

USCM HIV/AIDS

Prevention Grants Program 2007



Request for Proposals

TRACK ONE:
HIV/AIDS
Prevention for
Native Americans

TRACK TWO:
HIV/AIDS
Prevention for
African American or Hispanic Women
at High Risk of HIV Infection

THE UNITED STATES CONFERENCE OF MAYORS
Request for Proposals • USCM HIV Prevention Grants

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DEADLINE:

Completed proposals must be received by USCM by Monday February 26, 2007, 5pm EST.
No extensions will be granted. No faxes will be accepted as grant applications.

THE USCM HIV/AIDS PREVENTION GRANTS PROGRAM

INTRODUCTION

The United States Conference of Mayors (USCM), in cooperation with the U.S. Centers for Disease Control and Prevention, National Center for HIV, STD and TB Prevention, is issuing this Request for Proposals (RFP) for the HIV/AIDS Prevention Grants Program to strengthen local capacities to carry out effective HIV/AIDS prevention activities.

Proposals will be accepted for two tracks.

Proposals for **Track One** must address the following funding priority:

Implementation of HIV/AIDS Prevention Services Targeting Native Americans.

Proposals for **Track Two** must address the following funding priority:

Implementation of HIV/AIDS Prevention Services Targeting African American or Hispanic Women at High Risk of HIV Infection.

USCM plans to award grants totaling approximately \$530,000 to local health departments, non-profit community-based organizations, and Native American tribes/nations for implementation of HIV/AIDS prevention projects for these target populations. Approximately \$180,000 will be allocated to three grants of \$60,000 each for Native Americans. Approximately \$350,000 will be allocated to five grants of \$70,000 each for high-risk women. All proposals will be judged by an external panel of experts solely on merit; membership in USCM is not required.

Deadline for Receipt of Proposals: An original and three copies of the proposal must be received by the U.S. Conference of Mayors by **Monday, February 26, 2007, 5:00pm EST**. No extensions will be granted. No faxes or e-mails will be accepted as grant applications.

The United States Conference of Mayors is the official non-partisan organization representing cities with populations of 30,000 or more. Its principal role is to provide for the development of effective national urban policy, to serve as a legislative action force in federal-city relationships, to ensure that federal policy meets urban needs, and to provide mayors with leadership and management tools of value to their cities.

The goal of the USCM HIV/AIDS Prevention Grants Program is to strengthen local capacity for HIV/AIDS prevention activities through the funding of projects involving community-based organizations, local health departments, and others. Since 1985 the USCM HIV/AIDS program has, in cooperation with CDC, issued funding for the development of 286 locally-based HIV/AIDS prevention projects totaling about \$15 million. Each year USCM assesses its funding priorities in response to emerging areas of need.

Since USCM offers only one-year funding, applicants should consider USCM's grants as seed money for innovative projects that would otherwise not be attempted. If all goes well, grantees will attract further funding for these new initiatives from other sources. In the absence of a longer-term intention, USCM's grants will be of very limited value; potential applicants should consider how they will plan for the future while implementing a one-year program.

PART 1. FUNDING PRIORITIES

TRACK ONE:

Over ten years ago USCM funded implementation of two HIV prevention projects targeting gay/bisexual/two-spirit Native American men. These projects raised awareness at USCM of the HIV prevention issues facing all Native Americans, a neglected population with unique needs that present special challenges to municipalities. HIV prevention programs targeting Natives must serve a highly mobile population moving back and forth between reservations and urban areas; at any given time, approximately seventy per cent of Natives live in municipalities, mostly large and small cities, where they are often scattered among the general population, without stable and coherent communities to provide support and services. Natives on reservations, meanwhile, must often deal with poverty, limited services, and a wide range of social problems. In 1998, USCM instituted a track of HIV prevention grants specifically targeting Native Americans; three grants were awarded then, and 22 more were awarded between 1999 and 2006. As in the preceding two rounds, grants in 2007 will be made available to both reservation and urban areas, recognizing that, for the population to be served, each of these settings must take account of the other.

With Native Americans, HIV prevention programs face a number of special challenges. Because of epidemiological uncertainties, the magnitude of the HIV problem among Native Americans is unclear; because of a paucity of behavioral science research into questions about Natives and HIV, the most effective strategies for reaching Native populations have not been adequately determined; because of limited funding for HIV prevention projects targeting Natives, prevention infrastructure is weak and promising plans have not yet been implemented. In addition, non-reservation programs must devise culturally sensitive approaches for members of many different tribes with many different languages and cultures. Through these grants USCM wishes to contribute to a heightened awareness of Native American HIV prevention issues and to fund worthwhile efforts to address those issues.

Please note that these grants are not intended to provide prevention services to the general Native population. USCM's policy is to direct funds to specific areas of greatest need. Gay/bisexual/two-spirit men, needle users and partners of needle users, other substance abusers, sex workers or persons who trade sex for drugs, and others at particular risk for HIV infection should be the focus of all applications.

