

**CITY OF CLEVELAND  
DEPARTMENT OF PUBLIC HEALTH  
FEDERAL HIV PREVENTION FUNDS  
2013-2015**

**Request for Proposals**



**Date of Issuance**

**November 13, 2012**

**Applications Due**

**December 13, 2012; 12:00 PM**

Introduction

**Purpose and Intent**

The City of Cleveland announces the availability of Federal HIV Prevention funds. The Ohio Department of Health (ODH), in accordance with the Centers for Disease Control and Prevention (CDC), HIV Prevention and HIV Prevention Plan for Ohio, has allocated these funds to Cleveland and other Ohio regions for implementing HIV prevention activities. Required core components to be included and implemented during the project period include: 1) HIV Counseling and Testing; 2) Comprehensive Prevention with Positives; 3) Condom Distribution; 4) Evidence-based HIV Prevention Interventions for HIV-Negative Persons at Highest Risk for Acquiring HIV, and 5) Social Marketing, Media, and Mobilization. In addition to the required core components, the grantee must conduct the following prevention activities: 1) regional HIV prevention planning; 2) capacity building and technical assistance, to include training; and 3) program planning, monitoring and evaluation, and quality assurance, to include data collection, management, and reporting as described in the grant; 4) partner counseling, linkage and referral services; 5) incorporation of HIV prevention into the medical sector; public information; and social networking.

**Goals of the Cuyahoga County Regional Grant are to reduce HIV transmission through:**

1) Focus HIV prevention efforts in communities and local areas where HIV is most heavily concentrated to achieve the greatest impact in decreasing the risk of acquiring HIV; 2) To increase HIV testing within populations at increased risk for infection; 3) To increase awareness and educate communities through traditional and innovative techniques about the threat of HIV and how to prevent it; 4) To increase access to care and improve health outcomes for people living with HIV by linking them to continuous and coordinated quality care; 5) To increase the proportion of HIV-infected persons who know they are infected; 6) To reduce HIV-related disparities and promote health equity; 7) To strengthen the capacity of local health departments, CBOs, and other partners to effectively evaluate HIV prevention programs.

The Cleveland Department of Public Health (CDPH) will make approximately \$525,000 available through a competitive Request for Proposals (RFP) process to the community for HIV prevention and testing programs. The final ODH award amount will not be known until late 2012, so the CDPH will carry out this RFP process with the expectation that up to ten (10) grants will be awarded for a total amount of \$525,000. **A funding cap of 20% of the total allocation of approximately \$525,000 will be imposed on proposed programs.**

However, program budgets will be carefully reviewed to determine appropriate grant awards. The City of Cleveland reserves the right to not award all or any of the funds available through this request for proposals process, based on the available funding, and the quality of the proposals submitted. Individual grant awards may be adjusted to ensure maximum utilization of grant funds.

Applicant agencies will not be permitted to subcontract their grant award. Applicant agencies applying for funding must be able to perform the activities identified in their proposal.

The CDPH will award grants to agencies for a three-year renewable grant cycle that will begin on January 1, 2013 and run through December 31, 2015. There is the possibility of a reduced award amount for the 2014 grant year, so funded agencies must be able to operate on a reduced budget. Agencies funded for the 2013 project year will annually complete a continuation application for available Federal HIV Prevention funds. Continued funding will be based upon the prior year accomplishments. Funding will be made available to nonprofit organizations and public agencies to provide HIV/AIDS prevention interventions, including HIV testing, to the residents of the Cuyahoga County.

The City of Cleveland – CDPH reserves the right to not award any or all applications for the funds available through this request for proposals process, based on the available funding, and the quality of the proposals submitted. Individual grant awards may be adjusted to ensure maximum utilization of grant funds. **There will be no appeal of the Department's final decision.**

Prevention interventions must utilize theoretical approaches that are evidence based and scientifically proven. Interventions using approaches outlined in the Compendium of HIV Prevention Interventions with Evidence of Effectiveness will be given special consideration. The Compendium can be found at [http://www.cdc.gov/hiv/resources/reports/hiv\\_compendium/index.htm](http://www.cdc.gov/hiv/resources/reports/hiv_compendium/index.htm) The CDC also lists EBIs on the Diffusion of Effective Behavior Interventions (DEBI) website. These interventions are found at: <http://www.effectiveinterventions.org/> **All interventions must also provide HIV Counseling, Testing & Referral and Condom Distribution services.**

