Louisiana Department of Health
Office of Public Health
STI/HIV/Hepatitis Program (SHHP)
2026 HIV PREVENTION REQUEST FOR INFORMATION GUIDELINES

Released: February 3, 2026

INTRODUCTION

The Louisiana Department of Health, Office of Public Health, STI/HIV/Hepatitis Program (SHHP) is interested in collecting information from potential vendors to provide STI, HIV, and Hepatitis C prevention programming to persons at greatest risk for acquiring or transmitting those conditions from July 1, 2026, to June 30, 2029.
This Request for Information (RFI) Guidance contains the requirements that all respondents shall meet. Failure to conform to these requirements will result in disqualification. Each applicant is solely responsible for preparing and submitting their response in accordance with the instructions in this RFI.

This RFI is for planning purposes only and should not be construed as a Request for Proposals (RFP). This is not a solicitation for offers. This information will be reviewed and discussed by the State agency and may or may not result in a contract and/or procurement, including through NASPO ValuePoint, for the services included in the RFI. The responder bears all costs.

PLEASE READ ALL MATERIALS BEFORE PREPARING YOUR RESPONSE TO THIS RFI.

A. PURPOSE

The purpose of this RFI is to identify organizations interested in providing HIV/STI/Hepatitis Prevention services to priority populations in each public health region of Louisiana. Contracts may result from this RFI to conduct STI/HIV/Hepatitis prevention activities with the goal of maximizing the impact of activities in each region to reduce new infections.
Following national and southern U.S. trends, Louisiana's HIV rates have been stagnant for several years, and STI (gonorrhea, chlamydia, and syphilis) rates have been on the rise in the last decade. Furthermore, Louisiana ranks in the top five to ten states for the highest diagnosis rates of HIV and STIs. Identifying innovative ways to address the high burden of STIs and improving access to screening and treatment are among LDH's top priorities in 2026.

1. Respondents must be established as an appropriate legal entity.
2. Respondents must be in good standing with the Louisiana Secretary of State's office and compliant with the Louisiana Legislative Auditor's office in order to do business in Louisiana and to conduct the activities described in the RFI.
    - Louisiana Secretary of State website: www.RFIs.la.gov
    - Louisiana Legislative Auditor website: www.lla.state.la.us
3. Respondents must be in good standing with the Louisiana Department of Revenue and the United States Internal Revenue Service.
4. Respondents must have a Louisiana address and must have an existing office (physical address) in the designated service area. A post office box may be used when the proposal is submitted, but the respondent must conduct business at a physical location in the service area of Louisiana prior to the date that the contract is awarded.
5. Respondents' staff members, including the executive director, must not serve as voting members on their employer's governing board.

Eligible Respondents:

- Federally recognized Indian tribes
- Local health departments
- Non-profit community-based/social service organizations
- Universities and colleges
- Faith-based organizations
- Community health clinics

Note: All eligible respondents will be collectively referred to as community-based organizations (CBOs) for the remainder of this document.

Ineligible Respondents:

- For-profit agencies
- Governmental organizations other than local health departments, publicly funded universities, and colleges
- Individuals
- Organizations in which organizational employees serve on the governing board.

B. AVAILABLE FUNDING

The contract period will be up to three years (July 1, 2026, through June 30, 2029), with LDH able to terminate early if the contractor fails to meet agreed-upon deliverables or if federal funding or priorities change.

It is anticipated that there may be multiple social services contracts ranging from $50,000 to $249,000 resulting from this RFI, with a total of approximately $1 million (floor) to $2.8 million (ceiling) available to support all contracts in FY 2027 (July 1, 2026, to June 30, 2027). SHHP's goal is that the distribution of funds reflects the burden of disease in each public health region, as evidenced by recent HIV incidence in each region, according to SHHP surveillance data, and by the innovation and strategy of respondents' proposed approaches. With this in mind, the following are the percentages of the total funds for each region that may be available through this RFI. These percentages are subject to change based on funding criteria, funding availability, and the quality of applications received. Applicants are encouraged to consider these percentages when applying for funds and not to request more than may be available to a region. These percentages are NOT guaranteed for each region and are intended only as a guide.

