

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 99096]

Cooperative Agreements for Human Immunodeficiency Virus Prevention Projects for African American Faith-based Organizations; Notice of Availability of Funds

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year (FY) 1999 funds for cooperative agreements to support comprehensive HIV/AIDS education and prevention programs within African American faith, religious, and spiritual communities in three categories:

Category I—Community-Based HIV Prevention Services, to support faith, spiritual, and religious-based community-based organizations (faith-based CBOs) to develop and implement effective community-based HIV prevention programs for African Americans;

Category II—Capacity Building Assistance Program, to support nongovernmental minority organizations (including faith-based organizations) to develop and implement regionally structured and focused capacity building assistance for CDC-funded and other faith-based CBOs providing HIV prevention services to African Americans and for African American faith community leaders and other African American community stakeholders; and

Category III—Curriculum Development and Training Program, to support the development and implementation of a comprehensive HIV and substance abuse prevention curriculum and training program for use by Divinity Schools associated with Historically Black Colleges and Universities (HBCU's), other theological schools, and other faith leader training venues.

This program addresses the "Healthy People 2000" priority areas for Educational and Community-Based Programs, Human Immuno-deficiency Virus (HIV) Infection, and Sexually Transmitted Diseases (STDs).

1. The goals for Category I (Community-Based HIV Prevention Services) are to:

a. Provide financial and technical assistance to faith-based CBOs so they can provide HIV prevention services to African American populations for

which gaps in services are demonstrated;

b. Support HIV prevention programs that are consistent with the HIV prevention priorities outlined in the jurisdiction's comprehensive HIV prevention plan or adequately justify addressing other priorities; and

c. Promote collaboration and coordination of HIV prevention efforts among faith-based CBOs; HIV prevention community planning groups; and other local, State, Federally, and privately funded programs.

2. The goals for Category II (Capacity Building Assistance Program) are to:

a. Improve the capacity of CDC-funded and other faith-based CBOs serving African Americans to mobilize their communities to increase their awareness, leadership, participation and support for HIV prevention;

b. Enhance the capacity of CDC-funded and other faith-based CBOs serving African Americans to effectively participate in, and improve the responsiveness of the HIV prevention community planning process to the HIV prevention needs of African Americans; and

c. Enhance the capacity of African American faith community leaders to provide leadership and support for HIV prevention.

3. The goals for Category III (Curriculum Development and Training Program) are to:

a. Provide comprehensive HIV and substance abuse prevention education for faith-leaders using a core instructional curriculum that can be easily adapted and modified to meet the needs of diverse faith traditions;

b. Promote leadership and support for HIV and substance abuse prevention among faith leaders serving disproportionately affected African American populations; and

c. Engage faith leaders in identifying ways to provide effective HIV and substance abuse prevention information and services to disproportionately affected African American populations within their congregations and outreach ministries.

Refer to Section P, "Where to Obtain Additional Information", for dates and times of audio-conferences.

B. Eligible Applicants

Note: Applicants may apply for more than one category, if eligible; however, a separate application must be submitted for each category.

1. Category I—Community-Based HIV Prevention Services

Eligible applicants for Category I are faith-based CBOs that provide services

to African Americans and meet the following criteria (also see proof of eligibility under Section E.

Application Content—Attachments):

a. Have a faith, spiritual, or religious focus or constituency, and have access to local faith, spiritual, and religious leaders and communities. Examples of faith-based CBOs include (1) individual churches, mosques, temples, or other places of worship; (2) a network or coalition of churches, mosques, temples, or other places of worship; or (3) a CBO whose primary constituents are faith, spiritual, or religious community organizations or leaders.

b. Have been granted tax-exempt status under section 501(c)(3), as evidenced by an Internal Revenue Service (IRS) determination letter.

c. Have a board or governing body composed of greater than 50 percent African Americans.

d. African Americans must serve in greater than 50 percent of key positions in the organization, including management, supervisory, administrative, and service provision positions (for example, executive director, program director, fiscal director, outreach worker, prevention case manager, counselor, group facilitator, or trainer).

e. Documentation of an established record of services to the target population is required. An established record is defined as a minimum of two years serving the target population.

f. Two or more African American faith-based CBOs may apply as a collaborative partnership. In a collaborative contractual partnership, one CBO must be the legal applicant and will function as the lead organization in the collaboration. The lead organization must meet criteria a–e specified above and the collaborating CBO(s) must meet criteria as specified above.

Note: A Faith-based CBO can only submit one application under this category; that is, it may apply as an individual organization or as part of a collaboration, but not both.

g. Local affiliates, chapters, or programs of national and regional organizations are eligible to apply. In this case, the local affiliate, chapter, or program applying must meet criteria a–f, above.

h. Governmental or municipal agencies, their affiliate organizations or agencies (e.g., health departments, school boards, public hospitals), and private or public universities and colleges are not eligible for funding under this category.

i. CBOs currently funded under Program Announcement 704, titled,

"Community-Based Human Immunodeficiency Virus (HIV) Prevention Projects," are not eligible to apply.

2. Category II—Capacity Building Assistance Program

The Capacity Building Assistance Program (Category II) will serve four regional groups as follows:

Northeast Region: CT, MA, ME, NH, NJ, NY, PA, RI, VT, PR, U.S. Virgin Islands

Midwest Region: IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, WI

South Region: AL, AR, D.C., DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV

West Region: AK, AZ, CA, CO, HI, ID, MT, NV, NM, OR, UT, WA, WY

Eligible applicants for Category II are:

(1) A national minority organization, including faith-based organizations, serving up to four regions either independently or as the lead agency within a coalition; or (2) a regional minority organization, including faith-based organizations, serving at least one region either independently or as the lead agency within a coalition; or (3) a local minority organization, including faith-based organizations, as the lead agency within a coalition serving one region. A coalition may consist of any combination of national, regional or local minority organizations.

For the purpose of this program announcement, a national or regional faith-based organization is a nonprofit organization (1) whose constituency includes faith, spiritual, or religious communities, organizations, or leaders and (2) which has a formal or informal network of affiliates, constituent organizations, or offices distributed nationally or regionally and involving multiple states.

The lead agency must be the legal applicant and all applicants must meet the following criteria:

a. Have a copy of a currently valid IRS Determination letter stating that the organization is a 501(c)(3).

b. Have a documented and established 3-year record of service to community-based organizations serving African Americans and to African American population(s). Acceptable documentation includes letters of support, agency annual reports, client satisfaction survey summaries, and memoranda of agreement.

c. Have a board or governing body composed of greater than 50 percent African Americans.

d. Have greater than 50 percent of key positions in the applicant organization, including management, supervisory,

administrative, and service positions filled by African Americans (for example, executive director, program director, fiscal director, trainer, technical assistance provider, curricula development specialist, or group facilitator).

e. Local affiliates, chapters, or programs of national and regional organizations are eligible. In this case, the local affiliate, chapter, or program applying must meet criteria a—d, above.

f. Organizations currently funded under CDC Program Announcement #98043 (National Partnerships for Human Immunodeficiency Virus) are eligible to apply; however, awards to these currently funded organizations will not exceed \$100,000 and no more than one such award will be made in this category.

g. Governmental or municipal agencies, their affiliate organizations or agencies (e.g., health departments, school boards, public hospitals), and private or public universities and colleges are not eligible for funding under this category.

Note: An organization may submit only one application under this category; that is, it may apply as an individual organization or as part of a coalition, but not both.

3. Category III—Curriculum Development and Training Program

Eligible applicants under this category:

a. Must be a Theological or Divinity School associated with a Historically Black College or University. These Theological or Divinity Schools include Hood, Howard, Interdenominational Theological Center, Payne, Shaw, and Virginia Union.

b. Must have a documented and established 2-year record of promoting leadership and support for health-based programs, including HIV prevention or substance abuse prevention programs, within African American populations disproportionately affected by HIV/AIDS.

4. Categories I, II, and III

Note: Public Law 104-65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant, cooperative agreement, contract, loan or any other form.

C. Availability of Funds

Awards will be made in three categories: (I) Community-based HIV Prevention Services; (II) Capacity Building Assistance Program; and (III) Curriculum Development and Training Program. Applicants may apply for more than one category if eligible;

however, separate applications must be submitted for each category.

1. Category I—Community-Based HIV Prevention Services

Approximately \$600,000 is available in FY 1999 to fund up to four awards. It is expected that awards will begin on or about September 30, 1999 and will be made for a 12-month budget period within a project period of up to 4 years. It is expected that the average award will be approximately \$200,000, ranging from \$150,000 to \$250,000.

Applications requesting more than \$250,000, including indirect costs, will be deemed ineligible.

Note: Funds to support CBOs to provide HIV prevention services are also available under Program Announcement 99092—Community Based Human Immunodeficiency Virus (HIV) Prevention Projects for African Americans, Program Announcement 99091—Community-Based HIV Prevention Services and Capacity Building Assistance to Organizations Serving Gay Men of Color at Risk for HIV Infection, and Program Announcement 99047—Human Immunodeficiency Virus Community Based Prevention Projects for the Commonwealth of Puerto Rico and the United States Virgin Islands. Eligible organizations may apply for and receive funding under more than one of these announcements; however, the total combined funding provided to any organization under these four new announcements will not exceed \$300,000.

2. Category II—Capacity Building Assistance Program

Approximately \$600,000 is available in FY 1999 to fund up to three awards. It is expected that awards will begin on or about September 30, 1999 and will be made for a 12-month budget period within a project period of up to 4 years. It is expected that the average award will be approximately \$200,000, ranging from \$100,000 to \$600,000.

Applications requesting more than \$600,000, including indirect costs, will be deemed ineligible.

3. Category III—Curriculum Development and Training Program

Approximately \$300,000 is available in FY 1999 to fund one Divinity School associated with a Historically Black College or University. It is expected that awards will begin on or about September 30, 1999, and will be made for a 12-month budget period within a project period of up to 4 years. Applications requesting more than \$300,000, including indirect costs, will be deemed ineligible.

4. Categories I, II, and III

Funding estimates may change based on the availability of funds. Continuation awards within an

approved project period will be made on the basis of availability of funds and the applicant's satisfactory progress toward achieving objectives. Satisfactory progress toward achieving objectives will be determined by progress reports submitted by the recipient and site visits conducted by CDC representatives. Proof of continued eligibility is required with noncompeting continuation applications.

Use of Funds

1. Category I—Community-Based HIV Prevention Services

Funds provided under this category shall support activities directly related to primary HIV prevention. However, intervention activities which involve preventing other STDs or substance abuse as a means of reducing or eliminating the risk of HIV transmission may also be supported.

2. Category II—Capacity Building Assistance Program

Funds provided under this category shall support assistance that increases the capacity of faith-based CBOs to expand and sustain effective HIV prevention activities for African Americans whose behavior places them at high risk for HIV.

Note: If indirect costs are requested, you must provide a copy of your organization's current negotiated indirect rate agreement. In the absence of an indirect cost rate agreement, the recipient may request, with detailed justification, a maximum of ten percent for the executive director. If the organization has an indirect rate that includes the executive director's salary, no additional funds will be provided. Funds will not be provided for the salary of an executive director that is also a member of the organization's Board of Directors.

3. Category III—Curriculum Development and Training Program

Funds provided under this category shall support the development, implementation, and evaluation of a comprehensive HIV and substance abuse prevention curriculum and training program. The curriculum shall be adaptable and contain modules or units easily modified to meet the education and training needs of diverse faith traditions.

