

PART I - FACE SHEET

APPLICATION FOR FEDERAL ASSISTANCE		1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Non-Construction														
Modified Standard Form 424 (Rev.02/07 to confirm to the Corporation's eGrants System)																
2a. DATE SUBMITTED TO CORPORATION FOR NATIONAL AND COMMUNITY SERVICE (CNCS): 01/26/11	3. DATE RECEIVED BY STATE:	STATE APPLICATION IDENTIFIER:														
2b. APPLICATION ID: 11ND126031	4. DATE RECEIVED BY FEDERAL AGENCY: 01/26/11	FEDERAL IDENTIFIER: 10NDHPA004														
5. APPLICATION INFORMATION																
LEGAL NAME: Philadelphia AIDS Consortium DUNS NUMBER: 796381077	NAME AND CONTACT INFORMATION FOR PROJECT DIRECTOR OR OTHER PERSON TO BE CONTACTED ON MATTERS INVOLVING THIS APPLICATION (give area codes): NAME: Yoshiaki Yamasaki TELEPHONE NUMBER: (215) 988-9970 FAX NUMBER: (215) 988-9902 INTERNET E-MAIL ADDRESS: yoshiaki@tpaconline.org															
ADDRESS (give street address, city, state, zip code and county): Access to Care Through Services 112 N. Broad St., 11th Floor Philadelphia PA 19102 - 1512 County: Philadelphia																
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 232579594	7. TYPE OF APPLICANT: 7a. Non-Profit 7b. Community-Based Organization National Non-Profit (Multi-State) Statewide Association															
8. TYPE OF APPLICATION (Check appropriate box). <input type="checkbox"/> NEW <input type="checkbox"/> NEW/PREVIOUS GRANTEE <input checked="" type="checkbox"/> CONTINUATION <input type="checkbox"/> AMENDMENT If Amendment, enter appropriate letter(s) in box(es): <input type="text"/> <input type="text"/> A. AUGMENTATION B. BUDGET REVISION C. NO COST EXTENSION D. OTHER (specify below):	9. NAME OF FEDERAL AGENCY: Corporation for National and Community Service															
10a. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 94.006 10b. TITLE: AmeriCorps National	11.a. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Access to Care Through Services (ACTS) 11.b. CNCS PROGRAM INITIATIVE (IF ANY):															
12. AREAS AFFECTED BY PROJECT (List Cities, Counties, States, etc): Pennsylvania, New Jersey, Delaware and California focusing on high risk areas of Philadelphia, Chester, Cumberland County, Long Beach and Wilmington.																
13. PROPOSED PROJECT: START DATE: 09/01/11 END DATE: 08/31/12	14. CONGRESSIONAL DISTRICT OF: a.Applicant <input type="text" value="PA 002"/> b.Program <input type="text"/>															
15. ESTIMATED FUNDING: Year #: <input type="text" value="2"/>	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? <input type="checkbox"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input checked="" type="checkbox"/> NO. PROGRAM IS NOT COVERED BY E.O. 12372															
<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <td style="width: 20%;">a. FEDERAL</td> <td style="text-align: right;">\$ 374,070.00</td> </tr> <tr> <td>b. APPLICANT</td> <td style="text-align: right;">\$ 374,073.00</td> </tr> <tr> <td>c. STATE</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>d. LOCAL</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>e. OTHER</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>f. PROGRAM INCOME</td> <td style="text-align: right;">\$ 0.00</td> </tr> <tr> <td>g. TOTAL</td> <td style="text-align: right;">\$ 748,143.00</td> </tr> </table>	a. FEDERAL	\$ 374,070.00	b. APPLICANT	\$ 374,073.00	c. STATE	\$ 0.00	d. LOCAL	\$ 0.00	e. OTHER	\$ 0.00	f. PROGRAM INCOME	\$ 0.00	g. TOTAL	\$ 748,143.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES if "Yes," attach an explanation. <input checked="" type="checkbox"/> NO	
a. FEDERAL	\$ 374,070.00															
b. APPLICANT	\$ 374,073.00															
c. STATE	\$ 0.00															
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f. PROGRAM INCOME	\$ 0.00															
g. TOTAL	\$ 748,143.00															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																
a. TYPED NAME OF AUTHORIZED REPRESENTATIVE: Charlene Arcila	b. TITLE: Executive Assistant	c. TELEPHONE NUMBER: (215) 988-9970 306														
d. SIGNATURE OF AUTHORIZED REPRESENTATIVE:		e. DATE SIGNED: 05/11/11														

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Executive Summary

Access to Care through Service (ACTS) was designed to empower individuals infected and/or affected in the HIV/AIDS community. ACTS provides across the country HIV/AIDS education, outreach, food, counseling and testing, and other direct care services in 14 sites in CA, PA, NJ, and DE. Through a variety of service learning opportunities and educational programming, ACTS members deeply impact not only their own lives but also their communities while enhancing the lives of PLWHA.

Rationale and Approach

A.1 COMPELLING COMMUNITY NEED

ACTS proposes to serve a four state area that includes Pennsylvania, Delaware, New Jersey, and California. More specifically, the project serves Philadelphia, Montgomery and Delaware counties in PA (which includes two of the poorest cities that are also the most heavily impacted by HIV, Chester and Philadelphia.) The project also serves Atlantic City, NJ, Wilmington, DE and their surrounding counties. Additionally, in its first effort at site replication, the project also serves the Long Beach area of CA.

HIV/AIDS continues to disproportionately affect areas that are traditionally economically depressed. According to the US Census Bureau's 2006-2008 estimates, all six metropolitan areas served by ACTS have significantly higher rates of poverty than the national average (13.2%) and five of the six have significantly higher levels of unemployment than the national average.

Location (% of Pop Living in Poverty - % of Adult Pop that are Part of the Labor Market)

United States (13.2% - 65.2%)

Philadelphia, PA (24.3% - 58.5%)

Chester, PA (34.8% - 52.2%)

Wilmington, DE (22.3% - 62.4%)

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Atlantic City, NJ (26.3% - 62.1%)

Long Beach, CA (19.1% - 66.8%)

At the same time, HIV/AIDS continues to ravage our economically depressed communities of color. According to the Commonwealth of PA's HIV/AIDS Surveillance Report (December 2007), it is estimated more than 11,833 persons are currently living with HIV/AIDS in the City of Philadelphia and its five surrounding counties (out of more than 23,394 diagnosed since 1980). Long Beach demonstrates similar statistics, with 3,019 persons currently living with AIDS (out of more than 5,814 diagnosed since 1981.) In the Philadelphia EMA (which includes Philadelphia and its 8 surrounding counties -- which corresponds to a large portion of the service area in this proposal) -- 63% of the persons living with HIV are African American and 11% are Latino/s. In Long Beach, the percentage of Latinos impacted with HIV is as high as 21.3% and continues to grow. Women of color are now the fastest growing group of people living with AIDS; and, 105 out of every 100,000 Latina women and 61 out of every 100,000 African American women are diagnosed with AIDS.

While the population needing HIV/AIDS services has changed dramatically over the past decade in the Philadelphia region, the resources allocated to fight the disease have not been increased or redistributed. In this fiscal year budget, PA cut HIV/AIDS funding by approximately 22.5% (from \$10M to just under \$7.75 M), this includes funding cuts to support prevention programs, PC&T, referral services and health education, many of the services that ACTS members are trained to provide. CA has faced similar funding cuts in 2009 and 2010. While these cuts will be offset slightly by increases in federal funding, federal CARE funding for FY 10 will only increase by 4% and federal prevention funding will only increase by 6%. These increases will neither offset cuts nor make an impact in the continually growing need for services as individuals with HIV are living longer.

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Adding to the impact of these cuts in both places, the most heavily impacted organizations are those small, community-based organizations that serve our hardest to reach communities. In public hearings held by TPAC, the most prevalent community response was that HIV/AIDS services are not adequate in communities of color. It was further expressed that there was a lack of information about the services that were available and that communities of color are in need of both language appropriate and culturally sensitive services and educational services to assist consumers in maneuvering their way through the services delivery system.

A.2 DESCRIPTION OF ACTIVITIES AND MEMBER ROLES

OVERALL PROGRAM DESIGN

During a time when service reductions are having a negative impact on the community, the need for more AmeriCorps volunteers continues to grow. ACTS has and will continue to fill the gaps in the need for HIV/AIDS services in this region. The volunteers will work with all persons both infected and affected by HIV disease enabling them to efficiently navigate the service delivery system and learn to become self-sufficient.

ACTS empowers individuals infected and affected by HIV/AIDS to manage access to direct medical care, treatment regimens and supportive services. ACTS creates a fundamental shift in the way HIV services are provided, moving from a provider based system to a client strengths based model in which individuals are the determining factor in how and which services they receive.

ACTS has been designed to ensure that essential services are provided to disenfranchised communities most at risk for HIV/AIDS. ACTS members are trained to work with persons both infected and affected

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by HIV, enabling them to navigate the service delivery system. Through this grant, TPAC is proposing to have 70 part time members at 14 sites across four states, each located in communities, heavily impacted by HIV/AIDS.

ACTS members provide services in the following areas: HIV Prevention Education (PE), Prevention PC&T (PC&T), outreach, information and referrals, case management, community engagement, medical care, and food/nutrition. The work conducted by members will enable more services to be delivered in heavily impacted communities, where they are most needed.

All members will be trained in service specific areas, universal precautions, and other relevant areas and will be taught to provide services in a culturally sensitive manner.

