

**INDIANA STATEWIDE
HIV PREVENTION SERVICES
REQUEST FOR PROPOSALS
2013**

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

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I. Introduction

A. Background

By the end of 2010, a total of 9,893 persons were living with HIV/AIDS (PLWHA) in the state of Indiana, up from 9,646 persons by the end of 2009. The disease continues to be male dominated, with the number of diagnosed males almost four times higher than that of females. The rate of infection was at 249.3 for males and 58.9 for females per 100,000 people of the general population. The majority of PLWHA are in their middle ages, ranging from 40 to 49 years of age. However, the majority of people are diagnosed for the first time at the ages of 20 to 29 years of age. Around a third of all PLWHA are Black (35.1%), while about five out of ten people with HIV/AIDS are White (54.6%). Based on the smaller number of Blacks in the general population, the prevalence rate of that racial group (587.3/100,000) is exceeding the rate of the Hispanic (182.4/100,000) and White group (98.8/100,000). HIV/AIDS continues to affect Black males disproportionately more than their White counterparts.

In 2010, the number of newly diagnosed persons in Indiana was 496, slightly up from 2009, which had 489 newly diagnosed persons. The highest rate of new diagnosis in 2010 occurred among males between the ages of 25 to 29 years of age. Males continue to outrank females more than three times. The male diagnosis rate of 12.4/100,000 in 2010 increased from a rate of 12.1 in 2009. The female new diagnosis rate remained constant at 3.0/100,000 in 2010.

For the first time, close to half of all newly diagnosed people in 2010 were Black (45.8%), while the percentage of Whites fell to 42.3%.

Persons who are unaware of their HIV positive status or those who are not in continuous medical care drive this epidemic both nationally and locally. It is estimated that 21 percent of people with HIV in the United States do not know their status. Although, Indiana has a significantly lower estimate of approximately 6 percent of persons unaware of their status, an estimated 33 percent of HIV positive Indiana residents are not seeking continuous medical care.

B. Purpose

The Indiana State Department of Health (ISDH) Division of HIV/STD/Viral Hepatitis HIV Prevention Program is issuing this competitive Request for Proposals (RFP) for HIV Prevention Services to support highly targeted, high impact, and evidence-based HIV prevention services. Through this RFP, the ISDH intends to support comprehensive HIV prevention programs to reduce the morbidity, mortality and related health disparities, all in accordance with the National HIV/AIDS Strategy (NHAS) (<http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>). This RFP focuses on addressing HIV/AIDS in Indiana by placing an increased focus on the identification of previously undiagnosed infections, prevention efforts for positive individuals, and reduction of new infections by matching the most cost-effective, scalable interventions to heavily affected populations and geographic settings in order to maximize reductions in HIV incidence.

C. Available Funds and Grant Period

The ISDH expects to award approximately \$1 million in grants through this application process. Organizations that successfully compete for grants will be issued 12- month contracts that are renewable over three years. Detailed explanation of fund availability based on geographic location and intervention is provided in Appendix B.

D. 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

E. Eligible Interventions

In order to effectuate a reduction in the rate of HIV transmission by HIV-infected individuals, an increase in the proportion of HIV-infected people who are aware of their infection, and an increase in the proportion of HIV-infected people who are linked to care and other services, the following activities are eligible for funding. Successful applicants will demonstrate the ability to deliver the proposed services for all counties in the HIV Prevention Region for which they apply (see Appendix E for a Region map). **A separate application package is required for each proposed Intervention.**

1. HIV Prevention Counseling, Testing, and Referral Services (CTR)

- a. All CTR programs will include pre- and post-test counseling and referral services.
- b. CTR services will be offered outside of the clinic/office no less than one (1) day per week.
 - i. Out-of-office settings may include the following: locations frequented by commercial sex workers, bath houses, bars, correctional facilities, or other locations where people at increased risk for HIV infection can be found.
- c. ISDH expects each funded CTR program to achieve the following performance standards **for each funded full time employee (FTE)**:
 - i. Test no fewer than 750 individuals of unknown HIV status per year;
 - ii. Achieve and maintain no less than a 1.25% rate of newly identified infections per year;
 - iii. At least 85% of people who test positive for HIV will receive their test results;

