

include names, addresses, telephone numbers and e-mail addresses of key contacts in the health care system and/or the academic setting if identified and potential research topic. The letter of interest is not binding and does not enter into the consideration of any subsequent application. The letter should also clearly state willingness to be listed in the RFA or a preference not to be listed.

#### D. Address

Letters of interest should be addressed to: Carolyn M. Clancy, MD, Director, Center for Outcomes and Effectiveness Research, Agency for Health Care Policy and Research, 6010 Executive Boulevard, Suite 300, Rockville, MD 20852, E-mail: cclancy@ahcpr.gov.

Dated: June 17, 1999.

**John M. Eisenberg,**  
Administrator.

[FR Doc. 99-15865 Filed 6-21-99; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Health Care Policy and Research

#### Contract Review Meeting

In accordance with section 10(a) of the Federal Advisory Committee Act as amended (5 U.S.C., Appendix 2), announcement is made of an Agency for Health Care Policy and Research (AHCPR) Technical Review Committee (TRC) meeting. This TRC's charge is to provide review of contract proposals and recommendations to the Administrator, AHCPR, regarding the technical merit of proposals submitted in response to a Request for Proposals (RFPs) regarding "Automated Data Processing Support Services for Agency for Health Care Policy and Research". The RFP was published in the Commerce Business Daily on March 8, 1999.

The upcoming TRC meeting will be closed to the public in accordance with the Federal Advisory Committee Act (FACA), section 10(d) of 5 U.S.C., Appendix 2, implementing regulations, and procurement regulations, 41 CFR 101-6.1023 and 48 CFR section 315.604(d). The discussions at this meeting of contract proposals submitted in response to the above-referenced RFP are likely to reveal proprietary and personal information concerning individuals associated with the proposals. Such information is exempt from disclosure under the above-cited FACA provision that protects the free

exchange of candid views, and under the procurement rules that prevent undue interference with Committee and Department operations.

*Name of TRC:* The Agency for Health Care Policy and Research—"Automated Data Processing Support Services for Agency for Health Care Policy and Research".

*Date:* July 8, 1999 (Closed to the public).

*Place:* Agency for Health Care Policy and Research, 2101 East Jefferson Street, 5th Floor Conference Room, Rockville, Maryland 20852.

*Contact Person:* Anyone wishing to obtain information regarding this meeting should contact William Yu, Center for Cost and Financing Studies, Agency for Health Care Policy and Research, 2101 Executive Boulevard, Suite 500, Rockville, Maryland, 20852, 301-594-1069.

Dated: June 15, 1999.

**John M. Eisenberg,**  
Administrator.

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

[Program Announcement 99091]

#### Community-Based HIV Prevention Services and Capacity-Building Assistance to Organizations Serving Gay Men of Color at Risk for HIV Infection; 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 agreement programs with non-governmental minority organizations to support: (1) Community-based organizations (CBOs) to develop and implement effective community-based HIV prevention programs for gay men of color (Category A); and (2) non-governmental minority organizations to provide regionally structured and focused capacity-building assistance to CBOs that serve the HIV prevention needs of gay men of color at risk for HIV infection (Category B).

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

The goals for program Category A—Community-Based HIV Prevention Services are to:

1. Provide financial and technical assistance to CBOs so they can provide HIV prevention services to populations of gay men of color for which gaps in services are demonstrated;

2. 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

3. Promote collaboration and coordination of HIV prevention efforts among CBOs; HIV prevention community planning groups; and other local, State, Federal and privately funded programs.

The goals for program Category B—Capacity-Building Assistance Program are to:

1. Improve the capacity of CBOs serving gay men of color to mobilize their communities to increase their awareness, leadership, participation and support for HIV prevention; and

2. Enhance the capacity of CBOs serving gay men of color to effectively participate in, and improve the responsiveness of the HIV prevention community planning process to the HIV prevention needs of gay men of color.

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

##### B. Eligible Applicants

**Note:** Applicants that meet the eligibility requirements for both Categories A and B may apply for both under separate applications. For Category B, applicants may only apply to provide capacity-building assistance to a single racial or ethnic group (that is, African American, Latino, Asian/Pacific Islander, or American Indian/Alaskan Native). For example, if an organization applies to provide capacity-building assistance for African American gay men, that organization may not also apply to provide assistance for Latino gay men.

##### 1. Category A—Community-Based HIV Prevention Services

Eligible applicants for Category A are African American, Latino, Asian/Pacific Islander, and American Indian/Alaskan Native CBOs that provide services to gay men, and that meet the following criteria (also see Proof of Eligibility section):

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

- b. Have a board or governing body composed of greater than 50 percent of the racial/ethnic minority population to be served.

c. Members of the racial/ethnic minority population to be served 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).

d. 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.

e. Two or more racial/ethnic minority 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–d specified above and the collaborating CBO(s) must meet criteria b and c specified above.

f. Racial/ethnic minority CBOs currently funded under program announcement 704 that meet criteria a–e above are eligible to apply for funding under this program announcement only as a part of a collaboration with other racial/ethnic minority CBOs.