SITES AND CURRENT EFFORTS TO ADDRESS NEED

Each site was selected based on geography and the changing appearance of the HIV/AIDS epidemic in the region and across the country. Atlantic City, Wilmington, Chester and Philadelphia are four of the largest strongholds of HIV/AIDS in our community. These localities are further impacted by socio-economic factors that make it particularly difficult for persons living with HIV/AIDS to navigate the service delivery system and obtain the services necessary to maintain their quality of life. These issues, coupled with language barriers, transportation issues and other significant barriers to care make this localities ideal targets for members volunteers. In looking to expand services, Long Beach CA was selected because the epidemic within the Long Beach area closely mirrors the epidemic in the communities initially served by ACTS.

Combined with TPAC, the 13 additional sites, described below, will support a total of 70 part time

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members:

- 1) AIDS Services in Asian Communities (ASIAC) - an HIV/AIDS PE, PC&T and case management provider serving African Americans and Asian Pacific Islanders in Philadelphia, PA;
- 2) Beautiful Gates Outreach Ministry (Beautiful Gates) - a PE, outreach and PC&T provider in Wilmington, DE;
- 3) Christ Community Baptist Church (Christ Community) - a faith based, community service provider focusing on PE and PC&T in Philadelphia, PA;
- 4) Community Food Bank of Southern NJ (Community Food Bank) - a food service and nutritional counseling provider in Egg Harbor Township, NJ;
- 5) Congreso de Latinos Unidos (Congreso) - a multi service HIV/AIDS provider focusing on the Latino population in Philadelphia, PA;
- 6) Freedom Writers Foundation (FWF) -- a community based service provider focusing on strengthening the community through education in Long Beach, CA;
- 7) Intercultural Family Services (Intercultural) -- a community service provided, rooted in the experiences of immigrants and refugees, who provides HIV education, PC&T and direct services to high risk immigrant and other high risk populations in Philadelphia, PA;
- 8) Liberation Fellowship CDC (LFCDC) -- a community development corporation focused on developing and replicating educational models that encourage leadership, economic development and healthy living models throughout the Germantown area of Philadelphia, PA;
- 9) Lincoln University -- a premier, Historically Black University in Philadelphia, PA, that will provide a targeted HIV/AIDS outreach and education program as part of their overall university services;
- 10) Metropolitan AIDS Neighborhood Nutritional Alliance (MANNA) - a food and nutritional services provider in nine counties (in PA & NJ) served through this project;
- 11) Philadelphia FIGHT (FIGHT) - a full service medical clinic and HIV/AIDS service provider located in

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Philadelphia, PA.

12) Positive Effects Outreach Ministry (PEOM) - a faith based, community service provider focusing on PE, PC&T; and case management in Philadelphia, PA; and,

13) Turning the TIDE (TIDE) - a faith based, community service provider focusing on PE and PC&T in Philadelphia, PA.

PROGRAM STRUCTURE AND MEMBERS ROLES IN ACTIVITIES

AmeriCorps members are assigned to conduct a variety of tasks based on their interest and the specific needs of the community members. These may include: peer counseling, risk reduction, PE; PC&T; food preparation and delivery, information and referral services, case management and treatment adherence education.

ACTS members are primarily consumers of HIV/AIDS services, promoting a peer-to-peer service delivery model. This consumer driven focus is the primary reason that ACTS was designed to utilize part time members (900 hours), allowing all members the opportunity to effectively engage in service delivery, while ensuring they have adequate time and energy to devote to their own care or, for those who are continuing their education, their progress towards completing their educational goals.

Sites have had the opportunity to assess their own internal need and ensure that they will have a sufficient number of members to impact the need while at the same time ensuring they have the capacity to manage and supervise those members.

* PARENT SITE ACTIVITIES: 14 members (7MSYs), of whom 3 will have educational awards only, will serve at TPAC, supporting the work of the TPAC and Williams Medical Center (located on site at TPAC.)

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Team Leaders will coordinate with Site staff to ensure that the goals of ACTS are being met appropriately. Team Leaders will be trained to train members on the AmeriCops principles and the mission and goals of the program.

Team Leaders will bring their experience in education, knowledge of the community, community planning and HIV/AIDS. Team Leaders will also continue to run the Food Voucher program, providing peer counseling and adherence information, and provide information and referral via TPAC's 1-800 help-line.

Other TPAC site members will assist with PE, PC&T, case management, support groups, training and regional planning activities.

* SITES ACTIVITIES: The following breaks down member activities at each site.

1) ASIAC: 2 members (1 MSY) will provide PE, PC&T services, community based outreach services, treatment adherence and case management services.

2) Beautiful Gates: 3 members (1.5 MSYs) will provide PE services to African American churches in the State of DE.

3) Christ Community: 3 members (1.5 MSYs) will provide PC&T services and community based outreach/PE services.

4) Community Food Bank: 2 members (1 MSY) will work on various aspects of its food bank, meal delivery program and community education for infected and affected persons from throughout southern NJ. This project will include the introduction of HIV/AIDS services in the community.

5) Congreso: 6 members (3 MSYs) will provide PC&T services, PE and case management services.

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6) FWF -- 10 members (5 MSYs), of whom 6 will have education only awards, will provide community strengthening, outreach and health education.

7) Intercultural -- 2 members (1 MSY) will provide PE, PC&T services, community based outreach services, treatment adherence and case management services.

8) LFCDC -- 4 members (2 MSYs) will provide PE, PC&T services, and community based outreach services.

9) Lincoln University -- 4 members (2 MSYs), of whom 2 will have education only awards, will provide PE, PC&T services, and community based outreach services.

10) MANNA: 6 members (3 MSYs) will work on various aspects of its home meal delivery program, as well as with nutritional counseling for consumers and service providers throughout the region.

Additionally, members may assist in the operation of congregate meals.

11) FIGHT: 6 members (3 MSYs) will serve as case management assistants, aiding agency case managers by providing peer counseling and referral, peer outreach and education both with the sites and within other organizations. Members will also provide HIV/AIDS 101 via the Project TEACH program, a program that certifies consumers to educate other consumers about the disease progression, treatment and adherence.

12) PEOM: 4 members (2 MSYs) will provide PC&T services, community based outreach and case management services.

13) TIDE: 4 members (2 MSYs) will provide PC&T services and community based outreach services.

ENSURING PROGRAM DOES NOT VIOLATE NON-DUPLICATION, NON-DISPLACEMENT, AND NON-SUPPLEMENTATION REQUIREMENTS

With recent reductions in services resulting from budget cuts across the service area, there are fewer opportunities for paid employees to provide certain HIV/AIDS services within our communities. At the

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same time, there continues to be high levels of unmet need for services. ACTS strives to help in addressing unmet needs while ensuring that it follows all rules around non-duplication, non-displacement and non-supplementation. To do this, each site receives in-depth training on the program rules surrounding those issues. Additionally, both the parent site and each site commit to ensuring that it will meet the requirements.

PLAN FOR MEMBER TRAINING AND DEVELOPMENT CONTRIBUTING TO ACHIEVING DESIRED OUTCOMES

In an effort to ensure that each member contributes towards achieving their own desired outcomes as well as the desired programmatic outcomes, each individual is provided with a customized training plan that addresses both their own personal goals as well as skills necessary to provide HIV/AIDS services. This training plan is developed upon the results of needs assessment completed by each member.

Members receive core trainings in areas that support office etiquette and self-worth, including: boundaries and ethics; self-esteem; values clarification and decision making; expectations for the future; and, introduction to life after AmeriCorps. Members are also provided with group training sessions (explained in further detail later in this proposal) that address life skills, the skills required for service delivery and appropriate customer service and the development of transferable employment skills such as Prevention Counselor Certifications. Training sessions are scheduled to address group needs that arise as part of managing towards desired program outcomes.

ACTS members meet on a monthly basis, giving the opportunity for site supervisors to share and trouble shoot any issues related to members' roles and responsibilities. Each member also receives individualized coaching and support from their site supervisors as well as from ACTS program staff.

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COMPLYING WITH RULES ON PROHIBITED SERVICES

During training development of the members, each member receives a two (2) day orientation training describing the dos and don'ts of the program. Subjects targeted in this first training include how members cannot take over roles of existing staff, supervise staff and/or fund raise for the organization. Other training topics include: a detailed description of their service roles; practical hands-on understanding of their contract description; and, a thorough description of the project's grievance process.

HOW AMERICORPS GRANT WILL ADD VALUE TO EXISTING SERVICE ACTIVITIES

In a time when our communities are all facing budget shortfalls, resulting in shortages of staff and services, our need for HIV/AIDS services continues to grow. By utilizing the resources from this grant, ACTS will have the ability to curb some of this economic impact, ensuring that additional, necessary HIV outreach, PE, PC&T and linkage to care services are provided throughout some of our most hard hit communities.

At the same time, this grant will allow ACTS to develop the skills and abilities of very at risk community members and help them move towards more regular, unsubsidized employment opportunities. They will develop the skills necessary to care for themselves effectively, and, in many cases, to obtain and retain employment.

A.3 MEASURABLE OUTPUTS AND OUTCOMES

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The ultimate goal ACTS is to mobilize a much needed pool of volunteers for the delivery of HIV/AIDS services and increase the quantity of services provided in the community. More specifically, members will maintain and/or expand the quantity and quality of HIV/AIDS services that will lead to improved levels of care and comprehensive service delivery within the community, improved access to services for hard to reach populations and increased participation of consumers within the HIV/AIDS service delivery system.

To achieve this, ACTS will work to reach the following objectives:

- 1) Expand the number of sites who receive members from ACTS;
- 2) Maintain a minimum of 70 members across sites, while transitioning members into long term volunteer positions;
- 3) Increase the skill level of members through comprehensive training and certifications;
- 4) Increase the number of community members who receive HIV/AIDS education and learn of their HIV status; and,
- 5) Link to and/or provide comprehensive HIV/AIDS care services, including food, medical care and treatment adherence.

ACTS members will work to increase the number of volunteers who serve the HIV/AIDS service delivery system and its community based organizations, increasing volunteerism and enhancing the operations of the HIV/AIDS service delivery system and the community as a whole, expanding local capacity without increasing costs for service delivery.

