

## FORM D: PROJECT WORK PLAN

**Legal Business Name  
of Respondent:** \_\_\_\_\_

Address each of the prompts listed below. **Please indicate each corresponding prompt numbers/letters on the submitted narrative response.** A maximum of twenty (20) additional pages may be attached if needed for **Form D, Project Work Plan**.

Respondent is highly encouraged to incorporate visual work plans, flowcharts, tables, or other graphics into its response to the prompts listed below. Add all supporting documents as attachments to this form, **Form D, Project Work Plan**, at the time of application. The following supporting documents do not apply to the twenty (20) page limit:

- a. Job descriptions for all key staff positions;
  - b. Minimum job qualifications for all key staff positions; and
  - c. Resumes for all current key staff employees.
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1. Provide the following information regarding Respondent's proposed key staff plan, which consists of staff positions identified at **Section 2.6.1, Key Staffing Requirements for the AA**:
  - a. A table of all key staff positions, including:
    - i. Current status of each key staff position, i.e. filled or vacant;
    - ii. If a key staff position is vacant, proposed end date for filling the key staff position;
    - iii. Proposed date that each key staff employee will begin performing their assigned duties;
  - b. Job description for all key staff positions;
  - c. Minimum job qualifications for all key staff positions; and
  - d. Resumes for all current key staff employees.
2. Describe the Respondent's plan for creating and maintaining its relationships with Subgrantees, including the following:
  - a. Selection of Subgrantees through a competitive procurement process;
  - b. Development and execution of Subawards subject to the requirements of the Grant Agreements;
  - c. Programmatic monitoring of Subgrantees, including monitoring Subgrantees' financial, professional, and clinical services;
  - d. Provision of training and technical assistance to Subgrantees, including assisting Subgrantees with budget development and fiscal management;
  - e. Process for making payments to Subgrantees; and

- f. Process for managing Client complaints including:
    - i. Tracking Client complaints;
    - ii. Investigating Client complaints;
    - iii. Resolving Client complaints; and
    - iv. Documenting Client complaints.
3. Describe the Respondent's plan for its comprehensive HIV services plan, including the following:
  - a. Conducting assessment activities to determine the service needs of people living with HIV, and comparing those needs against available resources within each HSDA to identify service gaps and barriers;
  - b. Conducting activities to obtain community input into the development of the comprehensive HIV services plan;
  - c. Involving Clients, customers, or stakeholders in the decision-making processes; and
  - d. Evaluating and reporting on the implementation of the comprehensive HIV services plan.
4. Describe how the Respondent will collect and apply customer satisfaction information about the Respondent's performance from Subgrantees and Clients.
5. Describe the Respondent's Client satisfaction survey process, including the following information:
  - a. List of areas targeted with the applicable questions;
  - b. Method(s) used to elicit Client completion of Client satisfaction survey;
  - c. Frequency of the survey process
  - d. System to facilitate increased return rate of the Client satisfaction survey;
  - e. How Client anonymity is maintained throughout the process;
  - f. How the gathered and compiled Client satisfaction survey results are used to improve services;
  - g. Two (2) examples of how information obtained from previous Client satisfaction survey results were used to improve program services and/or agency operations; and
  - h. Respondent's Client satisfaction survey return rate during the past year.

**ALL RESPONSES TO FORM D, PROJECT WORK PLAN, SHOULD  
BE INSERTED AFTER THIS PAGE.**

**SUBMIT THIS ORIGINAL FORM AS THE COVER PAGE, WITH YOUR  
ENTITY'S RESPONSES TO THIS FORM PLACED IMMEDIATELY  
BEHIND IT.**

## FORM D, PROJECT WORK PLAN

**Legal Business Name  
of Respondent:** \_\_\_\_\_

Please see page 1 of this form, **Form D, Project Work Plan**, for the required elements that must be included in the narrative response. A maximum of **twenty (20)** additional pages may be attached for responses.