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 Non 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>
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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, 1 Trooper Drive, 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 state fiscal year 2017 funds for a grant program for non healthcare community-based organizations (CBOs) to develop and implement HIV Prevention Programs in the following two categories:

Category A (SAGE designation HER): Non testing HIV prevention interventions in two Areas: Area 1 - HIV Pre Exposure Prophylaxis (PrEP) for HIV negative gay, bisexual and other men who have sex with men (GBM) and transgender persons (TG) at substantial risk of HIV infection; and Area 2 - behavioral interventions for people living with HIV/AIDS (PLWH/A), high risk GBM, young gay, bisexual and other men who have sex with men (YGBM), TG, high risk African American and Latina women, and injection drug users (IDUs).

Category B (SAGE designation CTN): Targeted, enhanced HIV testing in non clinical settings for high risk GBM, YGBM, TG, high risk African American and Latina women; and IDUs.

Note: Under category A - Area 2, applicants are required to implement or adapt (when appropriate) evidence based program models, including Diffused Effective Behavioral Interventions (DEBIs), to achieve effectiveness with target populations. All interventions should be consistent with the Centers for Disease Control and Prevention’s (CDC’s) Procedural Guidance. For an electronic version of CDC’s Procedural Guidance for Community-Based Organizations go to http://www.cdc.gov/hiv/topics/prev_prog/ahp/resources/guidelines/pro_guidance/pdf/Procedural_Guidance.pdf.

Agencies may apply for up to two categories, Category A (up to two Areas within Category A) and/or Category B. Additionally, applicants may apply for up to two target populations within Category A, Area 2. A separate application must be completed for each Category (A and/or B), for each Area (1 and/or 2) within Category A, and for each target population (if two are proposed) within Category A, Area 2. Agencies applying for two categories, two Areas and/or two target populations must submit a separate Project Abstract, Project Narrative, proof of non profit status, and a detailed line-item budget and justification under each category (i.e., Category A – Area 1, Category A – Area 2, and Category B) for which funding is requested. Additionally, if applying for Category A – Area 2, a separate Project Abstract, Project Narrative, proof of non profit status, and a detailed line-item budget and justification for each population under Category A – Area 2 must be submitted if two are proposed. Each application must be self-contained and capable of standing on its own.

If a single agency is applying to deliver services in more than one city, the above described separate applications are also required for each city in which an agency proposes to provide services.

NOTE: Throughout this funding opportunity announcement, “young” and “youth” is specifically defined as individuals between the ages of 13 and 24 years.
Applicants should request funding to implement a Comprehensive 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 with experience working with the target populations and providing services to the target populations in the applicant’s service area. This RFA is available to any non-profit agency located in the State of New Jersey. In addition, to be eligible to apply for these funds, an applicant must provide the proposed services only in the following identified cities: Asbury Park, Bridgeton, Camden, Elizabeth, Glassboro, Jersey City, Newark, New Brunswick, Paterson, Perth Amboy, Plainfield, Trenton, or Vineland.

Based on anticipated availability of funds, DHSTS expects the maximum award for Category A, Area 1 will be $100,000; Category A, Area 2 will be approximately $125,000 if applying to serve one target population or $175,000 if applying to serve two target populations; applicants may not apply to serve more than two target populations in any one of the cities specified above. The maximum award for Category B will be approximately $100,000 for a fixed site testing program only, or $275,000 for a fixed site plus mobile van program. 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.

Organizations that are funded under this RFA will be required to provide services to the target population(s) specified in their applications. However, no persons will be turned away from services, regardless of their race, ethnicity, gender, sexual orientation, age or other demographic characteristic. The funding period is for five years, and year-to-year continuation is based on continued availability of funds and year-to-year performance. Funding under this RFA cannot be used to implement school-based HIV prevention programs.

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-update.pdf. 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, particularly young black/African American men, are most seriously affected by HIV.¹

NJDOH first began formally partnering with community-based providers in the mid-1980s to expand the reach of HIV prevention efforts. Community-based providers were, and continue to be, recognized as important partners in HIV prevention because of their history and credibility with helping PLWH/A and because of their unique access to harder to the reach populations most heavily impacted by HIV. Over time, NJDOH’s program for HIV prevention by community-based 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 linkage to care for Treatment as Prevention (TAP) and now, 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 http://www.cdc.gov/vitalsigns/hivprep/index.html.

