

This program announcement is limited to CBOs due to their credibility among individuals living with HIV and those at very high risk for HIV infection. CBOs have proven their ability to access hard-to-reach populations (e.g., Intravenous Drug Users) that have traditionally suffered exclusion from mainstream interventions and agencies.

#### *Cost Sharing or Matching*

Matching funds are not required for this program.

### **IV. Application and Submission Information**

#### *Letter of Intent (LOI)*

Inform CDC that you plan to apply for funding by filling out the form found in Attachment VI. Please fax, mail, or e-mail your LOI to us by December 22, 2003. You may also complete this form online at: <http://www2a.cdc.gov/hivpra/pa04064.html>.

Although a letter of intent is not required, this information will assist CDC in planning for the review process.

Your LOI must contain:

- Your organization name, address, executive director.
- A description of your target population.
- A statement of your intent to apply and category under which you are eligible to apply (e.g., Category A or Category B).

Your application should not accompany your LOI.

**How to Obtain Application Forms:** To apply for funding under this program announcement, use application form PHS 5161-1. Application forms and instructions are available on the CDC Web site, at the following Internet address: <http://www.cdc.gov/od/pgo/forminfo.htm>.

If you do not have access to the Internet, or if you have difficulty accessing the forms on-line, you may contact the CDC Procurement and Grants Office Technical Information Management Section (PGO-TIM) staff at 770-488-2700. Application forms can be mailed to you.

This program announcement provides final guidance on application format, content, and deadlines. If there are differences between the application form instructions and the program announcement, adhere to the guidance in the program announcement.

You are required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business

entities. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access <http://www.dunandbradstreet.com> or call 1-866-705-5711.

For more information, visit the CDC Web site at: <http://www.cdc.gov/od/pgo/funding/pubcomm.htm>.

If your application form does not have a DUNS number field, please write your DUNS number at the top of the first page of your application, and/or include your DUNS number in your application cover letter.

#### *Application Content and Form of Submission*

You must submit a signed original and two copies of your application forms.

You must include a project narrative with your application forms. Your narrative should address the activities that that your CBO will conduct over the entire five-year project period.

Your narrative must be submitted in the following format:

There is a maximum limit of 40 single-spaced pages. If your narrative exceeds the page limit, only the first 40 pages will be reviewed.

- 12 point, unrounded font size.
- 8.5 by 11 inch paper.
- One-inch margins on each page.
- Printed only on one side of paper.
- Held together only by rubber bands or metal clips; not bound in any other way.

This section of the program announcement defines program requirements. You must describe your plans to address each requirement. Your application will be reviewed based on your answers to the questions in subsections A through I. Please answer each question with complete sentences and provide all requested documents. If you fail to provide the required documents, your application will not be considered for review.

This section also lists the core program indicators that will be used to measure your program's success. In your application, you are required to make an effort to report on the baseline level for each indicator, as well as projected one-year interim and five-year overall target levels of performance. When you apply for funding continuation, you will have the opportunity to revise your baseline, interim, and overall levels of performance, as specified in the guidance for completing your continuation application. In subsequent reports, you will report on the progress your CBO has made toward achieving your target level of performance for each core indicator.

*When answering questions for subsections A-I, you must:*

- Label your application using the subsection title and name of the subsection (e.g., A. Eligibility) if applicable.
- Use the abbreviation N/A (not applicable), if a question or subsection does not apply to your application.

#### *A. Eligibility*

Suggested length: ten pages or less.

This section will not count toward the 40 page limit of your application, but it will determine if you are eligible for funding. Place all documents requested in subsection A in Appendix A, labeled Proof of Eligibility.

In your application, answer the following questions:

1. Are you applying under Category A: Providing HIV prevention services to members of racial/ethnic minority communities who are at high risk for HIV infection or Category B: Providing HIV prevention services to members of groups at high risk for HIV infection regardless of their race/ethnicity?

**Note:** For questions two through five, please provide documentation. Proof of location, history, and service must include at least one copy of a progress report describing services to the population served, a letter from one of your funding organizations, process monitoring data, service utilization data (which includes client characteristics), or a newspaper article.

2. Does your CBO have a valid Internal Revenue Service (IRS) 501(c)(3) tax-exempt status or state proof of incorporation as a non-profit organization? If you answer yes, you must attach a copy of the letter from the IRS or a copy of your state proof of incorporation. If you answer no, you are not eligible to apply for funding under this program announcement.

3. Are you located in the area in which services will be provided, or have you provided services in that area for at least three years?

4. If your CBO is applying under Category A:

(a) What proportion of the individuals your organization has served during each of last three years were members of racial/ethnic minority populations?

(b) What evidence do you have that your CBO has provided HIV prevention services in each of the last three years to your proposed high-risk population?

5. If your CBO is applying under Category B:

(a) What evidence do you have that your program has provided HIV prevention or care services to your proposed target population during each of the last three years, or has access to high-risk populations who do not have services available in the area?