

(b) What proportion of individuals served by your program during the last three years were from high-risk groups?

6. Is your organization a governmental or municipal agency, a government-affiliated organization or agency (e.g., health department, school board, public hospital), or a private or public university or college?

7. Is your organization included in the category described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities?

8. If you plan to offer HIV counseling and testing or partner counseling and referral services, have you discussed your proposed program with the health department? Have you agreed to follow the health department's guidelines for these services? Provide a letter from the health department addressing each item included in the sample letter. (Use Attachment VII).

9. Do you have voluntary counseling and testing, or care or treatment services, available onsite? If not, please provide a letter of intent to provide these services through another agency/agencies.

10. Is your organization applying as a single CBO, as a member of a coalition, or as a lead organization in a coalition, e.g., a collaborative contractual partnership? Please indicate which.

11. Is your organization currently funded under CDC Program Announcement 99091, 99092, 99096, 00023, 00100, 01033, 01163 or 03003? Please indicate which announcement(s).

B. Justification of Need

Suggested length: five pages.

Note: Contact your health department to obtain HIV/AIDS statistics and HIV needs assessment data developed for the community planning process. This information will help you answer the questions in this section.

In your application, please answer the following questions:

1. What kind of services does your agency provide?

2. Which organizations provide similar services in your area?

3. Who is your proposed target population for this program announcement? Complete Attachment VIII and include it in your application as Appendix B.

4. What are the behaviors that place your target population at high risk for HIV infection or for transmitting the virus?

5. How has your proposed target population been affected by the HIV/AIDS epidemic? (e.g., HIV incidence or prevalence, AIDS incidence or prevalence, AIDS mortality)

6. What history do you have serving this population? (Please explain how long you have provided services, describe what kinds of services have been provided, describe the outcomes of services you provided, and describe your relationship with the community.)

7. How do your staff members reflect your proposed target population? (Please describe, in aggregate, the characteristics of your key program staff in terms of experience working with the target population, gender, race/ethnicity, HIV serostatus, area of behavioral risk expertise, or other relevant factors.)

8. How will you involve the target population when planning and implementing your proposed services?

9. How will your proposed activities meet the needs of your target population or improve available services?

10. What services do you plan to provide under this program announcement? List all that apply in your application.

(a) Targeted outreach and HE/RR to high-risk individuals.

(b) Targeted outreach and CTR.

(c) Prevention interventions for individuals living with HIV and their sex or injection drug-using partners.

(d) Prevention interventions for individuals at very high risk for HIV infection.

(e) Partner counseling and referral services.

C. Targeted Outreach and Health Education/Risk Reduction for High-Risk Individuals

Suggested length: five pages.

1. If you are applying for targeted outreach and HE/RR services, you must conduct activities listed in sections F, G, H, and I. You must also:

(a) Using CDC procedures including REP and DEBI, (see Attachment I), implement targeted strategies to increase the number of high-risk individuals who reduce their risk for HIV infection and consent to testing. Your strategies should aim to reach high-risk individuals who have not tested in the last six months or do not know their HIV serostatus. Activities should be conducted in a setting that is comfortable and accessible to your clients. Your strategies should also improve access to other local HIV prevention services. The following strategies will be supported:

(1) Targeted outreach.

(2) Individual-level interventions.

(3) Small group-level interventions.

(4) Referral networks.

(b) Offer voluntary HIV counseling and testing to each individual identified through your program. If you do not

conduct testing, you must establish a formal agreement with another agency/agencies to provide testing.

(c) Collect and report process and outcome monitoring data on the services you provide, including core performance indicators, as directed in the PEMS and the Evaluation Guidance.

2. In your application, please answer the following questions:

(a) How will you target your efforts to reach high-risk individuals who have not been tested in the last six months or do not know their HIV serostatus?

(b) How will you identify and address barriers to accessing your target population?

(c) How will you involve your target population when planning and implementing your proposed services?

(d) How will you ensure that your activities will reach individuals at high risk for HIV infection who are unaware of their HIV serostatus or are not receiving prevention or care services?

(e) How will you adapt and tailor relevant CDC procedures, including REP and DEBI, into your existing or proposed program?

(f) How will you ensure access to voluntary HIV counseling and testing services?

(g) What are your quality assurance strategies?

(h) How will you train, support, and retain staff to conduct interventions?

(i) How will you ensure client confidentiality?

(j) How will you ensure that your services are culturally sensitive and relevant?

(k) What are your baseline levels, projected one-year interim, and five-year overall target levels of performance for the following core program indicators?

(1) The mean number of outreach contacts required to get one person with unknown or negative serostatus to access counseling and testing.

(2) The proportion of persons who access counseling and testing from each of the following interventions: individual-level interventions and group-level interventions.

(3) Proportion of persons that completed the intended number of sessions for each of the following interventions: Individual-level interventions and group-level interventions.

D. Targeted Outreach and Counseling, Testing, and Referral Services (CTR)

Suggested length: seven pages.

1. If you are applying for targeted outreach and CTR, you must conduct activities listed in sections F, G, H and I. You must also: