

**CITY OF CLEVELAND
DEPARTMENT OF PUBLIC HEALTH
COMMUNITY DEVELOPMENT BLOCK GRANT
FOR
HIV/AIDS PREVENTION
2016-2018**

Request for Proposals



Date of Issuance

Thursday, March 24, 2016

Applications Due

Monday, April 18, 2016 at 12:00 PM

**2016-2018 COMMUNITY DEVELOPMENT BLOCK GRANT
REQUEST FOR PROPOSALS**

Introduction

Purpose and Intent

The City of Cleveland announces the availability of Community Development Block Grant funds for the Cleveland Department of Public Health (CDPH) HIV/AIDS Prevention Program. Community Development Block Grant funds will be made available to nonprofit organizations and public agencies to provide HIV/AIDS prevention interventions, HIV testing, and capacity building initiatives to the residents of the City of Cleveland.

The goal of the Community Development Block Grant HIV/AIDS Prevention Program is to reduce the rate of new HIV infections among Cleveland residents. Prevention interventions must utilize theoretical approaches that are evidence based and scientifically proven. Interventions using approaches outlined in the Compendium of HIV Prevention Interventions with Evidence of Effectiveness will be given special consideration. The Compendium of HIV Prevention Interventions with Evidence of Effectiveness can be found at <http://www.cdc.gov/hiv/pubs/HIVcompendium/hivcompendium.htm>. All interventions must actively support for HIV counseling and testing services.

Capacity building initiatives will support the development of new HIV prevention programs. These initiatives will use grant dollars to support the creation of new prevention programs through professional education, technical assistance activities, and system development. Capacity building providers are expected to support the development of the new programming that will be sustainable and responsive to the prevention needs of the residents of Cleveland.

The Cleveland Department of Public Health (CDPH) will make approximately \$230,000 available through a competitive Request for Proposals (RFP) process to the community for HIV prevention, testing, and capacity building programming. The CDPH anticipates awarding up to six programs budgeted appropriately for each project. Community Development Block Grant (CDBG) Prevention funds will be made available to nonprofit organizations and public agencies to provide HIV/AIDS funded activities to the residents of the city of Cleveland.

The CDPH will award grants to agencies for a two-year grant cycle that will begin on July 1, 2016 and run through June 30, 2018. Funded agencies will be expected to respond to a continuation application process in early 2017 to be eligible for continued 2017-2018 funding. The CDPH expects a reduction in award amount for the 2017-2018 grant year, so funded agencies must be able to operate on a reduced budget.

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

Proposal review will utilize an objective review process to make funding recommendations to the City of Cleveland. CDPH staff and community members will review proposals through standardized review score sheet (see attachment A). The objective review process recommendations will be presented to the CDPH administration for consideration. Staff from the evaluation team will participate in the review process to provide a progress report from the evaluation data on currently funded proposals. Final funding decisions will be made by the Director of Health and presented to Cleveland City Council for approval. The dates of City Council presentations will be announced at the Cuyahoga County HIV Prevention Regional Advisory Group and the Ryan White Part A Planning Council.

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

Funding Priorities

In July 2014, the Regional Advisory Group updated the Cuyahoga County Target Populations from the 2009-2012 *Comprehensive HIV/STD Prevention Plan for Cuyahoga County* for the 2012-2016 planning grant years as: people living with HIV/AIDS (PLWHA), men who have sex with men (MSM), high-risk heterosexuals (HRH), youth, and injection drug users (IDUs). 2012-2016 Target Population and Sub-Population List (Attachment D)

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

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

In developing the prioritization process, the Needs Assessment Committee recognized that target populations frequently reflect more than one population (such as young African American MSM) and that the combination of risk factors elevates risk level. The committee also noted that although these populations are prioritized, **they are all at high-risk and in need of HIV prevention programming.** It is anticipated that the demand for funding will be high, so the CDPH may exclude funding some of the target populations if those populations' HIV prevention needs are being addressed by other funding sources (i.e. the Federal HIV Prevention grant, the AIDS Funding Collaborative (AFC) and the Alcohol, Drug Addiction

and Mental Health Service (ADAMHS) Board of Cuyahoga County, CDC High-Impact HIV Prevention Project).

