DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Department of Health and Human Services, Office of Public Health and Science, Office of Population Affairs.

FUNDING OPPORTUNITY TITLE: Announcement of Availability of Supplemental Grant Awards for Integration of HIV/AIDS Testing and Prevention Services in Title X Family Planning Projects.

ACTION: Notice.

ANNOUNCEMENT TYPE: Supplemental Competitive Grant.

CFDA Number: 93.217.

AUTHORITY: Section 1001 of the Public health Service (PHS) Act.

DATES: To receive consideration, applications must be received by the Office of Grants Management, Office of Public Health and Science (OPHS), Department of Health and Human Services (DHHS) no later than 5:00 p.m. Eastern Time on **June 1, 2010.** The application due date requirement in this announcement supersedes the instructions in the OPHS-1 form. See heading "IV. APPLICATION AND SUBMISSION INFORMATION" for information on application submission mechanisms.

SUMMARY: The Office of Population Affairs (OPA), Office of Family Planning (OFP) announces the availability of approximately $11.5 million of Fiscal Year (FY) 2010 funds for competitive supplemental grants to Title X-funded service grantees. These funds are for HIV/AIDS prevention activities that will expand on-site HIV testing and related HIV-referral services integrated with family planning services, through incorporation of the Centers for Disease Control and Prevention (CDC) "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings" (2006).[1] Although no applicant is discouraged from applying, applications are encouraged from sites in areas with high HIV prevalence, high numbers of at-risk clients and sites that have not yet implemented routine screening.

I. FUNDING OPPORTUNITY DESCRIPTION

This notice announces the availability of funds from the Minority AIDS Initiative (MAI) and Title X appropriations to support supplemental grants for Title X family planning services projects to expand the integration of HIV/AIDS prevention activities in Title X-funded clinic sites. Funds will be awarded to those projects that propose to implement the 2006 Centers for Disease Control and Prevention (CDC) "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings."[1] If there are state requirements that preclude full implementation of CDC recommendations, these should be clearly described in the application.

[1] Centers for Disease Control and Prevention. *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*. MMWR: September 22, 2006/55(RR14); 1-17.

The resources provided by the Minority AIDS Initiative will support projects in communities where racial and ethnic minorities are under-served or disproportionately impacted by HIV/AIDS. While the resources provided by Title X appropriations may also support projects in those communities, there is flexibility to support projects that serve other individuals, areas, or populations.

Background:

The estimated prevalence of HIV in the United States in 2006 was between 1,039,000 to 1,185,000.[2] The estimated number of new HIV infections in adults and adolescents in the 50 states and the District of Columbia in 2006 was 56,300.[2] At the end of 2007, an estimated 551,932 persons were living with HIV/AIDS in the 39 areas with confidential name-based HIV infection reporting: 47% were Black/African American, 32% white, and 20% Hispanic/Latino.[3]

Racial and ethnic minorities continue to be disproportionately impacted by HIV/AIDS. The highest rate of new HIV infections in 2006 was among Blacks/African Americans (83.7 per 100,000). Although Blacks made up 12% of the adult and adolescent population in the United States in 2006, this demographic group accounted for 49% of persons estimated to be living with HIV.[4]

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[2] Centers for Disease Control and Prevention. HIV Prevalence Estimates—United States, 2006. MMWR October 3, 2008/57(39); 1073.

Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report, 2007.* Vol. 19. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009: 1-63.

[3] Centers for Disease Control and Prevention. Cases of HIV infection and AIDS in the United States and dependent areas, by race/ethnicity, 2003–2007. *HIV/AIDS Surveillance Supplemental Report* 2009; 14(No. 2): [5].

