



**CITY OF DETROIT**

**OFFICE OF CONTRACTING & PROCUREMENT**

**REQUEST FOR APPLICATION**

**Ryan White Part A and Ryan White Part A -Minority AIDS Initiative (NOFA)**

**NOFA NO. 186290**

**Proposal Due Date:** (11/21/25 4:00 PM)

**QUESTION DEADLINE (EST):** 10/29/2025 by 12:00PM EST  
*Questions will NOT be entertained after the deadline date/time*

\*Bids must be uploaded into the Supplier Portal on or prior to the exact date and time indicated above. Late or emailed bids will not be accepted.

Respondents must [register in the Oracle Supplier Portal](#) to download the bid documents and to ensure inclusion in our database. Video and written instructions for registering and bidding on opportunities are available at [www.detroitmi.gov/suppliersupport](http://www.detroitmi.gov/suppliersupport).

Any technical questions about this opportunity (e.g., scope clarifications) must be asked via the "Messages" button on the negotiation page in Oracle. You can visit the Supplier Support website above for more detailed instructions on asking questions there. If you need help navigating Oracle beyond what you receive on the Supplier Support website, please email [eprocurement@detroitmi.gov](mailto:eprocurement@detroitmi.gov) or call (313) 670-6604.

**Conference Type:** (Pre-Proposal)  
**Participation Type:** (Optional)

October 24, 2025 @ 10:30AM EST

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## Microsoft Teams [Need help?](#)

<https://tinyurl.com/y7xb92pv>

### [Join the meeting now](#)

Meeting ID: 296 644 645 103 6

Passcode: Qd9yb2b7

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### **Dial in by phone**

[+1 469-998-6602,,198174684](tel:+14699986602,198174684)#United States, Dallas

[Find a local number](#)

Phone conference ID: 198 174 684#

For organizers: [Meeting options](#)|[Reset dial-in PIN](#)

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*The individual listed below is the bid contact.*

Company **City of Detroit**  
 Buyer **Ayesha Harris**  
 Location **2 WOODWARD AVENUE**  
**STE 1100**  
**DETROIT, MI 48226**  
**UNITED STATES**  
 Phone **1-313-628-0207**  
 Fax  
 E-mail **harrisay@detroitmi.gov**

*When submitting your response, include the following information.*

Your Company Name	
Company Site <i>(Optional)</i>	
Address	
Contact Details	
Response Valid Until <i>(Optional)</i>	

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## 1 Overview

### 1.1 General Information

Title **Ryan White Part A and Ryan White Part A -Minority AIDS Initiative (NOFA)**  
 Synopsis **The City of Detroit Office of Contracting and Procurement (OCP) on behalf of the Detroit Health Department (DHD), is releasing this Notice of Funding Availability for interested and qualified organizations or firms (hereinafter referred to as "Program Administrator") to provide Ryan White Part A and Ryan White Part A - Minority AIDS Initiative (MAI) services as further outlined in the scope of work.**  
 Buyer **Ayesha Harris** Outcome **Contract Purchase Agreement**  
 E-Mail **harrisay@detroitmi.gov**

### 1.2 Schedule

Preview Date Open Date **10/20/25 8:37 AM**  
 Close Date **11/21/25 4:00 PM** Award Date  
 Time Zone **Eastern Standard Time**

### 1.3 Negotiation Controls

Response Visibility **Sealed**

### Lines Settings

Rank Indicator **No indicator displayed**  
 Ranking Method **Price only**

### 1.4 Terms

Agreement Start Date Agreement End Date  
 Agreement Amount (USD)  
 Payment Terms **Net 30** Freight Terms **Account of Seller**  
 Shipping Method **Lowest Cost Carrier** FOB **Delivered**  
 Negotiation Currency **USD (US Dollar)**  
 Price Precision **2**

