ATTACHMENT 1
DETAILED DESCRIPTION OF FUNDING OPPORTUNITY

The Georgia Department of Community Health (DCH), Division of Public Health, announces the availability of fiscal year 2011 funds for community-based organizations (CBO's) to implement HIV Prevention Programs serving the following approved target populations.

Target population #1:	HIV-positive persons who have recent high risk behavior *
Target population #2:	African-American men who have sex with men (MSM) who have recent high risk behavior
Target population #3:	African-American heterosexual women who have recent high risk behavior
Target population #4:	White men who have sex with men (MSM) who have recent high risk behavior
Target population #5:	African-American heterosexual men who have recent high risk behavior
Target population #6:	Persons who use injection drugs who have recent high risk behavior
Target population #7:	Hispanic/Latino men who have sex with men (MSM) who have recent high risk behavior
Target population #8:	White heterosexual women who have recent high risk behavior
Target population #9:	Hispanic/Latina heterosexual women who have recent high risk behavior
Target population #10:	Transgender persons who have recent high risk behavior
Target population #11:	Asians and Pacific Islanders who have recent high risk behavior

*Recent high risk behavior is defined as having either one (or both) of the following activities with a person of unknown or serodiscordant HIV status at least once during the past 12 months.

1. Having unprotected anal or vaginal intercourse (UAVI).
2. Sharing needles or injection drug works.

Applicants may request funding to implement one or two Effective Behavioral Interventions (EBI's) as part of their HIV prevention program, and may complement their EBI selection by also implementing one or two of the following five complementary options.

1. Comprehensive Risk Counseling and Services (CRCS)
2. HIV Counseling, Testing, and Referral (CTR) Services
3. Targeted Outreach
4. Social Marketing
5. An Innovative/Home Grown Project

For a list of allowable combinations of HIV prevention activities, please see Attachment 8: Table of Page Limits and Acceptable Combinations of Activities.

Also, for a list of Effective Behaviorial Interventions (EBI's) eligible for funding, please see Attachment 21.

This opportunity is limited to nonprofit applicants (e.g., community- and faith-based applicants and hospitals) that meet the requirements of O.C.G.A. 50-20-1 et seq, with documented experience working with the applicant's proposed target population(s) and providing services in the applicant's proposed service area.

Eligible applicants will be reviewed through a two-stage process.

In the first stage, all eligible applications will be evaluated by an independent external review panel on the basis of each item referenced in Attachment 4: Application Instructions.

In the second stage, the highest ranked applications will then be considered for a pre-decisional site visit (PDSV). Applications will be considered for funding only if they achieve a passing score on the PDSV.

At the present time, the Department of Community Health is providing funding for HIV prevention interventions in Georgia through a number of grants and contracts, including but not limited to the following contracts with non-profit organizations. These contracts were executed in 2009 and renewals of these contracts were executed for a second year of implementation to occur from January 1, 2010, to December 31, 2010. However, the following contracts will not be renewed beyond December 31, 2010.

- PH-10091170-01: Empowerment Resource Center Inc. (VOICES, Sihle)
- PH-10091179-01: Positive Impact, Inc (Voices, CRCS)
- PH-10091180-01: Someone Cares Inc. (Voices, CRCS)
- PH-10091181-01: Union Mission (RAPP)
- PH-10091184-01: AID Atlanta Inc (SISTA, VOICES, POL)
- PH-10091202-01: AIDS Alliance of Northwest Geogia, Inc. (Voices)
- PH-10091203-01: AID Gwinnett, Inc. (VOICES, Respect)
- PH-10091210-01: Atlanta Harm Reduction Coalition, Inc. (Safety Counts)
- PH-10091315-01: SisterLove, Inc (Community Promise)
- PH-10091316-01: Center for Pan Asian Community Services, Inc. (Voices)

These organizations have been informed that if they should desire to receive funding from the Department of Community Health, Division of Public Health, HIV Unit, to implement HIV prevention interventions beyond December 31, 2010, they must submit a new proposal following the instructions provided under this funding announcement.

1.1:
Authority

This program is authorized under a cooperative agreement between the State of Georgia and the Centers for Disease Control and Prevention (CDC) and under sections 317(k)(2) and 318 of the Public Health Service Act (42 U.S.C. Sections 247b(k)(2) and 247c), as amended. Services to be funded under this announcement are professional in nature and therefore are exempt from procurement pursuant to the Department of Administrative Services Procurement Manual, July 2009, Section 3, Exemption from State Procurement Requirements, Number 3, and in accordance with the provisions of O.C.G.A. 50-20-1 et seq, which provide for the contracting with non-profit organizations for professional services.