The HIV prevalence rate for Black men was six times the rate for white men, and the rate for Hispanic men was more than twice the rate for white men. The HIV prevalence rate for black women was nearly 18 times the rate for white women, and the rate for Hispanic women was more than four times the rate for white women. The HIV prevalence rate for black women was greater than the rate for all other groups, except for black men.[5] Among heterosexuals, most new infections – 63% - occurred among blacks. Whites accounted for 20% of new infections, and Hispanics 17%.[6]

In 2006, persons aged 13–29 accounted for the largest number of new HIV infections, 34%. Persons infected through high-risk heterosexual contact accounted for 31% of new HIV infections.[7] Unfortunately, for secondary prevention purposes, in 2007, overall, only 36.6% of adults aged $\geq$18 years reported ever being tested for HIV.[8]

The OPA/OFP is committed to making contributions to decreasing the spread of HIV infection, and maximizing the health of those who are infected. The client population served in Title X-funded family planning clinics closely matches the demographic profile of those most at risk for HIV: young (75 percent under age 30, with 31% of all clients between the ages 20 to 24), low-income (70 percent with family incomes at or below 100 percent of the Federal poverty level,

[5] Centers for Disease Control and Prevention. HIV Prevalence Estimates—United States, 2006. MMWR October 3, 2008/57(39); 1073.

[6] Centers for Disease Control and Prevention. *Subpopulation Estimates from the HIV Incidence Surveillance System—United States, 2006*. MMWR: September 12. 2008/57(36); 985.

[7] Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report, 2007*. Vol. 19. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention; 2009: 4-5.

[8] Heyman KM, Schiller JS, Barnes P. Early release of selected estimates based on data from the 2007 National Health Interview Survey. Hyattsville, MD: US Department of Health and Human Services, CDC, National Center for Health Statistics; 2008.

93% of clients had family incomes at or below 250% of poverty level), and racial or ethnic minority (28% Hispanic/Latino--20% Black not Hispanic/Latino).[9] Moreover, most family planning clients are sexually active, and many are at risk for STDs and HIV infection.

All service grant projects funded under Title X are required to provide HIV prevention education services on-site, and testing either on-site or by referral; however, not all Title X-funded service sites are able to provide on-site HIV testing services. Some service sites may be able to provide on-site HIV testing, but only on a limited basis due to budgetary constraints.

In 2008, more than 833,000 HIV tests were performed in Title X-funded family planning clinics; however, this was a test to user ratio of only 0.16. Family planning clients, most of whom are under age 25,[10] had an overall chlamydia positivity rate of 7.4% in 2008 (for selected family planning clinics). [11] In view of the incidence of sexually transmitted infections, clients served in Title X family planning clinics are clearly a population group in need of HIV prevention services.

The OPA/OFP has received MAI funds and has provided supplemental funds for HIV prevention integration projects since 2001. In September 2006, based on new science-based information, the CDC published "Revised Recommendations for HIV Testing of Adult, Adolescents, and

[9] Fowler, CI, Gable, J, Wang, J, and Lyda–McDonald, B. (November 2009). *Family Planning Annual Report: 2008 National Summary*. Research Triangle Park, NC: RTI International.

[10] Fowler, CI, Gable, J, Wang, J, and Lyda–McDonald, B. (November 2009). *Family Planning Annual Report: 2008 National Summary*. Research Triangle Park, NC: RTI International.

[11] Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance, 2008.* Atlanta, GA: U.S. Department of Health and Human Services; November 2009.

Pregnant Women in Health-Care Settings" (referred to in this Announcement, from here forward, as the 2006 CDC HIV testing recommendations).[12] The objectives of these recommendations are to: (1) increase HIV screening of patients, including pregnant women, in health-care settings; (2) foster earlier detection of HIV infection; (3) identify and counsel persons with unrecognized HIV infection and link them to clinical and prevention services; and, (4) further reduce perinatal transmission of HIV in the United States.

Evidence suggests that persons who know their HIV status may adopt behaviors that reduce transmission. Early diagnosis and entry into care of HIV-infected individuals can result in a decrease in the morbidity and mortality associated with HIV infection, as well as a reduction in new infections. Equally important, including HIV testing as a routine part of preventive health care will hopefully reduce the stigma of HIV testing, diagnosis, and care.

II. AWARD INFORMATION

Total funds available for grant awards under this announcement are approximately $11.5 million. Of the funds available, $8 million are from the Minority AIDS Initiative (MAI), and will be used to initiate, enhance, and/or expand the availability of HIV testing and prevention services in Title X-funded projects that serve communities where racial and ethnic minorities are under-served or disproportionately impacted by HIV/AIDS. Approximately $3.5 million from FY 2010 Title X appropriations will be awarded to Title X projects that serve individuals, populations, or areas with documented need for HIV testing and prevention services.

