

**ALABAMA DEPARTMENT OF PUBLIC HEALTH (ADPH)
OFFICE OF HIV PREVENTION AND CARE (OHPC)
REQUEST FOR PROPOSALS (RFP)
FOR
ENDING THE HIV EPIDEMIC (EHE) IN ALABAMA**

Release Date:
FEBRUARY 1, 2021



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I. OVERVIEW AND PURPOSE

The State of Alabama continues to experience an HIV/AIDS epidemic of moderate magnitude when contrasted with the experience of other states. It is a state that is primarily rural with 55 out of 67 counties located outside of the state's major and minor urban populations. Data trends reveal HIV still infects and affects persons of all genders, ages, races, ethnicities, and socioeconomic groups in Alabama. As of January 8, 2019, 2017 finalized data shows that there were 657 new cases of HIV in Alabama. Men who have sex with men (MSM) are among the highest newly diagnosed groups in Alabama and that statistic continues to increase. MSM accounted for 348 of newly diagnosed cases in the state.

In 2019, the U.S. Department of Health and Human Services announced the *Ending the HIV Epidemic: A Plan for America*¹, a plan to end the HIV epidemic in the United States by 2030 by reducing the number of new HIV infections in the United States by 75 percent within five years, and then by at least 90 percent within 10 years, for an estimated 250,000 total HIV infections averted. The means to achieve this goal focuses on four key strategies - diagnose, treat, prevent, and respond; implemented together, these strategies can end the HIV epidemic in the United States.

The Alabama Department of Public Health (ADPH), Office of HIV Prevention and Care (OHPC) Ending the HIV Epidemic (EHE) Program seeks to accelerate efforts to reduce new HIV infections within the highest burden counties of Houston, Jefferson, Mobile, Montgomery, and Tuscaloosa; and the emerging counties of Bullock, Calhoun, Dallas, Franklin, Lee, Lowndes, Macon, Madison, Marion, Morgan, Russell, Talladega, Walker, and Winston. The Alabama EHE plan was developed in August 2020 by a diverse stakeholder group informing the Alabama's EHE program which seeks to prioritize at-risk populations such as gay and bisexual men (GAAM) and other MSM, especially black and Latinx GBM; gay African American men; persons identifying as transgender; cisgender women, especially those identifying as African American; and people who inject drugs (PWID). See Alabama's EHE plan at <https://www.alabamapublichealth.gov/hiv/assets/al-ehe-plan-condensed.pdf>.

This RFP is being released to recruit public or private non-profit organizations, government agencies, non-governmental public or private organizations, faith-based organizations, AIDS Service Organizations (ASOs), federally qualified health centers (FQHCs), and community-based organizations (CBOs) to implement strategies and activities that are unique to their catchment area. The EHE plan relies heavily on new voices and non-traditional CBOs; therefore, these entities are strongly encouraged to submit proposals under the Innovative Promise Grant category. Approaches for the strategies will focus on diagnosing all people with HIV as early as possible; treating people with HIV rapidly and effectively to reach viral suppression; preventing new HIV transmission by using proven interventions, including pre-exposure prophylaxis

¹Centers for Disease Control and Prevention. (February 2020). Ending the HIV Epidemic: A Plan for America. <https://www.cdc.gov/endhiv/index.html>

(PrEP) and syringe services programs (SSPs); and responding quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them. All EHE programs must be in Alabama.

II. ELIGIBLE APPLICANTS

Eligible applicants are all public governmental and/or private organizations which can demonstrate current non-profit 501c3 status and that can provide assurance of ability to access target populations as well as who: 1) are legally authorized to conduct business within the state of Alabama; 2) are in a position to operate on a cost-reimbursement basis; 3) become an Alabama registered vendor prior to billing for services through the State of Alabama Accounting and Resource System (STAARS) at <http://vendors.alabama.gov/>; and 4) meet the terms and conditions of the RFP. Individuals not operating within an established organization, agency, business, or other entity are not eligible to apply for this grant opportunity.

Proposals will be accepted from applicant agencies with staff, including an EHE Coordinator with experience in implementing, coordinating, or managing programming that promotes avoidance of HIV and other risky behaviors, and collaboration with community-based entities.

III. IMPORTANT DATES

- February 1, 2021: Release RFP.
- February 8, 2021: Proposal Question & Answer (Q & A) Conference Call.
- March 8, 2021: Application Deadline.
- March 17, 2021: Award Notification.
- April 1, 2021: Award Period Begins.
- July 31, 2021: Award Period Ends.
- August 15, 2021: All Invoices Due to ADPH.
- TBA: Post Award Conferences.

Proposal Q & A Conference Call: This is a conference call conducted by the OHPC staff to explain the technical and legal requirements of the RFP. There is some general information from the RFP regarding who to contact with questions and how, and when proposals can be submitted but the most important part is the response to questions posed by the prospective organizations/clinics. The major precaution about the pre-proposal conference call is that the RFP is not changed at that point. Within three days of the call, a prepared Q & A sheet inclusive of any RFP changes will be posted on the ADPH-OHPC website.

Site Visits: Site visits are conducted with proposers, if the place of performance is critical to the success of the proposal. The acquisition activity thereby is given general impressions of the suitability of the proposer's place of business or other site for accomplishing the proposed activity. Negotiations include any discussion of the proposals with individual offerors for substantive change including reduction of cost. The purpose of negotiations is to reach a "meeting of the minds" with each proposer. Site visits and negotiations can be conducted together or separately. If negotiations

are conducted with any proposer, they must be conducted with all offerors in the competitive range (proposals that have a reasonable chance of getting an award). After negotiations, each proposer is provided the opportunity to submit a revised proposal, including cost that will include any changes made based on the negotiations. This step can be omitted, if the proposer does not have any negotiations.

Post Award Conference Calls: These are conducted with each successful offeror (individual and/or group) to discuss the way the grants will be administered. Points of contact with telephone numbers and email addresses, invoicing procedures, reporting, evaluation, and other administrative matters are discussed. These conference calls are held immediately before or after the start of performance by the grantees.

IV. INSPECTION AND ACCEPTANCE

- All services provided under the terms and conditions of this grant are subject to inspection and acceptance by OHPC, ADPH, RSA Tower Suite 1200, 201 Monroe Street, Montgomery, AL 36104.
- The time and location of inspection visits will normally be coordinated between ADPH and the grantee at least one week in advance of the inspection visit.
- Inspection visits will be documented in inspection reports to be published not later than thirty days after each inspection visit. Inspection findings documented in each report will be diligently worked by the grantee to the satisfaction of the health department.
- Post-award, the Office will utilize a comprehensive prevention evaluation tool to monitor funded HIV prevention activities. The tool will incorporate individualized components that will be used to monitor and assess program interventions, and ensure quality assurance for measuring process, outcome and impact indicators. Project monitoring will occur at random in four separate phases:
 - Submission of comprehensive summary reports specifically outlining program activities occurring throughout the quarter, data resources used to evaluate project interventions, community collaborations, internal/external trainings attended, number of persons participating in project interventions, and barriers to accomplishing the proposed objectives during the specified quarter.
 - At least one site visit/audit will be held annually to include but not limited to the following:
 - A review of documentation and materials used for program interventions.
 - Total number of persons, targeted audience served quarterly and yearly.
 - Total number of capacity building activities received, attended and/or conducted.
 - Total number of collaborations with other community partners.
 - Total number and frequency of activities.