1.2:
Purpose

The purpose of the program is to support the implementation of effective community-based HIV Prevention Programs that reflect local prevention priorities and serve persons at high risk for acquiring or transmitting HIV.

Goals of this announcement include the following.

- Decrease acquisition and transmission of HIV.
- Increase targeted outreach and education efforts for persons at high risk of acquiring or transmitting HIV.
- Increase linkage to care, treatment, prevention, and other supportive services for persons living with HIV and persons at high risk of acquiring or transmitting HIV.
- Encourage innovation in HIV prevention in Georgia.
- Promote awareness and de-stigmatization through social marketing.

1.3:
Performance Objectives

Measurable outcomes of the program will be in alignment with one (or more) of the following performance objectives.

- Decrease the annual HIV incidence rate.
- Decrease the rate of HIV transmission by HIV-infected persons.

- Decrease risky sexual and drug-using behaviors among persons at high risk for acquiring HIV.
- Increase the proportion of HIV-infected persons who know they are infected.
- Increase the proportion of HIV-infected persons who are linked to prevention and care services..

1.4:
Allowed Activities

Allowed activities for this program are as follows.

A. General.

All grantees must do the following.

1. Establish and maintain a local advisory board.
2. Involve members of the target population in planning and implementing the proposed services.
3. Ensure that services are culturally sensitive and relevant.

In addition, grantees must ensure the following strategies are included as important options for avoiding HIV transmission.

- **A**bstinence from risk; delaying or postponing first sexual act; avoidance of risk altogether
- **B**eing faithful to one partner; reducing the number of partners
- **C**orrect and consistent use of condoms for sexually active persons, couples in which one partner is HIV-positive, sex workers and their clients, and anyone engaging in sexual activity with partners who may have been at risk of HIV exposure

B. Effective Behavioral Interventions.

All grantees will be required to implement an HIV Prevention Program that includes at least one (but no more than two) of the Effective Behavioral Interventions (EBI's) listed in Attachment 21: List of Effective Behavioral Interventions Eligible for Funding.

Grantees must ensure that the core elements of the intervention are incorporated into delivery of the intervention as described in the CDC Procedural Guidance for Community Based Organizations. See Attachment 25 for a weblink to this CDC guidance.

C. Complementary Options.

To complement the applicant's selection of one or two Effective Behavioral Intervention(s), the applicant may wish to request funding to implement any one or two of the following five complementary options. Implementation of a complementary option is not required, however, and the applicant's proposal will not be negatively affected its decision to select (or not select) a complementary option.

1. Complementary Option #1:
   Comprehensive Risk Counseling and Services (CRCS)

   Grantees may elect to implement CRCS (formerly known as Prevention Case Management or PCM) for persons who have recent high risk behavior. CRCS programs can target HIV-infected individuals, individuals who are not known to be infected but are at high risk for HIV, or both. (See Attachment 25 for a weblink to the CRCS Implementation Manual.)

   Grantees funded to provide CRCS must do the following:

   (a) Develop eligibility criteria for entry into the program, including behavioral risk assessment criteria.

   (b) Screen clients for eligibility and enroll only clients who meet all eligibility criteria.

   (c) Develop individualized prevention plans for each client by conducting follow-up counseling sessions.

   (d) Ensure clients receive an average of at least two CRCS counseling sessions.

   (e) Conduct ongoing monitoring and reassessment of client needs.

   (f) Establish clear criteria for discharge from the program and readmission into the program.

   (g) Ensure CRCS counselors have an appropriate caseload.

2. Complementary Option #2:
   HIV Counseling, Testing and Referral (CTR) Services

   Grantees may elect to implement CTR services for persons who have recent high risk behavior. DCH highly recommends that applicants consider including CTR services as part of their program in order to provide comprehensive services to their clients.

   Grantees that choose to implement CTR services must do the following:

   (a) Discuss their plans with the local county health department or health district.

(b) Follow current DCH requirements and CDC guidelines for CTR.

(c) Integrate CTR services into their overall HIV prevention program.

(d) Develop strategies to recruit only the following types of clients.

- members of the target population who had recent high risk behavior, (within the past 12 months) but have not been tested for HIV since the end of their most recent window period and thus do not know their current HIV status

- members of the target population who had high risk behavior 12 to 36 months ago, but have not been tested for HIV since the end of their most recent window period and thus do not know their current HIV status

(e) Develop strategies to reduce the target population's barriers to accessing CTR services.

(f) Ensure that individuals with reactive rapid HIV tests participate in a confirmatory test.

(g) Ensure that 100% of HIV rapid testing clients receive their rapid test results.

(h) Ensure that at least 95% of newly-diagnosed confirmed HIV-positive clients receive their confirmatory test results (such as Western Blot or other confirmatory test).