[12] Centers for Disease Control and Prevention. *Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings*. MMWR: September 22, 2006/55(RR14); 1-17.

The projected amount of each award will range from approximately $100,000 to $200,000, with the average award of $150,000. It is expected that 60 to 100 supplemental grants will be awarded. Funds will be awarded on an annual basis for a period of up to three (3) years, or for the length of the current family planning service grantee project period, whichever is shorter.

Any supplemental award that is made to a grantee that has a project period ending prior to the potential three-year HIV supplemental grant period may include an application for continuation of the HIV supplement as an addendum to the competitive continuation application for the Title X service grant. Funding beyond the first year is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of federal funds.

III. ELIGIBILITY INFORMATION

A. Eligible Applicants:

Eligible applicants include only Title X grantee agencies funded under section 1001 of the Public Health Service Act. Delegate or sub-recipient agencies desiring to establish projects under this announcement must apply through the Title X grantee under which they are funded.

Applicants must demonstrate need by documenting one or more of the following:

1) Title X project/clinic is within a community where a racial/ethnic minority population, demonstrated to be at high risk of HIV infection, comprises a significant proportion of the total population;
2) Applicant serves individuals, populations, or areas with documented need for HIV prevention services beyond basic HIV prevention education;

3) There is a documented lack or shortage of resources to provide integrated HIV testing and prevention services in the Title X-funded family planning project; and/or,

4) There are documented high or increasing rates of HIV, AIDS, and/or STDs within project/clinic target area.

B. Cost Sharing: Cost sharing requirements apply to the overall grantee agency funding levels.

IV. APPLICATION AND SUBMISSION INFORMATION

1. **Address to Request Application Package:** Application kits may be obtained electronically by accessing the electronic grants system at www.GrantSolutions.gov . Hard copy application kits may be requested from, and applications submitted to: Office of Public Health and Science (OPHS)/Office of Grants Management (OGM), 1101 Wootton Parkway, Suite 550, Rockville, MD 20852, 240-453-8822. Application requests may be submitted by fax to 240-453-8823.

   Applications must be prepared using Form OPHS-1 "Grant Application," which includes budget forms, standard federal assurances, and instructions. The OPHS-1 can be obtained at the web site noted above, or from the OPHS/OGM.

2. **Content and Form of Application Submission**: Applications must be submitted on the Form OPHS-1 (version 3), "Grant Application," and in the manner prescribed in the application kit.

Individual Project Proposals

Only one application per grantee will be accepted, and all applications must be submitted by the Title X services grantee. If a grantee has multiple project proposals from sub-recipient agencies or service sites, each individual project proposal must be clearly defined, separable from the others, and must not exceed the funding limit of $200,000 annually per project. Each individual project proposal needs to include a Table of Contents, project abstract, project narrative (which includes content described in "Application Content" below), budget, and budget justification. Applicants are encouraged to submit proposals that identify specified, clearly delineated service sites where the project will be implemented rather than a broad service area.

Table of Contents

The Table of Contents should specify pages that correspond to the subheadings under "Characteristics of a Successful Proposal."

Project Abstract

A project abstract for **each proposed project** must be submitted by the grantee using the required format (refer to Project Abstract form in the Application Kit), and should be limited to no more than two pages each. The abstract should include all required elements specified on the form.

Application Narrative and Budget

The application narrative for **each proposed project** should be concise and limited to 20 double-spaced pages using an easily readable serif typeface such as Times Roman, Courier, or GC

Times, 12 point font and one inch margins. The page limit does not include the Table of Contents; project abstract; budget; budget justification; required forms, assurances, and certifications as part of the OPHS-1; or appendices. All pages, charts, figures and tables should be numbered, and a Table of Contents should be provided. The project narrative should be numbered separately and should clearly show the 20 page limit. If the project narrative exceeds 20 pages, only the first 20 pages will be reviewed.

The budget and budget justification for each proposed project must be tied directly to proposed activities. Sufficient detail should be provided so that the reviewer is able to determine the adequacy and appropriateness of budgeted items related to the proposed activities, including the number of tests and associated costs. The proposed budget items must be consistent with the applicable Cost Principles and other requirements of Federal grant program recipients [Refer to the HHS Grants Policy Statement (2007) and applicable OMB Circulars available in www.grants.gov and www.grantsolutions.gov].