TRACK TWO:

In 1995, USCM funded implementation of three women's HIV prevention projects as follow-ups in response to previously funded HIV prevention needs assessments. These projects, targeting female sex workers and incarcerated women, confirmed the great interest in and need for such programs in many communities around the country. In 1997, USCM initiated a grants program targeting women at high risk of HIV infection, and in four rounds of grants through 2000 funded 22 projects for high-risk women. In 2005, USCM believed it was time to return to this priority. According to CDC, "Since 1985 the proportion of estimated AIDS cases diagnosed among women has more than tripled, from 8% in 1985 to 27% in 2004. The epidemic has increased most dramatically among women of color, especially African American women. In 2004, women of color accounted for 80% of all women estimated to be living with AIDS; African American women made up 64% of this total." In 2004, the rate of AIDS diagnoses for African American women was 23 times the rate for white women and 4 times the rate for Hispanic women. African American and Hispanic women together represent about 25% of all US women, yet they accounted for 81% of AIDS diagnoses reported in 2004. 78% of diagnoses were related to heterosexual contact with an infected man. African American and Hispanic women who are injection drug users, sex partners of injection drug users or bisexual men, sex workers, or who trade sex for drugs, are among the women at high risk for HIV infection targeted by this funding priority. Incarcerated women, among whom are found many of the above groups, are also at high risk. The multiple needs of many women at high risk for HIV infection, often women who are disadvantaged

in a number of ways and who may not realize they are at risk, make the design and implementation of effective programs for them a major challenge for the future of HIV prevention. The HIV Prevention Community Planning process has enabled some communities to identify and fill gaps in HIV prevention services for women, but much remains to be done.

In both tracks, priority will be given to groups demonstrating strong community ties, with specific experience in serving the target group or subgroup. **No proposal will be selected for funding unless it provides clear evidence of the participation of the target population in developing the proposal and a clear role for the target population in conducting the proposed program.** Collaboration with any appropriate parties, local or national, is strongly encouraged; collaboration with any specific group or organization is not required, but applications proposing no collaboration will need to substantiate the self-sufficiency of the applicant organization. **USCM will fund no more than one applicant per track from any given Metropolitan Statistical Area.**

Please note that these grants are restricted to projects whose intent is to provide direct prevention services to the target community. Research projects (“research” being defined as “a systematic investigation, including research development, testing, and evaluation, designed to develop or contribute to generalizable knowledge”) will not be funded.

Grants are for a 12-month period and are non-renewable.

PART 2. ELIGIBILITY/INELIGIBILITY

I. Eligible Applicants Include:

- Federally recognized Indian tribes.
- Local health departments (LHDs).
- Community-based organizations (CBOs).
- Existing agencies/consortia which have formed collaborative efforts between multiple groups or agencies.

Any CBO applying under this program must have been certified by the Federal Internal Revenue Service as a 501 (c)(3) organization prior to February 26, 2007, or certified by the state as a nonprofit agency. (State certification will be considered a temporary measure; if USCM funding is granted, CBOs must obtain certification by the IRS under 501(c)(3) before contracts with USCM are signed.) A copy of either the IRS or state certificate of non-profit status must be included with the application;

II. Ineligible Applicants Include:

- Individuals and national organizations. Local chapters or affiliates of national organizations may apply if they meet the definition of a community-based organization, i.e., have federal 501(c)(3) certification or state non-profit certification. A national organization may not serve as a fiscal agent for a local chapter or affiliate.
- Governmental organizations other than local health departments.
- Applicants who are seeking funding to continue or supplant an already existing, funded activity. (Applicants may seek funding for existing programs which have been conducted on a volunteer basis.) **It should be noted that it is not always obvious whether a program currently exists; if a proposed program appears to duplicate a current program in some respects, it should be made completely clear how the proposed program differs from the current program and why the differences are significant enough to constitute a new program rather than an extension of the existing one.**
- Applicants proposing "pass-through" funding. Grantees contracting with USCM **must directly provide to the target population** a significant portion of the HIV prevention services to be offered.
- Organizations receiving funding from USCM as of February 26, 2007, for any HIV prevention program.

NOTE:

Proposals which subcontract or plan to subcontract funded activities to organizations which are ineligible to apply will not be considered for funding. However, applicants may contract with individual consultants to assist in carrying out approved activities.

PART 3. PROGRAM REQUIREMENTS AND USE OF FUNDS

The purpose of these grants is to reduce risk behaviors associated with HIV/AIDS among Native Americans and among African American and Hispanic women at high risk of HIV infection, and to strengthen the ability of organizations--in particular organizations with direct ties to the target populations--to respond to future needs for HIV prevention services among these groups.