- iv. At least 80% of people who receive their positive HIV test results will be linked to care; and
 - v. All people (100%) who receive their positive HIV test results will be referred to Partner Services (PS).
 - d. All CTR programs will include a condom distribution component.
 - e. Resource for CTR: <http://www.cdc.gov/hiv/topics/testing/guideline.htm>
- 2. Comprehensive Risk Counseling and Services (CRCS) with an emphasis on Prevention for Positives**
- a. The CRCS program will provide intensive, individualized client-centered counseling for adopting and maintaining HIV risk-reduction behaviors.
 - b. CRCS with HIV-positive individuals will promote retention or re-engagement in medical care whenever necessary and appropriate.
 - c. The CRCS program will provide referrals to other social and medical services (i.e., mental health, substance abuse, housing, employment) when necessary.
 - d. All CRCS programs will include a condom distribution component.
 - e. Resource for CRCS:
http://www.cdc.gov/HIV/topics/prev_prog/CRCS/resources/CRCS_Manual/introduction.htm
- 3. Evidence-based HIV Prevention Interventions – Regions 1 and 5 ONLY**
- a. Eligible target populations for this section are limited to:
 - i. People Living with HIV/AIDS (PLWHA)
 - ii. Men who Have Sex with Men (MSM) – any race/ethnicity or age, in accordance with ISDH policies and applicable laws.
 - b. Eligible interventions for PLWHA:
 - i. CLEAR
(<http://www.effectiveinterventions.org/en/HighImpactPrevention/Interventions/CLEAR.aspx>)
 - ii. Healthy Relationships
(<http://www.effectiveinterventions.org/en/HighImpactPrevention/Interventions/HealthyRelationships.aspx>)
 - c. Eligible interventions for MSM:
 - i. Popular Opinion Leader
(<http://www.effectiveinterventions.org/en/HighImpactPrevention/Interventions/POL.aspx>)
 - ii. Many Men Many Voices
(<http://www.effectiveinterventions.org/en/HighImpactPrevention/Interventions/3MV.aspx>)

iii. Mpowerment

(<http://www.effectiveinterventions.org/en/HighImpactPrevention/Interventions/Mpowerment.aspx>)

- d. All Evidence-based HIV Prevention Interventions will include a condom distribution component.

The ISDH requires services to be implemented in a manner that is:

1. Evidence-based;
2. Culturally, linguistically, and developmentally appropriate and competent; and
3. Responsive to identified prevention needs within the target population defined in the scope of work.

F. Use of Funds

Funds under this agreement may be used to support full-time CTR, CRCS, or Evidence-based Intervention (Regions 1 and 5 only) staff salary and fringe, travel, supplies, rent/utilities and other direct project costs. Funding allotment for supervisory staff salary and fringe is permitted but may not exceed 10% of the total contract amount requested. If applying for more than one intervention, the same supervisor may not be listed on more than one budget. Indirect or administrative cost(s) is not an allowable line item charged to an ISDH issued grant. Direct costs must be identified and included as separate line items under an allowable budget category. Funding allotment for CTR expenses will not be considered over \$45,000.00 per full time CTR provider. Funding allotment for CRCS expenses will not be considered over \$40,000.00 per full time CRCS provider. Funding allotment for Behavioral Interventions (Regions 1 and 5 only), may not exceed \$45,000. Part-time positions will not be funded through this RFP. See Appendix B for the number of available positions per region. Number of positions available per region was determined based on regional morbidity (see Appendix A for STD and HIV data per region).

