



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

HIV, STD & Hepatitis Section – Subgrant Application

Community-Based HIV and STD Prevention Activities

FY2018 GRANT YEAR: January 1, 2018 – December 31, 2018

PROJECT PERIOD: January 1, 2018 – December 31, 2018

Application Deadline:

Applications must be received electronically or by post or delivery to the HIV, STD & Hepatitis Section on or before: **November 20, 2017 by 5:00 PM MDT.**

Applications received after this date and time will not be considered. Applicants will receive an email verifying receipt of the application within one business day, and notified of application status by **November 22, 2017.**

Table of Contents

1. Background2

2. Purpose.....2

3. Funding Period/Availability3

4. Funding Restrictions3

5. Eligibility.....3

6. Application and Submission Information

a. Application Format Requirements.....3

b. Components of the Application4

c. Awardee Evaluation and Performance Measurement Strategy.....5

d. Submission Requirements5

7. Application Evaluation and Assessment.....6

8. Supporting Documents

 Application Face Page7

 Scope of Work8

 Budget Proposal.....9

 Financial Risk Questionnaire.....11

9. Application Checklist.....13

1. Background

The Idaho HIV, STD and Hepatitis Section (HSHS) receives funding from the Centers for Disease Control and Prevention (CDC) to implement comprehensive human immunodeficiency virus (HIV) prevention programs to prevent new HIV infections and achieve viral suppression among persons living with HIV. In accordance with the national prevention strategy, HIV Care Continuum, and CDC's High-Impact HIV Prevention (HIP) approach, CDC's funding focuses on increasing individual knowledge of HIV status, preventing new infections among HIV-negative persons and reducing transmission from persons living with HIV. Priority activities include (but are not limited to) HIV testing; linkage to, re-engagement in, and retention in care and support achieving viral suppression; pre-exposure prophylaxis (PrEP) related activities and community-level HIV prevention activities.

HSHS currently contracts with community partners to perform HIV testing and referral, condom distribution (CD), and community-level prevention efforts (e.g. Mpowerment) for young men who have sex with men (YMSM).

2. Purpose

The Idaho Department of Health and Welfare, Division of Public Health, HIV, STD and Hepatitis Section (HSHS) is seeking a qualified subgrantee to implement community-based HIV and STD prevention services, including testing, condom distribution, PrEP navigation and community-level programming for HIV-positive and HIV-negative young men who have sex with men (YMSM). Applicants should have a history of providing free/low-cost HIV/STD services and be capable of outreach activities in Ada and surrounding counties. Furthermore, organizations should understand the role that pre-exposure prophylaxis (PrEP) plays in HIV prevention, and have the capacity to intertwine community-level intervention efforts, for both HIV positive and HIV negative persons, within overall prevention programming.

HSHS is seeking a subgrantee that can conduct the following activities during the project period:

- Conduct a minimum of 1,500 HIV tests (rapid HIV tests provided by HSHS), linking those who test positive to care within three (3) days of confirmed diagnosis. Must be able to conduct rapid testing using a variety of testing technology.
- Distribute at least 20,000 free condoms (up to 10,000 provided by HSHS) to HIV-positive persons and those at risk of acquiring HIV.
- Conduct chlamydia and gonorrhea testing appropriate to the site of exposure (e.g. urogenital, rectal, pharyngeal) and coordinate treatment in accordance with CDC treatment guidelines (<https://www.cdc.gov/std/treatment/2010/default.htm>)
- Develop Targeted Evaluation Plan (TEP) to enhance awareness of STD trends and prevention needs of high-risk population (will work with Idaho STD Section to develop TEP).
- Conduct syphilis testing for those at increased risk and/or reporting symptoms, and coordinate appropriate treatment as outlined in the CDC treatment guidelines.
- Conduct PrEP navigation services with an emphasis on increasing the number of people connected to PrEP providers throughout Idaho.

3. Funding Period/Availability

This is a one-year subgrant for services provided by subgrantee and their staff. Subgrantees shall not subcontract the performance of services to another individual or entity. The total amount of the one year budget proposal should not exceed \$113,250.00, with no more than 10% of budget going to STD testing, treatment, and Targeted Evaluation Plan.

