ATTACHMENT 4
APPLICATION INSTRUCTIONS

4.1:
Content and Form of Submission for Letter of Intent

Prospective applicants are asked to submit a letter of intent (LOI) that includes the following information:

- Name, address, and telephone number of the applicant's executive director and a secondary contact
- Statement identifying which Target Population(s) the applicant has selected
- Brief description of the proposed target population(s)
- Information about which interventions and services the applicant intends to implement through this program
- For each proposed intervention or service, amount of funding requested

The Letter of Intent will not be scored. However, it contains important information necessary to allow DCH program staff to plan more effectively for the review of funding proposals by estimating the anticipated total workload of the review process.

4.2:
Maximum One Application per Organization

Applicants are permitted to submit only one application per organization.

4.3:
Cover Letter

A cover letter is required with the application. The cover letter must contain the following information:

- The applicant's name, address, and the name of the executive director
- From the list shown in Attachment 8: Table of Page Limits and Acceptable Combinations of Activities, the "combination number" the applicant has selected such as combination #1, #2, #3, #4 or #5
- The names of the applicant's proposed interventions and services (i.e., Voices, Safety Counts, CRCS, CTR, etc.) intended to be performed under this funding opportunity announcement, and the Target Population(s) the applicant has selected for each of those interventions and services

- The amount of funding requested for each of the 2, 3 or 4 activities selected by the applicant

4.4:
Project Abstract

A project abstract must be submitted with the application. The abstract must be submitted in the following format:

- maximum of 5 paragraphs, not to exceed 1 page
- font size: 12-point unreduced, Times New Roman
- single-spaced
- paper size: 8.5 by 11 inches
- page margin size: one inch
- one-sided

The project abstract must contain a summary of the applicant's proposed activities suitable for dissemination to the public. It should be a self-contained description of the program, including a statement of objectives and methods to be employed. The abstract should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader.

4.5:
Table of Contents

A table of contents must be included with the application. The table of contents will not count toward the page limit of the project narrative. It must include a list of all application sections and appendices within the application package. It must include page numbers where each section starts. (See Attachment 10: Sample Application Table of Contents.)

4.6:
Proof of Eligibility

Documentation of eligibility must be included with the application as part of Appendix A. The documentation of eligibility will not count toward the page limit of the project narrative. Appendix A will help determine if the application meets the eligibility requirements to move to the first phase of the application review process. To be eligible, the application must meet all of the criteria listed in Attachment 3: Eligibility Information. (Please also see Attachment 5: Appendix Items Required.) If the application fails to meet <u>any</u> of these requirements, the application will not be reviewed further.

4.7:
Budget Form and Budget Justification

Applicants are required to provide a line item budget and narrative justification for all requested costs. (See Attachment 18: Budget Form and Sample Budget).

The Budget Form and budget justification will not be counted toward the page limit.

The Budget Form and budget justification should be placed in the application's attachments and named as Appendix B: Budget and Budget Justification.

Within the Budget Form, include the following:

1. Budget with detailed line-item breakdown
   The applicant must provide one aggregate total budget for the project.
   The applicant must also provide separate sub-budgets for each intervention proposed. In other words, if the applicant is proposing to implement one or two EBI's, CRCS, CTR, targeted outreach, social marketing and/or a home-grown program, the applicant must show the separate sub-budgets for each of those proposed interventions.

2. A budget and justification for all personnel (i.e., name, position title, actual salary, percentage of time and effort, and amount requested).

3. Line item breakdown and justification for all sub-contracts, including:

   - name of sub-contractor
   - relationship or affiliation between the applicant and the sub-contractor
   - nature of services to be rendered by the sub-contractor
   - relevance of service to the project
   - justification for use of sub-contractor
   - the number of days of work or consultation

- period of performance (dates)
- basis for fees
- method of selection (e.g., competitive bidding, sole source, other method)
- description of activities
- target population
- itemized budget and expected rate of compensation such as travel, per diem or other related expenses (list a subtotal for each consultant in this category)

If the above information is unknown for any contractor/consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget if the applicant is selected for funding.

4. Funds must also be included for at least two program-level employees to attend two trainings implemented by DCH in Atlanta each year. However, each grantee organization will be allowed to register more than two employees (up to four total) to attend these trainings if so desired.

    - These two trainings will be conducted in downtown Atlanta in January 2011 and July 2011 (exact dates to be announced in Fall 2010).
    - Each training will begin at 9:00 a.m. and end on the same day by 4:00 p.m.

    Note: Applicants must set aside funds within the detailed line item budget to allow staff to attend these two required trainings. These trainings will be separate from any intervention/EBI trainings the applicant may attend.

5. Guidance for completing a detailed budget and budget justification can be found on the CDC website, at the following Internet address: http://www.cdc.gov/od/pgo/funding/budgetguide.htm.

4.8:
Project Narrative

A project narrative for the HIV Prevention Program must be submitted with the application forms. The narrative must be submitted in the format described in Attachment 3 under the heading of "Special Eligibility Requirements." The applicant's proposal will not be considered for funding if the Project Narrative is not in compliance with these formatting requirements.

The Project Narrative must contain each the following sections, from "A" through "M." Sections "N" and "O" are optional and will not be scored.

Section A: Justification of Need

Section B: Applicant Infrastructure, Brief History, Experience and Capacity

Section C: Local Advisory Board and Cultural Competence

Section D: Program Description for selected Effective Behavioral Intervention (EBI)

Section E: Program Description for 2nd EBI*

Section F: Program Description for CRCS*

Section G: Program Description for CTR*

Section H: Program Description for Targeted Outreach*

Section I: Program Description for Social Marketing*

Section J: Program Description for Home Grown Program*

*Note for Sections E-J:

Please insert all of the section headings (including E through J) in your proposal.

Even if your organization is not requesting funding for programs and services under Sections E-J, we still ask that you please insert each of those section headings in your proposal. You may mark sections *'not applicable'* or 'not requested' as appropriate.

Section K: Referral Network and Tracking System

Section L: Record Maintenance and Data Management

Section M: Collaboration

Section N: Capacity Building Needs (NOT SCORED)

Section O: Endnotes (Optional Section) (NOT SCORED)

Each application will be reviewed and scored according to the quality of the applicant's responses to each of the requirements in Sections A through M.

In developing the Project Narrative, applicants must follow these instructions as closely as possible. Applicants must utilize the section headings listed above. Each application will be scored according to how well the applicant addresses the requirements for each individual section of the Project Narrative. Each section will be scored individually.

Therefore, applicants must place the required information in the correct section or else it will not be considered.

When scoring applications, reviewers will be looking for evidence of cultural competence in each section of the Project Narrative and will consider how well each proposal addresses the cultural competence aspects of the evaluation criteria.

The supporting documentation provided in the "Appendix" portion of the applicant's proposal will be considered by reviewers in assessing each applicant's response, along with the information contained in the applicant's written proposal and Project Narrative.

The number of points shown after each heading is the maximum number of points a review committee may assign to that section of a Project Narrative. Although scoring weights are not assigned to individual bullets, each bullet is assessed in deriving the overall total Section score.

Reviewers will utilize the Scorecard Form and Scorecard Instructions shown in Attachment 13.

4.9:
Instructions for the Content of Project Narrative Sections "A" through "O"

Answers to the following questions (for each of the project narrative sections) will be critical in determining each applicant's qualification for this funding opportunity.

NOTE: If an applicant fails to provide any documents or information required in Sections "A" through "M", the applicant's score will be negatively impacted.

The narrative should address activities to be conducted over the entire project period and must include the requested information in the order listed.

Narrative Section A: **Justification of Need**	**100 POINTS**

Suggested length: Two pages or less

This section should include the following information:

1. Describe the HIV prevention services the applicant currently provides.

2. Identify other organizations that currently provide similar HIV prevention services in the proposed geographic area.

3. For each intervention proposed, briefly describe the proposed target population(s) selected by the applicant, using the list of Approved Target Populations shown in the Executive Summary of this funding announcement.

   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.

   Examples of such limiting criteria include (but are not limited to): age range, income level, health insurance status, beliefs, values, educational attainment, Zip Code of residence or other geographic criteria, housing status, number of years since HIV diagnosis, primary language spoken, employment status, substance use, recent history of time served in a correctional facility, recent history of domestic violence, history of recent STD and other limiting criteria.

   For example, an applicant that selects *"Target Population #1: HIV-positive persons who have recent high risk behavior"* might have difficulty because of the tremendous size, demographic diversity and geographic diversity of this population. A more strategic approach might be to focus more narrowly on a 'segment' within this larger population using *limiting criteria* such as a specific age range (age 16 to 24), a specific health insurance status (uninsured) and/or number of years since HIV-positive diagnosis (less than 3 years). Thus, the applicant's target population would be:

   EXAMPLE: "We will serve 400 uninsured HIV-positive persons age 16-24 in Zip Codes 30303 and 30312, who have recent high-risk behavior and were diagnosed as HIV-positive less than 3 years ago."

In the example shown above, all of the proposed clients would meet the criteria set forth by this funding announcement for eligibility under the broad category of *"Target Population #1: HIV-positive persons who have recent high risk behavior."*

The applicant must define a target population that is within one of the Approved Target Populations shown in the Executive Summary of this funding announcement.

4. Describe the factors that place the selected target population(s) at high risk for HIV infection or for transmitting the virus including (but not limited to) behaviors, concurrent risk transmission with other diseases (i.e. STDs, Viral hepatitis, and TB) and other factors.

5. Describe the nature and impact of HIV/AIDS in the proposed area of the state (i.e. county, metropolitan area, region, health district).