Programs selected for funding will be required to:

- Implement activities that respond to HIV/AIDS prevention needs identified in a previous needs assessment, with specific reference to priorities determined in a community planning process (i.e., the HIV Prevention Community Planning Initiative, which began in 1994, to establish plans for the use of HIV prevention resources awarded under program announcement #300 to CDC's state and local health department HIV Prevention Cooperative Agreement grantees), or
- Demonstrate clearly how previous needs assessment and community planning activities have not adequately identified the needs of Native Americans or women at high risk of HIV infection and propose to carry out some very limited, specific assessment activities (e.g., focus groups, small surveys) to guide the implementation of the proposed intervention.

Programs selected will be required to implement prevention interventions culturally appropriate to the target population, and will be required to show that program activities will help build capacity to provide HIV prevention services to the target population in the future.

Applicants must propose to conduct an individual-level or community-level intervention that has been or can be shown to increase the adoption of safer behaviors and/or reduce the risk of HIV transmission. (Program models from the Diffusion of Effective Behavioral Interventions project [www.effectiveinterventions.org] are acceptable, but use of one of these models is not required.) Applicants with strong community ties but weak infrastructure may require a limited period of organizational capacity-building activities before beginning to provide HIV prevention services to the target population; if so, these capacity-building activities should be described in detail and justified in the description of the proposed program.

I. USE OF FUNDS AND REPORTING REQUIREMENTS

A. Appropriate Use of Funds

USCM grant funds can be used to pay for salaries of project staff, meeting expenses, local travel, postage, supplies, rent, telephone, and other expenditures meeting federal guidelines. (For information on expenditures meeting federal guidelines, applicants may request copies of OMB Circular No. A-122.) USCM funds cannot be used to pay for medical services, laboratory services, psychiatric services, legal services, clinical care, or other medical or treatment-related services. Services directed to persons with HIV or AIDS must focus on preventing transmission of HIV. USCM funds cannot be used to replace funding for an already existing program. (USCM funds may, however, be used to begin funding a program previously conducted on a volunteer basis.)

B. Reimbursement and Reporting Requirements

Funded organizations will be reimbursed on a monthly basis for expenditures incurred. The grantee will prepare monthly financial statements, monthly project updates and quarterly progress reports. Final reimbursement will follow receipt and approval by the Conference of Mayors of the final report, which is due 90 days after the end of the project period.

PART 4. RESPONSIBILITIES OF THE U.S. CONFERENCE OF MAYORS

The United States Conference of Mayors will make one-time, non-renewable contract awards based upon the recommendations for funding by the USCM HIV/AIDS Program Advisory Panel convened for this purpose.

The Conference of Mayors will consult with grantees on technical assistance needs and take an active role in seeing that these needs are filled. USCM will conduct site visits and maintain frequent telephone contact. The Conference will coordinate technical assistance activities with the CDC, which may consist of grantee meetings, site visits, consultations with federal officials and consultants, or conference calls. USCM will document the grantee experience in order to share lessons learned with a wider audience.

The Conference of Mayors will retain copyright ownership for any and all original materials provided with USCM project funding, including but not limited to brochures, resource directories, protocols or guidelines, videotapes or audiotapes, posters or reports. The Conference will maintain a file of all products produced by funded organizations for use as necessary by CBOs, health departments, its own HIV/AIDS Program and the Department of Health and Human Services. The technical accuracy and content of all materials produced under this award are the sole responsibility of the grantee. All such materials must be approved by a Program Review Panel (see Appendix C).

PART 5. APPLICATION INSTRUCTIONS

NOTE: USCM has published a Technical Assistance Report "Writing Proposals for HIV/AIDS Prevention Grants." We strongly recommend that you look at a copy before preparing your proposal since it provides specific instruction on responding to the USCM RFP and includes useful insights into what USCM reviewers look for in proposals. Hard copies are available, or the publication can be downloaded from our website. For ordering details see Appendix D.

I. Deadline: Complete proposals must be received (not postmarked) by USCM by Monday February 26, 2007, 5:00pm EST. Four sets of the proposal (the original and three copies) must be submitted by the due date. Incomplete proposals and faxed copies will not be accepted. No extensions will be granted.

II. Abstract: Each applicant must submit a Project Abstract using the form provided in Appendix D of this RFP. This abstract form must be the first (top) page of the application.

III. Table of Contents: Each application must contain a table of contents.

IV. Proposal Outline: Proposals submitted to USCM must follow the outline described below.

A. Problem Statement (Not to exceed 5 typed, double-spaced pages)

The purpose of this section is to show why this project is needed. This section should do two basic things: 1) define the project's target population and describe the impact of HIV on this population and 2) identify gaps in HIV prevention services for this population. The description of impact should include any epidemiological, sociological and anecdotal evidence that supports the need for HIV prevention services for this population.

The description of service gaps should review any HIV prevention services that have recently been or are now being provided for the target population in the applicant's community, whether these services were exclusively directed to the target population or included them in a broader target population. It should be apparent from this review what services are NOT being provided. Information on current sources of funding for HIV-prevention services for the target population should also be provided, as well as available information on previously conducted needs-assessment activities, as they pertain to the target population. Relevant findings from the HIV Prevention Community Planning process should be included. (Information on findings and priorities from the HIV Prevention Community Planning process should be available through local or state health departments.)

