

**INDIANA STATEWIDE
HIV/STD Disease Intervention
Specialists (DIS) Services
REQUEST FOR PROPOSALS
2013**

ISSUED BY:
INDIANA STATE DEPARTMENT OF HEALTH
DIVISION OF HIV/STD/VIRAL HEPATITIS
STD PREVENTION PROGRAM

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I. Introduction

A. Purpose

The Indiana State Department of Health (ISDH) Division of HIV/STD/Viral Hepatitis is issuing this competitive Request for Proposals (RFP) for Disease Intervention Specialist (DIS) and Partner Notification Services (PS) to support HIV/STD DIS and PS activities. The goal of partner services is to maximize the number of partners who are notified of their exposure to HIV, syphilis, gonorrhea, and Chlamydia. Through this RFP, the ISDH intends to support activities that will have a measurable impact on reducing HIV, syphilis, gonorrhea, and Chlamydia. Agencies funded under this RFP will be required to implement DIS and PS services in accordance with program standards established by the ISDH and applicable state and federal statutes. In accordance with CDC's revised "Recommendations for Partner Services Programs for HIV infection, Syphilis, Gonorrhea, and Chlamydia, Infection" (**MMWR November 07, 2008/57RR09; 1-63**) successful applications will demonstrate the ability to perform the following activities:

- integrate services for HIV infection, syphilis, gonorrhea, and Chlamydia infection at the client level;
- ensure that partner services are offered to all persons who test positive for HIV and early syphilis in their defined region;
- implement partner services as quickly as possible after diagnosis;
- demonstrate ability to link persons identified as infected with HIV to medical and prevention services;
- collaborate with internal and external partners involved in all aspects of partner services, including ensuring that partner services are available for all HIV-infected persons throughout the prevention and care continuum; and
- perform program monitoring, evaluation, and quality improvement

B. Available Funds and Grant Period

The ISDH expects to award at least \$1,000,000 in grants through this application process, one award per district. Twelve-month contracts will be issued to organizations that successfully compete for grants with a renewal for the second year. New requests for proposals will occur every 3 years.

C. Applicant Eligibility

Eligible applicants include the following:

1. Community based organizations (CBOs) and other non-governmental organizations (NGOs)
2. Local Health Departments (LHDs)

3. Government Agencies
4. Community Health Centers/And Other Not-For-Profit Health Care And Other Health Care Systems
5. Colleges/Universities

D. Eligible DIS/PS activities

Indiana has 92 counties. The Indiana State Health Department (ISDH) STD Prevention Program is divided into nine districts for morbidity reporting and disease intervention purposes. One award will be granted per district. Successful applicants for this RFP will demonstrate their ability to deliver disease intervention, partner services, and provide treatment for all counties in the district area they are applying for. (Refer to Appendix D for District Map) Successful applicants will have the clinical capacity to test and treat patients and epi-treat and test partners to STDs in their district. Disease intervention tasks require field and office work activities include case management, identifying the stage of disease, interviewing patients, and verifying treatment.

Each applicant must have an area manager, approved by ISDH STD Prevention Program that has attended or will attend Introduction to Sexually Transmitted Diseases within 12 months of the initiation of contract. The area manager shall have the responsibility for managing the tasks assigned to the district, reviewing cases, and closing cases in the statewide database. ISDH will provide technical assistance and programmatic oversight to each of the district grantees. The district grantees will have responsibility for field investigations, local surveillance, morbidity and case investigation data entry, patient follow up of reportable STDs and HIV, and partner services related to STD and HIV.

E. Use of Funds

Funds under this agreement may be used for full-time DIS and supervisory staff salary and benefits, travel, clinic supplies, postage, and telephone expenses (including local, long-distance, and cell phone fees). Funding allotment for supervisory staff salary and fringe will not be considered over 15% of the total contract amount requested. Funding allotment for DIS salary benefits and expenses will not be considered over \$50,000.00 per full time DIS. Number of DIS funded per application will be determined based on district morbidity. Part-time DIS will **not** be funded through this request for proposal. Selection of Indiana DIS and supervisory staff must have the approval of the Indiana State Department of Health, Division of HIV/STD/Viral Hepatitis. Indirect/administrative costs are **not** eligible for support under this RFP.

District	Service	Required FT DIS	Maximum Amount
1	Disease Intervention/Partner Services	3	\$150,000
2	Disease Intervention/Partner Services	2	\$100,000
3	Disease Intervention/Partner Services	2	\$100,000
4	Disease Intervention/Partner Services	1	\$50,000
5	Disease Intervention/Partner Services	6	\$300,000
6	Disease Intervention/Partner Service	2	\$100,000
7	Disease Intervention/Partner Services	2	\$100,000
8	Disease Intervention/Partner Services	2	\$100,000
9	Disease Intervention/Partner Services	1	\$50,000

F. Response Date

Letters of intent must be received by 5:00 p.m. EST, on August 10, 2012. All proposals must be received by **5:00 p.m. EST, on September 7, 2012**. Late applications will **not** be accepted or reviewed. **No extensions will be granted.** Faxed or emailed applications will not be accepted. If applications are submitted via the U.S. Postal Service or express carriers, it is the responsibility of the applicant to ensure that the carrier can guarantee delivery by the closing date and time.

Proposals should be submitted to:

Indiana State Department of Health
 Division of HIV/STD/Viral Hepatitis
 2 N. Meridian St. 6-C
 Indianapolis, IN 46204
 Attn: DIS and PS RFP

II. Program Information and Requirements

In accordance with goals and objectives of the ISDH Comprehensive STD Prevention Systems, successful applicants will demonstrate the following, depending on the morbidity in the district.

In areas of high HIV and syphilis morbidity (Districts 1, 2, 5, and 9)

- Interview at least 85% of all newly diagnosed HIV cases
 - Offer PS to 100% of all newly diagnosed HIV cases interviewed in their districts
 - Examine 70% of identified sex and needle sharing partners to HIV within 14 days of assignment.
 - Examine 90% of identified sex and needle sharing partners to HIV within 30 days of assignment.
- Interview at least 85% of all early syphilis cases
 - Offer PS to 100% of all syphilis cases interviewed in their districts.
 - Examine 70% of identified sex partners to syphilis within 14 days of assignment.
 - Examine 90% of identified sex partners to syphilis within 30 days of assignment.
 - Complete HIV testing on at least 80% of all early syphilis cases interviewed that do not have a previously documented HIV positive status
- Offer PS to 100% of all priority gonorrhea cases interviewed in their districts
 - Priority gonorrhea cases are MSM, pregnant women, repeater cases (defined as 2 or more infections within 12 months), cases in target zip codes in the GC project
 - Examine 70% of identified sex partners to gonorrhea within 30 days of assignment.
 - Complete HIV testing on at least 80% of priority gonorrhea cases interviewed that do not have a previously documented HIV positive status
- Offer PS to 100% of all priority Chlamydia cases in their districts
 - Priority Chlamydia cases are pregnant women, repeater cases (defined as 2 or more infections within 12 months), women age 20- 24
 - Examine 30% of identified sex partners to Chlamydia in the Chlamydia priority groups within 30 days of assignment.

In areas of low HIV and syphilis morbidity (Districts 3, 4, 6, 7, and 8)

- Interview at least 90% of all newly diagnosed HIV
 - Offer PS to 100% of newly diagnosed HIV cases interviewed in their districts
 - Examine 70% of identified sex and needle sharing partners to HIV within 14 days of assignment.
 - Examine 90% of identified sex and needle sharing partners to HIV within 30 days of assignment.

- Interview at least 90% of all early syphilis cases
 - Offer PS to all syphilis cases in their districts.
 - Examine 70% of identified sex partners to syphilis within 14 days of assignment.
 - Examine 90% of identified sex partners to syphilis within 30 days of assignment.
 - Complete HIV testing on at least 80% of all early syphilis cases interviewed that do not have a previously documented HIV positive status
- Offer PS to 100% of the gonorrhea cases interviewed in their districts
 - Priority gonorrhea cases are MSM, pregnant women, repeater cases (defined as 2 or more infections within 12 months), and cases in target zip codes in the GC project
 - Examine 70% of identified sex partners to gonorrhea within 14 days of assignment.
 - Examine 90% of identified sex partners to gonorrhea within 30 days of assignment.
 - Complete HIV testing on at least 80% of priority gonorrhea cases interviewed that do not have a previously documented HIV positive status
- Offer PS to 100% of the Chlamydia cases interviewed in their districts
 - Priority Chlamydia cases are pregnant women, women less than 24, and repeater cases (defined as 2 or more infections within 12 months)
 - Examine 60% of identified sex partners to Chlamydia within 30 days of assignment.

