HIV PREVENTION GRANT

DEPARTMENT OF COMMUNITY HEALTH GRANT FUNDING IS SUBJECT TO AVAILABILITY AND IS AWARDED AT THE DISCRETION OF THE DEPARTMENT COMMISSIONER

RELEASE DATE: MONDAY, AUGUST 16, 2010
CLOSING DATE: MONDAY, SEPTEMBER 20, 2010 2:00 PM EST

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GEORGIA DEPARTMENT OF COMMUNITY HEALTH, DIVISION OF PUBLIC HEALTH
HIV PREVENTION GRANT

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Background	The Georgia Department of Community Health (DCH) was created in 1999 by Senate Bill 241 to serve as the lead agency for health care planning and purchasing issues in Georgia. DCH is the single state agency for Medicaid and insures over two million people in the State of Georgia, maximizing the State's health care purchasing power, coordinating health planning for State agencies and proposing cost-effective solutions for reducing the number of uninsured. In 2009, Healthcare Facility Regulation was created at DCH from sections transferred from the former Department of Human Resources Office of Regulatory Services. At that same time, the Divisions of Public Health and Emergency Preparedness and Response transitioned to the DCH. Within DCH, the Division of Public Health (DPH) is responsible for disease control and prevention, the reduction of avoidable injury-related deaths and disabilities, and the promotion of healthy lifestyles. The HIV Prevention Unit in DPH is charged with the mission of reducing HIV transmission and providing excellence in Georgia's HIV/AIDS services through innovation and community partnership. The HIV Unit is dedicated to the provision of education, information, and health care services that promote and protect the health of all Georgians.
Purpose	The purpose of this HIV Prevention Grant Program is to support the implementation of effective community-based HIV Prevention Projects that reflect local prevention priorities and serve persons at high risk for acquiring or transmitting HIV. Goals of this announcement include the following. • Decrease acquisition and transmission of HIV. • Increase targeted outreach and education efforts for persons at high risk of acquiring or transmitting HIV. • Increase linkage to care, treatment, prevention, and other supportive services for persons living with HIV and persons at high risk of acquiring or transmitting HIV. • Encourage innovation in HIV prevention in Georgia. • Promote awareness and de-stigmatization through social marketing. Measurable outcomes of the program will be in alignment with one or more of the following performance objectives: • Decrease the annual HIV incidence rate. • Decrease the rate of HIV transmission by HIV-infected persons. • Decrease risky sexual and drug-using behaviors among persons at high risk for acquiring HIV. • Increase the proportion of HIV-infected persons who know they are infected. • Increase the proportion of HIV-infected persons who are linked to prevention and care services. This announcement is only for non-research activities supported by DCH. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address: http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm
Program Overview	Through this grant opportunity the HIV Unit seeks to fund community based organizations (CBO's) for the implementation of HIV Prevention Programs. The prevention programs must target populations with recent high risk behavior for HIV. Recent high risk behavior is defined as having either one (or both) of the following activities with a person of unknown or serodiscordant HIV status at least once during the past 12 months. • Having unprotected anal or vaginal intercourse (UAVI) OR • Sharing needles or injection drug works. Applicants will be allowed to request funding to implement up to two (2) Effective Behavioral Interventions (EBI's) as part of their HIV prevention program. An EBI is defined by the CDC as an HIV prevention intervention that has undergone a series of efficacy reviews. These interventions represent the strongest HIV behavioral interventions in the literature to date

	that have been rigorously evaluated and have demonstrated efficacy in reducing HIV incidence, STD incidence and/or HIV-related risk behaviors. *For a list of Effective Behavioral Interventions (EBI's) eligible for funding, please see Attachment 21.* Applicants may complement their EBI selection by proposing to implement one or two of the following five complementary options. 1. Comprehensive Risk Counseling and Services (CRCS) 2. HIV Counseling, Testing, and Referral (CTR) Services 3. Targeted Outreach 4. Social Marketing 5. An Innovative/Home Grown Project *For more detailed information on this funding announcement, please see Attachment 1: Detailed Description of Funding Opportunity.*
Eligibility .	Eligible applicants that can apply for this funding opportunity are nonprofit applicants (e.g., community- and faith-based applicants and hospitals) that meet the requirements of O.C.G.A. 50-20-1 et seq, with documented experience working with the target population(s). *For more detailed information on eligibility requirements of this funding announcement, please see Attachment 3: Eligibility Information.* Eligible applicants are permitted to submit only one application per organization.
Funding Preference	Consideration will be given to applications that propose services in high prevalence areas as well as those that propose services in lower-prevalence areas. However, in making awards, preferences for funding may be required in order to achieve an appropriate distribution of funding and to help ensure maximum strategic impact with limited resources. In order to ensure funded programs are distributed and balanced approximately in proportion to the HIV epidemic in Georgia funding preference may be adjusted based on the burden of infection in terms of: • targeted risk behaviors and HIV serostatus • racial/ethnic minority groups • gender • geographic distribution *For more detailed information see Attachment 2: Award Information.*
Matching Funds	*"Matching funds*" are encouraged but not required for these efforts.
Cost Sharing	*"Cost sharing"* is encouraged if it helps to leverage resources, is responsive to the RFGA activities, is advantageous to the programs, and does not compromise the integrity or the ability of the programs to accomplish proposed goal.
Special Requirements	Applicants must also comply with the following additional eligibility requirements. • All applicants must submit a copy of their federal IRS certificate verifying 501(c)(3) charitable organization status. • Applicants must not be an organization with 501(c)(4) IRS status. Note: Title 2 of the United States Code section 1611 states that an applicant described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or award. • Applicants must not be a government agency or a university or college.
Project Funding	*Please see Attachment 2: Award Information for detailed funding information.* Note: The stated total amount is an estimates for a 12 month budget period that includes both direct and indirect cost, and is subject to availability of funds.

Award Ceiling	*Please see Attachment 2: Award Information for detailed information on the award ceiling.*
Anticipated Awards	It is anticipated that approximately twenty-five (25) grant awards will be made as a result of this Request for Grant Applications (RFGA). *For more complete information on the anticipated number, please see Attachment 2: Award Information.*
Funding Cycle	Twelve (12) months - January 1, 2011 through December 31, 2011. Throughout the project period, DCH's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the State of Georgia.
Deliverables	Awardee deliverables include but are not limited to the following. • Grantees must implement an HIV Prevention program to serve target populations. • Grantees must utilize Effective Behavioral Interventions (EBI's) as part of their HIV prevention program. • Grantees must establish and maintain a local advisory board. • Grantees must increase linkage to care, treatment, prevention, and other supportive services for persons living with HIV and persons at high risk of acquiring or transmitting HIV. • Grantees must ensure all funded HIV prevention interventions and services are implemented with quality assurance including effectiveness and fidelity to the core elements of the official intervention implementation package. • Grantees must comply with the List of Minimum Quality Standards for HIV Prevention and HIV Testing Programs: HIV Unit, Georgia Department of Community Health. (Attachment 23) • Grantees must submit monthly progress reports to the HIV Unit that reflect the progress made toward accomplishing program goals and objectives reflecting achievement of milestones within the defined timeframes. These reports must include quantitative and qualitative data on clients served (unduplicated), and expenditures made against the grant during the reporting period. • Grantees must submit invoices to the Department of Community Health (DCH) in accordance with the grant agreement for payment of services rendered which detail expenditures made against the grant for program activities. • Grantees must submit a final program and financial reports to DCH no later than 45 days following the grant termination date. • Grantees must comply with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit organizations, and submit the same to DCH/SORH annually. For a complete list of requirements, please see Attachment 1: Detailed Funding Opportunity Description.
Deadline for Submission of Questions	Questions must be submitted in writing to Kristal Y. Thompson-Black kblack@dch.ga.gov by 2:00 P.M. on Wednesday, August 25, 2010. A written response to all questions will be posted on the web site of the DCH Office of Procurement Services on Friday, August 27, 2010.
Deadline for Submission	**APPLICATIONS MUST BE RECEIVED BY 2 PM ON MONDAY, SEPTEMBER 20, 2010.**

APPLICATION SUBMISSION

Submission requires remittance of the original document as well as one (1) copy and five (5) CDs of the Grant Application. Applications may be delivered via USPS, FedEx, DHL, UPS, hand delivered or couriered. **COMPLETED APPLICATIONS MUST BE RECEIVED BY 2 PM MONDAY , SEPTEMBER 20, 2010.** If the application is incomplete or non-responsive to submission requirements, it will not be entered into the review process. The applicant will be notified the application did not meet submission requirements.

Timely and complete submissions are the responsibility of the applicant(s). The Department of Community Health welcomes completed submissions prior to the September 20, 2010 closing date however all submissions are final. **ALL LATE APPLICATIONS WILL BE CONSIDERED NON-RESPONSIVE TO SUBMISSION REQUIREMENTS AND WILL NOT BE REVIEWED.**

MAILING ADDRESS FOR APPLICATION DELIVERY:

Kristal Y. Thompson-Black, Grants Administrator
Georgia Department of Community Health
2 Peachtree Street, NW, 35th Floor
Atlanta, Georgia 30303-3159
E-mail: kblack@dch.ga.gov

SUBMISSION FORMAT

The Grant Proposal **MUST** be submitted in the following format or the application will be considered non-responsive and will not be entered into the review process:

1. **Word** or **PDF** file format
2. **Font Size:** 12 point unreduced (Times New Roman)
3. **Page Size:** 8.5 by 11 inches
4. **Page Margin Size:** One inch
5. **Number** and **Label** all pages; not to exceed the maximum number of pages where applicable.
6. **Headers** should identify each section and **Footers** should include the name of the organization.

REQUIRED GRANT FORMS:

1. Grant Application
2. Budget Form
3. Biographical Sketch
4. Work Plan
5. Timeline

REQUIRED GRANT APPLICATION CONTENT

I. REQUIRED CONTENT.

Unless specifically indicated, this announcement requires submission of the following information:

1. **Cover Letter:** 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
2. **Project Abstract:** A project abstract must be submitted with the application. 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. 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
3. **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. **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)* If the application fails to meet any of these requirements, the application will not be reviewed further.
5. **Project Narrative:** The project narrative for the HIV Prevention Program must be submitted with the application forms it should be double spaced and may not exceed the maximum page limit for your proposed activity (if the narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed). *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. *(Please refer to Attachment 8 for a complete table of page limits and acceptable combinations of activities)*
6. **Organizational Narrative:** The organizational narrative should include any pertinent background information pertaining to organization goal, mission, structure, capabilities etc. The organizational narrative shall not exceed a maximum of 3 pages (if the narrative exceeds the page limit, only the

first pages which are within the page limit will be reviewed). (Note: Complete instructions for writing the organizational narrative are found on page 9 of Attachment 4: Application Instructions. The organizational narrative will form the content of Section B of the applicant's project narrative (titled "Applicant Infrastructure, Experience and Capacity").

7. **Budget**: Applicants are required to provide a line item budget and narrative justification for all requested costs. *(See Attachment 18: Budget Form and Sample Budget).* All anticipated expenses and funding sources directly related to this project, including in-kind contributions, should be calculated and completed on the budget form. The budget must describe the financial resources needed over the duration of the project period and include the share requested from this grant as well as funds from other sources, including organizations, institutions and describe any in-kind sources of support. A budget justification should immediately follow the budget form. The budget justification is limited to a maximum of 3 pages (if the budget narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed). The budget plan and budget forms will not be counted toward the narrative page limit. *(For more detailed information on the application budget see attachment 4)*
8. **Project Work Plan:** Applicants are required to provide a work plan that details the operation plan of all major activities necessary to attain specified objectives. Specifically it is a layout for each member in the team and the tasks that each individual will be performing.
9. **Timeline** – The timeline should provide the time constraints in which activities and objectives will be accomplished
10. **Process Evaluation Plan and procedure:** The program evaluation should provide a baseline for comparison purposes and a greater understanding of the benefits from program services. The evaluation plan should be inclusive of the problem statement as it provides a baseline for comparison purposes and a greater understanding of the benefits from program services as well as the opportunity for the importance of a program to be conveyed. The program evaluation should provide a clear description of: a) how to assess project activities b) describe project outcomes in measurable terms using benchmarking data, c) measure objectives and other related performance measurement as well as the benefits of the initiative.
11. **Letters of Support:** Applicants must provide three letters of support from civic (or nonprofit), business, or faith-based organizations located in the community. These letters should specifically address the applicant's history of providing services to the proposed target population in the area(s) where the proposed services will be provided. Only three letters should be included in Appendix E.
12. **Appendices:** All appendices are required. Some appendices include Signature Page(s). Carefully read, sign, and adhere to these forms prior to responding to any Department of Community Health Request for Grant Applications (RFGA). Failure to do so could result in the disqualification of your application at any time during the application process. Included Appendices are as follows:

    A. Proof of Eligibility
    B. Budget and Budget Justification
    C. Intervention Implementation Planning Tools
    D. Required CTR Service Documentation
    E. Letters of Support
    F. DCH Ethics Statement (*Signature Page must be submitted*)
    G. DCH Ethics in Procurement Policy (*Signature Pages must be submitted*)
    H. DCH Business Associate Agreement (*Signature Page must be submitted*)
    I. Other Documents

II. OTHER CONTENT

Although not required, applicants are strongly encouraged to submit the following:

- Letter of Intent

III. FUNDING RESTRICTIONS

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research or for disease surveillance.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient of this grant agreement must perform a substantial role (no less than 51%) in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible. Grantees are permitted to hire contractors and encouraged to build collaborative relationships with other service providers to better enhance program activities, provided the majority of the funded activities are conducted by the grantee.
- Reimbursement of pre-award costs is not allowed.
- Funds received from DCH may not duplicate or supplant funds received from any other entities.

