

**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**

Release Date	April 4, 2018
Mandatory Pre-Proposal Conference	April 17, 2018
SAGE Open Date	April 20, 2018
SAGE Close Date	May 11, 2018
Contract Start Date	July 1, 2018

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: [sara.wallach@doh.nj.gov](mailto:sara.wallach@doh.nj.gov)

The location of the pre-proposal conference is: 50 East State Street, Trenton, NJ 08625, 6<sup>th</sup> Floor, Rm A684.

**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 2019 funds for a grant program to develop and implement HIV Pre Exposure Prophylaxis (PrEP) for HIV negative Latino gay, bisexual and other men who have sex with men (GBM) at substantial risk of HIV infection.

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

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 on line at <https://hpcpsdi.rutgers.edu/NJHPG/downloads/2014-16-NJHIV-PCSP.pdf> .

This opportunity is limited to non-profit organizations with experience working with Latino GBM and providing services Latino GBM 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 with the greatest HIV case burden among Latino GBM: Jersey City, New Brunswick, North Bergen, Paterson, Union City, or West New York.

Based on anticipated availability of funds, DHSTS expects the maximum award will be \$100,000 per funded project.

Organizations that are funded under this RFA will be required to provide services to Latino GBM. 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 37 years into the HIV epidemic, more than 40,000 New Jerseyans have lost their lives to HIV disease. 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 (GBM), particularly young Latino men, are most seriously affected by HIV in New Jersey in recent years. New Jersey's statewide HIV incidence between July 2016 and June 2017 was 1,215 persons reported with HIV infection, of whom 933 (76.8%) were men. Among these 933 men with a reported exposure category, 463 (66%) reported HIV infection via male-to-male sexual transmission (MSM), 186 (40%) of whom were Latinos.

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 people living with and at risk for HIV, and because of their unique access to harder to 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 biomedical tools for HIV prevention, such as linkage to care for Treatment as Prevention (TAP) and most recently, 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.<sup>2</sup>

HIV Pre Exposure Prophylaxis (PrEP) is the latest addition to the list of high impact prevention strategies, and as such is the focus of 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>.

### B. Program Purpose

The specific goals of this RFA are to:

- Increase the number of Latino GBM (LGBM) who are aware of their HIV status and are linked to care, treatment, and prevention services.
- Increase the number of LGBM at substantial risk of HIV infection who are aware of and enrolled in PrEP services.

- Support the development and implementation of effective community-based HIV Prevention Programs that serve LGBM.
- Build the capacity of funded CBOs delivering PrEP services to LGBM.
- 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 LGBM at high risk for HIV infection who become aware of their serostatus.
- Increase the number of LGBM at substantial risk of HIV infection who receive appropriate HIV PrEP services.
- Increase access to quality HIV medical care and ongoing HIV prevention services for LGBM 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**

Only community-based organizations (CBOs) and other HIV/AIDS service providers that are NOT currently receiving funding from the NJDOH to provide PrEP Counseling services are eligible to apply for funding under this RFA. Agencies that are currently receiving NJDOH PrEP Counseling funding may, however, apply for funds under this RFA to provide PrEP Counseling services in a location other than that at which they currently provide PrEP Counseling services.

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

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

CBOs and other HIV/AIDS service providers with a documented history of serving populations at risk of acquiring or transmitting HIV 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: Camden, Elizabeth, Jersey City, Newark, New Brunswick, North Bergen, Paterson, Union City, Vineland, or West New York. 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), the need to fill geographic gaps, ***and pending the availability of funds***. Funding decisions will be made to ensure the broadest possible coverage, in terms of both geography and services that can be made available to the greatest extent possible for LGBM at greatest risk of acquiring HIV. Final awards may be combined into one grant for agencies that successfully compete for more than one geographic service delivery area. Funds are intended to support new PrEP Counselors to establish new PrEP access points for LGBM, and as such, cannot be utilized to supplant funding for an existing PrEP Counselor or similar PrEP program.