The curriculum and training program shall be developed for use by Divinity Schools associated with Historically Black Colleges and Universities, other theological schools, and other faith leader training venues and settings. Faith leaders and members of affected populations shall be afforded the opportunity to provide input into its

development through needs assessments, surveys, focus groups, and other appropriate mechanisms.

4. Categories I, II, and III

Applicants are encouraged to develop coalitions and may contract with other organizations under these cooperative agreements; however, applicants must perform a substantial portion of the activities (including program management and operations and delivery of services) for which funds are requested. Applications requesting funds to support only administrative and managerial functions will not be accepted.

No funds will be provided for direct patient medical care (including substance abuse treatment, medical treatment, or medications) or research.

These funds may not be used to supplant or duplicate existing funding. Funds awarded should be used to enhance or expand existing activities.

Funding Priorities

1. Category I—Community-Based HIV Prevention Services

In making awards under Category I—Community-Based HIV Prevention Services, priority for funding will be given to ensuring a geographical distribution of faith-based CBO awards based on AIDS morbidity among African Americans.

2. Category II—Capacity Building Assistance Program

In making awards under Category II (Capacity Building Assistance Program), priority for funding will be given to: Ensuring that funding for capacity building assistance is distributed in proportion to the disease burden for African American populations in each region.

3. Category III—Curriculum Development and Training Program

In making awards under Category III (Curriculum Development and Training Program), priority for funding will be given to ensuring provision of a comprehensive curriculum and training program to faith leaders serving African American communities in the metropolitan statistical areas (MSAs) with more than 1000 prevalent AIDS cases in African Americans in 1997.

Interested persons are invited to comment on the proposed funding priorities for Categories I, II, and III. All comments received within 30 days after publication in the **Federal Register** will be considered before the final funding priorities are established. If the funding priorities change because of comments received, a revised announcement will

be published in the **Federal Register**, and revised applications will be accepted before the final selections are made. Address comments to: Julia Valentine, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146.

D. Program Requirements—Category I—Community-Based HIV Prevention Services

HIV prevention interventions are specific activities (or set of related activities) using a common method of delivering the prevention messages to reach persons at risk of becoming HIV-infected or, if already infected, of transmitting the virus to others. The goal of HIV prevention interventions is to bring about HIV risk reduction in a particular population.

In order to maximize the effective use of CDC funds, each applicant must conduct at least one of the following priority HIV prevention interventions: (1) HIV Counseling, Testing and Referral Services; (2) Individual Level Interventions; (3) Group Level Interventions; (4) Community Level Interventions; and (5) Street and Community Outreach. A brief description of these priority interventions is provided in Attachment 1. Also, please reference the materials included in the tool kit for additional information about these interventions. The tool kit will be sent with the application packet upon request.

Although activities may overlap from one type of intervention to another (e.g., individual or group level interventions may be a part of a community-level intervention), each applicant must indicate which one of the five interventions is the primary focus.

Because of the resources, special expertise, and organizational capacities needed for success, applicants should carefully consider the feasibility of undertaking more than two of the priority interventions listed. Recipients proposing to conduct more than two of these priority prevention interventions must demonstrate the capacity to implement them effectively.

In conducting activities to achieve the purposes of this program, the recipient will be responsible for the activities under number 1. (Recipient Activities) and CDC will be responsible for activities under number 2. (CDC Activities) below.

1. Recipient Activities:

a. Use epidemiologic data, needs assessments, and prioritization of

groups and interventions to design program activities.

b. Develop program activities which are consistent with applicable State and local comprehensive HIV prevention plans or adequately justify addressing other priorities.

c. Provide or assist high risk clients in gaining access to HIV counseling, testing, and referral for other needed services.

d. Conduct health education and risk reduction interventions for persons at high risk of becoming infected or transmitting HIV to others.

e. Assist HIV-positive persons in gaining access to appropriate HIV treatment and other early medical care, substance abuse prevention services, STD screening and treatment, reproductive and perinatal health services, partner counseling and referral services, psychosocial support, mental health services, TB prevention and treatment, primary HIV prevention such as health education and risk reduction services, and other supportive services. High-risk clients who test negative should be referred to appropriate health education and risk reduction services and other appropriate prevention and treatment services.

f. Ensure adequate protection of client confidentiality.

g. Coordinate and collaborate with health departments, community planning groups, and other organizations and agencies involved in HIV prevention activities, especially those serving the target population.

h. Participate in the HIV prevention community planning process. Participation may include involvement in workshops; attending meetings; if nominated and selected, serving as a member of the group; reporting on program activities; or reviewing and commenting on plans.

i. Incorporate cultural competency and linguistic and developmental appropriateness into all program activities and prevention messages.

j. Coordinate program activities with relevant national, regional, State, and local HIV prevention programs to prevent duplication of efforts.

k. Monitor and evaluate major program and intervention activities and services supported with CDC HIV prevention funds under this cooperative agreement. This should include assessing client satisfaction periodically via quantitative (e.g., periodic surveys) and qualitative methods (e.g., focus groups).

l. Compile "lessons learned" from the project and facilitate the dissemination of "lessons learned" and successful prevention interventions and program

models to other organizations and CDC through peer-to-peer interactions, meetings, workshops, conferences, internet, communications with project officers, and other capacity building and technology transfer mechanisms.

m. Work with CDC-funded capacity building assistance programs to meet your and other organizations' capacity building needs.

n. Develop and implement a plan for obtaining additional resources from non-CDC sources to supplement the program conducted through this cooperative agreement and to enhance the likelihood of its continuation after the end of the project period.

o. Adhere to CDC policies for securing approval for CDC sponsorship of conferences.

p. Before using funds awarded through this cooperative agreement to develop HIV prevention materials, recipients must check with the CDC National Prevention Information Network (NPIN) to determine if suitable materials are already available. Also, materials developed by recipients must be made available for dissemination through the CDC NPIN.

CDC's National Prevention Information Network (NPIN) maintains a collection of HIV, STD and TB resources for use by organizations and the public. Successful applicants may be contacted by NPIN to obtain information on program resources for use in referrals and resource directories. Also, grantees should send three copies of all educational materials and resources developed under this grant for inclusion in NPIN's databases.

NPIN also makes available information and technical assistance services for use in program planning and evaluation. For further information on NPIN services and resources, contact NPIN at 1-800-458-5231 (TTY users: 1-800-243-7012). NPIN's web site is www.cdcpin.org; the fax number is 1-888-282-7681.

2. CDC Activities:

a. Coordinate a national capacity building and technology transfer network.

b. Provide consultation and technical assistance in planning, implementing, and evaluating prevention activities. CDC may provide consultation and technical assistance both directly and indirectly through prevention partners such as State health departments, national and regional minority organizations (NRMOS), contractors, and other national organizations.

c. Provide up-to-date scientific information on risk factors for HIV infection, prevention measures, and

program strategies for prevention of HIV infection.

d. Assist in the design and implementation of program evaluation activities, including provision of evaluation forms, if appropriate.

e. Assist recipients in collaborating with State and local health departments, community planning groups, and other federally supported HIV/AIDS recipients.

f. Facilitate the transfer of successful prevention interventions, program models, and "lessons learned" through convening meetings of grantees, workshops, conferences, newsletters, use of the internet, and communications with project officers. Also facilitate exchange of program information and technical assistance among community organizations, health departments, and national and regional organizations.

g. Monitor the recipient's performance of program activities, protection of client confidentiality, and compliance with other requirements.

h. Conduct an overall evaluation of this cooperative agreement program.

E. Application Content—Category I—Community-Based HIV Prevention Services

Use the information in the Program Requirements, Other Requirements, and Application Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. The narrative should be no more than 50 pages (not including the budget or attachments).

Number each page sequentially, and provide a complete Table of Contents to the application and its appendices. Please begin each separate section of the application on a new page. The original and each copy of the application set must be submitted unstapled and unbound. All material must be typewritten, single spaced, with unredacted 12 point or 10 pitch font on 8½" by 11" paper, with at least 1" margins, headings and footers, and printed on one side only. Materials which should be part of the basic narrative will not be accepted if placed in the appendices.

Note: Applicants may apply for more than one category, if eligible; however, a separate application must be submitted for each category.

In developing the application, you must follow the format and instructions below:

Format For Category I—Community-Based HIV Prevention Services

1. Abstract

2. Assessment of Need and Justification for Proposed Activities
3. Long-term Goals
4. Organizational History and Capacity
5. Program Plan
6. Program Evaluation Plan
7. Communications and Dissemination Plan
8. Plan for Acquiring Additional Resources
9. Budget and Staffing Breakdown and Justification
10. Attachments

Instructions For Category I—Community-Based HIV Prevention Services

1. Abstract (not to exceed 3 pages): summarize which intervention category of the five priority HIV prevention interventions—(1) HIV Counseling, Testing, and Referral Services; (2) Individual Level Interventions; (3) Group Level Interventions; (4) Community Level Interventions; and (5) Street and Community Outreach—you intend to implement and your proposed intervention activities. Include the following:

- a. brief summary of the need for the proposed activities;
- b. long-term goals;
- c. brief summary of proposed plan of operation, including the population(s) to be served, activities to be undertaken, and services to be provided; and
- d. brief summary of plans for evaluating the activities of this project.

2. Assessment of Need and Justification for Proposed Activities (not to exceed 5 pages):

- a. Describe the population(s) for which your proposed intervention(s) will provide services.
- b. Describe the impact of the AIDS epidemic on the priority population and their community and any specific environmental, social, cultural, or linguistic characteristics of the priority populations which you have considered and addressed in developing prevention strategies, such as:

- (1) HIV prevalence and incidence (if available), reported AIDS cases, and the proportion that engages in specific risk behaviors (sexual behaviors, substance use, etc.) in the target population;
- (2) HIV/AIDS-related baseline knowledge, attitudes, beliefs, and behaviors;

- (3) Patterns of substance use and rates of STDs and tuberculosis (TB); and (4) Other relevant information. (Specify)

- c. Identify the need that will be addressed by your proposed intervention(s), and describe how you assessed the need. Include epidemiologic and other data that were used to identify the need. Include a

description of existing HIV prevention and risk-reduction efforts provided by other organizations to address the needs of the target population(s), and an analysis of the gap between the identified need and the resources currently available to address the need (i.e., How will the proposed intervention(s) address an important unmet HIV prevention need?).

- d. Describe the specific behaviors and practices that the proposed intervention(s) is designed to promote and prevent (e.g., increases in correct and consistent condom use, knowledge of serological status, not sharing needles, and enrollment in drug treatment and other preventive programs).

- e. Describe how your proposed intervention(s) complements the HIV prevention priority populations and interventions identified in the applicable State or local comprehensive HIV prevention plan(s). If the comprehensive HIV prevention plan does not prioritize the needs that you have identified, justify the need and the priority of your proposed intervention activities and summarize how the activities address prevention gaps and complement ongoing prevention efforts. State why the funds being applied for in this application are necessary to address the need. A list of the names and telephone numbers of State health department contacts from whom you may obtain a copy of the jurisdiction's comprehensive HIV prevention plan is provided with the application kit;

- f. Explain any specific barriers to the implementation of your proposed intervention(s) and how you will overcome these barriers.