RFI Funding Ranges Based on People Newly Diagnosed with HIV by Region, Louisiana 2022-2024				
Region	N	Percent	Min Available Funding*	Max Available Funding*
1	647	32%	$ 320,000	$ 896,000
2	484	22%	$ 220,000	$ 616,000
3	134	4%	$ 40,000	$ 112,000
4	271	9%	$ 90,000	$ 252,000
5	137	5%	$ 50,000	$ 140,000
6	156	5%	$ 50,000	$ 140,000
7	335	10%	$ 100,000	$ 280,000
8	236	6%	$ 60,000	$ 168,000
9	185	7%	$ 70,000	$ 196,000
Total	2585	100%	$ 1,000,000	$ 2,800,000
*Represents total funding for all interventions and contracts combined.				

CBOs may apply to provide one or more prevention interventions for a specific priority population or multiple populations, but must demonstrate that the efforts planned for the region or area are focused on the communities (ZIP codes and populations) most heavily impacted and that the proposed activities taken as a whole will maximize the funding and impact of reducing new HIV/STI infections.

In accord with national and state HIV and STI strategic plans, the following interventions are the focus of this RFI (note: these interventions are not in order of priority):

- HIV/STI Prevention Counseling, Rapid Testing, and Linkage to Care in Non-Health Care Settings
- Prevention Materials Availability
- Louisiana Wellness Center Project
- Louisiana Youth Responsibility Program (LYREP)

Priority populations are described in *the Get Loud Louisiana* plan and are listed below. Note that populations are not listed in order of priority.

- Gay and Bisexual Men of Color (GBMOC)
- Gay and Bisexual Men (GBM) of other races/ethnicities
- People who inject drugs (PWID)
- Transgender individuals
- Heterosexual African American Men and Women
- Heterosexual Hispanic/Latino Men and Women

Community-based organizations should not assume that they will receive funds solely because they have received funding in previous years. Funds will be provided to CBOs based on the consistency of each proposal with the following:

- Proposal Guidelines
- State and local epidemiology of HIV/STIs
- National and Louisiana-specific HIV and STI strategic plans
- Other federal, state, and foundation funds available in each region
- CBO's capacity to carry out its proposal
    - Merit of the proposed approach
    - Strength of collaborations

This RFI is part of a competitive process to gauge CBO interest in providing the indicated services in Louisiana. Both new and currently funded CBOs should submit responses to this RFI for consideration.

Reporting and Performance Monitoring

Contracts resulting from this RFI may be issued for one to three years in duration. Quarterly progress reports are required from each funded CBO. SHHP will monitor and evaluate each CBO’s performance against the deliverables and identified performance metrics for each contract (e.g., outreach volume, testing/screening volume, percent positivity, time to linkage to care). Due dates for the reporting periods for the first year are as follows:

1st quarter (July 1- September 30)	Due October 14, 2026
2nd quarter (October 1- December 31)	Due January 14, 2027
3rd quarter (January 1 – March 31)	Due April 14, 2027
4th quarter (April 1-June 30)	Due July 14, 2027

All reports are due in the format provided by SHHP no later than 14 days after the end of each reporting period. Progress toward meeting the project objectives shall be reported quarterly and year-to-date. The fourth quarter will serve as the final program report for the funding year. Schedules for subsequent years will remain unchanged, and budgets and objectives will be reviewed annually. If a report due date falls on a holiday or weekend, the report is due the business day before the listed date.

C. RFI GOALS

LDH seeks to achieve the following goals through the release of this RFI:

1. Reduce New STIs, HIV, and HCV Infections.
   - Intensify HIV/STI prevention efforts in most impacted communities.
   - Expand Focused efforts to prevent HIV infection using a combination of effective, evidence-based approaches.
   - Educate all Americans about the threat of HIV and how to prevent it.
2. Increasing Access to Timely Care/Treatment and Improving Health Outcomes for People Living with HIV, STIs, and HCV.
3. Reduce unplanned pregnancies and HIV/STIs among high-risk adolescents.
4. Ensure appropriate distribution of services and resources in each region of the state based on current epidemiology (visit https://louisianahealthhub.org/data-reporting/ for regional HIV/STI fact sheets and reports).
5. Ensure a balance of programs funded in terms of priority populations in each region of the state.
6. Ensure a balance of programs funded in terms of interventions/services available in each region of the state.