- Discussion of project strengths and barriers.
 - Documentation of community collaborations to support Memoranda of Agreement (MOA).
 - Identification of noncompliance areas.
 - Suggestions for project enhancement and improvement.
 - Upcoming meetings and events (local and state level).
 - Program Evaluation and Monitoring.
 - Next Site Visit Date.
- Observation Visits: One to two visits annually will be made to monitor and observe project activities (e.g., group level interventions, theme based, support and/or educational, community forums/programs, staff in-services, professional development trainings, continuing education workshops).
 - Quarterly reporting with project staff throughout the duration of the funding cycle. Report monitoring will include but not limited to the following:
 - Written documentation of program intervention progress using OHPC format and submission schedule.
 - Scheduled Project Update at the Alabama HIV Prevention and Care Group meeting in Montgomery and the local HIV Network group.

Noncompliance with the monitoring requirements is subject to withholding of monthly payments. Issuance of payments will be awarded based on acceptable and approved services provided, and submission of all required supporting documentation.

V. FUNDING

Funding for the EHE Program comes from the *Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States Grant* (CDC-RFA-PS20-2010) administered through the CDC, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention.

Awards will be divided among pillar strategies. The exact number of awards per pillar/strategy will in part, be dependent on the proposals submitted. Total amount of funding is \$1.1M.

- **Pillar Diagnose** – Education, Testing, and Linkage (2-4 awards)
- **Pillar Treat** – Peer Support and Case Management (1-2 awards)
- **Pillar Prevent** – PrEP, nPEP, and Social Services (2-4 awards)
- **Pillar Respond** – State Initiated Coordinated Response Systems Outbreak (0 awards; this pillar will be led by the HIV Surveillance Branch)
- **Innovative Promise Grants** – Grassroots grant funds (2 awards)

For the planning period (April 1 – July 31, 2021), the award amount is up to \$85,000 for ASOs, CBOs, and FQHCs. The award amount for the Innovative Promise Grant proposals is up to \$75,000.

For the implementation period (August 1, 2021 – July 31, 2022) the award amount is up to \$250,000 per year for ASOs, CBOs, and FQHCs. The award amount for Innovative Promise Grant proposals is up to \$200,000 per year.

Only one award per organization/clinic is allowed. Applicants should only apply for amounts that are realistic and necessary to complete program activities annually for the duration of the three-year funding cycle, August 1, 2021 – July 31, 2024.

The three continuation years will be awarded to the same grantees, one year at a time, on a non-competitive basis, if the prevention services are still required, funding is available, and the contractor has performed satisfactorily in the previous period. Progress reports and annual program plans must be submitted and are subject to approval for funding renewal. **NOTE: ADPH reserves the right to negotiate continuation awards based on project plans, performance, and/or recommended program reviews.**

VI. BUDGET/BUDGET JUSTIFICATION

For questions or assistance with budgetary matters, please call Valeria Patton at 334-206-5364.

Proposals must include a detailed project budget, using the template in Attachment 5. A budget narrative section providing supportive description and justification for each line item should follow the budget. All program expenses are on a reimbursable basis, according to state and federal rules and regulations.

The funds **may** be used for:

- Salary, fringe benefits, and health insurance for program staff.
- Educational materials (e.g., videos, pamphlets, informational items).
- Supplies or operational expenses (e.g., paper, stamps, ink cartridges, pens).
- Travel at the current state mileage rate of no more than \$.56 per mile.

The funds **may not** be used for:

- Cash payments to recipients.
- Matching other funds.
- Purchasing any food items.
- Capital improvements.
- Professional liability insurance.
- Purchasing equipment over \$499.99.

Seek consultation with state technical advisors before purchasing incentives and arranging retreat services. A sample budget and budget narrative/justification are

provided in Attachment 5. Please see Section 9, under XV, Proposal Requirements, for further instructions related to the budget.

VII. REQUIRED ACTIVITIES

- Implement program, practice, or policy efforts that fit within one or more EHE strategies.^{1,2}
- Participation in a post grantee award and evaluation orientation.
- Participation in state level meetings and educational trainings.
- Project presentations with collaborative partners and nontraditional HIV community-based service providers.
- Project presentations at local community network and state HIV Prevention and Care Group (HPCG) meetings.
- If providing HIV tests, utilize the HIV counseling and testing form (i.e., serology form) and upload data into the HIV/AIDS Data Information System (HADIS).
- Submit invoices and monthly reports by the 10th of each month with each invoice including a letter of transmittal on contractor letterhead, service expenditure report in the specified format, and back up data (e.g., receipts, payroll records, certifications) supporting each expense for which reimbursement is requested.
 - Invoices will be processed promptly and paid in accordance with OHPC grant guidance, state and federal rules and regulation if services are deemed to be satisfactory and there are no grant clause non-compliance issues.
 - By October 10 of each year, the grantee will have submitted invoices for all expenses incurred in the previous state fiscal year (October 1 – September 30) where reimbursement is requested.
- Each agency must comply with federal regulations that require agencies to meet the requirement of the Office of Management and Business (OMB) Circular A- 133, Audits of State and Local Government and Non-Profit organizations, revised June 30, 1997, which rescinded OMB Circular A-128, “Audits of State and Local Governments.” Agencies must also make all records, financial statements, and independent audit reports available to ADPH.

VIII. REPORTING REQUIREMENTS

Applicants must submit reports as requested, meet all deadlines for data reporting and reimbursement, and submit progress on EHE activities monthly. See Section IV.

IX. METHOD OF SELECTION

Technical Review Panel

An initial review of proposals will be conducted by program and administration staff from OHPC. This review will be based on the technical merit of the proposal to

determine if instructions were followed and if eligibility requirements are fully met.

The following is a checklist of items required in the proposal. Incomplete proposals will be disqualified without further review. Proposals that meet the following eligibility requirements will proceed to the external review team.

