

where applicable, by reconfiguring counseling and testing resources to increase the efficiency of such services, by increasing the number of providers who routinely provide HIV screening in health care settings, and by increasing the number of partners who receive partner counseling, testing, and referral services.

3. Increasing the proportion of HIV-infected people who are linked to appropriate prevention, care, and treatment services.

4. Strengthening the capacity of health department and community-based organizations to implement effective HIV prevention programs and to evaluate them.

To ensure quality programs and to measure progress, applicants are required to report on a core set of indicators appropriate for their program activities. Each project area will set their own annual target level of performance for each indicator.

Project areas are accountable for achieving the target levels of performance established in their plans. If a project area fails to achieve their target, CDC will work with the grantee to determine what steps can be taken to improve performance. CDC actions could include technical assistance, placing conditions or restrictions on the award of funds, or with chronic failure to improve, a reduction in funds.

C. Eligible Applicants

Applications may be submitted by health departments of states and their bona fide agents that currently receive CDC HIV prevention funds under Program Announcement 99004 (HIV Prevention Projects). This includes the 50 states, six cities (Chicago, Houston, Los Angeles, New York, Philadelphia, and San Francisco), the District of Columbia, Puerto Rico, and the Virgin Islands. United States Affiliated Pacific Island jurisdictions will be funded under a separate program announcement.

For the five states in which there is a CDC directly funded city (Chicago, Houston, Los Angeles, New York, Philadelphia, and San Francisco), the application must be developed and submitted by a coalition of the state and directly funded city health department(s) to ensure continuity of services. Either the state or directly funded city may submit the application, but only one application may be submitted from California, Illinois, New York, Pennsylvania, and Texas. Proof of formal collaboration between the state and city is required in the application from these jurisdictions.

Eligible recipients for additional HIV Perinatal Transmission Prevention funding must have reported at least 150 cases of perinatally acquired AIDS (cumulative) by December 31, 2001 or have Survey of Childbearing Women seroprevalence rates in 1994 of greater than or equal to 2.0/1000. The following areas meet these criteria: California, Connecticut, Delaware, Florida, Georgia, Illinois, Louisiana, Maryland, Massachusetts, New Jersey, New York, Pennsylvania, Puerto Rico, South Carolina, Texas, and Washington, DC.

Note: Title 2 of the United States Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting an award, grant or loan.

D. Funding

Availability of Funds

Approximately \$275,000,000 is available in FY 2004 to fund 59 awards. Award amounts for each project area will be comparable to previous year's funding.

In addition, approximately \$6,300,000 is available for those jurisdictions eligible for HIV Perinatal Transmission Prevention project funding. Eligible applicants for perinatal funds should submit a separate budget in addition to the budget for core services.

It is expected that the awards will begin on or about January 1, 2004 and will be made for a 12-month budget period within a five-year project period. Funding estimates may change.

Continuation awards within an approved project period will be made based on satisfactory progress as evidenced by successfully implementing required recipient activities, meeting annual targets for program indicators, and submitting required reports. Continuation awards are subject to the availability of funds.

Direct Assistance

You may request federal personnel, equipment, or supplies as direct assistance, in lieu of a portion of financial assistance.

Use of Funds

Funds may not be used to supplant state or local health department funds available for HIV prevention.

The use of funds should be consistent with the jurisdiction's Comprehensive HIV Prevention Plan.

These funds may not be used to provide direct patient medical care, e.g., ongoing medical management and provision of medications, except for

STD treatment related to HIV prevention when approved by CDC.

Carryover funds are available only from the previous budget period. The request and use of carryover funds from the previous year must be consistent with the priorities outlined in the jurisdiction's Comprehensive HIV Prevention Plan. Carryover funds are not available after the end of the project period.

Recipient Financial Participation

Recipient financial participation is not required for this program.

E. Program Requirements

In conducting activities to achieve the purpose of this program announcement, the recipient will be responsible for all the activities under section 1, below. CDC will be responsible for conducting the activities under section 2, below.

1. Recipient Activities

A comprehensive HIV prevention program that includes the following components:

- a. HIV prevention community planning;
- b. HIV prevention activities;
 - (1) HIV prevention counseling, testing, and referral services (CTR);
 - (2) Partner notification, including partner counseling and referral services (hereafter known as PCRS) with strong linkages to prevention and care services;
 - (3) Prevention for HIV-infected persons;
 - (4) Health education and risk reduction (HE/RR) activities;
 - (5) Public information programs; and,
 - (6) Perinatal transmission prevention
- c. Quality assurance;
- d. Evaluation of major program activities, interventions, and services, including data collection on interventions and clients served;
- e. Capacity-building activities;
- f. Sexually Transmitted Disease (STD) prevention activities;
- g. Collaboration and coordination with other related programs;
- h. Laboratory support; and,
- i. HIV/AIDS epidemiologic and behavioral surveillance.

2. CDC Activities

a. Provide consultation and technical assistance (TA) to health departments in all aspects of their comprehensive HIV prevention program, including the community planning process and program evaluation activities;

b. Work with state and local health departments to assess training needs and provide training to managers, supervisors, and staff of CTR, outreach, or other prevention programs, either