B. Agency Description (Not to exceed 5 typed, double-spaced pages)

The purpose of this section is to show that the applicant can successfully carry out the project, if funded. The applicant should describe its overall mission, programs and services; history of involvement with health services, especially HIV/AIDS; established linkages with communities and individuals whose needs will be addressed by the proposed program; and existing linkages with other local, public and private agencies conducting HIV/AIDS activities. There should be a description of the participation of the target population in the development of the proposal and the planning and delivery of the proposed program. In addition to describing organizational capacity and programmatic experience, the applicant should describe its process for receiving and expending grant funds. A description of the organization's structure and how the proposed project will fit into this structure should be included. (NOTE: As an attachment to the proposal, provide information about other current sources of support for your organization and the projects within the agency that they support, including the total agency budget.) Letters of collaboration, previous needs assessment documents, and other relevant documents should be referenced and included in the appendix of the proposal.

NOTE: Collaboration is encouraged but not required. Description of strengths in community ties and organizational capacity may include combined strengths of the direct applicant and any other group (e.g., Native American group, women's group) involved in the project. Reviewers will assess these combined strengths in weighing each application.

If the applicant proposes to subcontract with other agencies/consultants, it must specify the roles and responsibilities of each subcontracting agency/consultant, and make clear how these subcontracts will be monitored.

C. Proposed Program (Not to exceed 10 typed, double-spaced pages)

The purpose of this section is to describe and justify a specific set of activities to meet specific needs identified in the problem statement. The section should be structured as follows:

1) Project Goal(s) and Objectives

This section provides a general outline of the project.

- a) State overall goal(s) of the project. These should relate to the purpose of the Funding Priorities of this RFP.
- b) Provide a list of specific, time-phased, measurable objectives to be achieved in addressing the goal(s) of the project.

2) Proposed Plan/Strategy:

This section provides a detailed, narrative description of the proposed activities and explains why these activities will achieve the stated objectives. Applicants should formulate their plans using the following guidelines.

- a) **Program Implementation:** Describe the HIV prevention intervention to be implemented, including specific activities and program components. Explain why the proposed methods and activities will produce the expected results. Specify the behaviors to be changed, and the populations and geographical areas to be targeted. If an initial period of capacity-building and/or needs assessment activities is required, describe why this period

is necessary, how long it will last, and what specific activities will be conducted to lay the groundwork for the HIV prevention strategy or intervention to follow. It should be made clear how the various program activities support each other and the goals of the project.

- b) **Collaboration** [where applicable]: Describe the groups and agencies that will take part in the project and the ways (e.g., coalition, memorandum of agreement, subcontract, etc.) in which the efforts of these parties will be structured and coordinated. The participation of the target population in central roles in the project is essential. (All proposed collaboration must be documented with a letter of agreement that clearly applies to this specific project. Collaborators may also include separate letters of support.)
- c) **Expected Results**: Describe the anticipated results or products of the project and how the anticipated result will benefit the target population in terms of reduced risk of contracting or transmitting HIV. Describe how the program will help build capacity to provide HIV prevention services to the target population in the future.
- d) **Month-by-Month Timeline**: All applicants must prepare a month-by-month timeline which describes activities required to accomplish the objectives of the project. This will include target dates as well as staff and agencies responsible for activities, where appropriate. This timeline will serve as a basis for monitoring progress and adjusting activities as necessary. As start dates are uncertain, use the format of "month one," "month two," etc.
- e) **Staffing Plan**: The applicant should describe each existing or proposed position by job title and provide a brief job description for that position (one paragraph each). If the identity of any individual who will fill a position is known, his/her name should be provided, and a copy of his/her resume should be included with the supporting documentation. In all cases it should be clear whom the staff member will supervise and to whom the staff member will report.
- f) **Relationship of Proposed Project to Existing HIV Prevention Programs Serving the Target Population**: This section must address how the proposed project will interact with, and not duplicate, existing programs serving the target population, whether these existing programs are conducted by the applicant or by others or by both. **(This information is very important. Do not omit.)**

D. Evaluation Plan (Not to exceed 5 typed, double-space pages)

The purpose of this section is to say how you will keep track of what is done and find out what results your efforts have produced. The applicant is required to submit a plan for how the project will be monitored and evaluated to determine whether project objectives have been met. The applicant should clearly show how it will measure progress toward attaining objectives and monitor activities during the project year. Appropriate process and outcome measures should be described. [Process evaluation describes implementation of a program; outcome evaluation focuses on the effects of a program.] The plan should also describe the information and data that will be collected and the methods used.

While the RFP does not prescribe a specific level of funding for evaluation activities, the applicant should ensure that resources proposed for the evaluation activities are sufficient to carry out the planned evaluation.

