REQUEST FOR APPLICATIONS (RFA)

NEW JERSEY DEPARTMENT OF HEALTH (NJDOH), Division of HIV, STD and TB Services (DHSTS)

Notice of Availability of Funds for HIV Prevention Services in Healthcare Settings

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<td>Release Date</td>
<td>February 25, 2016</td>
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<tr>
<td>Mandatory Pre-Proposal Conference</td>
<td>March 2 or 3, 2016</td>
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<td>SAGE Open Date</td>
<td>March 24, 2016</td>
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<td>SAGE Close Date</td>
<td>April 14, 2016 at 3:00 p.m.</td>
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For security purposes each pre-proposal conference attendee must RSVP prior to the pre-proposal conference date with name, agency affiliation and Federal Tax ID Number to: lisa.jones@doh.nj.gov

The location of the pre-proposal conference is: New Jersey State Police Headquarters and Public Health Environmental and Agricultural Laboratories, Main Auditorium, Ewing, NJ 08628 (609) 882-2000

The New Jersey Department of Health – Division of HIV, STD and TB Services may, in its sole discretion, extend the application deadline or reissue the RFA or portions of the RFA if insufficient qualified applications are received. Applications received after the due date and time will be deemed non-responsive and, therefore, subject to rejection.
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I. OVERVIEW INFORMATION

Executive Summary
The DHSTS has announced the availability of fiscal year 2017 funds for a grant program in healthcare settings to develop and implement HIV Prevention Programs in the following two categories:

Category A (SAGE designation CTN): Area 1- Enhanced HIV counseling, testing and referral (CTR) within free standing HIV counseling and testing sites (CTSs) and/or mobile testing vans. Area 2- Routine HIV testing in clinical settings such as Emergency Departments.
Category B (SAGE designation HER): HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection.

Healthcare settings include, but are not limited to the following: hospital-based counseling and testing sites (CTSs), emergency departments (EDs), urgent care clinics (UCCs), inpatient settings, primary care facilities, infectious disease clinics, women’s reproductive health clinics, community health centers (CHCs), Health Maintenance Organizations (HMOs), STD clinics and local Departments of Health.

Applicants should request funding to implement an HIV Prevention Program that supports the HIV prevention priorities outlined in New Jersey’s Comprehensive HIV/AIDS Services Plan. The most recent copy of this plan is available online at https://hpcpsdi.rutgers.edu/NJHPG/downloads/2014-16-NJHIV-PCSP.pdf

This opportunity is limited to non-profit organizations that are providers of healthcare, experienced with HIV disease, HIV testing and providing services to the people living with HIV/AIDS (PLWH/A) or at substantial risk for acquiring HIV infection. In addition, applicants must provide services in one of the following identified cities: Asbury Park, Bridgeton, Camden, Elizabeth, New Brunswick, Neptune, Newark, Paterson, Plainfield, Trenton or Vineland. Applicants may also provide county-wide services in one of the following identified counties: Burlington, Camden, and Ocean Counties.

Based on anticipated availability of funds, DHSTS expects the maximum award for Category A will be approximately $150,000 for a fixed site testing program only, or $275,000 for a fixed site plus mobile van program. The maximum award for Category B will be approximately $100,000. Funds issued under this RFA MAY NOT be used to purchase vehicles, and only applicants already in possession of a mobile testing van may apply for an HIV testing program that includes a mobile van component.

Reducing Health Disparities
This program supports efforts to improve the health of populations disproportionately affected by HIV/AIDS by maximizing the health impact of public health services, reducing disease prevalence, and promoting health equity consistent with the National HIV/AIDS Strategy (NHAS) available at https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-
Health disparities in HIV are inextricably linked to a complex blend of social
determinants that influence which populations are most severely affected by these diseases.

Programs should use data, including social determinants data, to identify communities within
their cities that are disproportionately affected by HIV and related diseases and conditions, and
plan activities to help eliminate health disparities. In collaboration with partners and appropriate
sectors of the community, programs should consider social determinants of health in the
development, implementation, and evaluation of program specific efforts and use culturally
appropriate interventions that are tailored for the communities for which they are intended.

II. FUNDING OPPORTUNITY DESCRIPTION

A. Background

Nearly 35 years into the HIV/AIDS epidemic, more than 40,000 New Jerseyans have lost their
lives to AIDS. More than 1.2 million people in the United States are living with HIV infection,
and almost 1 in 8 (12.8%) are unaware of their infection. Gay, bisexual, and other men who have
sex with men (MSM), particularly young black/African American men, are most seriously
affected by HIV.¹

NJDOH first began formally partnering with healthcare providers in the mid 1980s to expand the
reach of HIV prevention efforts. Healthcare providers were, and continue to be, recognized as
important partners in HIV prevention because of their history and credibility with treating
PLWH/A; they have access to patients that may not be reached by other applicants or strategies.
Clinical settings also provide greater access to persons already living with HIV and their
negative partners who may be at substantial risk for HIV infection. Over time, NJDOH’s
program for HIV prevention by healthcare providers has grown in size, scope, and complexity,
responding to the changes in the epidemic, including the introduction of new tools for HIV
prevention, such as Treatment as Prevention (TAP) and HIV Pre Exposure Prophylaxis (PrEP).

There is a need to employ a collaborative approach in controlling disease on the individual level
while addressing social and environmental factors that contribute to the transmission of HIV.
Social determinants of health (SDH) including homelessness, unemployment, and low education
levels were found to be independently associated with HIV infection, whereas environmental
factors, such as housing conditions, social networks, and social support are also considered key
drivers for becoming infected with HIV, viral hepatitis, STDs, and TB.²

HIV Pre Exposure Prophylaxis (PrEP) is the latest addition to the list of high impact prevention
strategies, and as such is newly included in this RFA. The CDC, in Morbidity and Mortality
Weekly Report, provides estimates of the proportion of Americans who are at substantial risk of
HIV and should be counseled about PrEP. These include about 25% of sexually active gay and
bisexual adult men, nearly 20% of adults who inject drugs, and less than 1% of heterosexually
active adults. Daily PrEP can reduce the risk of getting HIV from male to male sex by more than
90%, and daily PrEP can reduce the risk of getting HIV among people who inject drugs by more
than 70%. More on PrEP can be found at CDC’s PrEP Vital Signs link
PrEP is a powerful prevention tool with the potential to benefit those who are most at risk for acquiring HIV. But it is not the only option. Additional high-impact HIV prevention strategies include HIV testing, linkage to antiretroviral treatment for people living with HIV; correct and consistent use of condoms; and interventions to engage and retain people in care and reduce risk behaviors. With about 1,349 HIV infections diagnosed in New Jersey in 2013, we must utilize limited resources to support the highest impact HIV prevention opportunities for those most at risk. Through this new cycle, NJDOH is seeking to maintain the fundamental elements that have served this program well since the beginning, while enhancing the program through the incorporation of lessons learned from previous cycles and interventions and strategies not available in the past.

B. Program Purpose

The purpose of this RFA is to support implementation of high-impact, comprehensive HIV prevention programs to achieve maximum impact on reducing new HIV infections. In accordance with the National HIV/AIDS Strategy (NHAS), this RFA focuses on addressing New Jersey’s HIV epidemic, reducing new infections, increasing access to care and improving health outcomes for people living with HIV. The aforementioned will be achieved by enhancing health care facilities’ capacities to increase HIV testing, refer and link HIV positive persons to medical care and other essential services, increase the proportion of HIV infected individuals who are aware of their status, and provide PrEP for the high risk negative partners of people living with HIV or partners of unknown HIV status.

The specific goals of this RFA are to reduce HIV transmission by building capacity of healthcare facilities to:

- Focus HIV prevention efforts in communities and cities within New Jersey where HIV is more heavily concentrated to achieve the greatest impact in decreasing the risks of acquiring or transmitting HIV.
- Increase HIV testing.
- Increase access to care and improve health outcomes for PLWH/A by linking them to continuous and coordinated quality care and medical, prevention and social services.
- Provide PrEP for the high risk negative partners of people living with HIV or partners of unknown HIV status.
- Reduce HIV-related disparities.

C. Program Outcomes

The expected outcomes of this program are to:

- Reduce HIV transmission.
- Ensure early diagnosis of HIV infection.
- Increase the number of individuals who become aware of their serostatus.
- Increase access to appropriate HIV medical care and ongoing HIV prevention services for persons who are living with HIV.
- Increase the number of individuals at substantial risk of HIV infection who receive appropriate HIV PrEP services.
D. Healthy New Jersey 2020

This program addresses the following “Healthy New Jersey 2020” Topic Area HIV/AIDS Objectives:

Objective 1: Reduce the rate of HIV transmission among adolescents and adults.
Objective 3: Increase the proportion of adults 18-64 that have been tested for HIV in the past 12 months.

E. Eligibility

The awarding of grants is on a competitive basis and is contingent on proposals deemed fundable according to a review by public health officials and compliance with:

- The NJDOH Terms and Conditions for Administration of Grants
- Applicable Federal Cost Principles – Addendum to Terms and Conditions for Administration of Grants
- General and Specific Compliance Requirements – HIV Prevention Services (all documents provided at TA Session)

Healthcare facilities with a history of serving populations at risk of acquiring or transmitting HIV in healthcare settings may apply. Agencies must document non-profit status [501c(3)].

An applicant agency must also demonstrate that it currently provides or has the capacity to provide extensive quality services for which the agency seeks funding. This RFA is available to all non profit agencies in the state of New Jersey. Applicants proposing to provide HIV prevention services must provide the proposed services in the following cities: Asbury Park, Bridgeton, Camden, Elizabeth, New Brunswick, Neptune, Newark, Paterson, Plainfield, Trenton, or Vineland. Applicants may also provide county-wide services in one of the following identified counties: Burlington, Camden and Ocean Counties.

All applicants must adhere to all NJDOH reporting requirements (N.J.A.C.8:57-2) for HIV infection and AIDS (http://nj.gov/health/cd/documents/njac857.pdf) and any future revisions. In addition, approved applicants must adhere to the program and administrative specifications outlined within the Attachment C to be developed jointly by DHSTS and the applicant following the issue of Letters of Intent to Fund.

**NOTE:** All information submitted with your application is subject to verification during possible pre-decisional site visits. Verifications may include, but are not limited to, review of client records without identifiers, credentials of staff, progress reports submitted to funders, fiscal policies, procedural policies (including cultural competency policy) and procedures, etc. Submission of unverifiable information in this proposal may result in an agency not receiving any funds.
F. Funding Information

Awards will be made based on the quality of the applicant proposal(s) and pending the availability of funds. Funding decisions will be made to ensure the broadest possible coverage, in terms of both geography and mix of services that can be made available to those at greatest risk of transmitting or acquiring HIV. Final awards may be combined into one grant for agencies that successfully compete for more than one Category and/or Area. Issuance of this RFA serves as notice that all currently state-funded HIV prevention grants for those services supported by this RFA and/or previous HIV prevention RFAs issued by the DHSTS will be terminated as of June 30, 2016.