- Cover Page
- Table of Contents
- Program Abstract
- Background/Statement of Need
- Description of Organization/Organizational Capacity
- Description of HIV in the Community
- Project Implementation
- Community Support
- Measures of Effectiveness
- Work Plan
- Budget/Budget Justification
- Required Forms (see Section 1, under XV, Proposal Requirements, Section I)

OHPC will assemble an external peer review team of professionals who have expertise in health care, evaluation, HIV education, and outreach work. Based on their knowledge and experience, these selected individuals will review applicant's content and written presentation of the proposal, organizational capacity, and collaboration intent. The following criteria will be utilized to evaluate proposals:

Background/Statement of Need – 5 points
Description of Organization/Organizational Capacity – 10 points
Description of HIV in the Community – 25 points
Project Implementation – 30 points
Community Support – 5 points
Work Plan – 5 points
Measures of Effectiveness – 10 points
Budget – 10 points
Total Possible Score 100 points

X. SUBMISSION OF PROPOSALS

Completed applications **must be received** by OHPC on or before **March 8, 2021 by 5:00PM CDST**. Incomplete applications and faxed copies will not be accepted. Applicants may submit one application per organization/clinic. Applicants must submit one electronic copy to chelsey.holland@adph.state.al.us and mail an original and five copies to:

Alabama Department of Public Health, Office of HIV Prevention and Care
Attn: Chelsey Holland
RSA Tower, Suite 1200B
201 Monroe Street
Montgomery, AL 36104

PLEASE NOTE: NO EXTENSIONS WILL BE GIVEN.

XI. RIGHTS OF REJECTION

OHPC reserves the right, at its sole discretion, to reject all proposals or to cancel this RFP in its entirety.

Any proposal received which does not meet the requirements of this RFP may be non-responsive, and the proposal may be rejected. Proposers must comply with all the terms of this RFP and all applicable State laws and regulations. The OHPC may reject any proposal that does not comply with all the terms, conditions, and performance requirements of this RFP.

Proposers may not restrict the rights of the OHPC or otherwise qualify their proposals. If a Proposer does so, the OHPC may determine the proposal to be a non-responsive counteroffer, and the proposal may be rejected.

XII. SEVERABILITY

If any provision of this RFP is declared by a court to be illegal or in conflict with any law, the validity of OHPC terms and provisions shall not be affected; and, the rights and obligations of the OHPC and Proposers shall be construed and enforced as if the RFP did not contain the provision held to be invalid.

XIII. AWARD NOTIFICATIONS

Successful applicants will be notified by email on March 17, 2021.

XIV. TECHNICAL ASSISTANCE

Any non-budget questions should be directed to Chelsey Holland at (334) 206-7975 or chelsey.holland@adph.state.al.us or Adrinda Carter at (334) 206-5945 or adrinda.carter@adph.state.al.us. All budget questions should be directed to Valeria Patton at (334) 206-9442 or valeria.patton@adph.state.al.us.

XV. PROPOSAL REQUIREMENTS

Follow this format in presenting the proposal:

- 1-inch margins.
- 12-point Times New Roman font.
- Typed and double-spaced (except for application cover page, organizational chart, work plan, and budget).
- The work plan must be submitted using the work plan template in Attachment 6.
- Two budgets which must be submitted using the budget template in Attachment 5.

Section 1: Application Cover Page (Attachment 1) and Required Forms

- Identify the applicant organization, name, address, and county.
- Identify the applicant contact person, phone number, and email address.

- Include the name and signature of applicant’s organizational representative authorized to submit a proposal or sign a contract.
- Federal Employer Tax Identification Number, Duns and Bradstreet number, and zip code + 4.
- Required Forms:
 - ADPH HIV Prevention Services Projects (Attachment 3).
 - Assurance Statement (Attachment 4).
 - Assurances to be Included in Proposal (Attachment 2).
 - Certificate of Compliance with the Beason-Hammon Alabama Taxpayers and Citizen Protecting Act.
 - Federal Funding Accountability and Transparency Act (“Transparency Act” or “FFATA”) Disclosure Statement.
 - Form W-9.
 - Indirect Cost Letter (if charging indirect costs).
 - State of Alabama Disclosure Statement.

Section 2: Background/Statement of Need (5-page limit, 5 points)

- Describe the problem of HIV in the focus area: include data on HIV, limitations of data, social norms that promote or prevent risk reduction programming, and anything else that may indicate a need for HIV programming.
- Describe the strengths and assets of the applicant organization, community, and stakeholders which are relevant to addressing ending the epidemic.
- Describe the population that the proposed project will target and serve, and why the agency is qualified to reach that population. Describe the target community including location, population, and other relevant demographic information.

Section 3: Description of Organization/Organizational Capacity (3-page limit, 10 points)

- Provide a description of the appropriateness of the agency/organization for the EHE Program. Please include the following required items:
 - A description of the agency/organization and its purpose.
 - A brief history of the applicant agency (how, when, and why the agency was established).
 - The mission statement.
 - An organizational chart.
- This project primarily funds the position of EHE Coordinator. Provide examples of how the organization will support this position as an integral member of the staff, and how others in the organization can demonstrate their commitment to a shift towards EHE:
 - Explain how the agency can reasonably meet the demands of the project activities.
 - Discuss how the EHE Coordinator’s supervisor will be involved in this project.

Section 4: Description of HIV in the Community (4-page limit, 25 points)

As HIV impacts all sectors of the community, it is necessary to engage the community in prevention efforts. Provide evidence that the agency/organization is a recognized leader of HIV services and prevention activities in the community.

Evidence may include, but is not limited to, the following:

- Current implementation of community-level prevention programs (provide examples).
- Current or recent evidence of agency being a public spokesperson for HIV prevention.
- Current evidence of leadership in influencing local policies and practices for HIV prevention.
- Successful collaboration with other agencies for HIV. Provide specific examples of collaboration activities related to HIV (i.e., participation on a community task force focusing on HIV, Memorandum of Understanding [MOU] with other CBOs).
- Culturally relevant provision of services to people living with HIV or high-risk populations.

Describe how the applicant plans to respond to potential disclosures of HIV by participants during proposed prevention activities:

- This may include referring the participant to direct service staff at the agency or another agency, if the participant has fallen out of care or wants to be linked to additional services.

Section 5: Project Implementation (6-page limit, 30 points)

Describe how the applicant organization plans to implement the following activities:

- Proposed Projects under this RFP must focus on at least one pillar. Applicants must apply for one or more of the recommended strategies in their chosen pillar(s). See Appendix 1. Applicants should address as many strategies under a selected pillar as appropriate in terms of providing comprehensive care.
- Each application **must** focus on at least two of these priority populations:
 - Cisgender women of color
 - GAAM
 - GBM, especially African American and Latinx
 - MSM
 - Transgender persons
 - PWID
 - People residing in Houston, Jefferson, Mobile, Montgomery, Tuscaloosa, Bullock, Calhoun, Dallas, Franklin, Lee, Lowndes, Macon, Madison, Marion, Morgan, Russell, Talladega, Walker and Winston
- Please describe the following:
 - The population(s) and number of participants the project will serve with each sub-strategy.
 - How and why the population was selected.

- Why this population may be at increased risk of acquiring HIV or how engaging this population may promote positive social norms.
- What risk factors will be addressed by implementing each strategy.
- What protective factors will be addressed by implementing each strategy.
- Why each strategy is likely to succeed.
- What success would look like at the end of this grant period. This is often referred to as outcomes, or the changes expected to happen because of strategy implementation. What “benchmarks” will indicate whether the program is on track to succeed at 6 months? At 1 year? At 2 years? At 3 years?
- Describe in detail how the applicant organization plans to complete the following additional **required** activities:
 - Participate in the local HIV Prevention Network Group (HPNG).
 - Participate and present at the quarterly HPCG.
 - Participate in the End HIV Alabama planning group.

