

IV.2. Content and Form of Application Submission

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

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.dnb.com/AU/index.asp?event=countrymenu&country=au>

Or: <http://www.dunandbradstreet.com>.

You may call the Dun and Bradstreet Australia office at: 61 3 9828 3448.

For more information, see 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.

You must include a project narrative with your application forms. Your narrative must be submitted in the following format:

- *Maximum number of pages:* 50 pages. If your narrative exceeds the page limit, only the first pages, which are within the page limit, will be reviewed.

- *Font size:* 12 point unrounded;
- *Paper size:* 8.5 by 11 inches;
- *Page margin size:* one inch;
- *Printed only on one side of page;*
- *Held together only by rubber bands or metal clips; not bound in any other way.*

- The Program Announcement title and number must appear in the application.

- Sequentially number all pages in the application and attachments, and include a Table of Contents reflecting major categories and corresponding page numbers.

- Provide only those attachments directly relevant to this application.

Your narrative should address activities to be conducted over the entire project period.

The following information describes program requirements and asks you to describe, in your application, how you will address the requirements. This section also includes core program performance indicators that are required for specific program activities. These indicators will be used to help measure program performance. In your application, you are required to report on the base-line level for each indicator,

as well as a one-year interim target and a five-year overall target level of achievement (a technical guide, CDC Technical Assistance Guidelines for Health Department HIV Prevention Program Performance Indicators, is available to assist you in understanding and responding to the core program performance indicators). In subsequent progress reports, you will be required to report on progress in achieving target levels of performance for each core program performance indicator.

If your HIV prevention program cannot currently carry out aspects of a required HIV program activity and, as a result, limits your ability to formulate core program performance indicator baselines and targets, please provide a detailed description of the current status of your jurisdiction's ability to implement that particular program activity. In addition, please also describe your jurisdiction's needs in terms of program capacity development or technical assistance to implement this required HIV program activity.

a. HIV Prevention Program Planning and Implementation Using Community Input and Involvement

(1) As part of activities covered under this announcement, grantees will work with CDC to create and implement a suitable model that has been specifically developed considering the existing HIV prevention capacity and resources in the Pacific. Most of the activities related to the development of this new model must occur during the first year of the five-year project period.

(2) Attend and participate in CDC sponsored and supported consultations and activities provided to develop and construct a new model for community involvement in HIV prevention program planning and implementation. These events will take place in the Pacific and in other locations, as well as through facilitated teleconferences and meetings. Ensure that adequate funds are provided to support the development of this new HIV prevention program planning and implementation model and that your program is sufficiently represented during all phases of the development process

(3) Once a model for community input and involvement has been developed and formalized, all funded grantees must ensure that this process is implemented and supported. Reporting and evaluation requirements regarding the implementation of this required component would be defined and clarified during the five-year project period.

In your application:

Describe your jurisdiction's current process for ensuring that community involvement and input is part of HIV prevention program planning and implementation. Describe barriers, challenges and limitations in the current process or model. Describe ideas or suggestions for a new model that might achieve or increase community involvement in HIV prevention program planning and implementation.

b. HIV Prevention Activities

There are two overall HIV prevention core program performance indicators. Specify a base-line level for the following two core program performance indicators:

- Indicator A.1: Number of newly diagnosed HIV infections;
- Indicator A.2: Proportion of HIV/AIDS cases 13–24 years of age diagnosed each year among all HIV/AIDS cases.

(1) HIV Counseling, Testing, and Referral (CTR) Services

All jurisdictions must provide counseling, testing, and referral services with a focus on diagnosing as many new cases of HIV as possible and implementing HIV CTR strategies that increase opportunities for HIV testing in populations at high risk for HIV infection.

(a) Provide HIV CTR services. These services must be consistent with CDC's most current HIV CTR guidelines ("CDC Revised Guidelines for HIV Counseling, Testing, and Referral," MMWR 2001, 50 [RR-19]; 1–58) and should be implemented in order to diagnose as many new HIV infections as possible.

(b) Provide opportunities for persons to receive anonymous HIV CTR services, unless prohibited by law or regulation.

(c) Ensure that appropriate HIV CTR services are provided in settings most likely to reach persons who are likely to be infected, but who are unaware of their status. Settings should include community outreach and other non-traditional sites. These services should include use of rapid and other test technologies (*i.e.*, oral fluid-based test technology), where applicable.

(d) Provide opportunities for high-risk individuals who test HIV-negative to receive appropriate and effective HIV prevention interventions and risk reduction counseling. Information on HIV prevention methods (or strategies) can include abstinence, monogamy, *i.e.*, being faithful to a single sexual partner, or using condoms consistently and correctly. These approaches can avoid risk (abstinence) or effectively reduce risk for HIV (monogamy, consistent and correct condom use).