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

The goal of these projects is to provide HIV counseling and testing in settings that leverage STD screenings (Syphilis, Chlamydia and Gonorrhea) and are more likely to reach persons with known behavioral risks. A provider applying for an HIV testing only grant will complete a minimum of 1,200 tests annually. Must specify high risk populations the project will target.

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

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

Evaluation

All funded programs will be required to participate in a Community Development Block Grant HIV/AIDS Prevention Program evaluation with Kent State University or a designee working with CDPH. Each funded program will work closely with the staff of Kent State, and all programs will be expected to collect pre and post test surveys from all clients receiving services, provide a follow-up contact with clients to assess if behavior change has occurred, and perform program/web-based data entry. All funded programs will also be expected to participate in the Cuyahoga County HIV Prevention Regional Advisory Group meetings and public awareness activities.

Timeline for Request for Proposals

- A. Date of Issuance of RFP: Thursday, March 24, 2016.**
- B. RFP Due Date: Monday, April 18, 2016; 12:00 PM; Any proposal received after the due date will not be accepted.**

Applications must be submitted electronically **and** in paper form. The electronic copy must be emailed to the address **below** or saved on a CD, Microsoft Word file format **Only**, and submitted with the paper copy. The paper submission must include the original and four (4) copies of the proposal and all necessary supporting documentation. The CDPH prefers that proposal be printed double sided, however this is not a requirement. Proposals and questions should be addressed to:

Tammie Jones, Project Director
Cleveland Department of Public Health
Office of HIV/AIDS Services
75 Erieview Plaza, 3rd Floor
Cleveland, Ohio 44114
(216) 420-8641
ohas@clevelandhealth.org

Technical Assistance

A technical assistance session for applicants will be held at the Cleveland Department of Public Health at 75 Erieview Plaza, Cleveland, Ohio 44114 (2nd Floor Training Room) on **Friday, April 1, 2016 from 10 AM – 11 AM**. All sections of the Request for Proposals will be reviewed at that time and ample opportunity for questions will be provided.

QUALIFICATIONS OF APPLICATIONS

Applicant agencies must meet the following minimum requirements:

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

- Multiple proposals may be received from applicant agencies.

PROGRAM REQUIREMENTS

- Funded agencies must submit monthly fiscal reports for reimbursement and programmatic reports outlining performance and outcomes. Reports must be submitted to the CDPH. Agencies must have the capacity to submit the reports through email or an internet website if required. Reimbursement will be withheld from agencies that do not adhere to the reporting requirements; contracts may be terminated.
- All funded programs will be required to participate in evaluation activities. At a minimum, agencies must collect pre and post intervention client data forms and HIV testing forms/OpScans. Agencies and all program staff must have email access. The funded agencies will be required to submit evaluation surveys with their agency's monthly reports. Reimbursement will be withheld from agencies that do not adhere to the evaluation requirements; contracts may be terminated.
- Funded agencies will be required to send funded staff to support public HIV testing events. Reimbursement will be withheld from agencies that do not adhere to this requirement; contracts may be terminated.
- All funded agencies will be required to participate in the Cuyahoga County HIV Prevention Regional Advisory Group (RAG). Participation includes attending the eight meetings held each year and participating on at least one subcommittee.
- Award recipients will be required to participate in periodic site visits to review and discuss performance and provide demonstration of program activities and documented financial activities.
- Projects will receive funding pending final approval from the Director of Health and notice of award by the Department of Community Development, however budgets may be reduced or increased contingent upon the availability of funds.