ACTS's success is measured by achieving the following PMs:

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- 1) The number of new community members and consumers participating in organized activities;
- 2) Prevention counseling certificates and/or other credentials earned by members;
- 3) People receiving HIV/AIDS education and HIV PC&T;
- 4) People receiving food services through either food banks or home delivered meals;
- 5) People receiving information and referrals for medical and supportive services; and,
- 6) Recruitment of new volunteers within the community.

In addition, the corps will be informally measured by the number of members who are retained and remain active as well as the number of members who transition into regular volunteer and/or staff positions within sites and/or within the community.

A.4 PLAN FOR SELF-ASSESSMENT AND IMPROVEMENT

TPAC and each site will commit to participating in a continuous quality improvement process for the corps. A portion of that process will include a self-assessment component addressing each site's progress towards reaching its individual goals. This will include a review of program performance and logs pertaining to services delivered by members. The appraisal will also include an examination of all activities used to enhance the skills of members. All data will be collected by TPAC staff, analyzed and distributed to sites for their use in program management.

A full project meeting of all site directors and team leaders will be held quarterly to assess progress towards the goals of the corps as a whole as well as those of each site. Meeting participants will review progress, and brainstorm options for improving program performance and ensuring all sites reach their recruitment and performance goals.

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TPAC will solicit feedback from all major stakeholders on an annual basis. This information will include consumer and community satisfaction as well as feedback from staff and volunteers. The information will be assessed and used to modify the program.

Finally, TPAC and the sites plan to work with faculty and students from Columbia University to develop an evaluation protocol. This will be used to conduct an annual evaluation of the corps and findings will be used to make modifications to future activities.

A.5 COMMUNITY INVOLVEMENT

Members are part of the community in which they provide services. ACTS provides opportunities to person living with HIV/AIDS to empower themselves and others in developing treatment strategies, job readiness, life skills, and citizenship development. Members serve to involve other community residents in volunteer and other civic based activities.

Regionally, TPAC has a long history of the developing and providing funding, TA, and advocacy among more than 100 organizations serving persons with HIV/AIDS in a culturally, linguistically and competent manner. This network provides opportunities to volunteers outside of ACTS that support the program goals and sustainability.

Staff members have developed a needs assessment form in collaboration with OMH/TPAC's Mental Health TA Program (MeHTAP) to collect additional anecdotal data from the sites relevant to involvement with their community inside and outside their service descriptions. This tool will be utilized as a mechanism for learning more about our levels of community involvement and how to increase and/or enhance that involvement.

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A.6 RELATIONSHIP TO NATIONAL AND COMMUNITY SERVICE PROGRAMS

TPAC has worked over its first three cycles of AmeriCorps to develop strong, consistent relationships with other national and community based service programs. TPAC has developed relationships both locally and nationally and has built on these relationships to strengthen not only the corps, but also the outside organizations.

TPAC has partnered with local VISTAs in the health and education field, to develop targeted training sessions. TPAC has developed programming with other AmeriCorps projects in local universities, and is planning to use collaborate with their VISTA members to assist in the mobilization of volunteer efforts for special HIV/AIDS events in the region.

In another example, as a result of network relationship established at the Members swear-in ceremony in collaboration with our PA commission Pennserve, ACTS became part of the Philadelphia InterCorps Council and provided them with training in Sexuality and Gender Issues. More than 25 members, staff and sites from other state and national direct programs participated at the training series.

TPAC has trained and certified prevention counselors from "Philadelphia Health Corps" including the use of rapid testing. This is a relationship that goes beyond training and expands counseling and rapid testing in new areas of the HIV delivery system and the AmeriCorps community in general.

A.7 POTENTIAL FOR REPLICATION

TPAC foresees the ability to replicate ACTS in a number of ways. Initially, TPAC has designed the

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program expansion in this proposal to replicate sites across the region. Each new site will receive all necessary policies, procedures and training to begin operations immediately.

TPAC has also developed the corps so that can be replicated, addressing gaps in HIV/AIDS services across the country. To ensure that this replication can occur on a larger scale, TPAC has ensured that all training materials, policies and procedures have been adequately documented. When replication is appropriate and funding is available, the project can develop new parent organizations who can be adequately trained to facilitate similar corps around the country and/or internationally.

TPAC maintains the capacity to ensure that all replication sites are effectively monitored and evaluated (including the process and outcome measures.) Finally, TPAC staff and consulting partners have extensive experience in replicating social service and volunteer driven programs and will build on this experience in any replications of ACTS.

Organizational Capability

D.1SOUND ORGANIZATIONAL STRUCTURE

ABILITY TO PROVIDE SOUND PROGRAMMATIC AND FISCAL OVERSIGHT

HISTORY OF THE ORGANIZATION: Founded in 1989, TPAC is dedicated to the planning, coordination and provision of quality healthcare and social services. The mission of TPAC is to provide TA, capacity building, and education and training to disenfranchised and marginalized communities both domestically and internationally

TPAC grew from the United States' fifth largest metropolitan area domestic Ryan White Planning Coalition and Fiscal Agent with over seventeen years of experience and has expanded its scope, outreach, and services to four continents. In all of its projects, TPAC's practical objective is to empower

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persons to manage their own health care by providing effective outreach, education, prevention, counseling, testing, and linkages to direct medical care. Our purpose is to establish a sustainable and culturally appropriate continuum of care.

For 16 years, TPAC served as the Commonwealth of PA's planning coalition and fiscal agent for all HIV/AIDS related services in the five counties of southeastern PA. In this role, TPAC planned for HIV/AIDS service delivery through community caucuses, persons both infected and affected by HIV/AIDS setting service priorities throughout the region. Today, while TPAC no longer serves in this role, it continues to maintain the relationships that were developed.

Today, TPAC has shifted its focus to the provision of training and TA in the education and care of persons living with HIV and AIDS both domestically and internationally. TPAC currently operates two U.S. Department of Health and Human services projects to provide training and TA in the development of new programs for persons living with HIV/AIDS.

CAPACITY TO MANAGE FINANCES AND MONITOR SERVICES: TPAC has consistently managed its finances under the review of both the Commonwealth of PA and TPAC's own independent financial auditors. Similar to the function of an AmeriCorps*National Parent Organization, a small portion of the funds administered by TPAC were used for internal programs and operations. The majority of the funding received is utilized to pay for direct care and services for persons living with HIV/AIDS. Additionally, TPAC's capacity to manage finances in order to operate an AmeriCorps program has been proven through its management of the finances of its national direct program over the past 3 three-year grant cycles.

For 16 years, TPAC allocated and acted as the fiscal agent for approximately \$6,000,000 per year in

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money for HIV/AIDS Services, using less than allowable administrative costs. To do this, TPAC subcontracted with 70 service providers throughout the region. These services ranged from PE and PC&T services to primary medical care, case management and other supportive services. TPAC then worked to monitor, provide TA and evaluate.

All subcontractors were required to invoice for expenditures and report monthly on their progress towards contractual goals. Contractual monitoring also included individual site visits on a quarterly basis, the analysis of quarterly invoicing, and semi-annual peer site reviews. These monitoring efforts reviewed all aspects of the programs, including: program operations, fiscal management, the hiring and training of staff; the development of proper policies and procedures; the assessment of client satisfaction; and, the ability of the organization to meet its specified goals and objectives.

All monitoring tools, including "peer site reviews," site visits, invoices and accompanying documentation were assessed by staff and recommendations for improvement were made if necessary. Feedback from both the monitoring and TA efforts were provided to service providers both verbally and in writing, affording an opportunity for discussion and training at each stage of the process. Progress was tracked over the duration of the relationship with improvements or deficiencies being noted for future action and goals. When this occurred, subcontractors were also provided with the TA necessary to achieve these goals.

It is this system that has been replicated in developing fiscal administration and monitoring structures for ACTS.

In addition, TPAC has developed and operated several direct service programs, including Direct Emergency Financial Assistance and Food Distribution Program. Also, TPAC distributed food vouchers, water filters and water filter replacements throughout the region.

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ABILITY TO ASSESS SYSTEMS AND TRAIN SITE FINANCIAL MANAGERS:

TPAC has extensive experience in assessing the systems in operation at their grantee sites and providing training and TA to improve performance and efficiency. Through its regular monitoring process, TPAC evaluates the fiscal management of its subcontractors and provides staff training and development when necessary. Additionally, all subcontractors are required to submit a report of an independent financial audit annually; TPAC staff carefully reviews these reports. Any findings from this analysis result in the provision of TA to correct the situation. All of the AmeriCorps Sites have been screened in the same manner and have passed that screening.

CURRENT OR PREVIOUS PROGRAMMATIC RELATIONSHIP WITH SITES: In its role as planning coalition and fiscal agent, TPAC developed relationships with: ASIAC; Congreso; Intercultural, MANNA; FIGHT; and, PEOM.

In its role as the parent organization of ACTS, TPAC developed and/or enhanced its relationships with: ASIAC, Beautiful Gates; Christ Community, Community Food Bank, Congreso, Intercultural, FWF, Lincoln University, LFCDC, MANNA; FIGHT, TIDE. In both of these categories of relationships, TPAC has been responsible for administering grant funding to the subcontractor organizations and monitoring and evaluating all programmatic and fiscal activities related to the grants.

TPAC currently administers direct service delivery programs, including its rapid testing program with: ASIAC; Christ Community, Intercultural, Lincoln University, LFCDC, PEOM; and, TIDE.

In addition, the following organizations have received assistance with TPAC through its Mental Health TA Project: ASIAC, Christ Community, Community Food Bank; Congreso; Lincoln University; LFCDC;

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FIGHT; PEOM; and TIDE.

Each of the organizations shares a common mission with TPAC, to better the lives of persons both infected and affected by HIV disease.