D. TIMELINE

February 4, 2026:	Request for Information (RFI) advertised
March 6, 2026:	Deadline for questions from applicants by noon Central Standard Time (CST)
March 11, 2026:	Final compilation of questions with answers posted on https://www.louisianahealthhub.org by 12 pm
March 25, 2026:	**Submission Deadline - Proposals due by 4:00 PM Central Standard Time (CST)**
March 31, 2026:	Contract selection and notification
April 7-9, 2026:	Contract meetings
July 1, 2026:	Contracts begin

Deadline

Applicants must submit an electronic copy of their responses no later than **March 25, 2026, at 4:00 PM CST** to the OPH STI/HIV/Hepatitis Program at this email address only: SHHPinformation@la.gov. **Proposals must be received no later than 4:00 PM CST on Wednesday, March 25, 2026.** No physical applications will be accepted.

E. OVERVIEW OF FUNDABLE ACTIVITIES

The following is a brief description of the high-impact HIV/STI prevention interventions/strategies identified through the statewide HIV planning process, and that may be funded through this RFI. Current protocols for these interventions and strategies are available at https://www.louisianahealthhub.org. Once funded, CBOs will be provided a more thorough description of each intervention, including detailed evaluation plans. Technical assistance will be provided to each CBO for their funded interventions. Applicants are encouraged to use the brief descriptions of the fundable interventions that follow as guides for developing their proposals and answering the intervention-specific questions in this RFI.

Respondents may apply for a single intervention or any combination of interventions, based on their interests and capacity to provide the required services.

I. Focused HIV Prevention Counseling, Testing, and Referral/Linkage to Care

The HIV/STI Prevention Counseling, Testing, and Linkage to Care intervention implemented by CBOs in non-healthcare settings is intended to reach priority populations who may not be engaged in routine primary care or who may be uncomfortable accessing HIV and STI services from their usual health care providers. These services should be implemented in areas with the highest HIV/STI incidence within each public health region, based on surveillance data. They should include provision in nontraditional sites such as nightclubs, barbershops, beauty salons, churches, and other community settings where priority populations congregate. For more information about this intervention, review the Louisiana Quality Assurance Protocol for HIV/STI Testing and Linkage to Care in Non-Health Care Settings.

II. Prevention Materials Availability

Prevention Materials Availability, which is a community-level intervention that focuses on increasing the accessibility of information about STI/HIV/Hepatitis prevention and the methods/tools (including condoms) for preventing the transmission of HIV and other STIs. This intervention involves distributing and monitoring educational materials, STI/HIV/Hepatitis campaign promotional items, and male and female condoms through approved sites and recruitment activities. Prevention Materials activities should be conducted in areas and with populations designated as high-risk within the priority ZIP code areas. Signs, posters, brochures, and stickers should be used to promote the community awareness of Prevention Materials and normalize condom use. All materials shall be provided free of charge to the public. For more information about this intervention, visit SHP Prevention Materials Availability.

III. Louisiana Wellness Center Project Model

The Louisiana Wellness Center intervention is intended to address the disproportionately high HIV and STI rates among gay and bisexual men, and transgender and gender non-conforming individuals in the state by establishing safe and empowering environments for the priority populations to access comprehensive HIV/STI preventive health services. Comprehensive prevention services include screening for HIV, syphilis, HCV, as well as gonorrhea and chlamydia (at all anatomical sites), onsite treatment for bacterial STIs, and rapid linkage to HIV care for those with positive results. Services also include HIV PrEP and PEP, STI DoxyPEP, and administering vaccines, as appropriate, for the priority populations (e.g., Hepatitis A and B, and HPV). The Wellness Center intervention also requires the direct involvement of community advisory boards in the planning, marketing, advertising, and recruitment for the services provided. For more information about this intervention, see the Louisiana Wellness Centers Protocol.

IV. Louisiana Youth Responsibility Education Program

The Louisiana Youth Responsibility Education Program (LYREP) uses evidence-based behavioral interventions intended to delay sexual activity/initiation and to increase condom and contraceptive use, reduce unplanned pregnancies and STIs among sexually active adolescents. The program incorporates both abstinence and risk-reduction education, using group discussions and activities on responsibility, self-esteem, healthy relationship norms, and improving decision-making and goal-setting skills. This intervention is implemented in community-based settings serving adolescents who are in foster care, involved in the juvenile justice system, and other organizations serving youth with high birth rates and/or elevated STI/HIV incidence. When possible, adolescents should be informed of and referred to other existing prevention resources, interventions, and services in their community. For more information about this intervention, visit https://louisianahealthhub.org/louisiana-youth-education-program.