Funding in the first and future years is expressly dependent upon the availability of funds to the Department appropriated by the State Legislature from state or federal revenue or such funding sources as may be applicable. The Department shall not be held liable for any breach of any award because of the absence of available funding appropriations.

The method of payment will be cost-reimbursement unless a waiver is submitted detailing the cash flow needs and the waiver is accepted by the Department. Funding requests for grant operating budgets may include the following:

- Salary and fringe benefits for qualified staff participating in the administration and delivery of services
- Salary and fringe benefits for administrative staff
- Consultant/professional services cost
- Office expense
- Program expense and related cost
- Staff training and education cost
- Travel, conferences and meetings
- Equipment
- Facility cost
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget and may not be allowed.
- Indirect Cost not to exceed 15% – If using indirect cost, the grantee must submit a copy and keep on file an HHS-negotiated, federally approved Certificate of Cost Allocation Plan or Certificate of Indirect Costs.

Unallowable costs include but are not limited to:
- Sub grants
- Vehicle purchases
- Real estate purchase
- Costs related to building/facility improvement or construction

Application budgets are subject to the Cost Controlling Initiative Change to Third Party Contract Language for Salary Compensation Limitation. The amounts paid under grants to a Provider Agency for employee compensation are subject the following conditions:
a. Full-time Salary Compensation Limitation (Not applicable to Physicians or Advanced practice Nurses): use of funds for employee compensation to Provider Agencies will be based on *Gross Revenue* for the entire organization, as corroborated by most recent annual audit report and is as follows:
   i. Over $20 million, grant funds will not exceed the benchmark salary of $141,000 per employee.
   ii. Over $10 million, but less than or equal to $20 million, grant funds will not exceed $126,900 per employee (90% of benchmark salary).
   iii. Over $5 million, but less than or equal to $10 million, grant funds will not exceed $119,850 per employee (85% of benchmark salary).
   iv. Less than $5 million, grants funds will not exceed $105,750 per employee (75% of benchmark salary).

b. Part-time Salary Compensation Limitation: The salary compensation limitation for a part-time employee, or for an employee whose activities are only partially compensated by the contract, will be calculated by prorating the above dictates from the Full-time Salary Compensation Limitation. The prorated percentage will be determined by the regular number of work hours for the part-time employee or number of hours working on the specific duties outlined in the application for a given contract.

c. Salary Compensation Limitation for Physicians and Advanced Practice Nurses: The amounts paid under this contract to the Provider Agency for Physicians and Advanced Practice Nurses compensation are subject to the following conditions:
   i. Grant funds for Physicians and Advanced Practice Nurses will not exceed $212,000 per year, regardless of Provider Agency size.
   ii. Part-time Physicians and Advanced Practice Nurses compensation will be calculated pursuant to Section1 (b).

d. Employee Salaries in Excess of the Limits Prescribed Above: Employee compensation may exceed the compensation limits described above; however, any salary cost above the amounts listed must be paid from sources other than those received from contracts with the Department of Health and Senior Services.

e. Applicable Entities and Exceptions:
   i. The Salary Compensation Limitation will apply to cost-reimbursement contracts at the time of contract renewal.
   ii. Any fixed/fee-for-service rate contract set prior to the adoption of these policy changes is not subject to the Salary Compensation Limitations 1a-d; however, any fixed/fee-for-service contract established before the adoption of these policy changes that is subsequently renewed at a higher rate is subject to the Salary Compensation Limitations 1(a-d).
   iii. Any fixed/fee-for-service rate developed for a new program or service in an existing contract is subject to the Salary Compensation Limitations described in 1(a-d).
   iv. Any new contract entered into after the adoption date of these policy changes is subject to the Salary Compensation Limitations described in 1a-d.

Approved grantees will be required to submit, on a quarterly basis, an electronic narrative progress report, Supplemental Cost Summary and expense reports, invoices, Evaluation web data reporting, and other reports as required by NJDOH/DHSTS now or in the future. Grants will be
monitored through NJDOH/DHSTS Grants Monitoring and Evaluation Unit, and Financial Services.

All relevant federal and New Jersey state laws and regulations must be observed. These include, but are not limited to, statutes pertaining to confidentiality, safety and health standards, drug paraphernalia, equal opportunity in recruitment and salary standards, procurement, affirmative action, and the Hatch Act.

Applications for activities and funding that supplant existing agency activities and/or are supported by other existing funding (e.g., direct funding from the Centers for Disease Control and Prevention) that extends beyond June 30, 2016 are ineligible under this RFA.

G. Availability of Funds

The RFA will be available via the System for Administering Grants Electronically (SAGE) on March 24, 2016 with a submission due date of April 14, 2016 at 3:00 p.m. The amount of funding provided in this grant award is contingent upon the availability of funds to the Department of Health and Senior Services appropriated by the State of New Jersey Legislature or such other funding sources as may be applicable.

H. Other Requirements

Progress and expenditure reports addressing work plan activities to be submitted are located in the NJSAGE system:
- Progress Reports must be submitted within 10 business days of the end of the program period quarter.
- Expenditure Reports are due at the end of each quarter.
- Budget revisions can be submitted until 45 days prior to the end of the program period.
- A narrative of the final summary report on the agency’s activities under the grant and Final Expenditure Reports are due 60 days after the end of the grant period.

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<th>October 10, 2016</th>
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<th>April 10, 2017</th>
<th>July 10, 2017*</th>
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I. Program Implementation Required Recipient Activities

In conducting activities to achieve the purpose of this RFA, the recipient will be responsible for the required recipient activities described in this section. DHSTS will be responsible for conducting the activities under the DHSTS activities section.
**Category A:** Area 1 - Enhanced HIV counseling, testing and referral (CTR) within free standing HIV counseling and testing sites (CTSSs) and/or mobile testing vans. Area 2 - Routine HIV testing in clinical settings such as Emergency Departments.

The purpose of Category A is to support healthcare facilities to offer enhanced HIV testing to at-risk populations in free standing CTSs and/or mobile testing vans (Area 1); and routine HIV testing in clinical settings such as Emergency Departments (Area 2).

Funding for Category A is intended to increase the number of persons who receive HIV testing, the number and proportion of HIV-infected persons who are aware of their infection and linked to medical care, and the number of very high risk negatives linked to PrEP services by:

- Providing enhanced HIV testing through free standing CTSs in healthcare settings and/or mobile testing vans serving these populations.
- Providing routine HIV testing in healthcare settings such as Emergency Departments.
- Ensuring that persons testing positive for HIV infection (new positives and previously diagnosed positives not in care) receive HIV test results, linkage to medical care, partner services, and other HIV prevention services to the extent feasible.
- Ensuring that all persons testing negative for HIV infection are assessed for being at substantially high risk for HIV infection and, if found to be at substantially high risk, appropriately referred for PrEP services.

Objectives and Performance Standards - The following are the objectives and performance standards that will be used for HIV testing, linkage to care activities and referral for PrEP services funded under Category A. DHSTS expects each funded agency to achieve the following performance standards, when the program is fully implemented:

For HIV testing in healthcare settings or venues, achieve at least a 0.5% rate of newly identified HIV-positive tests annually.

- All (100%) of persons who test positive for HIV receive their test results.
- At least 90% of persons who receive their HIV positive test results are linked to medical care and attend their first appointment.
- At least 80% of persons who receive their HIV positive test results are referred and linked to Partner Services.
- At least 50% of persons tested in projects funded under Area 1 are provided the RESPECT effective behavioral intervention (http://www.cdc.gov/hiv/topics/prepprog/rep/packages/respect.htm).
- All (100%) of persons who test negative for HIV are assessed for being at substantially high risk for HIV infection and, if found to be at substantially high risk, appropriately referred for PrEP services.

**Category B:** HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection in clinical settings (i.e., settings that already provide HIV testing and other routine health care services to at risk women, injection drug users, and/or youth; examples include primary care or infectious disease clinics, STD clinics, women’s reproductive health clinics, etc.)
Funding for Category B is intended to support healthcare facilities to offer comprehensive PrEP services to HIV negative individuals at substantial risk of HIV infection by offering PrEP counseling, prescribing and on-going follow-up services by:

- Hiring a minimum of one full-time credentialed PrEP Counselor (PrEP Counselor Job Description is included in RFA Appendices) to counsel high risk negatives (HRNs) referred from both internal and external sources.
- Providing on-site access to a clinician(s) with the ability to prescribe PrEP and on-going medical evaluation.
- Ensuring that NRNs on PrEP receive necessary on-going medical and counseling follow-up.
- Actively marketing and publicizing the agency’s PrEP Program.
- Increasing community awareness of PrEP and available local PrEP Services among individuals at very high risk of acquiring HIV infection.

Objectives and Performance Standards - The following are the objectives and performance standards that will be used for PrEP services funded under Category B. DHSTS expects each funded agency to achieve the following performance standards, when the program is fully implemented:

- Build up to and maintain an active caseload of 50 clients on PrEP for each FTE PrEP Counselor.
- Provide a PrEP education session to all clients presenting for a first visit.
- Conduct a risk assessment on all clients presenting for a first visit to determine suitability for referral to a PrEP prescriber.
- Provide all clients on PrEP with follow-up medical appointment reminders and verify that follow-up appointments have been kept.
- Provide clients on PrEP with quarterly on-going PrEP counseling sessions to include at a minimum PrEP adherence and maintenance of other risk reduction strategies such as the consistent and correct use of condoms.

III. HIV PREVENTION PROGRAM GRANTEE ACTIVITIES

A. General

All funded applicants must:

1. Seek to locate program activities in a setting that is a culturally and age-appropriate safe space for the service population. The safe space will serve as an entry point for the service population and for project activities. Each safe space should be designed to empower the service population and to provide PrEP services and testing as requested. Ensuring the safety of all those employed and served by the applicant must be an integral component of the applicant agency’s mission, values, and activities.

2. Ensure that services are culturally sensitive and relevant.

3. Implement a recruitment and retention strategy to include a social networking component, with internet and other media-based strategies designed to reach persons at greatest risk for HIV acquisition or transmission. Additional suggested strategies to promote programs and enhance recruitment include, but are not limited to, social marketing, Social Networking Strategies (i.e., peer networking), and STD clinic referrals. The applicant should seek input
from members of the target population on selecting appropriate recruitment and retention strategies and determining the appropriate use of incentives.

4. When persons under the age of 18 years (either paid or volunteer) are involved in program outreach activities, caution and judgment must be used in determining the venues/situations where these workers are placed. Agencies must give careful consideration to the age-appropriateness of the activity or venue. Additionally, agencies must comply with all relevant laws and regulations regarding entrance into adult establishments/environments. Laws and curfews must be clearly outlined in required safety protocols developed and implemented within first six months of funding.

5. Applicants are expected to hire direct service staff reflective of the population to be served, and with a minimum of twelve months’ experience working with the target population.