MONITORING SITE COMPLIANCE WITH FISCAL & PROGRAMMATIC REQUIREMENTS: Each ACTS site will be asked to submit monthly invoice and program report. This information will be used to make all appropriate payments. Sites will be asked to submit timesheets, so that all payroll process can occur at the parent site.

Each site will maintain appropriate service delivery logs and client satisfaction feedback. TPAC staff will review this data regularly to ensure compliance with program and fiscal requirements.

ACTS staff will conduct site visits with each site on a bi-annual basis. Site visit will be used to assess program performance and contractual compliance. ACTS staff will coordinate an annual peer site review to allow sites an opportunity to learn from each other.

During orientation and all site visits the director and TA coordinator provide supervisors with a tool named "Risk Assessment Tool" to identify issues beyond regular operations that might require additional site visits for TA. A "Program Monitoring Instrument" is also in place to secure that all-fiscal and program operations are in compliance with CNCS provisions.

For sites that are not geographically convenient, TPAC conducts regular site visits but has also provided training and TA through web casts and conference calls and takes advantage of locally based trainings to ensure members are offered appropriate training and professional development opportunities.

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In the event TA needs or programmatic issues are identified, the site will work with TPAC to develop either a corrective action plan or a TA plan. This plan will be completed within 30 days, with all corrective action taken and/or TA provided within 90 days of any finding. TPAC staff will follow up on each plan at the following quarterly site visit and/or supervision meeting.

DEVELOPING CONNECTIONS AMONG SITES TO ENSURE OVERALL MISSION AND VISION OF PROGRAM IS MAINTAINED: TPAC will host a monthly management meeting for all site administrators and program directors involved with ACTS. When appropriate, team leaders will also be invited to these meetings. These meetings will focus on the progress towards goals. Meetings will be scheduled with corps mission and vision in mind.

Members will join together on a monthly basis for in-service training sessions. While the main topic of each training session will change, each will highlight the mission and vision of the program, seeking creative ways to further them. These meetings will also work to maximize connections among members.

The corps will host special events throughout the year to encourage a sense of camaraderie and connectedness among all members and across sites.

BOARD OF DIRECTORS, ADMINISTRATORS AND STAFF

The work of TPAC is lead by its Executive Director, Yoshiaki Yamasaki. In his former role as TPAC's Deputy Director, Mr. Yamasaki developed and coordinated curriculum for the skill and self-development of all ACTS members, as well as training for site supervisors and other program staff. He works to develop community partnerships and attracts non-federal funds, which will aid in the

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sustainability of the program. Mr. Yamasaki will also be responsible for the monitoring and distribution of all of TPACs funds.

Technical Assistant Coordinator (TAC), Charlene Moore, supports Mr. Yamasaki by providing TA for all of the areas of special Programs mentioned above. Ms. Moore is responsible for recruiting and interviewing applicant, is in direct contact with site supervisors at all sites, and provides some of the skill and self-development trainings for members. Ms. Moore is also responsible for supervising team leaders. The TAC focuses her efforts on recruitment for the new sites. The TAC is also responsible for building the capacity of the ACTS program including direct supervision of team leaders at the parent organization and coordinating trainings and over all assessment of Corp members at the sites

TPAC also employs a full time Training Coordinator, who assists in the provision of training and also assists the TAC by writing grant proposals for matching funds, assisting in monitoring the activities of the sites, and working to address any identified needs.

Finally, Site supervisors at the sites have direct contact with volunteers through direct supervision also act as liaisons between the sites and the parent organization.

AmeriCorps staff will benefit from the expertise and experience of these staff and will have the ability to learn from the combined experiences.

PLAN FOR SELF-ASSESSMENT OR IMPROVEMENT

TPAC has adopted the principle that all programs and services should be evaluated each year. As a result, all programs are evaluated on an annual basis. As part of this evaluation, performance data is reviewed and key stakeholders are interviewed to assess success. As part of this evaluation/self-

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assessment process, all staff is evaluated for performance, as is the Board of Directors.

All information that is garnered about program performance and cost effectiveness is then compared to the organization's mission, vision and strategic plan to ensure that the organization's energies are dedicated to furthering the organizational goals.

Findings from reviews are incorporated into future operations and organizational planning activities. Additionally, findings are used to ensure that all organizational goals and objectives are updated as the organization's work progresses.

Staff development for both the parent and sites address the following topics: Legal Services; Problem Solving; Stress Management; Capacity Building and Sustainability; Program Evaluations; Grant Writing; Developing PMs and Monitoring Program Performance; Resource Development; Boundaries and Ethics; Reporting; and, Accounting and Bookkeeping.

PLAN FOR EFFECTIVE TA

TPAC provides extensive TA and training to its service providers ranging from grant writing and budgeting to fiscal management and client confidentiality. TPAC provides training and TA to all MeHTAP network.

MeHTAP funded by the U.S. Department of Health and Human Services to reduce health disparities and to encourage new service providers to provide HIV/AIDS services. MeHTAP provides a variety of TA in programmatic, fiscal and administrative areas of the organization. Last year alone, staff from approximately 100 service provider organizations participated in trainings from MeHTAP.

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Much of the aforementioned training is directly translatable into training sessions for AmeriCorps volunteers and site staff. Some of the training offered include: service delivery system and how to access particular services; legal rules and regulations surrounding HIV care and treatment; AmeriCorps philosophy and the mission; and staff development and education training.

In addition to these training sessions for individual members, sites will also receive both scheduled TA on issues such as staff development and financial management as well as training and TA based on findings found in individual monitoring visits.

D.2 SOUND RECORD OF ACCOMPLISHMENT AS AN ORGANIZATION

VOLUNTEER GENERATION AND SUPPORT

TPAC has consistently demonstrated a strong level of community support, particularly the support of volunteers from the HIV positive consumer community. TPAC has worked diligently over the past 20 years to serve as the only regional planning voice for consumers. In doing this, TPAC has developed a strong commitment to utilizing volunteers in all aspects of the agency's operations. TPAC's pool of volunteers enables it to provide a level of service delivery that would otherwise be impossible to obtain.

TPAC utilizes its volunteers for tasks ranging from serving on its board of directors to community planning activities, PE, PC&T, hotline support, and other administrative tasks around the organization. TPAC's volunteers are demographically diverse and reflective of the HIV epidemic.

ORGANIZATIONAL AND COMMUNITY LEADERSHIP

TPAC has provided an active voice within the community for the past 20 years. TPAC has been regularly

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recognized for this work, including the receipt of an Outstanding Leadership Award from the Lieutenant Governor in 2006 and mayoral commendations from both Mayor Ed Rendell and Mayor John Street.

TPAC staff and board members sit on a variety of organizations, including: the Philadelphia Statutory Board (Water Quality), Philadelphia InterCorps, the Steering Committee for the US Conference on AIDS in 2005, the Mazzone Philadelphia Transgender Health Conference Planning Committee, the University of PA's Latino Alumni Affairs Committee, the UNAIDS Competency Discussion, and the School District of Philadelphia's Human Sexuality and AIDS Materials Review Committee. TPAC staff or board members also sat several local HIV planning bodies.

In addition, TPAC works to assist consumers of HIV services in developing their own voice, advocating for their participation in community planning activities.

SUCCESS IN SECURING MATCH RESOURCES

With the assistance of its sites, TPAC has consistently raised sufficient in-kind and financial resources to meet all necessary CNCS requirements for funding. Each member site gives approximately \$1500 for each member, plus in kind support from site supervisors, valued at several thousand dollars per site. Additionally, the program receives in kind support from instructors and consultants. Finally, TPAC continuously operates fund raising events and other activities to ensure that matching requirements will be met each year. Details on current matching support can be found in the budget and finance sections of this proposal.

D.3 SUCCESS IN SECURING COMMUNITY SUPPORT

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COLLABORATION

TPAC collaborates with nearly 100 HIV/AIDS service providers throughout the region. Work is conducted in conjunction with and with the support of the City of Philadelphia, the Commonwealth of PA Department of Public Health, the Commonwealth of PA Department of Public Welfare, the NJ Department of Health, the United States Department of Health and Human Services, and many local municipalities and county governments.

TPAC collaborates with other AmeriCorps projects, providing them with trainings in HIV, diversity and other skills development. Additionally, TPAC plans to utilize Vista volunteers in local universities to assist in the mobilization of volunteer efforts for special HIV/AIDS events in the region. Furthermore, support to the sustainability of the program by giving opportunity to graduated members (that served for two years as national direct) to continue to serve as Vista members.

TPAC has worked to build on these collaborations expanding the number of faith-based organizations that participate as sites. This not only expands the program's reach into hard hit communities but also expands our capacity for managing a larger number of members and community volunteers.

LOCAL FINANCIAL AND IN-KIND CONTRIBUTION

TPAC and its partner organizations are continuing to develop, both internally and through outside venues, the resources required to provide appropriate matching funds for this program. These fundraising endeavors are occurring across the system. Fiscal and management oversight costs have been built into the parent organization budget, as have costs for the training of members and the evaluation and improvement of systems across organizational sites.

Previously, the Philadelphia Foundation and the Independence Foundation provided matching funds.

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TPAC is currently working with these foundations, as well as several other community partners to ensure that the match component of this grant has been tied down.

In an effort to ensure cost effectiveness and that the Corporation's cost per FTE (\$12,600) is met, TPAC and its partners have arranged for a great deal of in-kind services for training members and staff and for the evaluation and continuous improvement of services. Most training that is not given by staff is provided on a voluntary basis by consultants and other community members who have shown support for our program. Furthermore, the program has been able to secure equipment donations needed for training sessions. Thus, the cost of trainings has been immensely reduced.

