

participating in planning and implementation meetings; conducting analyses to monitor trends, assess need for health-care resources, and project the future impact of the disease; and providing feedback to reporting sources on ways in which the surveillance data have been used to promote public health.

f. Reporting of data using CDC standards and software.

Recipients should ensure that data collection forms used to submit case reports from laboratories, clinical records, and patient interviews contain CDC's recommended standard data elements/questions on HIV testing behaviors, risk/exposure behaviors, and treatment access/adherence behaviors.

g. Security

Consistent with "Appendix C" of CDC's "Guidelines for HIV/AIDS Surveillance," recipients must ensure that the program requirements detailed in the Security Standards are attained as indicated by the signature of the Overall Responsible Party (ORP) on the attached form. HIV/AIDS surveillance funds will be restricted unless the signed ORP form has been submitted to CDC.

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities for this program are as follows:

a. Provide training in surveillance methods, study methods, and surveillance program planning and management.

b. Provide laboratory training that includes current scientific and technical information about the practical and the theoretical sensitivity and specificity of the different serological tests.

c. Coordinate and convene conferences, develop routine communications, provide guidelines and standards for the conduct of surveillance program activities, and communicate with recipients to develop, refine, and disseminate HIV/AIDS surveillance program information that describes effective methods to carry out program activities and monitor progress.

d. Provide: (1) Criteria for the surveillance definition of nationally reported HIV infection/disease (including AIDS), (2) prototype (model) case report forms, and (3) assistance in establishing and maintaining software for collecting, transferring and evaluating HIV/AIDS surveillance data.

e. Participate in the analysis and dissemination of information and data gathered from program activities and facilitate the transfer and utilization of

information and technology among all States and communities.

f. Assist in the evaluation of the overall effectiveness of program operations, including the impact of surveillance data on the development of public policy and on targeting and evaluating HIV Prevention Community Planning activities.

g. Assist areas to better use the national HIV/AIDS surveillance data provided to CDC by areas for public health policy formulation; obtaining and allocating federal resources for HIV/AIDS surveillance, prevention, and care; and evaluation of national public health recommendations. Promote and facilitate coordination of CDC surveillance data and activities with other CDC programs and other agencies of the federal government.

h. Provide technical assistance in the area of data storage and management to assure that reporting areas: (1) Adhere to appropriate confidentiality and security procedures; and (2) execute the necessary data management and analytic procedures to assure data integrity and accuracy.

i. Disseminate national surveillance data for public health research purposes through routine reports, articles in books and peer-reviewed journals, and presentations.

j. Maintain a secure and confidential national HIV/AIDS surveillance database.

II. Award Information

Type of Award: Cooperative Agreement.

CDC involvement in this program is listed in the Activities Section above.

Part I. Core Surveillance

Fiscal Year Funds: 2004.

Approximate Total Funding: \$34,000,000.

Approximate Number of Awards: 65.

Approximate Average Award: \$500,000.

Floor of Award Range: \$9,000 to \$4,000,000.

Ceiling of Award Range: \$4,000,000.
Anticipated Award Date: April 1, 2004.

Budget Period Length: 9 months.

Project Period Length: 2 years and 9 months.

Considerations for Funding Levels: All technically acceptable applications will be funded. The following items are general considerations that will affect decisions on funding levels.

1. Greatest consideration will be given to areas with an HIV case reporting system as of the due date of this application.

2. Areas that do not meet criterion one, but have a written plan with

established regulations or laws that will enable HIV case reporting to be in place as of April 1, 2004 will receive greater consideration than areas with no immediate plans for implementation of such a reporting system.

3. The presence of at least one Ryan White Title I Eligible Metropolitan Area (EMA) within the jurisdiction of the applicant.

4. The applicant's description of:

(a) Surveillance evaluation activities that are in place.

(b) Information from surveillance evaluation activities demonstrating that the HIV case reporting system meets the minimum performance standards for HIV case reporting published in "CDC Guidelines for National Human Immunodeficiency Virus Case Surveillance, Including Monitoring for Human Immunodeficiency Virus Infection and Acquired Immunodeficiency Syndrome". These standards are summarized in Attachment A (as posted with this announcement on the CDC Web site.)

5. Additional programmatic consideration will be based on increases or decreases in the volume of reported cases of HIV or AIDS and their implications for HIV/AIDS surveillance program activities.

Part II. HIV Incidence Surveillance

Fiscal Year Funds: 2004.

Approximate Total Funding: \$15,000,000.

Approximate Number of Awards: 35.

Approximate Average Award: \$250,000.

Floor of Award Range: \$130,000 to \$790,000.

Ceiling of Award Range: \$790,000.
Anticipated Award Date: April 1, 2004.

Budget Period Length: 9 months.

Project Period Length: 2 years and 9 months.

Consideration for Funding Levels: All technically acceptable applications will be funded. Funding levels will be determined by a formula using the highest new annual AIDS case count estimated for either of the two most recent calendar years available. Additional programmatic consideration will be based on trends in reported cases of HIV and the implications for HIV Incidence surveillance program activities.

Part III. Capacity Building for Epidemiologic and Program Evaluation Activities

Fiscal Year Funds: 2004.

Approximate Total Funding: \$2,100,000.

Approximate Number of Awards: 21.