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

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

- Salary and fringe benefits for qualified staff participating in the administration and delivery of services
- Salary and fringe benefits for administrative staff
- Consultant/professional services cost

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

Unallowable costs include but are not limited to:

- Sub grants
- Vehicle purchases
- Real estate purchase
- Costs related to building/facility improvement or construction

Application budgets are subject to the **Cost Controlling Initiative Change to Third Party Contract Language for Salary Compensation Limitation**. The amounts paid under grants to a Provider Agency for employee compensation are subject the following conditions:

- a. Full-time Salary Compensation Limitation (Not applicable to Physicians or Advanced Practice Nurses): use of funds for employee compensation to Provider Agencies will be based on *Gross Revenue* for the entire organization, as corroborated by most recent annual audit report and is as follows:
  - ii. Over \$20 million, grant funds will not exceed the benchmark salary of \$141,000 per employee.
  - iii. Over \$10 million, but less than or equal to \$20 million, grant funds will not exceed \$126,900 per employee (90% of benchmark salary).
  - iv. Over \$5 million, but less than or equal to \$10 million, grant funds will not exceed \$119,850 per employee (85% of benchmark salary).
  - v. 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, DHSTS PrEP web-enabled 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, 2018 are ineligible under this RFA.

## **G. Availability of Funds**

The RFA will be available via the System for Administering Grants Electronically (SAGE) on April 20, 2018 with a submission due date of May 5, 2018, 3:00 p.m. The amount of funding provided in this grant award is contingent upon the availability of funds to the New Jersey Department of Health 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.

October 10, 2018	January 10, 2019	April 10, 2019	July 10, 2019*
Expenditure Report 1 Progress Report 1	Expenditure Report 2 Progress Report 2	Expenditure Report 3 Progress Report 3	Expenditure Report 4 Progress Report 4 *if necessary final report due by September 30, 2019

**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.

HIV Pre Exposure Prophylaxis for HIV negative LGBM at substantial risk of HIV infection.

Funding is intended to increase the number of LGBM who receive HIV PrEP Services by:

- Providing HIV PrEP Counseling services for LGBM.
- Hiring a minimum of one full-time credentialed PrEP Counselor (PrEP Counselor Job Description is included in RFA Appendices) to counsel high risk negative LGBM 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 LGBM on PrEP receive necessary on-going medical and counseling follow-up.
- Actively marketing and publicizing the agency’s PrEP Program to LGBM.
- Increasing community awareness of PrEP and available local PrEP Services among LGBM.
- Ensuring that any client testing HIV positive during the delivery of PrEP services is actively linked to an HIV care provider on the same or next business day.

Objectives and Performance Standards - The following are the objectives and performance standards that will be used for PrEP services. 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 LGBM on PrEP for each FTE PrEP Counselor.
- Provide a PrEP education session to all high risk negative LGBM clients presenting for a first visit.
- Conduct a PrEP Benefit assessment on all high risk negative LGBM clients presenting for a first visit to determine suitability for referral to a PrEP prescriber.
- Provide all high risk negative LGBM clients on PrEP with follow-up medical appointment reminders and verify that follow-up appointments have been kept.
- Provide high risk negative LGBM clients on PrEP with quarterly on-going PrEP counseling sessions to include at a minimum PrEP adherence and maintenance of other risk reduction

strategies such as the consistent and correct use of condoms. Rapid HIV testing may be incorporated into the PrEP Counselors activities.

- Ensure that any client testing HIV positive during the delivery of PrEP services is actively linked to an HIV care provider on the same or next business day.
- Refer all PrEP clients for hepatitis A/B and Human Papilloma Virus (HPV) vaccination.
- Link LGBM with related referrals such as STD and hepatitis screening, drug treatment, housing and other services needed to sustain and reinforce lower risk behaviors.