### **Funding Priorities**

In July 2011, the Regional Advisory Group updated the Cuyahoga County Target Populations from the 2009-2012 *Comprehensive HIV/STD Prevention Plan for Cuyahoga County* for the 2012-2016 planning grant years as: people living with HIV/AIDS (PLWHA), men who have sex with men (MSM), youth, high-risk heterosexuals (HRH), and injection drug users (IDUs). 2012-2016 Target Population and Sub-Population List (Attachment C)

**Prevention Interventions:** Submission of prevention interventions must target one or more of the following target populations to be considered for funding:

1. **Persons Living With HIV/AIDS (PLWHA)**
2. **Men who have sex with men (MSM)**
3. **Youth (Ages 13-24)**
4. **High Risk Heterosexuals (HRH)**
5. **Drug Users (IDU)**

In developing the prioritization process, the Needs Assessment Committee recognized that target populations frequently reflect more than one population (such as young African American MSM) and that the combination of risk factors elevates risk level. The committee also noted that although these populations are prioritized, **they are all at high-risk and in**

**need of HIV prevention programming.** It is anticipated that the demand for funding will be high, so the CDPH may exclude funding some of the target populations if those populations' HIV prevention needs are being addressed by other funding sources (i.e. the Community Development Block Grant, the AIDS Funding Collaborative (AFC) and the Alcohol, Drug Addiction and Mental Health Service (ADAMHS) Board of Cuyahoga County).

The HIV/STD Needs Assessment is a part of the 2009-2012 Comprehensive HIV/STD Prevention Plan. The comprehensive plan is available for download at <http://www.clevelandhealth.org/uploadedFiles/Health/HIV-AIDS/CuyCompHIV-STDPlan2009Final.pdf>.

***HIV Testing in Clinic Settings:*** In addition, proposals will be accepted for projects that primarily provide HIV testing in a clinic setting where there are other ancillary medical services. These services and settings may include but are not be limited to: STD clinics, family planning providers, immunization clinics, woman's health services, criminal justice medical clinics, and other clinical providers.

The goal of these projects is to provide HIV counseling and testing in settings that leverage STD screening and are more likely to reach persons with known behavioral risks. A provider applying for an HIV testing only grant will complete a minimum of 1,500 tests annually.

***HIV Testing in MSM Population:*** In addition, proposal will be accepted for a project that will primarily provide HIV testing among MSM (youth of color, adult African American and adult Caucasian men who have sex with men). These services and settings may include but are not be limited to: FLEX bathhouse, Bars targeting LGBT community, educational settings and other social venues of the MSM community. The goal of this project is to reduce the number of new diagnosis of MSM within the region and increase linkages to care for HIV positive individuals newly diagnosed and currently out of care. A provider applying for the special HIV testing (MSM) grant will complete a minimum of 600 tests annually. This program also encourages and supports integration of diagnostic and prevention services for hepatitis C virus (HCV), hepatitis B virus (HBV), sexually transmitted diseases (STDs), and tuberculosis (TB).

***HIV/STD Capacity Building Services:*** Proposals will be accepted that create new HIV/STD prevention and service capacity within Cleveland/Cuyahoga County. Whereas the programs funded through the HIV Prevention Interventions and HIV Testing in Clinical Settings funding categories primarily target their services to individuals or communities, the HIV Capacity Building programs mostly target large systems or organizations. They may also include programs that provide professional staff development of medical, social service, teachers, and faith-based personnel and their organizations.

The goal of Capacity Building programs is to support the development of new HIV/STD prevention programs that will be sustainable without direct CDPH funding. HIV Capacity Building grants are not required to provide direct HIV prevention services including HIV testing.

## Evaluation

All funded programs will be required to participate in the Ohio Department of Health program evaluation activities. At a minimum, agencies must collect pre and post intervention client and aggregate level data forms and HIV Testing OpScans. Programs must have the capacity to perform web-based data entry and submit reports via email.

## Timeline for Request for Proposals

**A. Date of Issuance of RFP: November 13, 2012.**

**B. RFP Due Date: December 13, 2012; 12:00 PM; all proposals received after the due date will not be accepted – NO EXCEPTIONS.**

Applications must be submitted electronically **and** in paper form. The electronic copy can be emailed to the address **below** or saved on a CD, Microsoft Word or Adobe Acrobat file format only, and submitted with the paper copy. **The paper submission must include the original and nine copies of the proposal and all necessary supporting documentation.** The CDPH prefers that proposal be printed double sided, however this is not a requirement. Proposals and questions should be addressed to:

Tammie Jones, Project Director  
Cleveland Department of Public Health  
Office of HIV/AIDS Services  
75 Erieview Plaza, 3<sup>rd</sup> Floor  
Cleveland, Ohio 44114  
(216) 420-8641  
tjones@city.cleveland.oh.us

## Technical Assistance

A technical assistance session for applicants will be held at the Cleveland Department of Public Health at 75 Erieview Plaza, Cleveland, Ohio 44114 (2<sup>nd</sup> Floor Training Room) on **Tuesday, November 27, 2012 at 9:00 AM – 11 AM.** All sections of the Request for Proposals will be reviewed at that time and ample opportunity for questions will be provided.