F. PROPOSAL REVIEW PROCESS

Review Panel

An internal LDH OPH review panel, consisting of programmatic and fiscal subject-matter experts, will review all responses submitted by the deadline.

G.PROPOSAL REQUIREMENTS AND CONTENT

Please include the following in your RFI response.

1) Proposal/Application Cover Sheet
2) Table of Contents
3) Project Narrative (note page limits)
4) Staff Resumes and/or Job Descriptions
5) Memoranda of Understanding (MOUs) or Letters of Intent (LOIs) with relevant partners
6) Fiscal Year 2027 STI/HIV/Hepatitis Line Item Budget Form
7) Detailed Budget for Each Intervention Included in the Application

8) Budget Justification for Each Intervention Included in the Application
9) Income Statement Form
10) Summary of All Funding Resources and Current Contracts
11) Total Organizational Budget
12) 501(c)(3) documents
13) List of Current Board Members
14) Board Resolution

Project Narrative

A. Organizational Background and Experience (*2 page limit)*

- Describe the agency's history and mission.
- Briefly describe the agency's current programs and activities. Please also attach a complete list of current projects/activities with a description of the primary goals and outcomes (not counted toward the page limit).
- Describe the populations the agency has experience and expertise working with based on past and current programs, interventions, and other services. Include specific activities, time frames, and the results and impacts of those activities.
- Describe how the agency has or plans to involve the priority population(s) in conducting needs assessment, formative evaluation, program design and development, service delivery, and/or quality assurance processes.
- Describe the agency's privacy and security processes to safeguard client data and confidentiality.

B. Summary of Proposed Interventions *(1 page limit)*

- What intervention(s) are you proposing? Describe how the proposed programs/activities align with your agency's mission.
- Describe the agency's capacity to implement the proposed intervention(s).
- How will the proposed intervention(s) be complementary to and integrated into the other work of your organization?
- How will the proposed intervention(s) collaborate with, and not duplicate, any similar programs in your public health region?
- How will you ensure that the intervention(s) will be provided in a culturally, linguistically, and developmentally appropriate manner?

Only answer the intervention-specific questions below for the interventions that you are interested in providing:

I. Focused HIV/STI Prevention Counseling, Testing, and Linkage to Care *(4 page limit)*

- Why did you choose this intervention?
- Describe any previous experience implementing HIV/STI Prevention Counseling, Testing, and Linkage to Care, including the number of tests conducted by population, total patients with positive results, patients newly diagnosed with HIV and STIs, and the proportion of positive individuals provided STI treatment and linked to HIV care. If CBO has no previous experience with this intervention, describe your organization's capacity to implement it, providing specific timelines, any training needed, etc.
- What population(s) will you focus on? Please include a description of the population(s) and the epidemiology of HIV/STIs in the area. Also, describe the specific locations/sites where you plan to conduct this intervention and attach signed MOUs or LOS with proposed external sites/partners.
- Describe how each of the following performance requirements will be met or exceeded:
  - Adhere to the Louisiana Quality Assurance Protocol for HIV/STI Testing and Linkage to Care in Non-Health Care Settings. The agency's response should demonstrate understanding of the linked QA protocol and specify any training or other technical assistance it may need to comply with the requirements fully.
  - Ensure a majority (greater than 50%) of the clients served belong to a priority population. (Please note that no person should be denied services regardless of their demographic or other affiliations.
  - Maintain a new HIV diagnosis rate of at least 0.8%
  - Maintain a combined new STI diagnosis rate of at least 1%
  - Ensure at least 80% of clients who are newly diagnosed with HIV are linked to care within 7 days of their diagnosis. CBOs that can provide on-site same-day HIV treatment (rapid start) will be given the highest consideration for this RFI.
  - Ensure at least 90% of clients previously diagnosed with HIV are reengaged in care within 30 days of being identified by the agency.
  - Ensure at least 80% of clients who are newly diagnosed with other STIs receive treatment within 14 days of their diagnosis. CBOs that can provide on-site, same-day treatment for STIs will be given the highest consideration for this RFI.
- Describe the behaviors or other factors you aim to impact, what measurable outcomes (in addition to those listed above) are expected, and how you measure success?