### **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 LGBM. 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 LGBM and for project activities. Each safe space should be designed to empower LGBM 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 and linguistically competent and relevant.
3. Implement a recruitment and retention strategy to include a social networking component known to be effective within the community of LGBM, with internet and other media-based strategies designed to reach LGBM at greatest risk for HIV acquisition. 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 local LGBM community on selecting appropriate recruitment and retention strategies and determining the appropriate use of incentives.
4. Develop and implement a staff development plan designed to promote and sustain peer leadership from within the LGBM community. 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 PrEP Program** based on the 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 LGBM and could conduct outreach activities to recruit high-risk persons into the grantee's PrEP services and implement a recruitment strategy to reach LGBM at greatest risk for HIV acquisition or transmission (e.g., social networking component, internet-based outreach). The program must seek input from the local LGBM community 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 any 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., local gathering spots, house parties, texting groups, Facebook networks) is required. Moreover, use of internet and other media-based social marketing approaches to promote awareness of the PrEP program specifically within social networks of local LGBM are required.

**Required** components and activities included under this RFA, and implemented during the project period for HIV PrEP for HIV negative LGBM at substantial risk of HIV infection:

1. Provide initial and follow-up PrEP counseling services in the applicant's local office/setting.
2. Provide referral to a PrEP prescribing clinician that will also provide on-going PrEP medical evaluation/care.
3. Develop, implement and maintain a local PrEP marketing campaign to ensure that other HIV service providers and high-risk community members are aware of the PrEP services offered.
4. Provide linkage to care and treatment services for all HIV positive individuals and their partners, including referral to partner services (PS), medical and social services.
5. 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.
6. 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 A/B and HPV vaccinations, and TB, (4) other area DHSTS or CDC funded HIV prevention programs, (5) referral to syringe services programs where available, and other programs for active substance users, (6) drug treatment programs, and (7) mental health counseling programs. 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).
7. Staffing:  
Applicants must include a minimum of one full-time bilingual (English/Spanish) PrEP Counselor stationed on site at the designated service delivery location. 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.
8. 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.
9. 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.
  - 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.
10. 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**

1. Collaborate with grantees and provide technical assistance in the development of all plans, policies, procedures, and instruments related to this program.
2. Work with grantees to assess and broker training and technical assistance needs.
3. Ensure that necessary training, including training on DHSTS-required data reporting software (Evaluation Web) or the PrEP Data Collection System, occurs within month of award.
4. 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 the PrEP Counselor program.
5. Provide technical assistance and information on HIV testing technologies.
6. Arrange for the provision of DHSTS-approved rapid HIV test kits.
7. 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.
8. Conduct assessments of intervention fidelity.
9. 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 PrEP 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 applicant's intended target population and the applicant agency's suitability to provide the proposed services. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader.

A **Project Narrative** (page limit: 10 pages in total, double spaced, Calibri 12 point, 1-inch margins, number all pages) must be submitted as part of the application. The project narrative consists of four sections: Assessment of Need, Objectives of the Program, Methods, and Evaluation. The project narrative should address activities to be conducted over the first 12 months of the grant period and must include the following items in the order listed below:

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 PrEP PROGRAM 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 LGBM community to be reached through the proposed interventions and services.
  4. Describe the factors that place LGBM at high risk for HIV infection; including concurrent risk transmission with other diseases (i.e., STDs, viral hepatitis, and TB) and social and environmental characteristics.
  5. Describe how LGBM have been affected by the HIV epidemic in the community (e.g., HIV incidence or prevalence, HIV mortality, HIV co-infection rates with Hepatitis, STD, or TB).
  6. Indicate whether LGBM have 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 LGBM 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. If applicable, applicants should also include a description of funds received from any source (including NJDOH and/or CDC) to conduct HIV PrEP programs and other similar programs targeting LGBM. 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.
  4. 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.
  5. Describe how the applicant ensures that staff members have at least one year of experience working with LGBM.