WIDE RANGE OF COMMUNITY STAKEHOLDERS

TPAC has a broad range of community stakeholders, many of who are reflective of the HIV community. TPAC's Board of Directors includes representatives from the consumer community, pharmaceutical companies, medical practitioners, researchers and other social service providers. Additionally, TPAC works regularly with a consortium of consumers of HIV services in developing their own voice and advocating for their participation in community planning activities,

TPAC also works closely with staff from the University of PA, Drexel University, Temple University, Columbia University and Bryn Mawr University in developing training materials, program design materials and program evaluations. TPAC also works closely with the School District of Philadelphia. TPAC provides training education to all of these organizations regarding HIV/AIDS and cultural diversity.

TPAC also works closely with local hospitals, medical clinics and the Department of Health in conducting PC&T, making referrals for medical care and providing HIV medical updates.

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Cost Effectiveness and Budget Adequacy

E.1.COST EFFECTIVENESS

CORPORATION COST PER MEMBER SERVICE YEAR (MSY)

In an effort to ensure cost effectiveness and that the Corporation's cost per MSY (\$12,600) is met, TPAC and its partners have arranged for a great deal of in-kind services for training members and staff and for the evaluation and continuous improvement of services. TPAC will work with training resources made available by the CNCS and local training organizations.

Much of the training will be conducted across sites by the parent organization, thus reducing overhead and maximizing the use of available services. This is done through the work of a full-time TA coordinator/trainer, who will serve to assist in the training of all volunteers across the sites. TPAC and its partners are developing, both internally and through outside venues, the resources required to provide appropriate matching funds for this program. These fund raising endeavors are occurring across the system. Fiscal and management oversight costs have been built into the parent organization budget, as have costs for the training of members and the evaluation and improvement of systems across organizational sites.

DIVERSE NON-FEDERAL SUPPORT

TPAC continuously works to fund raise to ensure diverse non-federal support for ACTS. TPAC is currently working with several community partners including: North Philly Pharmacy (who has already committed support); the Pew Charitable Trusts; the BJ's Foundation; and, the Dupont Corporation among others.

Much of the supportive activities are being provided in kind, via Columbia University, as well as some

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in-kind services provided by all of the sites and the parent organization. Columbia University will provide in-kind support for the program evaluation and each site has committed to an estimated \$2,500 per member, in in-kind contributions (including a portion of the ED's time, site supervisor's time, program supervisor's time and other in kind supports.)

Finally, there has been fiscal support built into the program for the training of staff, volunteers and an initial training for all persons participating in ACTS. Additionally, money has been allocated for the provision of TA for the entire grant period.

DECREASED RELIANCE ON FEDERAL SUPPORT

Since ACTS' inception TPAC has reduced its reliance on federal support each year of the grant. This year, TPAC has committed to provide a 50% match to the federal funding, demonstrating its commitment to reducing its reliance on federal support for this program.

E.2. BUDGET ADEQUACY

All the sites in this project have been extensively involved in the site organization proposal and budget development. All budgets are for volunteers who will provide direct services, such as case management, food preparation and delivery, outreach, and child care services. The full time staff is involved with community organizing and planning through the staffing of several existing planning groups. They will also act in a supervisory capacity for some of the members. Detailed narratives are also included for each of the site budgets as well as the parent organization budget.

Evaluation Summary or Plan

An evaluation report for the first round of ACTS (funded from 2004 to 2007) was submitted in hard copy as an attachment to this proposal. This round of ACTS (funded from 2007 to 20010) is currently in

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its third year of operation. As such, the evaluation has not yet been completed. However, the following provides the plan that is being followed in completing the evaluation of the current iteration of ACTS.

ACTS was funded by the Corporation for National and Community Service as a three-year program to increase community service with respect to the HIV/AIDS epidemic in southern NJ, southeastern PA and DE. As a result, all of the goals and objectives outlined in the grant have been designed for achievement over a three year time period, and it is not expected that these goals will be fully attained within the program's first year of operations. At the same time, progress towards achieving each of these goals must be assessed in order to ensure that they will, in fact, be achieved during the grant period.

The evaluation procedures have been developed in order to assess the following: the overall program structure and all programmatic goals; the parent organization and its progress towards achieving programmatic goals; all sites and their progress towards achieving programmatic goals; and, the member development component of the grant.

To do this, the evaluation will include the assessment of a good deal of existing and/or continuously collected information as well as the creation of several new data collection tools, including consumer and member feedback mechanisms.

This evaluation procedure has been created as a process to assess the entire grant award. As a result, this report will address the progress made in achieving all program goals and objectives in the first year of operations, and will detail the evaluation plan proposed for years two and three of the program.

These proposed evaluation activities will be discussed with the parent organization and all sites as well as with the Corporation for National and Community Service prior to execution. As goals and objectives

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for the Corps are modified, evaluation tools and techniques will also be adapted.

EVALUATION PROCEDURES

SURVEY OF MEMBERS: Evaluators will conduct an exit survey of all members upon completion of their membership cycle. Survey will include questions regarding: member satisfaction with the Corps; proposed changes for the future years; proposed changes to the supervisory support and, proposed changes to the training curriculum.

SURVEY OF INFORMATION AND REFERRAL CLIENTS: This will enable the TPAC to assess how effective referrals for care are. It will allow the project to determine if clients are reporting for service appointments and if the clients have found the system easier to navigate with the help of AmeriCorps members. This will also allow the TPAC to assess client satisfaction with the work of the members.

FOLLOW UP DATA FROM CLIENTS REFERRED FOR CARE: This will enable the TPAC to assess how effective referrals for care are. It will allow the project to determine if clients are reporting for service appointments and if the clients have found the system easier to navigate with the help of AmeriCorps members.

ANALYSIS OF ALL PROGRAMMATIC INFORMATION: This information will enable the TPAC to assess the programmatic and organizational effectiveness of the Corps. This information should include, at a minimum, the following: all Site monitoring reports; all program reporting; and, all programmatic and fiscal reviews performed by the Corporation for National and Community Service.

PARTICIPATION RATES AND FEEDBACK FROM REGIONAL PLANNING PROCESSES: The

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evaluator will assess both participation rates in all regional planning processes as well as consumer feedback regarding service delivery as provided in these processes. This includes Title I and Title II priority setting for Ryan White CARE Act funds and participation in all regional community caucuses. This information will be used as one measure of consumer empowerment and decision-making and should be compared to participation rates from previous years.

REVIEW OF TRAINING CURRICULUM AND MEMBER DEVELOPMENT COMPONENT: The Evaluator will conduct an extensive review of all training curriculum materials and member development activities to ensure that this activities move towards the operational goals of the Corps.

CONSUMER SURVEY/INTERVIEW PROCESS: While not available at this time, a regional consumer satisfaction survey/interview process should be included with this document. This tool, generally distributed every other year, is utilized to assess unmet needs for the region and consumer satisfaction with available services.

EXTERNAL EVALUATOR SITE VISITS: The external evaluator will conduct a minimum of one site visit each year at each and parent site. Each site visit will include: an independent file audit; interviews of members; interviews of key site staff members; and, interviews of consumers utilizing services provided by the Corps.

Amendment Justification

N/A

Clarification Summary

1. Some data is provided about the funding cuts to HIV/AIDS...

In the last National Alliance of State and Territorial AIDS Directors (NASTAD) report of 2009 (including NJ and DE), 45% of all states HIV/AIDS programs have experienced a decrease in state

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funding in FY2009 (Anticipated total: \$167,000,000).

According to NASTAD, there are an estimated 153 open FTEs w/in state HIV/AIDS programs and it is further estimated that 66 positions have been eliminated in their entirety. Specifically, 74% experienced cuts to HIV prevention programs and 64% of states anticipate a decrease in state funding in FY2010.

There was no federal increase for HIV/AIDS prevention in NJ and according to the department of health there was a 3 million dollars cut in state funds. Despite this, the number of individuals impacted by HIV/AIDS continues to grow. The lack of a substantial funding increase puts the health and well being of the more than 48,000 HIV/AIDS patients in NJ at risk.

In Delaware DHSS reported that the HIV Prevention Program grant for FY 10 did not received an increase instead they were also flat funded. Again, this presents a problem as the number w/ individuals living w/ HIV continues to grow, as a result of both new infections and individuals living longer w/ the virus.

California's HIV prevention FY2009-2010 budget was cut by more than \$30 million, effectively removing more than 20 percent of the total funding according to the report. (NASTAD 2009) Each of these cuts has been made despite the fact that, according to CDC mortality rates stats, AIDS continues to be one of the principal causes of death in African American and Latina women ages between 24 and 35 in the US and number one in PA.

Consumer meetings regarding HIV/AIDS services are held on a monthly basis. These meetings, held in counties across the region as well as at TPAC's office in Phila, are used to garner info about community-based needs and help TPAC to continue to plan effectively for service delivery. It is estimated that 40 to 50 consumers from the community attend these meetings. The evaluator also meets w/ consumers two to three times each year to assess program impact.

During these consumer meetings, AmeriCorps members also provide info regarding the availability of resources and access to medical and supportive services. As a result of these meetings, three support groups have been developed, each facilitated by Members and/or Am. Alumni volunteers. The groups

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include: a Latino support group (meetings are in Spanish), an English support group for Individuals living w/ HIV/AIDS, and a women's support group. These groups were developed based on needs identified at the monthly consumer meetings.

2. "outreach activities" at the sites.

Inter-site Members provide street outreach and prevention education at health fairs, marches, etc. This includes providing outreach activities at community based events (i.e. block parties, health fairs, community rallies, etc.) At times, members provide outreach and education info by joining health fairs already available in the community. At other times, these events are organized by the members themselves and/or the participating ACTS sites.

As part of these activities Members prepare materials for distribution such as: pamphlets regarding living w/ HIV/AIDS, safer sex, condom use, STI's, Hepatitis C, etc. Members also promote Prevention Counseling and Testing and provide info and referrals to testing sites. Certified members sometimes provide prevention counseling and testing services at the health fairs (this occurs only when health fairs have the appropriate equipment and set up to accommodate rapid testing.)