### 1.5 Attachments

File Name or URL	Type	Description
NOFA Ryan White FY 2026 .pdf	File	
Attachment A RW FY 2026.pdf	File	
Attachment B RW FY2026.pdf	File	
Attachment C Budget Forms (Pri	File	
Attachment D - Forms Affidavit	File	
Ryan White Attachment E - Budg	File	

## 2 Requirements

*\*Response is required*

### 2.1 Section 1. Proposer's Attachments and Affidavits

- \*1. Complete the attached form for Combined Certificates of Authority and upload to your response

Select one of the following:

- a. Uploaded (*Response attachments are optional*)  
 b. Not Uploaded (*Response attachments are optional*)

Comments:

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- \*2. Complete the attached Affidavit of Disclosure of Interests and upload to your response.

Select one of the following:

- a. Yes (*Response attachments are required*)  
 b. No (*Response attachments are optional*)

Comments:

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- \*3. Complete the attached Non-Collusion Affidavit and upload to your response.

Select one of the following:

- a. Yes (*Response attachments are required*)  
 b. No (*Response attachments are optional*)

Comments:

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- \*4. Bidder has read and complies with all provisions stated in the INSTRUCTIONS TO BIDDERS. Please check Yes or No.

Select one of the following:

- a. Yes  
 b. No

Comments:

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- \*5. Below document is necessary for you to upload along with the proposal:  
Reference Form

Select one of the following:

- a. Uploaded (*Response attachments are optional*)  
 b. Not Uploaded (*Response attachments are optional*)

Comments:

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6. For information regarding the City of Detroit's Equalization Credit Statement, please download and review the attachment (revised as of 3/21/24).

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Comments:

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\*7.

Will you be utilizing any Sub-Contractors? If so, please review the list of debarred contractors. No debarred contractor is eligible to serve as a subcontractor or as a goods, services or materials supplier for any contract.

<https://detroitmi.gov/government/office-inspector-general/debarment-information>

Select one of the following:

- a. Yes (upload the required documents) *(Response attachments are optional)*  
 b. No *(Response attachments are optional)*

Comments:

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- \*8. Please use the below URL to complete the Income Tax and Account Receivables Clearance process:

<http://bit.ly/detroitclearances>

Select one of the following:

- a. Completed  
 b. Not Completed

Comments:

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9. Attention: Considering a Joint or Mentor Venture? Click the URL.

<https://app.smartsheet.com/b/form/2359d53ee4364f709cdda15913b530d6>

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Comments:

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10. The completion of the Combined Corporate Accountability and Workforce Safety Affidavit here is optional. However, this affidavit is a condition of the award.

Select one of the following:

- a. Uploaded Here *(Response attachments are optional)*

b. Not Uploaded (*Response attachments are optional*)

Comments:

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### 3 Lines

#### 3.1 Line Information

Line	Estimated Quantity	Response Price	Line Amount	Response Minimum Release Amount
1-NOFA - Ryan White				

#### 3.2 Line Details

##### 3.2.1 Line 1 NOFA - Ryan White

*To provide an alternate line, see appendix.*

Category Name	<b>DD.07 Healthcare Management Services</b>	Alternate Line Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No
Allow Alternate Lines	<b>Yes</b>	Estimated Total Amount (USD)	
Target Minimum Release Amount (USD)			
Start Price (USD)			

## 4 Appendix: Alternate Lines

### 4.1 Instructions for Alternate Lines

Alternate lines are allowed for some negotiation lines. For these lines, you can propose one or more alternatives by entering information for each alternate line in the format given below. Print and insert multiple copies as per your requirement.

### 4.2 Alternate Lines Template

Negotiation Line <i>(Number and description of the negotiation line for which you have an alternative)</i>	Example: 1-xxxxxx where xxxxxx is the line description of first negotiation line.
Alternate Line Number <i>(Enter only numbers in sequence starting with 1 for every alternate line)</i>	
Alternate Line Description	
Response Price <i>(For a negotiation line with cost factors, enter your line price in the cost factors table)</i>	
Response Minimum Release Amount	
Note to Buyer	