Section 6: Community Support (2-page limit, 5 points)

- Provide three Letters of Support and/or MOUs with partnering community agencies, organizations, and/or individuals the program partners with that show a strong commitment and support for this application, HIV prevention, and/or the applicant agency.
- Describe the linkages with groups and agencies that will take part in the project and the mechanisms of communication/collaboration.

Section 7: Work Plan (use provided template, 5 points)

Use Attachment 6 to develop a project workplan that incorporates the selected sub-strategies and proposed grant activities. Please note that special attention will be given to organizations that initiate innovative activities or projects, and/or target populations within the scope of the EHE plan. It is important to look beyond what has been done in the past. Keep in mind the following when developing goals and objectives:

- Goals should be simple and concise. They should indicate who will be affected and what changes will result from the activity.
- Objectives must be specific and measurable to the point of emphasizing accountability (i.e., able to link program activities directly with the approved budget expenditures), consistent with the stated purpose of the EHE grant announcement, and attainable within the grant period.
- Objectives should be SMART: Incorporate the following acronym in each objective:
 - Specific (What is going to be done and for whom?).
 - Measurable (What is expected to occur or change?).
 - Attainable/Achievable (Can the objective be accomplished by the proposed time frame?).
 - Realistic (Are the resources available to achieve the objective?).
 - Time Bound (When will the objective be accomplished?).

Section 8: Measures of Effectiveness (2-page limit, 10 points)

- Describe how success will be measured to reach the goals and objectives proposed.
- Describe methods to monitor the implementation of proposed strategies and activities.
- Describe methods to show change in behaviors (if applicable), attitudes, and beliefs.
- Describe how evaluation results will be used to improve, change, or guide program activities.

Section 9: Budget (use provided budget template, 10 points)

Use the budget template provided.

- Provide a proposed budget for the planning period, April 1- July 31, 2021, using the template in Attachment 5. The budget must include calculations used to arrive at each line item amount:
 - The budget must be prepared for no more than the funding ceiling outlined in Section V.
- Provide a proposed annual budget for the implementation period, August 1, 2021- July 31, 2022, using the template in Attachment 5. The budget must include calculations used to arrive at each line item amount:
 - The budget must be prepared for no more than the funding ceiling outlined in Section V.
- List all personnel who salaries will be paid in whole or in part with funding for this proposal. For each position, provide the job title, employee name, brief description of duties and responsibilities related to the project, annual salary, percentage of time to be devoted to and paid for by this grant, and amount to be charged to this grant. If the position is vacant, indicate when the position is expected to be filled. Proposals must include the annual salary for the EHE Coordinator.
 - Applicants may also request funding to pay the EHE Coordinator's supervisor's salary.
- Include the costs of fringe benefits for each position. Please include calculations for each item in the justification box provided on the template.
- All travel expenses must be consistent with the currently approved state and federal rates for mileage and per diem. Applicants may request reimbursement amounts that are lower than the state rate.
 - Include travel costs for program staff to attend the monthly HPNG in catchment area and quarterly HPCG in Montgomery.
 - Include any proposed travel that is clearly linked to performing duties associated with the EHE Program.
- Detail each estimated cost for supplies, such as:
 - **Office supplies** – Funds used for general office supplies for this project. Supplies include copy paper, file folders and related items.
 - **Educational Materials** – Funds used for brochures, pamphlets, posters and other materials for implementation of targeted efforts.

- **Resource Materials** – Funds used for reference materials to implement activities related to the project objectives.
- Detail any in-kind contributions that will be made to the project by the applicant organization or other sources. Describe the contribution and its dollar value (i.e., donation of time, volunteers, materials, office space, staff time and/or other services which contribute to the goal of the project without incurring costs).
- Other resources – provide information about current relevant sources of support for your organization. Proposals requesting partial funding for a project will not be considered unless funding has already been secured for all other aspects of the project and the activities of the ADPH-funded portion of the project can be evaluated and described independently from the remainder of the project.
- Indirect Cost – 10 percent is the allowable indirect cost for this grant. If you do not have documentation from a federal agency of your indirect rate, you must use the de minimis rate allowed by regulation or else not budget for indirect costs. You may still budget for specific administrative costs, if you do not budget for indirect costs.

Appendix 1

Table of Pillars, Strategies, and Metrics

<p>Pillar 1 – Diagnose: This pillar focuses on diagnosing all people with HIV (PWH), as early as possible. Reaching undiagnosed PWH requires effective use of data for prioritized HIV testing, the provision of HIV and STI/STD partner services, and approaches that include education, addressing fear and stigma, rapid treatment options, and the integration of HIV testing into routinized health screenings. All activities should include aspects of raising awareness of HIV, providing education about HIV, providing HIV testing and linkage to HIV prevention services, if HIV negative, or HIV care, if positive.</p>	
Strategies	Required Metrics
<ol style="list-style-type: none"> 1. Testing in clinical settings: Routine opt-out HIV testing in healthcare and settings. This includes awareness, education, testing, and referral to prevention and care services. 2. Testing in non-healthcare settings: Locally-tailored HIV testing programs to reach persons in non-healthcare settings, specifically focusing on prioritized populations in various settings and during nontraditional hours. Ensuring awareness, education, testing, and referral to prevention and care services. 3. Increase re-screening of persons at elevated risk for HIV infection. Develop innovative clinical and/or community systems (i.e., regular provision of home test kits to individuals at elevated risk) to improve frequent access to testing for those at high risk for HIV infection. 4. Integrate HCV and STD/STI testing services into HIV testing. Develop comprehensive awareness, education, testing, and linkage/referral services that can address HCV, HIV, and STDs/STIs. 	<p>Proposed activities must provide the following metrics:</p> <ul style="list-style-type: none"> • Number of individuals tested (including provision of self-tests) • Number of new/previous positives • Number and percentage of people testing positive who are linked to medical services within 30 days • Number and percentage of people tested for HIV referred to prevention services (i.e., PrEP, social services) • Number of events where HIV awareness and/or testing are conducted
<p>Pillar 2 – Treat: This pillar emphasizes the importance of promoting care engagement/re-engagement, care retention, and viral suppression. This RFP is not intended to replicate the services supported by Ryan White funding. This RFP will focus on the following: (1) Peer support networks for those living with HIV. An HIV diagnosis can be an emotionally traumatic and isolating event. Many individuals with HIV have an array of medical or psychosocial issues and needs which may take priority over their HIV care. In addition to the scientific data, community feedback confirmed that strong support systems are vital to improved care engagement, care retention, and treatment adherence. (2) Case management for those who are not Ryan White patients. Data indicate better outcomes for Ryan White patients compared to those who are not in the Ryan White program. Case management is a fundamental component of Ryan White clinics. This funding supports case management for patients who are not Ryan White patients.</p>	