Outreach activities also include the distribution of recruitment info for volunteer activities at each of the member sites. In addition, outreach activities include engaging in workshops regarding living w/ HIV/AIDS, adherence and resistance, etc. as well as onsite prevention counseling at other community based organizations, where TPAC/AmeriCorps is invited.

3. "team leaders will coordinate w/ site staff to ensure that the goals are met..."

Team Leaders are AmeriCorps members, they are not direct supervisors. Team leaders may assist in coaching and training of members, but they do not provide any direct supervision. Instead, each site has a site supervisor responsible for all ongoing supervision activities.

However, team leaders have an organizational and leadership position in the ACTS AmeriCorps program and are expected to act as role models and mentors for other members. During orientation

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AmeriCorps members w/ team leaders' roles and members are trained in the do's and don'ts of AmeriCorps, clear service descriptions are provided explaining the difference between supervising and providing guidance, mentoring and leadership.

Serving primarily w/ the parent organization (TPAC), team leaders spend their time serving on Special Programs tasks specific to TPAC, and also as liaisons to the other AmeriCorps sites. Some team leaders will be designated to have more integral roles in specific sites, while others will primarily serve on Special Programs at TPAC. All team leaders attend (as either participants or facilitators) all special events, members and team leader meetings, and trainings. As liaisons, team leaders develop ongoing communication w/ site supervisors and members.

It is important that the team leaders have consistent interaction w/ the members in order to better understand of what is going on at each site, the team leader will be able to most effectively provide leadership to the members. Team leaders also plan monthly member meetings and bi-monthly team leader meetings in order to facilitate ongoing communication. Meetings serve as a group "check-in"-a chance for everyone to share accomplishments and challenges, as well as a chance to plan future events and brainstorm potential ideas for the program. These ideas are shared w/ site supervisors for their consideration. (i.e of some of these ideas was the play "Awakening Journeys" the story of a girl living w/ HIV the play was put together by AmeriCorps members and volunteers. A triathlon was suggested where TPAC Executive Director and staff participated to promote AmeriCorps and their programs.

Team leaders also participate in HIV/AIDS education through trainings. Team leaders may contribute to trainings through: a) the preparation of materials, and/or b) through actually doing a presentation. For example, Cultural Diversity trainings were given in the past year to various groups, from high school students to case managers. Team leaders worked both in preparing materials, and in sitting on panels and giving personal perspective.

4. diverse corps of members.

One of the core principals of the fight against HIV/AIDS is that the disease does not discriminate based

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on color, sex, gender, orientation, race, national origin, class and/or age. As organization, we follow the same principal to make sure that our program represents people from all walks of life. In our recruitment efforts staff and members provide info to more than 80 service providers across the four states where ACTS is providing services. Additionally, our members are recruited from communities heavily impacted by HIV/AIDS in each of the areas we serve.

TPAC's goal is to ensure that membership is reflective of the HIV/AIDS epidemic w/in the community. The epidemic has disproportionately affected communities of color across the country and is currently the number one killer in Pennsylvania of African American and Latina Woman ages 25 to 35. To address this, TPAC's outreach and recruitment has focused on communities of color paying particular attention to women in the recruitment process. This policy is shared w/ all operating sites as they help in member recruitment. Additionally, TPAC works to ensure that HIV positive individuals are also a focus on our recruitment efforts.

For the last 21 years, TPAC has worked w/ the most disenfranchised communities affected by HIV/AIDS. In its network of more than 80 providers, TPAC recruits from the Gay, lesbian, bisexual and transgender communities, African and African American communities as well as Latino and Asian and Pacific Islanders. Throughout the years, TPAC have recruited members of all genders and ages. We have had members 18 years old to 70 years old. To stress the focus we have on diversity, our current members and staff speak: Mandarin, Tugaloo, Cantonese, Vietnamese, Khmer, Hindi, Korean, Japanese, German, Russian, Lithuanian, Spanish, Swahili, Yoruba (western Nigeria), Lugisu, Luganda, Lua (Uganda) and French.

5.satisfaction will be demonstrated.

At the end of each service year member interviews and assessment tools are used to assess satisfaction. Members are asked about their satisfaction and the impacts the corps has had on their lives and any changes that they might recommend for the future. Finally, Members are participating in AmeriCorps service week and one of the members is creating a video about life in AmeriCorps w/ questions like:

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What do you do as AmeriCorps members, What has your experience been? What would you tell others about AmeriCorps?

All of this info is analyzed quarterly by our independent evaluator who uses that info to assess not only program performance but also member satisfaction and to make any necessary recommendations regarding potential program changes and/or improvements. Once info has been collected is used to: redefine the training curriculum and content; provide coaching and staff support to site supervisors and members; and, make operational changes to the program, as needed, to address any identified deficiencies.

6. training topics that have been covered in previous years.

I. Social Services

2. Cultural and Diversity

II. Medical

2. Living w/ HIV / AIDS including Adherence, Opportunistic Infections, Dental

III. Resources

1. Legal issues

2. Housing

3. Immigration and HIV

4. Transportation

5. Emergency Assistance

Additionally, the Prevention Counseling Certification In the last 3 years more than 30 AmeriCorps members are now Prevention Counselors in the State of PA. The service description in CA does not include prevention Counseling and testing.

W/ the implementation of our new site in California this year, the parent organization began conducting trainings for members via "Skype" live! training sessions for member orientation, capacity building and

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member satisfaction.

Additionally, if members cannot attend trainings included in the parent organization series due to their location (i.e. California), sites provide their own skill trainings regarding their own members service descriptions.

7. structured opportunities for members:

Life after AmeriCorps curricula is an integral part of the trainings provided to members graduating. A portion of the training focuses on esprit de corps promoting national service and voluntarism. A large percentage of our AmeriCorps Alumni stay w/ us either as staff or non-AmeriCorps volunteers. The majority of our recruitment efforts are done by members and alumni inviting other community members to participate w/ the ACTS program. Also job opportunities are given to some members by the parent organization or their site. They maintain a commitment to continue to provide services in the nonprofit sector and to recruit more AmeriCorps volunteers.

During the year training is provided regarding service and commitment. Members are encouraged to write anonymous journals (The Freedom Writers Experience) that are used to provide feedback and identify new resources and needs that haven't been identified from open dialog, interviews and assessment tools. This info is also used to assess the progress of the program and individual members. Staff members also work w/ the evaluators to collect info on the individual stories of each member (i.e. great stories about their life, caring, survival and service), which are also used to provide feedback regarding member satisfaction.

Finally, Members are participating in AmeriCorps service week and one of the members is creating a video about members life in AmeriCorps, questions that he is asking: What do you do as AmeriCorps members, What has your experience been in AmeriCorps? What would you tell others about AmeriCorps?

8.site supervisors will dedicate to supervising members.

Approximately, 10% of site supervisors' time is committed to AmeriCorps Members. Some sites have

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multiple site supervisors assigned to one or two AmeriCorps members. Therefore, time provided in supervision is greater than the 10% reported as in-kind per supervisor.

9. corporate and philanthropic partners will.. We have long-term relationship w/ organizations like Orasure, producers of oral rapid test. Orasure provides direct cash match and in-kind service trainings and product. This year, new similar relationships were developed w/ Inverness Medical and Trinity Biotech. In addition, North Philly Pharmacy has committed to continue the support of TPAC medical and prevention programs w/ direct cash donations. Also, TPAC has the plan for fundraising and resource development for FY 10:

TPAC is seeking to maintain all existing and expand services in these areas: 1) Education and Counseling and Testing Services; 2) Capacity Building, Program Development and Training; 3) development and support of targeted medical clinics in the Phila Region; 4) Support and Expansion of Volunteer and Community Service Opportunities; and, development efforts focus on: 1) federal and state grants; 2) private foundation; and 3) individual and corporate donations support. This includes the hosting of several annual events.

Existing Funding: 1) OMH-HHS - MeHTAP (\$293,883 currently on 2nd year of 3), 2) AmeriCorps CNCS (308,700- 3rd year), 3) ARRA CNCS (130,316 one year current 2010).

The following proposals are pending responses in May-June, 2010: 1) AmeriCorps (3 year grant); 2) CDC prevention Counseling and Testing collaborative (5 year grant); 3) Encore Project (4) Chilean Research Project (w/ Universidad Catolica Santiago); 5) México Certification Training and clinic Project, Rotary International, Park view Rotary; 6) USAID Haiti - WATCH program Prevention Clinics (5 year grant); and, 7) C DC South Africa- Nokhaya program.

The following proposals to be submitted in next month: 1) CDC -- HIV Prevention Projects for

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Commonwealth of PA (office of Health Disparities) and Faith based initiatives; 2) SAMHSA -- Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS (w/ JFK -- TPAC); and, 3) the Gladys Brooks Foundation -- AmeriCorps Matching Funds

The following is the list of private foundations from whom it will seek funding in the next fiscal year -- many of these foundations are being targeted for AmeriCorps matching funds: Adrian & Jessie Archibold Charitable Trust; Aetna Foundation; Aon Foundation; American Jewish World Service (AJWS); Bill and Melinda Gates Foundation; Bristol-Myers Squibb Foundation; The Carl and Lily Pforzheimer Foundation, Inc.; CIGNA Foundation; Charles A. Frueauff Foundation, Inc.; Claneil Foundation; The Commonwealth Fund; ConocoPhillips Foundation; Delta Corporate Giving or Foundation; First Hand Foundation; Ford Foundation; Genuardi Family Foundation; Gilead Foundation; The Huisking Foundation; The IDT Charitable Foundation; International Foundation; Johnson & Johnson Corporate Giving Program; Josiah Macy, Jr. Foundation; Lockheed Martin Corporation Foundation; Marathon Oil Company Foundation; McLean Contributionship; Michael & Susan Dell Foundation; Patricia Kind Family Foundation; Phila Foundation; Robert Wood Johnson Foundation; Saint-Gobain Corporation Foundation; Tides Foundation; van Ameringen Foundation; Verizon Foundation; and, William B. Dietrich Foundation, Inc.

