ATTACHMENT 7
FREQUENTLY ASKED QUESTIONS (FAQ's)

1. **Question:** What should I do if my organization would like to implement more than the maximum number of interventions allowed under this announcement? Or what should I do if my organization would like to implement more than the maximum number of complementary options (CTR, CRCS, social marketing, targeted outreach, home-grown programs) allowed under this announcement?

   Answer: Your proposal cannot exceed the maximum allowed number of interventions or complementary options. Otherwise, your application will not be scored at all and it will not be considered for funding.

2. **Question:** Are we required to have the same target population for all of our proposed interventions or complementary options?

   Answer: No. This is not a requirement.

3. **Question:** Are we allowed to select two (or more) target populations for one intervention?

   Answer: Yes, if the intervention was designed to be utilized with those target populations. However, some interventions were designed to be implemented with only one or two specific target populations. For example, the Safety Counts intervention is intended for out-of-treatment active drug users with a primary focus on those who utilize injection drugs. The formative research conducted on this intervention has shown it to be effective with this particular target population. Thus, it would not be logical to implement Safety Counts with persons who do not meet this criteria, without going through the "adaptation" process. For information about adapting an intervention, see question #4.

4. **Question:** My organization would like to adapt an already-existing intervention, to serve a target population other than the original intended target population(s) of the intervention. What should we do?

   Answer: In general, this is not encouraged because the process of adaptation is very complex (if followed correctly). Many delicate considerations must be made in order to adapt an intervention for a new audience, such as cultural appropriateness and language. Instead of proposing to implement a formal adaptation, an applicant may wish to propose implementing an intervention as a "Home-Grown Program" (which is Complementary Option #5) and thus avoid the complexities associated with formal adaptation. If this option is chosen, the applicant should still provide a description of how the program will be modified to suit the new audience, and a thorough justification for taking this approach.

5. **Question:** What will happen if an insufficient number of applications are received, for programs aimed at the target populations with highest HIV incidence?

   Answer: If there are not enough applicants for adequate distribution among the prioritized target populations of highest prevalence, invitation for proposals may be extended to organizations with access to those populations in geographic areas where the services are neede. See Section 2 of this funding opportunity announcement.

6. **Question:** My organization is seeking funding from DCH and another funder. Is this a problem?

   Answer: Applicants may not apply for funding under this RFP that duplicates or supplants HIV prevention funding that the applicant will receive from another source. If the applicant wishes to seek HIV prevention funding from DCH and any other source, each project proposal should be for a distinct purpose and/or a distinct target population. This will make it easy for the applicant to demonstrate (through an audit or financial accounting) that HIV prevention funding received from DCH does not supplant other funding.

7. **Question:** My organization is currently funded by DCH to implement HIV prevention or HIV testing services. How does this Funding Opportunity Announcement relate to my situation? How will my organization be affected by this Funding Opportunity Announcement?

   Answer: This topic is addressed in the Executive Summary of this Funding Opportunity Announcement. Please refer to that section for information on this topic.

8. **Question:** Are we required to collect and analyze longitudinal client-level data as part of our program?

   Answer: No. Collection and analysis of longitudinal data is not a requirement. However, an organization may voluntarily decide to collect and analyze longitudinal data. Some advantages of this approach include the ability to gather valuable information on client needs after exiting the program, changes in client behavior (on an individual client basis) and opportunities for quality improvement. Perhaps the biggest disadvantage of this approach, however, is that it requires a significant investment of time and resources in following-up with clients 3, 6 or 9 months after they have exited the program. Regardless of the approach taken, the applicant's score will not be affected positively or negatively.

9. **Question:** Currently, my organization has no staff members trained in the intervention we seek to implement. Will this hurt our score? What should we do?

   Answer: The applicant's proposal score may be negatively affected if the applicant does not describe a plan for getting staff members trained in the intervention quickly, so that implementation of the intervention can begin without significant delay. For more information on this topic, please read the "Training Plans" section of the instructions for the proposal narrative.

10. **Question:** When can I expect grant funds to be awarded and when do you expect us to begin implementing our plans?