Strategies	Required Metrics
<ol style="list-style-type: none"> 1. Establishment, recruitment for, and facilitation of Peer Support activities (in person and/or virtual), support groups, or “buddy” systems to promote social safety nets and self-care practices. Activities which help provide social support for PWH in a peer/support group environment are encouraged. The objectives of peer support activities must include (re)engagement to medical services, retention in medical services, and achieving viral suppression. 2. Provision of medical and/or nonmedical case management of PWH who are not Ryan White clients. This can include, but is not limited to, facilitating medical appointments for patients, or coordination of social services such as housing, access to food, employment support, mental health services, drug treatment services, etc. 	<p>Metrics for peer support activities are at the applicant’s discretion but must target improved (re)engagement to medical services, retention in medical services, and viral suppression. Nonclinical applicants will need to provide data on engagement activities and behavioral change (appointments attended and/or self-reported change in facilitating behaviors), while clinical applicants should provide data on engagement activities, retention in medical services, and viral suppression. Some examples:</p> <ul style="list-style-type: none"> • Number of peer support groups • Number of peer support meetings • Number of peer support participants • Percentage change in self-reported behaviors • Number of PWH linked to care • Number and percent of attended appointments • Change in percentage of clients reaching viral suppression (for clinical sub-grantees only) <p>Metrics for case management for non-Ryan White patients are:</p> <ul style="list-style-type: none"> • Number of case management sessions • Number of referrals made to support services • Number of referrals kept at support services

Pillar 3 – Prevention: Prevention of new HIV infections is imperative for disease control. This pillar addresses a comprehensive and innovative approach to increase access to PrEP, nPEP, and support services for HIV negative persons at risk for HIV infection.

Strategies	Required Metrics
<ol style="list-style-type: none"> 1. Provide novel methods of PrEP/nPEP program implementation via telemedicine, technology-based applications, or same day PrEP/PEP initiation. 2. Develop PrEP/nPEP services in traditional (e.g., brick and mortar) or nontraditional settings (e.g., mobile units, emergency departments, pharmacies, urgent care settings, family planning clinics, substance use treatment facilities, rape crisis centers). 	<p>Proposed activities must provide the following metrics:</p> <ul style="list-style-type: none"> • Number and percentage of HIV-negative clients who are determined to be at high risk for HIV infection among those who are screened. • Number and percentage of HIV-negative clients who are referred for PrEP/nPEP among those who are determined to be at risk.

<ol style="list-style-type: none"> 3. Screen, refer, link, prescribe and track adherence to PrEP for HIV negative persons at risk for HIV infection interested in PrEP and nPEP. 4. Refer HIV-negative persons at risk for HIV infection to other essential support services, to include screening and active referrals for healthcare benefits, behavioral health, and medical and social services (e.g., housing, mental health services, substance use treatment services, employment, transportation, and other social services). 5. Increase awareness of and competence for HIV prevention, PrEP or nPEP through trainings, outreach events, and educational resources. This could include capacity building trainings on associated key topics for HIV prevention such as community engagement, cultural humility, communication skills, provider/client dynamics, etc. Audiences for these activities can be the general public, patients, or providers. 	<ul style="list-style-type: none"> • Number and percentage of HIV-negative clients who are linked to PrEP/nPEP among those referred for PrEP/nPEP. • Number and percentage of persons prescribed PrEP among those linked to PrEP. • Adherence/Persistence (TBD) • Number of clients screened and referred to social services. • Number of individuals trained or community events on prevention related topics or services.
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Pillar Respond – State Initiated Coordinated Response Systems Outbreak

Grassroots Prevention Activities: The purpose of this activity is for a nontraditional entity to provide innovative community-based HIV prevention activities.

Strategies	Required Metrics
<ol style="list-style-type: none"> 1. Implement HIV prevention activities, events, and trainings focused on health literacy, stigma, racism, medical mistrust, cultural humility/sensitivity, HIV awareness and education, etc. 	<p>Proposed activities must provide the following metrics:</p> <ul style="list-style-type: none"> • Number of activities or events. • Number of participating individuals. • Qualitative reflection on activity outcomes (case stories, post-activity discussions, etc.)

Appendix 2

HIV/AIDS Districts and Managers

Northern District

HIV Manager: Tia Gilbert (256) 746-7453
Service Area: Colbert, Cullman, Lauderdale, Lawrence,
Limestone, Franklin, Jackson, Marshall, Morgan,
Marion, Winston
Madison

Northeastern District

HIV Manager: Vacant
Service Area: Blount, Calhoun, Clay,
Cleburne, Cherokee, DeKalb, Etowah,
Shelby, St. Clair, Randolph, Talladega

West Central District

HIV Manager: Shakina Wheeler-Cox (205)554-4526
Service Area: Lamar, Fayette, Walker, Pickens,
Tuscaloosa, Sumter, Greene, Hale, Bibb, Perry, Chilton

Jefferson County

HIV Manager: Vacant

East Central District

HIV Manager: Ka'Laun Hambrite (334) 293-6476
Service Area: Autauga, Bullock Chambers, Coosa,
Elmore, Lee, Lowndes, Macon, Montgomery, Russell

Southwestern District

HIV Manager: Kendall Maye (251) 575-8869
Service Area: Baldwin, Clarke, Choctaw,
Connecuh, Dallas, Escambia, Marengo,
Monroe, Washington, Wilcox

Southeastern District

HIV Manager: Jacqueline Snell (334) 678-5920
Service Area: Barbour, Butler, Coffee,
Covington, Crenshaw, Dale, Geneva, Henry,
Houston, Pike

Mobile County

HIV Manager: Vacant

Attachment 1

Organization Name

Organization Address
Organization Zip Code + 4
Organization County

Tax ID Number	
DUNS Number	
Applicant Contact Person	
Contact Person's Phone Number	
Contact Person's Email Address	
Signature of Applicant's Organizational Representative authorized to submit Proposal or Sign Contract	
Printed name of Applicant's Organizational Representative authorized to Submit Proposal or Sign Contract	

Attachment 2

Assurance of Compliance

with the

**"Requirements of AIDS-related written materials, pictorials,
audiovisuals, survey instruments, questionnaires, and educational sessions in
ADPH HIV/AIDS Prevention and Control Assistance Programs"**

By having a representative sign and submit this form, _____
(Contractor) agrees to comply with the specifications set forth in this document.

All written materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group educational sessions, educational curricula and like materials will be submitted to the HIV Prevention and Care Group, Public Information Committee. The panel shall be composed of no less than five persons representing a reasonable cross-section of the general population, but which is not drawn predominately from the intended audience.

Guided by the CDC Basic Principles (set forth in 57 Federal Register 26742) the Program Review Panel will review and approve all applicable materials prior to their distribution and use in any activities funded in any part with CDC assistance funds.

Signature: _____

Name: _____

(Please print)

Position with agency: _____

Date: _____

Attachment 3

The State of Alabama

ADPH HIV PREVENTION SERVICES PROJECTS

PROJECT TITLE: _____

APPLICANT NAME: _____

ASSURANCES

By signing this, applicant assures that the agency has current non-profit 501c (3) status and is in "Good Standing".