### QUALIFICATIONS OF APPLICATIONS

Applicant agencies must meet the following minimum requirements:

- Notice of Intent to Apply for Funding must be submitted for each project the applicant intends to apply for by Friday, November 30, 2012.

- Applicants must be not-for-profit, tax exempt organizations as determined by Section 501(c) 3 of the Internal Revenue Code, with a current, valid letter of exemption or be a public agency or school district.
- Have proven administrative, fiscal and for proposals providing HIV prevention or test services, the program capacity to implement the CDC EBI/DEBI interventions
- Have the administrative technological equipment (Hard & Software) and systems capacity to run/participate in the required evaluation.
- Grant funds are provided on a reimbursement basis. Agencies must have the ability to provide initial revenue for program costs (up to two months).
- Applicant agencies must demonstrate at least two years expertise in the proposed HIV prevention program area.
- For proposals providing HIV Prevention Interventions or HIV Testing Services, employ, currently, at least one (1) ODH Certified HIV test counselor.
- Multiple proposals may be received from applicant agencies.

#### PROGRAM REQUIREMENTS

- Funded agencies must submit monthly fiscal reports for reimbursement and programmatic reports outlining performance and outcomes. Reports must be submitted to the CDPH. Agencies must have the capacity to submit the reports through email or an internet website if required. Reimbursement will be withheld from agencies that do not adhere to the reporting requirements; contracts may be terminated.
- All funded programs will be required to participate in evaluation activities. At a minimum, agencies must collect pre and post intervention client or aggregate level data forms and HIV testing forms (OpScans). Programs must have the capacity to perform web-based data entry. Agencies will be required to have DSL or cable internet access, and all program staff must have email access. The funded agencies will be required to submit data surveys with their agency's monthly reports. Reimbursement will be withheld from agencies that do not adhere to the evaluation requirements; contracts may be terminated.
- Funded agencies will be required to send funded staff to support public HIV testing events. Reimbursement will be withheld from agencies that do not adhere to this requirement; contracts may be terminated.
- All funded agencies will be required to participate in the Cuyahoga County HIV Prevention Regional Advisory Group (RAG). Participation includes attending the eight meetings held each year and participating on at least one subcommittee.

- Award recipients will be required to participate in site visits to discuss performance, provide demonstration of program activities and fiscal progress.
- All funded agencies must accomplish a minimum of 40% of their goals by mid-year.

PROPOSAL COMPONENTS
---------------------

Each proposal must contain the following content requirements. Failure to do so will result in exclusion from the funding process.

1. Agency programs must be based on **behavioral science, theory or be scientifically proven**. The agency must demonstrate that the program interventions are behaviorally-based by: explaining the formal theory incorporated into the program design, denoting the evidence-based model being replicated, or explaining the adaptation of a behavioral science based prevention model being used.
2. Programs must be **culturally and linguistically appropriate** for the target population(s).
3. Programs must **focus on HIV prevention but also address other Sexually Transmitted Diseases (STD)**. Special considerations will be given to programs that can provide **leveraged services that address one or more co-factors that lead to HIV infection as they relate to the targeted population**, e.g., alcohol and other drug use and abuse, low self esteem, physical/emotional/sexual abuse, socioeconomic factors, sexual addiction, peer pressure, cultural/ethnic barriers, religious beliefs, and health factors common to at risk populations for example (unplanned pregnancies, and stress related illnesses).
4. Programs must provide **skill building training**, which will enable participants to avoid risky behavior and to educate participants regarding alternatives to risky behavior.
5. The CDPH has established the goal to increase annual community based HIV testing by 10,000 in the Cuyahoga County. To reach this goal, **each funded programs will be expected to test at least 300 individuals each year**. The CDPH will provide the HIV test kits and establish contractual requirements that all programs will participate in public testing events. Programs can provide testing through either on-site services or off-site testing carried out by program staff, as well as agency and public testing events. Priority will be given to programs that integrate HIV and STD testing. Agencies without this level of existing testing capacity must develop a formal collaboration or partnership with an established testing provider.
6. Proposals must document **previous and current knowledge and experience in working with the target population**, particularly as these relate to culture-specific norms, values, realities of the target population, gender and cultural norms in sexual decision making, and HIV/AIDS related experience with target population.