Appendices may be included to provide curriculum vitae, organizational structure, examples of organizational capabilities, protocols, memoranda of agreement, and other supplemental information which supports the application. However, appendices are for supportive information only and should be limited to that which is necessary to support the application. All information that is critical to the proposed project should be included in the body of the individual proposal. Appendices should be clearly labeled. Brochures and bound materials should not be submitted.

Consolidated Application

The grantee is responsible for submitting all required forms, and compiling all project proposals, including budgets and budget justifications, into one application package. There is no limit to the number of project proposals a grantee may include in the application. The grantee should provide a cover document using the required format (refer to Grantee Cover Sheet in Application Kit). The cover sheet should include all required elements specified on the form.

In addition to the budget and budget justification for individual project proposals, the grantee is expected to submit a consolidated SF424 and 424A which includes the total amount of funds requested for all proposed projects. There may be limited administrative costs available for grantees with multiple projects within their service system. Requests for these funds should be limited to what is required for grantee oversight and monitoring of projects.

Application Content and Project Requirements

The funds available under this announcement are for HIV/AIDS prevention activities that will expand on-site HIV testing and related HIV-referral services integrated with family planning services, through incorporation of the 2006 CDC HIV testing recommendations. It is understood that a portion of the requested funds may be needed for outreach, staff training, advisory meetings, and other support activities directly related to this project. However, the use of these funds is limited to activities that directly support requirements described in this section. All Title X requirements apply to any activities funded under this announcement (that is, project requirements at 42 CFR §59.5 including provisions regarding charges to clients and funding criteria stipulated at 42 CFR §59.7).

Successful applicants should use strategies described in the 2006 CDC HIV testing recommendations for planning their projects. The approach, prevention messages, and activities should relate to evidence-based, or promising strategies for HIV prevention, where available. The Advancing HIV Prevention section of the CDC website, among others, should be reviewed for resources, such as: http://www.cdc.gov/hiv/topics/prev_prog/rep/index.htm.

The central goal of HIV screening in health-care settings is to maximize the number of persons who are aware of their HIV infection and receive care and prevention services. Definitive mechanisms should be established to inform patients of their test results.

In order to accomplish the goals of this initiative, the approach to this HIV prevention integration project should include, at a minimum:

1) HIV screening (e.g., broad-based testing) for all family planning clients unless the client declines ("opt-out" screening);
2) HIV testing at least once a year for individuals at increased risk for HIV infection; and
3) Consent for HIV screening is incorporated into the general consent for family planning services and medical care; separate written consent is not recommended (but may be required for state requirements).

Characteristics of a Successful Proposal

HIV services provided under this announcement are intended to supplement or enhance Title X family planning services already provided by the applicant agencies. Any proposed outreach

must be for increasing family planning services that include HIV prevention services, and not for stand-alone HIV testing services. All clients tested through the project must meet the definition of family planning user (FPAR 2007 instructions).

***Project proposals should clearly address each of the following elements, using the format below*:**

1. Description of the service population, including geographical parameters, and an epidemiologic/demographic description of the population to be served through the project, including the indicators listed. Please include citation(s) for all data provided; this section should also include:
    a) AIDS cases per 100,000, as well as the number of AIDS cases, by race/ethnicity, if available;
    b) HIV rates per 100,000, as well as number of HIV cases by race/ethnicity, if available;
    c) HIV/AIDS positivity rates by race/ethnicity, if available;
    d) Rates for sexually transmitted infections, such as:
        1) Chlamydia rate per 100,000 by gender and race/ethnicity, if available;
        2) Gonorrhea rate per 100,000 by gender and race/ethnicity, if available;
        3) Syphilis rate per 100,000 by gender and race/ethnicity, if available;
    e) Other behavioral risk factors or indicators of risk for the target population (such as, substance use, history of incarceration for patient or partner, etc.);
    f) Data from 2008 Family Planning Annual Report specific to the proposed HIV supplemental project area (clinic or agency-level information) for the following:
        1) Number of family planning users by race and age;

2) Number of users by Hispanic/non-Hispanic designation and age;
3) Number of users with family income at or below 100% of the Federal Poverty Level (FPL), and at or below 250% of FPL.