As a condition of submission, any prospective applicant must agree to adhere to the following conditions by signing below.

Conformance with Statutes: Any contract awarded because of this RFP must be in full conformance with the statutory requirements of the State of Alabama and Federal Government.

Ownership of Proposals: All proposals in response to this RFP are to be the sole property of the state and subject to the provisions of Code of Alabama (re: freedom of information).

Supplying Additional Information: The applicant shall agree to supply any additional information requested.

Stability of Budget: Any budget from applicant must be valid for a period of 120 days from the due date of the proposals.

Oral Agreements: Any alleged oral agreement or arrangement made by an applicant with any agency or employee will be superseded by the written agreement.

Amending or Canceling Requests: The state reserves the right to amend or cancel this RFP at its discretion, prior to the due date and time, and/or at any point prior to the issuance of the written agreement, if it is in the best interest of the agency and the state.

Rejection Default or Misrepresentation: The state reserves the right to reject the proposal of any applicant which is in default of any prior contract or for misrepresentation.

State's Clerical Errors in Awards: The state reserves the right to correct inaccurate awards resulting from its clerical errors.

Rejection of Proposals: Proposals are subject to rejection in whole or in part if they limit or modify any of the terms/conditions and/or specifications of the RFP.

Applicant Presentation of Supporting Evidence: An applicant, if requested, must be prepared to present evidence of experience, ability, service facilities and financial standing necessary to satisfactorily meet the requirements set forth or implied in the RFP.

Changes to Proposals: No additions or changes to the original proposal will be allowed unless specifically requested.

Subcontracting: In a multi-contractor situation, the state requires a single point of responsibility and accountability.

Regulatory Compliance: The applicant is required to follow any applicable provisions of the Regulations of Alabama State Agencies and with State Non-discrimination and Affirmative Action laws, rules and regulations.

Participation in the Evaluation: The applicant is required to work with the Alabama Department of Public Health and evaluators selected by the State to comply with the requirements of the statewide evaluation. The requirements include, but are not limited to, the following:

- Participate in a rigorous evaluation including process and outcome assessments as it is developed and must cooperate with the following statewide requirements at the community and program levels.
- Work with the evaluation/monitoring team to finalize an evaluation plan that includes:
 - a statement of goals, objectives and action steps to achieve objectives.
 - identified survey items.
 - procedures for collecting process and outcome data.
 - timetable of activities.
- Participate in meetings to develop an implementation and evaluation plan.
- Document and submit the activities, strategies and participant characteristics of the program.
- Assure that collaborators, supporters and project staff will be available to be surveyed or interviewed, as necessary, to ascertain progress and evaluate issues regarding program implementation and outcomes.
- Interview or survey project participants before and after program interventions to monitor program outcomes.

Signature of Authorized Official

Title

Agency/Organization

Date

Attachment 4

ASSURANCE STATEMENT

Alabama Department of Public Health
Office of HIV Prevention & Care

All HIV prevention programs affiliated with the Alabama Department of Public Health are abstinence-based regardless of targeted population. Abstinence from behaviors which put one at risk for exposure to HIV (such as sexual activity or sharing needles) are stressed as the most accepted protection. Abstinence from sexual activity is emphasized as the best way to avoid transmission of the virus for both infected and uninfected individuals. For those individuals who cannot practice abstinence, barrier protection is presented as a method of reducing risk of transmission for those individuals who are sexually active.

Contract Agency Assurance:

_____ (Contractor) agrees to conduct all prevention programs in conformance with this policy statement. I understand that if programs are observed to be noncompliant, funding will be withdrawn.

_____	_____	_____	_____
Authorized Signature	Date	Authorized Signature	Date
Alabama Department of Public Health		Contractor	

**Attachment 5-1
<Grantee Budget>
Ending the HIV Epidemic (EHE) Grant Budget
04/01/2021 – 7/31/2021**

A. PERSONNEL

TOTAL \$

PERSONNEL	ANNUAL SALARY	PERCENTAGE OF EFFORT	NUMBER OF MONTHS	AMOUNT REQUESTED
	\$	%	4	\$
		%	4	
		%	4	
		%	4	
TOTAL PERSONNEL REQUESTED				\$

Title (Name)

This position is responsible for

Title (Name)

This position is responsible for

Title (Name)

This position is responsible for

B. FRINGE BENEFITS

TOTAL \$

Title (Name)

FICA

Retirement

Insurance

Total Fringe

Title (Name)

FICA

Retirement

Insurance

Total Fringe

Title (Name)

FICA

Retirement

Insurance
Total Fringe

C. TRAVEL

TOTAL \$

In-State Travel Justification

Out-of-State Travel Justification

D. EQUIPMENT

TOTAL \$

E. SUPPLIES

TOTAL \$

F. INDIRECT COSTS

TOTAL \$

G. TOTAL DIRECT AND INDIRECT COSTS

TOTAL \$

**Attachment 5-2
<Grantee Budget>
Ending the HIV Epidemic (EHE) Grant Budget
08/01/2021 – 7/31/2022**

A. PERSONNEL

TOTAL \$

PERSONNEL	ANNUAL SALARY	PERCENTAGE OF EFFORT	NUMBER OF MONTHS	AMOUNT REQUESTED
	\$	%	4	\$
		%	4	
		%	4	
		%	4	
TOTAL PERSONNEL REQUESTED				\$

Title (Name)

This position is responsible for

Title (Name)

This position is responsible for

Title (Name)

This position is responsible for

B. FRINGE BENEFITS

TOTAL \$

Title (Name)

FICA
Retirement
Insurance
Total Fringe

Title (Name)

FICA
Retirement
Insurance
Total Fringe

Title (Name)

FICA
Retirement

Insurance
Total Fringe

C. TRAVEL

TOTAL \$

In-State Travel Justification

Out-of-State Travel Justification

D. EQUIPMENT

TOTAL \$

E. SUPPLIES

TOTAL \$

F. INDIRECT COSTS

TOTAL \$

G. TOTAL DIRECT AND INDIRECT COSTS

TOTAL \$

Budget Preparation Guidelines

Procurement and Grants Office (PGO)

Preparing a budget can be one of the most confusing aspects of applying for a CDC grant or cooperative agreement. This document provides guidance for the preparation of a budget request and examples to help with the process. Adherence to this guidance will facilitate timely review and approval of a budget request.