E. Budget and Budget Justification (Not to exceed 3 typed, double-spaced pages)

The purpose of this section is to list expenditures that will specifically support the activities of the proposed program. Applicants should prepare a detailed project budget, using the format described below. A budget narrative section, providing supportive description and justification for each line item, must follow the budget.

[NOTE: Should your proposal be funded, budgets are always subject to negotiation and revision. It is only expected that you make your best guess as to what program costs will be.]

1. Personnel Costs

- Name, title, annual and/or hourly salary, amount of time on program (i.e., percent of time and number of days); include staff proposed to be hired. If partial funding is requested for a position, then indicate the other sources of funding for this position, the amount, and responsibilities under these funding sources.
- Fringe benefits (Indicate what specific costs will be included in this category.)

2. Direct Costs

A. Travel

- Estimated number of miles at IRS-approved reimbursement rate (now \$.445 per mile).
- Estimated per diem expenses
- Conferences, in-state, out-of-state

B. Meeting Expenses

Detail all costs (e.g. meeting room expenses, audio-visual equipment rental, speaker fees, etc.). Alcohol may not be purchased with USCM grant funds. Food expenses must be limited to refreshments during meetings at which it is impractical for attendees to purchase food for themselves. Serving of meals is not allowed.

C. Subcontracts

For subcontracts contained within the application budget, applicants should name the subcontractor or describe the process whereby the subcontractor will be chosen, describe the services to be performed and provide a breakdown of and justification for the proposed costs of the subcontracts. Consultant fees should be considered as subcontracts. (All subcontracts will be restricted by USCM pending prior approval of the proposed subcontract and the subcontractor's workplan.)

D. Other Direct Costs

Detail each estimated cost, such as:

- Printing Materials
- Supplies
- Postage
- Photocopying/duplication
- Telephone
- Rent
- Other

(NOTE: No needles or syringes may be purchased with grant funds. Also, capital costs such as the purchase of office equipment, typewriters, copying machines, video equipment, cameras, televisions, VCRs, etc., will not be funded and should not be requested. However, office equipment may be rented or leased for the duration of the project period.)

3. Indirect Costs

- Overhead/General and Administrative

If your organization has an approved indirect cost rate, give the rate, the base or basis against which the rate is applied, and the costs included in the rate. Examples of indirect costs might include bookkeeping, office furniture, and administrative oversight. If your organization uses an indirect cost rate, then the items included should not be listed under "other direct costs." Provide the source for your indirect cost rate if one is used. If you do not have an approved indirect rate, you may specify a rate for this project, as long as you can justify the costs included with reference to the demands that will be made by this project. A detailed

justification of the indirect rate must be provided with the first reimbursement request; if this is satisfactory, no further documentation will be needed during the year. Any costs not included in indirect must be listed separately as direct costs.

4. In-Kind Contributions

Using a separate column, detail any in-kind contribution that will be made to your project, including a description of the contribution and its dollar value. In-kind contributions may include donations of time by volunteers, materials, office space, staff time, and/or other services which contribute to the goal of your project without incurring project costs.

NOTE: Partial Funding

Proposals which request partial funding from USCM for a larger project are discouraged; they will not be considered for funding unless it is clear that all other aspects of the project have already secured funding that will not lapse during the USCM-funded project, and the activities of the USCM-funded portion of the project can be evaluated and described independently of the remainder of the project. If partial funding is requested, detail amount and duration of funding in place for the larger project.

VI. Required Documentation

In order to be eligible for funding, all applicants must have executed an agreement with each agency collaborating with the proposed project. Each agreement must clearly describe the roles of community-based organization(s) and any other entities involved in carrying out the proposed activities. The proposal must include copies of these executed agreements. In addition, applicants must attach copies of previous needs assessment report/data or other planning documents which reflect findings and /or recommendations.

The following items must be included with each proposal. Proposals not containing the following will not be considered for funding:

- A copy of certifications that community-based organizations are nonprofit and non-governmental in accordance with Section 501(c)(3) of the Internal Revenue Code, or nonprofit as determined by the state (public agencies are exempt from this requirement);
- A statement which indicates your organization's understanding that funding from USCM is on a one-time, non-renewable basis; that capital expenditures will not be funded; and that USCM will retain copyright ownership of any and all materials produced under this contract;
- A statement which indicates your organization's intent to comply with "Appendix C-Content of AIDS Related Written Materials..." and a list of Program Review Panel members;
- Signed letters and/or memoranda which document the agreements to collaborate in the implementation of this project. The specific roles and responsibilities of each collaborating organization must be described and be consistent with the proposed program statement (see page 15 for Key Elements of Collaborative Agreements); and
- Resumes of existing staff or proposed staff.

VII. Supporting Documentation

The following documentation may be included with your proposal:

- Letters of support which are specific to your proposal and/or other materials to indicate your organization's ability to perform the activities described in this RFP, its commitment to HIV prevention efforts, and evidence of credibility in the community;
- Samples of organizational work relevant to the proposed project.