In addition, for those projects that received funds through the Title X Family Planning HIV integration grants in the previous funding cycle (2007-2010), the narrative should include the total number of HIV tests proposed and completed, and the number of new cases of HIV identified, during the last 12 months of available data. Any discrepancies between the number of HIV positives identified and the rate of HIV prevalence in the surrounding community should be explained. The application should also explain variance in the projected number of HIV tests for the past cycle as compared with the actual number of persons tested in the last project year. Explanation of plans to increase the number of persons who know their HIV status should be included in the project plan narrative.

2. Description of all HIV-related services currently provided by the proposed project site, including source and amount of funds used to support these activities. Such funding might include but not be limited to CDC prevention funds and Ryan White AIDS Program funds, either received directly or through funded consortia;

3. Description of unmet need for the proposed services in the target area. This should include a description of other HIV-related services currently being provided in the community or accessible to the target population.

4. Clear description of proposed HIV-related services to be provided within the proposed project (HIV testing, HIV prevention education, and related HIV referral services), including timeline. Strategies for implementation of the 2006 CDC HIV testing recommendations should be an integral part of proposed activities;

5. Goal statement(s) and related outcome objectives that are specific, measurable, achievable, realistic and time framed (S.M.A.R.T.);

6. Evidence that project-supported activities incorporate cultural competency, age appropriateness, and linguistic and literacy appropriateness;

7. Evidence that proposed prevention activities (particularly "innovative" activities) are based on strategies that have shown evidence of effectiveness at increasing HIV testing and/or decreasing high-risk behaviors (refer to recommendations from CDC, www.cdc.gov/hiv);

8. Evidence that staff providing HIV testing, prevention services, and related referral services are trained according to local requirements or policy prior to providing HIV-related services. In places where no local requirements or policy exist, the 2006 CDC HIV testing recommendations should be used as the basis for training;

9. Description of a plan for keeping staff current in knowledge and skills in the area of HIV prevention;

10. Description of collaborative activities with other agencies. Project proposals should describe linkages with these agencies, and provide letters of support, or letters of agreement, to accept client referrals. If the proposal does not include these, grant awards may be restricted until evidence is presented that formal agreements have been established;

11. Description of a project promotion plan to increase HIV prevention services to family planning clients through making HIV testing a routine part of family planning services. Where a majority of clients have been tested within the past year, the applicant should describe a plan to increase services to new family planning clients, particularly those at risk for HIV, such as individuals recently released from correctional institutions;

12. Description of evaluation plan.

    The evaluation plan should include the following:

    a) A plan for evaluation of actual activities and outcomes compared to stated goals and objectives;
    b) A plan for evaluating the outcome of efforts to implement the CDC's 2006 recommendations for HIV testing;
    c) Evaluation of the effectiveness of activities that assure that clients receive HIV test results, and counseling/referral as appropriate; and,
    d) Evaluation of the appropriateness, effectiveness, and utilization of linkages with community agencies providing HIV-related health and social services in project communities.

Evaluation of the project should be ongoing, with a plan in place to address the effectiveness of project implementation, data collection and target outcomes, and quality assurance. In addition to a plan for evaluation of the above elements, each project is expected to collect and report outcome data. Projects should make every effort to collect and report the required data that are available.

Projects should describe their capacity to collect and report the following (client data should be provided by race and ethnicity and age):

a) Total number of (unduplicated) clients who receive HIV testing;

b) Total number and type of HIV tests provided (Standard and/or Rapid; Confidential and/or Anonymous);

c) Total number of positive HIV tests;

d) Total number of clients who receive their HIV test results, both those who tested positive as well as those who tested negative;

e) Total number of clients with a positive HIV test result who were referred for HIV-related care and or treatment services;

f) Number of staff, including new staff, dedicated to the HIV project, and supported under this award (may be expressed as partial full time equivalents [FTEs]); and,

g) Number and content of HIV trainings held specific to cultural competency, age appropriateness, HIV prevention skill-building sessions, or other training held for health care providers.

h) Number of Clients Unaware of their Status

13. A detailed budget and budget justification, including staffing requirements. A detailed categorical budget should be submitted for Year One, along with a budget projection for Years Two and Three.