4. Funding Restrictions

- Awardees may not use the funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body.
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- Awardees may not use funds to purchase antiretroviral therapy.
- Awardees may not use funds to purchase sterile needles or syringes for drug injection.
- Funding should not be used for construction purposes.

5. Eligible Applicants

Eligible applicants must be an established non-profit community-based organization within Boise and currently provide the following services:

- HIV testing services: Able to conduct both rapid and conventional testing and deliver testing in locations throughout the community
- STD testing services: Chlamydia, Gonorrhea and Syphilis
- Condom distribution
- PrEP coordination: Community education, referral and screening.
- HIV prevention programming for high risk young men who have sex with men (YMSM).

6. Application and Submission

a. Application Format Requirements

Applications are limited to ten (10) pages, not including the application face page or the budget summary table. Applications that exceed this page limit will not be reviewed.

Applications must:

- Be an original copy;
- Be printed on 8½ X 11” paper, singled-sided;
- Have 1-½ (1.5) line spacing;
- Be in 12-point Times New Roman font; and
- Have 1-inch margins.

Please do not include materials other than those specially requested in this application guidance.

The HIV, STD and Hepatitis Section (HSHS) can provide general technical assistance and aid in the application process. Contact HSHS at (208) 334-5943 or kevin.brinegar@dhw.idaho.gov for questions and assistance.

b. Components of the Application

A completed application will include these components in the following order:

1. Application Face Page

The application face page can be found on page seven of this packet. All fields must be completed and signed as indicated. The face page must be typewritten or completed in Microsoft Word, and must be signed before submission. Handwritten or incomplete face pages will not be accepted.

2. Table of Contents

Applicants are to include a table of contents which reflects the major sections of the application (including page numbers in which major sections can be found).

3. Scope of Work

Applicants must complete the scope of work document which can be found in the supporting documents section of this packet. Applicants must complete all sections of the scope of work document with a detailed description of how the grantee will accomplish the required project activities.

4. Budget Proposal

Applicants must complete a detailed budget proposal with justification using the budget proposal document located in the supporting documents section of this packet. Please do not alter the document format in any way. Allowable expenses include:

Activity	Description
Personnel	List all personnel employed to perform work under this grant. Include proposed salaries, time and effort percentage (full-time equivalent or FTE), and fringe benefits. In the justification, include the role and expected contribution of budgeted personnel. A description of how fringe benefits are projected and what components are included in the calculation (insurance, paid time off, etc.)

Supplies	Include the list of all allowable operating expenses. Justification should describe the rationale and who will be using the supplies.
Other	Other costs related to the services provided, including travel and training.
Indirect Costs	Usual and recognized overhead activities, including rent, utilities, and facility costs. Costs of management oversight of specific programs funded under this title, including program coordination; clerical, financial, and management staff not directly related to patient care; program evaluation; liability insurance; audits; and computer hardware/ software not directly related to patient care.

Final budgets will be subject to Department approval. The budget proposal does not count toward the 10-page limit. Failure to submit a budget proposal will yield an application score of zero (0).

5. Financial Risk Assessment Questionnaire

Applicants must complete the financial risk assessment questionnaire located in the supporting documents sections of this packet. This questionnaire will not be included in the scoring criteria or in the 10-page limit.

6. Applicant W-9 Form

Applicant must attach their W-9 form

c. Awardee Evaluation and Performance Measurement Strategy

Awardees will be required to complete a work-plan, within the thirty (30) days of the project period, that outlines short and long-term goals for program activities. Work plans will then be reviewed by HSHS to establish monitoring and evaluation strategies to reach performance goals.

d. Submission Requirements

Only one application will be accepted from each eligible applicant. Multiple applications from the same organization will not be reviewed.

Applications must be submitted electronically, by post or delivery to:

Idaho Department of Health and Welfare
HIV, STD, & Hepatitis Section
Attn: Kevin Brinegar
450 W. State Street – 4th Floor
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-5943
kevin.brinegar@dhw.idaho.gov

Applications must be **received** electronically, by post or delivery on or before: **5:00 P.M. Mountain Time, November 20, 2017**. Applications received after this date and time will not be

considered. Applicants will receive an email verifying receipt of the application within one (1) business day, and notified of application status by November 22, 2017.