Successful applications will include a detailed budget and resumes or curriculum vitae for funded staff. First time applicants should include job knowledge, experience, and education requirements for future hires, in lieu of resumes or curriculum vitae.

III. Reporting

Reports and Data: All grantees will be required to report information to the ISDH through the SWIMSS and EvaluationWeb© system. Information includes monthly data, quarterly performance benchmarks, and an annual evaluation. All data must be entered upon receipt of information. Quarterly performance benchmarks must be reviewed on April 15th, July 15th, October 15th, and January 15th (Appendix F).

Failure to comply with deadlines and content requirements will impact expenditure reimbursements. All data collected as part of this grant are considered property of the ISDH.

A. Reimbursement

Expenditure reports are required to be submitted based on deliverable due dates. Invoices must be submitted within 30 days of the deliverable completion date. Documentation to submit within the invoice includes description of deliverable completion, cost, and outcome (including mileage reimbursements). All proposed

changes to the budget must be presented in written form and reviewed for approval by the ISDH STD Program Director and Division Director before expenses can be encumbered. Failure to comply with deadlines and content requirements may result in an interruption of reimbursements or contract termination.

B. Technology

Grantees must have Internet access in order to participate in the SWIMSS and EvaluationWeb© system requirement. Applicants without on-site Internet access will **not** be considered for a contract award.

In an effort to ensure efficient and timely communication with grantees, the ISDH relies heavily on electronic means of communication. Therefore, successful applicants will have a confidential fax machine and secure e-mail capacity (SFTP site) for key staff including at a minimum the Executive Director and/or Program Manager.

Grantees must ensure electronic data security for all forms of mobile media (laptops, net books, tablets, flash drives).

C. Record Keeping

Grantees are required to maintain client records in a secure and confidential manner. Computer systems containing client information must be protected with multiple passwords. Office equipment that is used for storing confidential materials must be locked when not in use. Providers must adopt and adhere to written policies and procedures which specify that client information is considered confidential, privileged information. The provider must possess a written policy which limits access to client records to only designated clinic staff. Release of information to entities other than those noted herein must be preceded by the written consent of the client or legal representative, except as demanded under state statutes. These policies and procedures must include provisions for discipline should violations occur.

D. STD/HIV/AIDS Related Educational Materials

Providers must submit all materials (brochures, videos, promotional, etc.) used in the intervention to the HIV Program Review Panel for approval. All items should be submitted 30 days prior to use. Noncompliance with these requirements may result in restrictions or disallowance of provider funds related to the use of unapproved materials.

E. Training Requirements

All contractors and subcontractors including supervisory staff will attend and satisfactorily complete the following trainings. Even with personnel changes within the funded entity, staff will maintain the appropriate training:

- Basic HIV,STD, Viral Hepatitis, and TB Training as Recommended by CDCs Program Collaboration and Integration Services (PCIS) initiative.
- Indiana State Department of Health’s HIV Prevention Counseling Certification Course based on the CDC’s Fundamentals of HIV Prevention Counseling and Partner Services Course
- CDCs STD training modules course
- CDCs Introduction to STD Interviewing (ISTDI) and Advanced STD Interviewing (ASTDI) as needed.
- Staff functioning as first line supervisors of DIS casework for syphilis need to take CDC’s Principles of STD Supervision and STD Intervention for Supervisors
- Administrative staff hired to assist with data entry and verifying treatment will complete selected modules of the Employee Development Guide

IV. Proposal Preparation

A. Proposal Package

A complete proposal package will consist of the following:

1. Proposal Cover Sheet
2. Table of Contents
3. Narrative
4. Services Plan
5. Coordination and Collaboration Plan
6. Evaluation and Quality Assurance
7. Budget

B. Formatting

1. Applications should be double-spaced on 8½” X 11” paper.
2. All pages should have a one (1) inch margin on each side.
3. A 12-point font should be used throughout the application.
4. All pages should be numbered sequentially, including attachments and appendices.
5. Print on one side of page only.
6. Do not staple or bind any of the copies (rubber bands or binder clips are acceptable).
7. Adhere to page limits for each section that has a requirement.

Each respondent must submit one original (marked “Original”) and two (2) copies of the proposal, including all required documentation.