3. **Submission Dates and Times**: To be considered for review, applications must be received by the Office of Public Health and Science, Office of Grants Management by 5:00 pm Eastern Time on **June 1, 2010.** Applications will be considered as meeting the deadline if they are received on or before the deadline date and time. The application due date requirement in this announcement supersedes the instructions in the OPHS-1 (version 3) form.

Submission Mechanisms

The Office of Public Health and Science (OPHS) provides multiple mechanisms for the submission of applications, as described in the following sections. Applicants will receive notification via mail from the OPHS Office of Grants Management confirming the receipt of applications submitted using any of these mechanisms. Applications submitted to the OPHS Office of Grants Management after the deadlines described below will not be accepted for review.

Applications which do not conform to the requirements of this grant announcement will not be accepted for review and will be returned to the applicant. Electronic application submission through Grantsolutions.gov system is encouraged, although hard-copy applications will be accepted. Applications may only be submitted electronically via the electronic submission

mechanism specified below. Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, will not be accepted for review.

Electronic grant application submissions must be submitted no later than 5:00 p.m. Eastern Time on June 1, 2010. All required hard copy original signatures and mail-in items must be received by the OPHS Office of Grants Management no later than 5:00 p.m. Eastern Time on the next business day after the deadline date. Applications will not be considered valid until all electronic application components, hard copy original signatures, and mail-in items are received by the OPHS Office of Grants Management according to the deadlines specified above. Application submissions that do not adhere to the due date requirements will be considered late and will be deemed ineligible. Applicants are encouraged to initiate electronic applications early in the application development process, and to submit early on the due date or before. This will aid in addressing any problems with submissions prior to the application deadline.

Electronic Submissions via the GrantSolutions System

The electronic grants management system, www.GrantSolutions.gov, provides for applications to be submitted electronically. When submitting applications via the GrantSolutions system, applicants are required to submit a hard copy of the application face page (Standard Form 424) with the original signature of an individual authorized to act for the applicant agency and assume the obligations imposed by the terms and conditions of the grant award. When submitting the required forms, do not send the entire application. Complete hard copy applications submitted after the electronic submission will not be considered for review.

Electronic applications submitted via the GrantSolutions system must contain all completed online forms required by the application kit, the Program Narrative, Budget Narrative, and any appendices or exhibits. All required mail-in items must be received by the due date requirements specified above.

Upon completion of a successful electronic application submission, the GrantSolutions system will provide the applicant with a confirmation page indicating the date and time (Eastern Time) of the electronic application submission. This confirmation page will also provide a listing of all items that constitute the final application submission including all electronic application components, required hard copy original signatures, and mail-in items, as well as the mailing address of the OPHS Office of Grants Management where all required hard copy materials must be submitted. As items are received by the OPHS Office of Grants Management, the electronic application status will be updated to reflect the receipt of mail-in items. It is recommended that the applicant monitor the status of their application in the GrantSolutions system to ensure that all signatures and mail-in items are received.

Mailed or Hand-Delivered Hard Copy Applications

Applicants who submit applications in hard copy (via mail or hand-delivered) are required to submit an original and two copies of the application. The original application must be signed by an individual authorized to act for the applicant agency or organization and to assume for the organization the obligations imposed by the terms and conditions of the grant award.

Mailed or hand-delivered applications will be considered as meeting the deadline if they are received by the OPHS Office of Grant Management no later than 5:00 p.m. Eastern Time on June 1, 2010.

4. **Intergovernmental Review** - Not required for this announcement.

5. **Funding Restrictions**: Funds will be provided only to Title X service grantees that propose and demonstrate the capacity to provide the services required in this announcement.

V. APPLICATION REVIEW INFORMATION

1. **Criteria:**

Eligible applications will be evaluated based on the following criteria:

1) Clearly stated need for either expansion or implementation of HIV on-site testing, and HIV-related referral services integrated into family planning services within the applicant's community, as demonstrated by: undocumented prevalence in proposed project area due to lack of previous testing, HIV prevalence rates of $\geq$ .1% (1 per thousand patients screened), unmet need, and/or significant racial/ethnic minority population known to be at high risk for HIV infection, recent shifts or increases in HIV infection rates, or high rates of HIV, AIDS, and/or sexually-transmitted infection; (30 points)

