuals. However, they must be well versed on the roles of the PHEs in regards to their proposed DEBI. PHEs may be used at the discretion of the proposer's agency. If the question is whether PHEs can split their time across different programs, the answer is "yes". PHEs can be used to provide HC/PI services.</b>	21
36.	11/15/2006	<i>Our area of focus would be the HERR area. Is this supposed to be a fee per service type of program? If so, how much is being paid for each portion, for example, PCPE, ILI, GLI, etc.</i>	<b>All services requested in this RFP will be funded under a cost reimbursement basis, NOT a fee-for-service basis.</b>	62
37.	11/15/2006	<i>If applying for CTR funds, can we contract with another agency for venipuncture to provide the Syphilis testing?</i>	<b>No. All Risk Reduction Specialists must be trained to do venipuncture, and Syphilis testing must be offered at the same time an HIV test is offered.</b>	22
38.	11/16/2006	<i>On HE/RR, does HDHHS determine the number of people, sessions, etc per intervention as it does with HIV CTR? For example, if providing an EBI, does the applicant have to include the number of people to be served or will this be prescribed later on via contract negotiations</i>	<b><u>In all proposals</u>, including CTR and HE/RR, proposers must indicate the number of <u>unduplicated</u> clients proposed to be served during one year of the program.</b>	30

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39.	11/16/2006	<p><i>For program and funding clarity, our organization wants to have a program for a particular BRG that includes all of the following interventions in one proposal: recruitment, ILI, Clinic-based CTR and Community-based CTR. As such, there is specific funding allocations per each intervention (Recruitment up to \$300,000, ILI up to \$300,000, Clinic-based CTR up to \$150,000 and Community-based CTR up to \$150,000)-correct? If not, then could you please clarify how the funding allocations work for the listed program for one particular BRG?</i></p>	<p>In this scenario, if all parts of the proposal are part of a continuum of care for ONE target population, one proposal may be written for all of this, but not at the funding levels indicated in this example.</p> <p>If proposing HE/RR activities for one BRG as follows: outreach/recruitment and individual-level interventions, the budget for these combined HE/RR activities targeting the same BRG would be a maximum of \$300,000.</p> <p>If proposing CTR activities for one BRG as follows: Traditional settings and Non-traditional settings, the budget for these combined CTR activities targeting the same BRG would be a maximum of \$150,000.</p> <p>A combined proposal of Categories 1 and 2 as listed above would include two separate budgets as follows: Category 1 for \$300,000 and Category 2 for \$150,000. The total funding request for this proposal would be \$450,000.</p>	6
40.	11/16/2006	<p><i>In the above scenario—we would complete a separate SOW for each intervention—correct?</i></p>	<p>Only one Scope of Work (SOW) needs to be completed for each proposal. Since the scenario listed above would require only one proposal, it would also require only one SOW. The idea is that if this is a program providing a continuum of care to ONE target population, the SOW will flow together appropriately across all interventions.</p>	81

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41.	11/16/2006	<i>Please clarify: Are we to submit Form 1: Proposal Information Form for each intervention, or each proposal?</i>	<p>In general, one proposal needs to be completed for each program that is proposed. Each proposal may or may not include more than one intervention. Some examples follow:</p> <p>If proposing to do outreach/recruitment, CTR (Non-traditional), and Many Men, Many Voices (3MV) all for the same population, this would be considered one program addressing the continuum of care for that population and thus would only need to have one proposal.</p> <p>However, if proposing to provide outreach/recruitment and 3MV to one target population and CTR (Non-traditional) to a completely different target population, these would be considered two separate programs and thus require two separate proposals.</p>	61
42.	11/16/2006	<i>Can we use current MOUs, especially if we are seeking funding for services currently in place and thus our current MOUs would reflect that, or do we need to do new ones?</i>	<p>Memoranda of Understanding should be specific to this proposal, i.e. each agency must <u>specifically outline</u> what they are providing in relation to <u>this proposal</u>. Please use the format specified on Form 20. There is a sample provided on Form 20A.</p>	118
43.	11/16/2006	<i>Could you clarify the different purposes in using the Form 20 versus Form 21? Do you have to get both?</i>	<p>In general, a Memorandum of Understanding (Form 20) is a one-way document, i.e. services in conjunction with this proposal are being provided by <u>one</u> of the two collaborating agencies. A Bilateral Service Agreement (Form 21) is a two-way document, i.e. services in conjunction with this proposal are being provided by <u>both</u> collaborating agencies. A proposer may enter into any number of MOUs or BSAs in order to appropriately reflect the proposed services. MOUs and BSAs are not required; however, they strengthen the proposal.</p>	118 & 120
44.	11/16/2006	<i>V. Minimum Mandatory Eligibility Requirements and Funding Preferences, Category 2 and Category 4: In the questions that state "Proposer must demonstrate....."—is there specific information that must be included in the document?</i>	<p>All requirements should be addressed in the proposal so that reviewers are able to determine if the minimum qualifications are met. Any required documentation should be included as appendices to the proposal.</p>	11