B. HIV Prevention Interventions and Services

**Required** components and activities included under this RFA, and implemented during the project period for **Category A Area 1**- Enhanced HIV counseling, testing and referral (CTR) in free standing HIV counseling and testing sites (CTSs) and/or mobile testing vans, and **Area 2**- routine HIV testing in clinical settings such as Emergency Departments are:

1. **Enhanced HIV testing (Area 1)**
   a. Provide enhanced HIV testing at geographically accessible free standing CTSs and/or on mobile testing vans.
   b. Provide the RESPECT intervention to clients tested in the above settings.
   c. Applicants applying for Category A, Area 1 must provide enhanced HIV testing to a minimum of **500 to 1,000** clients annually. Applicants are expected to establish their testing objectives based upon the size of the potential test-seeking population within their city and their capacity to reach them. The enhanced HIV testing program under Category A is expected to reach and maintain a **previously undiagnosed minimum seropositivity rate of 1.0% on an annual basis.** At least **90%** of all newly identified HIV positive clients must be linked to HIV medical care on the same or next business day **following the delivery of test results.**
   d. Ensure the provision of test results, particularly to clients testing positive.
   e. Refer and ensure the enrollment of HIV positive clients into HIV care using a verification process.
   f. Assess all negative clients for referral to PrEP services and refer very high risk negative clients (especially repeat testers) to PrEP services.
   g. Provide partner services (PS) to all HIV positive clients.

2. **Routine HIV testing (Area 2)**
   a. Provide opt-out routine HIV testing in clinical settings such as Emergency Departments.
   b. Applicants applying for Category A, Area 2 must provide routine HIV testing to a minimum of **700 to 1,000** clients annually. Applicants are expected to establish their testing objectives based upon the size of their clinic and their capacity to provide routine testing. The routine HIV testing program under Category A, Area 2 is expected to reach and maintain a **previously undiagnosed minimum seropositivity rate of 1.0% on an annual basis.** All (100%) newly identified HIV positive clients must be linked to
HIV medical care on the same or next business day following the delivery of test results.

c. Ensure the provision of test results, particularly to clients testing positive.
d. Refer and ensure the enrollment of HIV positive clients into HIV care using a verification process.
e. As the situation permits, assess negative clients for referral to PrEP services and refer very high risk negative clients (especially repeat testers) to PrEP services.

**Required** components and activities included under this RFA, and implemented during the project period for **Category B**: HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection in clinical settings (i.e., settings that already provide HIV testing and other routine health care services to at risk women, injection drug users, and/or youth; examples include primary care or infectious disease clinics, STD clinics, women’s reproductive health clinics, etc.)

**HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection**

1. Provide PrEP initial and follow-up counseling services in the applicant’s clinical setting.
2. Provide referral to a PrEP prescribing clinician within the applicant’s clinical setting.
3. Develop, implement and maintain a local PrEP marketing campaign to ensure that other HIV service providers and high risk community members are aware of the PrEP services offered.

**Required** components and activities included under this RFA, and implemented during the project period for both **Category A Area 1**- Enhanced HIV counseling, testing and referral (CTR) in free standing HIV counseling and testing sites (CTSs) and/or mobile testing vans, and **Category B**- HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection, unless so noted below are:

1. **Condom Distribution**
   Free and accessible condoms are an integral component of the HIV prevention program. Applicants are expected to implement condom distribution programs which increase access to and use of condoms by the target population(s). Effective condom distribution programs should adhere to the following principles: 1) provide condoms free of charge, 2) implement social marketing efforts to promote condom use (by increasing awareness of condom benefits and normalizing condom use within communities), and 3) conduct both promotion and distribution activities at the individual, organizational, and community levels. Applicants are expected to distribute condoms to 100% of HIV positive individuals and high-risk negative individuals. If an applicant agency cannot directly distribute condoms as a result of agency policies based on religious affiliation, then a plan must be included that describes how clients can receive condoms from other local agencies.

2. **Coordinated Referral Network and Service Integration**
   Applicants must develop and sustain a coordinated referral network. The Coordinated Referral Network must provide for, as appropriate: (1) linkage to HIV/AIDS care and treatment services, including direct support and follow-up for re-engagement and retention in care services, (2) referral to partner services, (3) screening and treatment for STDs, hepatitis,
including hepatitis B vaccinations, and TB, (4) other area DHSTS or CDC funded HIV prevention programs, (5) referral to syringe services programs, where available and in accordance with NJDOH and HHS/CDC policy, and other programs for active substance users, (6) drug treatment programs, and (7) mental health counseling programs.

Specifically, referral networks for HIV positive individuals must include: (1) linkage to HIV/AIDS care and treatment services, including direct support and follow-up for re-engagement in care services, (2) linkage to treatment adherence services, and (3) referral to partner services (PS). Specifically, referral networks for HIV high risk negative individuals must include: (1) PrEP Services.

Funded applicants must develop a referral tracking system to determine and document successfully accessed referral services (e.g., a client referred for medical care is verified to have attended at least one medical appointment).

3. **Staffing**

   Applicants must include a minimum of one full-time individual stationed on site at the designated service delivery location for each Category and Area proposed. Applicants selected for funding must ensure that the program is staffed adequately for the following:
   a) Planning and oversight of the intervention(s) or strategies.
   b) Delivery of the intervention(s) or strategies.
   c) Collecting, entering, analyzing, and using standardized program monitoring data and program performance indicators related to the intervention(s) or strategies and reporting data to DHSTS. The individual responsible for this function must be specified in the application.
   d) Quality assurance activities that will be conducted for each of the intervention(s) or strategies.
   e) Maintenance of client records and management of program data related to each of the intervention(s) or strategies.
   f) Consistent, culturally sensitive, and age-appropriate staffing of program settings (e.g., safe space) venues and locales, and staffing of program services and activities.
   g) Developing and ensuring that data security and confidentiality guidelines meet DHSTS’ requirements, continually consulting with DHSTS and annually reviewing security controls and measures to ensure continued compliance with information system and data security regulations and identifying security vulnerabilities.

4. **Staff Development**

   Applicants selected for funding must ensure that program staff is adequately trained on the following:
   a) Culturally sensitive and age-appropriate planning and oversight of the agency’s prevention program.
   b) Delivering the intervention(s) or strategies and related skills, such as group facilitation.
   c) Program monitoring and evaluation.
   d) DHSTS data collection, data use, and reporting requirements.
   e) Conducting quality assurance for each of the intervention(s) or strategies.
f) Developing sensitivity and skills to interact with the target population(s) at high risk of acquiring or transmitting HIV.

5. Coordination and Collaboration with DHSTS and the New Jersey HIV Planning Group (NJHPG)

Applicants selected for funding must coordinate and collaborate with DHSTS. Specifically, funded applicants are expected to:

a) Refer HIV-infected clients to partner services (PS) provided through DHSTS’ Notification Assistance Program (NAP).
b) Participate in the NJHPG community planning process.
c) Establish and maintain contact with other organizations serving populations of interest in the target geographical area to facilitate dialogue and explore partnership opportunities related to HIV/STD prevention.

6. Additional Required Grantee Activities for HIV Prevention Programs

a) Within the first three months of funding, participate in DHSTS-approved trainings as required. In particular, grantees must participate in DHSTS-approved trainings on data collection and submission, HIV testing, PrEP Counseling and/or other interventions prior to the implementation of program activities.
b) Utilize the DHSTS materials review panel to comply with CDC’s Assurance of Compliance with the Requirements for Contents of AIDS Related Written Materials Form. The current guidelines and the form may be downloaded from the CDC website: http://www.cdc.gov/od/pgo/funding/grants/app_and_forms.shtml.
c) Submit any newly-developed public information resources and materials to the DHSTS so they can be accessed by other applicants and agencies.

IV. DHSTS ACTIVITIES

A. Collaborate with grantees and provide technical assistance in the development of all plans, policies, procedures, and instruments related to this program.
B. Work with grantees to assess and broker training and technical assistance needs.
C. Ensure that necessary training, including training on DHSTS-required data reporting software (Evaluation Web) or other DHSTS-approved reporting system, occurs within two months of award.
D. Provide technical assistance and consultation on program and administrative issues directly or through partnerships with capacity building assistance providers to increase applicant capacity to implement evidenced-based HIV prevention programs.
E. Provide technical assistance and information on HIV testing technologies.
F. Arrange for licensed Laboratory Oversight to conduct HIV rapid tests by entities that do not already have their own licensed clinical laboratory.
G. Arrange for the provision of DHSTS-approved rapid HIV test kits.
H. Facilitate peer-to-peer exchange of information and experiences (e.g., best practices, lessons learned) through the following activities: meetings, workshops, conferences, the Internet, and other avenues of communication.
I. Conduct assessments of intervention fidelity.
J. Convene grantee meetings during the course of the project that will require travel to Trenton.
V. OTHER

If a funding amount greater than the maximum award is requested, the application will be considered non-responsive and will not be entered into the review process. The applicant will be notified that the application did not meet the eligibility requirements.

Documentation of eligibility must be included with the application. The documentation of eligibility will not count toward the page limit of the project narrative for HIV Prevention Programs. This section will determine if the application meets the eligibility requirements to move to the next phase in the application review process.

To be eligible, the application must meet all of the criteria listed in the Eligibility Information section of this announcement (See Section II.) If the application fails to meet all of these requirements, the application will not be reviewed further.

Special Requirements: If the application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. The applicant will be notified the application did not meet submission requirements.

Late applications will be considered non-responsive.

VI. Application and Submission Information

A. Content and Form of Application

Unless specifically indicated, this announcement requires submission of the following information. Page limits must be adhered to strictly, any pages beyond the stated limits will not be reviewed.

A Project Abstract (page limit: one page single spaced, Calibri 12 point, 1-inch margins) must be completed, and must contain a summary of the proposed activity suitable for dissemination to the public. It should include a statement about the Category under which the applicant is applying (i.e., Category A, and/or B), and if Category A funding is requested, Area 1 or Area 2 must be specified. Also to be included are the annual target number for HIV testing (Category A) and/or PrEP Counseling clients served (Category B) intended to be provided under this RFA, a statement indicating the service area for program implementation, and a statement of total amount of funding requested. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader.

A Project Narrative (page limit: 10 pages in total, double spaced, Calibri 12 point, 1-inch margins, number all pages.) must be submitted as part of the application. The project narrative consists of four sections: Assessment of Need, Objectives of the Program, Methods, and Evaluation. The project narrative should address activities to be conducted over the first 12 months of the grant period and must include the following items in the order listed below:
In an introductory paragraph for the project narrative, within the Assessment of Need section, please describe the category(s) for which the applicant is applying (i.e., Category A, Area 1 or Area 2, and/or Category B). Answers to the questions in the sections below are critical to determining the applicant’s qualification for this funding opportunity. If the applicant fails to provide any documents required in these subsections, or exceeds stated page limits, the applicant’s score may be impacted.

**HIV PREVENTION PROGRAMS IN HEALTHCARE SETTINGS**

**PROJECT NARRATIVE CONTENT**

I. **Assessment of Need**

A. Applicants must use HIV prevalence data and HIV needs assessment data to provide the information requested in this section. DHSTS recommends that applicants use the NJDOH web site as their primary source of these data whenever possible [http://www.state.nj.us/health/aids/](http://www.state.nj.us/health/aids/). Applicants should also refer to the NJHPG’s Comprehensive HIV Services Plan [https://hpcpsdi.rutgers.edu/NJHPG/downloads/2014-16-NJHIV-PCSP.pdf](https://hpcpsdi.rutgers.edu/NJHPG/downloads/2014-16-NJHIV-PCSP.pdf).