**Note:** A 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 announcement.

## 2. Category B—Capacity-Building Assistance Program

The Capacity-Building Assistance Program (Category B) 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 B are:  
(1) A national minority organization

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

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 gay men of color and to gay men of color 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 of the racial/ethnic minority population to be served. This body must also include representation from members of the target population (i.e. men who have sex with men, including bisexuals, transgenders, and Gay, Bisexual and Transgender (GBT) youth).

d. Have greater than 50 percent of key positions in the applicant organization, including management, supervisory, administrative, and service positions filled by persons of the racial/ethnic population to be served (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.

## 3. Categories A and B

**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 two categories: (A) community-based HIV prevention services; and (B) capacity-building assistance program. Applicants may apply for both categories if eligible; however, separate applications must be submitted for each category.

1. Category A—Community-Based HIV Prevention Services. Approximately \$4,000,000 is available in FY 1999 to fund approximately 20 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.

**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 99096—HIV Prevention Projects for African American Faith-Based Organizations, 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 and those grantees currently funded under Program Announcement 704 (97004) can not exceed \$300,000, and awards will not support the same project activities twice.

2. Category B—Capacity-Building Assistance Program Approximately \$2,400,000 is available in FY 1999 to fund approximately 9 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 five years. It is expected that the average award will be approximately \$300,000.

## 3. Categories A and B

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 A—Community-Based HIV Prevention Services Funds provided under this Announcement must 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 B—Capacity-Building Assistance Program Funds available under this announcement must support assistance that increases the capacity of CBOs to expand and sustain effective HIV prevention activities for gay men of color whose behavior places them at high risk for HIV and other STDs, and should include the following populations: men who have sex with men, including bisexuals, transgenders, and Gay, Bisexual and Transgender (GBT) youth.

**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 10 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. Categories A and B:

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 A—Community-Based HIV Prevention Services

In making awards under Category A—Community Prevention Services, priority for funding will be given to:

a. Ensuring a national distribution of CBO awards based on AIDS morbidity among racial/ethnic minority populations, and

b. Supporting several CBO collaborations (consisting of two or more minority organizations) in which the applicant (the lead organization) proposes to share resources, strategies, and expertise with a start-up or less experienced HIV prevention organization.

#### 2. Category B—Capacity-Building Assistance Program

In making awards under Category B (Capacity-Building Assistance Program),

priority for funding will be given to: ensure that funding for capacity-building assistance is distributed in proportion to the disease burden for gay men of color in each region.

Interested persons are invited to comment on the proposed funding priorities. 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: Van Malone, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Mailstop E-15, Atlanta, GA 30341-4146.

#### D. Program Requirements—Category A—(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.

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 their 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. Design program activities by using epidemiologic data, needs assessments, and prioritization of groups and interventions.

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, 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.cdcnpin.org](http://www.cdcnpin.org); the fax number is 1-888-282-7681.

## 2. CDC Activities

a. As appropriate, link funded applicants to a coordinated 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 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 A—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 40 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 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 both categories (A and B), 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 A—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. Training and Technical Assistance Plan.
11. Attachments.

## Instructions For Category A—Community-Based HIV Prevention Services

1. Abstract (not to exceed 2 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 2 pages): 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 4 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 contract).

5. Program Plan (not to exceed 10 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.

(4) Provide a time line 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 (National/Regional Minority Organizations)).

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 1 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**

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 and consultant agreements, 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.

10. Training and Technical Assistance Plan (not to exceed 2 pages): Describe 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.

#### 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 the documents listed below. Failure to provide the required documentation will result in disqualification.

(1) A copy of the Internal Revenue Service's determination letter showing their approval of your 501(c)(3) status.

(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) 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. 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" × 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" × 11" paper. Bound materials may not be reviewed.

#### F. Evaluation Criteria—Category A—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. Time line (5 points) The extent to which the applicant's proposed time line 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.

10. Training and Technical Assistance Plan (not scored). The extent to which the applicant describes areas in which technical assistance is anticipated in designing, implementing, and evaluating the proposed program and how the applicant will obtain this technical assistance. The extent to which the applicant describes anticipated staff training needs related to the proposed program and how these

needs will be met. The extent to which the applicant describes a plan for providing ongoing training to staff.

Before final award decisions are made, CDC may either make predisciplinary 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 B 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 community and agency 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 gay men of color populations and community stakeholders 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 (where appropriate and approved by the CDC). See Addendum for additional information.

e. Develop and implement a plan for targeting, engaging, and maintaining long term capacity-building relationships with CBOs serving gay men of color populations and community stakeholders. The plan



should include strategies for conducting ongoing CBO and community stakeholder needs assessments related to 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 CBOs, members of the target population(s), and community representatives and other HIV prevention stakeholders. 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 CBOs and highly affected gay men of color communities and sub-populations, such as gay, bisexual and Transgender youth (GBT Youth); 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 CBOs and gay men of color community stakeholders. This process must include mechanisms for conducting needs assessments, prioritizing requests, assigning staff or consultants, 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 B—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 40 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 unrounded 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 both categories (A and B), 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 B—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 Gay Men of Color populations and communities.
  - 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 Gay Men of Color Population(s).
  - b. Capacity-Building Needs.
5. Program Plan.
  - a. Involvement of Local CBOs and HIV Prevention Stakeholders.
  - b. Objectives.