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 specific goals of this RFA are to:

- Increase the number of GBM, YGBM and TG persons at substantial risk of HIV infection who are aware of and enrolled in PrEP services.
- Increase the number of PLWH/A, GBM, YGBM, TG persons, high risk African American and Latina women and IDUs who are aware of their HIV status and are linked to care, treatment, and prevention services.
- Support the development and implementation of effective community-based HIV Prevention Programs that serve PLWH/A, GBM, YGBM, TG persons, high risk African American and Latina women and IDUs.
- Build the capacity of funded CBOs delivering PrEP, selected counseling, structural and behavioral interventions, social networking strategies and/or HIV testing to PLWH/A, GBM, YGBM, TG persons, high risk African American and Latina women and IDUs.
- Ensure provision of HIV prevention and care services as seamlessly as possible.
- Promote collaboration and coordination of HIV prevention efforts among CBOs, the NJDOH, and other service provider agencies.

C. Program Outcomes

The expected outcomes of this program are to:

- Reduce HIV transmission.
- Ensure early diagnosis of HIV infection.
- Increase the use of evidence-based interventions for HIV prevention.
- Increase the number of GBM, YGBM and TG persons at substantial risk of HIV infection who receive appropriate HIV PrEP services.
- Increase the number of individuals at high risk for HIV infection who become aware of their serostatus.
- Increase the number of individuals at high risk for HIV infection who receive appropriate HIV prevention services.
- Increase access to quality HIV medical care and ongoing HIV prevention services for persons who are living with HIV.

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:
Community-based organizations (CBOs) and other HIV/AIDS service providers with a documented history of serving populations at risk of acquiring or transmitting HIV in non healthcare settings may apply. Agencies must document non-profit status [501c(3)].

Applicants proposing to provide HIV prevention services must locate their facility, station all full-time project staff, and provide the proposed services in the following cities: Asbury Park, Bridgeton, Camden, Elizabeth, Glassboro, Jersey City, New Brunswick, Newark, Paterson, Perth Amboy, Plainfield, Trenton or Vineland. 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, and the agency must have provided the services requested in the proposed location for at least the past two years.

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 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 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 the greatest extent possible for 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.

Unallowable costs include but are not limited to:

- Sub grants
- Vehicle purchases
- Real estate purchase
- Costs related to building/facility improvement or construction
- Indirect Cost; all associated costs must be specified within the line item budget.

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 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 Section 1 (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, 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>
<th>January 10, 2017</th>
<th>April 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:** Non testing HIV prevention interventions in two Areas: **Area 1:** HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons at substantial risk of HIV infection; and **Area 2:** behavioral interventions for PLWH/A, high risk GBM, YGBM, TG persons, high risk African American and Latina women; and IDUs.

The purpose of Category A, is to support non healthcare facilities to offer HIV PrEP Services to GBM and TG persons at substantial risk of HIV infection (Area 1) and behavioral interventions for PLWH/A, high risk GBM, YGBM, TG persons, high risk African American and Latina women; and IDUs (Area 2).

Funding for Category A, Area 1 is intended to increase the number of GBM and TG persons who receive HIV PrEP Services by:

- Providing HIV PrEP Counseling services at locations that also provide other targeted HIV prevention services for GBM, YGBM, and TG persons.
- Hiring a minimum of one full-time credentialed PrEP Counselor (PrEP Counselor Job Description is included in RFA Appendices) to counsel high risk negative GBM, YGBM, and TG persons referred from both internal and external sources.
- Providing linkage to a clinician(s) with the ability to prescribe PrEP and on-going medical evaluation.
- Ensuring that GBM and TG persons on PrEP receive necessary on-going medical and counseling follow-up.
- Actively marketing and publicizing the agency’s PrEP Program.

Objectives and Performance Standards - The following are the objectives and performance standards that will be used for PrEP services funded under Category A, Area 1. DHSTS expects each funded agency to achieve the following performance standards, when the program is fully implemented:
- By the end of the first grant year, build up to and maintain an active caseload of 50 high risk negative GBM, YGBM, and/or TG persons on PrEP for each FTE PrEP Counselor.
- Provide a PrEP education session to all high risk negative GBM, YGBM, and TG persons clients presenting for a first visit.
- Conduct a risk assessment on all high risk negative GBM, YGBM, and TG persons clients presenting for a first visit to determine suitability for referral to a PrEP prescriber.
- Provide all high risk negative GBM, YGBM, and TG persons clients on PrEP with follow-up medical appointment reminders and verify that follow-up appointments have been kept.
- Provide high risk negative GBM, YGBM, and TG persons clients on PrEP with quarterly ongoing 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.

Funding for Category A, Area 2 is intended to increase the number and proportion of PLWH/A, high risk GBM, YGBM, TG persons, high risk African American and Latina women, and IDUs who reduce their high risk behaviors for transmitting or acquiring HIV by:
- Providing evidenced based behavioral interventions and strategies to specifically targeted populations.
- Linking target population members with related referrals such as HIV medical care, HIV testing, PrEP Counseling, STD and hepatitis screening, drug treatment, housing and other services needed to sustain and reinforce lower risk behaviors.