## **II. Objectives of the Program**

Applicants must develop and include program implementation and outcome objectives for an HIV PrEP Program. 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 PrEP 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:

- Agency will utilize social media to recruit 10 LGBM per month for initial PrEP Counseling sessions during FY2019.
- All project staff will complete required trainings by September 30, 2018.
- At least 75% of all LGBM referred to a PrEP prescriber will obtain an initial PrEP prescription.
- PrEP Counseling services will be provided to a counselor case load of 50 GBM, YGBM and/or TG by June 30, 2019.

### **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 LGBM and a locale for project activities.
2. Involving local LGBM in planning and implementing the proposed services. The applicant must ensure that services continue to be responsive to the needs of LGBM. For example, LGBM 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 and linguistically competent and relevant.
4. Target population(s) within the local catchment area for implementation of proposed PrEP services.
5. Service locations or settings where PrEP services will be provided.
6. PrEP Counselor case load(s).
7. Provision of PrEP prescriptions and on-going medical monitoring.
8. Provision of patient risk reduction counseling to be used in conjunction with PrEP to further reduce their risk of acquiring HIV.
9. Marketing of the proposed PrEP Program within the local LGBM community.
10. When (i.e., month/year) full implementation of PrEP Counseling 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).
11. Performance of quality assurance throughout the duration of the program to ensure that appropriate content for PrEP Counseling services is utilized and is meeting the needs of LGBM.
12. Staffing of the PrEP Counseling program.
13. Training of staff to provide PrEP Counseling.
14. 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.
15. Client Record and Program Data Management
16. 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.

17. 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.
- 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.

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 LGBM and a locale for project activities.
2. Describe LGBM 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 LGBM. For example, LGBM 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 and linguistically competent and relevant.
4. Describe how the agency will access and recruit from the LGBM community within the local catchment area for implementation of proposed PrEP services.
5. Describe how the agency will establish and utilize the proposed service locations or settings where PrEP services will be provided.
6. Describe how the PrEP Counselor will build his case load.
7. Describe how PrEP prescriptions and on-going medical monitoring will be provided and include a Memorandum of Agreement with a PrEP prescribing clinician.

8. Describe how patient risk reduction counseling will be used in conjunction with PrEP to further reduce their risk of acquiring HIV and other STDs.
9. Describe how the agency will market the proposed PrEP Program within the local LGBM community.
10. Describe how the agency will meet its objective for full implementation of PrEP Counseling services (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the intervention, and process monitoring data being collected).
11. Describe how the agency will perform quality assurance throughout the duration of the program to ensure that appropriate content for PrEP Counseling services is utilized and is meeting the needs of LGBM.
12. Describe how the agency will staff the PrEP Counseling program. For each existing staff member who will be assigned to support PrEP LGBM, describe the following:
  - Proposed role in the delivery or support of PrEP for LGBM.
  - Qualifications for performing this role.
  - Amount (percent) of time the staff member will spend on PrEP for LGBM.
  - Other responsibilities not related to PrEP for LGBM program delivery or support.
  - Amount of time that will be spent on other responsibilities, including training that supports PrEP for LGBM.

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 relative to PrEP for LGBM; and when these positions will be staffed.
  - Qualifications applicants will seek for each position , including bilingual (English/Spanish) capacity.
  - How much time (percent) each staff member in these positions will spend on PrEP for LGBM.
  - Other responsibilities not related to PrEP LGBM for staff members in these positions.
  - Amount of time that will be spent on these other responsibilities.
13. Describe how the agency's training plan for staff to provide PrEP Counseling.
  14. Describe how the agency will distribute condoms in conjunction with PrEP Counseling services.
  15. Describe how the agency will maintain and utilize Client Records and Program Data Management by 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.
  16. Describe the agency's Coordinated Network, Service Integration, and Tracking System including 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.
17. Describe how the agency will coordinate and collaborate with DHSTS and the New Jersey HIV Planning Group (NJHPG) including each of the following:
- a. Referral of HIV-infected clients to Partner Services (PS) provided through the DHSTS.
  - 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.