HIV PREVENTION INTERVENTION PROPOSAL COMPONENTS
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Proposals providing HIV Prevention Intervention services must contain the following content requirements. Failure to do so will result in exclusion from the funding process.

1. Agency programs must be based on **behavioral science, theory or be scientifically proven**. The agency must demonstrate that the program interventions are behaviorally based by: explaining the formal theory incorporated into the program design, denoting the evidence-based model being replicated, or explaining the adaptation of a behavioral science based prevention model being used.

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2. Programs must be **culturally and linguistically appropriate** for the target population(s).
3. Programs must **focus on HIV prevention but also address other Sexually Transmitted Diseases (STD)**. Special considerations will be given to programs that can provide **leveraged services that address one or more co-factors that lead to HIV infection as they relate to the targeted population**, e.g., alcohol and other drug use and abuse, low self esteem, physical/emotional/sexual abuse, socioeconomic factors, sexual addiction, peer pressure, cultural/ethnic barriers, religious beliefs, and health factors common to at risk populations for example (unplanned pregnancies, and stress related illnesses).
4. Programs must provide **skill building training**, which will enable participants to avoid risky behavior and to educate participants regarding alternatives to risky behavior.
5. The CDPH has established the goal to increase annual community based HIV testing to 10,000 in the Cuyahoga County. To reach this goal, **each funded programs will be expected to test at least 200 individuals each year**. The CDPH will provide the HIV test kits and establish contractual requirements that all programs will participate in public testing events. Programs can provide testing through either on-site services or off-site testing carried out by program staff, as well as agency and public testing events. Priority will be given to programs that integrate HIV and STD testing. Agencies without this level of existing testing capacity must develop a formal collaboration or partnership with an established testing provider.
6. Proposals must document **previous and current knowledge and experience in working with the target population**, particularly as these relate to culture-specific norms, values, realities of the target population, gender and cultural norms in sexual decision making, and HIV/AIDS related experience with target population.
7. **Identify and implement effective models of client recruitment and retention**. If the proposal has an outreach component, it should identify the geographic areas where it intends to reach the targeted population. It should also identify social venues that it will target such as crack houses, shooting galleries, public sex environments, beauty salons, the Internet, and churches.
8. Proposals are encouraged to incorporate **collaboration and partnerships** with other local agencies involved with HIV/STD prevention, education and/or services, as well as other local organizations with connections and experience with target populations.

PROPOSAL FORMATING & SUBMISSION

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

1. All proposals are to be typed on 8 ½ by 11-inch paper, double-spaced, with a minimum 0.7” margins. The CDPH prefers that proposal be printed double sided, however this is not a requirement. Applicants should use 12-point Times New Roman font, with pages numbered in the center of the Footer. Proposals should be stapled at the top of the left side of the project summary form. The Proposal Summary Page should be used as the cover sheet for the proposal.
2. Begin each section of the narrative on a new page. Limit your answer to the amount of space specified for that particular section of the narrative.
3. An original and four (4) complete copies as well as the electronic copy of your proposal must be received by CDPH staff by the deadline.
4. Submitted proposals are to be reviewed by Cleveland Department of Public Health chosen reviewers. All funding decisions are final.
5. **Deadline extensions will not be granted for any reason.**

Report Submission Requirements

- All reports (Fiscal, Programmatic, and Surveys) will be due the 10th of every month (reporting schedule below).
- All reports will be due by **12 PM** based on the reporting schedule below
- Submit ALL reports via email to: ohas@clevelandhealth.org
- Budget cover sheets must be mailed with original signatures
- All grants are on a monthly reimbursement cycle – this is not new. However, if supporting documentation is not submitted correctly or timely you will not receive payment for those specific items until the next reporting month.

If your agency repeatedly submits incomplete documentation or it is determined that the new process causes too much of a burden upon your program we will review alternatives for programming execution.