Objectives and Performance Standards - The following are the objectives and performance standards that will be used for behavioral intervention services funded under Category A, Area 2. DHSTS expects each funded agency to achieve the following performance standards, when the program is fully implemented:
- Maintain fidelity to all behavioral interventions utilized in the HIV prevention program.
- Maintain intervention/strategy service levels as specified in grant Attachment Cs.
- Link all out of care PLHW to HIV medical care.

Category B: Targeted, enhanced HIV testing in non clinical settings for high risk GBM, YGBM, TG, high risk African American and Latina women, and IDUs.

The purpose of Category B is to support non healthcare facilities to offer targeted, enhanced HIV testing to at-risk populations in free standing CTSs and/or mobile testing vans.

Funding for Category B 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 targeted, enhanced HIV testing through free standing CTSs in non healthcare settings and/or mobile testing vans serving these populations.
- 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 Counseling 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 B. DHSTS expects each funded agency to achieve the following performance standards, when the program is fully implemented:

For HIV testing in non healthcare settings or venues, achieve at least a 1.0% 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 are provided the RESPECT effective behavioral intervention (http://www.cdc.gov/hiv/topics/prevprog/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.

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 target population. The safe space may be a designated and dedicated space within agency premises or may be located off-site within safe proximity of the applicant’s agency locale. The safe space will serve as an entry point for the target population(s) and for project activities. Each safe space should be designed to empower the target population(s) and to provide HIV/STD risk reduction skills 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 known to be effective within the target population, 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 must 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. Develop and implement a staff development plan designed to promote and sustain peer leadership from within the target population of service. Applicants are expected to hire direct service staff reflective of the target population with a minimum of twelve months’ experience working with the target population.

B. HIV Prevention Interventions and Services

All funded applicants are required to implement a **Comprehensive HIV Prevention Program** based on the interventions and services listed below. Funding under this RFA cannot be used to implement school-based HIV prevention programs.

All funded applicants are required to actively promote their programs, collaborate with other organizations or agencies that have established history working with the target population and could conduct outreach activities to recruit high-risk persons into the grantee’s interventions and services and implement a recruitment strategy to reach persons at greatest risk for HIV acquisition or transmission (e.g., social networking component, internet-based outreach). The program must seek input from the target population(s) on selecting the appropriate program promotion and recruitment strategies and determining the appropriate use of incentives for the program. Client recruitment is essential to the success of an HIV prevention program. In addition to traditional outreach, the use of recruitment and retention strategies based on experienced entry into social networks is known to significantly structure or influence the social lives of the target population(s) (e.g., the house ball scene, house parties, texting groups, Facebook networks) is required. Moreover, use of internet and other media-based social marketing approaches to promote awareness of the HIV prevention program specifically within social networks of the target population(s) are required.

**Required** components and activities included under this RFA, and implemented during the project period for **Category A, Area 1 - HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons at substantial risk of HIV infection:**

1. **HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons at substantial risk of HIV infection (Area 1)**
   a. Provide initial and follow-up PrEP counseling services in the applicant’s local office/setting.
   b. Provide referral to a PrEP prescribing clinician that will also provide on-going PrEP medical evaluation/care.
c. 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 **Category A**, Area 2 - HIV prevention behavioral interventions for PLWH/A, high risk GBM, YGBM, TG persons, high risk African American and Latina women; and IDUs:

2. Non Testing Interventions and Services [Evidence-Based Interventions (EBIs) and CRCS with CLEAR] (Area 2)
   a. For **High Risk Negative Individuals**- Applicants are required to implement only effective behavioral interventions (EBIs) from the following list below for each target population proposed:

<table>
<thead>
<tr>
<th>List of Approved EBIs and Interventions</th>
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<td>HHRP</td>
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<tr>
<td>Safety Counts</td>
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<tr>
<td>CONNECT</td>
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<tr>
<td>CRCS with CLEAR</td>
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   b. For **HIV Positive Individuals**- Applicants are required to choose to implement one of the following interventions or strategies: 1) Comprehensive Risk Counseling and Services (CRCS) with CLEAR; or 2) an EBI from the list below:

<table>
<thead>
<tr>
<th>List of Approved EBIs</th>
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<tbody>
<tr>
<td>Intervention</td>
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<tr>
<td>Willow</td>
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<tr>
<td>Healthy Relationships</td>
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<td>SHIELD</td>
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   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. All individuals receiving HIV testing should be referred to additional services, as appropriate and as required by the DHSTS. In addition, a minimum of 90% of all HIV positive individuals (previously and newly diagnosed) must be linked directly to appropriate risk reduction interventions and strategies for HIV positive individuals.

**Required** components and activities included under this RFA, and implemented during the project period for **Category B**: Targeted, enhanced HIV testing in non clinical settings for
PLWH/A, high risk GBM, YGBM, TG persons, high risk African American and Latina women; and IDUs.

**Targeted, Enhanced HIV Testing**

HIV testing is a critical HIV prevention strategy. Funded organizations will be required to implement targeted, enhanced HIV testing utilizing a brief risk reduction intervention (i.e., RESPECT or other strategies as determined by DHSTS and as they become available), when appropriate and after completion of a risk assessment. Enhanced HIV testing personnel will be required to be trained in the effective behavioral intervention, RESPECT, in addition to the NJDOH HIV Counselor Series.

Applicants applying for Category B must provide targeted, enhanced HIV testing to a minimum of **500 to 700** of the target population(s) annually. Applicants are expected to establish their testing objectives based upon the size of their target population(s) within their city and the capacity of the agency to reach the target population(s). The targeted, enhanced HIV testing program under Category B is expected to reach and maintain a **previously undiagnosed minimum seropositivity rate of 1.0% on an annual basis**. Ninety percent (90%) of 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.

Applicants are required to provide linkage to care and treatment services for HIV positive individuals and their partners, including referral to partner services (PS), medical and social services, with follow-up support to remove barriers to care and treatment services, and demonstrated effective linkage to care models (e.g., ARTAS, navigator models) [http://www.cdc.gov/hiv/topics/cba/pdf/artas_implementation_manual.pdf](http://www.cdc.gov/hiv/topics/cba/pdf/artas_implementation_manual.pdf).

Additionally, applicants must also make appropriate referrals for high risk HIV negative persons with follow-up support to remove barriers to accessing HIV prevention services. Appropriate referrals for HIV positive and/or high risk HIV negative individuals include, but are not limited to the following: (1) linkage to HIV/AIDS care and treatment services, including direct support and follow-up for re-engagement and retention in care services (HIV positive only), (2) PrEP Counseling (high risk HIV negative only) referral to partner services, (3) screening and treatment for STDs, Hepatitis A, B and C, and TB, (4) syringe services programs, where available and in accordance with DHSTS policy, and other programs for active substance users, (5) drug treatment programs, (6) mental health counseling programs experienced with the target population(s), and (7) housing.

c. **Enhanced HIV Testing on Mobile Vans**

Applicants that choose to apply for an enhanced HIV testing program that incorporates the use of a mobile van must:

a) Operate the mobile testing van at non-traditional hours (e.g., evenings, nights and weekends) at least 50% of the time;

b) Place the van in active testing service a minimum of 25 hours per week; and

c) Collaborate with local non testing HIV prevention providers to provide HIV testing support for outreach events, etc.
All Category B applicants must also:

a) Follow current DHSTS guidelines and recommendations for HIV testing.
b) Integrate HIV testing into their overall HIV prevention program.
c) Develop strategies to recruit high-risk members of the target population(s) who have not been tested in the past six months or do not know their HIV status.
d) Develop strategies to reduce the target population’s barriers to accessing HIV testing.
e) Ensure that individuals with reactive rapid HIV tests receive confirmatory tests.
f) Ensure that individuals receive their test results, especially those that test positive.
g) Refer and ensure the enrollment of HIV positive clients into HIV care using a verification process.

**Required** components and activities included under this RFA, and implemented during the project period for both Category A: non testing HIV prevention interventions in two Areas: Area 1 - HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons at substantial risk of HIV infection; and Area 2 - behavioral interventions for PLWH/A, high risk GBM, YGBM, TG persons, high risk African American and Latina women, and IDUs and Category B: targeted, enhanced HIV testing in non clinical settings for PLWH/A, high risk GBM, YGBM, TG persons, high risk African American and Latina women, and IDUs.

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 Counseling 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, Area and target population 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 and 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 counseling or 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 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.shtm](http://www.cdc.gov/od/pgo/funding/grants/app_and_forms.shtm).
   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.

Applications requesting funding to implement school-based HIV prevention programs 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 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 along with identification of the applicant’s intended target population(s) and the name(s) of the proposed intervention(s) for each population in Area 2. If Category B funding is requested, whether or not a mobile van is part of the proposal must be specified; and the annual target number for enhanced HIV testing intended to be provided under this RFA. 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: 12 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 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 NON 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/. Applicants should also refer to the NJHPG’s Comprehensive HIV Services Plan https://hpcpsdi.rutgers.edu/NJHPG/downloads/2014-16-NJHIV-PCSP.pdf. To describe the social and environmental characteristics of the affected populations, data from research studies and other valid data sources may also be used if health department data are not available or to complement data obtained from the health department.