The following are examples of activities that are **not** eligible for support under this RFP:

- | | |
|--|---|
| 1. The acquisition of real property | 7. Costs for hospital expenses |
| 2. Building construction or renovation | 8. Fines and/or penalties |
| 3. Automobile purchase or lease | 9. Fees for health services |
| 4. Contributions, gifts, donations or dues to societies, federations, or organizations | 10. Accounting expenses for government agencies |
| 5. Entertainment or food | 11. Repayment of bad debts |
| 6. Accrued interest of other financial costs | 12. Contingency funds |
| | 13. Executive expenses |
| | 14. Legislative lobbying |

G. Response Date

All proposals **must** be received by **5:00 p.m. EDT, 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. See Section V for Letter of Intent submission information and deadline.

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: HIV Prevention RFP

II. Program Information and Requirements

A. General Purpose and Program Standards

Agencies funded under this RFP will be required to implement HIV prevention services in accordance with program standards established by the ISDH, guidelines and recommendations of the Centers for Disease Control and Prevention, as well as all applicable state and federal statutes. Applicants will explain service provisions based on an appropriate scope of work for populations defined in Section II.B.

B. Target Populations

Based upon all available epidemiological data and needs assessment and gap analysis findings, the ISDH recommends the following populations as appropriate recipients of HIV Prevention Services:

1. People Living with HIV/AIDS (PLWHA)
2. Black MSM
3. White MSM
4. Hispanic MSM
5. Black Heterosexual Women

C. Reporting

Reports and Data: All grantees will be required to enter all intervention service data, goals and objectives into the EvaluationWeb© system. All intervention data must be entered into EvaluationWeb© at least bi-weekly. In addition to data recorded in EvaluationWeb©, monthly, quarterly, and annual reports are due to the ISDH by the 10th day of the month following the end of the reporting period.

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.

D. 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. All proposed changes to the budget must be presented in written form and reviewed for approval by the ISDH HIV Prevention Program Manager 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.

E. Technology

Grantees must have Internet access in order to participate in the 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 for key staff including, at a minimum, the Executive Director and Program Manager.

F. 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 the client and the agency's HIV Prevention Program 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.

G. HIV/AIDS Related Educational Materials

Providers must submit all materials (brochures, videos, promotional materials, etc.) used in the intervention to the HIV Program Review Panel for approval. All items should be submitted at least 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.

H. Organizational and Personnel Requirements

With respect to organizational structure and personnel, the ISDH expects the following:

- HIV services must be provided at no cost and without regard to the individuals' past or present health condition, and in a setting accessible to low-income individuals.

- Services must be provided in facilities that are accessible to people with physical disabilities in accordance with the Americans with Disabilities Act (ADA).
- All providers must participate in the state’s HIV-related community planning process and the continuum of prevention and care (most activities will be in survey form to providers for input/feedback; official membership not required).
- All applicants must demonstrate their ability to provide culturally competent services. Cultural competence involves understanding the social, linguistic, ethnic, and behavioral characteristics of a community and applying that understanding in the delivery of the HIV prevention/care services. Two resources are suggested to assist organizations in assuring the delivery of culturally competent and linguistically appropriate services.
 - The Office of Minority Health of the U.S. Public Health Services has published standards for assuring cultural competence, *National Standards for Culturally and Linguistically Appropriate Services in Health Care*. A complete discussion of the standards is available at <http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>. Applicants are encouraged to review and use this and other resources available from the Office of Minority Health.
 - The Gay, Lesbian, Bisexual and Transgender Health Access Project of the Massachusetts Department of Public Health has published *Community Standards of Practice for Provision of Quality Health Care Services for Gay, Lesbian, Bisexual, and Transgendered Clients*. The complete listing of the standards and other materials are available at <http://www.glbthealth.org/CommunityStandardsOfPractice.htm>.

I. Training Requirements

All contractors and subcontractors will attend and satisfactorily complete the following trainings, regardless of personnel changes within the funded entity:

- Basic HIV/STD/Viral Hepatitis Training; and
- American Red Cross Basic HIV Prevention Education Instructor Training or equivalent.

Contractors and subcontractors implementing CTR must also complete the following training:

- 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

Contractors and subcontractors implementing CRCS or an Evidence-based HIV Prevention Intervention will complete an ISDH approved training.

III. Proposal Preparation

A. Proposal Package

A separate proposal is required for each Prevention Activity and a complete proposal package will consist of the following:

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

B. Formatting

Applicants are required to adhere to the following formatting instructions:

1. Proposals 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 proposal.
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 will 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 proposed services within the defined scope of work relevant to the identified target population. The applicant will address the following:

- a. Mission of the organization.
- b. Explanation as to how receipt of a grant for the proposed services will complement the mission of the agency and other services currently available. A list and description of other HIV Prevention Services offered by the applicant organization should also be included, see Appendix G.
- c. Brief description of relevant local data about the population served by the intervention.
- d. Agency history and experience relevant to the provision of services to the proposed target population(s). Experience and success of past efforts should be supported with both quantitative and qualitative data when available.
- e. Brief description of organization's ability to meet the needs of the identified target population(s) in a culturally and linguistically appropriate manner.
- f. Description of sustainability plans to maintain or expand funding for the intervention if federal funds decline.

Required Attachments:

- 501 (c) (3) certification (if applicable).
- Board of Directors roster.
- Organizational chart which clearly identifies position within the organization and reporting relationships as it relates to this proposal.
- Most recent independent financial audit or financial statements.

4. **Intervention Plan**

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

- a. **Target Population:** Describe the proposed target population, at minimum, in terms of the populations eligible for support under this RFP.
 - i. **Burden of HIV Disease:** Describe the impact of disease or health disparity in the geographic area(s) relevant to the scope of work defined in the application. The impact of disease should include a detailed description about behavioral risks and demographics of the population served.
 - ii. **Gaps in Service:** Describe and document the extent to which identified needs of the target population are currently being addressed in the proposed geographic area(s) and how the proposed program addresses gaps in service or service linkages.

b. **Implementation Plan** (Not to exceed five (5) pages per population)

i. **General Intervention Description:**

CTR – Describe plans to implement HIV testing to identify undiagnosed HIV infection using multiple strategies and the most current recommendations for HIV CTR, while ensuring the provision of test results and meeting the following objectives **per funded FTE**:

- Test no fewer than 750 individuals of unknown HIV status per year;
- Achieve and maintain no less than a 1.25% rate of newly identified infections per year;
- At least 85% of people who test positive for HIV will receive their test results;
- At least 80% of people who receive their positive HIV test results will be linked to care; and
- All people (100%) who receive their positive HIV test results will be referred to Partner Services PS.

CRCS – Include a description of plans for addressing the following elements:

- Provide linkage to care, treatment, and/or other prevention services when necessary;
- Promote retention or re-engagement in care for HIV-positive persons when necessary; and
- Offer referral and linkage to other medical and/or social services when necessary.

Behavioral Intervention (Regions 1 & 5 only) – Describe plans to implement the proposed intervention in a manner that maintains fidelity to the original design while meeting the needs of the target population within the proposed Region and applicant organization.

- ii. **Applicant Experience/Capacity:** Describe the applicant’s experience related to the proposed intervention. If the intervention is new to the applicant, please describe the applicant’s experience with implementing other or similar interventions or services. Please focus on the capacity to provide the intervention. Experience and success of past efforts should be described and supported with both quantitative and qualitative data when available (i.e., positivity rate for previous years, number of clients who met CRCS goals and completed successfully).
- iii. **Venues:** Describe the specific venues and locations where services will be provided and why those venues were chosen. Provide evidence of support for access to such venues/locations. *(Please note: if applying for CTR, services are to be offered off-site no less than one (1) full day per week and if applying for CRCS, special arrangements are to be made for clients with limited transportation.)*
- iv. **Access to Target Population:** Describe applicant experience and history serving the proposed target population.
- v. **Marketing and Recruitment:** Describe strategies that will be used to promote the intervention. Describe tools and how clients will be recruited.
- vi. **Cultural Competence:** Describe the strategies that will be used to ensure the cultural, linguistic, and developmental competence of interventions, materials, and staff.
- vii. **Client Retention:** For CRCS, describe strategies that will be used to ensure client retention across the program cycle.
- viii. **Staff Training:** Describe how staff will be trained to deliver the Prevention Activity.
- c. **Program Objectives:** Identify proposed annual goals and objectives for the CTR or CRCS program.