CDBG Reporting Schedule (2016-2017 Grant Year):

Report Month	Due Date	Report
July 2016	August 2016	Fiscal/Program/Surveys
August 2016	September 2016	Fiscal/Program/Surveys
September 2016	October 2016	Fiscal/Program/Surveys
October 2016	November 2016	Fiscal/Program/Surveys
November 2016	December 2016	Fiscal/Program/Surveys
December 2016	January 2017	Fiscal/Program/Surveys
January 2017	February 2017	Fiscal/Program/Surveys
February 2017	March 2017	Fiscal/Program/Surveys
March 2017	April 2017	Fiscal/Program/Surveys
April 2017	May 2017	Fiscal/Program/Surveys
May 2017	June 2017	Fiscal/Program/Surveys
June 2017	July 2017	Fiscal/Program/Surveys

Please use the following proposal format and address each component within the allotted page limits:

Project Summary Form 1 page maximum
(Use the attached Project Summary Form – may submit via PDF)

Program Abstract 2 page maximum

- Name and a description/purpose of the proposed project.
- Funding Priority the project intends to address.
- The HIV prevention or service gap the program intends to fill.
- The selected HIV prevention intervention or service and the proposed outcomes the program will achieve.
- A description of the HIV testing services that the program will provide.

Organizational Commitment to HIV Prevention 2 page maximum

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

Target Population Description

2 page maximum

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

Program Narrative

5 page maximum

- Discuss which intervention the program will use to meet the target populations' prevention needs and why the intervention was selected. If the intervention has multiple sessions, discuss what efforts the program will employ to ensure a 65% or more client retention rate.
- Provide the website link to the prevention program's curriculum. If intervention was internally developed, provide one full copy of the curriculum.
- Describe the program's implementation plan for 2016-2018. If this is a new program, discuss the plan's efforts to ensure that intervention is implemented with fidelity. If the program is currently running, discuss the overall success of the project. The CDPH will provide data regarding past program performance to the RFP review committee.
- Identify when and where the program services will occur and how these meet the needs of the client.
- Describe staff utilization plans - use of existing staff or new staff to be added. Attach resumes and copies of any training certifications or professional licenses for existing staff. Attach position descriptions for new hires and list the qualifications and experience of staff who are to implement the program. Describe plans for timely hiring of staff, if applicable. It is expected that all staff will have or receive all necessary

evidence based intervention training within three months of program start up. Incorporate training costs in your budget. Grant funds can be used for out-of-state travel to attend trainings with approval.

- Describe how referrals to HIV testing and other programs will be documented and followed up.
- Describe the anticipated outcomes of the program and the number of clients served. These outcomes must include that 65% of participants complete the intervention sessions and that 65% of those who complete score higher on the post-test survey.

HIV Testing

1 page maximum

- Describe the program's HIV testing activities. Identify if the program will use rapid or confirmatory HIV tests, and if the program is only providing rapid testing, where will the agency refer clients that test preliminary positive for a confirmatory HIV test. Will the program focus on establishing testing hours and outreach sites, public testing events, or a combination of the strategies?
- Describe the implementation plan for HIV testing strategies, including the number of HIV tests that will be provided via each selected strategy, the timeline, and the staff responsible for the service. As stated on page 7 of the RFP, all agencies applying for funding to provide *HIV Prevention Interventions* must also provide a minimum of 200 HIV tests annually. Additionally, agencies applying for funding to provide *HIV Testing in Clinic Settings* must provide a minimum of 1,200 tests annually.
- Identify all other HIV testing activities the agency provides. Discuss how the additional testing requirement will be integrated with the existing services (i.e. ADAMHS Board, CDBG-HIV Prevention, Title X and Linkage to Care) and what efforts will be taken to ensure new clients are being recruited for testing. If your agency is currently a HIV testing provider, provide the total number of HIV tests and positivity rate for 2014 and 2015.
- Identify if the program is providing STD screenings (Syphilis, Chlamydia and Gonorrhea) and if there is the capacity to integrate HIV and STD testing services into your existing programs.