B. This section should include the following information:
   1. Describe the services the applicant currently provides.
   2. Identify other organizations that provide similar services in the proposed area and how the applicant’s proposed program will complement existing services.
   3. Describe the proposed target population(s) to be reached through the proposed interventions and services.
   4. Describe the factors that place the target population(s) at high risk for HIV infection or for transmitting the virus; including concurrent risk transmission with other diseases (i.e., STDs, viral hepatitis, and TB) and social and environmental characteristics.
   5. Describe how the proposed target population has (have) been affected by the HIV/AIDS epidemic in the community (e.g., HIV incidence or prevalence, AIDS incidence or prevalence, AIDS mortality, HIV co-infection rates with Hepatitis, STD, or TB).
   6. Indicate whether the proposed target population(s) has been identified as a priority population in the NJHPG’s Comprehensive HIV Services Plan.
   7. Describe how the proposed program meets the needs 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 and service with the proposed target population in the proposed local catchment area.
   2. A description of the services the applicant currently provides within the community, including HIV prevention services, including 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 receive their test results, 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 working with the target population.

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 youth drop in center to at least 500 YGBM by June 30, 2017.
- Between July 1, 2016 and June 20, 2017, 90% of persons who receive a confirmed positive HIV test will be successfully linked to care and attend their first documented medical appointment within 30 days of testing.
- By June 30, 2017, Agency will recruit 200 African American women into SISTA, 90% of whom will complete all sessions of the EBI.
- The CRCS counselor will maintain a client caseload of 20 PLWH/A by June 30, 2017.
- Agency will utilize social media to recruit 200 YGBM for HIV testing during FY2017.
- All project staff will complete required trainings by September 30, 2017.
- PrEP Counseling services will be provided to a counselor case load of 50 GBM, YGBM and/or TG by June 30, 2017.

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

B. Objectives for HIV Prevention Interventions and Services
Applicants must develop a separate set of objectives for each proposed target population and for each HIV prevention intervention or service proposed under Category A, Area 1 and/or Area 2, as well as a separate set of objectives under Category B for targeted, enhanced HIV testing. Create objectives relating to each of the following, consistent with the Category(ies) for which the agency is applying.

1. HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons at substantial risk of HIV infection
   Note: All applicants for Category A, Area 1 must submit an HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons at substantial risk of HIV infection application. Funded organizations will be required to implement HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons 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 A, Area 1 must maintain a minimal caseload of 50 active GBM and TG persons 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 Category A, Area 1 HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons 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 GBM and TG persons 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) within the local catchment area for implementation of proposed PrEP services.
   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.
2. Non Testing Interventions and Services (Evidence-Based Interventions and/or CRCS with CLEAR) (Category A, Area 2 applicants only need provide this information)

Note: Applicants must only propose to implement no more than two interventions and/or services for each proposed target population.

Note: Applicants applying under Category A, Area 2 requesting to implement an EBI(s) and/or CRCS with CLEAR must submit a separate application for these services for each population chosen. If the applicant does not intend to apply for funds to implement an EBI(s) and/or CRCS with CLEAR, disregard the questions below. Choosing not to apply for an EBI(s) and/or CRCS with CLEAR (i.e., Category A, Area 2) will not adversely impact the applicant’s score.

If applying to implement an EBI(s) and/or CRCS with CLEAR, create objectives for each of the following for the EBI(s) and/or CRCS with CLEAR that will be implemented for each target population(s):

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

b. The EBI(s) and/or CRCS with CLEAR that will be employed for each target population.

c. Implementation and Adaptation of the EBI(s) and/or CRCS with CLEAR.
   1) If EBI adaptation is planned, include an objective(s) for adapting the EBI. For EBIs that are administered in waves, cycles, or cohorts, include objectives for the frequency and duration and for how many individuals will be included in each wave, cycle, or cohort.
   2) For CRCS with CLEAR, include objectives for proposed CRCS with CLEAR caseload and number of frequent and intensive risk reduction sessions proposed for clients.

d. The eligibility for client participation in the EBI(s) and/or CRCS with CLEAR and how potential clients will be screened for eligibility (e.g., stages of change tool.)

e. Specific methods or strategies to recruit individuals into the EBI(s) and/or CRCS with CLEAR.

f. Performance of quality assurance throughout the duration of the program to ensure that:
   1) The EBI(s) and/or CRCS with CLEAR is/are being delivered in an appropriate, competent, and sensitive manner.
   2) The EBI(s) and/or CRCS with CLEAR is/are being delivered with fidelity (e.g., observation of staff).
   3) The EBI(s) and/or CRCS with CLEAR is/are meeting the needs of the target population (e.g., client satisfaction surveys).

g. 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).

h. Staffing of the non testing intervention(s) program, including staffing for the following:
   1) Planning and oversight of the EBI(s) and/or CRCS with CLEAR.
   2) Delivery of the EBI(s) and/or CRCS with CLEAR.
   3) Collecting, entering, analyzing, and using standardized program monitoring and evaluation data and program performance indicators related to the EBI(s) and/or CRCS with CLEAR and reporting data NJDOH.
i. Staff development to train staff to provide the EBI(s) and/or CRCS with CLEAR.