- c. Plan of Operation.
- d. Coordination/Collaboration.
- e. Time line.
- 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. Training and Technical Assistance Plan.
- 11. Attachments.

#### Instructions for Category B—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 providing other capacity-building assistance to CBOs serving Gay Men of Color populations and communities. 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 CBOs serving Gay Men of Color populations. 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. If you are proposing to conduct more than two priority prevention interventions, demonstrate your capacity to implement both effectively.

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 of the racial/ethnic minority populations you intend to serve. Describe the impact of the HIV and AIDS epidemic on these population(s) 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 Gay Men of Color communities and CBOs serving Gay Men of Color populations in the region(s) 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 Local CBOs and Community HIV Prevention Stakeholders: Describe how CBOs and other community HIV prevention stakeholders 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 CBOs and other HIV prevention stakeholders in the Gay Men of Color community. Include in your description how you will: (a) conduct needs assessments, (b) prioritize requests to place major emphasis on assistance to CBOs and other prevention stakeholders serving Gay Men of Color populations most heavily affected by HIV, (c) assign staff and consultants, (d) deliver services, (e) report on service delivery, and (f) 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 CBOs and other prevention stakeholders serving Gay Men of Color;

(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 Addendum for examples of collaborating agencies).

e. **Time line:** Provide a time line 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 and consultants, 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.

10. **Training and Technical Assistance Plan** (not scored).

Describe 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.

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 the documents listed below. Failure to provide the required documentation will result in disqualification.

(1) A copy of the Internal Revenue Service's determination letter showing their approval of your 501(c)(3) status.

(2) Documentation that your organization has an established record of providing capacity-building services to the CBOs serving Gay Men of Color 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 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.)

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

(4) 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.

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

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

### **I. Evaluation Criteria—Category B—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 CBOs serving Gay Men of Color and to Gay Men of Color communities heavily affected by HIV and other STDs. (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 CBOs serving Gay Men of Color and to Gay Men of Color 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. The extent to which the applicant demonstrates the capacity to effectively implement more than two of the priority prevention interventions, if applicable. (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 of the racial/ethnic minority population to be served, the impact of the HIV and AIDS epidemic on this population, 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 CBOs serving Gay Men of Color populations and communities 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 35 points)

a. Involvement of CBOs. (5 points)

The extent to which CBOs and community HIV prevention stakeholders 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 CBOs serving Gay Men of Color populations and communities, 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. Time line. (5 points)

The extent to which the applicant's proposed time line 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.

11. Training and Technical Assistance Plan. (not scored)

The quality of the applicant's plan for obtaining needed technical assistance and staff training to support the proposed program.

Before final award decisions are made, CDC may either 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. Submission and Deadline—Categories A and B**

Submit the original and two copies of PHS 5161 (OMB Number 0937-0189).

Forms are available at the following Internet address: [www.cdc.gov/\\* \\* \\*](http://www.cdc.gov/* * *)

Forms, or in the application kit. 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.

#### **K. Other Requirements—Categories A and B**

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.

Send all reports to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

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

#### **L. Authority and Catalog of Federal Domestic Assistance Number—Categories A and B**

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.

#### **M. Where To Obtain Additional Information—Categories A and B**

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](http://www.cdcnpin.org/program); send requests by fax to 1-888-282-7681; or sent requests by e-mail: [application-gmc@cdcnpin.org](mailto: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/](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](mailto: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 24 (2:30-4:00 p.m. EDT)—June 29 (2:30-4:00 p.m. EDT)

The telephone number for all calls is: 800-311-3437 and the pass code (when asked by the automated voice) is 990238 and the name of the audio-conference (Gay Men of Color).

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: Van Malone, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Program Announcement [99091], Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Mailstop E-15, Atlanta, GA 30341-4146, Telephone (770) 488-2733; E-mail [vxm7@cdc.gov](mailto:vxm7@cdc.gov).

For program technical assistance, contact: Dr. George Roberts or Mr. 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, M/S E-58, Atlanta, GA 30333, Telephone number (404) 639-5280 and (404) 639-5240; Email [syt2@cdc.gov](mailto:syt2@cdc.gov) or [gwr2@cdc.gov](mailto:gwr2@cdc.gov).

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

Dated: June 11, 1999.

**John L. Williams,**

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

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## **DEPARTMENT OF HEALTH AND HUMAN SERVICES**

### **Administration for Children and Families**

#### **Submission for OMB Review; Comment Request**

**Title:** Year 2000 Systems Compliance Report to the Department of Health and Human Services.

**OMB No:** 0970-0191.

**Description:** Report the Year 2000 readiness of the State systems that support States' (Child Care, Child Support Enforcement, Child Welfare, and Temporary Assistance for Needy Families) programs CORE functions. For each program, identify the major functions must be operational for the program to operate successfully; provide the status of the State's effort to make the automated systems, which support the functions Year 2000 ready.

**Respondents:** States, District of Columbia, Territories.