B. Description of the local HIV epidemic and available resources to meet needs. This section should include the following information:

1. Provide a brief description of the overall HIV epidemic within the applicant’s city or county in terms of HIV prevalence (i.e., use data on people living with HIV, not cumulative HIV or AIDS data).
2. Describe the proposed target population(s) to be reached through the proposed interventions and services.
3. Describe the services the applicant currently provides that address the HIV epidemic within the applicant’s city or county.
4. Identify other organizations that provide similar services in the proposed area and how the applicant’s proposed program will complement existing services.
5. Summarize the current HIV prevention situation including gaps in scope, reach, coordination, and services and how the proposed program reduces these gaps.
6. Describe how the proposed program meets the needs of the NJHPG’s Comprehensive HIV Services Plan.

C. Description of the applicant infrastructure, experience, and capacity. This section should include the following information:

1. A description of the applicant’s history, including experience, expertise, and existing capacity to provide HIV testing and/or HIV clinical care as appropriate to the Category for which the applicant is applying.
2. A description of the relevant HIV services the applicant currently provides within the community, including the most recent year’s levels of service and length of time such services have been provided; include a description of the successes and challenges of the current programs.
3. A description of the applicant’s currently owned and operating mobile HIV testing van (if applicable).

4. If applicable, applicants should also include a description of funds received from any source (including NJDOH and/or CDC) to conduct HIV/AIDS programs and other similar programs targeting the population proposed in the program plan. This summary must include the following information:
   a. The name of the sponsoring applicant/source of income, amount of funding, a description of how the funds have been used, and the budget period.
   b. An assurance that the funds being requested will not duplicate or supplant funds received from any other state or federal entities.

5. Description of how the applicant measures programmatic effectiveness (e.g., number of clients recruited, percent of clients completing all sessions of an intervention, percent of tested clients that are linked to care, client satisfaction) and how the agency defines a successful program. Specifically, discuss the effectiveness of the applicant’s current HIV prevention programs.

6. Describe how the applicant ensures that staff members have at least one year of experience providing HIV testing or other HIV prevention or counseling services.

II. Objectives of the Program

Applicants must develop and include program implementation and outcome objectives for each proposed Area under Category A, and a separate set of implementation and outcome objectives under Category B, as applicable. Refer above to Section III above, HIV Prevention Program Activities when formulating the objectives for this section of the application. Objectives addressing the required components of the HIV Prevention Program Grantee Activities in that section should be included. Objectives should be SMART (specific, measurable, achievable, realistic, and time-phased). The methods used to implement the objectives listed in this section, and the evaluation measures that will be used to evaluate their attainment will be entered under the subsequent Methods and Evaluation sections respectively. The following are examples of SMART objectives:

- HIV testing staff will administer HIV rapid tests in the Emergency Department to at least 600 patients by June 30, 2017.
- Between July 1, 2016 and June 20, 2017, 100% of persons who receive a confirmed positive HIV test will be successfully linked to care and attend their first documented medical appointment.
- Agency will utilize social media to recruit 50 HRNs for PrEP Counseling services.
- All project staff will complete required trainings by September 30, 2016.

A. General Objectives

Create objectives relating to each of the following:

1. Establishing and providing program activities in a setting that is a culturally appropriate and safe space. The safe space will serve as an entry point for the target population(s) and also a locale for project activities.
2. Involving members of the target population(s) in planning and implementing the proposed services. The applicant must ensure that services continue to be responsive to the needs of
the target population. For example, members of the target population should be included in planning what incentives might be used to facilitate client recruitment, in determining hours of operation, in developing tools and materials, and/or in reviewing barriers encountered and suggesting methods to address these barriers.

3. Ensuring that services are age-appropriate and culturally sensitive and relevant.

B. Objectives for HIV Prevention Interventions and Services

Create objectives relating to each of the following, consistent with the Category(ies) and Area(s) for which the agency is applying:

1. Enhanced HIV Testing

   Note: All applicants for Category A, Area 1 must submit an enhanced HIV testing application. Funded organizations will be required to implement enhanced HIV testing (with RESPECT or other recommended strategies as determined by DHSTS as they become available), when appropriate and after completion of a client risk assessment. In addition, enhanced HIV testing personnel will be required to be trained in the effective behavioral intervention, RESPECT.

   Note: If a Category A applicant does not intend to apply for funds to implement Area 1, Enhanced HIV Testing, disregard the questions in this section below. Choosing not to apply for Enhanced HIV Testing under Category A will not adversely impact the applicant’s score.

   Applicants applying for Category A, Area 1, must provide enhanced HIV testing to 500-700 members of the identified target population(s). Applicants are expected to establish their testing objectives based upon their selected target population(s), the size of their city and the capacity of the healthcare facility to reach the target populations. Enhanced HIV testing should reach and maintain a previously undiagnosed seropositivity rate of 0.5% on an annual basis for Category A. All (100%) newly identified HIV positive clients must be linked to HIV medical care on the same or next business day following the delivery of test results.

   Individuals recruited by the applicant who are previously identified as being HIV positive must be linked directly to the risk reduction and prevention services available for HIV positive individuals. A minimum of eighty percent (80%) of all HIV positive individuals (previously and newly diagnosed) must be linked and referred directly to appropriate risk reduction interventions and strategies for HIV positive individuals as required by the Coordinated Referral Network.

   Applicants must comply with the following HIV testing requirements and guidelines:
   a. Follow DHSTS/CDC guidelines and recommendations to provide counseling and voluntary HIV testing services to the target population.
   b. Ensure that the proposed activities must meet all local, state, and federal requirements for HIV testing. As required by state regulations, the applicant must arrange for physician oversight of the HIV testing program.
   c. Ensure that funding will be used to cover testing-related costs.
Create objectives relating to each of the following:

a. Local population intended as the primary target population(s) for enhanced HIV testing (e.g., age, race/ethnicity, sex or gender, HIV risk, HIV status, geographic location, etc.).

b. Ensuring that the enhanced HIV testing program is integrated into the applicant’s overall HIV prevention program.

c. Specific methods or strategies to recruit individuals into the HIV testing program.

d. Service locations or settings where HIV testing will be provided.

e. The test technologies that the applicant will use in the HIV testing program.

f. For the use of rapid HIV tests how the applicant will ensure that individuals with reactive rapid HIV test results receive confirmatory tests.

g. Ensuring that clients receive their test results, particularly clients who test positive. For Category A, Area 1 applicants, ensuring that risk reduction counseling utilizing RESPECT is provided to each client tested.

h. When (month/year) full implementation of HIV testing will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the intervention, and process monitoring data being collected).

i. Additional requirements:
   1) Ensuring that the HIV testing program has appropriate medical (e.g., physician’s standing orders) and laboratory oversight.
   2) Ensuring that the applicant will report confirmed HIV positive tests to NJDOH, following all rules and regulations regarding HIV and AIDS surveillance.

j. Performance of quality assurance throughout the duration of the program to ensure that appropriate standards for HIV testing are being met, RESPECT is provided in association with testing is being delivered in an appropriate, competent, and sensitive manner, and that the HIV testing program is meeting the needs of the target population.

k. Staffing of the enhanced HIV testing program.

l. Training of staff to provide enhanced HIV testing with RESPECT.

2. Routine HIV Testing

   Note: All applicants for Category A, Area 2 must submit a routine HIV testing application. Funded organizations will be required to implement routine HIV testing.

   Note: If a Category A applicant does not intend to apply for funds to implement Area 2, Routine HIV Testing, disregard the questions in this section below. Choosing not to apply for Routine HIV Testing will not adversely impact the applicant’s score.

   Applicants applying for Category A, Area 2, must provide routine HIV testing to 500-800 individuals. Applicants are expected to establish their testing objectives based upon the size of their city and their capacity. Routine HIV testing should reach and maintain a previously undiagnosed seropositivity rate of 1.0% on an annual basis. All (100%) newly identified HIV positive clients must be linked to HIV medical care on the same or next business day following the delivery of test results.

   Individuals recruited by the applicant who are previously identified as being HIV positive must be linked to the risk reduction and prevention services available for HIV positive individuals. A minimum of eighty percent (80%) of all HIV positive individuals (previously
Applicants must comply with the following HIV testing requirements and guidelines:

a. Follow DHSTS guidelines and recommendations to provide opt-out voluntary HIV testing services.

b. Ensure that anyone seeking HIV testing can be provided with said HIV testing as a walk-in patient, and without the need to schedule an appointment.

c. Ensure that all patients admitted to the clinic or Emergency Department are screened for suitability for rapid HIV testing and those deemed suitable are offered testing.

d. Ensure that all patients admitted to the clinic or Emergency Department who test positive for HIV are linked to HIV care.

e. Ensure that all patients admitted to the clinic or Emergency Department who test positive for HIV are offered Partner Services (PS).

f. Ensure that the proposed activities meet all state requirements for HIV testing. As required by state regulations, the applicant must arrange for physician oversight of the HIV testing program.

g. Ensure that funding will be used to cover testing-related costs.

Create objectives relating to each of the following:

a. Local population intended as the primary target population(s) for HIV testing (e.g., age, race/ethnicity, sex or gender, HIV risk, HIV status, geographic location, etc.).

b. Ensuring that the routine HIV testing program is integrated into the applicant’s overall HIV prevention program.

c. Specific methods or strategies to recruit individuals into the HIV testing program.

d. Service locations or settings where HIV testing will be provided.

e. The test technologies that the applicant will use in the HIV testing program.

f. For the use of rapid HIV tests how the applicant will ensure that individuals with reactive rapid HIV test results receive confirmatory tests.

g. Ensuring that clients receive their test results, particularly clients who test positive.

h. When (month/year) full implementation of HIV testing will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the intervention, and process monitoring data being collected).

i. Additional requirements:
   1) Ensuring that the HIV testing program has appropriate medical (e.g., physician’s standing orders) and laboratory oversight.
   2) Ensuring that the applicant will report confirmed HIV positive tests to NJDOH, following all rules and regulations regarding HIV and AIDS surveillance.

j. Performance of quality assurance throughout the duration of the program to ensure that appropriate standards for HIV testing are being met and delivered in an appropriate, competent, and sensitive manner, and that the HIV testing program is meeting the needs of the target population.

k. Staffing of the HIV testing program.

l. Training of the HIV testing program staff.
3. **HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection**

Note: All applicants for Category B must submit an HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection application. Funded organizations will be required to implement HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection which includes at a minimum initial PrEP counseling and education, PrEP prescription, on-going PrEP follow-up counseling, and local marketing of the agency PrEP program. Applicants applying for Category B must maintain a minimal caseload of **50** active PrEP clients by the end of the first year of operation and every year thereafter.