3. Long-term Goals (not to exceed 1 page): Describe the broad HIV prevention goals that your proposed intervention(s) aims to achieve by the end of the project period (four years).

4. Organizational History and Capacity (not to exceed 10 pages): Describe the following:

- a. Organizational structure, including the role, responsibilities, and racial/ethnic composition of board of directors; committee structure of board of directors; organizational management, administrative and program components; constituent or affiliate organizations or networks; how the organizational structure will support the proposed intervention activities; and how the structure offers the capacity to reach targeted populations. Describe how the organizational structure includes, or has the ability to obtain meaningful input and representation from, members of the target population(s) (for example, gay,

bisexual, and transgender populations, youth at risk, HIV-positive individuals, substance abusers).

- b. Past and current experience in developing and implementing effective HIV prevention strategies and activities, and in developing and implementing interventions similar to the one(s) proposed in this application.

- c. The process in your organization for making major programmatic decisions.

- d. Mechanisms used by your organization to monitor program implementation and quality assurance.

- e. Experience in working or collaborating with governmental and non-governmental organizations, including State and local health departments, local and State non-governmental organizations, national agencies or organizations, community planning groups, and other groups that provide HIV prevention services.

- f. Capacity to provide the proposed interventions in a manner that is culturally competent and linguistically and developmentally appropriate, and which responds effectively to the gender, environmental, and social characteristics of the target populations.

- g. For any of the above areas in which you do not have direct experience or current capacity, describe how you will ensure that your organization will gain capacity (e.g., through staff development, collaboration with other organizations, or a subcontract).

5. Program Plan (not to exceed 20 pages): Use this section to describe the specific characteristics of your proposed intervention(s).

- a. Involvement of the target population: Describe how the target population is, or will be, involved in planning, implementing, and evaluating activities and services throughout the project period.

- b. Intervention Objectives: Develop process objectives that are specific, measurable, appropriate, realistic, and time-based. Process objectives focus on the projected amount, frequency, and duration of the intervention activities and the number and characteristics of the target population to be served. If applicable, describe how the objectives are related to the prevention priorities outlined in the jurisdiction's comprehensive HIV prevention plan. Describe potential barriers to or facilitators for reaching these objectives.

- c. Plan of Operation:

- (1) Describe the specific activities to be conducted or services to be provided to accomplish the objectives and where these activities or services will take place. Make certain that your proposal addresses all required activities. The

following four HERR interventions will be funded: Individual level (including prevention case management [PCM]), group level, community level interventions, and street and community outreach. Each recipient must conduct at least one of these interventions. Applicants should not apply for more interventions than they can conduct effectively.

(2) Describe your mechanisms for soliciting clients into the program and obtaining informed consent.

(3) Describe your staffing plan and the responsibilities each staff position will have in conducting the proposed activities. Describe how the proposed program will be managed, including the location of the program within your organization.

(4) Describe the potential for volunteer involvement in your program. If volunteers will be involved, describe plans to recruit, train, place, and retain volunteers.

(5) Describe how you will market and promote your program in the community.

(6) Describe how you will prioritize the program activities to place emphasis on populations or communities that are at high risk for HIV infection.

d. Appropriateness of Interventions: Describe mechanisms that will be used to ensure client satisfaction. Describe how you will ensure that the proposed interventions and services are culturally competent; sensitive to issues of sexual orientation; developmentally, educationally, and linguistically appropriate; and targeted to the needs of the target populations.

e. Scientific, Theoretical, Conceptual, or Program Experience Foundation for Proposed Activities:

Provide a detailed description of the program experience or scientific, theoretical, or conceptual foundation on which the proposed activities are based and which support the potential effectiveness of these activities for addressing the stated needs.

f. Collaborations, Linkages, and Coordination:

(1) Describe any formal collaborations with State or local health departments, community planning groups, and other appropriate service groups or organizations that will be used in the development and implementation of your program. Describe the respective roles and responsibilities of each collaborating entity in developing and implementing the program.

(2) Specify any and all organizations and agencies with which you will establish linkages and coordinate activities, and describe the activities that will be coordinated with each listed

organization. These may include, as appropriate, the following:

(a) Community groups and organizations, including churches and religious groups;

(b) HIV/AIDS service organizations;

(c) Ryan White CARE Title I and Title II planning bodies;

(d) Schools, boards of education, and other State or local education agencies;

(e) State and local substance abuse agencies, community-based and other drug treatment or detoxification programs;

(f) Federally funded community projects, such as those funded by the Substance Abuse and Mental Health Services Administrations' (SAMHSA) Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP), the Health and Human Services' Health Resource Services Administration (HRSA), Office of Minority Health (OMH), and other Federal entities;

(g) Providers of services to youth in high risk situations (e.g., youth in shelters);

(h) State or local departments of mental health;

(i) Juvenile and adult criminal justice, correctional, or parole systems and programs;

(j) Family planning and women's health agencies; and

(k) STD and TB clinics and programs.

(3) Describe how referrals to other service providers will be initiated. g. Provide a timeline that identifies major implementation steps and assigns approximate dates for the inception and completion of each.

6. Quality Assurance and Program Evaluation Plan (not to exceed 5 pages): The plan should describe when and how evaluation activities will be implemented. At a minimum, the plan should outline strategies for implementing process evaluation of interventions to determine if the process objectives are being achieved. Indicate which member(s) of the staff will be responsible for implementing the evaluation plan.

Your process evaluation plan should include the following:

a. A list of resources available to the organization to carry out process evaluation (e.g., provider staff, health department staff, data experts to design a system for managing information about proposed interventions, evaluation consultants, NRMOS).

b. A list of who will be involved in implementing the evaluation and identify their roles. Describe who will collect, report, enter, and analyze data.

c. A description of the data that will be collected. To assure valid data are

collected, established instruments should be used when feasible.

Established instruments include those that have been either science-based or previously administered in effective HIV prevention interventions. In addition, data sources should be verifiable through appropriate documentation (such as storing original data for the duration of the cooperative agreement). Examples of data that could be collected include:

(1) Detailed information on the specific intervention service(s).

(2) The number of persons who received the service(s) by (a) risk categories (MSM, IDU, etc.) and (b) demographics, such as age, race and ethnicity, gender, and if appropriate and available, sexual orientation.

(3) When and how often the intervention service was provided.

(4) Where the intervention service was provided (e.g., CTRPN site, STD clinic, street corner, housing project).

(5) Documents referral systems, including the number of persons referred; how you intend to determine the success of referral systems (e.g., the number actually receiving services by referral sites); and how well the system functions in identifying referral services.

(6) Describe client satisfaction with HIV prevention intervention services.

d. Discuss how data will be collected, managed, and monitored over time.

Address ways to collect, report, enter, and analyze data as well as how you would use data for program improvement. Describe how often data will be collected. Discuss how data security will be maintained and client confidentiality assured.

e. Discuss how you will assess the performance of staff to ensure that they are providing information and services accurately and effectively.

Because of the additional cost and need for scientific support beyond the scope of these cooperative agreements, you may not be able to conduct outcome evaluations (i.e., long-term effects of the program in terms of changes in behavior or health status, such as changes in HIV incidence after the intervention) with funds provided through this cooperative agreement. CDC will continue to support special projects to evaluate the behavioral and other outcomes of interventions commonly used by CBOs and other organizations, and disseminate information and lessons learned from this research to CBOs, health departments, community planning groups, and other organizations and agencies involved in HIV prevention programs.

7. Communications and Dissemination Plan (not to exceed 2 pages): Describe how you will share successful approaches and "lessons learned" with other organizations.

8. Plan for Acquiring Additional Resources (not to exceed 2 page): Describe how you will develop and implement a plan for obtaining additional resources from other (non-CDC) sources to supplement the program conducted through this cooperative agreement and to increase the likelihood of its continuation after the end of the project period.

9. Budget/Staffing Breakdown and Justification (not scored)

a. Detailed Budget: Provide a detailed, separate budget for each intervention proposed (i.e., CTR, individual level, group level, community level, or street and community outreach), with accompanying justification of all operating expenses that is consistent with the stated objectives and planned priority activities. CDC may not approve or fund all proposed activities. Be precise about the program purpose of each budget item and itemize calculations wherever appropriate.

For contracts, applicants should name the contractor, if known; describe the services to be performed which justifies the use of a contractor; provide a breakdown of and justification for the estimated costs of the contracts; the period of performance; the method of selection; and method of monitoring the contract.

Note: If indirect costs are requested, you must provide a copy of your organization's current negotiated Federal indirect cost rate agreement.

b. Staffing Plan: Provide a job description for each position specifying job title; function, general duties, and activities; salary range or rate of pay; and the level of effort and percentage of time spent on activities funded through this cooperative agreement. If the identity of any key personnel who will fill a position is known, her/his name and resume should be attached. Experience and training related to the proposed project should be noted. If the identity of staff is not known, describe your recruitment plan. If volunteers are involved in the project provide job descriptions.

10. Attachments:

a. Proof of Eligibility

Each applicant must provide documentation that they comply with all eligibility requirements specified under the "Eligible Applicants" section of this program announcement. Applicants should provide a separate section within this Attachments section

that is entitled Proof of Eligibility to include the documents listed below. Failure to provide the required documentation will result in disqualification.

(1) A reference to your organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code, i.e., IRS determination letter.

(2) A list of the members of your organization's governing body along with their positions on the board, their expertise in working with or providing services to the proposed target population, and their racial/ethnic backgrounds. (Submission of information regarding the HIV status or other confidential information regarding the board is optional, and must not be linked to a specific individual.)

(3) Documentation that your organization is located and provides services in the geographical area to be served. This documentation could include letters of support, news articles, brochures or flyers, annual reports, memoranda of agreement, or client surveys.

(4) A Table of Organization of existing and proposed staff, including the board of directors, volunteer staff, and their racial/ethnic backgrounds.

(5) Documentation that your organization has an established record of providing services to the target population for at least two years, and a description of the specific services that have been provided.

(6) Affiliates, chapters, or programs of national or regional organizations must include with the application an original, signed letter from the national or regional organization's chief executive officer assuring their understanding of the intent of this program announcement and the responsibilities of recipients.

(7) A separate sheet of paper stating if your organization is currently funded under CDC Program Announcement 704, Community Based HIV Prevention Projects.

b. Other Attachments

(1) A list of all collaborating or coordinating entities and memoranda of understanding or agreement as evidence of these established or agreed-upon collaborative or coordinating relationships. Memoranda of agreement should specifically describe the proposed collaborative activities.

Evidence of continuing collaboration must be submitted each year to ensure that the collaborative relationships are still in place. Memoranda of agreement from health departments should include

a statement that they have reviewed your application for these funds.

(2) A list of major community resources and health care providers to which referrals will be made;

(3) Protocols to guide and document training, activities, services, and referrals (e.g., applicants seeking funds for Street and Community Outreach Interventions must provide a description of the policies and procedures that will be followed to assure the safety of outreach staff).

(4) Samples of data collection tools that will be used in performing, monitoring, or evaluating program activities, if available.

(5) Training and Technical Assistance Plan which describes areas in which you anticipate needing technical assistance in designing, implementing, and evaluating your program and discuss how you will obtain needed technical assistance. Also, describe anticipated staff training needs related to the proposed program and how these needs will be met. Describe your plan for providing ongoing training to ensure that staff are knowledgeable about HIV and STD risks and prevention measures. This information will assist CDC to better address your needs and help you to identify technical assistance and training providers.