5. **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, mental health 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.

- a. Programs targeting communities at risk for sexual transmission of HIV are to clearly describe coordination with prevention, screening, and treatment of STDs and viral hepatitis.
- b. Programs targeting HIV-positive individuals, including CTR and CRCS, are to clearly describe coordination with Disease Investigation Specialists (DIS), care and treatment services, and Care Coordination Sites.

NOTE: Collaboration with other agencies is encouraged but NOT required. If proposed programming is to be carried out through collaboration between two or more agencies, it should be described in the Coordination and Collaboration Plan. Please include information on all agencies. Collaborative relationships must be supported with specific, detailed, and current Memoranda of Understanding (MOU) or Agreement (MOA).

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

Please describe internal evaluation and quality assurance measures implemented within your organization as it relates to implementation of the intervention. Include an explanation as to how the most current epidemiologic data and other available data sources will be used to assist in program planning and evaluation. Also, detail systems in place for data collection, management, entry and analysis.

7. **Budget**

Please complete Appendix F for this section along with a narrative budget justification for each line item. When completing the Budget, please note the following:

- All applications must include the equivalent of at least one full time employee (FTE); part-time positions are **not** allowable.
- Supervisory expenses are allowable but **may not exceed 10%** of the total budget.
- Indirect or administrative cost(s) is **not** an allowable line item charged to an ISDH issued grant. Direct costs must be identified and included as separate line items under an allowable budget category.
- The maximum allowable amount per CTR position is \$45,000.
- The maximum allowable amount per CRCS position is \$40,000.

IV. Proposal Evaluation

A. Procedure

Proposals submitted in response to this RFP will undergo a review and scoring process by the 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. Intervention Plan	40%
3. Program Objectives	10%
4. Coordination and Collaboration Plan	10%
5. Evaluation and Quality Assurance	15%
6. Budget	10%

V. Letter of Intent

Applicants are **required** to submit an “Intent to Apply” form (Appendix C) for each proposed intervention by **5:00 p.m. EDT on August 10, 2012**. Forms received after that date and time will not be accepted. Forms are to be submitted via U.S. Mail or express carrier and should be addressed to:

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

Entities that do not submit an “Intent to Apply” form are **not** eligible to apply. **Proposals will not be accepted from organizations that have not submitted an “Intent to Apply” form by the required deadline. A separate “Intent to Apply” form is required for each proposed intervention. Forms submitted by email or fax will not be accepted.** However, if an entity submits an “Intent to Apply” form and later determines an application

is not appropriate, the entity may choose not to apply. Letters of intent are non-binding but will be used by the ISDH to adequately prepare for the review of submitted proposals.

VI. Technical Assistance

Questions regarding this RFP should be sent to Andrea Perez, HIV Prevention Program Manager, via email at anperez@isdh.IN.gov. A technical assistance meeting will be scheduled for all who submit an Intent to Apply form.

