

**Rhode Island Executive Office of Health and Human Services
HIV Provision of Care
Ryan White Part B Care Program**

**Services for Persons Living with HIV/AIDS
Request for Proposals
ENTRY Checklist**

Proposals will be immediately reviewed for the following “entry criteria” by the Entry Review Committee. If the agency fails to meet these criteria, they are deemed non-compliant and the proposal will not be forwarded to the Review Committee.

Entry Checklist Component	Yes/No
The applicant delivered one original, seven hard copies, and one electronic copy on a flash drive, of the proposal to Executive Office of Health & Human Services by the deadline date/time.	
The applicant utilized a standard 12-point Times New Roman font on 8 ½ x 11 inch paper.	
The applicant’s proposal is typed in black ink on white paper and is spiral or permanently bound. A steel clip is acceptable.	
The applicant’s proposal includes margins on all sides that are one inch and single-line spacing.	
The applicant’s proposal is typed on one side of each page and the applicant’s name appears on each page.	
The applicant’s entire application, including appendices are sequentially ordered and page numbered. The application sequence is as follows: I. Cover Page & Table of Contents, II. Project Narrative, III. Agency Qualifications and Experience, IV. Work Plan (SMART Goals and Objectives), V. Staffing Plan, VI. Budget and Justification, and Appendices. <u>There is a separate Narrative, Work Plan , Staffing Plan and Budget/Justification for each service category for which funds are requested.</u>	
The applicant has included a completed WICY Form in the application.	
The applicant has included an organizational chart, evidence of non-profit status, list of governing board and/or advisory board members, evidence of Medicaid certification (if the agency proposes to provide Medicaid services), and, for home and community based health care services, evidence of state Assisted Living Facility licensure in Appendix II in the application.	
The applicant has included a completed Implementation Form in the application.	
The applicant has included a completed Detail of Personnel Form), curriculum vitae and/or resumes and job descriptions for key program staff in the application.	
The applicant has included a budget proposal form/justification for a 3-year period for each service category for which funds are requested and, if applicable, a current indirect cost agreement approved by HRSA (The indirect cost agreement is included in the application).	

- Agency Passed Entry Checklist
- Agency Failed entry Checklist (If failed, immediate dismissal of application)

Reviewer Initials: