ATTACHMENT 2
AWARD INFORMATION

2.1:
General Award Information

For HIV Prevention Programs (behavioral interventions and complementary options such as CTR, CRCS, outreach and health marketing), based on anticipated funds available, the Department of Community Health expects to award approximately nineteen grants, with an average grant amount of approximately $100,000.00.

Of course, the actual amount of each individual grant will vary depending on the type and magnitude of services proposed, as well as the need for HIV prevention services for each of the individual prioritized target populations.

Applicants must propose a funding amount that falls within the acceptable range (floor and ceiling) shown in the following table.

All Applicants:	**Minimum/Maximum Range:**
All applicants must propose a minimum of 1 (and up to 2) EBI's from the options shown in Attachment 21. (EBI = "Effective Behavioral Intervention")	$40,000 – $60,000 FOR EACH EBI PROPOSED
- OPTIONAL - **In addition to the above, applicant may opt to propose 1 (or none) of the following 3 complementary options:**	**Minimum/Maximum Range:**
▪ Comprehensive Risk Counseling and Services (CRCS)	$30,000 – $50,000
▪ HIV Counseling, Testing, and Referral (CTR) Services	$30,000 – $50,000
▪ An "Innovative/Home Grown" Project	$30,000 – $50,000
- OPTIONAL - **In addition to the above, applicant may opt to propose 1 (or none) of the following 2 complementary options:**	**Minimum/Maximum Range:**
▪ Targeted Outreach	$10,000 – $15,000
▪ Social Marketing	$10,000 – $15,000

Applicants should propose a funding amount that is realistic and based only on allowable expenses. In addition, the total number of clients proposed to be served should also be realistic (albeit somewhat ambitious) and based on a full 12-month schedule of program implementation.

Of course, no rigid formula exists for determining cost effectiveness. However, DCH may calculate the "average cost per client" for each individual intervention that receives approval for funding. If the "average cost per client" for one applicant organization should fall significantly outside the average for all other similar interventions, DCH may

meet with that applicant to discuss adjusting downward (or upward) the applicant's requested funding amount and/or the applicant's proposed total number of clients.

Budget Period Length: Awards will be made in the form of grants that begin January 1, 2011 (or later) and expire December 31 of the same year (12 months maximum per grant year). The Department of Community Health shall have the option, exercisable in its sole discretion and depending entirely upon satisfactory performance by the grantee and availability of funds, to renew the grant for up to a total of up to 3 additional years (i.e., up to 3 renewals).

Total Project Period Length: For each grant, the maximum possible length of the project under this funding announcement will be 4 years if the Department should decide to exercise its option to renew that particular grant for all 3 of the available renewals.

2.2:
Funding Preferences

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 **in terms of targeted risk behaviors and HIV serostatus**, the number of funded projects may be adjusted based on the burden of infection in each risk group as measured by HIV or AIDS reporting.

- In order to ensure funded programs are distributed and balanced approximately in proportion to the HIV epidemic in Georgia **in terms of targeted racial/ethnic minority groups**, the number of funded projects may be adjusted based on the burden of infection in each racial/ethnic minority group as measured by HIV or AIDS reporting.

- In order to ensure funded programs are distributed and balanced approximately in proportion to the HIV epidemic in Georgia **in terms of targeted gender**, the number of funded projects may be adjusted based on the burden of infection in each gender group as measured by HIV or AIDS reporting.

- In order to ensure funded programs are distributed and balanced approximately in proportion to the HIV epidemic in Georgia **in terms of geographic distribution**, the number of funded projects may be adjusted based on the burden of infection in each of Georgia's 159 counties as measured by HIV or AIDS reporting.

- Consideration will be given to applications that propose services in **high-prevalence areas** as well as those that propose services in **lower-prevalence areas**.

To the greatest extent possible, an allocation of HIV prevention awards will be made to attain the most effective and strategic distribution of funding based on available epidemiological data and to help ensure maximum strategic impact with limited resources. Organizations serving Georgia's top seven ranked target populations for HIV prevention (which are listed in the Executive Summary of this funding announcement) are strongly encouraged to apply for funding, especially those organizations that serve target population clients in counties and health districts with highest HIV incidence.

Of course, there remains a possibility that DCH might not receive a sufficient number of applications for HIV prevention interventions and services aimed at geographic regions where the epidemic is not being adequately addressed, or for target populations that are not being addressed adequately. If DCH should receive an insufficient number of applications aimed at geographic areas and/or target populations that are currently receiving an inadequate level of HIV prevention services, DCH may extend invitations to request funding proposals directly from organizations with demonstrated target population access.