(i) Ensure that risk reduction counseling is provided to persons who test positive.

(j) Ensure that risk reduction counseling is provided to persons who test negative but have ongoing high risk for HIV infection.

(k) Actively link persons who test positive to medical care and treatment, partner services, and additional prevention services.

3. Complementary Option #3:
   Targeted Outreach
   (also known as "street outreach" and "community outreach" for HIV prevention)

   Grantees may elect to implement Targeted Outreach for a broad range of purposes, including (but not limited to) encouraging HIV rapid testing; increasing general awareness or knowledge; recruiting clients for social networks HIV rapid testing; decreasing HIV-related fear, stigma and isolation; providing risk reduction information and supplies; and encouraging safer sexual and drug using behaviors among populations identified at highest risk for acquiring (or transmitting) HIV.

Outreach requires human interaction with the target population and should create opportunities to meet individuals from priority populations in their own environment.

Outreach includes interventions conducted face-to-face in places where clients congregate, for the purpose of identifying persons at high risk for HIV and providing risk reduction information, supplies, discussion and/or practice of risk reduction skills building, and promoting counseling, testing, and referral (CTR) and other prevention interventions.

Outreach does not include the following.

- indiscriminate, mass distribution of condoms or literature
- speeches, lectures and didactic presentations
- professional education conferences
- health fairs and similar activities serving the general population indiscriminately
- internet-based listservs or group forums

Grantees that choose to implement Targeted Outreach must do the following:

(a) Conduct outreach in a targeted and consistent approach, face-to-face with high-risk individuals in the community or other areas where members of the target population congregate and may engage in high-risk behaviors.

(b) Include distribution of latex condoms, non-oil based lubricants and other risk reduction and educational materials.

(c) Provide opportunities to contact prospective new clients in the target population that are not engaged in services.

(d) Further engage participants in prevention related issues (i.e., behavioral issues and risk reduction education).

(e) Facilitate active referrals and linkages to HIV/Hepatitis/STD counseling and testing, mental health services, substance abuse treatment, and other needed services supported, tracked and documented with a follow-up mechanism.

(f) Establish and maintain an agency presence among the target population in order to build trust and credibility for the applicant organization in the eyes of potential target population clients.

(g) Use outreach workers whose demographics and physical characteristics match those of the target population as closely as possible.

(h) Include details for collection, evaluation and reporting of process and outcome data in the program plan.

4. Complementary Option #4:
   HIV Prevention Social Marketing:

   Grantees may elect to implement a health communication/social marketing plan aimed at reducing HIV transmission through risk reduction, by reaching and engaging target population(s) with relevant, attention-getting marketing strategies that tap into existing motivations and aspirations, with sufficient frequency to be remembered and acted upon. Health Communication/Social Marketing may include:

   - mass media: radio, television, magazines, newspapers
   - printed informational materials such as brochures, flyers and palm cards
   - visual materials: posters, billboards, models, displays, etc.
   - audiovisual materials: videotapes, power point displays, etc.
   - action-oriented activities: storytelling, drama, songs, music, fairs, etc.
   - Internet and electronic media: CD-Roms, web sites, text messaging, email, etc.

   Grantees that choose to implement an HIV Prevention Social Marketing project must do the following:

   (a) Focus the Social Marketing Campaign on the applicant's target population(s) for HIV prevention services and in the geographic area where services are provided.

   (b) Design marketing messages and materials tailored to the specific social and cultural demographics of the target population.

   (c) Involve the target population in the research and development of campaign messages and materials.

   (d) Use more than one medium simultaneously.

   (e) Include details for collection, evaluation and reporting of process and outcome data in the program plan.

5. Complementary Option #5:
   Innovative Home-Grown Program.

   Grantees may propose to implement an innovative "home-grown" program for HIV prevention for which a track record of success has been documented. This category provides a means for exploring and expanding innovative and promising approaches to HIV prevention. Programs funded under this category must be designed for a specific target population to address specific risk behaviors either individually (client level programs) or in group settings (group-level programs).

   The following is a list of examples of innovative "home-grown" projects. Of course, this list is not exclusive. Applicants are not limited to selecting projects from this list only.

   - a probation or court system collaboration to provide prevention services for individuals convicted of prostitution/solicitation
   - an institute for high school guidance counselors to improve their skills to identify, counsel and refer students who are currently engaging in high risk behaviors for HIV infection (or transmission)
   - a regional or state-wide health conference for MSM focusing on reducing sexual and drug using risks, healthy relationships, and mental health while acknowledging the broader health-related concerns of MSM such as homophobia, stigma and access to health care services

   Grantees that choose to implement an innovative/home grown program must do the following:

   (a) Have a detailed work plan and implementation timeline for the project.