3. Targeted, Enhanced HIV Testing

Note: All applicants for Category B must submit a targeted, enhanced HIV testing application. Funded organizations will be required to implement targeted, 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 the applicant does not intend to apply for funds to implement targeted, enhanced HIV Testing, disregard the sections below. Choosing not to apply for targeted, enhanced HIV Testing under Category B will not adversely impact the applicant’s score.

Applicants applying for Category B must provide targeted, enhanced HIV testing to 500-700 members of the 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. The enhanced HIV testing is required to reach and maintain a previously undiagnosed seropositivity rate of 1.0% on an annual basis. Ninety percent (90%) of 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, and the remaining 10% within 30 days.

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).

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.

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. 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.

6. 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.

7. 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. HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons at substantial risk of HIV infection (Category A, Area 1 applicants only need provide this information)

Note: If the applicant does not intend to apply for funds to implement HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons 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 GBM and TG persons at substantial risk of HIV infection will not adversely impact the applicant’s score.

a. Target Population: Describe the agency’s local GBM and TG persons population to whom PrEP Counseling and other PrEP Services will be offered (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. PrEP Prescribing Services: Identify the name and agency affiliation of the medical professional(s) who will be prescribing PrEP and providing follow-up medical services for clients. Indicate if an MOA for these services has been established.

e. Service Locations or Settings: Describe where the HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons 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).

f. 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.

g. 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).

h. 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.

i. 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).

j. **Staffing:** Applicants must include a minimum of one full-time individual stationed on site at the designated service delivery location for each Category, Area and target population proposed. Describe how the applicant will staff the HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons 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:

- PrEP Counseling sessions.
- Provision of PrEP prescriptions and follow-up medical monitoring.
- Provision of risk reduction and PrEP adherence counseling.
- Patient retention strategies to address keeping follow-up PrEP counseling sessions.
- 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.
- Quality assurance activities that will be conducted for HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons at substantial risk of HIV infection.
- Maintaining client records and management of program data related to HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons at substantial risk of HIV infection.
- 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.

For each existing staff member who will be assigned to support HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons at substantial risk of HIV infection, describe the following:

- Proposed role in the delivery or support of HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons 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 GBM and TG persons at substantial risk of HIV infection.
- Other responsibilities not related to HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons 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 GBM and TG persons at substantial risk of HIV infection.

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 GBM and TG persons 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 GBM and TG persons at substantial risk of HIV infection.
• Other responsibilities not related to HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons at substantial risk of HIV infection for staff members in these positions.
• Amount of time that will be spent on these other responsibilities.

k. Staff Development: Provide a description of how the applicant will train staff to provide HIV Pre Exposure Prophylaxis for HIV negative GBM and TG persons at substantial risk of HIV infection.

2. Non Testing Interventions and Services (Evidence-Based Interventions and/or CRCS with CLEAR) (Category A, Area 2 applicants only need provide this information)

a. Target Population: Describe the intended primary target population(s) for the EBI(s) and/or CRCS with CLEAR (e.g., age, race/ethnicity, sex or gender, HIV risk, HIV status, geographic location).

b. Choice of Intervention and Rationale: Describe the EBI(s) and/or CRCS with CLEAR and explain why each was selected for the proposed target population(s).

c. Intervention Fidelity:
   If EBIs are proposed: Describe the core elements of the EBI(s) and how the applicant plans to incorporate the core elements into the delivery of the EBI.
   If CRCS with CLEAR is proposed: Describe how the applicant will develop an individualized prevention plan with measurable objectives for each client; conduct ongoing monitoring and reassessment of client needs and progress; discharge clients when they attain and can maintain behavior change goals; and readmit clients who need new or additional risk reduction support.

d. Implementation and Adaptation: Describe how the applicant will implement the EBI(s) and/or CRCS with CLEAR. If EBI adaptation is planned, explain the rationale for adapting the EBI (e.g., no existing intervention for their specific target population) and describe how it will be done. For EBIs that are administered in waves, cycles, or cohorts, describe the frequency and duration for the planned project. Also describe how many individuals will be included in each wave, cycle, or cohort. For CRCS with CLEAR, include proposed CRCS with CLEAR caseload limitations and a plan for intensive recruitment and engagement activities and frequent and intensive risk reduction sessions.

e. Client Eligibility Criteria: Describe the eligibility for client participation in the EBI(s) and/or CRCS with CLEAR and how potential clients will be screened for eligibility (e.g., stages of change tool.)