    Answer: Our intent is to announce funding awards by November 1, 2010. Implementation of projects cannot begin until a grant agreement has been signed and fully executed. Our target date to begin program implementation is January 1, 2011.

11. **Question:** What are the age limits for prospective clients in HIV prevention programs?

    Answer: Age limits for participants in HIV prevention programs may vary depending on the intervention. Participants should follow the specific instructions found in the approved implementation package for their selected intervention(s). If no age limits are provided and the applicant wishes to segment the selected target population based on age range, the applicant should utilize epidemiological data to make this segmentation decision.

12. **Question:** What should be the total amount of my funding request? Also, how many clients should I propose to serve?

    Answer: Please see Section 2 for a full discussion of this topic.

13. **Question:** I noticed that the "2009-2013 Georgia Comprehensive HIV Prevention Plan" contains three tables (on pages 63-65) listing various different interventions and the preferred priority target populations for each of those interventions. Are we required to select our interventions and target populations using only the limited menu of options available on these three tables?

    Answer: No. Please refer to Attachment 15 instead (List of Effective Behavioral Interventions Eligible for Funding). Please note that the table shown in Attachment 15 is a "starting point" for selecting interventions and target populations. In some situations it may be possible to adapt an intervention to serve a target population *other than* the original intended target population. Please also see questions 3, 4 and 15 for more information on this topic.

14. **Question:** My organization has a long history of success serving a particular demographic group in urgent need of HIV prevention services. However, this demographic group is not one of the 11 target populations listed for funding under this announcement. What should we do?

    Answer: For the selection of your audience, the list of *Approved Target Populations* shown in Attachment 15 of this funding announcement is only a starting point. If you wish to provide HIV prevention services to a particular demographic group that is not one of these 11 target populations, you may need to *narrow down* the definition of your demographic group. The following are examples of this "narrow down" approach.

An applicant wishing to serve a broad audience such as...	*...may wish to do so using a more narrow, specific and strategically targeted approach such as:*
• Persons working as commercial sex workers, mostly in Zip Code 30303, of any race	We will serve 2 target populations. • Within Target Population #10 (Transgender persons who have recent high risk behavior), we will serve 80 MTF Transgender persons working as commercial sex workers. • Within Target Population #3 (African-American heterosexual women who have recent high risk behavior), we will serve 200 women working as commercial sex workers.
• Men and women in transient housing situations, of any race	We will serve 2 target populations. • Within Target Population #3 (African-American heterosexual women who have recent high risk behavior), we will serve 150 women. • Within Target Population #5 (Hispanic heterosexual men who have recent high risk behavior), we will serve 175 men. All of our clients for this program (325 total) will be persons in transient housing situations.
• Men of any race, who were recently released from a detention center or correctional facility	We will serve 2 target populations. • Within Target Population #6 (Persons who use injection drugs who have recent high risk behavior), we will serve 75 clients. • Within Target Population #5 (African-American heterosexual men who have recent high risk behavior), we will serve 425 clients. All of our clients for this program (500 total) will be men who were recently released from a detention center or correctional facility.
• Gay men, who are young adults and who receive services at the "John Doe Community Center."	We will serve 2 target populations. • Within Target population #2 (African-American men who have sex with men (MSM) who have recent high risk behavior), we will serve 600 clients. • Within Target population #4 (White men who have sex who have men (MSM) who have recent high risk behavior), we will serve 400 clients. • Within Target population #7 (Hispanic/Latino men who have sex who have men (MSM) who have recent high risk behavior), we will serve 100 clients. All of our clients for this program (1,100 total) will be gay men, who are young adults and who receive services at the "John Doe Community Center."

In addition, please review the instructions for "Narrative Section A: Justification of Need." As explained in those instructions, "applicants should focus their efforts serving one or more cohesive segments within each target population they select – instead of trying to reach an entire target population indiscriminately. This narrower approach is intended to help ensure greater effectiveness and efficiency through strategic market segmentation. Within a population, a market segment is defined as a group of people who share the characteristics of the broader population but who also meet other limiting criteria that distinguish them from the rest of the larger target population."