II. Prevention Materials Availability *(3 page limit)*

- Why did you choose this intervention?
- Describe your organization's previous experience providing the Prevention Materials intervention. If no previous experience, describe your organization's current capacity for implementing this intervention.
- What population(s) will you focus on? Please include a description of the population(s) and the epidemiology of HIV/STIs in the area.
- Where will you provide this intervention, and why did you choose these sites? Describe the demographics and volume of people who frequent the planned sites. Attach signed MOUs or LOIs with each of the proposed sites.
- Describe how your agency will ensure compliance with the Prevention Materials Protocol. The agency's response should demonstrate understanding of the linked protocol and specify any training or other technical assistance it may need to comply with the requirements fully.
- How will you advertise this program to the priority population(s)/community?
- How will you ensure condoms and HIV/STI educational materials are reaching the intended priority population?
- How will you leverage this intervention to promote other HIV/STI prevention services in your agency or community?
- Describe the behaviors or other factors you aim to impact, what measurable outcomes (in addition to those listed above) are expected, and how you measure success?

III. Louisiana Wellness Centers *(6 page limit)*

- Why did you choose this intervention?
- Describe your organization's previous experience implementing Wellness Center activities and outcomes of those activities, including the number of tests conducted by population, positive results, newly identified HIV positive individuals, and the proportion of positive individuals linked to HIV care and proportion receiving partner services. If no previous experience, describe your organization's current capacity for implementing this intervention.
- Describe how each of the following performance requirements will be met or exceeded:
  - Adhere to the Louisiana Wellness Centers Protocol. The agency's response should demonstrate understanding of the linked protocol and specify any training or other technical assistance it may need to comply with the requirements fully.
  - Ensure a majority (at least 70%) of the clients served belong to the priority populations. (Please note that no person should be denied services regardless of their demographic or other affiliations.

- Maintain a new HIV diagnosis rate of at least 1%
- Maintain a combined new STI diagnosis rate of at least 1%
- Ensure at least 85% of clients who are newly diagnosed with HIV are linked to care within 7 days of their diagnosis. CBOs that can provide on-site same-day HIV treatment (rapid start) will be given the highest consideration for this RFI.
- Ensure at least 90% of clients previously diagnosed with HIV are reengaged in care within 30 days of being identified by the agency.
- Provide on-site same-day treatment for STIs (syphilis, gonorrhea, and chlamydia), and ensure at least 95% of clients who are newly diagnosed with STIs receive treatment within 7 days of their diagnosis.

- Describe how you will assemble and maintain the required community advisory board for your Wellness Center.
- Describe how you will plan and implement the required community recruitment and marketing activities for your Wellness Center.
- Describe how HIV PrEP, PEP, and STI DoxyPEP services will be provided at your proposed Wellness Center and explain how you will increase utilization of these essential prevention services among the populations served.
- Describe any planned insurance and Medicaid billing related to this intervention and how those revenues will be reinvested into this program.
- Describe any planned 340b Program participation related to this intervention and how those revenues will be reinvested into this program.
- Describe the behaviors or other factors you aim to impact, what measurable outcomes (in addition to those listed above) are expected, and how you measure success?

IV. Louisiana Youth Responsibility Education Program *(4 page limit)*

- Why did you choose this intervention?
- Describe the agency's experience performing the proposed intervention, including the specific evidence-based curricula.
- What geographic areas will you focus on?
- Where will you provide this intervention, and why did you choose these sites? Attach signed MOUs or LOIs with each partner site.
- How will you recruit priority adolescents to participate in this intervention? Describe the number and demographics of the youth the agency plans to serve annually through this intervention.

- How will you ensure the intervention is implemented with fidelity to the evidence-based model according to the appropriate LYREP Protocol? The agency's response should demonstrate understanding of the linked protocols for the planned behavioral interventions and specify any training or other technical assistance the agency may need to comply with the requirements fully.
- Describe the behaviors or other factors you aim to impact, what measurable outcomes (in addition to those listed above) are expected, and how you measure success?