PART 6. REVIEW AND EVALUATION CRITERIA

Proposals submitted in response to this RFP will be evaluated and ranked by an external panel of experts using an objective review process. The function of the review panel is to evaluate impartially the merit of applications based on published criteria. Proposals will be graded solely according to their individual merit. In final funding decisions, however, proposals of equal merit may be prioritized according to certain additional criteria:

- Funded applicants may be balanced in terms of targeted racial/ethnic minority groups (the number of funded applicants serving each racial/ethnic minority group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting, epidemiological trends and proportion of impact).
- Funded applicants may be balanced in terms of targeted risk behaviors and HIV serostatus (the number of funded applicants serving each risk group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting).
- Consideration will be given to both high and lower prevalence areas. However, the number of funded organizations may be adjusted based on the burden of infections in the area to be served as measured by HIV or AIDS reporting and epidemiological trends.)
- Funded applicants may be balanced in terms of geographic distribution.

Proposals will be evaluated based upon the following criteria:

I. Problem Statement (30 points)

Does the applicant define the target population and provide sufficient information on the impact of HIV on this population, describe HIV prevention services currently provided or not provided to the target population and describe the existing barriers to and gaps in service? Are the special risk factors threatening the proposed target population clearly identified, so as to distinguish this population from a larger population not threatened in the same way?

II. Agency Description (25 points)

Does the applicant have sufficient expertise to receive and expend funds, manage and report on project activities, create new positions and hire staff in a timely manner? Does the applicant have experience working with the target population and in providing health and social services? If the applicant is a single agency proposing no collaboration, is there evidence of applicant's experience and competence in all required areas of expertise? In a collaboration, does the proposed project represent a collaboration of agencies/groups/individuals who can work effectively together to realize the project's goals? Have members of the target population participated actively in the development of the proposal and will they participate actively in carrying out program activities? Are the roles and responsibilities of each of the collaborating parties clearly described in the proposal?

III. Proposed Program (30 points)

Does the proposed project meet a specific unmet need, as identified in a needs assessment or community planning process? (If a previous needs assessment or community planning process has failed to identify an unmet need specified by the applicant, what evidence is presented by the applicant to support the statement that this unmet need exists?) Are program objectives specific, time-phased, and measurable? Is the intervention appropriate for the target population? Is the methodology for the intervention sufficiently described and justified? If capacity-building and/or needs assessment activities are proposed, are all such activities clearly described and justified? Does the workplan include realistic timetables and a program of activities consistent with the time and financial resources available? Is any proposed collaboration clearly described and justified? Are expected results reasonable and consistent with proposed activities? Is the time line clear and

reasonable? Is the staffing sufficient and appropriate to carry out the proposed project? Is there a clear statement of how the program will relate to other services directed to the target population in the community?

IV. Evaluation Plan (15 points)

Does the applicant provide a comprehensive evaluation plan that clearly describes how project progress will be measured? Does the applicant describe what steps will be taken to measure success in meeting the proposed goals and objectives? Does the applicant provide descriptions of both process and outcome evaluation measures?

V. Budget and Budget Narrative (not scored, but considered in final determinations)

Does the applicant provide reasonable and appropriate justification for budget items? Is the requested budget consistent with the intent of the grants program, and is it clearly linked to the goals, objectives and activities proposed for the budget period? Are sufficient funds allocated to support key elements of the proposed program?

APPENDIX A

PROPOSAL CHECKLIST

The following is a checklist of items required in completing the proposal. Incomplete proposals will be disqualified without further review. Four copies of the proposal (original and three copies) must be submitted.

- Completed abstract form (first page—cover letters should be second page)
- The following components of the proposal:
 - Table of Contents
 - Community Description
 - Applicant Description/Capability statement
 - Proposed Program
 - Budget/Budget Justification
- Copy of 501(c)(3) certification, if applicable
- Statement of understanding that grant funds are non-renewable
- Statement of agreement to comply with CDC program review
- List of local Program Preview Panel members
- Supporting documentation

Proposals will be disqualified if:

- The proposal is received by USCM later than **5:00 pm EST, on Monday, February 26, 2007**. (Four copies of complete proposals must be submitted); or
- The proposal is incomplete.

Submit Proposals to:

HIV/AIDS Program
Collaborative Grants Program
The United States Conference of Mayors
1620 Eye Street, NW
Washington, DC 20006

No faxes will be accepted as applications. No deadline extensions will be granted.