6. Describe the nature and impact of HIV/AIDS on members of the proposed target population(s) in the proposed service area. (e.g. HIV incidence or prevalence, AIDS incidence or prevalence, AIDS mortality, HIV co-infection rates with Hepatitis, STD, or TB). A description of how the proposed target population has also been affected by infections with tuberculosis (TB), hepatitis C virus (HCV), hepatitis B virus (HBV), and sexually transmitted diseases (STD) may also be included.

7. Explain how the proposed program meets the needs of the 2009-1012 Georgia Comprehensive HIV Prevention Plan.

   IMPORTANT: Applicants must use HIV/AIDS data and HIV needs assessment data to provide the information requested in this section.

   Within this narrative section, applicants must also refer to the Georgia HIV Prevention Plan. (http://health.state.ga.us/pdfs/hivaids/2009HIVPreventionPlan.pdf).

Narrative Section B: **Applicant Infrastructure, Experience and Capacity**	**100 POINTS**

Suggested length: Three pages or less

This section should include the following information:

1. Provide a description of the applicant's history and service with the proposed target population(s). Please include information about the length of service, outcomes of the services, the applicant's relationship with the proposed target population, success recruiting and serving members of the proposed target population and the applicant's relationship with the local community in general.

2. Provide a description of the services the applicant <u>currently</u> provides within the community, including HIV prevention services. The discussion should include a description of the successes and challenges of the current programs. If applicable, applicants should also include a description of funds received from any source (including DCH, CDC or any other source) to conduct HIV/AIDS programs and other similar programs targeting the population(s) proposed in the program plan. This summary must include: (1) the name of the sponsoring applicant/source of income, amount of funding, a description of how the funds have been used, and the budget period; (2) a summary of the objectives and activities of the funded program(s); and (3) an assurance that the funds being requested will not duplicate or supplant funds received from any other entities.

3. Provide a description of HIV prevention or care services the applicant has provided <u>in the past</u>. The description must include the number of years each service was provided and the population served.

4. Provide a description of how the applicant measures programmatic effectiveness (e.g., number of clients recruited, percent of clients completing all sessions of an intervention, percent of tested clients that receive their test results, client satisfaction) and how the agency defines a successful program. Discuss the effectiveness of the applicant's current HIV prevention programs.

5. Describe how the applicant will ensure that staff members have at least one year of prior experience in working with the target population.

6. Provide a description of the following aspects of the applicant's infrastructure: financial management systems, board governance, personnel policies and procedures, applicant policies and protocols (e.g., policies on staff and client safety, confidentiality, security).

Narrative Section C: **Local Advisory Board and Cultural Competence**	**50 POINTS**

Suggested length: Two pages or less.

1. Provide a description of how the applicant will establish and manage a local advisory board that includes members of the target population. Indicate how the board will be staffed and maintained and the role the advisory board will play in the program. Plans for establishing and maintaining this advisory board must also be included as tasks in the applicant's Intervention Implementation Planning Tools (under Appendix C).

2. Describe how members of the target population will be involved in planning and implementing the proposed services and how the applicant will ensure that services continue to be responsive to the needs of the target population. For example, members of the target population might be included in planning what incentives will be used to facilitate client recruitment, in developing tools and materials, or in reviewing barriers encountered and suggesting methods to address these barriers.

3. Describe how the applicant will ensure that services are culturally sensitive and relevant.

4. State the number and percentage of persons on the advisory board who will be members of the applicant's selected target population(s).

Narrative Sections D and E: Program Description for Each Effective Behavioral Intervention (EBI)		**600 POINTS EACH**
If only 1 EBI will be implemented:	10 pages or less (suggested length)	State *Section E: Program Description for* (NAME OF EBI) State *"Section F Not Applicable"*
If 2 EBI's will be implemented:	20 pages or less (suggested length)	For the first EBI: State *Section E: Program Description for* (NAME OF EBI #1) For the second EBI: State *Section F: Program Description for* (NAME OF EBI #2)

Please provide the following information for each EBI that will be implemented. If two EBI's will be implemented, they should not be merged into one program description. Instead, they should be described separately, using "Section E" for the first EBI and "Section F" for the second EBI.

1. Target population: Describe the intended primary target population for the intervention (e.g., age, race/ethnicity, sex or gender, HIV risk, HIV status, geographic location).

2. Choice of intervention and rationale: Briefly describe the intervention. Explain why the applicant selected this particular intervention for the proposed target population.

3. Previous experience: Describe the applicant's previous experience implementing the selected intervention.

4. Part One of the Project Plan:
   Provide a narrative description of the project plan, including the following:

   (a) Core elements: Describe the core elements of the intervention and how the applicant plans to incorporate the core elements into the delivery of the intervention.

   (b) Implementation: Describe how the intervention will be implemented.

   (c) Adaptation

   At least one Effective Behavioral Intervention is available for each of the target populations listed in the Executive Summary of this funding announcement and Attachment 21: List of Effective Behavioral Interventions Eligible for Funding. Applicants are encouraged to utilize an intervention that was developed for use with their selected target population. If an applicant should decide to implement an intervention for a target population but the applicant's proposed intervention and population are not shown as a match in

Attachment 21, the applicant must thoroughly describe the rationale used to justify this decision.

If the applicant intends to adapt the intervention to better meet the needs of their proposed target population, the applicant must provide a thorough justification of the rationale for adapting the intervention.

- If there exist any EBI's that were designed for the applicant's selected target population, the applicant must explain why none of those other already-existing EBI's would be good options (if implemented without adaptation) for serving the applicant's selected target population.
- The applicant must describe the specific changes it intends to make to the EBI it has selected for the target population.
- The applicant must explain why these intended changes will be necessary to meet the needs of its selected target population.
- The applicant must affirm that it still plans to implement all of the core elements and key characteristics of the intervention.

Adaptation must be done in close consultation with DCH. Training and other resources will be available to assist with the adaptation process.

(d) Client pool: Describe the pool from which the applicant intends to recruit individuals into the intervention (e.g., persons who participate in other programs at the applicant's agency, persons participating in the applicant's CTR program, persons receiving care at the applicant's agency).

(e) Client eligibility criteria and screening: Describe the eligibility criteria for client participation in the intervention and how potential clients will be screened for eligibility to participate, including behavioral risk assessment criteria.

(f) Intervention frequency: Describe how often the applicant will deliver a new cycle of the intervention (e.g., once per week, twice per month). Also describe how many individuals will receive the intervention each time a cycle is delivered.

5. Part Two of the Project Plan:
Continue the narrative description of the project plan, including the following:

(a) Recruitment strategies
Describe the methods or strategies that the applicant plans to use to recruit individuals into the intervention and retain them throughout the intervention. This should include a description of the following.

(1) How the applicant plans to actively and strategically promote its programs. Suggested strategies to promote programs and enhance recruitment include but are not limited to:

- utilization of social networks testing (See Attachment 25 for a web link to Social Networks Testing: A Community-Based Strategy for Identifying Persons with Undiagnosed HIV Infection)
- targeted outreach
- Social Marketing
- peer networking
- STD clinic referrals

(2) How the applicant will ensure that program services reach high-risk members of the selected target population.

(3) How the target population will be involved in selecting the recruitment strategies.

(4) If and how incentives will be used to facilitate client recruitment and retention and, if incentives will be used, the rationale for using them and the cost of each incentive. If incentives will be provided, please include in "Appendix I: Other Documentation" a copy of the applicant's written procedures and internal controls for the purchase, storage, tracking, distribution and accounting of all incentives.

Note: Grantees must ensure their recruitment plan is strategic and targeted. Grantees should focus their recruitment efforts as much as possible in order to maximize the likelihood of reaching persons of high risk for acquiring (or transmitting) HIV.

(5) How the applicant plans to collaborate with other organizations or agencies that have close connections with their selected target population, especially if those organizations or agencies are able to assist with targeted outreach activities to recruit high-risk persons into the grantee's interventions and services.

(b) Referrals
Grantees are required to provide referrals to clients and coordinate certain activities with other service providers when conducting any of the interventions or services listed above.

(1) Describe how clients will be assessed and referred for other services (e.g., housing assistance, substance abuse treatment, mental health services, domestic violence intervention, medical care, partner services, screening

for STDs, viral hepatitis, and TB) and what steps will be taken to verify that referral appointments were kept.

(2) Describe how individuals participating in the intervention will be linked or referred to CTR services. If the applicant does not intend to provide HIV rapid testing services (CTR), describe how individuals participating in CRCS counseling sessions will be linked or referred to CTR services and how the applicant plans to verify and document that such appointments were actually kept. Include documentation of any agreements with providers and other agencies where the clients can be referred for CTR services.

(3) Describe plans for linking individuals living with HIV to medical care (including screening for STDs, viral hepatitis and TB), partner services, prevention services and other support services if the applicant organization is unable to provide them directly.

(4) Describe the applicant's plans for referring individuals at high risk for HIV infection to prevention services (including screening for STDs, viral hepatitis, and TB) and other support services if the applicant is unable to provide them directly.

(c) Intervention locations or settings.
Describe where the intervention will be provided. Please describe the setting or settings (describe all, if more than one) and provide the following information:

(1) How the applicant will determine if the setting is appropriate for and appealing to the target population (e.g., youth drop-in center, mental health and support services, correctional settings, bars/clubs, and other unconventional settings).

(2) How the applicant will ensure that the service delivery location is in an area that is safe and easily accessible for the target population.

(d) Start date: Identify when (month/year) full implementation of the intervention will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the intervention, and process monitoring data being collected).

(e) Program Process Monitoring: Funded grantees must work with DCH to develop and implement a process monitoring plan and conduct routine program process monitoring for each intervention or service they provide. For purposes of this application, the following information should be provided:

(1) Describe the applicant's goals for the intervention.