10. Please provide more detail on...

Each year an independent consultant from Columbia University provides an evaluation and a final 3 year evaluation of the program conducting interviews w/ site supervisors and members, reviewing programmatic records and data, and examining performance data from each operating site.

Specifically, Consortium staff members conduct a survey of all Corps members upon completion of their first 6 months of membership cycle. Members are also surveyed upon exit from the corps. Each survey includes questions regarding: 1) member satisfaction w/ the Corps; 2) proposed changes to the Corps for the future years; 3) proposed changes to the Corps' supervisory support; and, 4) proposed changes to

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the Corps' training curriculum.

The independent evaluator works w/ program staff to review all activities to ensure that the program team has: completed all appropriate subcontractor semiannual and annual Monitoring site visits; held all appropriate site supervisor quarterly meetings; distributed and collected completed member performance evaluations. The independent evaluator also works w/ program staff to analyze all AmeriCorps Programmatic Info. This info will enable TPAC to assess the programmatic and organizational effectiveness of the Corps. This info should include, at a minimum: all Operating Site monitoring reports; all members reporting; and, all programmatic and fiscal (if applicable) reviews.

The monitoring team assesses participation rates in all service processes and member feedback regarding service delivery. This includes all service description activities such as: education outreach, counseling and testing, meals, etc. This info will be used as one measure of member empowerment and decision making and will be compared to retention rates from previous years.

The evaluator conducts an extensive review of all training curriculum materials and member development activities to ensure that this activities move towards the operational goals of the Corps. A copy of the training calendar is included w/ this plan. This includes the review of service plans for each member relating to their member development. File reviews include reviews of member files for member development info. Program staff members also complete and submit the ACTS Risk Indicators Form.

In addition, the program staff conducts a self-assessment by interviewing members, site supervisors and consumers of services in general. A consumer card is provided along w/ a needs assessment form to identify new training needs.

Finally, a training evaluation is also distributed at the end of every training provided to identify improvements and the quality of the training. We accomplish this w/ the support of TPAC's MeHTAP

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program staff and consultants.

All of this info is analyzed quarterly by our independent evaluator who uses that info to assess not only program performance but also member satisfaction and to make any necessary recommendations regarding potential program changes and/or improvements. Specifically, once info has been collected is used to: redefine the training curriculum and content; provide coaching and staff support to site supervisors and members; and, make operational changes to the program, as needed, to address any identified deficiencies.

As a result of the collection data TPAC has develop the trainings as part of their Q&I process: Skills Trainings: These trainings focus on involvement w/ community activities and improving direct services to PLWHA. Training session include: delivering culturally and linguistically competent services and developed language interpretation certification training for interpreters; bringing people into care; outreach methodologies for selected hard-to-serve populations; service delivery system and how to access particular services; delivering appropriate HIV care services; working w/ injection drug users; recognizing and combating homophobia in the workplace; how to introduce the topic of masturbation and pleasure into my HIV prevention Presentations to lessen HIV/STD transmission and make sex safer; different forms of expressing sexuality (safer sex behaviors); and, adherence methods to help my clients be more "compliant"

Other skills-related training sessions include: periodic HIV medical updates; HIV/AIDS Standards of Care; STI's and HIV Other Skills-related Trainings; Mental Health and HIV; Nutrition and HIV; Oral manifestation of HIV; Sexual identity, orientation and expression; Legal rules and regulations surrounding HIV care and treatment; Legal ramifications of HIV/AIDS service delivery; Domestic Abuse; Sex, drugs and risky behavior; Death and Dying; Female and male anatomy and terminology;

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usage of correct (and slang) terms; Transgenderism 101; and, Family planning and contraception methods (and relationship to HIV)

Managerial Trainings are also provided in an effort to improve and enhance internal capacity to operate service programs and develop skills for staff development and for members life after AmeriCorps. These trainings include: Financial management; Strategic planning; Performance measurement (how to evaluate and monitor your program); Organizational dynamics and change management; Management info systems; Reporting and invoicing; Program evaluation and continuous quality improvement; Program design and development; Using the media and marketing; Human resources management; Management info systems and contractual reporting; and, Fundraising and grant writing.

11. The application did not provide any info about consultations w/ State Commissions.

For the last 10 years TPAC has collaborated w/ PENNSERVE in the inaugural ceremony of AmeriCorps Members. This last year TPAC participated w/ the PA state commission at The Constitution Center. NJ, DE, and CA state commissions were also invited to participate in the event.

Additionally, a formal introductory letter was sent to all State Commissions On October 23, 2009 inviting them to work w/ the ACTS Corps and coordinate activities. Letter were sent to Andy Kloepfer from DE Division of State Service Centers, Karen Baker from California Volunteers, Karen Kaskey from PENNSERVE, Rowena Madden from NJ Commission on National Community Service.

Further, at the last AmeriCorps Conference we used the opportunity to meet and talk about collaboration w/ the same people during the Grantee meeting on September 14-18, 2009.

We will continue to participate w/ PENNSERVE on an inter program calendar and events.

12. Criminal History Check Requirement: Criminal history checks are required for all grant funded staff and AmeriCorps members.

As of October 2009 (retroactive to September 2009) all ACTS members' nominees get a State Criminal

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registry check that is requested by each site in DE, NJ and CA. All the records are sent to the Parent organization for filing and record keeping. For PA sites the parent organization requests to the PA State police a criminal record check.

The parent organization also performs checks w/ the National Sex offender Public Registry web site (www.nsopr.gov) for all the candidates applying to the program (regardless of the location of their site). Any candidate w/ a positive Sex offender record in the National Public Registry or w/ a murder conviction history is not considered for participation in any ACTS AmeriCorps program or site. Because of the nature of the ACTS program, other types of offenses might be acceptable and membership for these cases is considered on individual basis and additional interviews w/ the applicants.

13. Rational for increasing number of EAs:

Historically ACTS has had the challenge for the recruitment of EA only slots. This year TPAC decided to develop a new recruitment model for EA only slots. This new model of recruitment and training takes into consideration these factors: 1) the accessibility of a new student based to be targeted by our NEW member site Lincoln University; 2) the commitment of TPAC Board members to recruit from Villanova University and Temple University where they teach or are part of educational advisory boards; 3) our established a relationship w/ Bryn Mawr University School of Sociology that supports member recruitment; and, 4) the addition of the new site at the FREEDOM WRITERS FOUNDATION whose member recruitment is focused at student centers.

During the current year, ACTS has increased its number of sites to 14 w/ one half MSY EA in each. This will allow to change the way we recruit EA only members. In prior years EA only were centralized to one site; this new model decentralizes and redistributes all EA among sites facilitating recruitment and retention of members by the site.

We have made adjustments to our recruitment plan based on the ability of individual sites to recruit EA only members. The FWF was having difficulty recruiting EA only slots and as a result we have reduced their number from 6 to 2. At the same time they are working to strengthen their relationship w/

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University California Irvine for recruitment. Lincoln University and TPAC will recruit one additional EA only member each, as their pull of nominees is more conducive for recruitment of members interested in EA only memberships.

1) Clarification Items: Budget items are in continuation changes narrative.

2) Programmatic Clarification Items:

Please make the following change in the Executive Summary Section of the Narrative:

Noted and corrected

Please respond to the following items in the eGrants narrative Clarification Summary field.

(B) Provide information about State Commissions.

An introductory letter was sent to all State Commissions. Additionally, at CNCS conferences, staff and corps members made it a priority to establish direct contact and build relationships with the appropriate State Commissions. Site also directly contacted the Commissions in their particular state for participation in interstate activities. ACTS and Pennserve collaborate in the swearing-in of members at the Constitution Center, located in Philadelphia. ACTS also collaborates with the PENNSERVE listserv for member recruitment efforts and to invite members to trainings provided by ACTS. Finally, all appropriate Commissions are invited to major events such as member graduation ceremonies. Last year we have the presence of Delaware State Commission. At the grantee meeting we met with Karen Baker Secretary of Service and Volunteering from ¿California Volunteers¿. We introduce FWF and we have been receiving updates about their programs via email website newsletter.

(C) Provide info about the member service in Long Beach, CA:

Corps members at our Long Beach, CA site provide the same services provided by members in Pennsylvania, New Jersey or Delaware that offer HIV prevention education and outreach services.

Corps members at the Freedom Writers Foundation provide HIV prevention education and outreach to at risk youth in intercity minority schools. The Freedom Writers Foundation has a long tradition of providing school based interventions based on culture and diversity that are designed to create

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behavioral changes in high risk young people. The ACTS corps members are following in this tradition and provide prevention education services with the ultimate goal of reducing the risk factors of very high risk young people in the communities served, with a focus on reducing unprotected sex, violence, sexual assault, unwanted pregnancies and infection of HIV and other sexually transmitted infections.

(D) Criminal history checks

Criminal history checks are conducted on all members, employees and other individuals as described in the CNCS policy: <http://www.nationalserviceresources.org/criminal-history>. FBI checks along with the state criminal background and NSOPR checks are performed to all candidates prior to enrollment to AmeriCorps.

Continuation Changes

AIDS continues to disproportionately devastate the African American and Latino communities.

HIV/AIDS continues to be the leading cause of death among African American and Latina women ages between 24 and 35 in our service area.

