

directly or through its network of TA providers and STD/HIV prevention training centers;

c. Disseminate current information, including best practices, in all areas of HIV prevention; facilitate the adoption and adaptation of effective intervention models through workshops, conferences, and written materials; and provide TA in the development and evaluation of new or innovative prevention models;

d. Develop intervention and program evaluation guidelines and program monitoring systems (including indicators);

e. Facilitate coordination of activities among other CDC programs, health departments, community planning groups, directly-funded community-based organizations (CBOs), national capacity-building assistance (CBA) providers, and with care providers and recipients of Ryan White CARE Act funds; and,

f. Monitor progress in achieving target levels of performance for each core indicator, including those for community planning, and take appropriate steps when target levels of performance are not met.

#### F. Application Content

The Program Announcement title and number must appear in the application. Follow the instructions and outline for application content in completing your application. Sequentially number all pages in the application and attachments, and include a table of contents reflecting major categories and corresponding page numbers. Submit the original and two copies of the application, unstapled and unbound. Provide only those attachments directly relevant to this application. All materials must be single spaced, printed in un-reduced 12-point font, on eight and a half by eleven paper, with at least one margins and printing on one side only.

This section describes program requirements and asks you to describe how you will address the requirements. It also lists core program indicators to measure program success. Program indicators must be objective and quantitative, and must measure the intended outcome of the program's activities. You are required to report on the base-line level for each indicator in your application as well as a one-year interim target and a five-year overall target level of achievement. In subsequent progress reports, you will be required to report on progress in achieving target levels of performance for each core indicator.

#### 1. HIV Prevention Community Planning

##### a. All recipients must:

(1) Adhere to the HIV Prevention Community Planning Guidance (see Attachment 1) by ensuring that the following goals are achieved:

(a) Goal One—Community planning supports broad-based community participation in HIV prevention planning.

(b) Goal Two—Community planning identifies priority HIV prevention needs (a set of priority target populations and interventions for each identified target population) in each jurisdiction. All jurisdictions are required to prioritize HIV-infected persons as the highest priority population for appropriate prevention services. Uninfected, high-risk populations such as sex or needle-using partners of people living with HIV, should be prioritized based on community needs.

(c) Goal Three—Community Planning ensures that HIV prevention resources target priority populations and interventions set forth in the Comprehensive HIV Prevention Plan.

(2) Ensure that the priorities of the Comprehensive HIV Prevention Plan are reflected in your funding application to CDC.

(3) Ensure that adequate funds are provided to support the responsibilities of the community planning group.

(4) Adhere to the health department roles and responsibilities identified in the Community Planning Guidance.

(5) Collect and report community planning data consistent with the Community Planning Guidance. Health departments are required to report on progress in meeting the target levels of performance for the core indicators of community planning as listed below in F1b(2).

(6) Ensure that the community planning group develops at least one Comprehensive HIV Prevention Plan every five years. This jurisdiction-wide plan should address all HIV prevention activities; the plan should inform decisions about how all HIV prevention funds are to be used, including federal, state, local and, when possible, private resources. These activities include community planning, CTR/PCRS, HE/RR, prevention for people living with HIV, capacity-building, evaluation, and other health department activities conducted under this program. The plan should summarize any regional planning and community planning groups into one summary document.

(a) Ideally, start the new plan as soon as possible to implement the strategies in this announcement and plan through approximately December 2007. A new

plan should be written in 2008, which will guide prevention activities during the following five-year funding cycle (January 2009—December 2013).

(b) Update the Comprehensive HIV Prevention Plan annually.

##### b. In your application:

(1) Report on how performance on each of the three community planning goals will be sustained or improved over the five-year project period of this program announcement.

(2) Specify base-line level and a one-year interim target and a five-year overall target level of performance for the following core indicators: (Refer to HIV Prevention Community Planning Guidance, Monitoring and Evaluation Section of Attachment 1 for data collection tools).

(a) Proportion of populations most at risk, as documented in the epidemiologic profile, that have at least one community planning group (CPG) member that reflects the perspective of each population.

(b) Proportion of key attributes of an HIV prevention planning process that CPG membership agreed have occurred.

(c) Proportion of prevention interventions and supporting activities in the health department CDC funding application specified as a priority in the Comprehensive HIV Prevention Plan.

(d) Proportion of health department-funded prevention interventions and supporting activities that correspond to priorities specified in the Comprehensive HIV Prevention Plan.

##### (3) Provide, as an attachment:

(a) A copy of the community planning group's letter of concurrence, concurrence with reservations, or nonconcurrence. This letter must describe the method and timeline for the review of this application by the community planning group (CPG). Instances of planning group nonconcurrence will be evaluated on a case-by-case basis. After consultation with the grantee and the CPG, CDC will determine what action is appropriate as outlined in the guidance.

(b) Your new Comprehensive HIV Prevention Plan, or if your jurisdiction has developed a supplementary document that updates and describes refinements or changes to the most recent Comprehensive HIV Prevention Plan, attach only this supplementary document.

#### 2. HIV Prevention Activities

There are two overall HIV prevention program performance indicators. Specify base-line level for the following two overall program measures:

- Number of newly diagnosed HIV infections.