   (b) Clearly articulate programmatic goals and objectives in concise measurable terms.

   (c) Include details for collection, evaluation and reporting of process and outcome data in the plan.

D. Acceptable Combinations of Activities

Given the available "menu" of Effective Behavioral Interventions shown in Attachment 21, as well as the five complementary options described above, grantees will be required to implement either 2, 3 or 4 HIV prevention activities including a mandatory minimum of at least one Effective Behavioral Intervention (EBI).

For a list of allowable combinations of HIV prevention activities, please see Attachment 8: Table of Page Limits and Acceptable Combinations of Activities.

The largest combination of activities would be two EBIs and two complementary options.

E. Referral Network and Tracking System

Grantees must develop a referral network and a tracking system to determine whether or not individuals successfully accessed referral services in a timely manner (e.g., a newly-diagnosed HIV-positive client referred for medical care is verified to have attended at least one medical appointment).

F. Record Maintenance and Data Management

Grantees must develop systems for maintaining client records and managing program data related to the intervention, including assuring client confidentiality and adhering to policies and practices for data security and Web-based (PEMS) reporting.

G. Collaboration

Grantees must coordinate and collaborate with the Georgia Department of Community Health (DCH) and the Georgia HIV Prevention Community Planning Group (CPG). Specifically, grantees are expected to do the following:

1. Participate in the Georgia HIV prevention community planning process. At least one representative employee or volunteer must attend 1 CPG meeting per year either as an audience member or as a voting member.

2. Support the integration of HIV prevention activities with STD, viral hepatitis, and TB screening and prevention services whenever feasible and appropriate.

H. Linkage to Medical Care

Grantees will be required to ensure that HIV-positive clients are linked to Partner Services (PS), STD, Hepatitis, TB and HIV care services.

I. Additional Required Grantee Activities for HIV Prevention Programs

1. Within the first six months of funding, grantees will be required to work with DCH to develop a Tailored Contract Monitoring Plan. This tailored plan serves two purposes. First, it serves as formal documentation of baseline performance indicators and performance expectations. Second, it provides a systematic schedule for monitoring and assessing progress toward deliverables throughout the grant period. This document will be completed by DCH in collaboration with the recipient and tailored for specific aspects of each funded program. The recipient will be asked for input in finalizing the performance indicators, the measurement principles and the monitoring schedule for the Tailored Contract Monitoring Plan.

2. Within the first six months of funding, grantees will be required to work with the Capacity Building team of the DCH HIV Unit to develop and implement a tailored plan for improving the recipient's organizational capacity. This tailored plan will assess and define the recipient organization's goals for building its organizational capacity, objectives, activities and timelines. It will also define the roles and responsibilities of the Capacity Building team and the recipient organization. The tailored plan will describe an ongoing program improvement process, which will include use of program monitoring data.

3. Grantees will be required to participate in two DCH-approved trainings. In particular, grantees must participate in DCH-approved trainings on data collection and submission, CTR services, CRCS, and/or their selected EBIs prior to the implementation of program activities.

4. If the grantee plans to utilize the name or logo of the Georgia Department of Community Health (DCH) in the creation of any printed materials, a copy of the proposed material must be sent to DCH at least 60 days in advance with a request for approval.

5. Grantees will be required to utilize the Georgia HIV Materials Review Panel to comply with the CDC "Requirements for Contents of AIDS Related Written Materials" policy (Attachment 24: CDC Form 0.1113 Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials). The current guidelines and the form may also be downloaded from the CDC website: http://www.cdc.gov/od/pgo/funding/grants/app_and_forms.shtm.

6. Grantees will be required to comply with the provisions of the DCH "List of Minimum Quality Standards for HIV Prevention and HIV Testing Programs." (See Attachment 23.)

1.5:
Funding Restrictions

- Funds cannot be utilized for research or for disease surveillance.
- Funds cannot be utilized to provide medical care or substance abuse treatment.
- Recipients may only expend funds for reasonable program purposes, including but not limited to personnel, travel, supplies and services (such as contractual).
- Awardees may not use funding for the purchase of furniture.
- The direct and primary recipient must perform a substantial role (no less than 51%) in carrying out project objectives. Also, the direct and primary recipient cannot merely serve as a fiscal agent. This requirement is intended to prevent situations where a direct and primary recipient merely serves as conduit for a contract to another party or provider who is ineligible. Grantees are permitted to hire contractors and encouraged to build collaborative relationships with other service providers to better enhance program activities, provided the majority of the funded activities are conducted by the grantee.
- No reimbursement will be made for costs expended or incurred prior to the date of grant execution.
- Funds received from DCH may not duplicate or supplant funds received from any other entities.