#### **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 PrEP services the applicant will collect required data. For example:
- 1. Once interventions are implemented, applicants will need to report the number of clients counseled and linked to a PrEP Prescriber.
  - 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 PrEP activities funded under this RFA, (3) client-level information on demographic and risk characteristics of a grantee's HIV PrEP 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 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 and credibility in working with the proposed target population. 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. Quality of the applicant’s plan to establish and manage a culturally and age-appropriate “safe space” for program participants. (20 points)
- B. 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)
- C. Quality of the applicant’s plan to ensure that services are culturally sensitive and relevant. (10 points)
- D. Appropriateness and feasibility of the applicant’s strategies to use in recruiting HIV negative LGBM 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)
- E. Appropriateness and feasibility of the applicant’s strategies to use in providing HIV negative LGBM with access to 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)
- F. Appropriateness and feasibility of the applicant’s strategies to provide on-going PrEP Counseling services to LGBM clients on PrEP (i.e., the likelihood that the applicant will be able to successfully retain participants). (20 points)
- G. Quality of the applicant’s local marketing strategy to increase LGBM community awareness of PrEP services available. (20 points)
- H. Appropriateness of the setting(s) where the intervention(s) will be provided. (20 points)
- I. 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 LGBM.
- J. Appropriateness and adequacy of the applicant’s staffing plan, including staffing for the following (15 points):
  - 1. Planning and oversight of the PrEP Counseling program.
  - 2. Delivery of PrEP Counseling Program.
  - 3. Collecting, entering, analyzing, and using standardized program monitoring and evaluation data related to PrEP and reporting data to DHSTS.
  - 4. Quality assurance activities that will be conducted on the PrEP Counseling program.
  - 5. Maintenance of client records and management of program data related to the PrEP Counseling program.
  - 6. Capacity for sensitivity and skills to interact with LGBM.
- K. Quality of the applicant’s plan for staff development. The plan should address training staff on the following: (10 points)
  - 1. Delivering PrEP Counseling.

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 LGBM.
- L. Condom Distribution (70 points)  
Quality of the applicant's plans to implement and monitor condom distribution programs which increase access to free condoms for the proposed target population(s) including the following elements: (70 points)
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.
- M. Coordinated Referral Network, Service Integration, and Tracking System (50 points)
1. 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 care and treatment services, (2) referral to partner services, (3) screening and treatment for STDs, hepatitis, including hepatitis A/B and HPV vaccinations, and/or TB, (4) other area DHSTS or CDC funded HIV prevention programs, (5) referral to syringe services programs, where available, (6) drug treatment programs, (7) mental health counseling programs, and (8) housing. (15 points)
  2. 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)
  3. 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. (20 points)
13. Coordination and Collaboration with DHSTS and the New Jersey HIV Planning Group (NJHPG) (30 points)
1. Quality of the applicant's plan to refer HIV-infected clients to Partner Services (PS) provided through the DHSTS. (10 points)
  2. Quality of the applicant's plan to participate, collaborate, and coordinate activities with the New Jersey HIV Planning Group. (10 points)
  3. 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 PrEP services 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 PrEP activities funded under this RFA, (3) client-level information on demographic and risk characteristics of a grantee's PrEP 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 bi-lingual 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 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 location for which an agency is applying. 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 none, 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](mailto: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:

April 4, 2018 RFA posting on NJSAGE.

Technical Assistance Meetings (an interested agency representative is required to attend).

April 17, 2018 from 1:00 p.m. to 3:00 p.m. at 50 East State Street, Trenton, NJ 08625, 6<sup>th</sup> Floor, Rm A684.

July 1, 2018 Grant begins. Letters of Intent to Fund will be issued approximately 30 days before the award date of July 1, 2018.

