

interventions as well as PCM and outreach for high risk HIV negative and HIV positive individuals. See glossary for a definition of these services.

(1) *All recipients must:*

(a) Develop a plan to provide financial assistance to CBOs and other HIV prevention providers (including local health departments) consistent with the prioritized populations and interventions established in the Comprehensive HIV Prevention Plan.

(b) Fund providers who provide services that:

- Show evidence that their services focus on those most at risk of transmitting or acquiring HIV infection, reflecting the priorities established in the Comprehensive HIV Prevention Plan and;

- Are based on scientific theory, or have evidence of demonstrated or probable outcome effectiveness (see CDC's most current Compendium of HIV Prevention Interventions with Evidence of Effectiveness, 1999);

- Are directed by written procedures or protocols;

- Are acceptable to and understood by the target population, *i.e.*, are culturally appropriate.

- Have quality assurance and evaluation procedures in place.

(c) Collect and report data on HE/RR activities including core indicators as will be specified in PEMS.

(2) *In your application:*

(a) Describe your plan to provide financial assistance to prevention providers. Explain any instances of non-competitive award of CDC funds. Identify existing providers by prioritized populations and interventions that are currently funded. Also prepare a separate list identifying interventions that will be funded.

(b) Specify base-line level and a one-year interim target and a five-year overall target level of performance for the following core program indicators:

- Proportion of persons that completed the intended number of sessions for each of the following interventions: individual level intervention (ILI), group level intervention (GLI), and PCM.

- Proportion of the intended number of the target populations to be reached with any of the following specific interventions (ILI, or GLI, or PCM) who were actually reached.

- The mean number of outreach encounters required to get one person to access any of the following services: CT, STD screening and testing, ILI, GLI or PCM.

e. Public Information Programs

(1) *All recipients must:*

(a) Develop public information programs based on local needs. CPGs must be involved in this decision, *e.g.*, indicate in the HIV Comprehensive Prevention Plan the need to provide such services.

(b) Collect and report data on public information activities as will be specified in PEMS.

(2) *In your application:*

Complete this section only if you are requesting program funds to support public information programs. Describe your public information efforts and how they are consistent with your Comprehensive HIV Prevention Plan.

f. Perinatal Transmission Prevention

(1) *All recipients must:*

(a) Work with all health-care providers to promote routine, universal HIV screening of all of their pregnant patients. The Department of Health and Human Services recommends that all pregnant women in the United States be tested for HIV infection (Revised Recommendations for HIV Screening of Pregnant Women. MMWR. 2001; 50 (RR19); 59–86 and Advancing HIV Prevention: New Strategies for a Changing Epidemic—United States, 2003, MMWR April 18, 2003/52 (15); 329–332 425).

(b) Work with organizations and institutions involved in prenatal and postnatal care for HIV-infected women to ensure that appropriate HIV prevention counseling, testing, and therapies are provided to reduce the risk of perinatal transmission.

(2) *All recipients eligible for perinatal transmission prevention funding (see eligibility requirements under "Eligible Applicants" must:*

(a) Conduct perinatal HIV prevention activities to achieve routine, universal HIV screening among pregnant women, incorporating the new HIV rapid test where applicable.

(b) Evaluate perinatal HIV prevention programs using the "Perinatal HIV Prevention Programs Evaluation Protocol" in collaboration with CDC staff.

(c) Work with CDC staff and CDC contractors to facilitate the collection of data on prenatal HIV testing rates through a representative sample of maternal medical records, and disseminate findings to local jurisdictions and delivery hospitals.

(d) Work closely with organizations and institutions involved in prenatal and postnatal care for HIV-infected women to ensure that proper HIV prevention counseling, testing and therapies are provided during prenatal care, delivery, and postnatal care.

(3) *In your application:*

If your project will not receive funding for HIV perinatal prevention:

(a) Describe how you will work with health care providers to promote routine, universal HIV screening to their pregnant patients and how you will work with organizations and institutions involved in prenatal and postnatal care for HIV-infected women to ensure that appropriate HIV prevention counseling, testing, and therapies are provided to reduce the risk of transmission.

(b) Specify base-line level and a one-year interim target and a five-year overall target level of performance for the following core program indicator: Proportion of pregnant women who receive an HIV test during pregnancy.

If your project is eligible for HIV perinatal prevention funding (see page 2):

(a) Describe your current and planned perinatal HIV prevention activities.

(b) Include a budget detailing the planned funding for your targeted perinatal HIV prevention programs; using as the amount per year the perinatal funding your jurisdiction has received for targeted perinatal HIV prevention programs per year since 1999.

(c) For the five states in which there is a CDC directly funded city, provide evidence of formal collaboration between the state and city.

(d) Indicate your willingness to work with CDC staff and to utilize a standardized approach to the gathering of HIV screening rates during pregnancy based on medical record data, as well as to carry out evaluations of your planned targeted perinatal HIV prevention activities as detailed in the "Perinatal HIV Prevention Programs Evaluation Protocol."

(e) Specify base-line level and a one-year interim target and a five-year overall target level of performance for the following core program indicators:

- Proportion of women who receive an HIV test during pregnancy.

- Proportion of HIV-infected pregnant women who receive appropriate interventions to prevent perinatal transmission.

- Proportion of HIV-infected pregnant women whose infants are perinatally infected.

3. *Quality Assurance*

a. *All recipients must:*

Develop, implement, and maintain quality assurance plans in the following programmatic areas:

(1) CTR and PCRS—the following refer to both health department and community based programs funded through the health department.