Proposals that do not follow these guidelines will not be reviewed and will therefore be ineligible for funding.

C. Proposal Contents

The proposal should provide the information below using the following headings and subheadings:

1. **Proposal Cover Sheet**

The Cover Sheet (Appendix C) is to be completed in full and signed by an individual authorized by the agency to commit to all items included in the proposal and who can certify that the information offered meets all general conditions and is accurate.

2. **Table of Contents**

The table of contents should contain the following with corresponding page numbers:

- Narrative
- Intervention Plan
- Coordination and Collaboration
- Evaluation and Quality Assurance
- Budget

3. **Narrative** (May not exceed three (3) pages)

The Narrative section serves two purposes: First, it provides information about the applicant organization. Second, it demonstrates the need for the intervention within the defined scope of work relevant to the population defined. The applicant will address the following:

- a. Mission of the organization.
- b. Explanation as to how receipt of a grant will complement the mission of the agency.
- c. Brief description of relevant data about the burden of disease affecting the district being applied for.
- d. Agency history and experience relevant to the provision of services to be offered (Experience and success of such efforts should be supported with both quantitative and qualitative data when available, such as the percentage of DIS interviews of all clinic patients and verification of treatment of all patients in the assigned district.) First time applicants should demonstrate ability to perform services required of this grant, and include history of comparable services experience if applicable.
- e. Description of the cultural competency of the organization.
- f. Description of sustainability plans to maintain or expand funding for the services if federal funds decline. This section should include more than proposed entities for discussion about sustainability and could include a SWOT analysis.

- g. Explain the agency's clinical capacity to test and treat patients and epi-treat and test partners

Activities Plan

For each of the eligible populations included in the funding proposal, the applicant must address the following:

- a. **Implementation Plan** (Not to exceed five (5) pages per population)
 - i. **General Intervention Description:** Describe the DIS and PS activities to be implemented including specific inputs, activities, outputs, timeline, budget, and outcomes. Please see Appendix B for clarification.
 - ii. **Applicant Experience/Capacity:** Describe the applicant's experience and outcomes related to the proposed activities. If the activity is new to the applicant, please describe the applicant's experience with implementing other or similar activities or services. Please focus on the capacity to provide the service.
 - iii. **Venues:** Describe the specific venues and locations where services will be provided. Provide evidence of support for access to such venues/locations.
 - iv. **Cultural Competence:** Describe the strategies that will be used to ensure the cultural, linguistic, and developmental competence of activities, materials, and staff.
 - v. **Staff Training:** Describe how staff will be trained to deliver the intervention.
- b. **Program Objectives: Please Use the Logic Model Template (Appendix B) to complete this section.**

4. **Coordination and Collaboration Plan** (Not to exceed two (2) pages)

Describe the applicant's collaboration and coordination plan as it relates to working with other agencies and organizations to avoid duplication of services, build sustainability, encourage communication, and provide targeted and linked services to clients. Plans to coordinate with one or more of the following types of programs are recommended: HIV/AIDS treatment and care providers, substance abuse treatment providers, STD and viral hepatitis screening and treatment providers, family planning services, pre-natal services, TB testing and treatment providers, local health departments, community health centers, hospitals, methadone clinics, county jails or prisons, faith based groups, or university clinics.

5. **Evaluation and Quality Assurance** (Not to exceed three (3) pages)

Please describe internal evaluation and quality assurance measures to be implemented within your organization as it relates to implementation of the activities.

6. **Budget**

A detailed budget justification including salary, fringe, travel, and other needed expenses to successfully complete activities and services offered is required (Appendix E). Indirect/administrative costs are **not** eligible for support under this RFP.

V. **Proposal Evaluation**

A. **Procedure**

Proposals submitted in response to this RFP will undergo a review and scoring process by ISDH. Incomplete proposal packages or packages that do not otherwise conform to proposal submission requirements will be eliminated from consideration and further review.

Proposals that successfully fulfill the submission requirements will then be reviewed and evaluated by an objective review panel comprised of individuals who have expertise and experience in relevant areas. Each reviewer will be required to reveal any potential conflict of interest and assignments will be made accordingly.

A scoring tool will be made public to entities or persons requesting the information once applications have been scored.

B. **Criteria**

All proposals will be scored by reviewers according to pre-established criteria. Scoring criteria will be responsive to the requirements of this RFP. The relative weight that each component will receive in the review process is described below.