(6) A description of funds received from any source to conduct HIV/AIDS programs and other similar programs targeting the population proposed in the program plan. This summary must include: (1) the name of the sponsoring organization/source of income, amount of funding, a description of how the funds have been used, and the budget period; (2) a summary of the objectives and activities of the funded program(s); and (3) an assurance that the funds being requested will not duplicate or supplant funds received from any other Federal or non-Federal source. CDC awarded funds can be used to expand or enhance services supported with other Federal or non-Federal funds. In addition, identify proposed personnel devoted to this project who are supported by other funding sources and the activities they are supporting.

(7) Independent audit statements from a certified public accountant for the previous 2 years.

(8) A copy of your organization's current negotiated Federal indirect cost rate agreement, if applicable.

Note: Materials submitted as attachments should be printed on one side of 8½" x 11" paper. Please do not attach bound materials such as booklets or pamphlets. Rather, submit copies of the materials printed on one side of 8½" x 11" paper. Bound materials may not be reviewed.

F. Evaluation Criteria—Category I—Community-Based HIV Prevention Services

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC.

1. Abstract (not scored)
2. Assessment of Need and Justification for the Proposed Activities (15 points)

a. The extent to which the applicant soundly and convincingly documents a substantial need for the proposed program and activities; and the degree to which the proposed activities are consistent with the Recipient Activities described in the Program Requirements Section. (5 points)

b. The degree to which the applicant describes the specific behaviors and practices that the interventions are designed to promote and prevent (i.e., increases in correct and consistent condom use, knowledge of serological status, not sharing needles, and enrollment in drug treatment and other preventive programs). (5 points)

c. The quality of the applicant's plan to ensure consistency with the State and local comprehensive HIV prevention plans and, if applicable, the adequacy with which the applicant demonstrates the rationale for deviating from the jurisdiction's comprehensive HIV prevention plan. (5 points)

3. Long-term Goals (5 points) The quality of the applicant's stated goals and the extent to which they are consistent with the purpose of this cooperative agreement, as described in this program announcement.

4. Organizational History and Capacity (15 points) The extent of the applicant's documented experience, capacity, and ability to address the identified needs and implement the proposed activities, including:

a. How the applicant's organizational structure and planned collaborations (including constituent or affiliated organizations or networks) will support the proposed program activities, and how the proposed program will have the capacity to reach targeted populations; (3 points)

b. Applicant's past and current experience in developing and implementing effective HIV prevention strategies and activities, and in developing and implementing programs similar to those proposed in this application; (3 points)

c. Applicant's experience and ability in collaborating with governmental and non-governmental organizations, including other national agencies or organizations, State and local health

departments, community planning groups, and State and local non-governmental organizations that provide HIV prevention services; (3 points)

d. Applicant's capacity to obtain meaningful input and representation from members of the target population(s) and to provide culturally competent and appropriate services which respond effectively to the cultural, gender, environmental, social, and multilingual character of the target audiences, including documentation of any history of providing such services; (3 points) and

e. Plans to ensure capacity to implement proposed program where no direct experience or capacity currently exists within the applicant organization. (3 points)

5. Program Plan (45 total points)

a. Involvement of the target population (5 points) The degree to which the applicant describes the involvement of the target population in planning, implementing, and evaluating activities and services throughout the project period.

b. Intervention Objectives (5 points) Degree to which the proposed process objectives are specific, measurable, appropriate, realistic, and time-based, related to the proposed activities, and consistent with the program's long-term goals; and the extent to which the applicant identifies possible barriers to or facilitators for reaching these objectives.

c. Plan of Operation (15 points) The quality of the applicant's plan for conducting program activities, and the potential effectiveness of the proposed activities in meeting objectives.

d. Appropriateness of Interventions (5 points) The degree to which the applicant describes how the proposed priority interventions and services are culturally competent, sensitive to issues of sexual orientation, developmentally appropriate, linguistically-specific, and educationally appropriate.

e. Scientific, Theoretical, Conceptual, or Program Experience Foundation for Proposed Activities (5 points) The degree to which the applicant provides a detailed description of the scientific, theoretical, conceptual, or program experience foundation on which the proposed activities are based and which support the potential effectiveness of these activities for addressing the stated need.

f. Collaborations, Linkages, and Coordination (5 points) Appropriateness of collaboration and coordination with other organizations serving the same priority population(s). At minimum, the applicant provides a description of the collaboration or coordination and a

signed memoranda of agreement for each agency with which collaborative activities are proposed, and other evidence of collaboration that describe previous, current, as well as future areas of collaboration.

g. Timeline (5 points) The extent to which the applicant's proposed timeline is specific and realistic.

6. Quality Assurance and Program Evaluation Plan (10 points) The potential of the evaluation plan to describe when and how evaluation activities will be implemented by the applicant; the extent to which the evaluation plan is realistic and feasible, taking into account the applicant's unique needs, resources, capabilities, and priorities; and the extent to which a plan has been created that will guide the collection of data for improving HIV prevention efforts and informing stakeholders of the progress made in HIV prevention.

7. Communication and Dissemination Plan (5 points) The degree to which the applicant describes how successful approaches and "lessons learned" will be documented and shared with other organizations.

8. Plan for Acquiring Additional Resources (5 points) The degree to which the applicant describes plans to develop and implement a plan for obtaining additional resources from other (non-CDC) sources to supplement the program conducted through this cooperative agreement and to increase the likelihood of its continuation after the end of the project period.

9. Budget and Staffing Breakdown and Justification (not scored)

a. Budget Appropriateness of the budget for the proposed project.

b. Personnel Appropriateness of the staffing pattern for the proposed project.

Before final award decisions are made, CDC may make predecisional site visits to CBOs whose applications are highly ranked or review the items below with the local or State health department and applicant's board of directors:

a. The organizational and financial capability of the applicant to implement the proposed program.

b. The special programmatic conditions and technical assistance requirements of the applicant.

A business management and fiscal recipient capability assessment may be required of some applicants prior to the award of funds.

G. Program Requirements—Category II—Capacity Building Assistance

In conducting activities to achieve the purposes of this program, the recipient will be responsible for the activities

under number 1. (Recipient Activities) and CDC will be responsible for activities under number 2. (CDC Activities) below.

For additional information on capacity building assistance activities, see Attachment 2.

1. Recipient Activities:

a. Conduct regional community needs and resource assessments around issues related to HIV prevention, leadership development, and community mobilization.

b. Develop a regional plan of action to mobilize communities and relevant agencies to direct resources to meet priority needs related to Community Capacity Building for HIV prevention.

c. Develop a regional plan of action to provide capacity building assistance in HIV Prevention Community Planning Effectiveness and Participation.

d. Provide capacity-building assistance to CBOs serving African Americans and to diverse faith leaders within the African American community in the following areas: Community Capacity Building for HIV Prevention, and HIV Prevention Community Planning Effectiveness and Participation. These services are to be provided through the use of the following mechanisms: Information Transfer, Skills Building, Technical Consultation, Technical Services and Technology Transfer. See Attachment 2 for additional information.

e. Develop and implement a plan for targeting, engaging, and maintaining long term capacity building relationships with CBOs serving African American populations and African American community faith leaders. The plan should include strategies for conducting ongoing assessments of faith CBOs and community faith leaders in the areas listed in Section d above. The plan should also include the strategy for developing tailored capacity building packages to be delivered over the course of the project period.

f. Develop a strategy that includes forming a regional community advisory board which includes CDC-funded faith-based CBOs, members of the target population(s), and faith community representatives and leaders. This community advisory board should be involved with providing input into the overall direction of the proposed program and in assessing the proposed program's communication, linkages, performance, and services to the target population.

g. Ensure that capacity building assistance is allocated according to priority capacity building assistance needs of CDC-funded and other faith-based CBOs and highly affected African

American communities and sub-populations, such as men who have sex with men (MSM); gay, lesbian, bisexual and transgender youth (GLBT Youth); high-risk heterosexuals (HRH) including youth, men, and women; injection drug users and other substance abusers (IDU/SA); and incarcerated, soon-to-be-released and released persons.

h. Develop and implement a system that responds to requests for assistance in Community Capacity Building; HIV Prevention Community Planning Participation and Effectiveness; and other types of capacity building assistance from faith-based CBOs and African American community faith leaders. This process must include mechanisms for conducting needs assessments, prioritizing requests, assigning staff or consultants, linking requests (when appropriate) to the retainer consultant system funded under the Capacity Building Assistance Program Announcement 99095, delivering services, reporting on service delivery, and conducting quality assurance.

i. Develop a standardized system for tracking and reporting all capacity building assistance requests and delivery with CDC assistance as needed.

j. Incorporate cultural competency and linguistic and educational appropriateness into all capacity building activities.

k. Develop and implement an effective strategy for marketing capacity building assistance and services.

l. Participate in a CDC-coordinated capacity building network.

m. Coordinate program activities with appropriate national, regional, state, and local HIV prevention programs and community planning groups to prevent duplication of efforts and optimize use of resources.

n. Monitor and evaluate the accomplishment of program objectives, and the process of capacity building assistance.

o. Facilitate the dissemination of information about successful capacity building assistance strategies and "lessons learned" through peer-to-peer interactions, meetings, workshops, conferences, and communications with CDC project officers.

p. Participate in CDC coordinated train-the-trainer opportunities.

q. Adhere to CDC policies for securing approval for CDC sponsorship of conferences.

r. Develop a strategy for obtaining additional resources from non-CDC sources to supplement the program conducted through this cooperative agreement and to enhance the

likelihood of its continuation after the end of the project period.

2. CDC Activities:

a. Serve as the coordinator for CDC's capacity building programs, which will include organizations providing capacity building assistance under this program announcement.

b. Provide recipients with consultation in planning, developing, managing, and evaluating capacity building services. CDC will provide consultation and assistance both directly through CDC and indirectly through contractors; national, regional and local organizations; and peer-to-peer assistance from CDC-funded partners.

c. Provide up-to-date scientific information on the risk factors for HIV infection, prevention measures, and program strategies for prevention of HIV infection.

d. Facilitate and promote collaboration through the exchange of program information, coalition maintenance strategies, and technical assistance among CBOs; State and local health departments; HIV prevention community planning groups; national, regional, and local organizations; and other HIV prevention partners.

e. Support train-the-trainer opportunities that enhance capacity building assistance delivery systems.

f. Facilitate and collaborate in the dissemination of successful capacity building strategies and "lessons learned" through meetings of grantees, workshops, conferences, and communications.

g. Work with recipients to standardize a system for tracking and reporting all capacity building assistance requests and delivery.

h. Monitor the recipient's performance of program activities, protection of client confidentiality, and compliance with federally mandated requirements.

i. Coordinate an evaluation of the overall capacity building assistance program.

H. Application Content—Category II—Capacity Building Assistance

Use the information in the Program Requirements, Other Requirements, and Application Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan. The narrative should be no more than 50 pages.

Number each page sequentially, and provide a complete Table of Contents to the application and its appendices. Please begin each separate section of the

application on a new page. The original and each copy of the application set must be submitted unstapled and unbound. All material must be typewritten, single spaced, with unreduced 12 point or 10 pitch font on 8½" by 11" paper, with at least 1" margins, headings and footers, and printed on one side only. Materials which should be part of the basic narrative will not be accepted if placed in the appendices.

Note: Applicants may apply for more than one category, if eligible; however, a separate application must be submitted for each category.