(2) Provide measurable objectives for when the intervention is fully implemented (i.e., annual objectives). A list of the minimum steps for which objectives should be provided can be found in the corresponding "Implementation Planning Tools and Monitoring and Evaluation Key Objectives" for the intervention chosen (See Attachment 6 for instructions on obtaining and completing these tools).

Objectives should be SMART (specific, measurable, achievable, realistic, and time-phased). The following are examples of SMART objectives:

Enroll 500 young (18-25) African American MSM in the 'X' intervention during 2011.

HIV counseling and testing staff will administer HIV rapid tests in community settings to at least 3,500 high-risk individuals residing in high prevalence areas, based on mapping by zip code or census tract, by June 30, 2011.

Include objectives for each year in terms of total number of target population clients anticipated to be enrolled in each intervention and the number of sessions for each intervention.

(3) Describe how program monitoring data will be used, by whom and how frequently the applicant will utilize data to assess and improve program performance and measure progress toward meeting objectives. State the specific staff person (or position) that will be responsible for reviewing program monitoring data at these defined intervals for the purpose of continually assessing and improving program implementation.

(f) Data collection and reporting:
Grantees must collect and report data consistent with the requirements set forth in the CDC Program Evaluation and Monitoring System (PEMS). (See Attachment 22: Description of PEMS). This includes but is not limited to collection of all PEMS-required program variables and standardized data reporting through use of the web-based PEMS reporting system.

Grantees must collect and report standardized data on the following: all HIV prevention activities funded under this announcement, including behavioral interventions and CTR services; client-level information on demographic and risk characteristics of the grantee's HIV prevention program clients; aggregate data for targeted outreach and recruitment activities; and other information that may be needed to adequately describe the grantee's program.

Once interventions are implemented, grantees will need to report the number of clients enrolled in each intervention, the number of sessions (only if appropriate) completed by each client, and the risk profiles and demographic characteristics of each client enrolled. For targeted outreach (e.g., to recruit

clients to interventions) and health communications/ public information interventions in which grantees cannot collect client-level information, these data can be reported in aggregate.

Grantees will also need to report the activities associated with each intervention (e.g., demonstration, discussion, practice topic, distribution of materials), whether incentives were provided to the client, the 'unit of delivery' of the intervention (e.g., individual, small group), and the delivery method (e.g., in person or via telephone).

(1) Describe how and at what point in the intervention the applicant will collect the required data for the intervention.

(2) Describe the applicant's experience and ability using Program Evaluation Monitoring System (PEMS) software to report required data electronically.

(3) List specific staff members or positions that will be responsible for management, reporting, use and security of all data collected for purposes of this program.

(4) Describe how the applicant will ensure the quality, completeness, and security of data collection and management. DCH will provide CDC-approved guidance and data security agreements that must be signed by the grantee.

(5) Describe plans for ensuring that all staff responsible for data collection and management will be appropriately trained on the use of PEMS and the use of standardized variables for routine reporting.

(g) Quality assurance:

(1) Describe how the applicant plans to ensure the intervention is being delivered in an appropriate, culturally competent and sensitive manner.

(2) Describe how the applicant plans to ensure the intervention is being delivered with fidelity to the program implementation package, core elements, key characteristics and required procedures of the intervention (e.g., observation of staff).

(3) Describe how the applicant plans to ensure the intervention is meeting the needs of the target population (e.g., advisory committee feedback, client interviews, focus group data, client satisfaction surveys, etc.).

(h) Staffing.

(1) Describe how the applicant plans to provide staffing for effective planning and oversight of the intervention or service.

(2) Describe how the applicant plans to provide staffing for effective delivery of the intervention or service.

(3) Describe the applicant's staffing plans for collecting, entering, analyzing, and using standardized program monitoring data and program performance indicators related to the intervention or service and reporting data and indicators to DCH.

(4) Describe how the applicant plans to provide staffing for maintenance of client records and management of program data related to the intervention or service.

(5) For each existing paid employee who will be assigned to work on this project, please describe the following:

- Proposed role in this project
- Qualifications for performing this role
- Amount (percent) of time the staff member will spend on this project
- Other responsibilities not related to this project
- Amount of time that will be spent on other responsibilities, including training that supports this project

Note: Responsibility for planning, management or oversight must not be assigned to volunteer staff.

(6) For each new paid employee who will be recruited to work on this project, describe the following:

- Positions applicants will recruit for, the proposed role of these positions in this project, and when these positions will be staffed
- Qualifications applicants will seek for each position
- How much time (percent) each staff member in these positions will spend on this project
- Other responsibilities not related to this project for staff members in these positions
- Amount of time that will be spent on these other responsibilities

Note: Responsibility for planning, management or oversight must not be assigned to volunteer staff.

(i) Training plan
Provide a description of how the applicant will train staff to provide this intervention. The response to this question should address training staff on the following:

(1) Provide a list of all the employees who will be responsible for implementing this intervention (including current as well as future employees). For each of these employees, please state the following.

- Name of the employee
- Title
- If the employee has already been trained in the intervention, please provide the city, state and date(s) of the training.
- If the employee has not yet been trained in the intervention, please describe the applicant's plans for getting the employee trained as soon as possible. If the employee is registered to attend an upcoming future training, please provide the city, state and date(s) of that training.
- Please visit www.effectiveinterventions.org and click "Apply for Training" to view the official schedule of upcoming facilitator training dates and locations. Check to see if any upcoming facilitator trainings for the applicant's selected intervention are scheduled to occur in the Atlanta area. If none are available locally, please describe the applicant's plans to obtain training for employee(s) elsewhere and provide the exact city and date(s) of the training.
- In an employee has not yet received training in the intervention, the applicant must allocate funds its budget to pay for all training costs for that employee including the cost of travel, food, mileage, accommodations and other employee costs.

(2) Describe how the applicant will train staff regarding program monitoring and evaluation; DCH data collection and reporting requirements; conducting quality assurance for the intervention; and maintaining client records and managing program data related to the intervention, including assurance of client confidentiality.

Narrative Section F: **Program Description for Comprehensive** **Risk Counseling & Services (CRCS)**	**600 POINTS**

Suggested length: Ten pages or less.

Note: Only applicants requesting to implement CRCS must complete this section. If the applicant does not intend to apply for CRCS, disregard the following questions and merely state "Section F: CRCS not applicable" or "Section F: CRCS funding not requested" and leave Section F blank.

Choosing not to apply for CRCS funding will not adversely impact the applicant's score.

Please refer to the CRCS Implementation Manual for further information about the implementation of CRCS. (See Attachment 25 for a web link to the manual.) If funding for CRCS is requested, the applicant must address the following in their application.

1. Target population: Briefly describe the intended primary target population for CRCS. Applicants may choose to provide CRCS to HIV-positive individuals, HIV-negative individuals who have ongoing high-risk behaviors, or both.

2. Description of intervention and rationale: Briefly describe the intervention and explain why it was selected for the proposed target population.

3. Previous experience: Describe the applicant's previous experience implementing CRCS.

4. Part One of the CRCS Project Plan:
   Provide a narrative description of the CRCS project plan, including the following:

   (a) Client pool: Describe the pool from which the applicant intends to recruit individuals into CRCS (e.g., persons who participate in other programs at the applicant's agency, persons participating in the applicant's CTR program, persons receiving care at the applicant's clinic).

   (b) Client eligibility criteria and screening: Describe the eligibility criteria for client participation in the intervention and how potential clients will be screened for eligibility to participate, including behavioral risk assessment criteria. Describe how the applicant will screen clients to identify those who are at high risk and eligible for CRCS, enroll them in CRCS, and assess the enrolled clients to determine specific risk and psychosocial needs.

   (c) Individualized prevention plan: Describe how an individualized prevention plan with measurable objectives will be developed for each client enrolled in CRCS.

   (d) Monitoring client progress: Describe the plan to conduct ongoing monitoring and reassessment of client needs and progress.

(e) Client discharge and readmission: Describe the discharge plan for clients who attain and can maintain behavior change goals. Describe the applicant's protocols to classify clients as "active," "inactive," or "discharged" and outline the minimum active effort required to retain clients. Identify the guidelines that will be used to readmit clients who need new or additional risk reduction support.

(f) Caseload: Describe the caseload limitations and requirements. Describe how the applicant will ensure that the CRCS program includes time for intensive recruitment and engagement activities and frequent and intensive risk reduction sessions.

(g) Coordination: Describe how the applicant will coordinate client support with other case management programs and provide referrals as needed for clients enrolled in CRCS. Describe how the applicant will ensure that case management efforts/services are not duplicated (e.g., Ryan White case management).

5. Part Two of the CRCS Project Plan:
Continue the narrative description of the project plan, including the following:

(a) Recruitment strategies: Describe the methods or strategies that the applicant plans to use to recruit individuals into CRCS and retain them throughout the intervention (e.g., targeted outreach, social networks, social marketing, incentives, participation in other programs at the agency).

(1) Describe how the applicant will ensure that program services reach high-risk members of the selected target population.

(2) Describe how the target population will be involved in selecting the recruitment strategies.

(3) State if and how incentives will be used to facilitate client recruitment and retention and, if incentives will be used, the rationale for using them and the cost of each incentive. If incentives will be provided, please include in "Appendix I: Other Documentation" a copy of the applicant's written procedures and internal controls for the purchase, storage, tracking, distribution and accounting of all incentives.

Note: Grantees must ensure their recruitment plan is strategic and targeted. Grantees should focus their recruitment efforts as much as possible in order to maximize the likelihood of reaching persons of high risk for acquiring (or transmitting) HIV.

(b) Referrals
Grantees are required to provide referrals to clients and coordinate certain activities with other service providers when conducting any of the interventions or services listed above.

(1) Describe how CRCS clients will be assessed and referred for other services (e.g., housing assistance, substance abuse treatment, mental health services, domestic violence intervention, medical care, partner services; screening for STDs, viral hepatitis, and TB) and what steps will be taken to verify that referral appointments were kept.