1. Narrative (Agency description, qualifications, and capacity)	15%
2. Service Plan	40%
3. Program Objectives	10%
4. Coordination and Collaboration Plan	10%
5. Evaluation and Quality Assurance	10%
6. Budget	15%

VI. Letter of Intent

A letter of intent is required for this RFP.

VII. Technical Assistance

Questions regarding this RFP should be directed to Andrea Allen; aallen1@isdh.in.gov. A technical assistance meeting will be held. If you plan to attend this meeting please contact Andrea Allen for further information.

VIII. Appendices

Appendix A

2011 Indiana HIV/AIDS, Syphilis, Gonorrhea, and Chlamydia Reports by County and District Regions

District	County	CT Count	% of total CT cases	GC Count	% of total GC cases	710/720	% of total SYPH cases	New HIV Cases	% of total of New HIV cases
1	Lake	2805		865		27			
1	Jasper	60		<5		<5			
1	Newton	22		<5		<5			
1	Porter	368		32		<5			
	Total	3255	11.71	901	13.72	29	16.76	78	15.05
2	St Joseph	1106		271		5			
2	Fulton	22		<5		<5			
2	Marshall	45		<5		<5			
2	Cass	42		<5		<5			
2	La Porte	369		94		<5			
2	Miami	46		<5		<5			
2	Pulaski	5		<5		<5			
2	Starke	17		<5		<5			
2	Elkhart	857		121		6			
	Total	2509	9.02	495	7.54	12	6.94	54	10.42
3	Adams	45		5		<5			
3	Allen	2019		518		11			
3	De Kalb	138		11		<5			
3	Huntington	40		7		<5			
3	Jay	50		5		<5			
3	Kosciusko	163		18		<5			
3	Lagrange	32		<5		<5			
3	Noble	93		5		<5			
3	Steuben	59		<5		<5			

3	Wabash	61		11		<5			
3	Wells	59		<5		<5			
3	Whitley	68		6		<5			
	Total	2827	10.17	591	9.00	13	7.51	26	5.01
4	Benton	17		<5		<5			
4	Carroll	32		<5		<5			
4	Clinton	104		6		<5			
4	Fountain	32		<5		<5			
4	Montgomery	98		16		<5			
4	Tippecanoe	750		104		<5			
4	Warren	12		<5		<5			
4	White	66		<5		<5			
4	Vermillion	28		<5		<5			
4	Parke	49		11		<5			
4	Putnam	95		10		<5			
	Total	1283	4.61	158	2.41	<5	0.58	13	2.5
5	Boone	100		6		<5			
5	Hamilton	344		59		<5			
5	Hancock	88		12		<5			
5	Hendricks	250		23		<5			
5	Johnson	289		35		<5			
5	Marion	9118		2785		88			
5	Morgan	148		17		<5			
5	Shelby	121		15		<5			
	Total	10458	37.62	2952	44.94	90	52.02	248	47.88
6	Blackford	32		9		<5			
6	Decatur	28		<5		<5			
6	Delaware	766		164		<5			
6	Fayette	64		10		<5			
6	Franklin	21		<5		<5			
6	Grant	326		133		<5			
6	Henry	114		10		<5			
6	Howard	258		33		<5			
6	Madison	558		166		<5			

6	Randolph	102		8		<5			
6	Rush	35		<5		<5			
6	Tipton	8		<5		<5			
6	Union	6		<5		<5			
6	Wayne	313		131		<5			
	Total	2631	9.46	668	10.17	<5	1.73	25	4.83
7	Bartholomew	237		27		<5			
7	Brown	6		<5		<5			
7	Clay	76		10		<5			
7	Lawrence	119		7		<5			
7	Monroe	557		116		5			
7	Owen	54		7		<5			
7	Vigo	597		101		<5			
	Total	1646	5.92	268	4.08	6	3.47	33	6.37
8	Daviess	78		<5		<5			
8	Dubois	96		<5		<5			
8	Gibson	106		13		<5			
8	Knox	181		31		<5			
8	Martin	20		<5		<5			
8	Perry	30		<5		<5			
8	Pike	23		<5		<5			
8	Posey	60		<5		<5			
8	Spencer	46		<5		<5			
8	Vanderburgh	919		257		<5			
8	Warrick	113		6		<5			
8	Greene	88		<5		<5			
8	Sullivan	47		<5		<5			
	Total	1807	6.50	325	4.95	<5	1.73	20	3.86
9	Clark	389		99		8			
9	<i>Crawford</i>	<i>13</i>		<5		<5			
9	Dearborn	93		9		<5			
9	Floyd	264		58		<5			
9	Harrison	68		<5		<5			
9	Jackson	145		11		<5			