7. **Identify and implement effective models of client recruitment and retention.** If the proposal has an outreach component, it should identify the geographic areas where it intends to reach the targeted population. It should also identify social venues that it will target such as crack houses, shooting galleries, public sex environments, beauty salons, the Internet, and churches.
8. Proposals are encouraged to incorporate **collaboration and partnerships** with other local agencies involved with HIV/STD prevention, education and/or services, as well as other local organizations with connections and experience with target populations.

**PROPOSAL FORMATING & SUBMISSION**

**Each proposal must meet the following format requirements. Failure to do so will result in exclusion from the funding process.**

1. All proposals are to be typed on 8 ½ by 11-inch paper, 1.5 spacing, with one-inch margins. The CDPH prefers that proposal be printed double sided, however this is not a requirement. Applicants should use 12-point Times New Roman font, with pages numbered in the center of the Footer. Proposals should be stapled at the top of the left side of the project summary form. The proposal summary page should be used as the cover sheet for the proposal.
2. Begin each section of the narrative on a new page. Limit your answer to the amount of space specified for that particular section of the narrative.
3. An original and nine (9) complete copies as well as the electronic copy of your proposal must be received by CDPH staff by the deadline.
4. Submitted proposals are to be reviewed by Cleveland Department of Public Health chosen reviewers. All funding decisions are final.

**5. Deadline extensions will not be granted for any reason.**

The focus of the proposal must be **Year 1 (2013)** of the three-year 2013-2015 Grant Years' activities and related budget information. Please use the following proposal format and address each component within the allotted page limits:

**Project Summary Form** 1 page maximum  
(Use the attached Project Summary Form)

**Abstract** 1 page maximum

- Name and a description/purpose of the proposed project.
- Funding Priority the project intends to address.

- The HIV prevention or service gap the program intends to fill.
- The selected HIV prevention intervention or service and the proposed outcomes the program will achieve.
- A description of the HIV testing services that the program will provide.

**Organizational Commitment to HIV Prevention** 2 page maximum

- Describe internal organizational relationships that relate to the proposed program. Include an organizational chart (*supplement material section*), identifying where the proposed program is to be placed. Identify all other agency HIV and STD prevention, testing, treatment, and/or care services and programs that will support the needs of the target population or community.
- Describe external organization relationships that relate to the proposed program. Special attention should be given to the STD clinical services; substance abuse and mental health counseling; health promotion programs; and services that meet the basic needs of clients (activities such as food centers, housing assistance, job training, and education support). Discuss the nature of these relationships, how coordination is to occur, and what policies and practices are in place to ensure client confidentiality. (*At least one (1) Letter of Collaboration or Memorandum of Understanding dated within the last 60 days should be included with the proposal for formal relationships of partner services related to the proposed activities*).

**Target Population Description** 2 page maximum

- Describe the program's target population(s). For HIV Prevention Interventions, please note discussion of priority populations on p. 3 of this RFP. Describe the specific behaviors and/or environmental factors that place the population at high-risk HIV exposure.
- Describe the agency's qualification and prior experience working with the target population(s). For HIV Prevention Interventions, identify which behavior risk factors you intend to address with the target population and discuss your experience in addressing the identified risk factors.
- Describe how the program will recruit and retain participants. Explain what outreach is proposed or in place to attract members of the target population(s) or if participants will be recruited from existing agency clientele. Identify and describe if any internet or electric outreach that is planned and include the intended targeted websites. Discuss if social marketing will be used to recruit clients and where materials will be posted.
- Discuss the level of demand and interest within the population(s) to receive the proposed services and if incentives will be needed to create that demand. If incentives are to be used, provide agency history on managing incentives and specific detail on their value, distribution, and form (cash, gift cards, debit cards, etc).
- Discuss if and how the target population is included in the decision making of the agency (e.g. involvement with the agency's Board of Directors, through focus groups or consumer advisory councils, or other means of organized input).
- For agencies providing HIV Prevention or Testing, provide a summary of your agency policy on consenting adults and adolescents. Discuss how you will address consenting in relationship to client follow up for the program evaluation. For agencies serving youth participants, discuss how staff will get parental consent. Provide a copy of the program's consent form.