C. Project Personnel *(1 page per intervention)*

- Attach job descriptions for agency director, program manager/director, and those directly involved with implementation of the project; provide the title, specific job responsibilities, credentials, and experience required (not included in the page limit).
- Attach an organizational chart that includes all proposed positions for the proposed programs or projects. This should include a description of the organization's structure and how the proposed staffing supports the delivery of effective STI/HIV/HEPATITIS prevention services (not included in the page limit).
- Describe a plan for retaining staff and for providing a safe and secure work environment.
- What is the potential for volunteer involvement with each intervention? What volunteers will be involved, and how will you recruit, train, place, and retain volunteers?

D. Community Collaborations, Referrals, and Follow-up *(1 page per intervention)*

- Describe previous and current experience collaborating with strategic partners to advance HIV/STI prevention goals and objectives. Describe any formal agreements already established for collaboration and referral.
- Describe any barriers you have encountered when collaborating with strategic partners and how you addressed these barriers.
- What steps will you take or have you already taken to develop working collaborations with health departments, community planning groups, academic and research institutions, health care providers, and other local resources where these do not already exist?
- What steps will you take to coordinate STI/HIV/HEPATITIS prevention activities between your proposed program and other STI/HIV/HEPATITIS prevention or service providers?
- How and to what extent has the agency participated in the statewide HIV planning process, the development of the Louisiana Integrated HIV Plan, and any regional collaborative groups for prevention services recruitment and coordination?

Additional Required Attachments (not counted toward page limits):

Program Budget - This Request for Information may cover up to a three year project period (from July 1, 2026, to June 30, 2029), but the budget submission should reflect only the first year of the project (July 1, 2026, to June 30, 2027). A separate first-year budget should be provided for each intervention your agency intends to provide, and each budget should include specific line-item expenditures.

Budget Justification - The budget justification is required and should explain each line item of the first-year budget, with separate sections for each intervention the respondent is interested in providing. Under the personnel sections, list the name (if a person has been chosen for the position) or indicate vacancy and job title. Indicate whether the position is part-time or full-time, the percentage of time to be devoted to the project/program for which funds are requested, and the proposed total annual salary for the position. SHHP has provided a Sample Budget Justification (Appendix H) that includes a recommended fringe benefit breakdown. Specific local and out-of-state travel to conferences and workshops should be anticipated in advance and included in the budget request and justification. Once contracted, CBOs are required to follow Louisiana's State Travel Guidelines.

Please note the following budget considerations:

STI/HIV/Hepatitis prevention funds from SHHP can only be used for salaries and activities actually used for STI/HIV/HEPATITIS prevention activities. If the CBO receives funding from other Resources, only a percentage of operating expenses (rent, utilities, etc.) can be charged to HIV prevention activities. For example, if 50% of a CBO's funding comes from a foundation or CDC directly and 50% from SHHP prevention, only 50% of the rent should be charged to SHHP.

Estimates of auditing costs based on the requirements outlined below should be included in the budget. If an agency receives funds from other sources that require an annual audit, then an estimated proportion of total auditing costs may be budgeted. For example, if the total audit cost is $1,000 and 50% of the CBO's funding is from SHHP prevention, then only $500 should be included in the budget. The maximum allowable amount for auditing purposes is 2% of the total HIV prevention contract amount.

Staff Resumes and Job Descriptions - Current resumes should be attached for all staff who will work on the proposed project and are already employed by the applicant agency. Job Descriptions should be attached for all positions outlined in the budget.

Total Organizational Budget - A current 12-month organizational budget, which includes the amounts to be funded by this request, is required. The total organization budget line-item breakdowns should align with those requested in this proposal.

Income Statement - A current organizational income statement is required. The statement of income should list all Resources of financial support (i.e., foundations, government agencies, fundraising events, individual contributions, in-kind support, etc.) Foundations and government bodies are to be listed by name. Use the Income Statement form in Appendix J to present this information.

Non-Profit Status - Proof of the organization's non-profit status, i.e., federal tax exemption under Internal Revenue Code 501(c)(3), Articles of Incorporation certified by the Secretary of State, etc., is required. Any CBO applying under this RFI must have been certified by the Federal Internal Revenue Service as a 501(c) (3) organization.

Board Resolution Requirements - CBOs are required to submit a notarized, current (less than 2 years old) board resolution designating an agency representative to sign an official state contract.

List of Current Board Members - A current list of board members and their affiliations must be submitted.