VII. Appendices

Appendix A

2011 New Cases of Chlamydia (CT), Gonorrhea (GC), and HIV by Prevention Region

Region	County	CT Count	% of total CT cases	GC Count	% of total GC cases	Syphilis Count	% of total Syphilis cases	New HIV Cases	% of total of New HIV cases
1	Lake	2805	10.09	865		27			
1	Jasper	60	0.22	<5		<5			
1	Newton	22	0.08	<5		<5			
1	Porter	368	1.32	32		<5			
	Total	3255	11.71	901	13.72	29	16.76	78	15.06
2	St Joseph	1106	3.98	271		5			
2	Fulton	22	0.08	<5		<5			
2	Marshall	45	0.16	<5		<5			
2	Cass	42	0.15	<5		<5			
2	La Porte	369	1.33	94		<5			
2	Miami	46	0.17	<5		<5			
2	Pulaski	5	0.02	<5		<5			
2	Starke	17	0.06	<5		<5			
2	Elkhart	857	3.08	121		6			
	Total	2509	9.02	495	7.54	12	6.94	54	10.42
3	Adams	45	0.16	5		<5			
3	Allen	2019	7.26	518		11			
3	De Kalb	138	0.50	11		<5			
3	Huntington	40	0.14	7		<5			
3	Jay	50	0.18	5		<5			
3	Kosciusko	163	0.59	18		<5			
3	Lagrange	32	0.12	<5		<5			
3	Noble	93	0.33	5		<5			
3	Steuben	59	0.21	<5		<5			
3	Wabash	61	0.22	11		<5			
3	Wells	59	0.21	<5		<5			
3	Whitley	68	0.24	6		<5			
	Total	2827	10.17	591	9.00	13	7.51	26	5.02
4	Benton	17	0.06	<5		<5			
4	Carroll	32	0.12	<5		<5			
4	Clinton	104	0.37	6		<5			
4	Fountain	32	0.12	<5		<5			
4	Montgomery	98	0.35	16		<5			
4	Tippecanoe	750	2.70	104		<5			
4	Warren	12	0.04	<5		<5			
4	White	66	0.24	<5		<5			
	Total	1111	4.00	134	2.04	1	0.58	13	2.51
5	Boone	100	0.36	6		<5			
5	Hamilton	344	1.24	59		<5			
5	Hancock	88	0.32	12		<5			

5	Hendricks	250	0.90	23		<5			
5	Johnson	289	1.04	35		<5			
5	Marion	9118	32.80	2785		88			
5	Morgan	148	0.53	17		<5			
5	Shelby	121	0.44	15		<5			
	Total	10458	37.62	2952	44.94	90	52.02	248	47.88
6	Blackford	32	0.12	9		<5			
6	Decatur	28	0.10	<5		<5			
6	Delaware	766	2.76	164		<5			
6	Fayette	64	0.23	10		<5			
6	Franklin	21	0.08	<5		<5			
6	Grant	326	1.17	133		<5			
6	Henry	114	0.41	10		<5			
6	Howard	258	0.93	33		<5			
6	Madison	558	2.01	166		<5			
6	Randolph	102	0.37	8		<5			
6	Rush	35	0.13	<5		<5			
6	Tipton	8	0.03	<5		<5			
6	Union	6	0.02	<5		<5			
6	Wayne	313	1.13	131		<5			
	Total	2631	9.46	668	10.17	3	1.73	25	4.83
7	Clay	76	0.27	10		<5			
7	Vermillion	28	0.10	<5		<5			
7	Parke	49	0.18	11		<5			
7	Putnam	95	0.34	10		<5			
7	Owen	54	0.19	7		<5			
7	Vigo	597	2.15	101		<5			
7	Greene	88	0.32	<5		<5			
7	Sullivan	47	0.17	<5		<5			
	Total	899	3.23	142	2.16	0	0.00	21	4.05
8	Bartholomew	237	0.85	27		<5			
8	Brown	6	0.02	<5		<5			
8	Lawrence	119	0.43	7		<5			
8	Monroe	557	2.00	116		5			
8	Jackson	145	0.52	11		<5			
8	Jennings	64	0.23	<5		<5			
	Total	1128	4.06	165	2.51	11	6.36	13	2.51
9	Daviess	78	0.28	<5		<5			
9	Dubois	96	0.35	<5		<5			
9	Gibson	106	0.38	13		<5			
9	Knox	181	0.65	31		<5			
9	Martin	20	0.07	<5		<5			
9	Perry	30	0.11	<5		<5			
9	Pike	23	0.08	<5		<5			
9	Posey	60	0.22	<5		<5			
9	Spencer	46	0.17	<5		<5			
9	Vanderburgh	919	3.31	257		<5			
9	Warrick	113	0.41	6		<5			
	Total	1672	6.01	320	4.87	3	1.73	20	3.86