(2) Describe how individuals participating in CRCS counseling sessions will be linked or referred to HIV rapid testing services (CTR). If the applicant does not intend to provide CTR, describe how individuals participating in CRCS counseling sessions will be linked or referred to CTR services and how the applicant plans to verify and document that such appointments were actually kept. Include documentation of any agreements with providers and other agencies where the clients can be referred for CTR services.

(3) Describe plans for linking individuals living with HIV to medical care (including screening for STDs, viral hepatitis and TB), partner services, prevention services and other support services if the applicant is unable to provide them directly.

(c) Intervention locations or settings: Describe where the CRCS sessions will be provided. Please describe the setting or settings (describe all, if more than one) and provide the following information:

(1) how the applicant will determine if the setting is appropriate for and appealing to the target population (e.g., youth drop-in center, mental health and support services, correctional settings, bars/clubs, and other unconventional settings) and

(2) how the applicant will ensure that the service delivery location is in an area that is safe and easily accessible for the target population.

(d) Start date: Identify when (month/year) full implementation of the intervention will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the intervention, and process monitoring data being collected).

(e) Program Process Monitoring: Funded grantees will work with DCH to develop and implement a process monitoring plan and conduct routine program process monitoring for each intervention or service they provide. For purposes of this application, the following information should be provided:

(1) Describe the applicant's goals for the intervention.

(2) For key steps in the intervention, provide objectives for when the intervention is fully implemented (i.e., annual objectives). A list of the minimum steps for which objectives should be provided can be found in the corresponding "Implementation Planning Tools and Monitoring and

Evaluation Key Objectives" for the intervention chosen (See Attachment 6 for instructions on obtaining and completing these tools).

Objectives should be SMART (specific, measurable, achievable, realistic, and time-phased). The following is an example of a 'SMART' objective: Enroll 500 young (18-25) African American MSM in CRCS between January 1, 2010, and June 30, 2010.

(3) Describe how program monitoring data will be used, by whom, and when (e.g., how frequently) to continually assess and improve program performance and measure progress toward meeting objectives.

(f) Data collection and reporting: Describe how and at what point in the intervention the applicant will collect the required CRCS data for the intervention. For example:

(1) During the planning phase, grantees will need to report such things as the name(s) and type(s) of interventions that the grantee will be implementing, for which target population, in what type of site or setting (e.g., HIV testing site, community setting, in- or outpatient settings, correctional facility), and in what geographic location (e.g., address, zip code).

(2) Grantees will also need to report information about their agency, such as agency name and community planning jurisdiction, agency type (e.g., faith-based CBO, race/ethnicity minority-focused CBO), agency location (street address, city, state, zip code), and other agency contact information. Similar information will be recorded and reported for any agencies to which grantees subcontract.

(3) Additionally, grantees will need to determine, given their level of funding and staffing resources, their objectives for each year in terms of total number of clients they anticipate enrolling in each intervention and the number of cycles (only if relevant) for each intervention for which they are funded.

(4) Once interventions are implemented, grantees will need to report the number of clients enrolled in each intervention, the number of sessions (only if appropriate) completed by each client, and the risk profiles and demographic characteristics of each client enrolled. For targeted outreach (e.g., to recruit clients to interventions) and health communications/ public information interventions in which grantees cannot collect client-level information, these data can be reported in aggregate.

(5) Grantees will also need to report the activities associated with each intervention (e.g., demonstration, discussion, or practice topic; distribution of materials), whether incentives were provided to the client, the 'unit of delivery' of the intervention (e.g., individual, small group), and the delivery method (e.g., in person or via telephone).

(g) Quality assurance: Describe the applicant's plans to perform quality assurance throughout the duration of the CRCS program to ensure the following.

(1) the intervention is being delivered in an appropriate, competent, and sensitive manner

(2) the intervention is being delivered with fidelity (e.g., observation of staff)

(3) the intervention is meeting the needs of the target population (e.g., client satisfaction surveys)

(h) Staffing plan: Describe how the applicant will staff the implementation of CRCS, including staffing for the following:

(1) planning and oversight of the intervention;

(2) delivery of the intervention;

(3) collecting, entering, analyzing, and using standardized CRCS program monitoring data and CRCS program performance indicators related to the intervention and reporting data and indicators to DCH;

(4) quality assurance activities that will be conducted on the CRCS sessions; and

(5) maintenance of client records and management of program data related to the intervention.

(6) For each existing staff member who will be assigned to work on this project, describe the following:

- Proposed role in this project
- Qualifications for performing this role
- Amount (percent) of time the staff member will spend on this project
- Other responsibilities not related to this project
- Amount of time that will be spent on other responsibilities, including training that supports this project

(7) For new staff members who will be recruited to work on this project, describe the following:

- Positions applicants will recruit for, the proposed role of these positions in this project, and when these positions will be staffed
- Qualifications applicants will seek for each position

- How much time (percent) each staff member in these positions will spend on this project
- Other responsibilities not related to this project for staff members in these positions
- Amount of time that will be spent on these other responsibilities

(i) Training plan: Describe how the applicant will train staff to implement CRCS. The response to this question should address training staff on the following:

(1) delivering the intervention and related skills, such as group facilitation;

(2) program monitoring and evaluation;

(3) DCH data collection and reporting requirements;

(4) conducting quality assurance for the intervention; and

(5) maintaining client records and managing program data related to the intervention, including assurance of client confidentiality.

Narrative Section G: **Program Description for Counseling,** **Testing and Referral Services**	**600 POINTS**

Suggested length: Ten pages or less.

Note: Only applicants requesting to implement CTR must complete this section. If the applicant does not intend to apply for CTR, disregard the following questions and merely state “Section G: CTR not applicable” or “Section G: CTR funding not requested” and leave Section G blank.

Choosing not to apply for CTR funding will not adversely impact the applicant’s score.

However, CTR services are an essential part of a continuum of HIV prevention services. If the applicant does not intend to provide CTR services as part of their program, they must explain how they will link and refer individuals to CTR services in place of responding to the questions below and submit a Memorandum of Agreement with the organization(s) that will provide CTR services.

- The applicant must follow DCH requirements and CDC guidelines to provide counseling and voluntary HIV testing services to the target population.
- The proposed activities must meet all local, state, and federal requirements for HIV prevention counseling, testing, and referral services.
- Funding may be used to cover testing-related costs.
- Applicants proposing to use a CLIA-waived rapid HIV test must provide a plan for ensuring training, oversight, quality assurance, and compliance with CLIA requirements and relevant state and local regulations applicable to waived testing. In addition, they must obtain a CLIA Certificate of Waiver or, if not operating under their own Certificate of Waiver, must establish a formal agreement with a laboratory and approval to operate under that laboratory’s CLIA certificate. These documents must be submitted in Appendix D: Required CTR Documentation.

If funding for CTR is requested, the applicant must address the following in their application.

1. Target population:
   Describe the intended primary target population for the intervention (e.g., age, race/ethnicity, sex or gender, HIV risk, HIV status, geographic location).

2. Description of the program:
   Describe the proposed CTR services and how the applicant plans to ensure that the CTR services are integrated into the applicant’s overall HIV prevention program.

3. Previous experience:
   Describe the applicant's previous experience implementing a CTR program.

4. Part One of the CTR Project Plan:
   Provide a narrative description of the project plan, including the following:

   (a) Test technologies: Describe the specific test technologies that the applicant will use in the CTR program.

   Applicants will only be allowed to utilize FDA-approved, CLIA-waived rapid HIV antibody screening tests because of their rapid speed and convenience when compared with conventional venipuncture methods.

   The following is a list of the CLIA-waived rapid HIV antibody screening tests approved by the FDA as of April 2010.

CLIA-Waived Rapid HIV Antibody Test	Specimen Type	Manufacturer
OraQuick ADVANCE Rapid HIV-1/2 Antibody Test	• Oral fluid (mouth swab) or • Whole Blood (finger stick or venipuncture)	OraSure Technologies, Inc.
Uni-Gold Recombigen HIV	• Whole Blood (finger stick or venipuncture)	Trinity Biotech
Clearview HIV 1/2 STAT-PAK	• Whole Blood (finger stick or venipuncture)	Inverness Medical Professional Diagnostics
Clearview COMPLETE HIV 1/2	• Whole Blood (finger stick or venipuncture)	Inverness Medical Professional Diagnostics

   (b) Confirmatory testing: Describe how the applicant will ensure that individuals with reactive (preliminary positive) rapid HIV test results will participate in confirmatory testing (such as OraSure or another form of confirmatory testing).

   (c) Providing test results: Describe how the applicant will ensure that clients receive their test results, particularly clients who test positive.

   (d) Risk-reduction counseling: Describe how the applicant will ensure that risk-reduction counseling is provided to (1) persons whose HIV test results are positive and (2) persons whose HIV test results are negative but who are at ongoing high risk for HIV infection.

(e) Linkage to care and services for clients testing positive: Describe how the applicant will ensure that persons testing HIV-positive are successfully linked to medical care and treatment, case management, and HIV prevention services (i.e., prevention with positives).

(f) Partner services: Describe how the applicant will ensure that persons who test HIV- positive are linked to local county health departments for Partner Services. To ensure that this linkage occurs, applicants must obtain a Memorandum of Agreement (MOA) with the local county health department (See Attachment 20: Partner Services MOA with Health Department) and submit it in Appendix I: Other Documentation.

(g) Prevention services for clients testing negative: Describe how the applicant will link persons who test HIV-negative but are at ongoing high risk for HIV infection to additional prevention services.

(h) Service integration: Describe how the applicant will integrate STD, viral hepatitis, and TB screening and prevention into the CTR program.

