



IDAHO DEPARTMENT OF HEALTH & WELFARE  
**DIVISION OF PUBLIC HEALTH**

**HIV, STD & Hepatitis Section – Subgrant Application**

Community-Based HIV 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.**

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## **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 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 testing and condom distribution. Applicants should have a history of providing free HIV prevention services and be capable of outreach activities in Health Districts 6 and 7. 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 sub grantee that can conduct the following activities during the project period:

- Conduct a minimum of 200 HIV rapid tests (tests provided by HSHS), linking those with reactive results to confirmatory testing within 24 hours. Rapid testing should be conducted using fingerstick blood.
- Conduct agency and event-based testing throughout the year.
- Distribute at least 10,000 free condoms (up to 7,500 provided by HSHS), through community partnerships, to individuals living with or at risk for HIV infection.

### **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 \$10,000.00.

### **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 Pocatello and can conduct the following services:

- HIV testing services: Able to conduct rapid HIV testing, using a variety of testing technology.
- Condom distribution: Established partnerships for increased access to free condoms.

## 6. Application and Submission Information

### a. Application Format Requirements

Applications are limited to eight (8) 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](mailto: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 8-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 8-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 – 4<sup>th</sup> Floor  
P.O. Box 83720  
Boise, ID 83720-0036  
(208) 334-5943  
[kevin.brinegar@dhw.idaho.gov](mailto: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 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*

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**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)

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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.

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.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title:

(This page is not included in the application 8-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 conducting services associated with this subgrant, 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 intends to increase availability of condoms among persons living with or at risk for HIV infection.

Budget Proposal

**January 1, 2018 – December 31, 2018**

<b>Firm Fixed Fee</b>	<b>Total Amount</b>
Personnel	
Office Supplies	
Other	
Indirect Costs	
<b>Total</b>	<b>\$</b>

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

**Justification Narrative:**

<b>Supplies</b>	<b>Unit</b>	<b>Number of Units</b>	<b>Amount Requested</b>
	Per month		

**Justification Narrative:**

<b>Other</b>	<b>Unit</b>	<b>Number of Units</b>	<b>Amount Requested</b>
	Per month		

**Justification Narrative:**

<b>Indirect Costs</b>	<b>Amount Requested</b>
<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:

<b>Grantor Organization</b>	<b>Program</b>	<b>Type of Funds</b>	<b>Contract Budget Amount</b>	<b>Contract Period</b>

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.