APPENDIX B

KEY ELEMENTS OF COLLABORATIVE AGREEMENTS

Collaborative agreements are formal statements of commitment between organizations to collaborate or cooperate on a program. The agreement delineates specific roles and responsibilities of all organizations involved. When writing a collaborative agreement, include the following:

- A clear goal stating what will be achieved through the collaborative effort. *Example: To strengthen and improve the quality of services provided to substance abusers and their families.*
- A set of objectives that states how the affiliating organizations will achieve the stated goal. *Example: To conduct mutual training and education programs for staff, community, and target populations.*
- A statement concerning the extent to which organizations will collaborate. *Example: Under the terms of this affiliation the agencies agree to conduct monthly joint staff training in effective outreach strategies and techniques.*
- A statement designating responsibility for coordination of the agreement. *Example: Responsibility for and coordination of this affiliation rest with the respective executive directors of the affiliating organizations.*
- A specific term for the existence of the affiliation or a set period of time after which the relationship will be reviewed. *Example: This agreement will be reviewed every six months.*

APPENDIX C

Requirements for Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control Assistance Programs, Interim Revisions, June 1992. [Published in the Federal Register]

1. Basic Principles

Controlling the spread of HIV infection and AIDS requires the promotion of individual behaviors that eliminate or reduce the risk of acquiring and spreading the virus. Messages must be provided to the public that emphasize the ways by which individuals can fully protect themselves from acquiring the virus. These methods include abstinence from the illegal use of drugs and from sexual intercourse except in a mutually monogamous relationship with an uninfected partner. For those individuals who do not or cannot cease risky behavior, methods of reducing their risk of acquiring or spreading the virus must also be communicated. Such messages can be controversial. These principles are intended to provide guidance for the development and use of educational materials, and to require the establishment of Program Review Panels to consider the appropriateness of messages designed to communicate with various groups.

a. Written materials (e.g., pamphlets, brochures, fliers), audiovisual materials (e.g., motion pictures and video tapes), and pictorials (e.g., posters and similar educational materials using photographs, slides, drawings or paintings) should use terms, descriptors, or displays necessary for the intended audience to understand dangerous behaviors and explain less risky practices concerning HIV transmission.

b. Written materials, audiovisual materials, and pictorials should be reviewed by Program Review Panels consistent with the provisions of section 2500(b), (c) and (d) of the Public Health Service Act, 42 U.S.C.300ee(b),(c) and (d), as follows:

Sec. 2500. Use of Funds

(b) **Contents of Programs.** All programs of education and information receiving funds under this title shall include information about the harmful effects of promiscuous sexual activity and intravenous substance abuse, and the benefits of abstaining from such activities.

(c) **Limitation.** None of the funds appropriated to carry out this title may be used to provide education or information designed to promote or encourage, directly, homosexual or heterosexual sexual activity or intravenous substance abuse.

(d) **Construction.** Subsection (c) may not be construed to restrict the ability of an education program that includes the information required in subsection (b) to provide accurate information about various means to reduce an individual's risk of exposure to, or the transmission of, the etiologic agent for Acquired Immune Deficiency Syndrome, provided that any informational materials are not obscene.

c. Education sessions should not include activities in which attendees participate in sexually suggestive physical contact or actual sexual practices.

d. Messages provided to young people in schools and in other settings should be guided by the principles contained in "Guidelines for Effective School Health Education to Prevent the Spread of AIDS" (MMWR 1988;37[*suppl.* No.S-21]).

2. Program Review Panel

a. Each recipient will be required to establish or identify a Program Review Panel to review and approve all written materials, pictorials, audiovisuals, questionnaires or survey instruments, and proposed educational group session activities to be used under the project plan. This requirement applies regardless of whether the applicant plans to conduct the total program activities or plans to have part of them conducted through other organization(s) and whether program activities involve creating unique materials or using/distributing

modified or intact materials already developed by others. Whenever feasible, CDC-funded community-based organizations are encouraged to use a Program Review Panel established by a health department or another CDC-funded organization rather than establish their own panel. The Surgeon General's Report on Acquired Immune Deficiency Syndrome (October 1986) and CDC-developed materials do not need to be reviewed by the panel unless such review is deemed appropriate by the recipient. Members of a Program Review Panel should 1) understand how HIV is and is not transmitted, and 2) understand the epidemiology and extent of the HIV/AIDS problem in the local population and the specific audiences for which materials are intended.

b. The Program Review Panel will be guided by the CDC Basic Principles (in the previous section) in conducting such reviews. The panel is authorized to review materials only and is not empowered either to evaluate the proposal as a whole or to replace any other internal review panel or procedure of the recipient organization or local governmental jurisdiction.

c. Applicants for CDC assistance will be required to include in their applications the following: 1) Identification of a panel of no less than five persons which represent a reasonable cross-section of the general population. Since Program Review Panels review materials for many intended audiences, no single intended audience shall predominate the composition of the Program Review Panel, except as provided in subsection (d) below. In addition: (a) Panels which review materials intended for a specific audience should draw upon the expertise of individuals who can represent cultural sensitivities and language of the intended audience either through representation on the panels or as consultants to the panels. (b) The composition of Program Review Panels, except for panels reviewing materials for school-based populations, must include an employee of a state or local health department with appropriate expertise in the area under consideration who is designated by the health department to represent the department on the panel. If such an employee is not available, an individual with expertise designated by the health department to represent the agency in this matter, must serve as a member of the panel. (c) Panels which review materials for use with school-based populations should include representatives of groups such as teachers, school administrators, parents and students. (d) Panels reviewing materials intended for racial and ethnic minority populations must comply with the terms of (a), (b) and (c) above. However, membership of the Program Review Panel may be drawn predominantly from such racial and ethnic populations. 2) A letter or memorandum from the proposed project director, countersigned by a responsible business official, which includes: (a) Concurrence with this guidance and assurance that its provisions will be observed; (b) The identity of proposed members of the Program Review Panel, including their names, occupations, and any organizational affiliations that were considered in their selection for the panel.