## Program Narrative

5 page maximum

- Identify and discuss which intervention the program will use to meet the target populations' prevention needs and why the intervention was selected. If the intervention has multiple sessions, discuss what efforts the program will employ to ensure a 65% or more client retention rate.
- Provide the website link to the evidenced based prevention program's curriculum. In addition to a copy of the intervention's summary or fact sheet (*supplement material section*).
- Describe the program's implementation plan for 2013-2015. If this is a new program, discuss the plan's efforts to ensure that intervention is implemented with fidelity. If the program is currently running, discuss the overall success of the project.
- Identify when and where the program services will occur and how these meet the needs of the client.
- Describe staff utilization plans - use of existent staff or new staff to be added. Attach resumes and copies of any training certifications or professional licenses for existing staff. Attach position descriptions for new hires and list the qualifications and experience of staff who are to implement the program. Describe plans for timely hiring of staff, if applicable. It is expected that all staff will have or receive all necessary evidence based intervention training within three months of program start up. Incorporate training costs in your budget. Grant funds can be used for out-of-state travel to attend trainings with prior approval.
- Describe how referrals to HIV testing and other programs will be documented and followed up.
- Describe the anticipated outcomes of the program and the number of clients served. These outcomes must include that 65% of participants complete the intervention sessions and that 65% of those who complete score higher on the post-test survey.

## HIV Testing

2 page maximum

- If your agency is currently a HIV testing site/provider, provide the total number of HIV tests performed and positivity rate for both: January –December 2011 and January - November 2012.
- Describe the program's HIV testing activities. Identify if the program will use rapid or confirmatory HIV tests, and if the program is only providing rapid testing, where will the agency refer clients that test preliminary positive for a confirmatory HIV test. Will the program focus on establishing testing hours and outreach sites, public testing events, or a combination of the strategies?
- Describe the implementation plan for HIV testing strategies, including the number of HIV tests that will be provided via each selected strategy, the timeline, and the staff responsible for the service. As stated on page 7 of the RFP, all agencies applying for funding to provide *HIV Prevention Interventions* must also provide a minimum of 300 HIV tests annually. Additionally, agencies applying for funding to provide *HIV Testing in Clinic Settings* must provide a minimum of 1,500 tests annually; *HIV Testing in MSM Population* must provide a minimum of 600 tests annually;
- Identify all other HIV testing activities the agency provides. Discuss how the additional testing requirement will be integrated with the existing services (i.e. ADAMHS Board, CDBG-HIV Prevention, and Title X) and what efforts will be taken to ensure new clients are being recruited for testing.

- Identify if the program is providing STD screening and if there is the capacity to integrate HIV and STD testing services and how will this be accomplished.
- Identify any planned HIV testing events for your targeted population for year 2013.

### **Condom Distribution**

**1/2 page maximum**

- Condom Distribution is a core activity for HIV Prevention Services as described in our agreement with the Ohio Department of Health. Agencies will be provided a minimum of 5 boxes of 1000 quantity (male) condoms for the grant year with distribution to continue as supplies become available from the Ohio Department of Health.
- Provide a brief explanation of how condoms will be distributed to your target population: locations, frequency and/or marketing strategies.

### **Prior Performance Measures (\*Currently Funded Applicants Only)**

**2 page maximum**

Describe in detail the progress of the stated goals and objectives of the previous two years as it relates to your program. Describe in detail the challenges to program implementation in addition to success and program solutions.

- List the number of clients who completed the intervention each year (if applicable)
- List the number of test conducted each year, as well as the number of positives identified
- Indicate if your objectives was met or not met. In narrative form, detail the reason behind any goal that was not met and what changes have been made to ensure their 2012 goals will be accomplished?

### **Scope of Services 2013**

- A Scope of Service for the **2013 grant year** must be included. The scope should list program objectives, activities and target numbers to be reached in 2013.
- Note: HIV Counseling & Testing and Condom Distribution are required objectives
- Use Attachment B to complete the Scope of Services

### **Budget**

- A line item budget for the **2013 grant year only** must be included and account for all costs (including in-kind costs and outside grants) that contribute to the maintenance of the proposed project (Budget Forms 1-2).
- An accompanying descriptive budget narrative must be included and explain each line item in detail describing how the amount requested was calculated (Budget Form 3).
- There is a 7% administrative overhead/indirect cost maximum. All administrative costs must be supported with a line item and narrative budget documents.
- Include a copy of the 2013 agency budget (if not yet approved, included the 2012 agency budget).
- CDPH will purchase and provide rapid HIV test kits for the tests that are outlined in the proposal. Agency budgets should not include rapid test kit; however, agencies

should include the costs to purchase test controls and supplies as well as confirmatory testing kits.