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45.	11/16/2006	<i>Intervention Documentation: Outreach—what is actually meant by “engaged”? Does this mean that we must collect the data elements requested once the client has decided they want to access a particular service the outreach activity is recruiting for?</i>	A client has been “engaged” when a conversation including a risk assessment has been had between the outreach worker and the client. Simply handing someone educational materials or condoms does not constitute “engagement” of the client. Also, a client may be “engaged” and still not want to be referred into the service for which the outreach is recruiting.	50
46.	11/16/2006	<i>When conducting outreach, there will be times that a staff person may work with a client who is willing to listen to the messages and take materials, but does not want to give any information about themselves—does this count as a contact or not? In conducting internet outreach, there is an issue of anonymity that may impact the ability to get his information—can this be negotiated for internet outreach activities?</i>	Yes. If the client is “engaged” and does not provide personal information, this still counts as a contact. Of course, all other documentation would be expected, i.e. referrals, distribution of educational materials and incentives, etc. Documentation for internet outreach can be discussed further upon award.	50
47.	11/16/2006	<i>Do we submit a separate proposal for the different populations under category 1 and 2? Example: Youth HERR, Adult HERR, or the recently-released population.</i>	In general, each target population would constitute a separate proposal under Categories 1 and 2.	61
48.	11/16/2006	<i>Do we submit a separate proposal for the different behavioral risk groups?</i>	This depends on how the proposal is structured. If the intervention can target different BRGs in the same manner (e.g. Male IDUs and Female IDUs may be targeted by the same intervention), one proposal would be appropriate. However, if the intervention cannot target different BRGs in the same manner (e.g. MSM and MSF most likely cannot be targeted by the same intervention), more than one proposal would be necessary.	61
49.	11/16/2006	<i>If an agency received their CLIA waiver in the fall of 2004 and started providing CTR services in February 2005, do they qualify under Category 2, CTR (non-traditional settings)?</i>	Proposers must demonstrate at least three (3) years experience providing CTR services consistent with State and local guidelines. Proposers who do not have three (3) years experience are not discouraged from applying as this is ONE element that will be reviewed. Ensuring that all target populations receive services will also be a factor in awarding funds.	11

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50.	11/16/2006	<i>Since VOICES/VOCES is not considered as a group-level intervention, does VOICES/VOCES falls under HC/PI definitions? Also, since another intervention has to compliment this intervention, can ILL's be incorporated?</i>	Technically, VOICES/VOCES is considered “a group-level, single-session video-based intervention designed to increase condom use among heterosexual African American and Latino men and women who visit STD clinics.” For the purpose of this RFP, VOICES/VOCES is considered a group-level intervention (GLI). Since this is a DEBI, it may be proposed as is with no additions needed.	20
51.	11/16/2006	<i>Need a clearer explanation of Form 13. What exactly goes in #2 and #6?</i>	In number 2, please put “HIV/STD Prevention Services”. Number 6 is optional. If the proposer’s organization and/or board officers are currently protesting, challenging or appealing the accuracy and/or amount of taxes levied against them by the City of Houston, please complete number 6.	105
52.	11/16/2006	<i>Please go in detail Form 23 and Form 24.</i>	<p>On Form 23, please list references that can verify that the proposer meets the minimum requirements stated on pages 9 – 12 of this RFP. Generally, this should include organizations where the same or similar services (to those included in this RFP) were provided. The HDHHS can be included as a reference.</p> <p>On Form 24, please list references that can verify the proposer’s past performance, including documentation, timeliness of reporting/invoices, timeliness of quarterly reports, etc. These references must be public entities and can include the HDHHS.</p>	123 & 124

## ADDITIONAL EPIDEMIOLOGICAL DATA

### Number of New HIV Diagnoses, HIV Rates, Living HIV/AIDS Cases and Seroprevalence among BRGs

Behavioral Risk Group (BRG)	New HIV Diagnoses 2005	Rate (per 100,000 population)	Living HIV/AIDS Cases (as of 06/16/2006)	Seroprevalence
MSM	404	264.90	6,714	4.40%
FSM	124	15.08	2,403	0.29%
MSF	94	12.02	1,397	0.18%
M/IDU	28	157.65	997	5.61%
MSM/IDU	22	123.87	903	5.08%
F/IDU	19	105.23	805	4.46%