In developing the application, you must follow the format and instructions below:

Format for Category II—Capacity Building Assistance Program

1. Abstract
2. Long-term Goals
3. Organizational History and Capacity
 - a. Organizational Structure
 - b. History Providing Community Capacity Development and Other Capacity Building Assistance to CBOs serving African American populations and African American community faith leaders
 - c. Capacity for Cultural Competence
 - d. Current Capability in Providing Capacity-Building Assistance
 - e. Experience Working with Coalitions (where appropriate) and Current Collaborations
4. Assessing the Need for Community Capacity Development and HIV Prevention Community Planning Effectiveness and Participation
 - a. Characteristics of African American populations and communities
 - b. Capacity-Building Needs
5. Program Plan
 - a. Involvement of CDC-funded faith-based CBOs and African American community faith leaders
 - b. Objectives
 - c. Plan of Operation
 - d. Coordination/Collaboration
 - e. Timeline
6. Program Evaluation Plan
7. Communications/Dissemination Plan
8. Plan for Acquiring Additional Resources
9. Budget and Staffing Breakdown and Justification
 - a. Detailed Budget
 - b. Mechanisms for Use of Funds
 - c. Staffing Plan
10. Attachments

Instructions for Category II—Capacity Building Assistance Program

1. Abstract (not to exceed 3 pages)
Briefly summarize the following:
 - a. Region(s) applying for and the type of organization (national, regional, or

- local) and, if national or regional, whether applying independently or with a coalition
- b. Organizational structure, philosophy, mission, history
- c. Long term goals of the proposed project
- d. Overview of plan of operation
- e. Overview of plan for collaboration and coordination with other capacity-building service providers, state and local health departments, and community planning groups
- f. Composition of proposed coalition (where appropriate)
- g. Future year activities.
 2. Long-term Goals (not to exceed 1 page) Describe the broad capacity-building goals that your proposed program aims to achieve over the course of the project period.
 3. Organizational History and Capacity (not to exceed 10 pages)
 - a. Describe your existing organizational structure, including the role, responsibilities, and racial/ethnic composition of board of directors; board committee structure (including advisory board); board recruitment and training process; organizational management, administrative, and program components; constituent or affiliate organizations or networks; and how the organizational structure offers the ability to provide capacity building assistance.
 - b. Describe your organization's history with providing assistance in community capacity development; HIV prevention community planning effectiveness and participation; and other capacity building assistance to faith-based CBOs, faith leaders, and other CBOs serving African American populations. Describe specific assistance or services provided.
 - c. Describe your organization's capability to provide services that respond effectively to the cultural, gender, environmental, social, and multilingual characteristics of faith-based CBOs and African American community faith leaders. Include a description of the types of services provided and a list summarizing culturally, linguistically, and developmentally appropriate curricula and materials.
 - d. Describe your organization's capability in developing and implementing capacity-building programs, strategies, or activities (refer to recipient activities section), and in developing and implementing programs similar to the one proposed in this program announcement.
 - e. Describe your organization's experience, if appropriate, working with a coalition(s) and in collaborating with governmental and non-governmental

organizations, including national or regional agencies or organizations, State and local health departments, community planning groups, and State and local non-governmental organizations that provide HIV prevention services.

4. Assessing the Need for Community Capacity Development, and HIV Prevention Community Planning Effectiveness and Participation (not to exceed 5 pages)

a. Describe the demographics and structure of the faith-based stakeholders (such as faith-based CBOs and African American community faith leaders) you intend to serve. Describe the impact of the HIV and AIDS epidemic on these stakeholders and any specific environmental, social, cultural, or linguistic characteristics which will be considered in your capacity building strategy.

b. Describe the priority needs related to community capacity development and HIV prevention community planning effectiveness and participation for faith-based CBOs and faith leaders you intend to serve. Describe the process for determining these needs, including where appropriate: the use of epidemiologic and other data, resource inventories, regional needs assessments, and the use of gap analyses.

c. Describe how your proposed program complements the HIV comprehensive plans in the region(s) you plan to serve.

5. Program Plan (not to exceed 20 pages) Describe your proposed program, including:

a. Involvement of CDC-funded and other faith-based CBOs and faith community representatives and leaders: Describe how CDC-funded and other faith-based CBOs and faith community leaders within a region will be involved in providing input into the direction of the proposed program and in assessing the proposed program's communication, linkages, performance, and services provided throughout the project period.

b. Objectives: Provide specific, realistic, time-phased, and measurable objectives to be accomplished during the first budget period. Describe how these objectives relate to the goals described in this announcement. Describe possible barriers to or facilitators for reaching these objectives.

c. Plan of Operation:
Describe the following:

(1) The strategies (in detail) that will be used, the activities that will be conducted, and the services that will be provided to meet the proposed goals and objectives and to complete all the required recipient activities (including the provision of services through the use

of the "capacity-building assistance delivery mechanisms");

(2) The process for responding to requests for assistance in community capacity development; HIV prevention community planning participation and effectiveness; and other types of capacity building assistance from faith-based CBOs and African American community faith leaders. Include in your description how you will: (a) conduct needs assessments, (b) prioritize requests to place major emphasis on assistance to faith-based CBOs and leaders serving African American sub-populations most heavily affected by HIV, (c) link requests (when appropriate) to the retainer consultant system funded under the Capacity Building Assistance Program Announcement 99095, (d) assign staff and consultants, (e) deliver services, (f) report on service delivery, and (g) conduct quality assurance;

(3) How your organization will ensure that assistance provided will be culturally competent, sensitive to issues of sexual and gender identity, developmentally appropriate, linguistically-specific, educationally appropriate, and targeted to the needs of faith-based CBOs and African American community faith leaders;

(4) How your organization will market program services;

(5) How the proposed program will be managed and staffed, including the fiscal, administrative, managerial, and personnel infrastructure and resources that will be used to support the proposed capacity-building program;

(6) The placement of the program within your organizational structure and the space that will be used to house the proposed program staff;

(7) The equipment and information management systems that could be used to maintain information related to this announcement; and

(8) The respective roles and responsibilities of your organization and those of each coalition member performing any of the proposed activities or functions.

d. **Coordination and Collaboration:** Describe how you will coordinate and collaborate with other national, regional, state, and local governmental and nongovernmental organizations and HIV prevention providers (see Attachment 2 for examples of collaborating agencies).

e. **Timeline:** Provide a timeline that identifies major implementation phases and assigns approximate dates for inception and completion.

6. **Program Evaluation Plan** (not to exceed 5 pages) Describe your plan for monitoring progress to determine if the

objectives are being achieved and demonstrating that the methods used to deliver the proposed capacity building services are effective and efficient. At a minimum, the plan should (1) outline strategies for implementing process evaluation of capacity building activities to determine if the process objectives are being achieved, (2) outline strategies for outcome monitoring to determine if the services and methods used to deliver the services are effective and efficient, (3) describe what data will be collected and how this data will be collected, analyzed, and used to evaluate and improve the program, and (4) specify the persons responsible for designing and implementing evaluation activities, collecting and analyzing data, and reporting findings.

7. **Communication and Dissemination Plan** (not to exceed 2 pages) Describe how you will share successful approaches and "lessons learned" with other organizations.

8. **Plan for Acquiring Additional Resources** (not to exceed 2 pages) Describe how you will develop and implement a plan for obtaining additional resources from other (non-CDC) sources to supplement the program conducted through this cooperative agreement and to increase the likelihood of its continuation after the end of the project period.

9. **Budget/Staffing Breakdown and Justification** (not scored)

a. **Detailed Budget:** Provide a detailed budget for each proposed activity. Justify all operating expenses in relation to the stated objectives and planned activities. CDC may not approve or fund all proposed activities. Be precise about the program purpose of each budget item and itemize calculations wherever appropriate.

For contracts, applicants should name the contractor, if known; describe the services to be performed which justifies the use of a contractor; provide a breakdown of and justification for the estimated costs of the contracts; the period of performance; the method of selection; and method of monitoring the contract.

Note: If indirect costs are requested, you must provide a copy of your organization's current negotiated Federal indirect cost rate agreement. In the absence of an indirect cost rate agreement, the recipient may request, with detailed justification, a maximum of ten percent for the executive director. This limitation also applies to contracts and coalitions. If the organization has an indirect rate that includes the executive director's salary, no additional funds will be provided. Funds will not be provided for the salary of an executive director that is also a member of the organization's Board of Directors.

b. **Staffing Plan:** Provide a job description for each position specifying job title; function, general duties, and activities; salary range or rate of pay; and the level of effort and percentage of time spent on activities funded through this cooperative agreement. If the identity of any key personnel who will fill a position is known, her/his name and resume should be attached. Experience and training related to the proposed project should be noted. If the identity of staff is not known, describe your recruitment plan. If volunteers are involved in the project provide job descriptions.

10. Attachments

a. Proof of Eligibility

Each applicant must provide documentation that they comply with all eligibility requirements specified under the "Eligible Applicants" section of this program announcement. Applicants should provide a separate section within this Attachments section that is entitled Proof of Eligibility to include the documents listed below. Failure to provide the required documentation will result in disqualification.

(1) A reference to your organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501 (c) (3) of the IRS Code, i.e., IRS determination letter.

(2) Documentation that your organization has an established record of providing capacity building services to the CBOs serving African American communities, or an African American sub-population heavily affected by HIV, for at least two years, and a description of the specific services that have been provided.

(3) Section of Bylaws or Agency Charter that indicates organization's national or regional scope of work, if applying as a national or regional organization.

(4) A list and organizational chart of the members of your organization's governing body along with their positions on the board, their racial/ethnic backgrounds, and their expertise in working with or providing services to the proposed target population. (Submission of information regarding the HIV status or other confidential information regarding the board is optional, and must not be linked to a specific individual.)

(5) A list and an organizational chart of existing and proposed staff for this program, their race/ethnicity, their area of expertise, and relevant experience. Include resumes (not to exceed 2 pages per person).

b. Other Attachments

(1) A list of all collaborating or coordinating entities and memoranda of understanding or agreement as evidence of these established or agreed-upon collaborative or coordinating relationships. Memoranda of agreement should specifically describe the proposed collaborative activities. Evidence of continuing collaboration must be submitted each year to ensure that the collaborative relationships are still in place.

(2) Description of coalition organizations and original signed letters from the chief executive officers of each organization assuring their understanding of the intent of this program announcement, the proposed program, their role in the proposed program, and the responsibilities of recipients.

(3) Training and Technical Assistance Plan which describes areas in which you anticipate needing technical assistance in designing, implementing, and evaluating your program and discuss how you will obtain needed technical assistance. Also, describe anticipated staff training needs related to the proposed program and how these needs will be met. Describe your plan for providing ongoing training to ensure that staff are knowledgeable about HIV and STD risks and prevention measures. This information will assist CDC to better address your needs and help you to identify technical assistance and training providers.

(4) A list summarizing services currently delivered and culturally, linguistically, and developmentally appropriate curricula and materials.

(5) A description of funds received from any source to conduct HIV/AIDS programs and other similar programs targeting the population proposed in the program plan. This summary must include: (a) the name of the sponsoring organization/source of income, amount of funding, a description of how the funds have been used, and the budget period; (b) a summary of the objectives and activities of the funded program(s); and (c) an assurance that the funds being requested will not duplicate or supplant funds received from any other Federal or non-Federal source. CDC awarded funds can be used to expand or enhance services supported with other Federal or non-Federal funds. In addition, identify proposed personnel devoted to this project who are supported by other funding sources and the activities they are supporting.