IV. SUPPLEMENTAL INFORMATION

Grant funding: DCH grant funding is subject to availability. All awards are subject to the discretion of the Commissioner.

Indirect cost: Indirect costs represent the expenses of doing business that are not readily identified within the budget submission (Appendix E.) but are necessary for the general operation of the organization and the facilitation of the activities required by the grant. In theory, costs like heat, light, accounting and personnel might be charged directly if little meters could record minutes in a cross-cutting manner. Practical difficulties preclude such an approach. Therefore, cost allocation plans or indirect cost rates are used to distribute those costs to benefiting revenue sources. For the purpose of providing the most efficient and effective use of grant dollars DCH limits the application of indirect costs to 9.27 percent.

Point of Contact: Kristal Y. Thompson-Black, Grants Administrator
Georgia Department of Community Health
2 Peachtree Street, NW 35th Floor
Atlanta, Georgia 30303 – 3159
E-mail: kblack@dch.ga.gov Phone: (404) 463-3862

APPLICATION REVIEW AND SCORING

APPLICATION REVIEW

All eligible applications will be initially reviewed for completeness by Grants Administration staff. In addition, eligible applications will be jointly reviewed for responsiveness by the HIV Unit and Grants Administration. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet eligibility and/or published submission requirements. *(For more information on application review, please see attachment 2: Award Information)*

SCORING

Upon successful completion of Application Review an evaluation committee will convene to evaluate the merits of each proposal. Eligible applicants will be reviewed through a two-stage process.

- In the first stage, all eligible applications will be evaluated by an independent external review panel on the basis of each item referenced in *Attachment 4: Application Instructions.*
- In the second stage, the highest ranked applications will then be considered for a pre-decisional site visit (PDSV). Applications will be considered for funding only if they achieve a passing score on the PDSV.

(For more information on scoring, please see attachment 2: Award Information)

APPLICATION SELECTION PROCESS

Applications will be funded in order by score and rank determined by the review panel. DCH will provide justification for any decision to fund out of rank order.

In addition, the following factors may affect the funding decision:

- Availability of funds
- Relevance to program priorities

LIST OF ATTACHMENTS

Attachment 1 Detailed Funding Opportunity Description
Attachment 2 Award Information
Attachment 3 Eligibility Information
Attachment 4 Application Instructions
Attachment 5 Appendix Items Required
Attachment 6 Instructions for Completing Intervention Implementation Planning Tools
Attachment 7 Frequently Asked Questions (FAQ's)
Attachment 8 Table of Page Limits and Acceptable Combinations of Activities
Attachment 9 Pie Chart of HIV Cases (Not AIDS) and AIDS Cases
Attachment 10 Sample Application Table of Contents
Attachment 11 Applicant Questionnaire
Attachment 12 HIV Prevention "Past and Future" Client Tables
Attachment 13 Scorecard Form and Scorecard Instructions
Attachment 14 Sample Implementation Planning Tool for VOICES/VOCES and Monitoring and Evaluation Key Objectives for VOICES/VOCES
Attachment 15 Planning and Conducting Street Outreach Process Evaluation
Attachment 16 Worksheet for Social Marketing Plan
Attachment 17 Social Marketing Lite: A Primer
Attachment 18 Budget Form and Sample Budget
Attachment 19 Local Health Department or Health District Sample Letter for CTR
Attachment 20 Partner Services MOA with Health Department
Attachment 21 List of Effective Behavioral Interventions Eligible for Funding
Attachment 22 Description of PEMS
Attachment 23 List of Minimum Quality Standards for HIV Prevention and HIV Testing Programs: HIV Unit, Georgia Department of Community Health
Attachment 24 CDC Form 0.1113 Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials
Attachment 25 Weblinks for accessing the following files online:

- 2009 Comprehensive HIV Prevention Plan for the State of Georgia
- CDC Procedural Guidance for Community-Based Organizations (8/2009)
- CDC Quality Assurance Guidelines for Testing Using Rapid HIV Antibody Tests
- CRCS Implementation Manual
- Social Networks Testing: A Community-Based Strategy for Identifying Persons with Undiagnosed HIV Infection

***Note: Attachments 11, 12, 16 and 18 are available in Microsoft Word format.**