\*\* In developing the program budget and narrative, consider the following questions: Does the budget reflect the total cost of the proposed program, including in-kind costs? Does the applicant appear to have the ability to realistically provide the listed in-kind costs? Does the budget narrative provide a basis for the proposed program and the number of individuals targeted? Does the requested funding account for more than 50% of the agency's total operating budget for the project year? Is the request reasonable? Is the level of supervisory staff and administration consistent with the scope of work? Does the budget include sufficient funding for required staff training and certification?

### Supplemental Materials

- **Position Description and Resume(s)** for all project staff must be included with the proposal. If the project will use existing staff of the applicant organization, resumes/qualifications of these staff members should be included in the application.
- **Organizational Chart**
- **IRS Letter of Exemption**: a copy of the applicant organization's IRS letter of exemption should be included with the proposal.
- **Audited Financial Statement** for the applicant's most recent fiscal year. If the agency has previously submitted their most recent audit to the Office of HIV/AIDS Services during 2012 please indicate date of submission on applicant checklist, and there is no need to submit a copy with this application.
- **Letters of Collaboration/ Memorandum of Understanding** for the proposed program that includes formal collaboration(s) with other agencies, this should be documented in a letter or Memorandum of Understanding with each agency and dated within the last 60 days.

REVIEW CRITERIA
-----------------

Applications meeting the minimum requirements will be reviewed and evaluated in the following areas against 110 points or 120 if prior performance measures are applicable:

Project Summary Form/Application Checklist	5 points maximum
Abstract	5 points maximum
Organizational Commitment to HIV Prevention	10 points maximum
Target Population Description	15 points maximum
Program Narrative	25 points maximum
HIV Testing	15 points maximum
Condom Distribution	5 points maximum
Scope of Services	5 points maximum
Budget & Budget Narrative	20 points maximum
Supplemental Materials	5 points maximum
<b>If applicable:</b>	
Prior Performance Measure	10 points maximum

APPLICATION CHECKLIST
-----------------------

**PROJECT NAME:**

**APPLICANT NAME:**

Make sure that the application is complete before it is submitted by checking the following list (Attach behind Project Summary Form)

Proposal

- Project Summary Form
- Application Checklist
- Abstract
- Organizational Commitment to HIV Prevention
- Target Population Description
- Program Narrative
- HIV Testing
- Condom Distribution
- Prior Performance Measure (if applicable)
- Scope of Services
- Budget Narrative

Supplemental Materials

- Budget Forms 1-2
- Position Descriptions/Resumes
- Organizational Chart
- IRS Letter of Exemption
- Audited Financial Statement (if applicable) or Date Submitted \_\_\_\_\_
- Letters of Collaboration
- Attachment A: signed

### Project Summary Form

Project Name and Target Population:		
Legal Applicant/Recipient Organization:		
Tax Identification Number:		
Executive Director/CEO/President:		
Mailing Address (include street, city, zip code):		
Telephone:	Fax:	E-Mail:

Administering Agency:		
Program Contact Person:		
Mailing Address (include street, city, zip code):		
Telephone:	Fax:	E-Mail:

FY 2013 Grant Amount Request:

\$
----

Current HIV/STD Prevention and Testing funding: If yes:	Grant period	Amount
AIDS Funding Collaborative    Yes ( ) No ( )		
ADAMHS    Yes ( ) No ( )		
CDBG-HIV Prevention    Yes ( ) No ( )		
SAMHSA    Yes ( ) No ( )		
Other(specify)    Yes ( ) No ( )		
Other(specify)    Yes ( ) No ( )		

Grant Review Feedback: Receive Feedback on RFP review process: ( ) Yes ( ) No
--

To the best of my knowledge and belief, the information contained in this application is true and correct. This document has been duly authorized by the governing body of the applicant organization to comply with the required assurances if the application is approved.

\_\_\_\_\_  
 Certifying Representative Signature

\_\_\_\_\_  
 Typed Name/Title

BUDGET FORM 1

Name of Project \_\_\_\_\_  
 Applicant Agency \_\_\_\_\_  
 Grant Year 2013

Personnel		Hours Per Week on Project	Source of Project Funds		
Name	Position Title		Grant Funds*	Other Funds**	Total Project Costs
SUBTOTAL PERSONNEL					
FRINGE BENEFITS					
Insurance					
Social Security					
Retirement					
Disability					
Medical					
Dental					
TOTAL PERSONNEL					

\* These are grant monies, which are being requested.  
 \*\* These are monies outside the grant process which will help pay for the project (e.g. in-kind, or matching funds from another grantor, foundation, or the agency).