f. Intervention Locations or Settings: Describe where the EBI(s) and/or CRCS with CLEAR 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 target population (e.g., youth drop-in center, mental health and support services, correctional settings, bars/clubs, and other unconventional settings).
   2) How the applicant will ensure that the service delivery location is in an area that is safe, age-appropriate, and easily accessible for the target population.
g. **Quality Assurance**: Describe the plans to perform quality assurance throughout the duration of the program to ensure that:

1) The EBI(s) and/or CRCS with CLEAR is/are being delivered in an appropriate, competent, and sensitive manner.
2) The EBI(s) and/or CRCS with CLEAR is/are being delivered with fidelity (e.g., observation of staff).
3) The EBI(s) and/or CRCS with CLEAR is/are meeting the needs of the target population (e.g., client satisfaction surveys).

h. **Staffing**: Applicants must include a minimum of one full-time individual stationed on site at the designated service delivery location for each Category, Area, and target population proposed. Describe how the applicant will staff the intervention, and indicate the staff person’s name (if vacant, indicate the job title) including staffing for the following:

1) Planning and oversight of the EBI(s) and/or CRCS with CLEAR.
2) Delivery of the EBI(s) and/or CRCS with CLEAR.
3) Collecting, entering, analyzing, and using standardized program monitoring and evaluation data and program performance indicators related to the EBI(s) and/or CRCS with CLEAR and reporting data NJDOH.
4) Quality assurance activities that will be conducted on the EBI(s) and/or CRCS with CLEAR.
5) Maintaining client records and managing program data related to the EBI(s) and/or CRCS with CLEAR.
6) Developing sensitivity and skills for appropriate for interaction with the proposed target population(s) who are at high risk of acquiring or transmitting HIV.
7) For each existing staff member who will be assigned to work with the EBI(s) and/or CRCS with CLEAR, describe the following:
   - Proposed role in the EBI(s) and/or CRCS with CLEAR.
   - Qualifications for performing this role.
   - Amount (percent) of time the staff member will spend working with the EBI(s) and/or CRCS with CLEAR.
   - Other responsibilities not related to working with the EBI(s) and/or CRCS with CLEAR.
   - Amount of time that will be spent on other responsibilities, including training that supports the EBI(s) and/or CRCS with CLEAR.
8) For new staff members who will be recruited to work with the EBI(s) and/or CRCS with CLEAR, describe the following:
   - Positions applicants will recruit for, the proposed role of these positions in the EBI(s) and/or CRCS with CLEAR, 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 working with the EBI(s) and/or CRCS with CLEAR.
   - Other responsibilities not related to the EBI(s) and/or CRCS with CLEAR for staff members in these positions.
   - Amount of time that will be spent on these other responsibilities.

i. **Staff Development**: Provide a description of how the applicant will train staff to provide the EBI(s) and/or CRCS with CLEAR. The response to this question should address training staff on the following:
1) Delivering the EBI(s) and/or CRCS with CLEAR and related skills, such as group facilitation.
2) Program monitoring and evaluation.
3) DHSTS data collection and reporting requirements.
4) Conducting quality assurance for the EBI(s) and/or CRCS with CLEAR.
5) Developing sensitivity and skills to interact with members of the target population(s) who are at high risk of acquiring or transmitting HIV.

3. Targeted, Enhanced HIV Testing
   Note: If an applicant does not intend to apply for funds to implement targeted, enhanced HIV Testing, disregard the questions below. Choosing not to apply for targeted, enhanced HIV Testing under Category B 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.
   f. Test Technologies: Describe the test technologies that the applicant will use in the HIV testing program.
   g. 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.
   h. 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.
   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) 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).

l. **Staffing:** Applicants must include a minimum of one full-time individual stationed on site at the designated service delivery location for each Category, Area and target population proposed. Describe how the applicant will staff the targeted, enhanced testing intervention, 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) 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.

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.

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, 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 HHS/CDC policy; and other programs for active substance users; (6) drug treatment programs, (7) mental health counseling programs, and (8) housing.
   a. Provide a description of plans 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. 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.
   e. 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.
   f. 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.

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

**h.** 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, the NJHPG, and other applicants and agencies involved in HIV prevention activities serving the target population. Note: Membership on 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., PrEP services, HIV testing and/or EBIs, or CRCS with CLEAR) 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 HIV positive individuals enrolled in the EBI(s) or CRCS with CLEAR, 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. Provide staff names in the application or job titles if the position is vacant.