10	Clark	389	1.40	99		8			
10	Crawford	13	0.05	<5		<5			
10	Dearborn	93	0.33	9		<5			
10	Floyd	264	0.95	58		<5			
10	Harrison	68	0.24	<5		<5			
10	Jefferson	97	0.35	12		<5			
10	Ohio	15	0.05	<5		<5			
10	Orange	27	0.10	<5		<5			
10	Ripley	65	0.23	<5		<5			
10	Scott	73	0.26	<5		<5			
10	Switzerland	15	0.05	<5		<5			
10	Washington	57	0.21	<5		<5			
	Total	1176	4.23	196	2.98	11	6.36	20	3.86
Grand	Total	26538		6399		162		518	

Appendix B

Available Positions by HIV Prevention Region

Region	Service	Available FTE	Maximum Amount
1	CTR	2	\$90,000
1	CRCS	1	\$40,000
1	Evidence Based Intervention	1	\$45,000
2	CTR	2	\$90,000
2	CRCS	1	\$40,000
3	CTR	1	\$45,000
3	CRCS	1	\$40,000
4	CTR	1	\$45,000
4	CRCS	N/A	\$0
5	CTR	3	\$135,000
5	CRCS	2	\$80,000
5	Evidence Based Intervention	1	\$45,000
6	CTR	1	\$45,000
6	CRCS	1	\$40,000
7	CTR	1	\$45,000
8	CTR	1	\$45,000
7 & 8	CRCS	1	\$40,000
9	CTR	1	\$45,000
10	CTR	1	\$45,000
9 & 10	CRCS	1	\$40,000

Appendix C

**HIV Prevention Services RFP
Intent to Apply Form**

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 _____

The following information is requested to assist in matching reviewers to applications.
ISDH understands that it is preliminary and as such, **it is non-binding.**

Target Population	Proposed Intervention	Number of Positions	Region
<i>SAMPLE: PLWHA</i>	CRCS	1	3

Funding Request: \$ _____

Signature of Authorized Representative

Date

Please Print Name and Title

Appendix D

**HIV PREVENTION 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 _____

Target Population	Proposed Intervention	Number of Positions	Region
SAMPLE: White MSM	CTR	2	2

Funding Request: \$ _____

Signature, Chairperson, Board of Directors

Date

Please Print Name and Title

Signature of Authorized Representative

Date

Please Print Name and Title

Appendix E

HIV PREVENTION REGIONAL MAP



Revised July 2012

Appendix F

**BUDGET DETAIL
PERSONNEL**

Project Title: 2013 HIV Prevention Program

Intervention: _____

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			\$		\$
FRINGE BENEFITS % of Total Budget _____ Includes Insurance, Social Security, Retirement, Disability, Medical, Dental, Other			\$		\$
SUB-TOTAL PERSONNEL			\$		\$

BUDGET DETAIL

Project Title: 2012 Prevention Program

Intervention: _____

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

Appendix G

Additional Funding Sources

Please identify and describe other sources of funding for HIV Prevention Services received by your organization. A brief program description should be included for each program listed below. Attach additional pages as necessary.

Funding Source	Amount	Funding Cycle Dates
SPSP-Testing		
SPSP-Support Specialist		
ISDH DIS		
Indiana AIDS Fund		
SAMHSA		
Other		