Name of Project \_\_\_\_\_  
 Applicant Agency \_\_\_\_\_  
 Grant Year 2013

Category	Grant Funds	Other Funds	Total Project Costs
TOTAL PERSONNEL (from prior page)			
Consumable Supplies			
Medical/Lab			
Office			
Educational			
Postage			
Travel			
Mileage			
Per diem			
Lodging			
Registration Fees			
Rent			
Utilities			
Contractual Services			
Other Expenditures			
Phone			
Printing/Photo Coping			
TOTAL BUDGET			

Table should be amended as needed to include all applicable program costs.

**BUDGET JUSTIFICATION (SAMPLE)**  
**Name of Project – Year 2013**

Budget justifications are required for all costs that will be incurred for the direct support for the grant-sponsored project. The following are key elements that are to be included in the budget justification:

- A description of the expense or service;
- how it relates to and benefits the project;
- the anticipated cost;
- any other information that will aid the grantor in evaluating and funding the proposed item of cost

**SALARY, \$39,120**

These funds pay the salaries of the individuals contracted to perform grant duties.

**FRINGE BENEFITS, \$1,892**

These funds pay fringe rate benefits proportionate to personnel for this grant.

**Mileage: 435.00**

These funds are for in-state travel and local mileage expenses by agency staff for the maintenance of this grant.

The rate of mileage reimbursement for the City of Cleveland is \$.45

**Out-of-State Travel: \$2,560**

These funds will be used for one staff to attend the International AIDS Conference (AIDS 2012) will be held in Washington, DC, July 22-27, 2012. The International AIDS Conference is the premier meeting for those working in the field of HIV/AIDS, as well as policymakers, consumers, medical personnel and researchers. All travel costs associated with training will adhere to the State of Ohio's Travel Policies, and out of state travel will be subject to CDPH/ODH approval in advance of the training.

Conference Registration – 1 @ \$785.00 = \$785 (if paid by 2/23/12)

Lodging - \$225/night = \$1,125 (5 nights)

Air Flight - \$425 roundtrip – Cleveland, Ohio to Washington, DC

Meals - \$45/day x 5 days = \$225

**SUPPLIES- OFFICE, \$2,015**

These funds are for office supplies such as pens, pencils, paper, staplers, notebooks, tape, paper clips, binder clips, and toner cartridges for printer utilized in maintenance of the grant services

**CLIENT INCENTIVES, \$2,188**

Program logo items of pens and post-it notes. These funds are for the purchase of 200 gift cards to Dave's Supermarket at a value of \$10 per card as incentives for participants who take HIV tests at community testing events in observance of HIV Awareness Days.

200 Dave's cards x \$10/card = \$2,000; Pencils @\$ .25 ea = \$125 (500 QTY); Post It Note pads @ \$.27 ea = \$63 (233 QTY)

<b>Contract Cost Line Item</b>	<b>Contract Amount</b>	<b>Explanation</b>
Personnel – Salary	24,000.00	HIV Tester @ .50 FTE
Personnel – Salary	15,120.00	Outreach Worker @ .50 FTE
Fringe	1,892.00	benefits
Supplies – Office	2,015.00	pens, pencils, paper, stapler, notebooks, tape, paper clips, binder clips, flip charts, folders
Incentives	2,188.00	Program logo items of pens, pencils, highlighters, magnets, tote bags
Client Retreat – Booster Session	2,355.00	Meeting space and client incentives of gift cards, bus tickets
Educational Materials	1,050.00	Brochures and posters
Mileage	435.00	Travel within Cuyahoga City to various sites. 870 miles @.45 rate
Administrative Overhead (Services)	3,385.00	IT service charge, payroll charge, occupancy charge
Conference/Registration	2,560.00	The International AIDS Conference

Attachment A

Agency Non-Contact Reviewer Agreement

I, \_\_\_\_\_, an authorized representation of  
(Name)

\_\_\_\_\_, agree that the employees,  
(Organization name)

Board members, their spouses, and any person negotiating on behalf of the organization is prohibited from contacting any member of the proposal review committee before, during, and after the review process for the sole purpose of discussing our agency's or another agency's application. I understand that such contact will result in the termination of our application and suspension of consideration of our proposal in this funding process.