2) A clear description of the proposed project, including S.M.A.R.T. goals and objectives; an evaluation plan, as described in this announcement, that is consistent with the project's

stated goals and objectives, and designed to identify and monitor progress in the development and implementation of the project, as well as to measure its outcomes; evidence of the ability to collect and report on all data required for the project; evidence in support of the effectiveness of strategies for increasing HIV testing; cultural/linguistic competency, and age appropriateness of the proposed interventions; documentation of HIV-related referral mechanisms and linkages, including letters of support or formal agreements; plans for ensuring that project staff are trained in accordance with the 2006 CDC "Revised Recommendations for HIV Testing Of Adults, Adolescents, and Pregnant Women in Health Care Settings;" (25 points)

3) A clear plan for implementation of the 2006 CDC "Revised Recommendations for HIV Testing Of Adults, Adolescents, and Pregnant Women in Health Care Settings." This includes a project promotion plan that describes how the project will reach additional family planning clients that will learn their HIV status. Where state requirements preclude complete adoption of the CDC recommendations, a clear description of state requirements that preclude ability to immediately incorporate all components of the 2006 HIV testing recommendations, and a plan for moving toward implementation; (25 points)

4) The capacity of the proposed project site to effectively and efficiently use resources allocated for the project. This includes detailed budget, budget justification, timeline, and staffing plan. (20 points)

2. **Review and Selection Process:**

All eligible applications will be reviewed and scored according to the criteria listed above. Final grant award decisions will be made by the Regional Health Administrator (RHA) within the applicable Public Health Service Region, in collaboration with the Deputy Assistant Secretary for Population Affairs (DASPA) and Director, Office of Family Planning (OFP). In making these decisions, the RHA, DASPA, and Director, OFP will take into account the extent to which grants approved for funding will promote the priorities of Title X and the Minority AIDS Initiative as well as the intent of the 2006 CDC "Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings." In addition, decisions will take into consideration the geographic distribution of resources.

VI. AWARD ADMINISTRATION INFORMATION

1. **Award Notices:**

The OPA does not release information about individual applications during the review process. When final funding decisions have been made, each applicant will be notified by letter of the outcome. The official document notifying an applicant that a project application has been approved for funding is the Notice of Grant Award (NGA), signed by the Director of the OPHS Office of Grants Management. This document specifies to the grantee the amount of money awarded, the purposes of the grant, the length of the project period, terms and conditions of the grant award, and the amount of funding to be contributed by the grantee to project costs, if any. Grantees should pay specific attention to the terms and conditions of the award as indicated on

the NGA, as some may require a time-limited response. Failure to address terms and conditions may result in restriction of funds, and/or future funding.

2. **Reporting:**

Projects funded under this announcement will be required to submit a progress report each year as part of a continuation application, as well as a final report that summarizes progress over the entire project period. The annual progress report will include a narrative description of progress toward meeting program objectives, including a summary description of new initiatives, systems, and services established using project funds; training specific to needs of special populations (e.g., adolescents), cultural competency, skill building for providers; and "lessons learned" as part of implementation of the HIV prevention integration supplemental project(s). In addition, a report on the data elements listed above will be required two times per year, at approximately six month intervals. Further information regarding specific due dates for both the annual continuation application (including progress report) and semi-annual data reports will be provided shortly after awards are made.

VII. AGENCY CONTACT(S)

1. Administrative and Budgetary Requirements

For information related to administrative and budgetary requirements, contact the OPHS Office of Grants Management Grants Specialist for the applicable region.

The GrantSolutions.gov help desk can be reached by phone at 1-800-618-0223 or 301-231-6005 (8 AM to 6 PM Eastern Time, Monday – Friday) and by Email at: help@grantsolutions.gov.

2. Program Requirements

For information related to family planning program requirements, contact the OPA/OFP contact the regional program consultant or project officer in the applicable regional office.

VIII. OTHER INFORMATION

Funded grantees and projects will be expected to participate in an Annual OPA HIV Prevention Technical Support Conference during each year of the funded project (dates and locations to be announced). Funds will be included in the award for participation of up to two persons per project and two persons per grantee each year of the project, and should be included in the application budget.

DATED:

/S/

Susan B. Moskosky

Acting Director, Office of Population Affairs