d. CDC-funded organizations that undertake program plans in other than school-based populations which are national, regional (multistate), or statewide in scope, or that plan to distribute materials as described above to other organizations on a national, regional, or statewide basis, must establish a single Program Review Panel to fulfill this requirement. Such national/regional/state panels must include as a member an employee of a state or local health department, or an appropriate designated representative of such department, consistent with the provisions of Section 2.c.(1). Materials reviewed by such a single (national, regional, or state) Program Review Panel do not need to be reviewed locally unless such review is deemed appropriate by the local organization planning to use or distribute the materials. Such national/regional/state organization must adopt a national/regional/ statewide standard when applying Basic Principles 1.a. and 1.b.

e. When a cooperative agreement/grant is awarded, the recipient will: (1) Convene the Program Review Panel and present for its assessment copies of written materials, pictorials, and audiovisuals proposed to be used; (2) Provide for assessment by the Program Review Panel text, scripts, or detailed descriptions for written materials, pictorials, or audiovisuals which are under development; (3) Prior to expenditure of funds related to the ultimate program use of these materials, assure that its project files contain a statement(s) signed by the Program Review Panel specifying the vote for approval or disapproval for each proposed item submitted to the panel; and (4) Provide CDC in regular progress reports signed statements(s) of the chairperson of the Program Review Panel specifying the vote for approval or disapproval for each proposed item that is subject to this guidance.

APPENDIX D

PROJECT ABSTRACT INSTRUCTIONS

Section A.

- Indicate whether you are applying for Track One or Track Two.
- Indicate the amount of funding being requested from USCM. (*This should not exceed the limits set on Page 6 of this RFP for grants in each Track.*)
- Agency: Name of entity applying for funding. If this is a consortium or collaborative application, then list the name of the entity which will be directly receiving funds from USCM.
- Contact Person: The name of the person to whom correspondence or inquiries relating to the proposal should be addressed. Be sure to include a mailing address, a phone number (with extension, if applicable) and an e-mail address (if applicable).
- Project Title: The title of the project being proposed in your application.

Section B. Project Abstract

In the space provided, briefly summarize: applicant entity (and other agencies which will receive funding from this grant, if applicable), the goals and objectives of the proposed project, the project's activities and the proposed outcomes of the project.

Section C. Project Information

- Type of applicant entity: In this space indicate the type of entity the applicant is (e.g., AIDS service organization, minority organization, American Indian tribe, women's organization, consortium, etc.).
- Collaborators by type: In this space list the names and types of agencies or groups collaborating in the project. Include specific information such as "women's volunteer group" or "national minority organization."
- Subcontractors by type: In this space list names and types of subcontractors. Again, provide specific information such as "university--evaluators."

TECHNICAL ASSISTANCE IS AVAILABLE FROM USCM TO ASSIST YOU IN PREPARING YOUR APPLICATION. USCM staff will respond to your questions regarding this RFP and will provide some guidance as you prepare your application. For technical assistance, call 202/293-7330 and ask for Ms. Lillie Brown.

In addition, USCM HIV/AIDS Technical Assistance Reports (TAR) on the topics of proposal writing and HIV/AIDS prevention program evaluation may be requested by writing to:

HIV/AIDS Program Publications
HIV/AIDS Prevention Grants Program
The United States Conference of Mayors
1620 Eye Street, NW
Washington, DC 20006

All requests for publications must be in writing. (FAX number: 202/429-0422/293-2352; e-mail to lbrown@usmayors.org.) No phone orders can be filled. The proposal-writing publication, as well as copies of this RFP, can be downloaded from our website at www.usmayors.org.

PROPOSAL ABSTRACT
USCM Collaborative HIV Prevention Grants Program

A completed abstract must be included with your proposal. See page 16 for instructions on completing this form.

A. Applying to: Track One Track Two

Total Requested: \$ _____

Agency:

Address:

City:

State:

Zip:

Phone:

Contact Person/Title:

e-mail:

Project Title:

Target Population:

B. Project abstract (Typed, single-spaced. Not to exceed this space.)

C. Project Information

1. Type of applicant agency _____
2. Collaborators by type _____



The United States Conference of Mayors
1620 Eye Street NW
Washington, DC 20006

REQUEST FOR PROPOSALS ENCLOSED
for USCM's HIV Prevention Grants Program

PROPOSAL DUE
FEBRUARY 26, 2007