Note: If the applicant does not intend to apply for funds to implement HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection, disregard the questions in the section below. Choosing not to apply for HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection will not adversely impact the applicant’s score.

Create objectives relating to each of the following:

a. Target population(s) among the clinic’s patients for implementation of proposed interventions.
b. Service locations or settings where PrEP Services will be provided.
c. PrEP Counselor case load(s).
e. Provision of patient risk reduction counseling to be used in conjunction with PrEP to further reduce their risk of acquiring HIV.
f. Marketing of the proposed PrEP Program.
g. When (month/year) full implementation of PrEP Services will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the intervention, and process monitoring data being collected).
h. Performance of quality assurance throughout the duration of the program to ensure that appropriate content for PrEP Services is utilized and is meeting the needs of the population.
i. Staffing of the PrEP Services program.
j. Training of staff to provide PrEP Counseling.

4. **Condom Distribution**

Create objectives relating to each of the following:

a. Implementing and monitoring a condom distribution program which increases access to use of condoms by the proposed target population(s).
b. Providing condoms free of charge.
c. Marketing to promote condom use.

5. **Coordinated Network, Service Integration, and Tracking System**

Create objectives relating to each of the following:

a. Plan to develop and coordinate a referral network to ensure that clients identified through the program (both HIV positive and negative individuals) have easy access to
comprehensive services, including primary care, life-prolonging medications, other prevention services, and essential support services.
b. Documentation of agreements (e.g., MOA) with providers and other agencies where the clients may be referred. Or, funded applicants must develop a formal agreement such as an MOA with each collaborating agency within three months of award.
c. Tracking referral activities and follow up on their outcomes.

6. **Coordination and Collaboration with DHSTS and the New Jersey HIV Planning Group (NJHPG)**

Create objectives relating to each of the following:

a. Referral of HIV-infected clients to Partner Services (PS) provided through the DHSTS Notification Assistance Program (NAP).
b. Participation, collaboration, and coordination of activities with the NJHPG. (Participation may include involvement in workshops and committees, attending meetings, serving as a member of the NJHPG, coordinated activities may include sharing progress reports, program plans, and monthly calendars with state and local health departments, NJHPG, and other and agencies involved in HIV prevention activities serving the target population. Note: Membership in the NJHPG is not required and is determined by the group’s bylaws and selection criteria.)
c. Establishing contact with other organizations serving populations of interest in the target geographical area (e.g., schools, youth-serving organizations, GLBT health organizations, faith-based organizations, juvenile detention) to facilitate dialogue and explore partnership opportunities related to HIV/STD prevention.

**III. Methods**

In the Methods Section of the application, describe the methods that will be utilized to implement and achieve each objective that was proposed in the Objectives Section above.

**A. General**

1. Describe how the applicant will establish and provide program activities in a setting that is a culturally appropriate and safe space. The safe space will serve as an entry point for the target population(s) and also a locale for project activities.

2. Describe how members of the target population(s) will be involved in planning and implementing the proposed services and how the applicant will ensure that services continue to be responsive to the needs of the target population. For example, members of the target population should be included in planning what incentives will be used to facilitate client recruitment, in determining hours of operation, in developing tools and materials, and/or in reviewing barriers encountered and suggesting methods to address these barriers.

3. Describe how the applicant will ensure that services are age-appropriate and culturally sensitive and relevant.

**B. HIV Prevention Interventions and Services**

1. **Enhanced HIV Testing**
Note: If a Category A applicant does not intend to apply for funds to implement Area 1, Enhanced HIV Testing, disregard the questions in the section below. Choosing not to apply for Enhanced HIV Testing under Category A will not adversely impact the applicant’s score.

a. **Local Population:** Describe the intended primary target population(s) for enhanced HIV testing (e.g., age, race/ethnicity, sex or gender, HIV risk, HIV status, geographic location).

b. **Description of HIV testing:** Describe the proposed enhanced HIV testing program and how the applicant plans to ensure that the enhanced HIV testing program is integrated into the applicant’s overall HIV prevention program.

c. **Previous Experience:** Describe any previous experience the applicant has implementing an HIV testing program.

d. **Recruitment for HIV testing:** Describe the methods or strategies that the applicant plans to use to recruit individuals into the HIV testing program, including a description of how the applicant will ensure that program services reach high-risk individuals who have not been tested in the last six months or do not know their HIV serostatus (e.g., social networks, social marketing, incentives, participation in other programs at the agency).

e. **Service Locations or Settings:** Describe where HIV testing will be provided. Please describe the setting or settings (describe all, if more than one) and provide the following information:

   1) How the applicant will determine if the setting is appropriate for and appealing to the target population.

   2) How the applicant will ensure that the service delivery location is in an area that is safe and easily accessible for the target population.

   3) If the applicant proposes to employ a mobile van for testing, describe the van, by whom it will be staffed, the locations to be visited and the van’s hours of operation.

g. **Test Technologies:** Describe the test technologies that the applicant will use in the HIV testing program.

h. **Confirmatory Testing:** For the use of rapid HIV tests, describe how the applicant will ensure that individuals with reactive rapid HIV test results receive confirmatory tests.

i. **Providing Test Results:** Describe how the applicant will ensure that clients receive their test results, particularly clients who test positive. For Area 1 applicants, describe how the applicant will ensure that risk reduction counseling utilizing RESPECT is provided to each client tested.

j. **Start Date:** Identify when (month/year) full implementation of HIV testing will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the intervention, and process monitoring data being collected).

j. **Additional Requirements:**

   1) **Program Oversight:** Describe the applicant’s plans to ensure that the HIV testing program has appropriate medical (e.g., physician’s standing orders) and laboratory oversight.

   2) **Case Reporting:** Describe how the applicant will report confirmed HIV positive tests to NJDOH, following all rules and regulations regarding HIV and AIDS surveillance.

k. **Quality Assurance:** Describe the plans to perform quality assurance throughout the duration of the program to ensure that:

   1) Appropriate standards for HIV testing are being met.
2) RESPECT provided in association with testing is being delivered in an appropriate, competent, and sensitive manner (e.g., observation of staff).
3) The HIV testing program is meeting the needs of the target population (e.g., client satisfaction surveys).

1. **Staffing:** Describe how the applicant will staff the enhanced HIV testing program, and indicate the staff person’s name (if vacant, indicate the job title) including staffing for the following:
   1) Planning and oversight.
   2) Delivery of HIV testing.
   3) Collecting, entering, analyzing, and using standardized program monitoring and evaluation data and program performance indicators related to HIV testing and reporting data to DHSTS.
   4) Quality assurance activities that will be conducted for enhanced HIV testing.
   5) Maintaining client records and management of program data related to HIV testing.
   6) Developing sensitivity and skills to interact with the target population(s) who is at high risk of acquiring or transmitting HIV.
   7) Developing and ensuring data security and confidentiality guidelines meet DHSTS requirements. The applicant will work in consultation with DHSTS on an ongoing basis to review security controls and measures to ensure continued compliance with federal information security regulations.
   8) For each existing staff member who will be assigned to support enhanced HIV testing, describe the following:
      • Proposed role in the delivery or support of enhanced HIV testing.
      • Qualifications for performing this role.
      • Amount (percent) of time the staff member will spend on enhanced HIV testing.
      • Other responsibilities not related to enhanced HIV testing delivery or support.
      • Amount of time that will be spent on other responsibilities, including training that supports enhanced HIV testing.
   9) For new staff members who will be recruited to work on this project, describe the following:
      • Positions for which the applicant will recruit, the proposed role of these positions in enhanced HIV testing delivery and when these positions will be staffed.
      • Qualifications applicants will seek for each position.
      • How much time (percent) each staff member in these positions will spend on enhanced HIV testing.
      • Other responsibilities not related to enhanced HIV testing for staff members in these positions.
      • Amount of time that will be spent on these other responsibilities.

m. **Staff Development:** Provide a description of how the applicant will train staff to provide enhanced HIV testing with a brief risk reduction intervention, RESPECT, or other strategies as they become available and as determined by DHSTS.

2. **Routine HIV Testing**
   Note: If a Category A applicant does not intend to apply for funds to implement Area 2 Routine HIV Testing, disregard the questions in the section below. Choosing not to apply for Routine HIV Testing will not adversely impact the applicant’s score.
a. **Local Population:** Describe the local population for routine HIV testing (e.g., age, race/ethnicity, gender, HIV risk, HIV status, geographic location, etc.).

b. **Description of HIV testing:** Describe the proposed routine HIV testing program and how the applicant plans to ensure that the routine HIV testing program is integrated into the applicant’s overall HIV care and prevention programs.

c. **Previous Experience:** Describe any previous experience the applicant has implementing an HIV testing program and linking infected individuals to HIV care.

d. **Recruitment for HIV testing:** Describe the methods or strategies that the applicant plans to use to recruit individuals into the HIV testing program, including, but not limited to how the clinic or Emergency Department plans to accommodate walk-ins for testing, how all patients admitted to the clinic or Emergency Department will be screened for suitability for rapid HIV testing and those deemed suitable are offered testing.

e. **Service Locations or Settings:** Describe where HIV testing will be provided. Please describe the setting or settings (describe all, if more than one) and provide the following information:
   1) The hours of operation for the setting(s).
   2) The patient flow beginning at the point the patient walks into the proposed testing location and ending at the point of HIV care for infected individuals.
   3) How the applicant will ensure that the service delivery location is in an area that is safe and easily accessible.

f. **Test Technologies:** Describe the test technologies that the applicant will use in the HIV testing program.

g. **Confirmatory Testing:** Describe how the applicant will ensure that individuals with reactive rapid HIV test results receive confirmatory tests.

h. **Providing Test Results:** Describe how the applicant will ensure that clients receive their test results, particularly clients who test positive, and the nature and extent of PS to be offered to all HIV positive patients.

i. **Start Date:** Identify when (month/year) full implementation of HIV testing will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the intervention, and process monitoring data being collected).

j. **Additional Requirements:**
   1) **Program Oversight:** Describe the applicant’s plans to ensure that the HIV testing program has appropriate medical (e.g., physician’s standing orders) and laboratory oversight.
   2) **Case Reporting:** Describe how the applicant will report confirmed HIV positive tests to NJDOH, following all rules and regulations regarding HIV and AIDS surveillance.

k. **Quality Assurance:** Describe the plans to perform quality assurance throughout the duration of the program to ensure the following:
   1) Appropriate standards for HIV testing are being met.
   2) The HIV testing program is meeting the needs of the local population (e.g., client satisfaction surveys).

l. **Staffing:** Describe how the applicant will staff the enhanced HIV testing program, and indicate the staff person’s name (if vacant, indicate the job title) including staffing for the following:
   1) Planning and oversight.
2) Delivery of HIV testing.
3) Collecting, entering, analyzing, and using standardized program monitoring and evaluation data and program performance indicators related to HIV testing and reporting data to DHSTS.
4) Quality assurance activities that will be conducted for HIV testing.
5) Maintaining client records and management of program data related to HIV testing.
6) Developing sensitivity and skills to interact with the local population(s) at high risk of acquiring or transmitting HIV.
7) Developing and ensuring data security and confidentiality guidelines meet DHSTS requirements. The applicant will work in consultation with DHSTS on an ongoing basis to review security controls and measures to ensure continued compliance with federal information security regulations.
8) For each existing staff member who will be assigned to support enhanced HIV testing, describe the following:
   - Proposed role in the delivery or support of routine HIV testing.
   - Qualifications for performing this role.
   - Amount (percent) of time the staff member will spend on routine HIV testing.
   - Other responsibilities not related to routine HIV testing delivery or support.
   - Amount of time that will be spent on other responsibilities, including training that supports routine HIV testing.
9) For new staff members, who will be recruited to work on this project, describe the following:
   - Positions for which the applicant will recruit, the proposed role of these positions in routine HIV testing delivery and when these positions will be staffed.
   - Qualifications applicants will seek for each position.
   - How much time (percent) each staff member in these positions will spend on routine HIV testing.
   - Other responsibilities not related to routine HIV testing for staff members in these positions.
   - Amount of time that will be spent on these other responsibilities.

m. Staff Development: Provide a description of how the applicant will train staff to provide routine HIV testing.

3. HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection
   Note: If the applicant does not intend to apply for funds to implement HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection, disregard the questions in the section below. Choosing not to apply for HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection will not adversely impact the applicant’s score.
   a. Target Population: Describe the clinic’s population in which PrEP Counseling and other PrEP Services will be housed (e.g., size, demographics, HIV risks, hepatitis B/C co-infection rates, geographic catchment area, etc.).
b. **Previous Experience:** Describe the relevant previous experience the applicant has in providing PrEP Services, structured medical treatment adherence strategies and patient re-engagement and retention strategies.

c. **Recruitment for PrEP Services:** Describe the methods or strategies that the applicant plans to use to recruit individuals into its PrEP Services program, including a description of marketing strategies that the applicant will utilize (e.g., social networking strategies, social marketing, incentives, participation in other programs at the agency).

d. **Service Locations or Settings:** Describe where the HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection will be provided. Describe the setting or settings (describe all, if more than one) and provide the following information:

1) How the applicant will determine if the setting is appropriate for and appealing to the population.
2) How the applicant will ensure that the service delivery location is in an area that is safe and easily accessible for the population (including hours of operation).
3) How the location enables on-site linkage to a PrEP Prescriber.

e. **Provision of Patient Retention and Re-engagement Strategies:** Describe the intervention or strategy to be used in ensuring that PrEP clients keep follow-up appointments as long as they are still on PrEP.

f. **Start Date:** Identify when (month/year) full implementation of the comprehensive prevention with positives program will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the intervention, and process monitoring data being collected).

g. **Additional Requirement for Case Reporting:** Describe how the applicant will report confirmed HIV positive tests to NJDOH, following all rules and regulations regarding HIV and AIDS surveillance.

h. **Quality Assurance:** Describe the plans to perform quality assurance throughout the duration of the program to ensure that:

1) Appropriate content for PrEP counseling is utilized.
2) Appropriate content for HIV risk reduction is utilized.
3) The PrEP Services program is meeting the needs of the population (e.g., client satisfaction surveys).

i. **Staffing:** Describe how the applicant will staff the HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection program, and indicate the staff person’s name (if vacant, indicate the job title) including staffing for the following:

1) PrEP Counseling sessions.
2) Provision of PrEP prescriptions and follow-up medical monitoring.
4) Patient retention strategies to address keeping follow-up PrEP counseling sessions.
5) Collecting, entering, analyzing, and using standardized program monitoring and evaluation data and program performance indicators related to HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection and reporting data to DHSTS.
6) Quality assurance activities that will be conducted for HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection.
7) Maintaining client records and management of program data related to HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection.

8) Developing and ensuring data security and confidentiality guidelines meet DHSTS requirements. The applicant will work in consultation with DHSTS on an ongoing basis to review security controls and measures to ensure continued compliance with federal information security regulations.

9) For each existing staff member who will be assigned to support HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection, describe the following:
   - Proposed role in the delivery or support of HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection.
   - Qualifications for performing this role.
   - Amount (percent) of time the staff member will spend on HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection.
   - Other responsibilities not related to HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection program delivery or support.
   - Amount of time that will be spent on other responsibilities, including training that supports HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection.

10) For new staff members who will be recruited to work on this project, describe the following:
   - Positions for which the applicant will recruit, the proposed role of these positions in HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection delivery and when these positions will be staffed.
   - Qualifications applicants will seek for each position.
   - How much time (percent) each staff member in these positions will spend on HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection.
   - Other responsibilities not related to HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection for staff members in these positions.
   - Amount of time that will be spent on these other responsibilities.

j. **Staff Development:** Provide a description of how the applicant will train staff to provide HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection.

4. **Condom Distribution**
   Provide a description of the applicant’s plans to implement and monitor a condom distribution program, which increases access to use of condoms by the proposed target population(s). Note: Effective condom distribution programs should include the following elements: (1) provide condoms free of charge, (2) utilize a social marketing to promote condom use (by increasing awareness of condom benefits and normalizing condom use within communities), and (3) conduct both promotion and distribution activities at the individual, organizational, and community levels. The applicant must include a listing of the
venues through which it proposes to distribute condoms to each target population. If an applicant agency cannot directly distribute condoms as a result of agency policies based on religious affiliation, then a plan must be included that describes how clients can receive condoms from other local agencies.

5. **Coordinated Network, Service Integration, and Tracking System**
   Applicants must develop and sustain a coordinated referral network. The Coordinated Referral Network must provide for: (1) linkage to HIV/AIDS care and treatment services, (3) referral to Partner Services, (4) screening and treatment for STDs, hepatitis, including hepatitis B vaccinations, and TB, (5) other area DHSTS or CDC funded HIV prevention programs, (6) referral to Syringe Services Programs, where available and other programs for active substance users; (7) drug treatment programs, (8) mental health counseling programs experienced with youth and young adults, and (9) housing.

   a. Provide a description of plans to develop and coordinate a referral network to ensure that clients identified through the program have easy access to comprehensive services, including primary care, life-prolonging medications, other prevention services, and essential support services.

   b. Include documentation of any existing agreements (e.g., MOA) with providers and other agencies where the clients may be referred). Or, funded applicants must develop a formal agreement such as an MOA with each collaborating agency within three months of award.

   c. Describe plans to track referral activities and follow up on their outcomes. The type of referral (e.g., mental health, housing) must be documented, to whom referral was made, date of referral, outcome of referral (such as completion of first appointment), and follow-up services, as appropriate.

6. **Client Record and Program Data Management**
   Applicants must carefully and consistently collect store and report program data.

   a. Describe the applicant’s capacity to collect and report client-level data, including plans to identify and address barriers to the collection of client-level demographic and behavioral characteristics.

   b. Describe the physical security of the facility(s) that will be used to store data during the project; the procedures for protection, controlling, and handling data during performance of the project including any development and testing activities; any required limitations on employees concerning the reproduction, transmission, or disclosure of data and project information; the physical storage procedures to protect data; the procedures for the destruction of source documents and other contract-related waste material; and personnel security procedures.

   c. Describe how client records and program data will be managed to ensure client confidentiality.

   d. Describe how the applicant will ensure the completeness and quality of data collected for program monitoring and evaluation and reporting to DHSTS.
7. **Coordination and Collaboration with DHSTS and the New Jersey HIV Planning Group (NJHPG)**
   a. Describe how the applicant will refer HIV-infected clients to Partner Services (PS) provided through the DHSTS Notification Assistance Program (NAP).
   b. Provide a description of the plan to participate, collaborate, and coordinate activities with the NJHPG. Participation may include involvement in workshops, attending meetings, serving as a member of the NJHPG, and/or becoming familiar with and utilizing information from the community planning process, such as the epidemiologic profile, needs assessment data, and program strategies to inform the development of future HIV prevention programs. Coordinated activities may include sharing progress reports, program plans, and monthly calendars with state and local health departments, NJHPG, and other applicants and agencies involved in HIV prevention activities serving the target population. Note: Membership in the NJHPG is not required and is determined by the group’s bylaws and selection criteria.
   c. Describe applicant’s plans to establish contact with other organizations serving populations of interest in the target geographical area (e.g., schools, youth-serving organizations, GLBT health organizations, faith-based organizations, juvenile detention) to facilitate dialogue and explore partnership opportunities related to HIV/STD prevention.

IV. **Evaluation**
   A. In this section, provide an Evaluation Plan that will describe how the program is to be evaluated. Start by describing how and at what point in the delivery of all proposed HIV prevention services (i.e., testing and/or HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection interventions and strategies) the applicant will collect required data. For example:
      1. Once interventions are implemented, applicants will need to report the number of clients tested, the number of HRN individuals enrolled in PrEP, the number of partners of PLWH /A tested, etc. Applicants will also need to report the activities associated with enhanced HIV testing delivery (e.g., RESPECT activities).
      2. Describe how program monitoring and evaluation data will be used, by whom, and when (e.g., frequency) to continually assess and improve program performance and measure progress toward meeting objectives.
      3. Describe how any technical assistance needs associated with meeting program monitoring and reporting requirements will be identified and met.

   B. Describe the plan for client record and program data management by including the following:
      1. Describe the applicant’s capacity to collect and report client-level data, including plans to identify and address barriers to the collection of client-level demographic and behavioral characteristics.
      2. Describe the physical security of the facility(s) that will be used to store data during the project; the procedures for protection, controlling, and handling data during performance of the project including any development and testing activities; any required limitations on employees concerning the reproduction, transmission, or disclosure of data and project information; the physical storage procedures to protect data; the procedures for the
destruction of source documents and other contract-related waste material; and personnel security procedures.

3. Describe how client records and program data will be managed to ensure client confidentiality.

4. Describe how the applicant will ensure the completeness and quality of data collected for program monitoring and evaluation and reporting to DHSTS.

C. HIV prevention programs must collect and report data consistent with DHSTS requirements.

1. Describe the plan to collect and report standardized data on the following: (1) budget and other characteristics of the applicant agency, (2) all HIV prevention activities funded under this RFA, including HIV testing and PrEP Services (3) client-level information on demographic and risk characteristics of a grantee’s HIV prevention program clients, (4) aggregate data for outreach and recruitment activities, and (5) other information that may be needed to adequately describe a grantee’s program.

2. Use DHSTS-required data reporting software.

3. Designate specific staff responsible for management, reporting, use, and security of all data collected for purposes of the program.

4. Ensure that all staff responsible for data collection and management are appropriately trained on the use of DHSTS-required data reporting software or other DHSTS approved reporting system.

5. Designate a specific staff person to review program monitoring data at defined intervals in order to assess how well the program is functioning and use this information to continually assess and improve program performance.