Salaries and Wages

For each requested position, provide the following information: 1) name of staff member occupying the position, if available; 2) annual salary; 3) percentage of time budgeted for this program; 4) total months of salary budgeted; and 5) total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

Sample Budget

Position Title and Name	Annual Salary	Time	Months	Amount Requested
<i>Project Coordinator Susan Taylor</i>	<i>\$45,000</i>	<i>100%</i>	<i>12 months</i>	<i>\$45,000</i>
<i>Finance Administrator John Johnson</i>	<i>\$28,500</i>	<i>50%</i>	<i>12 months</i>	<i>\$14,250</i>
<i>Outreach Supervisor (Vacant*)</i>	<i>\$27,000</i>	<i>100%</i>	<i>12 months</i>	<i>\$27,000</i>
Total Personnel				\$86,250

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Project Coordinator – (Susan Taylor)

This position directs the overall operation of the project including overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of service and training, collects, tabulates and interprets required data, program evaluation and staff performance evaluation. This individual is the responsible authority for ensuring reports and documentation are submitted to CDC. This position relates to all program objectives.

Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.



Sample Budget

Fringe benefits computed by an established rate.

Fringe Benefits Total \$ _____

25% of Total salaries = Fringe Benefits

If fringe benefits are not calculated using a percentage of salaries, itemize how the amount is determined for each salary and wage being requested.

Project Coordinator Salary - \$45,000

Fringe Benefit	Percentage of Salary	Amount Requested
Retirement	5%	\$2,250
FICA	7.65%	\$3,443
Insurance	N/A	\$2,000
Workers Compensation	N/A	\$
Total Fringe		\$7,693

Consultant Costs

This category should be used when hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee, but not as an employee of the grantee organization. Written approval must be obtained from CDC prior to establishing a written agreement for consultant services, and must be obtained annually in order to re-establish the written agreement. Approval to initiate or continue program activities through the services of a consultant requires submission of the following information to CDC for each consultant:

1. **Name of Consultant:** Identify the name of the consultant and describe his or her qualifications.
2. **Organizational Affiliation** (if applicable): Identify the organization affiliation of the consultant.
3. **Nature of Services to Be Rendered:** Describe the consultation that will be provided, including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreement should not be sent to CDC.
4. **Relevance of Service to the Project:** Describe how the consultant services relate to the accomplishment of specific program objectives.
5. **Number of Days of Consultation** (basis for fee): Specify the total number of days of consultation.
6. **Expected Rate of Compensation:** Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs (e.g., travel, per diem, supplies, and other related expenses) and list a subtotal.
7. **Method of Accountability:** Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

If the required information described above is not known at the time the application is submitted, the information may be submitted later as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

Equipment

Equipment is defined as tangible, non-expendable personal property (including exempt property) that has a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. . However, in circumstances where your organization has a lower threshold, you may work with your CDC Grants Management Officer to establish a threshold that is consistent with your organization's policy.

All budget requests should individually list each item requested, and provide the following information: 1) number needed; 2) unit cost of each item; and 3) total amount requested. Also, provide a justification for the use of each item and relate it to specific program objectives. Maintenance or rental fees for equipment should be shown in the *Other* category.

Sample Budget

Item Requested	Number Needed	Unit Cost	Amount Requested
Computer Workstation	2 ea.	\$5,500	\$11,000
Computer	1 ea.	\$6,000	\$6,000
Total Equipment			\$17,000

Sample Justification

The computer workstations will be used by the principal investigator and statistician to collect required data, perform data analysis, and generate reports. These computers will also support the daily operation of the project, routine correspondence, research, and electronic communication.

Supplies

Individually list each item requested, and provide the following information: 1) specify the type of item, as appropriate; 2) number needed; 3) unit cost of each item; and 4) total amount requested. If appropriate, General office supplies may be shown by an estimated amount per month times the number of months in the budget category. Also, provide a justification for the use of each item and relate it to specific program objectives.

Sample Budget

Item Requested	Type	Number Needed	Unit Cost	Amount Requested
Computer Workstation	(Specify type)	3 ea.	\$2,500	\$7,500
Word Processing Supplies	(Specify type)	1 ea.	\$400	\$400
Educational Pamphlets	N/A	3,000 copies	\$1	\$3,000
General Office Supplies	Pens, pencils, paper	12 months	\$20/month per person for 10 people	\$2,400
Total Supplies				\$19,900

Sample Justification

Office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from Vendor X and used to illustrate and promote safe and healthy activities. Word Processing Software will be used to document program activities, process progress reports, etc.

Travel

Dollars requested in the Travel category should be for **recipient staff travel only**. Travel for consultants should be shown in the Consultant category. Travel for other participants (e.g., advisory committees, review panel, etc.) should be itemized as specified below and placed on the *Other* category.

For In-State Travel, provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trips, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem, as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation, when applicable.

For Out-of-State Travel, provide a narrative justification including the same information requested above. Include CDC meetings, conferences, and workshops, if required by CDC. Itemize Out-of-State Travel in the format described above for In-State Travel.

Sample Travel Budget

Travel (In-State and Out-of-State)

Total \$ _____

Sample In-State Travel Budget

Travel (In-State): Total \$ _____

Number of Trips	Number of People	Cost of Airfare	Number of Total Miles	Cost per Mile	Amount Requested
1	2	N/A	500 mi.	\$0.27	\$270
25	1	N/A	300 mi.	\$0.27	\$2,025
Total					\$2,295

Per Diem or Lodging	Number of People	Number of Units	Unit Cost	Amount Requested
<i>Per Diem</i>	2	2 days	\$37/day	\$148
<i>Lodging</i>	2	1 night	\$67/night	\$134
Total				\$282

Sample In-State Travel Justification

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend AIDS conference. The Project Coordinator will make an estimated 25 trips to local outreach sites to monitor program implementation.

Sample Out-of-State Travel Budget

Travel (Out of-State): Total \$ _____

Number of Trips	Number of People	Cost of Airfare	Number of Total Miles	Cost per Mile	Amount Requested
1	1	\$500	N/A	N/A	\$500

Per Diem or Lodging	Number of People	Number of Units	Unit Cost	Amount Requested
<i>Per Diem</i>	1	3 days	\$45/day	\$135
<i>Lodging</i>	1	1 night	\$88/night	\$88

Ground Transportation?	Number of People	Amount Requested
Yes	1	\$50

Sample Out-of-State Travel Justification

The Project Coordinator will travel to CDC, in Atlanta, GA to attend the CDC conference.

Other

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

Sample Budget

Item Requested	Number of Months	Estimated Cost per Month	Number of Staff	Amount Requested
<i>Telephone</i>		\$		\$
<i>Postage</i>		\$		\$
<i>Equipment Rental</i>		\$	N/A	\$
<i>Internet Provider Service</i>		\$	N/A	\$
Total Other				\$

Item Requested	Number Needed	Unit Cost	Amount Requested
<i>Printing</i>	___ documents	\$	\$

Sample Justification

For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).

Contractual Costs

Cooperative Agreement recipients must obtain written approval from CDC prior to establishing a third-party contract to perform program activities. Approval by CDC to utilize funds and initiate program activities through the services of a contractor requires the submission of the following information for each contract to CDC:

1. **Name of Contractor:** Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. **Method of Selection:** State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one able to perform contract services.
3. **Period of Performance:** Specify the beginning and ending dates of the contract.
4. **Scope of Work:** Describe the specific services/tasks to be performed by the contractor and relate them to the accomplishment of program objectives. Deliverables should be clearly defined.
5. **Method of Accountability:** Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. **Itemized Budget and Justification:** Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

If the information described above is not known at the time the application is submitted, the information may be submitted later as a revision to the budget. Copies of the actual contracts should not be sent to CDC, unless specifically requested. In the body of the budget request, a summary should be provided of the proposed contracts and amounts for each.