Evaluation

1/2 page maximum

- The CDPH and Kent State University have developed a program evaluation plan that all programs will be expected to implement. Programs will complete pre and post test surveys with all clients and follow with a negotiated percentage of clients.
- Discuss what strategies you will use to provide follow up surveys with clients.
- Include a description of how the agency will track and report HIV testing numbers and the positivity rate where HIV tests are being provided at each location.

Prior Performance Goals

2 page maximum

- **Only 2015-2016 existing programs complete**
- Describe in detail the progress of the stated goals and objectives of the prior grant year as it relates to your program intervention. Describe in detail the challenges to program implementation in addition to success and program solutions.

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- List the number of people who have completed the HE/RR intervention or who have been reached through the CTR, Outreach or HC/PI.
- Indicate if your objectives was met or not met. In narrative form, detail the reason behind any goal that was not met. If not met, what changes have been made to ensure their 2016 goals will be accomplished?

Scope of Services 2016-2017

- A Scope of Service for the **2016-2017 grant year only** must be included. The scope should list program objectives, activities and target numbers to be reached in the July 1, 2016 - June 30, 2017 grant.
- Use Attachment C to complete the Scope of Services

Budget

- A line item budget for the **2016-2017 grant year only** must be included and account for all costs (including in-kind costs and outside grants) that contribute to the maintenance of the proposed project using Budget Forms 1-2.
- An accompanying descriptive budget narrative must be included and explain each line item in detail. It must describe how the amount requested was calculated.
- There is a 7% administrative overhead/indirect cost maximum. All administrative costs must be supported with a line item and narrative budget documents.
- Include a copy of the 2016 agency budget (if not yet approved, included the prior year agency budget).
- CDPH will purchase and provide rapid HIV test kits for the tests that are outlined in the proposal. Agency budgets should not include rapid test kit; however, agencies should include the costs to purchase test controls and supplies as well as confirmatory testing kits.
- All equipment must be purchased, invoiced and paid before the end of Quarter 2 – December 31, 2016 or it will be disallowed.
- Please only use five percent (5%) increments when splitting personnel time.

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

Supplemental Materials

- **Position Description and Resume(s)** for all project staff must be included with the proposal. If the project will use existing staff of the applicant organization, resumes/qualifications of these staff members should be included in the application.
- **IRS Letter of Exemption**: A copy of the applicant organization's IRS letter of exemption should be included with the proposal.
- Provide an **audited financial statement** for the applicant's last fiscal year. If the agency has previously submitted their most recent audit to the Office of HIV/AIDS Services please indicate date of submission, and there is no need to submit a copy with this application. **(ONLY 1 COPY Needed)**

Letters of Collaboration or Memorandum of Understanding

- Each proposed program includes formal collaboration(s) with other agencies or projects; this should be documented in a Letter of Collaboration or Memorandum of Understanding (MOU) with each agency and dated within the last 60 days. Must include only two (2) of either document.

REVIEW CRITERIA

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

Project Summary Form	2 points maximum
Abstract	3 points maximum
Organizational Commitment to HIV Prevention	10 points maximum
Target Population Description	15 points maximum
Program Narrative	25 points maximum
HIV Testing	15 points maximum
Evaluation	10 points maximum
Scope of Services	10 points maximum
Budget & Budget Narrative	15 points maximum
Supplemental Materials	3 points maximum
Letters of Collaboration/MOU	2 points maximum
If applicable:	
Prior Performance Data	10 points maximum

APPLICATION CHECKLIST

Make sure that the application is complete before it is submitted by checking the following list:

Proposal

- Project Summary Form
- Abstract
- Organizational Commitment to HIV Prevention
- Target Population Description
- Program Narrative
- HIV Testing
- Evaluation
- Prior Performance Data (if applicable)
- Scope of Services
- Budget Forms 1-2
- Budget Narrative
- Letters of Collaboration/Memorandum of Understanding (2)

Supplemental Materials

- Position Descriptions
- IRS Letter of Exemption
- Attachment B, signed

Project Summary Form

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

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

FY 2016-2017 Grant Amount Request:

\$

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

Grant Review Feedback: Receive Feedback on RFP review process: () Yes () No
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To the best of my knowledge and belief, the information contained in this application is true and correct. This document has been duly authorized by the governing body of the applicant organization to comply with the required assurances if the application is approved.