(i) Addressing other CTR requirements:

(1) Legal requirements: Describe the steps the applicant will take to ensure that the CTR program meets all local, state, and federal requirements for HIV prevention counseling, testing, and referral services.

(2) Program oversight: Describe the applicant's plans to ensure that the CTR program has appropriate medical and laboratory oversight.

(3) Case reporting: Describe how the applicant will report confirmed HIV positive tests to state and local health departments, following all rules and regulations regarding HIV and AIDS surveillance.

(j) Documentation and letters of support: Applicants must provide the following information:

(1) A letter of support from the local county health department or health district verifying that the applicant has discussed the details of the proposed CTR program with the local health department or health district and agrees to follow its guidelines for these services. Complete and sign Attachment 19: Local Health Department or Health District Sample Letter for CTR and include it in Appendix D.

(2) Is the applicant proposing to use a CLIA-waived rapid HIV test? If so, the applicant must submit a copy of a CLIA Certificate of Waiver or, if not operating under their own Certificate of Waiver, must submit a letter of support from a laboratory with which the applicant has a formal agreement for oversight and approval to operate under that laboratory's CLIA certificate. These documents must be included in Appendix D.

5. Part Two of the CTR Project Plan:
   Continue the narrative description of the project plan, including the following:

   (a) Recruitment strategies: Describe the methods or strategies that the applicant plans to use to recruit individuals into the CTR services, including the applicant's strategy to reduce the target population's barriers to accessing HIV counseling, testing, and referral services. This should include a description of the following:

      (1) Describe how the applicant will ensure that program services reach high-risk members of the target population who have not been tested in the last six months or do not know their HIV serostatus into CTR services (e.g., targeted outreach, social networks, social marketing, incentives and participation in other programs at the agency).

      (2) How the target population will be involved in developing the recruitment strategies;

      (3) If and how incentives will be used to facilitate client recruitment and retention and, if incentives will be used, the rationale for using them and the cost of each incentive. If incentives will be provided, please include in "Appendix I: Other Documentation" a copy of the applicant's written procedures and internal controls for the purchase, storage, tracking, distribution and accounting of all incentives.

      (4) Client eligibility criteria: Describe the eligibility criteria for client participation in HIV testing and how potential clients will be screened for eligibility to participate, including behavioral risk assessment criteria.

      Note: Contractors must ensure their recruitment plan is strategic and targeted. Contractors should focus their recruitment efforts as much as possible in order to maximize the likelihood of reaching persons of high risk for acquiring (or transmitting) HIV.

      Contractors shall not utilize HIV prevention funds for any of the following types of activities.

      - Indiscriminate, mass HIV testing performed at schools, worksites or health fairs
      - Indiscriminate, mass HIV testing to canvass a residential neighborhood
      - Repeat testing of an HIV-positive person who already knows his HIV status
      - Repeat testing of an HIV-negative person, if there has been no HIV risk since his last HIV test and the test was not conducted inside an HIV window period

(b) Referrals: Describe how clients will be assessed and referred for other services (e.g., housing assistance, substance abuse treatment, mental health services, domestic violence intervention) and what steps will be taken to verify that referral appointments were kept.

(c) Service locations or settings: Describe where the CTR services will be provided. Please describe the setting or settings (describe all, if more than one) and provide the following information:

(1) how the applicant will determine if the setting is appropriate for and appealing to the target population (e.g., youth drop-in center, mental health and support services, correctional settings, bars/clubs, and other unconventional settings) and

(2) how the applicant will ensure that the service delivery location is in an area that is safe and easily accessible for the target population.

(d) Start date: Identify when (month/year) full implementation of the intervention will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the intervention, and process monitoring data being collected).

(e) Program process monitoring: Funded grantees will work with DCH to develop and implement a process monitoring plan and conduct routine program process monitoring for each intervention or service they provide. For purposes of this application, the following information should be provided:

(1) Describe the applicant's goals for the CTR services.

(2) For key steps in the intervention, provide objectives for when the intervention is fully implemented (i.e., annual objectives). A list of the minimum steps for which objectives should be provided can be found in the corresponding "Implementation Planning Tools and Monitoring and Evaluation Key Objectives" for the intervention chosen (See Attachment 6 for instructions on obtaining and completing these tools).

Objectives should be SMART (specific, measurable, achievable, realistic, and time-phased). The following are examples of SMART objectives: Enroll 500 young (18-25) African American MSM in the 'X' intervention during 2011; HIV counseling and testing staff will administer HIV rapid tests in community settings to at least 3,500 high-risk individuals residing in high prevalence areas, based on mapping by zip code or census tract, by June 30, 2011.

(3) Describe how program monitoring data will be used, by whom, and when (e.g., how frequently) to continually assess and improve program performance and measure progress toward meeting objectives.

(f) Data collection and reporting: Describe how and at what point in the intervention the applicant will collect the required CTR data. For example:

(1) During the planning phase, grantees will need to report such things as the name(s) and type(s) of interventions that the grantee will be implementing, for which target population, in what type of site or setting (e.g., HIV testing site, community setting, in- or outpatient settings, correctional facility), and in what geographic location (e.g., address, zip code).

(2) Grantees will also need to report information about their agency, such as agency name and community planning jurisdiction, agency type (e.g., faith-based CBO, race/ethnicity minority-focused CBO), agency location (street address, city, state, zip code), and other agency contact information. Similar information will be recorded and reported for any agencies to which grantees subcontract.

(3) Additionally, grantees will need to determine, given their level of funding and staffing resources, their objectives for each year in terms of total number of clients they anticipate enrolling in each intervention and the number of cycles (only if relevant) for each intervention for which they are funded.

(4) Once interventions are implemented, grantees will need to report the number of clients enrolled in each intervention, the number of sessions (only if appropriate) completed by each client, and the risk profiles and demographic characteristics of each client enrolled. For targeted outreach (e.g., to recruit clients to interventions) and health communications/ public information interventions in which grantees cannot collect client-level information, these data can be reported in aggregate.

(5) Grantees will also need to report the activities associated with each intervention (e.g., demonstration, discussion, or practice topic; distribution of materials), whether incentives were provided to the client, the 'unit of delivery' of the intervention (e.g., individual, small group), and the delivery method (e.g., in person or via telephone).

(g) Quality assurance: Describe the applicant's plans to perform quality assurance for CTR throughout the duration of the program to ensure that

(1) appropriate standards for HIV testing are being met;

(2) risk-reduction counseling provided in association with testing is being delivered in an appropriate, competent, and sensitive manner (e.g., observation of staff);

(3) the CTR services are meeting the needs of the target population (e.g., client satisfaction surveys).

(h) Staffing plan: Describe how the applicant will staff the intervention, including staffing for the following:

(1) planning and oversight for CTR services;

(2) delivery of the CTR services;

(3) collecting, entering, analyzing, and using standardized program monitoring data and program performance indicators related to the CTR services and reporting data and indicators to DCH;

(4) quality assurance activities that will be conducted on the CTR services; and

(5) maintenance of client records and management of program data related to the CTR services.

(6) For each existing staff member who will be assigned to work on this project, describe the following:

- Proposed role in this project
- Qualifications for performing this role
- Amount (percent) of time the staff member will spend on this project
- Other responsibilities not related to this project
- Amount of time that will be spent on other responsibilities, including training that supports this project

(7) For new staff members who will be recruited to work on this project, describe the following:

- Positions applicants will recruit for, the proposed role of these positions in this project, and when these positions will be staffed
- Qualifications applicants will seek for each position
- How much time (percent) each staff member in these positions will spend on this project
- Other responsibilities not related to this project for staff members in these positions
- Amount of time that will be spent on these other responsibilities

(i) Training plan: Describe how the applicant will train staff to provide this intervention. The response to this question should address training staff on the following:

(1) delivering the CTR services;

(2) program monitoring and evaluation;

(3) DCH data collection and reporting requirements;

(4) conducting quality assurance for the CTR services; and

(5) maintaining client records and managing program data related to the CTR services, including assurance of client confidentiality.

Narrative Section H: **Program Description for Targeted Outreach**	**600 POINTS**

Suggested length: 10 pages or less.

Note: Only applicants requesting to implement Targeted Outreach must complete this section. If the applicant does not intend to apply for funding for Targeted Outreach, disregard the following questions and merely state "Section H: Targeted Outreach not applicable" or "Section H: Targeted Outreach funding not requested" and leave Section H blank.

Choosing not to apply for Targeted Outreach funding will not adversely impact the applicant's score.

Prior to completing this narrative section, applicants should read "Planning and Conducting Street Outreach Process Evaluation" (CDC, 1994). (See Attachment 15.)

Please provide the following information for the applicant's Targeted Outreach plan.

1. Previous experience: Describe the applicant's previous experience implementing Targeted Outreach.

2. Target population: Describe the intended primary target population for the applicant's Targeted Outreach plan (e.g., age, race/ethnicity, sex or gender, HIV risk, HIV status, geographic location).

3. Purpose. Describe the main goals of the applicant's Targeted Outreach plan. Grantees may elect to implement Targeted Outreach for a broad range of purposes, including (but not limited to) any of the following.

   - Recruiting volunteers for the applicant organization.
   - Recruit potential clients for one of the applicant's specific HIV prevention interventions.
   - Delivery of health messages.
   - On-site skill building with clients, using skills demonstration.
   - Distribution of condoms.
   - Distribution of printed health information.
   - Conduct personalized behavioral risk assessments and providing on-site HIV prevention counseling to encourage safer sexual and drug using behaviors among populations identified at highest risk for acquiring (or transmitting) HIV.
   - Locating clients with unknown HIV status and encouraging them to access HIV rapid testing services.
   - Locating persons who are living with HIV/AIDS (PLWHA) and linking them to care.