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 PrEP services, behavioral interventions and HIV testing, (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

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of this RFA. Measures of effectiveness must relate to the performance goals stated in the “Purpose” section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.
HIV Prevention Program 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 target population’s needs. (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 working with the proposed target population(s). 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 services to the target population. (20 points)
   G. Effectiveness of the agency’s current HIV prevention 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 (50 points)
      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. HIV Prevention Interventions and Strategies (300 points)
      1. Non Testing Interventions and Services (Evidence-Based Interventions and/or CRCS with CLEAR) (150 points) Note: Applicants can propose to implement no more than two interventions and/or strategies for each proposed target population.
         a) Appropriateness and feasibility of the pool from which the applicant intends to recruit individuals into the intervention(s) or services (e.g., the likelihood that the applicant will be able to successfully recruit participants from this source). (30 points)
b) Quality of the applicant’s rationale for selecting the intervention(s) for the proposed target population. (15 points)

c) Quality of the applicant’s Intervention Fidelity Plan (15 points)

**FOR EBI(s):** Quality of the applicant’s plan to incorporate the core elements into the delivery of the EBI(s).

**FOR CRCS with CLEAR:** Quality of the applicant’s plan to do the following:

1. Develop an individualized prevention plan with measurable objectives for each client; conduct ongoing monitoring and reassessment of client needs and progress; discharge clients when they attain and can maintain behavior change goals; and readmit clients who need new or additional risk reduction support.
2. Appropriateness and feasibility of the applicant’s caseload limitations and requirements and quality of the applicant’s plan for intensive recruitment and engagement activities and frequent and intensive risk reduction sessions.

d) Quality of the applicant’s plan for implementing the intervention(s) or services. If adaptation is planned, the quality of the applicant’s rationale for adapting the intervention and plan for doing so. (20 points)

e) Appropriateness of the eligibility criteria for client participation in the intervention(s) or services and quality of the plan for screening potential clients’ eligibility to participate. This should include the extent to which the eligibility criteria will ensure that individual participants are at high risk for acquiring and transmitting HIV. (15 points)

f) Appropriateness of the setting(s) where the intervention(s) will be provided. (20 points)

g) Quality of the applicant’s quality assurance plan, including ensuring that: (10 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.

h) 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 service.
2. Delivery of the intervention(s) or service.
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 services.
5. Maintenance of client records and management of program data related to the intervention(s) or services.
6. Capacity for sensitivity and skills to interact with the proposed target population(s) who are at high risk of acquiring or transmitting HIV.

i) 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 services and related skills, such as group facilitation.
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(s) who are at high risk of acquiring or transmitting HIV.

2. **Targeted, Enhanced HIV Testing** (150 points)
   a) Quality of the description of the intended primary target population(s) 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 members of the target population(s) 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: (1) persons whose HIV test results are positive, and (2) 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.

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)
a) 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)
   1. Provide condoms free of charge.
   2. Implement a social marketing campaign to promote condom use (by increasing awareness of condom benefits and normalizing condom use within communities).
   3. Conduct both promotion and distribution activities at the individual, organizational, and community level.
   4. 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 (both HIV positive and negative individuals), have easy access to comprehensive services, including primary care, life-prolonging medication, other prevention services, and essential support services. The Coordinated Referral Network must provide for: (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/or TB, (4) other area DHSTS or CDC funded HIV prevention programs, (5) referral to syringe services programs, where available and other programs for IDU not in treatment; and other programs for active substance users, (6) drug treatment programs, (7) mental health counseling programs experienced with youth and young adults, 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, the applicant must propose to
develop a formal agreement such as an MOA with each collaborating agency within three months of award. (15 points)

(c) Quality and feasibility of the applicant’s plan to track referrals, document successfully accessed referral services, and follow up on outcomes for all required risk reduction interventions and services (i.e., enhanced HIV testing, EBIs, CRCS with CLEAR). (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 prevention with positives 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 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. (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 points 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, target population 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 under 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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<tr>
<td>GMO</td>
<td>609-984-6328</td>
<td><a href="mailto:Patricia.Neblett-Oliver@doh.nj.gov">Patricia.Neblett-Oliver@doh.nj.gov</a></td>
</tr>
<tr>
<td>PMO Supervisor</td>
<td>609-984-6328</td>
<td><a href="mailto:Chelsea.Betlow@doh.nj.gov">Chelsea.Betlow@doh.nj.gov</a></td>
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<tr>
<td>SAGE Help Desk</td>
<td>609-633-8009</td>
<td><a href="mailto:OIT-SAGEhelpdesk@oit.nj.gov">OIT-SAGEhelpdesk@oit.nj.gov</a></td>
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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 targeted risk behaviors and HIV serostatus. (The number of funded applicants serving each risk group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)
- 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.)

DHSTS will provide justification for any decision to fund out of rank order.

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 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:
   http://www.cdc.gov/hiv/testing/resources/guidelines/qas/

8. Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e1030a1.htm


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.