Certifying Representative Signature

Typed Name/Title

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BUDGET FORM 1

Name of Project _____
 Applicant Agency _____
 Grant Year 2016-2017

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

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

Name of Project _____
 Applicant Agency _____
 Grant Year 2016-2017 _____

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

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

Attachment A

Evaluation Score Sheet

Agency Name _____

Project Name _____

Reviewer _____

Review Criteria

Project Summary Form & Abstract **Total Points: _____ (out of 5 maximum)**

- Name and a description/purpose of the proposed project.
- Funding Priority the project intends to address.
- The HIV prevention or service gap the program intends to fill.
- The selected HIV prevention intervention or service and the proposed outcomes the program will achieve.
- A description of the HIV testing services that the program will provide.

Strengths: _____

Needs: _____

Organizational Commitment to HIV Prevention **Total Points: ____ (out of 10 maximum)**

- A description of the agency including a concise explanation of the agency's capacity to carry out the proposed project (e.g., number of years providing HIV prevention services; capacity of staff to fulfill the grant goals, objectives, and activities).
- Identify other agency HIV prevention services and programs that will support the needs of the target population or community. Special attention should be given to the provision of basic needs activities such as food centers, housing assistance, job training, and education support, as well as other supportive services such as mental health counseling and health promotion programs.
- Discuss if and how the target population is included in the decision making of the agency (e.g. involvement with the agency's Board of Directors, through focus groups or consumer advisory councils, or other means of organized input).

Strengths: _____

Needs: _____

Target Population Description **Total Points: _____ (out of 15 maximum)**

- Describe the program's target population(s). For HIV Prevention Interventions, please note discussion of priority populations on p. 2 of this RFP. Describe the specific

behaviors and/or environmental factors that place the population at high-risk HIV exposure.

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

Strengths: _____

Needs: _____

Program Narrative

Total Points: ____ (out of 25 maximum)

- Discuss which intervention the program will use to meet the target populations’ preventions needs and why the intervention was selected. If the intervention has multiple sessions, discuss what efforts the program will employ to ensure a 65% or more client retention rate.
- Provide the website link to the prevention program’s curriculum. If intervention was internally developed, provide one full copy of the curriculum.
- Describe the program’s implementation plan for 2016-2018. If this is a new program, discuss the plan’s efforts to ensure that intervention is implemented with fidelity. If the program is currently running, discuss the overall success of the project. The CDPH will provide data regarding past program performance to the RFP review committee.
- Identify when and where the program services will occur and how these meet the needs of the client.
- Describe staff utilization plans - use of existent staff or new staff to be added. Attach resumes and copies of any training certifications or professional licenses for existing staff. Attach position descriptions for new hires and list the qualifications and experience of staff who are to implement the program. Describe plans for timely hiring

of staff, if applicable. It is expected that all staff will have or receive all necessary evidence based intervention training within three months of program start up. Incorporate training costs in your budget. Grant funds can be used for out-of-state travel to attend trainings with approval.

- Describe how referrals to HIV testing and other programs will be documented and followed up.
- Describe the anticipated outcomes of the program and the number of clients served. These outcomes must include that 65% of participants complete the intervention sessions and that 65% of those who complete score higher on the post-test survey.