4. Part One of the Project Plan:
   Provide a detailed description of the applicant's plan for implementing Targeted

Outreach.

Please utilize the CDC guidance for "Planning and Conducting Street Outreach Process Evaluation" as a framework for the plan. As the guidance describes, each outreach activity requires five key components: 1) Plan; 2) Prepare; 3) Coordinate; 4) Keep Separate Records; and 5) Debrief. The guidance also describes the difference between three distinct types of outreach: active street outreach, fixed-site outreach and drop-off site outreach.

Please also read Standard #P4 in the DCH "List of Minimum Quality Standards for HIV Prevention and HIV Testing Programs." (See Attachment 23.)

In describing the applicant's plan for implementing Targeted Outreach, please provide the following information.

(a) Implementation: Describe how the Targeted Outreach plan will be implemented.

(b) List the specific locations (including name of location and address) where the applicant will conduct outreach. For each location, please provide the following information.

    (1) Denote whether each location will be for active street outreach, fixed-site outreach and/or drop-off site outreach.

    (2) For each site, denote whether or not the applicant has conducted outreach there in the past.

    (3) For each site, describe how often the applicant will implement Targeted Outreach (e.g., once per week, twice per month).

    (4) Describe the applicant's strategies for building trust and credibility for the applicant organization in the eyes of potential target population clients.

    (5) Describe the demographics and characteristics of the outreach workers, and how those characteristics match those of the target population.

    (6) Describe the specific number and type of materials that will be distributed, such as latex condoms, non-oil based lubricants and other risk reduction and educational materials.

    (7) Describe the method the applicant will utilize for keeping count of distributed materials (such as either the indirect method or direct method, as described in the CDC guidance for Street Outreach.

(c) Provide a copy of the applicant's Safety Protocol to help ensure the safety of paid and volunteer personnel while conducting off-site outreach and recruitment of clients. For guidance on this topic, applicants should read

Standard #A12 of the DCH "List of Minimum Quality Standards for HIV Prevention and HIV Testing Programs." (See Attachment 23.) Please insert this Safety Protocol in the application as part of Appendix I: Other Documentation.

5. Part Two of the Project Plan:
   Continue the narrative description of the project plan, including the following:

   (a) Referrals
   Grantees are required to provide referrals to clients and coordinate certain activities with other service providers when conducting any of the interventions or services listed above.

   (1) Describe how clients will be assessed and referred for other services (e.g., housing assistance, substance abuse treatment, mental health services, domestic violence intervention, medical care, partner services; screening for STDs, viral hepatitis, and TB) and what steps will be taken to verify that referral appointments were kept.

   (2) Describe how persons contacted during Targeted Outreach will be linked or referred to CTR services. If the applicant does not intend to provide HIV rapid testing services (CTR), describe how persons contacted during Targeted Outreach will be linked or referred to CTR services and how the applicant plans to verify and document that such appointments were actually kept. Include documentation of any agreements with providers and other agencies where the clients can be referred for CTR services.

   (3) Describe plans for linking individuals living with HIV to medical care (including screening for STDs, viral hepatitis and TB), partner services, prevention services and other support services if the applicant is unable to provide them directly.

   (4) Describe the applicant's plans for referring individuals at high risk for HIV infection to prevention services (including screening for STDs, viral hepatitis, and TB) and other support services if the applicant organization is unable to provide them directly.

   (b) Start date: Identify when (month/year) full implementation of the Targeted Outreach Program will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the program, and process monitoring data being collected).

   (c) Program Process Monitoring.

   (1) Describe in detail the applicant's procedures for collecting and recording the following process data for each outreach activity: date of activity, duration, location, client population, team identification, team size, type of outreach, number of client contacts, types of services provided, number of

print materials distributed, number of condoms distributed, number of lubricants distributed and number of other collateral items distributed (palm cards, incentives, etc.)..

(2) Provide measurable objectives for when the Targeted Outreach program is fully implemented (i.e., annual objectives). Objectives should be SMART (specific, measurable, achievable, realistic, and time-phased).

(3) Describe how program monitoring data will be used, by whom and how frequently the applicant will utilize data to assess and improve program performance and measure progress toward meeting objectives. State the specific staff person (or position) that will be responsible for reviewing program monitoring data at these defined intervals for the purpose of continually assessing and improving program implementation.

(d) PEMS:

Grantees must collect and report data consistent with the requirements set forth in the CDC Program Evaluation and Monitoring System (PEMS). (See Attachment 22: Description of PEMS). This includes but is not limited to collection of all PEMS-required program variables and standardized data reporting through use of the web-based PEMS reporting system.

Grantees must collect and report standardized data on the following: all HIV prevention activities funded under this announcement, including behavioral interventions and CTR services; client-level information on demographic and risk characteristics of the grantee's HIV prevention program clients; aggregate data for targeted outreach and recruitment activities; and other information that may be needed to adequately describe the grantee's program.

Once interventions are implemented, grantees will need to report the number of clients enrolled in each intervention, the number of sessions (only if appropriate) completed by each client, and the risk profiles and demographic characteristics of each client enrolled. For targeted outreach (e.g., to recruit clients to interventions) and health communications/ public information interventions in which grantees cannot collect client-level information, these data can be reported in aggregate.

Grantees will also need to report the activities associated with each intervention (e.g., demonstration, discussion, or practice topic; distribution of materials), whether incentives were provided to the client, the 'unit of delivery' of the intervention (e.g., individual, small group), and the delivery method (e.g., in person or via telephone).

(1) Describe the applicant's experience and ability using Program Evaluation Monitoring System (PEMS) software to report required data electronically.

(2) List specific staff members or positions that will be responsible for management, reporting, use and security of all data collected for purposes of the Targeted Outreach program.

(3) Describe how the applicant will ensure the quality, completeness, and security of data collection and management. DCH will provide CDC-approved guidance and data security agreements that must be signed by the grantee.

(4) Describe plans for ensuring that all staff responsible for data collection and management will be appropriately trained on the use of PEMS and the use of standardized variables for routine reporting.

(e) Quality assurance.

(1) Describe how the applicant plans to ensure the Targeted Outreach program is being delivered in an appropriate, culturally competent and sensitive manner.

(2) Describe how the applicant plans to ensure the Targeted Outreach program is meeting the needs of the target population (e.g., advisory committee feedback, client interviews, focus group data, client satisfaction surveys, etc.).

(f) Staffing.

(1) Describe how the applicant plans to provide staffing for effective planning and oversight of the Targeted Outreach program.

(2) Describe how the applicant plans to provide staffing for effective delivery of the Targeted Outreach program.

(3) Describe the applicant's staffing plans for collecting, entering, analyzing, and using standardized program monitoring data and program performance indicators related to the intervention or service and reporting data and indicators to DCH.

(4) Describe how the applicant plans to provide staffing for maintenance of client records and management of program data related to the Targeted Outreach program.

(5) For each existing paid employee who will be assigned to work on this Targeted Outreach program, please describe the following:

- Proposed role in the Targeted Outreach program
- Qualifications for performing this role

- Amount (percent) of time the staff member will spend on this project
- Other responsibilities not related to this project
- Amount of time that will be spent on other responsibilities, including training that supports this project

Note: Responsibility for planning, management or oversight must not be assigned to volunteer staff.

(6) For each new paid employee who will be recruited to work on the Targeted Outreach program, describe the following:

- Positions applicants will recruit for, the proposed role of these positions in this project, and when these positions will be staffed
- Qualifications applicants will seek for each position
- How much time (percent) each staff member in these positions will spend on this project
- Other responsibilities not related to this project for staff members in these positions
- Amount of time that will be spent on these other responsibilities

Note: Responsibility for planning, management or oversight must not be assigned to volunteer staff.

(g) Training plan
Provide a description of how the applicant will train staff to implement the Targeted Outreach program. The response to this question should address training staff on the following:

(1) Provide a list of all the employees who will be responsible for implementing the Targeted Outreach program (including current as well as future employees). For each of these employees, please state the following.

- Name of the employee
- Title
- If the employee <u>has</u> <u>already</u> been trained in Targeted Outreach, please provide the city, state and date(s) of the training.
- If the employee <u>has</u> <u>not</u> <u>yet</u> been trained in the Targeted Outreach, please describe the applicant's plans for getting the employee trained as soon as possible. If the employee is registered to attend

an upcoming future training, please provide the city, state and date(s) of that training.

(2) Describe how the applicant will train staff regarding program monitoring and evaluation; DCH data collection and reporting requirements; conducting quality assurance for the Targeted Outreach program; and maintaining client records and managing program data related to the intervention, including assurance of client confidentiality.

Narrative Section I: **Program Description for Social Marketing**	**600 POINTS**

Suggested length: 10 pages or less

Note: Only applicants requesting to implement Social Marketing must complete this section. If the applicant does not intend to apply for funding for Social Marketing, disregard the following questions and merely state "Section I: Social Marketing not applicable" or "Section I: Social Marketing funding not requested" and leave Section I blank.

Choosing not to apply for Social Marketing funding will not adversely impact the applicant's score.

Prior to completing this narrative section, applicants should complete Attachment 16: Worksheet for Social Marketing Plan.

Please provide the following information for the applicant's Social Marketing plan.

1. Previous experience: Describe the applicant's previous experience implementing Social Marketing.

2. Target population: Describe the intended primary target population for the applicant's Social Marketing plan (e.g., age, race/ethnicity, sex or gender, HIV risk, HIV status, geographic location).

3. Purpose. Describe the main goals of the applicant's Social Marketing plan. Grantees may elect to implement Social Marketing for a broad range of purposes, including (but not limited to) _____.

4. Part One of the Project Plan:
   Provide a detailed description of the applicant's plan for implementing Social Marketing.

   Please utilize the "Worksheet for Social Marketing Plan" (Attachment 16) as a framework.