VII. Application Review Information

HIV Prevention Program in Healthcare Settings Application Scoring Criteria

Eligible applications will be evaluated against the following criteria:

I. Assessment of Need (150 points total)

A. Adequacy of the applicant’s justification of the need for the proposed services in their city/county. (30 points)

B. Adequacy of the applicant’s explanation of how the proposed program meets the needs of the Comprehensive New Jersey HIV Service Plan. (20 points)

C. Extent to which the applicant establishes that it has at least 24 months of experience (for Category A and/or B) and credibility in providing HIV testing and/or other HIV prevention counseling. Specific elements considered as part of the assessment include, but are not limited to, length of service, outcomes of the services, and the applicant’s overall relationship with the community. (30 points)

D. Extent of services the applicant currently offers within the community. (15 points)

E. Extent to which the applicant demonstrates that it has substantial experience providing HIV prevention services. (20 points)

F. Extent of staff members’ experience providing HIV testing and/or care services. (20 points)
G. Effectiveness of the agency’s current HIV prevention and/or care programs. The assessment will also consider how the applicant met challenges encountered during the operation of its current program. (15 points)

II. Objectives of the Program (200 points total)
A. Extent to which the applicant’s proposed objectives are specific, measurable, achievable, realistic, and time-phrased. (100 points)
B. Extent to which the applicant’s proposed objectives are inclusive of the HIV Prevention Program Activities to be supported under this RFA. (100 points)

III. Methods of the Program (350 points total)
A. General Methods (50 points) Category A, Area 1 and Category B only
   1. Quality of the applicant’s plan to establish and manage a culturally and age-appropriate “safe space” for program participants. (20 points)
   2. Quality of the applicant’s plan to engage members of the target population in planning and implementing the proposed services and ensure that services continue to be responsive to the needs of the target population. (20 points)
   3. Quality of the applicant’s plan to ensure that services are culturally sensitive and relevant. (10 points)

B. Specific HIV Prevention Intervention and Strategy Methods (300 points)
   1. Enhanced HIV Testing (150 points) Category A, Area 1
      a. Quality of the description of the intended local population(s) or target population for enhanced HIV testing (e.g., age, race/ethnicity, sex or gender, HIV risk, HIV status, geographic location). (20 points)
      b. Quality of the applicant’s plan to ensure that the enhanced HIV testing program is integrated into the applicant’s overall HIV prevention program. (20 points)
      c. Extent of applicant’s previous experience implementing HIV testing. (20 points)
      d. Quality of the applicant’s plan to recruit and help overcome barriers for high-risk individuals who have not been tested in the last six months or do not know their HIV serostatus into enhanced HIV testing. (20 points)
      e. Appropriateness of the setting(s) where enhanced HIV testing will be provided. (10 points)
      f. Quality of the applicant’s plans to do the following: (15 points)
         1) Ensure that individuals with reactive rapid HIV test results receive confirmatory tests.
         2) Ensure that clients receive their test results, particularly clients who test positive.
         3) Ensure that risk-reduction counseling is provided to persons whose HIV test results are positive.
         4) Ensure that assessment for PrEP referral is provided to persons whose HIV test results are negative but who are at ongoing high risk for HIV infection.
      g. Quality of the applicant’s plans to do the following: (10 points)
         1) Ensure that the enhanced HIV testing program has appropriate medical and laboratory oversight.
2) Report confirmed HIV positive tests to DHSTS, following all rules and regulations regarding HIV and AIDS surveillance.

h. Quality of the applicant’s quality assurance plan, which includes ensuring that:
   (15 points)
   1) Appropriate standards for HIV testing are being met
   2) RESPECT as provided in association with testing is being delivered in an appropriate, competent, and sensitive manner
   3) Enhanced HIV testing is meeting the needs of the target population.

i. Appropriateness and adequacy of the applicant’s staffing plan, including staffing for the following: (10 points)
   1) Planning and oversight of enhanced HIV testing.
   2) Delivery of enhanced HIV testing.
   3) Collecting, entering, analyzing, and using standardized program monitoring and evaluation data and program performance indicators related to HIV testing and reporting data to DHSTS.
   4) Quality assurance activities that will be conducted for the enhanced HIV testing.
   5) Maintenance of client records and management of program data related to the enhanced HIV testing.
   6) Capacity for sensitivity and skills to interact with the proposed target population(s) who are at high risk of acquiring or transmitting HIV.

j. Quality of the applicant’s plan for staff development. The plan should address training staff on the following: (10 points)
   1) Delivering the enhanced HIV testing.
   2) Program monitoring and evaluation.
   3) DHSTS data collection and reporting requirements.
   4) Conducting quality assurance for enhanced HIV testing.
   5) Maintaining client records and managing program data related to enhanced HIV testing, including assurance of client confidentiality.
   6) Developing capacity for sensitivity and skills to interact with the proposed population(s) who are at high risk of acquiring or transmitting HIV.

2. **Routine HIV Testing** (200 points)
   a. Quality of the description of the intended local population for routine HIV testing (e.g., age, race/ethnicity, sex or gender, HIV risk, HIV status, geographic location, etc.). (20 points)
   b. Quality of the applicant’s plan to ensure that the routine HIV testing program is integrated into the applicant’s overall HIV prevention program. (40 points)
   c. Extent of applicant’s previous experience implementing HIV testing. (30 points)
   d. Quality of the applicant’s plan to recruit individuals into routine HIV testing. (20 points)
   e. Appropriateness of the setting(s) where routine HIV testing will be provided. (10 points)
   f. Quality of the applicant’s plans to do the following: (25 points)
      1) Ensure that individuals with reactive rapid HIV test results receive confirmatory tests.
2) Ensure that clients receive their test results, particularly clients who test positive.
3) To the extent possible, ensure that clients assessed to be at substantially high risk for acquiring HIV infection are referred for PrEP Counseling Services.

g. Quality of the applicant’s plans to do the following: (10 points)
   1) Ensure that the routine HIV testing program has appropriate medical and laboratory oversight.
   2) Report confirmed HIV positive tests to DHSTS, following all rules and regulations regarding HIV and AIDS surveillance.

h. Quality of the applicant’s quality assurance plan, which includes ensuring that: (10 points)
   1) Appropriate standards for HIV testing are being met
   2) Routine HIV testing is meeting the needs of the local population.

i. Appropriateness and adequacy of the applicant’s staffing plan, including staffing for the following: (25 points)
   1) Planning and oversight of routine HIV testing.
   2) Delivery of routine HIV testing.
   3) Collecting, entering, analyzing, and using standardized program monitoring and evaluation data and program performance indicators related to HIV testing and reporting data to DHSTS.
   4) Quality assurance activities that will be conducted for the routine HIV testing.
   5) Maintenance of client records and management of program data related to the routine HIV testing.
   6) Capacity for sensitivity and skills to interact with the local population(s) who is at high risk of acquiring or transmitting HIV.

j. Quality of the applicant’s plan for staff development. The plan should address training staff on the following: (10 points)
   1) Delivering routine HIV testing.
   2) Program monitoring and evaluation.
   3) DHSTS data collection and reporting requirements.
   4) Conducting quality assurance for routine HIV testing.
   5) Maintaining client records and managing program data related to routine HIV testing, including assurance of client confidentiality.
   6) Developing capacity for sensitivity and skills to interact with the proposed population(s) who is at high risk of acquiring or transmitting HIV.

3. HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection (150 points)
   a. Appropriateness and feasibility of the applicant’s strategies to use in recruiting HIV negative individuals at substantial risk of HIV infection into the agency’s PrEP Counseling services (i.e., the likelihood that the applicant will be able to successfully recruit participants). (30 points)
   b. Appropriateness and feasibility of the applicant’s strategies to use in providing HIV negative individuals at substantial risk of HIV infection with access to on-site medical professionals who can prescribe PrEP (i.e., the likelihood that the
applicant will be able to successfully provide PrEP prescribing services to clients assessed in PrEP Counseling as likely benefit from PrEP and agree to go on a PrEP regimen. (20 points)
c. Appropriateness and feasibility of the applicant’s strategies to provide on-going PrEP Counseling services to clients on PrEP (i.e., the likelihood that the applicant will be able to successfully retain participants). (20 points)
d. Quality of the applicant’s local marketing strategy to increase community awareness of PrEP services available. (20 points)
e. Appropriateness of the setting(s) where the intervention(s) will be provided. (20 points)
f. Quality of the applicant’s quality assurance plan, including ensuring that: (15 points)
   1) The intervention(s) or services are being delivered in an appropriate, competent, and sensitive manner.
   2) The intervention(s) or services are being delivered with fidelity.
   3) The intervention(s) or services are meeting the needs of the target population.
g. Appropriateness and adequacy of the applicant’s staffing plan, including staffing for the following (15 points):
   1) Planning and oversight of the intervention(s) or strategy(ies).
   2) Delivery of the intervention(s) or strategy(ies).
   3) Collecting, entering, analyzing, and using standardized program monitoring and evaluation data related to the intervention and reporting data to DHSTS.
   4) Quality assurance activities that will be conducted on the intervention(s) or strategy(ies).
   5) Maintenance of client records and management of program data related to the intervention(s) or strategy(ies).
   6) Capacity for sensitivity and skills to interact with the proposed target population.
h. Quality of the applicant’s plan for staff development. The plan should address training staff on the following: (10 points)
   1) Delivering the intervention(s) or strategy(ies) and related skills.
   2) Program monitoring and evaluation.
   3) DHSTS data collection and reporting requirements.
   4) Conducting quality assurance for the intervention, maintaining client records, and managing program data related to the intervention, including assurance of client confidentiality.
   5) Developing capacity for sensitivity and skills to interact with the proposed target population.

4. **Condom Distribution** (70 points)
   Quality of the applicant’s plans to implement and monitor condom distribution programs which increase access to free condoms for the proposed target population(s) including the following elements: (70 points)
a. Provide condoms free of charge to all clients seen at all PrEP counseling sessions.
b. An alternative plan to allow clients to obtain condoms from another agency if the applicant agency is not able to directly distribute condoms itself.