(6) Independent audit statements from a certified public accountant for the previous 2 years.

(7) A copy of your organization's current negotiated Federal indirect cost rate agreement, if applicable.

Note: Materials submitted as attachments should be printed on one side of 8½" x 11" paper. Please do not attach bound materials such as booklets or pamphlets. Rather, submit copies of the materials printed on one side of 8½" x 11" paper. Bound materials may not be reviewed.

I. Evaluation Criteria—Category II—Capacity Building Assistance Program

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC.

1. Abstract (not scored)

2. Long-term Goals (Total 5 points)

The quality of the applicant's stated long-term goals and the extent to which the goals are consistent with the purpose of this program announcement.

3. Organizational History and Capacity (Total 35 points)

The extent to which the applicant has demonstrated history and capacity to provide capacity-building assistance and to implement the proposed program.

These criteria include:

a. The extent to which the applicant's organizational structure (including planned collaborations or coalition) will support the proposed program activities. (5 points)

b. The extent to which the applicant demonstrates a history in providing assistance in community capacity development; HIV prevention community planning effectiveness and participation; and other capacity building assistance to faith-based CBOs serving African American populations (especially African American communities heavily affected by HIV and other STDs) and to African American community faith leaders. (7 points)

c. The extent to which the applicant demonstrates capacity to provide services that respond effectively to the cultural, gender, environmental, social, and multilingual characteristics of faith-based CBOs and faith leaders in African American communities. (7 points)

d. The extent to which the applicant demonstrates capability in developing and implementing capacity building programs, strategies or activities, and in developing and implementing programs similar to those proposed in this application. (10 points)

e. The extent to which the applicant demonstrates experience and ability in working with coalitions (where appropriate) and in collaborating with governmental and non-governmental organizations, including other national

agencies or organizations, State and local health departments, community planning groups, and State and local non-governmental organizations that provide HIV prevention services. (6 points)

4. Assessing the Need for Community Capacity Development and HIV Prevention Community Planning Effectiveness and Participation (Total 10 Points)

The extent to which the applicant demonstrates an understanding of the need for community capacity development and HIV prevention community planning effectiveness and participation. These criteria include:

a. The extent to which the applicant describes the demographics and structure of the faith community HIV prevention stakeholders (leaders) it intends to serve, the impact of the HIV and AIDS epidemic on these stakeholders, and any specific environmental, social, cultural, or linguistic characteristics which will be considered in the capacity building strategy.

b. The extent to which the applicant describes the priority needs related to community capacity development and HIV prevention community planning effectiveness and participation for faith-based CBOs serving African Americans and for African American community stakeholders in the region(s) to be served, and the process for determining these needs.

c. The extent to which the applicant describes how the proposed program complements the HIV comprehensive plans in the region(s) to be served.

5. Program Plan (Total 30 points)

a. Involvement of CBOs (5 points)

The extent to which CDC-funded and other faith-based CBOs and African American community faith leaders will be involved in providing input into the direction of the program and the program's communication, linkages, performance, and services provided throughout the project period.

b. Objectives (5 points)

(1) The extent to which the proposed first-year objectives are specific, realistic, time-phased, measurable, and consistent with the program's long-term goals and proposed services; and

(2) The extent to which the applicant identifies possible barriers to or facilitators for reaching these objectives.

c. Plan of Operation (15 points)

(1) The overall quality of the applicant's plan for providing capacity building assistance in community capacity development and HIV prevention community planning effectiveness and participation to faith-based CBOs serving African American

populations and to African American community faith leaders, and the likelihood that the proposed methods will be successful in achieving proposed goals and objectives.

(2) The extent to which the applicant's plans address all the activities listed under Required Recipient Activities.

(3) The extent to which the roles and responsibilities of the primary applicant and each coalition member (where appropriate), collaborating organization, or subcontractor are consistent with the proposed activities.

d. Coordination and Collaboration (5 points)

(1) The extent to which the applicant describes and documents, as applicable, intended coordination with national, regional, State, and local governmental and nongovernmental organizations and HIV prevention providers, such as other national agencies or organizations, State and local health departments.

(2) The extent to which the applicant provides memoranda of agreement or understanding as evidence of agreed-upon collaborative relationships.

6. Timeline (5 points) The extent to which the applicant's proposed timeline is specific and realistic.

7. Program Evaluation Plan (Total 5 points) The quality of the applicant's evaluation plan for monitoring and evaluating the implementation of proposed services and measuring the achievement of program goals and objectives.

8. Communications and Dissemination Plan (Total 5 points) The quality of the applicant's plan for sharing successful approaches and "lessons learned" with other organizations.

9. Plan for Acquiring Additional Resources (Total 5 points) The quality of the applicant's plan for obtaining additional resources from other (non-CDC) sources to supplement the program conducted through this cooperative agreement and ensure its continuation after the end of the project period.

10. Budget/Staffing Breakdown and Justification (not scored) Extent to which the budget is reasonable, itemized, clearly justified, and consistent with intended use of funds.

Before final award decisions are made, CDC may make predecisional site visits to applicants whose applications are highly ranked or review the items below with the applicant's board of directors:

a. The organizational and financial capability of the applicant to implement the proposed program.

b. The special programmatic conditions and technical assistance requirements of the applicant.

A business management and fiscal recipient capability assessment may be required of some applicants prior to the award of funds.

J. Program Requirements—Category III—Curriculum Development and Training Program

In conducting activities to achieve the purposes of this program, the recipient will be responsible for the activities under number 1. (Recipient Activities) and CDC will be responsible for activities under number 2. (CDC Activities) below.

1. Recipient Activities:

a. Establish and coordinate a coalition of Divinity Schools associated with Historically Black Colleges and Universities to collaborate in the development of the curriculum and training program for African American faith leaders.

b. Develop a plan for conducting ongoing assessments of HIV and substance abuse prevention training and education needs of community faith leaders, seminary students and other faith leaders which serve African Americans. Tools may include surveys to determine current attitudes, beliefs, and gaps in knowledge of faith leaders.

c. Assess the appropriateness, use, and availability of curriculum and training program models, materials, resources, and information for faith leaders in order to avoid duplication and where possible to build on existing curriculum.

d. Use assessment and survey data to develop a culturally relevant, theologically and linguistically appropriate, gender-sensitive, curriculum and training program designed to meet the HIV and substance abuse prevention training and educational needs of diverse faith, spiritual, and religious leaders (for example, clergy, imams, rabbis, ministerial leaders, Sunday school teachers etc.)

e. Provide HIV and substance abuse prevention education and training programs for both currently enrolled students and faith leaders serving African American communities disproportionately affected by HIV/AIDS and/or substance abuse. Activities may include seminars, conferences, or in-services.

f. Develop a strategy to market available training to community faith leaders, seminary students and other faith leaders serving African Americans.

g. Design a curriculum with modules or units, that can be easily adapted or

modified for use by other theological schools, seminaries, and training venues and settings of diverse faith-based organizations. The curriculum should improve the ability of faith leaders to:

(1) define the role of faith, religious, and spiritual leaders in HIV/AIDS and substance abuse prevention education;

(2) provide standardized and accurate HIV/AIDS and substance abuse information, including epidemiology, HIV pathogenesis and transmission modalities, prevention, treatment and care to members of congregations, employees, volunteers, and individuals within communities served;

(3) dispel myths about HIV/AIDS and related substance abuse;

(4) encourage open dialogue about homosexuality, substance abuse and HIV prevention, treatment, and care;

(5) reduce discrimination and stigma related to HIV/AIDS and substance abuse;

(6) provide educational programs that encourage adoption and maintenance of safer behaviors related to HIV/AIDS and substance abuse;

(7) provide faith-based support and counseling that encourages the adoption and maintenance of safer behaviors related to HIV/AIDS and substance abuse;

(8) conduct outreach and to promote voluntary, confidential HIV testing and counseling to populations that are disproportionately affected by HIV/AIDS;

(9) identify and implement acceptable intervention strategies designed to reach at-risk populations and behaviors, based on AIDS morbidity and/or available HIV surveillance data. Strategies should include prevention case management and individual, group, and community level interventions;

(10) build, strengthen, and maintain linkages with other faith organizations, leaders, secular groups and public health agencies in support of HIV and substance abuse prevention;

(11) mobilize communities in support of HIV and substance abuse prevention and to build awareness of the affects of HIV/AIDS and substance abuse;

(12) identify HIV/AIDS prevention, treatment, and care systems, including the role of non-governmental organizations (community, State, regional, and national organizations) and governmental organizations (health departments, CDC, Center for Substance Abuse Prevention, etc.);

(13) access available technical assistance;

(14) develop linkages with other partners and collaborate with CBOs, other prevention, treatment and care

providers and to make appropriate referrals to these providers;

(15) participate in the HIV prevention community planning process and to work with health departments and HIV prevention planning groups;

(16) collaborate with local HIV prevention community planning groups and health departments in identifying and addressing critical prevention priorities and gaps in services so as to avoid duplication of effort; and

(17) create and sustain AIDS ministries or units responsible for ongoing prevention projects and for assisting in the care of infected and affected members;

h. Collaborate and consult with other theological schools; national, regional, and local faith-based organizations; and other organizations (such as health departments, community planning groups) serving disproportionately affected African American populations in the development, implementation, and delivery of the HIV and substance abuse curriculum and training program.

i. Ensure that education and training is allocated according to priority needs of faith leaders in highly affected African American communities, and those serving sub-populations, such as men who have sex with men (MSM); gay, lesbian, bisexual and transgender youth (GLBT Youth); high risk heterosexuals (HRH) including youth, men, and women; injection drug users and other substance abusers (IDU/SA); and incarcerated, soon-to-be-released and released persons.

j. Pilot test Curriculum and Training program to determine potential effectiveness of curriculum modules or components and training programs (Methods may include knowledge assessments, reviews, and training evaluations completed by students.)

k. Develop a strategy to modify training programs, curriculum, and materials as determined necessary through pilot testing and ongoing needs assessments.

l. Develop a plan to provide a replicable and modifiable curriculum and training program for use by other theological schools and faith leader training venues and settings. This plan should include strategies to provide assistance in training program staff and faculty, assessing appropriateness of modules, and how to deliver the curriculum and training program.

m. Develop a realistic time-line for development, implementation, and evaluation of the curriculum and training program.

n. Evaluate the curriculum and training program supported with CDC HIV prevention funds.

o. Participate in the CDC-supported network of capacity building assistance providers which may include collaborating with national and other partners when appropriate.

2. CDC Activities

a. Coordinate a national capacity building and assistance network.

b. Provide grantees with consultation and assistance in planning, developing, operating, implementing, and evaluating education and training programs. CDC may provide consultation and technical assistance both directly and indirectly through prevention partners such as State health departments, national and regional minority organizations (NRMOS), contractors, and other national organizations.

c. Provide up-to-date scientific information on the risk factors for HIV infection, prevention measures, and program strategies for prevention of HIV infection.

d. Assist in the design and implementation of evaluation activities.

e. Facilitate and promote collaboration through the exchange of program information, coalition maintenance strategies, and technical assistance among federally-supported HIV/AIDS programs such as State and local health departments, community planning groups, and national, regional, and local organizations.

f. Facilitate the transfer of successful prevention interventions, program models, and "lessons learned" through convening meetings of grantees, workshops, conferences, newsletters, and communications with project officers.

g. Monitor the recipient's performance of program activities, protection of client confidentiality, and compliance with other requirements.

h. Coordinate the evaluation of HIV prevention programs and services funded under this program announcement.

i. Support train-the-trainer opportunities to enhance capacity building assistance delivery systems.

j. Provide up-to-date scientific information on the risk factors for HIV infection, prevention measures, and program strategies for prevention of HIV infection.