9	Jefferson	97		12		<5			
9	Jennings	64		<5		<5			
9	Ohio	15		<5		<5			
9	Orange	27		<5		<5			
9	Ripley	65		<5		<5			
9	Scott	73		<5		<5			
9	Switzerland	15		<5		<5			
9	Washington	57		<5		<5			
	Total	1385	4.98	211	3.21	16	9.25	21	4.05

	Totals	27801		6569		173		518	

Appendix B

**Logic Model
DIS and PS**

Grant Goals:
Objectives:

Input	Activities	Output	Outcome	Timeline	Budget
List resources needed to complete an activity.	Define activities that will be completed to accomplish the objectives.	Describe expected product or service produced.	Describe the result that will occur as a result of the output. The description needs to include measures for each outcome. This is the method by which the result will be measured.	Indicate the month the deliverable occurs.	Indicate the cost of the deliverable.

Appendix C

**DIS AND PS SERVICES RFP
PROPOSAL COVER SHEET**

Agency

Address

City State Zip Code

Phone Fax

Contact Person Title

Email

Type of Agency: (check one, only)
____ Not-for-profit 501(c) (3) ____ Local Health Department ____ Other _____

Funding Request: \$ _____

Signature, Chairperson, Board of Directors

Date

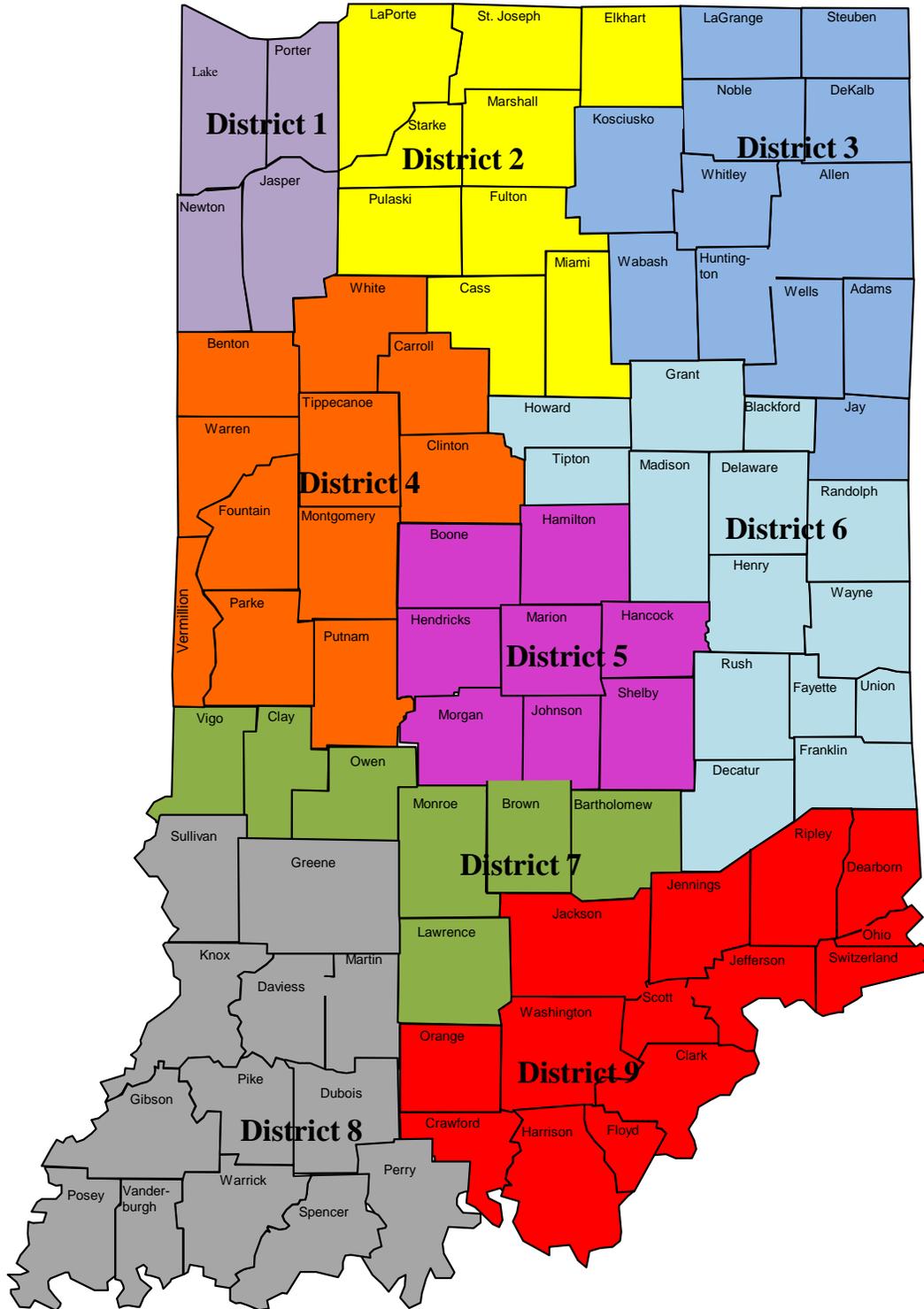
Please Print Name and Title

Signature of Authorized Representative

Date

Please Print Name and Title

Indiana STD Program



Appendix E

**BUDGET DETAIL
PERSONNEL**

Project Title: 2013 STD Prevention Program

Personnel		Hours Per Week On Job	Estimated Project Costs and Source of Funds (whole figures only)		
Name	Position Title		ISDH Funds + (cash)	Other Funds =	Total Project Costs
SUB-TOTAL SALARY			\$0.00		\$0.00
FRINGE BENEFITS % of Total Budget _____ Includes Insurance, Social Security, Retirement, Disability, Medical, Dental, Other			\$0.00		\$0.00
SUB-TOTAL PERSONNEL			\$0.00		\$0.00

Note: Regardless of source of monies, all personnel involved in project activities must be included.
How many hours is a regular full-time workweek?

BUDGET DETAIL

Project Title: 2012 Prevention Program

Category	ISDH Funds + (cash)	Other Funds = (cash and/or in-kind)	Total Project Costs
SUB-TOTAL "PERSONNEL" (from Page 2)	\$0.00		\$0.00
Consumable Supplies (includes postage, medical supplies, education materials, office supplies, software, computer supplies, etc.)	\$0.00		\$0.00
In-State Travel (includes mileage, <i>per diem</i> , lodging, training and registration fees) Note: State Travel Rules Apply	\$0.00		\$0.00
Out-of-State Travel (includes mileage, air fare, <i>per diem</i> , lodging, training and registration fees, parking, tips) Note: State Travel Rules Apply	\$0.00		\$0.00
Rent	\$0.00		\$0.00
Utilities (includes water, electricity, heat, monthly and toll telephone charges, etc.)	\$0.00		\$0.00
Consultant Services (includes personal services sub-contracts)	\$0.00		\$0.00
Contractual Services (includes sub-contracts, audits, data analysis, maintenance agreements, equipment lease and maintenance, etc.)	\$0.00		\$0.00
Other Expenses (includes, but not limited to, advertising, educational brochures, personal health care: prophylactics, printing, and <u>define</u> miscellaneous)	\$0.00		\$0.00
EQUIPMENT (includes computers, furniture, filing cabinets, etc.)	\$0.00		\$0.00
TOTAL BUDGET	\$0.00		\$0.00

Appendix F

STD Quarterly Report

District _____
Quarter _____
Year _____

Table 1. Number of HIV Test Completed

Number of HIV test completed by DIS	Number of New HIV Positives	Positivity Rate

Table 2. Number of HIV Test Completed on Early Syphilis Cases

Total Number of Early Syphilis Cases	Number of HIV Test Completed on Early Syphilis Cases	Number of New HIV Positives	Positivity Rate

Table 3. Number of HIV Test Completed on Gonorrhea Cases

Total Number of Gonorrhea Cases	Number of HIV Test Completed on GC Cases	Number of New HIV Positives	Positivity Rate

Table 4. Expedited Partner Therapy

Disease	Number of Patients EPT administered to
Chlamydia	
Gonorrhea	

Form Completed By/Date

Please email this form to your District’s Prevention Specialist on the 15th of the month following the end of the quarter.