2.3:
Important Dates

Announcement of Request for Proposals and Dissemination of Proposal Packets to the General Public	Mon, Aug 16, 2010
Conference Call for Q&A (optional)	10:00 a.m. Mon, Aug 23, 2010
- To participate in the conference call, please dial 1-888-278-0296 and enter Access Code 2852715#.	
Proposal Questions Accepted by Email Through	2:00 p.m. Wed, Aug 25, 2010
Written responses to e-mailed questions and transcript of conference call (posted on web site)	posted Fri, Aug 27, 2010
Letters of Intent* Due	Mon, Aug 30, 2010
FULL PROPOSALS* DUE	**2:00 P.M. MON, SEP 20, 2010**
Pre-Decisional Site Visits	Week of Mon, Oct 4, 2010
Announcement of Final Funding Decisions	Week of Mon, Oct 18, 2010
Grant Agreement Development	Mon, Oct 25, 2010 to Fri, Nov 12, 2010
YEAR 1 Grant Period Begins	January 1, 2011
YEAR 1 Grant Period Ends	December 31, 2011

*See Attachment 4: Application Instructions

All submission deadlines are final. Notices of intent, proposals and grievances not received by the deadlines outlined above will not be considered. All expenses incurred in responding to this notice are solely the responsibility of the applicant.

All pertinent dates and deadlines are listed in Attachment 2 of this announcement. This announcement is the definitive guide regarding deadlines, application content and

submission address. If an application does not meet any of the deadlines stated in this Attachment it will not be eligible for review. The applicant will be notified the application did not fulfill submission requirements.

2.4:
Proposal Review Method

Proposals will be reviewed using a Numerical Scoring Process with External Reviewers (Phase 1) and an Internal Qualitative Review led by DCH staff (Phase 2).

A. Numerical Scoring Process (Phase 1)

For the Numerical Scoring Process, we will convene a team of external reviewers with experience in HIV prevention to review each proposal separately and provide a numerical score for each section of the proposal narrative. During this phase, we will gather comments, suggestions, feedback and recommendations from the team of external reviewers. Combined with the numerical scores, this information will be an important part of the criteria utilized for developing final funding recommendations and awards. A signed conflict of interest and relationship disclosure form will be required of all reviewers.

The team of external reviewers will reflect Georgia's demographic and geographic diversity and will have familiarity and experience with HIV prevention. Reviewers will be required to identify any conflicts of interest in advance and will be prohibited from reviewing a funding proposal if they have a relationship with one or more of the applicant organizations.

In addition:

- Reviewers will first evaluate and score each proposal independently.
- Each proposal will be evaluated and scored individually against the criteria described in "Attachment 13: Scorecard Form and Scorecard Instructions." Proposals will <u>not</u> be reviewed and scored against each other.
- Proposal budgets and budget narratives will be reviewed to assess feasibility.
- Reviewers will not score the *DCH Grant Application and Questionnaire* (Attachment 11). However, Capacity Building staff members with the HIV Unit will review this information to identify the technical assistance needs of the awarded agencies.
- Reviewers will forward their initial scores, funding recommendations and comments to DCH for compilation.

- Finally, reviewers will meet to discuss all proposals assigned to their team and identify their final individual scores. Reviewers will not be required to arrive at a consensus with one another or assign the same score to a proposal.

B. Internal Qualitative Review (Phase 2)

For the Internal Qualitative Review, staff members from the HIV Unit and the STD Unit of the Department of Community Health will develop final funding recommendations. This phase will consider the comments and numerical scores assigned during Phase 1 as well as the following criteria.

- The Internal Qualitative Review will determine the number and geographic locations of the programs selected to implement projects for HIV prevention in Georgia.
- The strength of each section of the project narrative will be measured using the average of scores from the Numerical Scoring Process in Phase 1.
- DCH staff members may need to contact an applicant organization to request clarification regarding a proposal. DCH reserves the right to request additional information as needed. This may include a pre-decisional site visit.

Other considerations will include (but are not be limited to) the following items.

- The agency's experience working with the target population and its demonstrated success in reaching this population.
- The cost of the applicant's proposal, in the context of the number of persons proposed to be served (average cost per client).
- The strength of the agency's infrastructure, fiscal stability and capacity.
- The existence of other potential sources of funding and current, non-DCH funded HIV prevention programming for a target population.

The Internal Qualitative Review will also take into consideration the applicant's current and/or recent performance under an HIV prevention grant for DCH, if the applicant is a currently-funded HIV prevention grantee or if the applicant was an HIV prevention grantee funded by DCH at any time in 2009. This includes intervention delivery and ability to meet current grant requirements. This includes (but is not be limited to) the following items.

- Has the grantee reached their intended target population(s)?
- Has the grantee achieved satisfactory progress toward attainment of deliverables?
- Has the grantee implemented the core elements of the intervention(s)?

It is important to emphasize that final awards <u>will</u> <u>not</u> <u>be</u> <u>made</u> based solely on the results of the Numerical Scoring Process (Phase 1).