

4. proportion of health departments that report agreement with timeliness in completion of CBA;

5. of the total number of action plans, the proportion of action plans completed according to the scheduled timeliness;

6. proportion of CBOs that report agreement that CBA received met their needs; and

7. proportion of health departments that report agreement that CBA received met their needs.

Performance Indicators by Focus Area:

Performance indicators by focus are as follows:

Focus Area 1—Proportion of CDC-funded CBOs, by racial/ethnic minority population served, receiving assessment of organizational needs;

- Focus Area 2—Proportion of CDC-funded CBOs, by racial/ethnic minority population served, receiving assessments of intervention needs;

- Focus Area 3—Proportion of CBA programmatic events promoting HIV antibody testing; and

- Focus Area 4—Proportion of Community Planning Groups (CPGs) receiving CBA on Parity, Inclusion, and Representation.

- Additional performance indicators may be added or refined over the course of the project period. (For additional information on performance indicators, see Application and Submission Information.)

Applicants will be responsible for the following in response to the performance indicators:

a. Set baseline, one-year, and five-year target goals (target goals will be negotiated with CDC post-award).

b. Use performance indicators for the design of a monitoring evaluation plan.

c. Collect process and outcome monitoring data and report to the CDC.

Applicants are accountable for achieving performance target goals. If an applicant fails to achieve their target, CDC will work with the applicant to determine what steps can be taken to improve performance. CDC involvement may include technical assistance, conditional or restrictive funding. If your performance fails to improve, CDC may reduce the award or defund your program.

Activities

Awardee activities for this program are as follows:

General Awardee Activities for all Applicants

All applicants are required to implement general awardee activities by developing process objectives and activities for the following:

1. Use logic modeling for internal program planning and conducting CBA. A program logic model links outcomes (both short- and long-term) with program activities/processes and the theoretical assumptions/principles of the program.

2. Include input from target consumers and other potential consumers of the proposed services, including people living with HIV/AIDS.

3. Incorporate cultural competency and linguistic and educational appropriateness into all CBA activities.

4. Collaborate with CDC, CDC-funded CBA and Technical Assistance (TA) providers, and contractors to plan and deliver CBA that is (1) consistent with CDC expectations (as provided in trainings for grantees); and (2) to avoid duplication of services.

5. Undertake a coordinated systems approach in the delivery of regionally structured CBA services that includes (a) notifying, cooperating and coordinating with state and local health departments in the delivery of CBA services within their health jurisdictions; (b) collaborating with other sources of CBA (including CBA providers in other focus areas) in the regions to plan and implement comprehensive CBA; (c) conducting assessments of needs, community resources, and social capital; (d) identifying and addressing gaps in CBA services; and (e) leveraging other federal, state or local resources.

6. Implement a plan for developing and maintaining ongoing relationships with target consumers and CPGs for which the awardee has responsibility. The plan should include strategies for conducting ongoing assets assessments and needs assessments and developing tailored CBA packages to be delivered throughout the duration of the project period.

7. Develop protocols that respond to new CBA requests following procedures to be provided by CDC.

8. Refer all CBA requests, which fall outside of your focus area(s) to the CDC capacity building assistance coordinator for appropriate assignment.

9. Participate in a CDC-coordinated CBA network to enhance communication, coordination, cooperation, and training.

10. Identify the CBA training needs of your own program and staff. Develop and implement a plan to address these needs.

11. Implement a quality assurance strategy that ensures the delivery of high quality services.

12. Implement an evaluation monitoring plan that addresses the performance indicators. The plan

should outline the process and outcome data to be collected, identify sources of information, methods by which information will be collected, process for analyzing and interpreting information, and using findings for program improvement.

13. Develop and implement an effective strategy for marketing your CBA services.

14. Report planned group CBA events to the Capacity Building Branch (CBB) Training Calendar for dissemination to HIV prevention partners and constituents to be provided by CDC.

15. Facilitate the dissemination of information about successful CBA strategies and "lessons learned" through replication packages, peer-to-peer interactions, meetings, workshops, conferences, case studies, and communications with CDC project officers.

Note: Successful or funded applicants will be expected to attend several post-award training events during April, May, and June 2004.

Focus Area-Specific Awardee Activities

Focus Area 1: Strengthening Organizational Infrastructure for HIV Prevention

a. Develop tools and protocols for assessing organizational infrastructure system needs, resources, readiness, and gaps.

b. Provide or ensure the provision of CBA in organizational infrastructure. Examples include, but are not limited to: organizational assessments to determine the needs, resources, readiness, and gaps of organizational infrastructure systems (e.g., governance, management, administration, personnel, and fiscal); proposal development and grant writing; personnel policy development; program policy development, including confidentiality standards, and reporting rules and regulations; development of Memorandums of Agreement; resource development, including development of reimbursement mechanisms, identification of other funding sources and development of public/private partnership strategies; board development and training; biohazard management and disposable protocols; licensing and certification issues for HIV rapid testing; management information systems (MIS) data management; strategic planning; leadership development; team building; public relations; development of 501(c)(3) of the Internal Revenue Code; human resources management, including staff and volunteer recruitment, management, retention, and training;