   In describing the applicant's plan for implementing Social Marketing, please provide the following information.

   (a) Implementation: Describe how the Social Marketing plan will be implemented.

   (b) List the each of the specific Social Marketing activity the applicant intends to implement. For each activity, please provide the following information.

      (1) Denote whether each activity falls under one or more of the following categories: print media, radio, television, event-based, Internet/web, cell phone, outdoor advertising (such as highway billboards or bus transit signage) or other.

(2) For each activity, denote whether or not the applicant has implemented the activity in the past.

(3) Describe how often each activity will be implemented.

(4) For each activity, describe how many persons will be exposed to the applicant's Social Marketing message and how this number was calculated.

(5) Describe the demographics and characteristics of the applicant's staff members who will be responsible for implementing the Social Marketing plan, and how those characteristics match those of the target population.

5. Part Two of the Project Plan:
Continue the narrative description of the project plan, including the following:

(a) Start date: Identify when (month/year) full implementation of the Social Marketing Program will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the program, and process monitoring data being collected).

(b) Program Process Monitoring.

(1) Describe in detail the applicant's procedures for collecting and recording process data for each Social Marketing activity, including a list of the specific variables to be measured.

(2) Provide measurable objectives for when the Social Marketing program is fully implemented (i.e., annual objectives). Objectives should be SMART (specific, measurable, achievable, realistic, and time-phased).

(3) Describe how program monitoring data will be used, by whom and how frequently the applicant will utilize data to assess and improve program performance and measure progress toward meeting objectives. State the specific staff person (or position) that will be responsible for reviewing program monitoring data at these defined intervals for the purpose of continually assessing and improving program implementation.

(d) PEMS:
Grantees must collect and report data consistent with the requirements set forth in the CDC Program Evaluation and Monitoring System (PEMS). (See Attachment 22: Description of PEMS). This includes but is not limited to collection of all PEMS-required program variables and standardized data reporting through use of the web-based PEMS reporting system.

Grantees must collect and report standardized data on the following: all HIV prevention activities funded under this announcement, including behavioral interventions and CTR services; client-level information on demographic and

risk characteristics of the grantee's HIV prevention program clients; aggregate data for Social Marketing and recruitment activities; and other information that may be needed to adequately describe the grantee's program.

Once interventions are implemented, grantees will need to report the number of clients enrolled in each intervention, the number of sessions (only if appropriate) completed by each client, and the risk profiles and demographic characteristics of each client enrolled. For Social Marketing (e.g., to recruit clients to interventions) and health communications/ public information interventions in which grantees cannot collect client-level information, these data can be reported in aggregate.

Grantees will also need to report the activities associated with each intervention (e.g., demonstration, discussion, or practice topic; distribution of materials), whether incentives were provided to the client, the 'unit of delivery' of the intervention (e.g., individual, small group), and the delivery method (e.g., in person or via telephone).

(1) Describe the applicant's experience and ability using Program Evaluation Monitoring System (PEMS) software to report required data electronically.

(2) List specific staff members or positions that will be responsible for management, reporting, use and security of all data collected for purposes of the Social Marketing program.

(3) Describe how the applicant will ensure the quality, completeness, and security of data collection and management. DCH will provide CDC-approved guidance and data security agreements that must be signed by the grantee.

(4) Describe plans for ensuring that all staff responsible for data collection and management will be appropriately trained on the use of PEMS and the use of standardized variables for routine reporting.

(e) Quality assurance.

(1) Describe how the applicant plans to ensure the Social Marketing program is being delivered in an appropriate, culturally competent and sensitive manner.

(2) Describe how the applicant plans to ensure the Social Marketing program is meeting the needs of the target population (e.g., advisory committee feedback, client interviews, focus group data, client satisfaction surveys, etc.).

(f) Staffing.

(1) Describe how the applicant plans to provide staffing for effective planning and oversight of the Social Marketing program.

(2) Describe how the applicant plans to provide staffing for effective delivery of the Social Marketing program.

(3) Describe the applicant's staffing plans for collecting, entering, analyzing, and using standardized program monitoring data and program performance indicators related to the intervention or service and reporting data and indicators to DCH.

(4) Describe how the applicant plans to provide staffing for maintenance of client records and management of program data related to the Social Marketing program.

(5) For each existing paid employee who will be assigned to work on this Social Marketing program, please describe the following:

- Proposed role in the Social Marketing program
- Qualifications for performing this role
- Amount (percent) of time the staff member will spend on this project
- Other responsibilities not related to this project
- Amount of time that will be spent on other responsibilities, including training that supports this project

Note: Responsibility for planning, management or oversight must not be assigned to volunteer staff.

(6) For each new paid employee who will be recruited to work on the Social Marketing program, describe the following:

- Positions applicants will recruit for, the proposed role of these positions in this project, and when these positions will be staffed
- Qualifications applicants will seek for each position
- How much time (percent) each staff member in these positions will spend on this project
- Other responsibilities not related to this project for staff members in these positions
- Amount of time that will be spent on these other responsibilities

Note: Responsibility for planning, management or oversight must not be assigned to volunteer staff.

(g) Training plan
Provide a description of how the applicant will train staff to implement the Social Marketing program. The response to this question should address training staff on the following:

(1) Provide a list of all the employees who will be responsible for implementing the Social Marketing program (including current as well as future employees). For each of these employees, please state the following.

- Name of the employee
- Title
- If the employee has already received a training in Social Marketing, please provide the city, state and date(s) of the training.
- If the employee has not yet received any training in Social Marketing, please describe the applicant's plans for getting the employee trained as soon as possible. If the employee is registered to attend an upcoming future training, please provide the city, state and date(s) of that training.

(2) Describe how the applicant will train staff regarding program monitoring and evaluation; DCH data collection and reporting requirements; conducting quality assurance for the Social Marketing program; and maintaining client records and managing program data related to the intervention, including assurance of client confidentiality.

Narrative Section J: **Program Description for Home-Grown Program**	**600 POINTS**

Suggested length: 10 pages or less.

Note: Only applicants requesting to implement a Home-Grown Program must complete this section. If the applicant does not intend to apply for funding for a Home-Grown Program, disregard the following questions and merely state "Section J: Home-Grown Program not applicable" or "Section J: Home-Grown Program funding not requested" and leave Section J blank.

Choosing not to apply for Home-Grown Program funding will not adversely impact the applicant's score.

Please provide the following information for the Home-Grown Program that will be implemented.

1. Target population: Describe the intended primary target population for the Home-Grown Program (e.g., age, race/ethnicity, sex or gender, HIV risk, HIV status, geographic location).

2. Choice and rationale: Briefly describe the Home-Grown Program. Explain why the applicant selected this particular approach for the proposed target population.

3. Previous experience: Describe the applicant's previous experience implementing this Home-Grown Program.

4. Part One of the Project Plan:
   Provide a narrative description of the project plan, including the following:

   (a) Implementation: Describe how the Home-Grown Program will be implemented.

   (b) Client pool: Describe the pool from which the applicant intends to recruit individuals into the Home-Grown Program.

   (c) Client eligibility criteria and screening: Describe the eligibility criteria for client participation in the Home-Grown Program and how potential clients will be screened for eligibility to participate, including behavioral risk assessment criteria (if applicable).

   (d) Program frequency: Describe how often the applicant will implement the Home-Grown Program (e.g., once per week, twice per month). Also describe how many individuals will participate in the Home-Grown Program each time it is implemented.

5. Part Two of the Project Plan:
   Continue the narrative description of the project plan, including the following:

(a) Recruitment strategies
Describe the methods or strategies that the applicant plans to use to recruit individuals into the Home-Grown Program and retain them throughout the period of implementation. This should include a description of the following.

(1) How the applicant plans to actively and strategically promote the program. Suggested strategies to promote programs and enhance recruitment include but are not limited to:

- utilization of social networks testing (See Attachment 25 for a web link to Social Networks Testing: A Community-Based Strategy for Identifying Persons with Undiagnosed HIV Infection)
- targeted outreach
- Social Marketing
- peer networking
- STD clinic referrals

(2) How the applicant will ensure the Home-Grown Program reaches high-risk members of the selected target population.

(3) How the target population will be involved in selecting the recruitment strategies.

(4) If and how incentives will be used to facilitate client recruitment and retention and, if incentives will be used, the rationale for using them and the cost of each incentive. If incentives will be provided, please include in "Appendix I: Other Documentation" a copy of the applicant's written procedures and internal controls for the purchase, storage, tracking, distribution and accounting of all incentives.

Note: Contractors must ensure their recruitment plan is strategic and targeted. Contractors should focus their recruitment efforts as much as possible in order to maximize the likelihood of reaching persons of high risk for acquiring (or transmitting) HIV.

(5) How the applicant plans to collaborate with other organizations or agencies that have close connections with their selected target population, especially if those organizations or agencies are able to assist with targeted outreach activities to recruit high-risk persons into the Home-Grown Program.

(b) Referrals
Grantees are required to provide referrals to clients and coordinate certain

activities with other service providers when conducting any of the interventions or services listed above.

(1) Describe how clients will be assessed and referred for other services (e.g., housing assistance, substance abuse treatment, mental health services, domestic violence intervention, medical care, partner services; screening for STDs, viral hepatitis, and TB) and what steps will be taken to verify that referral appointments were kept.

(2) Describe how individuals participating in the Home-Grown Program will be linked or referred to CTR services. If the applicant does not intend to provide HIV rapid testing services (CTR), describe how individuals participating in the Home-Grown Program will be linked or referred to CTR services and how the applicant plans to verify and document that such appointments were actually kept. Include documentation of any agreements with providers and other agencies where the clients can be referred for CTR services.