5. Coordinated Referral Network, Service Integration, and Tracking System (50 points)
a. Quality of the applicant’s plan to develop and sustain a coordinated referral network to ensure that clients identified through the program have easy access to comprehensive services, including primary care, other prevention services, and essential support services. The Coordinated Referral Network must provide for: (1) linkage to HIV/AIDS care and treatment services for all clients who may seroconvert while on PrEP, (2) screening and treatment for STDs, hepatitis, including hepatitis B vaccinations, and/or TB, (3) other area DHSTS or CDC funded HIV prevention programs, (4) referral to Syringe Services Programs, where available and other programs for active substance users, (5) drug treatment programs, (6) mental health counseling programs, (7) referral to partner services, and (8) housing. (15 points)
b. Documentation of any existing agreements (e.g., MOA) with providers and other agencies where clients may be referred. If not provided, the applicant must propose to develop a formal agreement such as an MOA with each collaborating agency within two months of award (15 points)
c. Quality and feasibility of the applicant’s plan to track referrals and document successfully accessed referral services. (20 points)

6. Coordination and Collaboration with DHSTS and the New Jersey HIV Planning Group (NJHPG) (30 points)
a. Quality of the applicant’s plan to refer HIV-infected clients to Partner Services (PS) provided through the DHSTS Notification Assistance Program (NAP). (10 points)
b. Quality of the applicant’s plan to participate, collaborate, and coordinate activities with the New Jersey HIV Planning Group. (10 points)
c. Quality of applicant’s plan to establish contact with other organizations serving populations of interest in the target geographical area (e.g., schools, youth-serving organizations, GLBT health organizations, faith-based organizations, juvenile detention) to facilitate dialogue and explore partnership opportunities related to HIV/STD prevention. (10 points)

IV. Program Evaluation (200 points total)
A. Quality of the applicant’s description of how and at what point in the delivery of all proposed HIV prevention services (i.e., testing and/or HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection interventions and strategies) the applicant will collect required data. (50 points)
B. Quality of the applicant’s plan for client record and program data management including the following:
   1. The applicant’s capacity to collect and report client-level data, including plans to identify and address barriers to the collection of client-level demographic and behavioral characteristics. (10 points)
2. The physical security of the facility(s) that will be used to store data during the project; the procedures for protection, controlling, and handling data during performance of the project including any development and testing activities; any required limitations on employees concerning the reproduction, transmission, or disclosure of data and project information; the physical storage procedures to protect data; the procedures for the destruction of source documents and other contract-related waste material; and personnel security procedures. (10 points)

3. How client records and program data will be managed to ensure client confidentiality. (10 points)

4. The completeness and quality of data collected for program monitoring and evaluation and reporting to DHSTS. (20 points)

C. Collection and reporting of data consistent with DHSTS requirements.
   1. The plan to collect and report standardized data on the following: (1) budget and other characteristics of the applicant agency, (2) all HIV prevention activities funded under this RFA, including behavioral interventions and HIV testing, (3) client-level information on demographic and risk characteristics of a grantees HIV prevention program clients, (4) aggregate data for outreach and recruitment activities, and (5) other information that may be needed to adequately describe a grantees program. (30 points)
   2. Use of DHSTS-required data reporting software. (20 points)
   3. Designation of specific staff responsible for management, reporting, use, and security of all data collected for purposes of the program. (20 points)
   4. Training plan for all staff responsible for data collection and management using DHSTS-required data reporting software or other DHSTS approved reporting system. (15 points)
   5. The specific staff person to review program monitoring data at defined intervals in order to assess how well the program is functioning and use this information to continually assess and improve program performance. (15 points)

V. **Budget and Justification (100 total)**
   A. Clear demonstration that funds requested will not be used to replace existing program costs (20 points)
   B. Justification of all operating expenses in relation to stated objectives and planned activities so that no expenses are included in the budget that do not clearly relate to the goals, objectives, methods and evaluation included in the proposal. (20 points)
   C. A proposed budget that demonstrates the reasonableness and necessity of all funds requested for each service component of the project and line items are based on reasonable estimates of costs. (20 points)
   D. A proposed budget that adequately delineates the total budget request and explains the basis for allocating costs. (10 points)
   E. A completed Supplemental Cost Summary sheet must be included. (10 points)
   F. Provide a job description for each key position, specifying job title, function, general duties, activities, and level of effort and percentage of time spent on activities relating to the proposed program. If the identity of any key personnel who will fill a proposed position is known, has his/her name and resume been included in the appendices. If the identity of staff is unknown, provide a detailed recruitment plan. (20 points)
Review Procedures

Applications will be screened for completeness and eligibility as specified in this RFA. Only those proposals deemed to be eligible, complete and in compliance will be sent to the RFA review committee.

An RFA review committee is comprised of representatives of several different divisions of the NJDOH that will review the proposals. Proposals will be rated on criteria, which appear in the “Review Criteria” section of this document. The DHSTS reserves the right to render final decisions on the awarding of state HIV prevention funds under this RFA.

Submission of Applications

A separate and complete application must be submitted for each activity and location for which an agency is applying. An agency may apply for one, two or three activities funded under this RFA, each remaining within specified funding limits. Each application must contain a Project Abstract (a PDF file labelled “Project Abstract”), a Project Narrative (a PDF file labelled “Project Narrative”), required proof of nonprofit status (a PDF file labelled “proof of nonprofit status”), and all SAGE budget pages (Schedule A Full-time, Schedule A Part-time, Schedule B, Schedule C and Cost Summary). Each of the appropriately labelled PDF files must be uploaded into SAGE as a Required Attachment for the Proof of Nonprofit Status and Miscellaneous Attachments for the Program Abstract and Program Narrative. SAGE may require additional documents to be uploaded as well, however only the above named attachments will be scored and required for completeness.

If you are a first time applicant whose organization has never registered in NJSAGE, you must contact the Grants Management Officer, complete a New Agency form, and submit it to NJDOH. NJDOH will verify certain information to ensure you satisfy NJDOH requirements. When the requirements are met, the organization will be validated in NJSAGE. In order to initiate an application after agency approval, you must have permission to access the application. Please see below and contact the Grant Management Officer specified for access.

Instructions for New Agency:
1. Complete the FORM for Adding Agency Organizations into NJSAGE (see #3 below).
2. Identify your validated Authorized Official, or if non, have the Authorized Official register as a new user. The new user (Authorized Official) will be validated when the organization is validated and assigned to the organization.
3. Sign a hard copy of the FORM for Adding Agency Organizations into NJSAGE and submit via a FAX or as an email attachment to Cynthia Satchell
   a. FAX – 609-633-1705
   b. Email: Cynthia.Satchell@doh.nj.gov

NOTE: If you have previously applied in NJSAGE please do not reapply. Your Organization information has already been established.
The following is the list of dates that will affect the grant process:

March 16, 2016 RFA posting on NJSAGE

Technical Assistance Meetings (interested agencies are required to attend only one meeting date specified below)

March 2, 2016 from 9:30 a.m. until 1:00 p.m. at the New Jersey State Police Headquarters and Public Health Environmental and Agricultural Laboratories, Main Auditorium, Ewing, NJ 08628 (609) 882-2000

OR

March 3, 2016 from 9:30 a.m. until 1:00 p.m. at the New Jersey State Police Headquarters and Public Health Environmental and Agricultural Laboratories, Main Auditorium, Ewing, NJ 08628 (609) 882-2000

March 24, 2016 Applications open in NJSAGE at 12:00 a.m.

April 14, 2016 Applications close in NJSAGE at 3:00 p.m.

July 1, 2016 Grant begins. Letters of Intent to Fund will be issued approximately 30 days before the award date of July 1, 2016.

Please contact the appropriate Grant Management Officer and Program Management Officer for additional information

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Selection

Multiple criteria will be utilized to determine application funding. Applications will be ranked in order by score as determined by the review panel. In addition, DHSTS’ funding needs and preferences to ensuring the following factors may affect the funding decision:

- Funded applicants are balanced in terms of intervention mix. (The number of funded applicants providing Category A and Category B services may be adjusted based on the need to ensure an adequate balance between HIV Testing and HIV Pre Exposure Prophylaxis for HIV negative individuals at substantial risk of HIV infection programs).
- Funded applicants meet the HIV prevention needs of the populations at greatest risk of HIV infection to the fullest extent possible.
- Funded applicants are balanced in terms of geographic distribution. (The number or selection of funded applicants may be adjusted based on the burden of infection across New Jersey as measured by HIV or AIDS reporting.)

VIII. OTHER INFORMATION

1. National HIV/AIDS Strategy (NHAS):
2. CDC Health Disparities and Inequalities Report — United States, 2011:  
   http://www.cdc.gov/mmwr/pdf/other/su6001.pdf

3. NCHHSTP's Social Determinants of Health White Paper:  

4. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings, 2006:  

5. Revised Guidelines for HIV Counseling, Testing, and Referral, 2001:  

6. Quality Assurance Standards for HIV Counseling, Testing, and Referral Data, 2009:  
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References


IX. APPENDICES

APPENDIX 1

Job Title: PrEP Counselor

Summary: The PrEP Counselor will assess clients’ suitability for PrEP, and is responsible for assisting HIV high-risk negative clients in initiating, adhering to and managing a PrEP regimen.

Key Responsibilities

- Assess and address clients’ knowledge, attitudes and beliefs regarding PrEP.
- Assessment of clients’ level of risk to determine appropriateness for PrEP.
- Engage identified high-risk individuals in discussions regarding HIV risk reduction and all manner of PrEP information, to include at a minimum:
  - What is required of the client to ensure that PrEP is maximally effective;
  - The potential side effects of PrEP medication(s);
  - Schedule of medical follow-up visits for monitoring health status relative to possible side effects; and
  - Discussion of relationship situations when PrEP may no longer be appropriate.
- Assess clients’ intentions to initiate and comply with a PrEP regimen.
- Assess clients’ health insurance status.
  - Assist/refer clients with prior authorizations, insurance enrollment and pharmaceutical company assistance as needed.
- Evaluate clients’ access to primary care providers.
- Identify clients’ transportation needs.
- Assist clients in the development of their adherence plan.
- Provide sexual risk reduction counseling regarding HIV and STIs.
- Monitor clients to ensure regimen adherence and clinical follow-up visits, which may include:
  - Appointment reminders using appropriate technology (texting, social media, interventions etc.)
  - Delivery of evidence-based strategies, which may include but are not limited to:
    ▪ Every Dose Every Day Mobile Application
    ▪ HEART
    ▪ Peer Support
    ▪ Partnership for Health Medication Adherence
    ▪ SMART Couples
  - Familiarity with CDC’s publication “Optimizing Entry Into and Retention in HIV Care and ART Adherence for PLWHA”.
  - Provide tracking and follow-up with the client and/or provider 90 days after initiation of PrEP.
- Work collaboratively with clinical PrEP providers.
- Monitor and evaluate PrEP program as directed by management.
- Collect program data as needed.
- Compile and report program results/indicators.
  - Number of clients provided education and counseling services.
Source of PrEP referral (partners of HIV+ clients, CBOs that serve the target population, word of mouth, private physicians, primary care clinics, STD clinics, etc.).
- Number of interested clients for whom PrEP is indicated.
  - Number of clients for whom PrEP is not indicated.
- Number referred to receive PrEP prescriptions and follow-up medical services.
- Number who attend their first visit to PrEP clinical site.
- Number who initiate PrEP.
- Number who make 90-day visit to PrEP site.
- Number remaining on PrEP at 3-, 6- and 12 months.

Skills:
- Ability to explain the goal of PrEP and importance of adherence.
- Ability to explain the research that has demonstrated the effectiveness of PrEP and all the client behavioral factors associated with both the highest rates and reduced rates of PrEP effectiveness.
- Ability to communicate with others empathetically and non-judgmentally.
- Ability to effectively communicate both orally and in writing with persons of multiple, diverse backgrounds.
- Ability to assess and address clients’ knowledge, attitudes, beliefs, and intentions, and readiness to initiate PrEP.
- Exceptional attention to detail and organizational skills.
- Proficient in the use of technology (computers, telephone, Smart Phones, etc.).

Qualifications:
Bachelor’s degree in Social Work, Counseling, Psychology, or a related field, and a minimum of two years’ experience as an HIV tester/counselor

Hours:
Full time, but hours will vary based on clients’ needs.