Direct Costs

Show the direct costs by listing the totals of each category, including salaries and wages, fringe benefits, consultant costs, equipment, supplies, travel, other, and contractual costs. Provide the total direct costs within the budget.

Indirect Costs

To claim indirect costs, the applicant organization must have a current approved indirect cost rate agreement established with the cognizant federal agency. A copy of the most recent indirect cost rate agreement must be provided with the application.

If the applicant organization does not have an approved indirect cost rate agreement, costs normally identified as indirect costs (overhead costs) can be budgeted and identified as direct costs

Attachment 6-1
[Grantee Name]
Ending the HIV Epidemic Program
April 1, 2021 – July 31, 2021

Goal 1:			
Objective 1:			
Activity 1			
Description	Staff Responsible	Estimated Completion	Measurable Indicator
Risk and Protective Factors Addressed			
		Pillar	
Activity 2			
Description	Staff Responsible	Estimated Completion	Measurable Indicator
Risk and Protective Factors Addressed			
		Pillar	
Activity 3			
Description	Staff Responsible	Estimated Completion	Measurable Indicator
Risk and Protective Factors Addressed			
		Pillar	
Objective 2:			

Attachment 6-1

[Grantee Name]

Ending the HIV Epidemic Program

April 1, 2021 – July 31, 2021

Goal 1:				
Objective 1:				
Activity 1				
Description	Staff Responsible	Estimated Completion	Measurable Indicator	
Risk and Protective Factors Addressed				
		Pillar		
Activity 2				
Description	Staff Responsible	Estimated Completion	Measurable Indicator	
Risk and Protective Factors Addressed				
		Pillar		
Activity 3				
Description	Staff Responsible	Estimated Completion	Measurable Indicator	
Risk and Protective Factors Addressed				
		Pillar		
Objective 2:				

Attachment 6-1
 [Grantee Name]
 Ending the HIV Epidemic Program
 April 1, 2021 – July 31, 2021

Activity 1				
Description	Staff Responsible	Estimated Completion	Measurable Indicator	
Risk and Protective Factors Addressed		Pillar		
Activity 2				
Description	Staff Responsible	Estimated Completion	Measurable Indicator	
Risk and Protective Factors Addressed		Pillar		
Activity 3				
Description	Staff Responsible	Estimated Completion	Measurable Indicator	
Risk and Protective Factors Addressed		Pillar		
Objective 3:				
Activity 1:				

Attachment 6-1

[Grantee Name]

Ending the HIV Epidemic Program
April 1, 2021 – July 31, 2021

Description	Staff Responsible	Estimated Completion	Measurable Indicator
Risk and Protective Factors Addressed		Pillar	
Activity 2			
Description	Staff Responsible	Estimated Completion	Measurable Indicator
Risk and Protective Factors Addressed		Pillar	
Activity 3			
Description	Staff Responsible	Estimated Completion	Measurable Indicator
Risk and Protective Factors Addressed		Pillar	
Objective 4:			
Activity 1			
Description	Staff Responsible	Estimated Completion	Measurable Indicator

Attachment 6-1
[Grantee Name]
Ending the HIV Epidemic Program
April 1, 2021 – July 31, 2021

Risk and Protective Factors Addressed		Pillar	
Objective 2:			
Activity 1			
Description	Staff Responsible	Estimated Completion	Measurable Indicator
Risk and Protective Factors Addressed		Pillar	
Objective 2:			
Activity 1 -			
Description	Staff Responsible	Estimated Completion	Measurable Indicator

Attachment 6-1
[Grantee Name]

Ending the HIV Epidemic Program
April 1, 2021 – July 31, 2021

Risk and Protective Factors Addressed			SEM Level

Attachment 6-2
 [Grantee Name]
 Ending the HIV Epidemic Program
 August 1, 2021 – July 31, 2022

Goal 1:				
Objective 1:				
Activity 1				
Description	Staff Responsible	Estimated Completion	Measurable Indicator	
Risk and Protective Factors Addressed				
		Pillar		
Activity 2				
Description	Staff Responsible	Estimated Completion	Measurable Indicator	
Risk and Protective Factors Addressed				
		Pillar		
Activity 3				
Description	Staff Responsible	Estimated Completion	Measurable Indicator	
Risk and Protective Factors Addressed				
		Pillar		
Objective 2:				

Attachment 6-2
 [Grantee Name]
 Ending the HIV Epidemic Program
 August 1, 2021 – July 31, 2022

Activity 1				
Description	Staff Responsible	Estimated Completion	Measurable Indicator	
Risk and Protective Factors Addressed				
		Pillar		
Activity 2				
Description	Staff Responsible	Estimated Completion	Measurable Indicator	
Risk and Protective Factors Addressed				
		Pillar		
Activity 3				
Description	Staff Responsible	Estimated Completion	Measurable Indicator	
Risk and Protective Factors Addressed				
		Pillar		
Objective 3:				
Activity 1:				

Attachment 6-2

[Grantee Name]

Ending the HIV Epidemic Program

August 1, 2021 – July 31, 2022

Description	Staff Responsible	Estimated Completion	Measurable Indicator
Risk and Protective Factors Addressed			
Activity 2			
Description	Staff Responsible	Estimated Completion	Measurable Indicator
Risk and Protective Factors Addressed			
Activity 3			
Description	Staff Responsible	Estimated Completion	Measurable Indicator
Risk and Protective Factors Addressed			
Objective 4:			
Activity 1			

Attachment 6-2
 [Grantee Name]
 Ending the HIV Epidemic Program
 August 1, 2021 – July 31, 2022

Description	Staff Responsible	Estimated Completion	Measurable Indicator
Risk and Protective Factors Addressed			
Pillar			
Activity 2			
Description	Staff Responsible	Estimated Completion	Measurable Indicator
Risk and Protective Factors Addressed			
Pillar			
Activity 3			
Description	Staff Responsible	Estimated Completion	Measurable Indicator
Risk and Protective Factors Addressed			
Pillar			
Goal 2:			
Objective 1:			
Activity 1			

Attachment 6-2

[Grantee Name]

**Ending the HIV Epidemic Program
August 1, 2021 – July 31, 2022**

Description	Staff Responsible	Estimated Completion	Measurable Indicator
Risk and Protective Factors Addressed			
Pillar			
Objective 2:			
Activity 1			
Description	Staff Responsible	Estimated Completion	Measurable Indicator
Risk and Protective Factors Addressed			
Pillar			
Objective 2:			
Activity 1 -			
Description	Staff Responsible	Estimated Completion	Measurable Indicator

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[Grantee Name]
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	SEM Level	
Risk and Protective Factors Addressed		

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[Grantee Name]
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