7. Application Evaluation and Assessment

All grant applications will be scored by consensus. The HIV, STD and Hepatitis Section will convene an evaluation committee of three (3) evaluators who will independently review each application to identify the strengths and weaknesses of each proposal. The evaluators will meet as a group to discuss each application and score the applications. To be considered for a grant award, an application must score at least 80%.

The Scope of Work (identified sections) has a maximum value of 75%. The Budget Proposal form (located in the supporting documents section of this packet) has a maximum point value of 25%.

Reviewers will score the applications based on compliance with the application guidelines and capacity of the organization to achieve the proposed activity goals and objectives as outlined in the Scope of Work. Awards will be based on application score. All applicants will be notified of grant awards in writing.

8. Supporting Documents

Application Face Page

All fields must be typed and complete

Applicant organization: _____

Federal tax identification number (TIN): _____

Data Universal Numbering System (DUNS): _____

(If your organization does not have a DUNS number, please see: [DUNS Web Form](#) to begin the process)

Name of contact person: _____

Phone number: _____

Fax number: _____

Address: _____

City: _____

Zip code: _____

Email address: _____

Total amount of funding requested: \$ _____

(Project period 1/1/2018 –12/31/2018)

I hereby certify that the information contained in this application is true and correct. Providing false information on any application or document submitted under this statute is a misdemeanor and grounds for declaring the applicant ineligible.

The entity will be required to provide their Data Universal Numbering System (DUNS) number and must affirm their understanding that no entity, as defined as 2 CFR Part 25, Subpart C, may receive award of a subgrant unless the entity has provided its DUNS number. 2 CFR 25.110 [An individual is exempt from this requirement.]

By applying, the applicant acknowledges that the entity shall comply with Single Audit requirements according to 2 CFR 200.500.521 (previously OMB A-133), subaward and executive compensation reporting requirements as required by the Federal Funding Accountability and Transparency Act (FFATA), and any specific grant requirements.

Authorized Signature: _____ Date: _____

Printed Name and Title: _____

(This page is not included in the application 10-page limit total)

Scope of Work

Organizational Overview

1. Describe the history, leadership and mission of your organization.
2. Describe your organization's overall budget and funding sources, as well as staff size and credentials of key staff. Include information on the Board of Directors and other positions integral to the operation of the organization.
3. Identify staff who will be supporting this project, including who will be selected as the contact person for this project (name, title, position within the organization), and will be responsible for submitting invoices and reporting activities.
4. Describe the current portfolio of services provided by your organization and outline any anticipated additional services that will occur during the project period.
5. Describe your organization's policies and procedures to ensure data security and confidentiality.
6. Describe your organization's evaluation and quality assurance plan for program services.
7. Describe your organization's current practices regarding financial auditing.
8. Describe how your organization partners with other community-based organizations and clinics to promote HIV/STD testing and prevention.
9. Provide details on organization's insurance coverage.

HIV Services

1. Describe the current scope of HIV testing services at your organization, and how your organization intends to utilize funding to increase testing and identify persons with HIV infection and uninfected persons at risk for HIV infection.
2. Describe the current process of screening and referral of clients for healthcare benefits, mental health and substance abuse treatment, HIV prevention services, housing and transportation, and employment assistance.
3. Describe how your organization currently screens clients for PrEP eligibility and how PrEP navigation and referral practices occur.
4. Describe how your organization will increase awareness and access to PrEP in the community.
5. Describe how your organization intends to increase availability of condoms among persons living with or at risk for HIV infection.
6. Describe how your organization intends to conduct community-level interventions for HIV-positive and HIV-negative YMSM (e.g. Mpowerment).

STD Services

1. Describe the current scope of STD testing services at your organization, and how your organization intends to utilize funding to improve access to free STD testing and treatment.