During orientation members and site supervisors received a revised Policies and Procedures Manual which included a review of members' service descriptions, site roles and responsibilities, site agreements, member time sheets, supervisors in-kind timesheets, and educational award only members' recruitment plan. In addition to NSOPR and State Police Records, the new FBI background check was included. It was emphasized that any individual with sex offense and/or murder record cannot serve as an AmeriCorps member.

Members were reminded that they must finish 900 hours of service to be eligible for a full educational award. Members finishing 12 months with less than 900 hours will not receive a partial educational award. Only members that were suspended for compelling circumstances will be allowed to finish the 12 month year past the end of that fiscal year to complete their 900 hours of service for a period of up to 2 years. They were reminded that members may only receive a partial educational award if they exited for

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documented compelling circumstances and if they finished 15% or more of their 900 hours. Their educational award will be equivalent to the number of hours served and approved by the parent organization and CNCS.

The Members Contract was amended to reflect changes in criminal background checks and members prohibition to provide abortion services and/or referrals.

Challenges:

Our challenge is recruiting education award only members even though we have increased our enrollment rate due to our new recruitment plan. This year we started with 30 MSY: 43 part time (900 hours) members slots with living allowance. Currently, we have enrolled 100%. However, we only have enrolled 50% of the total of 17 education award only.

TPAC has an overall 84% enrollment rate. Based on experience and the current requests for memberships with living allowances, TPAC would like to request a budget adjustment to accurately reflect current demand. TPAC would like to request an increase from 43 members to 50 with living allowance and reduce from 17 to 10 members with educational award only. The current MSY will not change the overall budget (see budget).

Regardless, members were able to recruit 119 non AmeriCorps volunteers providing 13,050 hours of service.

- Expanding members' training to include: Immigration and HIV, Suicide prevention- interventions and resources , Drug and Alcohol Confidentiality, HIV rapid testing "Complete" and "Trinity -Unigold", the latest in Medical Updates, Self-esteem, and Values Clarification.

(A) Section I. A. Personnel Expenses:

In the Clarification Changes section, please justify why 30 site supervisors are required for the 60 MSY

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requested at 14 service locations. Explain how having multiple site supervisors at the same location is beneficial to the program design.

ACTS currently supports 30 site supervisors across its 14 sites. While ordinarily sites would have just one supervisor, this is not the case with the ACTS corps, whose sites may have multiple supervisors linked to diverse service activities supported at each site and/or the size of the organization necessitates multiple supervisors to ensure adequate supervision. For example, MANNA, which is a meal distribution program, has multiple site supervisors focusing on different aspects of the organization (i.e. food preparation, food packaging, food distribution and a main site supervisor in charge of volunteer services.) In addition, sites that operate multiple shifts also require multiple supervisors. Similarly, Philadelphia FIGHT is a one stop shopping model that offers a range of services from prevention education to direct medical care to supportive services. This site has multiple members serving in different areas of the organization (i.e. a member serving in the LAX center which provides medical care, a member serving the Project TEACH program which provide peer education about HIV/AIDS and a member in the AIDS library providing education and outreach.) These varying assignments require multiple supervisors who can focus on specific areas of the organization.

Member Travel:

Provide justification of the "tokens" line item as a necessary expense and explain how they are allocated to ensure their appropriate usage.

One of the main activities of members is education and outreach into disenfranchised communities. In an effort to complete this work, members must be provided with subway/bus tokens that allow them to travel in and between these neighborhoods effectively. Members are also required to travel from their varying operating sites to the parent organization for training sessions.

In an effort to control the distribution of these tokens, the Parent Organization provides tokens to each site supervisor who manages their distribution to members for the purposes described above. At each site members are required to sign a volunteer locator and token log to account for the tokens

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distributed.

(C) Supplies:

Test Kits vary in price slightly based on the manufacturer (Orasure, ALERE, and Trinity). On average, kits cost \$14 per test. ACTS has budgeted to included 1200 test kits to support its work.

In addition to the test kits purchased, ACTS must also purchase testing controls used to ensure that tests are valid. Controls, which expire 4 weeks after they are opened, need to be run for every new prevention counselor and with every new shipment. The cost per control box ranges from \$20 to \$25 (again, depending on the manufacturer.) ACTS has budgeted to included 16 control kits to support its work. In addition to these costs, ACTS has also budgeted for the costs of necessary program supplies including: gloves, thermometers, alcohol pads, absorbent pads, lancets, biohazard bags, first aid kits, and the costs associated with the disposal of hazardous materials.

Emergency food vouchers are a necessary grant cost:

HIV/AIDS disproportionately affects low-income, disenfranchised communities of color. As a result, food and clothing are critical needs for the majority of individuals infected and affected by HIV/AIDS, particularly those served by the ACTS corps. Shortages of nutritionally healthy food and clothing affect not only the individual infected/affected by HIV, but also impact their family members. This is particularly true when the HIV positive family member is unable to work. Healthy nutrition is critical to individuals with immune compromised systems. Unfortunately, however, healthy food is costly to many of our consumers and food banks often fail to provide some of the food products needed by this population (i.e. fresh produce, dairy and meat.) As a result, ACTS has made it a priority to provide individuals with food vouchers to supplement these systems, allowing its members, volunteers and clients to obtain the foods necessary to maintain and/or improve their health status. To qualify for these food vouchers, clients must qualify under the AIDS Consortium's food voucher distribution guidelines, which distribute vouches based on economic need and medical status.

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(D) Member Support Costs:

Noted and corrected

Performance Measures

SAA Characteristics

- | | |
|--|---|
| <input type="checkbox"/> AmeriCorps Member Population - None | <input type="checkbox"/> Geographic Focus - Rural |
| <input checked="" type="checkbox"/> Geographic Focus - Urban | <input type="checkbox"/> Encore Program |

Priority Areas

- | | |
|---|--|
| <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Healthy Futures |
| <i>Selected for National Measure</i> <input type="checkbox"/> | <i>Selected for National Measure</i> <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Environmental Stewardship | <input type="checkbox"/> Veterans and Military Families |
| <i>Selected for National Measure</i> <input type="checkbox"/> | <i>Selected for National Measure</i> <input type="checkbox"/> |
| <input type="checkbox"/> Economic Opportunity | <input type="checkbox"/> Other |
| <i>Selected for National Measure</i> <input type="checkbox"/> | <i>Selected for National Measure</i> <input type="checkbox"/> |

Grand Total of all MSYs entered for all Priority Areas 22.5

Service Categories

- Food Security
- Health Education
- Health Screening
- HIV/AIDS

National Performance Measures

Priority Area: **Healthy Futures**

Strategy to Achieve Results

Briefly describe how you will achieve this result (Max 4,000 chars.)

Referral to prevention counseling and testing, medical care and other supportive services i.e. food, support group, complementary therapies, etc.

Result: Intermediate Outcome

Result.

Through the ACTS Corps there will be a demonstrated increase in the number of individuals who understand their HIV status and 1) continue to either remain in HIV care and treatment and receive services that aid their treatment and/or 2) who have reported changing their own risky behaviors.

Indicator: Number of individuals linked to care and/or changing behaviors.

Target : Individuals at risk of contracting HIV/AIDS and/or living with HIV/AIDS.

Target Value: 200

Instruments: Through CTR forms and follow up survey for program participants.

PM Statement: Through a combination of prevention and care services, ACTS will enable a minimum of 200 individuals: to learn their HIV status; continue to either remain in HIV care and treatment and receive services that aid their treatment; and/or, report changing their own risky behaviors.

Result: Output

Result.

ACTS will provide critical education to the high risk communities served by the corps to ensure individuals understand their risk of HIV, learn how they may reduce their risk of infection, and are appropriately referred for counseling and testing services.

Indicator: H2: Clients to whom health information is delivered.

Target : 750 high risk members of the communities served will receive prevention education services including verbal and written education materials.

Target Value: 750

Instruments: Outreach logs, sign in sheets for group sessions, and number of condoms distributed.

PM Statement: ACTS will provide outreach and educational services to 750 high-risk, disenfranchised individuals over the course of a year ensuring individuals understand their risk of HIV, learn how they may reduce their risk of infection, and are appropriately referred for counseling and testing services.

Result: Output

Result.

ACTS will increase the number of individuals from throughout the community who know their HIV status, and either have appropriate information to reduce their risk of infection and/or are linked to critical HIV clinical and supportive care services.

Indicator: H1: Uninsured, economically disadvantaged clients.

Target : 300 individuals will receive prevention counseling and testing and medical services

Target Value: 300

National Performance Measures

Result.

Instruments: client referral logs with names/or Unique IDs, CTR forms with follow up sessions.

PM Statement: ACTS will serve approx. 300 underserved individuals, HIV infected or affected, ensuring that they learn their HIV status and are appropriately linked to care.

Result: Output

Result.

ACTS will work within the community to provide food and nutritional services (through food banks, home delivered meals and congregate meals) enabling individuals infected and affected by HIV/AIDS to continue to live independently, and maintain or improve their overall health status.

Indicator: H8: Individuals receiving independent living services.

Target : ACTS will provide 1,000 unduplicated individuals at risk of HIV/AIDS with food and nutrition services through the delivery of nutritional counseling, home delivered meals, food banks and congregate meals.

Target Value: 800

Instruments: Service delivery logs

PM Statement: ACTS will provide 800 unduplicated individuals with food and nutritional services (through food banks, home delivered meals and congregate meals) enabling individuals infected and affected by HIV/AIDS to continue to live independently, and maintain or improve their overall health status.

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Subapplicants

<u>ID</u>	<u>Organization</u>	<u>Amount Requested</u>	<u>Amount Approved</u>	<u># FTEs Requested</u>	<u># FTEs Approved</u>	<u>Status</u>
Totals:		\$0	\$0	0.00	0.00	

Required Documents

<u>Document Name</u>	<u>Status</u>
Evaluation	Not Applicable
Federally Approved Indirect Cost Agreement	Not Applicable
Labor Union Concurrence	Not Applicable