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

Attachment B - Sample

2013 Federal HIV Prevention Scope of Services  
Agency Name

Project Staff

- **Intervention – John Smith**
- **Testing – John Smith and Mary Jones**

Intervention

- **Many Men Many Voices(3MV)**

Target Populations

- **MSM**
- **Bisexual Males (non-gay identified men who have sex with men)**

Project Activities for the 2013 grant year only:

- **Complete 3MV EBI with African American MSM - 55 total**
  - John Smith will recruit 80 MSM to participate in 3MV
  - 65% of recruited participants will complete seven 3MV sessions
- **General population will receive HIV Counseling & Testing – 300 total**
  - The 3MV program will provide a community testing event in each of the City of Cleveland's five highest HIV incidence communities.
  - The 3MV program will produce social marketing to support each testing event
  - The 3MV program will provide 5 outreach and presentations for each event leading up to the event date.
- **Target Population HIV Testing. – 300 total**
  - 80 3MV participants will be offered HIV testing and referral for STD screening
  - The 3MV program will offer HIV testing two days each week (Thursday and Friday) for the full grant year.
  - The 3MV program will provide HIV testing at the bathhouse and gay bars on a monthly basis.
- **STD Screening Referrals –500 total**
  - The 3MV program will refer all program participants for STD testing
  - The 3MV program will hold one STD screening event during STD Awareness month.
- **Condom Distribution –5,000 total**
  - Condoms will be distributed monthly to XXX gay bars and bathhouse

## Attachment C

### 2013-2016 CUYAHOGA COUNTY TARGET POPULATIONS w/ PRIORITIZED SUB POPULATIONS Three-year incident denominators added to each

- From 2008-2010, there were 537 incident cases of HIV/AIDS in Cuyahoga County: 420 males (78%) and 117 females (22%)
  - Groups numbered according to high incidence rates (based on data)
- 

#### Target Priority Populations identified:

- PWLHA (*denominator = 537 in past three years*)
- MSM (293, 54.6%)
- Youth (115, 21.4%)
- HRH (189, 35.2%)
- IDU (14, 2.6%. *Any IDU may have other risk behavior, but IDU is considered most likely transmission route.*)

#### PWLHA

- MSM (293, 54.6% all incident cases)
  - AA (150, 27.9%)
  - Youth (115, 21.4%)

#### MSM

1. W males 25 and older (101, 18.8%)
2. AA males 25 and older (87, 16.2%)
3. AA males 24 and younger (63, 11.7%)
4. H males (20, 3.7%)
5. W males 24 and younger (15, 2.8%)

#### Youth

1. AA MSM (63, 11.7%, listed above in MSM)
2. AA HRH females (16, 3.0%)
3. W MSM (15, 2.8%)
4. AA HRH males (6, 1.1%)
5. H HRH males (1 < 1%) *Also note that there was one H HRH female and one W HRH female.*

#### HRH

1. AA females (74, 13.8%)
2. AA males (68, 12.7%)
3. W females (16, 3.0%)
4. W males (13, 2.4%)
5. H females (9, 1.7%)
6. H males (8, 1.5%)

#### IDU

- Hispanic/Latino group historically has been high but is much lower now
- White males high right now
- *Consensus that this category is a lower priority*

#### Other notes:

- Identifying those in care vs. not in care, clients who are not in care are at much greater risk
- Encompassing transgendered individuals into programming
- Creating culturally competent programming/literature within subgroups (i.e. bilingual materials)

**NOTICE OF INTENT TO APPLY FOR FUNDING**

City of Cleveland  
Department of Public Health  
Office of HIV/AIDS Services

**CDPH Program Title:** 2013-2015 Federal HIV Prevention Program

**ALL INFORMATION REQUESTED MUST BE COMPLETED.**  
(Please Print Clearly or Type)

**Applicant Agency/Organization:** \_\_\_\_\_

**Applicant Agency Address:** \_\_\_\_\_

\_\_\_\_\_

**Agency Contact Person/Title:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Type of Applicant Agency:**

ASO\_\_\_\_\_ Not-for-Profit\_\_\_\_\_ County Agency\_\_\_\_\_ Higher Education\_\_\_\_\_  
Local Schools\_\_\_\_\_ FQHC\_\_\_\_\_ Other – Specify\_\_\_\_\_

**Primary Target Population for Project:**

- Persons Living With HIV/AIDS (PLWHA)
- Men who have sex with men (MSM)
- Youth (Ages 13-24)
- High Risk Heterosexuals (HRH)
- Drug Users (IDU)

**Secondary Target Population (if any):** \_\_\_\_\_

**Public Health Strategy or Behavioral Intervention:** \_\_\_\_\_

**Mail, Email or Fax To:** Tammie Jones, Project Director  
Cleveland Department of Public Health  
Office of HIV/AIDS Services  
75 Erieview Plaza, 3<sup>rd</sup> Floor  
Cleveland, Ohio 44114  
Email: tjones@city.cleveland.oh.us  
Fax: (216) 664-4343

***NOTICE OF INTENT TO APPLY FOR FUNDING MUST BE RECEIVED BY Friday, November 30, 2012***