K. Application Content—Category III—Curriculum Development and Training Program

Use the information in the Program Requirements, Other Requirements, and Application Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program

plan. The narrative should be no more than 50 pages.

Number each page sequentially, and provide a complete Table of Contents to the application and its appendices. Please begin each separate section of the application on a new page. The original and each copy of the application set must be submitted unstapled and unbound. All material must be typewritten, single spaced, with unreduced 12 point or 10 pitch font on 8½" by 11" paper, with at least 1" margins, headings and footers, and printed on one side only. Materials which should be part of the basic narrative will not be accepted if placed in the appendices.

Note: Applicants may apply for more than one category, if eligible; however, a separate application must be submitted for each category.

In developing the application, you must follow the format and instructions below:

Format for Category III—Curriculum Development and Training Program

1. Abstract
2. Assessment of Need and Justification for Proposed Activities
3. Long-term Goals
4. Organizational History and Capacity
5. Program Plan
6. Program Evaluation Plan
7. Communications and Dissemination Plan
8. Plan for Acquiring Additional or Matching Resources
9. Budget and Staffing Breakdown and Justification
10. Attachments

Instructions for Category III—Curriculum Development and Training Program

1. Abstract (not to exceed 2 pages): summarize your proposed program activities. Include the following:

- a. brief summary of the need for the proposed program;
- b. long-term goals;

c. brief summary of a proposed plan of operation, including planning activities undertaken and coordination, collaboration and training strategy proposed;

d. brief summary of the proposed curriculum and training program and implementation strategy.

e. brief summary of strategy to provide the proposed curriculum and training program to other theological schools and training venues and settings or settings.

f. brief summary of plans for evaluating the activities of this project; and

g. brief summary of future year activities.

2. Assessment of Need and Justification for Proposed Activities (not to exceed 6 pages)

a. Identify the faith leaders and communities for which your proposed program will provide educational and training services.

b. Identify the need that will be addressed by your proposed program, and describe how you assessed the need. Include epidemiologic and other data that were used to identify the need. Include a description of existing HIV prevention and risk-reduction efforts provided by other organizations to address the educational and training needs of faith leaders, and an analysis of the gap between the identified need and the resources currently available to address the need. Include a description of the current level of knowledge and participation in HIV and substance abuse prevention activities by faith leaders in communities to be served (i.e., How will the proposed activities and program address an important unmet HIV and substance abuse prevention educational and training need?).

c. Describe the impact of the AIDS epidemic on the communities you intend to serve and any specific environmental, social, cultural, or linguistic characteristics of specific African American populations disproportionately affected by HIV/AIDS and substance abuse which you have considered in developing the proposed HIV and substance abuse prevention curriculum and training program, such as:

(1) HIV prevalence and incidence (if available), reported AIDS cases, and risk behaviors (sexual behaviors, substance use, etc.) in communities to be served;

(2) HIV/AIDS-related baseline knowledge, attitudes, beliefs, and behaviors;

(3) Patterns of substance use and rates of STDs and tuberculosis (TB); and

(4) Other relevant information. (Specify)

d. Describe the specific knowledge and educational objectives of the proposed training.

e. Describe how your proposed curriculum or training program complements the HIV prevention priorities identified in the applicable State or local comprehensive HIV prevention plan(s). If the comprehensive HIV prevention plan does not meet identified needs, justify the need and priority for your proposed program activities and summarize how the activities address prevention gaps and complement ongoing prevention efforts.

State why the funds being applied for in this application are necessary to address the need. A list of the names and telephone numbers of State health department contacts from whom you may obtain a copy of the jurisdiction's comprehensive HIV prevention plan is provided with the application kit;

f. Explain any specific barriers to the implementation of your proposed program and how you will overcome these barriers.

3. Long-term Goals (not to exceed 2 pages) Describe the broad HIV prevention goals that your proposed program aims to achieve by the end of the project period (four years).

4. Organizational History and Capacity (not to exceed 5 pages) Describe the following:

a. Organizational structure, including the role, responsibilities, and composition of your board of directors or governing body; committee structure of board of directors; organizational management, administrative and program components; constituent or affiliate organizations or networks; how the organizational structure will support the proposed program activities; and how the structure offers the capacity to reach targeted populations.

b. Past and current experience in conducting training and educational needs assessments and in using related data to develop culturally relevant, gender-sensitive, and linguistically appropriate curricula and training programs. Describe experience in conducting HIV/AIDS and substance abuse prevention training and educational needs assessments.

c. Past and current experience implementing health focused curricula and training programs for diverse faith leaders and the communities they serve, specific HIV and substance abuse prevention training, strategies and activities, and in developing and implementing programs similar to the one(s) proposed in this application.

d. The process in your organization for making major programmatic decisions.

e. Mechanism used by your organization to monitor program performance and quality assurance.

f. Experience in working or collaborating with governmental and non-governmental organizations, including State and local health departments, local and State non-governmental organizations, educational agencies or organizations (such as Historically Black Colleges or Universities), faith-based organizations, community planning groups, and other groups that provide HIV prevention services.

g. Capacity to coordinate the development of an HIV and substance abuse prevention curriculum and training program.

h. Describe past experience in coordinating collaborative efforts in curriculum and training program design, development, and implementation.

i. For any of the above areas in which you do not have direct experience or current capacity, describe how you will ensure that the proposed program has that capacity (e.g., through staff development, collaboration with other organizations, or a subcontract).

5. Program Plan (not to exceed 20 pages) Use this section to describe the specific characteristics of your proposed intervention.

a. Involvement of the target populations: Describe the involvement of affected populations in planning, implementing, and evaluating activities and services throughout the project period.

b. Involvement of Community Faith leaders: Describe the involvement of community faith leaders, seminary students and other faith leaders in planning, implementing, and evaluating activities and services throughout the project period.

c. Program Objectives: Develop objectives that are specific, measurable, time-phased, realistic, related to the long-term goals and proposed activities, and if applicable, related to the prevention priorities outlined in the jurisdiction's comprehensive HIV prevention plan. Describe the expected educational and training program results, and overall impact in meeting the educational and training needs of program participants. Describe potential barriers to or facilitators for reaching these objectives.

d. Plan of Operation:

(1) Describe the specific activities and methods to be conducted to accomplish the objectives related to each required program activity (recipient activities.) Include the following: (a) Description of services to be provided to accomplish each objectives; (b) Approximate dates when activities will be accomplished; (c) Description of volunteer involvement in your program. (If volunteers will be involved, describe plans to recruit, train, place, and retain volunteers.) (d) Description of how you will collaborate with Divinity Schools, State or local health departments, community planning groups, faith-based organizations, and other appropriate service groups or organizations in the activity; and (e) Description of the mechanism for soliciting program participants.

(2) Describe how you will promote your program in the community.

(3) Describe the mechanism to determine effectiveness of training activities in accomplishing program objectives.

(4) Describe how you will prioritize the program activities to place emphasis on faith leaders serving African American populations or communities that are disproportionately affected by HIV and AIDS.

(5) Identify program staff responsible for conducting the proposed activities.

e. Appropriateness of Interventions: Describe how the proposed program is culturally competent, sensitive to theological and doctrinal beliefs, developmentally and educationally appropriate, and linguistically-specific. Please reference the appendix for definitions of these terms.

f. Scientific, Theoretical, Conceptual, or Program Experience Foundation for Proposed Activities: Provide a detailed description of the program experience or scientific, theoretical, conceptual foundation on which the proposed activities are based and which support the potential effectiveness of these activities for addressing the stated need.

g. Coordination/Collaboration:

(1) Specify the organizations and agencies with which you will establish linkages and coordinate activities in the process of developing and implementing your project. Specify how your program will develop and coordinate a collaborative network of Divinity schools associated with HBCU-associated Divinity Schools. Specify how your program will collaborate with and incorporate input from diverse faith leaders in the development of the curriculum and training program. Specify how your program will collaborate with other theological schools and faith leader training venue. Specify how your program will collaborate with State and local health departments, State or regional community planning groups, and should include, as appropriate, the following:

(a) Community groups and organizations, including but not limited to churches, mosques, temples and religious groups;

(b) HIV/AIDS service organizations;

(c) Ryan White CARE Title I and Title II planning bodies;

(d) Schools, boards of education, and other State or local education agencies;

(e) State and local substance abuse agencies, community-based and other drug treatment or detoxification programs;

(f) Federally funded community projects, such as those funded by the

Center for Substance Abuse Treatment (CSAT), Center for Substance Abuse Prevention (CSAP), Health Resource Services Administration (HRSA), Office of African American Health (OMH), and other federal agencies;

(g) Providers of services to youth in high risk situations (e.g., youth in shelters);

(h) State or local departments of mental health;

(i) Juvenile and adult criminal justice, correctional or parole systems and programs;

(j) Family planning and women's health agencies; and

(k) STDS and TB clinics and programs.

(2) Describe the activities that will be coordinated with each organization.

(3) Submit and include as attachments memoranda of understanding or agreement as evidence of these established or agreed-upon collaborative relationships. Memoranda of agreement should specifically describe the proposed collaborative activities. Evidence of continuing collaboration must be submitted each year to ensure that the collaborative relationships are still in place. Memoranda of agreement from health departments should include a statement that your application has been reviewed.

h. Timeline: Provide a timeline that indicates the approximate date by which activities will be accomplished.

6. Program Evaluation Plan (not to exceed 6 pages): Describe how you will monitor progress to determine if the program objectives are being achieved and if the methods used to deliver the proposed activities are effective. Describe how data will be collected, analyzed, and used to evaluate and improve the program. Use the format and answer the questions below in laying out your evaluation plan. Note: Include samples of data collection tools in the attachments, if available.

7. Communications and Dissemination Plan (not to exceed 2 pages): Describe how you will share successful approaches and "lessons learned" with other organizations.

8. Plan for Acquiring Additional or Matching Resources (not to exceed 2 pages): Describe your plan for obtaining additional resources from other (non-CDC) sources to supplement the program conducted through this cooperative agreement and to increase the likelihood of its continuation after the end of the project period.

9. Budget/Staffing Breakdown and Justification (not scored)

a. Detailed Budget: Provide a detailed budget for each proposed activity. Justify all operating expenses in relation

to the stated objectives and planned activities. CDC may not approve or fund all proposed activities. Be precise about the program purpose of each budget item and itemize calculations wherever appropriate.

For contracts, applicants should name the contractor, if known; describe the services to be performed which justifies the use of a contractor; provide a breakdown of and justification for the estimated costs of the contracts; the period of performance; the method of selection; and method of monitoring the contract.

b. Staffing Plan: Provide a job description for each position specifying job title; function, general duties, and activities; salary range or rate of pay; and the level of effort and percentage of time spent on activities funded through this cooperative agreement. If the identity of any key personnel who will fill a position is known, her/his name and resume should be attached. Experience and training related to the proposed project should be noted. If the identity of staff is not known, describe your recruitment plan. If volunteers are involved in the project provide job descriptions.