Strengths: _____

Needs: _____

HIV Testing

Total Points: ____ (out of 15 maximum)

- Describe the program's HIV testing activities. Identify if the program will use rapid or confirmatory HIV tests, and if the program is only providing rapid testing, where will the agency refer clients that test preliminary positive for a confirmatory HIV test. Will the program focus on establishing testing hours and outreach sites, public testing events, or a combination of the strategies?
- Describe the implementation plan for HIV testing strategies, including the number of HIV tests that will be provided via each selected strategy, the timeline, and the staff responsible for the service. As stated on page 7 of the RFP, all agencies applying for funding to provide *HIV Prevention Interventions* must also provide a minimum of 300 HIV tests annually. Additionally, agencies applying for funding to provide *HIV Testing in Clinic Settings* must provide a minimum of 1,500 tests annually.
- Identify all other HIV testing activities the agency provides. Discuss how the additional testing requirement will be integrated with the existing services (i.e. ADAMHS Board, CDBG-HIV Prevention, Title X and Linkage to Care) and what efforts will be taken to ensure new clients are being recruited for testing. If your agency is currently a HIV testing provider, provide the total number of HIV tests and positivity rate for 2012 and 2013.
- Identify if the program is providing STD screening and if there is the capacity to integrate HIV and STD testing services.

Strengths: _____

Needs: _____

Evaluation

Total Points: ____ (out of 10 maximum)

- The CDPH and Kent State University have developed a program evaluation plan that all programs will be expected to implement. Programs will complete pre and post test surveys with all clients and follow with a negotiated percentage of clients.

- Discuss what strategies you will use to provide follow up surveys with clients.
- Include a description of how the agency will track and report HIV testing numbers and the positivity rate where HIV tests are being provided at each location.

Strengths: _____

Needs: _____

Prior Performance Data

Total Points: ____ (out of 10 maximum)

- Does the applicant provide detailed progress of their programs stated goals and objectives of the previous two years?
- Does the applicant describe the challenges to program implementation in addition to success and program solutions?
- Does the applicant identify the number of clients served both duplicated and unduplicated?

Strengths: _____

Needs: _____

Scope of Services

Total Points: ____ (out of 10 maximum)

- A Scope of Service for the **2016-2017 grant year only** must be included. The scope should list program objectives, activities and target numbers to be reached in 2014.
- Use Attachment C to complete the Scope of Services

Strengths: _____

Needs: _____

Budget and Budget Narrative

Total Points: ____ (out of 15 maximum)

- A line item budget for the **2016-2017 grant year only** must be included and account for all costs (including in-kind costs and outside grants) that contribute to the maintenance of the proposed project using Budget Forms 1-2.
- An accompanying descriptive budget narrative must be included and explain each line item in detail. It must describe how the amount requested was calculated.
- There is a 7% administrative overhead/indirect cost maximum. All administrative costs must be supported with a line item and narrative budget documents.
- Include a copy of the 2015 agency budget (if not yet approved, included the prior year agency budget).

- CDPH will purchase and provide rapid HIV test kits for the tests that are outlined in the proposal. Agency budgets should not include rapid test kit; however, agencies should include the costs to purchase test controls and supplies as well as confirmatory testing kits.

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

Strengths: _____

Needs: _____

Supplemental Materials **Total Points: ____ (out of 3 maximum)**

- **Position Description and Resume(s)** for all project staff must be included with the proposal. If the project will use existing staff of the applicant organization, resumes/qualifications of these staff members should be included in the application.
- **IRS Letter of Exemption:** A copy of the applicant organization's IRS letter of exemption should be included with the proposal.
- **Attachment B** - Agency Non-Contact Reviewer Agreement

Strengths: _____

Needs: _____

Letters of Collaboration/MOU **Total Points: ____ (out of 2 maximum)**

- If the proposed program includes formal collaboration(s) with other agencies, this should be documented in a letter or Memorandum of Understanding with each agency and dated within the last 60 days.