(3) Describe plans for linking individuals living with HIV to medical care (including screening for STDs, viral hepatitis and TB), partner services, prevention services and other support services if the applicant is unable to provide them directly.

(4) Describe the applicant's plans for referring individuals at high risk for HIV infection to prevention services (including screening for STDs, viral hepatitis, and TB) and other support services if the applicant organization is unable to provide them directly.

(c) Locations or settings for the Home-Grown Program.
Describe where the Home-Grown Program will be provided. Please describe the setting or settings (describe all, if more than one) and provide the following information:

(1) How the applicant will determine if the setting is appropriate for and appealing to the target population (e.g., youth drop-in center, mental health and support services, correctional settings, bars/clubs, and other unconventional settings).

(2) How the applicant will ensure that the location for the Home-Grown Program is in an area that is safe and easily accessible for the target population.

(d) Start date: Identify when (month/year) full implementation of the Home-Grown Program will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the program, and process monitoring data being collected).

(e) Program Process Monitoring: Funded grantees must work with DCH to develop and implement a process monitoring plan and conduct routine program process monitoring. For purposes of this application, the following information should be provided:

(1) Describe the applicant's goals for the Home-Grown Program.

(2) Provide measurable objectives for when the Home-Grown Program is fully implemented (i.e., annual objectives). A list of the minimum steps for which objectives should be provided can be found in the corresponding "Implementation Planning Tools and Monitoring and Evaluation Key Objectives" for the intervention chosen (See Attachment 6 for instructions on obtaining and completing these tools).

Objectives should be SMART (specific, measurable, achievable, realistic, and time-phased). The following are examples of SMART objectives: Enroll 500 young (18-25) African American MSM in the 'X' intervention during 2011; HIV counseling and testing staff will administer HIV rapid tests in community settings to at least 3,500 high-risk individuals residing in high prevalence areas, based on mapping by zip code or census tract, by June 30, 2011.

Include objectives for each year in terms of total number of target population clients anticipated to be enrolled in each intervention and the number of cycles (only if relevant) for each intervention.

(3) Describe how program monitoring data will be used, by whom and how frequently the applicant will utilize data to assess and improve program performance and measure progress toward meeting objectives. State the specific staff person (or position) that will be responsible for reviewing program monitoring data at these defined intervals for the purpose of continually assessing and improving program implementation.

(f) Data collection and reporting:
Grantees must collect and report data consistent with the requirements set forth in the CDC Program Evaluation and Monitoring System (PEMS). (See Attachment 22: Description of PEMS). This includes but is not limited to collection of all PEMS-required program variables and standardized data reporting through use of the web-based PEMS reporting system.

Grantees must collect and report standardized data on the following: all HIV prevention activities funded under this announcement, including behavioral interventions and CTR services; client-level information on demographic and risk characteristics of the grantee's HIV prevention program clients; aggregate data for targeted outreach and recruitment activities; and other information that may be needed to adequately describe the grantee's program.

Once interventions are implemented, grantees will need to report the number of clients enrolled in each intervention, the number of sessions (only if appropriate) completed by each client, and the risk profiles and demographic characteristics of each client enrolled. For targeted outreach (e.g., to recruit clients to interventions) and health communications/ public information interventions in which grantees cannot collect client-level information, these data can be reported in aggregate.

Grantees will also need to report the activities associated with each intervention (e.g., demonstration, discussion, or practice topic; distribution of materials), whether incentives were provided to the client, the 'unit of delivery' of the intervention (e.g., individual, small group), and the delivery method (e.g., in person or via telephone).

(1) Describe how and at what point in the Home-Grown Program the applicant will collect the required data for the intervention.

(2) Describe the applicant's experience and ability using Program Evaluation Monitoring System (PEMS) software to report required data electronically.

(3) List specific staff members or positions that will be responsible for management, reporting, use and security of all data collected for purposes of this Home-Grown Program.

(4) Describe how the applicant will ensure the quality, completeness, and security of data collection and management. DCH will provide CDC-approved guidance and data security agreements that must be signed by the grantee.

(5) Describe plans for ensuring that all staff responsible for data collection and management will be appropriately trained on the use of PEMS and the use of standardized variables for routine reporting.

(g) Quality assurance.

(1) Describe how the applicant plans to ensure the Home-Grown Program is being delivered in an appropriate, culturally competent and sensitive manner.

(2) Describe how the applicant plans to ensure the Home-Grown Program is meeting the needs of the target population (e.g., advisory committee feedback, client interviews, focus group data, client satisfaction surveys, etc.).

(h) Staffing.

(1) Describe how the applicant plans to provide staffing for effective planning and oversight of the Home-Grown Program.

(2) Describe how the applicant plans to provide staffing for effective delivery of the Home-Grown Program.

(3) Describe the applicant's staffing plans for collecting, entering, analyzing, and using standardized program monitoring data and program performance indicators related to the intervention or service and reporting data and indicators to DCH.

(4) Describe how the applicant plans to provide staffing for maintenance of client records and management of program data related to the Home-Grown Program.

(5) For each existing paid employee who will be assigned to work on this Home-Grown Program, please describe the following:

- Proposed role in the Home-Grown Program
- Qualifications for performing this role
- Amount (percent) of time the staff member will spend on this project
- Other responsibilities not related to this project
- Amount of time that will be spent on other responsibilities, including training that supports this project

Note: Responsibility for planning, management or oversight must not be assigned to volunteer staff.

(6) For each new paid employee who will be recruited to work on the Home-Grown Program, describe the following:

- Positions applicants will recruit for, the proposed role of these positions in this project, and when these positions will be staffed
- Qualifications applicants will seek for each position
- How much time (percent) each staff member in these positions will spend on this project
- Other responsibilities not related to this project for staff members in these positions
- Amount of time that will be spent on these other responsibilities

Note: Responsibility for planning, management or oversight must not be assigned to volunteer staff.

(i) Training plan
Provide a description of how the applicant will train staff to implement the Home-Grown Program. The response to this question should address training staff on the following:

(1) Provide a list of all the employees who will be responsible for implementing the Home-Grown Program (including current as well as future employees). For each of these employees, please state the following.

- name of the employee
- title
- If the employee <u>has</u> <u>already</u> been trained in the Home-Grown Program, please provide the city, state and date(s) of the training.
- If the employee <u>has</u> <u>not</u> <u>yet</u> been trained in the Home-Grown Program, please describe the applicant's plans for getting the employee trained as soon as possible. If the employee is registered to attend an upcoming future training, please provide the city, state and date(s) of that training.

(2) Describe how the applicant will train staff regarding program monitoring and evaluation; DCH data collection and reporting requirements; conducting quality assurance for the Home-Grown Program; and maintaining client records and managing program data related to the intervention, including assurance of client confidentiality.

Narrative Section K: **Referral Network and Tracking System**	**50 POINTS**

Suggested length: Two pages or less

This section is required of all applicants.

A. Referral network

Provide a description of plans to develop a referral network to ensure that clients identified through the program (both HIV-infected persons and high-risk negatives) have easy access to comprehensive services, including primary care, life-prolonging medications, other prevention services, and essential support services (e.g., additional counseling, screening for other infections). Include documentation of any existing agreements (e.g., Memorandum of Agreement [MOA]) with providers and other agencies where the clients may be referred). Funded applicants must develop a formal agreement such as a Memorandum of Agreement (MOA) with each collaborating agency within three months of award.

B. Referral Tracking

Describe plans to track referral activities and follow up on their outcomes. The type of referral (e.g., mental health, housing) must be documented, to whom referral was made, date of referral, and outcome of referral (such as completion of first appointment).

Narrative Section L: **Record Maintenance and Data Management**	**50 POINTS**

Suggested length: Two pages or less

This section is required of all applicants.

1. Describe the applicant's capacity to collect and report client-level data, including plans to identify and address barriers to the collection of client-level demographic and behavioral characteristics.

2. Describe how client records will be maintained.

3. Describe how client records and program data will be managed to ensure client confidentiality.

4. Describe how the applicant will assure the completeness and quality of data collected for program monitoring and reporting to DCH.

5. Describe how any technical assistance needs associated with meeting program monitoring and reporting requirements will be identified and met.

Narrative Section M: Collaboration	**50 POINTS**

Suggested length: Two pages or less

This section is required of all applicants.

1. Partner Services
   Describe how client linkage to Partner Services will be ensured and barriers related to clients' accessing Partner Services will be addressed. Attach a completed and signed PS Memorandum of Agreement (MOA) with the local county health department or health district (Attachment 20: Partner Services MOA with Health Department). See http://www.cdc.gov/nchhstp/partners/Recommendations.html for more information.

2. Incorporating with STD, viral Hepatitis and TB
   Describe the applicant's plans to incorporate STD, viral Hepatitis, and TB screening and prevention services into the applicant's proposed HIV prevention activities.

Narrative Section N:
Capacity Building Needs (Not Scored)

Suggested length: Two pages or less

This section will not be scored and will not count toward the page limit of the proposal narrative section.

The application should include a description of the applicant's anticipated capacity building assistance needs (if any) in the following areas.

- agency infrastructure (e.g., policies and procedures, capital purchases)
- planning program delivery
- program implementation
- intervention adaptation
- developing and replicating materials
- client recruitment
- staff training and development
- monitoring and evaluation
- data collection and management
- quality assurance

The applicant should specifically identify and describe what capacity building assistance services they will need in order to successfully implement the proposed program within the first year of award.

Narrative Section O:
Endnotes (Optional and Not Scored)

This section is optional, will not be scored and will not count toward the page limit of the proposal narrative section.

Wherever the applicant cites statistics or research findings in the narrative, the source of the citation should be provided. The applicant may choose to provide a source for each citation in footnotes located at the bottom of each page of the narrative. However, the applicant may also provide an "Endnotes" section at the end of the narrative in order to save space in the body of the narrative.