11. Attachments

a. Proof of Eligibility

Each applicant must provide documentation that they comply with all eligibility requirements specified under the "Eligible Applicants" section of this program announcement. Applicants should provide a separate section within this Attachments section that is entitled Proof of Eligibility to include documentation that your organization has an established record of at least two years providing leadership and support for health-based programs, including HIV prevention or substance abuse prevention programs, within African American populations disproportionately affected by HIV/AIDS. Failure to provide the required documentation will result in disqualification.

b. Other Attachments

(1) A list of all collaborating or coordinating entities and memoranda of understanding or agreement as evidence of these established or agreed-upon collaborative or coordinating relationships. Memoranda of agreement should specifically describe the proposed collaborative activities. Evidence of continuing collaboration must be submitted each year to ensure that the collaborative relationships are still in place.

(2) Description of coalition organizations and original signed letters from the chief executive officers of each organization assuring their

understanding of the intent of this program announcement, the proposed program, their role in the proposed program, and the responsibilities of recipients.

(3) Training and Technical Assistance Plan which describes areas in which you anticipate needing technical assistance in designing, implementing, and evaluating your program and discuss how you will obtain needed technical assistance. Also, describe anticipated staff training needs related to the proposed program and how these needs will be met. Describe your plan for providing ongoing training to ensure that staff are knowledgeable about HIV and STD risks and prevention measures. This information will assist CDC to better address your needs and help you to identify technical assistance and training providers.

(4) A list summarizing services currently delivered and culturally, linguistically, and developmentally appropriate curricula and materials.

(5) A description of funds received from any source to conduct HIV/AIDS programs and other similar programs targeting the population proposed in the program plan. This summary must include: (a) the name of the sponsoring organization/source of income, amount of funding, a description of how the funds have been used, and the budget period; (b) a summary of the objectives and activities of the funded program(s); and (c) an assurance that the funds being requested will not duplicate or supplant funds received from any other Federal or non-Federal source. CDC awarded funds can be used to expand or enhance services supported with other Federal or non-Federal funds. In addition, identify proposed personnel devoted to this project who are supported by other funding sources and the activities they are supporting.

(6) Independent audit statements from a certified public accountant for the previous 2 years.

(7) A copy of your organization's current negotiated Federal indirect cost rate agreement, if applicable.

L. Evaluation Criteria—Category III—Curriculum Development and Training Program

Each application will be evaluated individually against the following criteria by an independent review group appointed by CDC.

1. Abstract (not scored)
2. Assessment of Need and Justification for the Proposed Activities (15 points)

a. The extent to which the applicant soundly and convincingly documents a substantial need for the proposed

curriculum and training program and activities; and the degree to which the proposed activities are consistent with the programmatic categories described in the Program Requirements Section. (5 points)

b. The degree to which the applicant describes the specific educational and training needs that the curriculum and training program will provide. (5 points)

c. The quality of the applicant's plan to ensure consistency with the State and local comprehensive HIV prevention plans and, if applicable, the adequacy with which the applicant demonstrates the rationale for deviating from the jurisdiction's comprehensive HIV prevention plan. (5 points)

3. Long-term Goals (5 points). The quality of the applicant's stated goals and objectives and the extent to which they are consistent with the purpose of this cooperative agreement, as described in this program announcement.

4. Organizational History and Capacity (10 points). The extent of the applicant's documented experience, capacity, and ability to address the identified needs and implement the proposed curriculum and training program and activities, including:

a. How the applicant's organizational structure and planned collaborations (including constituent or affiliated organizations or networks) will support the proposed program activities, and how the proposed program will have the capacity to reach faith leaders serving African American communities disproportionately affected by HIV/AIDS and substance abuse; (2 points)

b. Applicant's past and current experience in developing and implementing effective HIV prevention curriculum or training strategies and activities, and in developing and implementing programs similar to those proposed in this application; (2 points)

c. Applicant's experience and ability in collaborating with governmental and non-governmental organizations, including other national agencies or organizations, faith-based organizations, State and local health departments, community planning groups, and State and local non-governmental organizations that provide HIV prevention services; (2 points)

d. Applicant's capacity to provide culturally competent and appropriate services which respond effectively to the cultural, gender, environmental, social and theological characteristics of communities to be served, including documentation of any history of providing such services; (2 points) and

e. Plans to ensure capacity to implement proposed program where no direct experience or capacity currently

exists within the applicant organization. (2 points)

5. Program Plan (50 total points)

a. Involvement of the target populations (5 points). The degree to which the applicant describes the involvement of affected populations in planning, implementing, and evaluating activities and services throughout the project period.

b. Involvement of faith leaders (5 points). The degree to which the applicant describes the involvement of faith leaders serving affected populations in planning, implementing, and evaluating activities and services throughout the project period.

c. Program Objectives (5 points) Degree to which the proposed objectives are specific, measurable, time-phased, related to the proposed activities, and consistent with the program's long-term goals; the extent to which the applicant identifies possible barriers to or facilitators for reaching these objectives.

d. Plan of Operation (15 points) The quality of the applicant's plan for conducting program activities, and the potential effectiveness of the proposed activities in meeting objectives.

e. Appropriateness of the proposed program (5 points) The degree to which the applicant describes how the proposed program is culturally competent, sensitive to theological and doctrinal beliefs, developmentally and educationally appropriate, and linguistically-specific.

f. Scientific, Theoretical, Conceptual, or Program Experience Foundation for Proposed Activities (5 points) The degree to which the applicant provides a detailed description of the scientific, theoretical, conceptual, or program experience foundation on which the proposed activities are based and which support the potential effectiveness of these activities for addressing the stated need.

g. Coordination/Collaboration (5 points) Degree to which the applicant describes appropriate collaboration, coordination and linkages with other organizations and; evidence of collaborations (signed memoranda of agreement for each agency with which collaborative activities are proposed, and other evidence of collaboration that describe previous, current, as well as future areas of collaboration.)

h. Timeline (5 points) The extent to which the applicant's proposed timeline is specific and realistic.

6. Program Evaluation Plan (10 points) The potential of the evaluation plan to measure the effectiveness of program implementation, achievement of program objectives, and facilitate program improvement.

7. Communication and Dissemination Plan (5 points) The degree to which the applicant describes how successful approaches and "lessons learned" will be documented and shared with other organizations.

8. Plan for Acquiring Additional or Matching Resources (5 points) The degree to which the applicant describes the plan for obtaining additional resources from other (non-CDC) sources to supplement the program conducted through this cooperative agreement and to increase the likelihood of its continuation after the end of the project period.

9. Budget and Staffing Breakdown and Justification (not scored)

a. Personnel Appropriateness of the staffing pattern for the proposed project.

b. Budget Appropriateness of the budget for the proposed project.

Before final award decisions are made, CDC may make predecisional site visits to CBOs whose applications are highly ranked or review the items below with the local or State health department and applicant's board of directors:

a. The organizational and financial capability of the applicant to implement the proposed program.

b. The special programmatic conditions and technical assistance requirements of the applicant.

A business management and fiscal recipient capability assessment may be required of some applicants prior to the award of funds.

M. Submission and Deadline—Categories I, II, and III

Submit the original and two copies of PHS 5161-1 (OMB Number 0937-0189). Forms are available at the following Internet address: www.cdc.gov (click on forms) or in the application kit. This and other CDC/ATSDR program announcements and application forms may be viewed or downloaded at this site. On or before August 5, 1999, submit the application to the Grants Management Specialist identified in the "Where to Obtain additional Information" section of this announcement.

Deadline: Applications shall be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date; or

(b) Sent on or before the deadline date and received in time for submission to the Independent Review Group. (Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall

not be acceptable as proof of timely mailing.)

Late Applications: Applications which do not meet the criteria in (a) or (b) above are considered late applications, will not be considered, and will be returned to the applicant.

N. Other Requirements—Categories I, II, and III

1. Technical Reporting Requirements Provide CDC with the original plus two copies of:

a. Progress reports quarterly, no more than 30 days after the end of each 3 month period;

b. Financial status report, no more than 90 days after the end of each budget period; and

c. Final financial status report and performance report, no more than 90 days after the end of the project period.

2. Send all reports to: Ron Van Duyne, Grants Management Officer, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341-4146.

3. The following additional requirements are applicable to this program. For a complete description of each, see Attachment 3 in the application kit.

AR-4 HIV/AIDS Confidentiality Provisions

AR-5 HIV Program Review Panel Requirements

AR-7 Executive Order 12372 Review

AR-8 Public Health system Reporting Requirements

AR-9 Paperwork Reduction Act Requirements

AR-10 Smoke-Free Workplace Requirements

AR-11 Health People 2000

AR-12 Lobbying Restrictions

AR-14 Accounting System Requirements

O. Authority and Catalog of Federal Domestic Assistance Number—Categories I, II, and III

This program is authorized under sections 301(a) and 317 of the Public Health Service Act, 42 U.S.C. 241(a) and 247(b), as amended. The Catalog of Federal Domestic Assistance Number is 93.939.

P. Where To Obtain Additional Information—Categories I, II, and III

To receive additional written information and to request an application and tool kit, call NPIN at 1-800-458-5231 (TTY users: 1-800-243-7012); visit their web site: www.cdcnpin.org/program; send requests by fax to 1-888-282-7681; or

sent requests by e-mail: application-gmc@cdcnpin.org. This information is also posted on the Division of HIV/AIDS Prevention (DHAP) Web site at http://www.cdc.gov/nchstp/hiv_aids/funding/toolkit/.

CDC maintains a Listserv (HIV-PREV) related to this program announcement. By subscribing to the HIV-PREV Listserv, members can submit questions and will receive information via e-mail with the latest news regarding the program announcement. Frequently asked questions on the Listserv will be posted to the Web site. You can subscribe to the Listserv on-line or via e-mail by sending a message to: listserv@listserv.cdc.gov and writing the following in the body of the message: subscribe hiv-prev first name last name.

Pre-application Audio-conference Information:

June 22 (1:00-2:30 p.m. EDT)

June 23 (1:00-2:30 p.m. EDT)

June 30 (1:00-2:30 p.m. EDT)

The telephone number for all calls is: 800-713.1971 and the pass code (when asked by the automated voice) is 634310 and the name of the audio-conference (Faith).

Prospective applicants are strongly encouraged to participate in one of the scheduled audio-conferences. These audio conferences will include information on the application and business management requirements, and how to access additional pre-application resources relevant to application development. Prospective applicants are strongly encouraged to read and become familiar with this program announcement before participating in the audio-conferences.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Julia L. Valentine, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Center for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Mailstop E-15, Atlanta, GA 30341-4146, Telephone Number: 770-488-2732, Email: jxv1@cdc.gov.

For program technical assistance, contact: Qairo K. Ali or Samuel Taveras, Community Assistance, Planning, and National Partnerships Branch, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention (CDC), 1600 Clifton Road, Mailstop E-58, Atlanta, GA 30333, Telephone Number: 404-639-5224 and 404-639-5241, Email: cda1@cdc.gov.

See also the CDC home page on the Internet: <http://www.cdc.gov>.

Dated: June 17, 1999.

John L. Williams,

*Director, Procurement and Grants Office,
Centers for Disease Control and Prevention
(CDC).*

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