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

<u>GMO</u>	<u>Phone</u>	<u>Email</u>
Pat Neblett-Oliver	609-984-5874	<u>Patricia.Neblett-Oliver@doh.nj.gov</u>
<u>PMO Supervisor</u>	<u>Phone</u>	<u>Email</u>
Chelsea Betlow	609-984-5874	<u>Chelsea.Betlow@doh.nj.gov</u>
<u>SAGE Help Desk</u>	<u>Phone</u>	<u>Email</u>
	609-633-8009	<u>OIT-SAGEhelpdesk@oit.nj.gov</u>

### **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 geographic distribution matched against currently available services. (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):  
<http://www.aids.gov/federal-resources/policies/national-hiv-aids-strategy/what-is-the-nhas/strategy.html>
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:  
<http://www.cdc.gov/socialdeterminants/docs/SDH-White-Paper-2010.pdf>
4. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings, 2006:  
<http://www.cdc.gov/mmwr/pdf/rr/rr5514.pdf>

5. Revised Guidelines for HIV Counseling, Testing, and Referral, 2001:  
<http://www.cdc.gov/mmwr/pdf/rr/rr5019.pdf>
6. Quality Assurance Standards for HIV Counseling, Testing, and Referral Data, 2009:  
<http://www.cdc.gov/hiv/testing/resources/guidelines/qas/>
7. HIV Testing Implementation Guidance in Correctional Settings, January 2009:  
[http://www.cdc.gov/hiv/topics/testing/resources/guidelines/correctional-settings/pdf/Correctional\\_Settings\\_Guidelines.pdf](http://www.cdc.gov/hiv/topics/testing/resources/guidelines/correctional-settings/pdf/Correctional_Settings_Guidelines.pdf)
8. Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr57e1030a1.htm>
9. Guidelines for Internet-based Partner Services:  
<http://www.ncsddc.org/upload/wysiwyg/documents/IGPS.pdf>
10. Compendium of HIV Prevention Interventions with Evidence of Effectiveness:  
<http://www.cdc.gov/HIV/topics/research/prs/evidence-based-interventions.htm>
11. Diffusion of Effective Behavioral Interventions:  
[www.effectiveinterventions.org](http://www.effectiveinterventions.org)
12. Antiretroviral Treatment Access Study (ARTAS) Linkage to Care Intervention: Craw JA, Gardner LI, Marks G, Rapp RC, Bosshart J, Duffus WA, Rossman A, Coughlin SL, Gruber D, Safford LA, Overton, J, Schmitt K. Brief strengths-based case management promotes entry into HIV medical care: results of the Antiretroviral Treatment Access Study-II (ARTAS-II). *JAIDS*, 2008; 47:597-606.  
<http://www.ncbi.nlm.nih.gov/pubmed/18285714>

## IX. APPENDIX 1

### **Job Title: PrEP Counselor**

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

### **Key Responsibilities:**

- Provide rapid HIV test to clients, used for basis of next steps; any positives must be immediately linked to HIV care.
- Assess and address clients' knowledge, attitudes and beliefs regarding PrEP.
- Assessment of clients' levels 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 clients with completion of prior authorizations, insurance enrollment and pharmaceutical company assistance as needed.
  - ◆ Provide clients with completed prior authorization paperwork to take with them when they see the PrEP prescriber.
- 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.)
  - ◆ Use of Timer Caps (provided by DHSTS)
  - ◆ 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 prior to 90 days after initiation of PrEP.
- Work collaboratively with clinical PrEP providers.
- Monitor and evaluate PrEP program as directed by management.

- Collect required client and visit data and enter it into the DHSTS PrEP Data Base daily.
- Program Indicators used to evaluate success include:
  - ◆ Number of new clients provided education and PrEP counseling services.
    - Source of PrEP referral (partners of HIV+ clients, CBOs serving high risk populations, 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.
- Engage in community outreach via social media, dating apps and other methods to increase levels of PrEP awareness among local communities and to publicize the PrEP Counselor program.
- Obtain signed Memoranda of Agreement (MOAs) from local clinicians who will act as PrEP Prescribers for clients.

**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 combined with 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. Bi-lingual (English/Spanish).

**Hours:**

Full time, but scheduled work hours will vary based on clients' needs.