Budget Proposal

January 1, 2018 – December 31, 2018

Firm Fixed Fee	Total Amount
Personnel	
Office Supplies	
Other	
Indirect Costs	
Total	\$

Personnel Costs	Unit	Number of Hours	Amount Requested
Salary/Wages: Name, Position Title/Role	Per Hour		
Employee Benefits: <i>Include medical and fringe rate</i>	Rate (percentage)		
TOTAL Personnel Costs			\$

Justification Narrative:

Supplies	Unit	Number of Units	Amount Requested
	Per month		

Justification Narrative:

Other	Unit	Number of Units	Amount Requested
	Per month		

Justification Narrative:

Indirect Costs	Amount Requested
<p>Can include usual and recognized overhead activities, including rent, utilities, and facility costs. Costs of management oversight of specific programs funded under this title, including program coordination; clerical, financial, and management staff not directly related to client care; program evaluation; liability insurance; audits; and computer hardware/ software not directly related to client care.</p>	

Financial Risk Assessment Questionnaire

Name of Organization:

Name and Title of person completing this form:

1) Please complete the following chart (add lines as needed) or attach your own document detailing your organization's current sources of funding (including Idaho Department of Health and Welfare (IDHW) grants) by providing the funding organization, the program name, the types of funds (i.e. Federal, State, Local, Private, etc.), contract budget amounts and contract periods:

Grantor Organization	Program	Type of Funds	Contract Budget Amount	Contract Period

2) Are you currently seeking any other funds from the IDHW through grant applications, proposal in response to request for proposals, purchase orders, other contracts, or any other financial arrangement? Yes No If yes, please list and explain.

3) Has your organization administered programs similar to your current grant proposal? Yes No If yes, please list and explain.

4) How many years has your organization been in existence?

5) How many total FTE are there in your organization?

6) How many total FTE perform accounting functions within your organization?

7) When is your organization's fiscal year end?

8) Does your organization receive an audit under the Single Audit Act/OMB Circular A-133 (Government Auditing Standards) Yes No If yes, please provide a copy (electronic preferred) of your most recent audit report.

9) Does your organization receive an annual financial statement audit under Generally Accepted Auditing Standards (GAAS)? Yes No If yes, please provide a copy (electronic preferred) of your most recent audit report.

10) Are your organization's financial records maintained in accordance with Generally Accepted Accounting Principles (GAAP)? Yes No

11) How are the financial records maintained to identify the source/revenue and application/expenditure of funds?

12) How are contract funds accounted for separately and allocated in your organizations accounting records?

13) Are accounting records supported by source documentation? Yes No If yes, please provide examples of source documentation that is maintained and retained.

14) What controls are followed to ensure all the following:

- a. the reasonableness of cost;
- b. the allow ability of costs; and
- c. the allocability of costs to a contract?

15) Please describe your organization's overall fiscal controls and structure to sufficiently:

- a) permit the preparation of financial reports required by this contract and preparation of financial statements;
- b) allow the organization's staff, in the normal course of performing their assigned functions, to prevent or detect misstatements in financial reporting or the loss of assets in a timely manner;
- c) allow for accurate, current, and complete disclosure of the financial results of financial activities in accordance with the financial reporting requirements of the contract;
- d) permit the tracing of funds to a level of expenditures adequate to establish that such funds have not been used in violation of the restrictions and prohibitions of applicable statutes, regulations, and contracts; and
- e) maintain and safeguard all organization cash, real and personal property, and other assets.

16) This contract will be on a cost reimbursement basis. What will be your organization's source of cash and how will your organization manage its cash flow between the time costs and incurred and reimbursed?

17) What is the accounting experience and qualifications of the person that oversees maintaining your accounting and financial records? You may provide a copy of this person's resume?

18) Does your organization have employee fidelity bond/insurance coverage for all its employees that handle cash? If so, what is the coverage amount?

19) Does your organization have an active oversight committee/board and are they provided financial reports and information on a regular basis? If so, please elaborate.

20) Does your organization maintain Directors and Officers liability insurance (D&O)? Yes
 No

Signature: _____ Date: _____

9. Application Checklist

A completed application will include these components in the following order:

- Application Face Page
- Table of Contents
- Scope of Work
- Budget Proposal
- Financial Risk Assessment Questionnaire
- W-9 Form

A complete application will include all components listed above. Incomplete application will not be reviewed.