Strengths: _____

Needs: _____

Other Comments: _____

Score Summary

Project Summary Form	_____points (out of 2 points maximum)
Abstract	_____points (out of 3 points maximum)
Organizational Commitment to HIV Prevention	_____points (out of 10 points maximum)
Target Population Description	_____points (out of 15 points maximum)
Program Narrative	_____points (out of 25 points maximum)
HIV Testing	_____points (out of 15 points maximum)
Evaluation	_____points (out of 10 points maximum)
Scope of Services	_____points (out of 10 points maximum)
Budget & Budget Narrative	_____points (out of 15 points maximum)
Supplemental Materials	_____points (out of 3 points maximum)
Letters of Collaboration/MOU	_____points (out of 2 points maximum)
If applicable:	
Prior Performance Data	_____points (out of 10 points maximum)
TOTAL	_____points (out of 110/120 maximum)

Attachment B

Agency Non-Contact Reviewer Agreement

I, _____, an authorized representation of
(Name)

_____, agree that the employees,
(Organization name)

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

(Print name)

(Signature)

Attachment C - Sample

2016-2017 CDBG HIV Prevention Scope of Services

Agency Name

Project Staff

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

Intervention

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

Target Populations

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

Project Activities for the 2014 grant year only:

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

Attachment D

2012-2016 CUYAHOGA COUNTY TARGET POPULATIONS w/ PRIORITIZED SUB POPULATIONS

The HIV Prevention Project target populations and prioritized sub-populations for Cuyahoga County have been established based on incidence rates over three years.

Three-year incident denominators

- From 2010-2012, there were 554 incident cases of HIV/AIDS in Cuyahoga County, recently adjusted for death and migration: 453 males (82%) and 101 females (18%)
- Groups numbered according to high incidence rates (based on data)

Target Priority Populations identified:

- PWLHA: (denominator = 554 new cases in past three years)
- MSM, includes bisexual males: (336, 60.6%)
- Youth age 13 to 24 when diagnosed: (149, 26.9%)
- HRH, High risk heterosexual males and females: (189, 33.4%)
- IDU (any IDU, regardless of other risk behavior): (14, 2.5%)

<p><u>PWLHA (n=554)</u></p> <ul style="list-style-type: none"> • AA (371, 67.0%) • MSM (336, 60.6%) • Youth (149, 26.9%) 	<p><u>MSM + Bisexual males (n=336)</u></p> <ul style="list-style-type: none"> • W males 25 and older (82, 14.8%) • AA males 25 and older (118, 21.3%) • AA males 24 and younger (94, 17.0%) • Hispanic males (22, 4.0%) • W males 24 and younger (11, 2.0%)
<p><u>Youth (n=149)</u></p> <ul style="list-style-type: none"> • AA MSM (93, 16.8%) • AA HRH males (15, 2.7%) • W MSM (12, 2.2%) • AA HRH females (10, 1.8%) • H & W HRH females (3 < 1%) 	<p><u>HRH (n=189)</u></p> <ul style="list-style-type: none"> • AA females (72, 13.0%) • AA males (70, 12.6%) • W males (15, 2.7%) • W females (14, 2.5%) • H males (7, 1.3%) • H females (4, 0.7%)
<p><u>IDU (n=14)</u></p> <ul style="list-style-type: none"> • White (6, 1.1%) • Hispanic (4, 0.7%) • AA (4, 0.7%) 	<p>Note on IDU: <i>Recent incidence increases aside, the community consensus feels that this category is a lower priority but important for prevention efforts due to its high transmission risk of HIV and hepatitis.</i></p>

Other notes:

- Identifying those in care vs. not in care, clients who are not in care are at much greater risk
- Transgender males are now tracked in care at CDPH clinics and in the HIV/AIDS Registry. Needs of these individuals are being included into programming when possible.
- Creating culturally competent programming/literature within subgroups (i.e. bilingual materials)