Request for Application

Syphilis Elimination Initiative Targeting Minority MSM Populations

Fiscal Year 2012

Illinois Department of Public Health
Center for Minority Health Services
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Please note: All instructions must be followed as stated and all sections must be completed.
Illinois Department of Public Health
Center for Minority Health Services

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Request for Application for State Fiscal Year 2012

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A technical assistance conference call will be held on October 26, 2011, at 10:00 a.m. for interested parties. To access the call dial 1-888-398-2342, access code – 1774003.
# Program Summary

**Title:** Syphilis Elimination Initiative Targeting Minority MSM Populations  
**Issued By:** Illinois Department of Public Health  
**Center for Minority Health Services**  
**Application Processing:** One signed original and one photocopy of application must be mailed or hand delivered to the following address no later than **Friday, November 4, 2011, at 3:00 p.m.** Faxed or electronic copies will not be accepted. Any applications received after this date, or not including the required number of copies, will not be reviewed. It shall not be sufficient to show that the application was mailed or hand-delivery was commenced before the scheduled closing time for receipt of applications.

**Who may apply:** Eligible applicants include, but are not limited to, community and faith based organizations, non-profits, private associations, voluntary organizations, organizations serving youth, organizations serving ethnic populations, schools/school districts, local health departments, and collaborative of government and community-based organizations.

Only organizations based in Illinois are eligible to compete for these funds. **All applicants must inform their regional HIV prevention lead agency of their interest in participating in the initiative and provide documentation with their application.** Confirmation of the award and award amount must be provided to the lead agency upon selection with documentation of that notification provided to the Center for Minority Health Services.

**Funding Source:** Federal Tobacco Settlement Funds  
**Funding Amount:** Grant Awards To Be Determined  
**Funding Period:** December 1, 2011 through June 30, 2012
**Background:**

The Centers for Disease Control reported in the Annals of Internal Medicine that rates of primary and secondary syphilis disproportionately increased in recent years among Black, Hispanic, and young men who have sex with men. Syphilis has been on the rise since 2000, and studies suggest that men who have sex with men account for a majority of the new cases. In a recent study of twenty-seven states, the largest increase between 2005 and 2008 was found among men who have sex with men who are in their teens and mid 20s. In 2008, men who have sex with men ages 20-29 had the largest increase in syphilis cases - about 12 cases per 100,000.

That same year, the absolute increase in syphilis rates among Black men who have sex with men were eight times the rate for white men who have sex with men. Black men who have sex with men accounted for 19 cases of syphilis per 100,000 population; Hispanic men who have sex with men accounted for over 7 cases per 100,000; and white men who have sex with men accounted for 4 cases per 100,000.


**Purpose:**

The Illinois Department of Public Health Center for Minority Health Services is requesting proposals for syphilis prevention and screening programs targeting men of color who have sex with men. The Center for Minority Health Services is specifically looking for community and faith based organizations with the capacity to reach this special at-risk minority population due to disproportionate rates of syphilis found in men of color who have sex with men. It is important to understand the environmental and psychosocial factors related to this disparity among men who have sex with men of color, and what factors are related to HIV and syphilis co-infection. Consideration will be specifically given to programs, collaborations, and other organizations with experience and existing programs that are providing prevention and care services targeting men who have sex with men of color for HIV and/or other sexually transmitted infections. These specific efforts are necessary due to the unique problems faced by many of these individuals that predispose them to be at greater risk for syphilis. Programs should be unique and culturally innovative and increase the Center for Minority Health Services’ ability to reduce syphilis rates in the target population.

Successful applicants will have demonstrated their capacity to successfully provide services to their selected population and will also demonstrate experience working collaboratively with entities that provide greatest access to the target population. Applicants who propose to target this specific risk group due to recent increases in local HIV and syphilis incidence data will be noted as demonstrating responsiveness based on the epidemiology of their proposed target area. Successful applicants should incorporate strategies that will increase the number of high risk individuals from the target population who test for syphilis and are linked into appropriate care.
and treatment services within forty-eight hours of their diagnosis.

The overarching goals of the Syphilis Elimination Initiative Targeting Minority MSM Populations are to:

- Increase culturally and linguistically competent holistic syphilis testing efforts within the identified minority at-risk population that address not only an individual’s HIV risk, but those societal issues and co-factors that increase the risk for syphilis.

- Increase culturally and linguistically competent holistic syphilis outreach and education efforts within the identified minority at-risk population that address societal issues and co-factors that increase the risk for syphilis infection.

- Decrease HIV and syphilis risk behaviors within the identified minority at-risk population through the utilization of culturally and linguistically competent holistic social marketing and public information.

The Grantee Will:

1. Develop and implement culturally innovative strategies by utilizing unique ways of contacting and exposing individuals from the target population to interventions in both group and individual settings.

2. Utilize applicable social marketing strategies that are specifically designed for the proposed target population(s) as defined by race, risk and geographic location.

3. Ensure that environmental and psychosocial factors related to syphilis disparity among men of color who have sex with men will be considered when developing program strategies and partnerships.

4. Ensure that HIV and syphilis co-infection among men of color that have sex with men will be considered when developing program strategies and partnerships.

5. Collaborate with the Center for Minority Health Services Evaluation Team to document data for formative, process and outcome evaluations for the syphilis screening, education and prevention programs developed by the grantee.

6. Submit a monthly narrative, activity, and expenditure report in a timely manner by the 15th of each month and a detailed final report no later than July 30, 2012.

7. Attend all mandatory grantee meetings.
Grantee Requirements:

1. Grantee and/or key staff members must have a minimum of two years experience conducting interventions with the proposed targeted at risk population.

2. Grantee and/or key staff members must demonstrate the capacity to successfully provide services to members of the proposed targeted at-risk population.

3. Grantee must have documented proof of appropriate linkage agreements, and an explanation as to how these collaborators will contribute to the overall accomplishment of project objectives.

4. Grantee and/or key staff members must provide documentation of successful completion of training in any identified, applicable scientific method to be utilized.

5. Grantee and/or key staff members must provide documentation of ability to provide syphilis prevention services as a component of the application.

Scopes of Service:

Responsive applicants will develop objectives that are specific, measurable, attainable/achievable, relevant and time bound (SMART) related to all aspects of their program. SMART objectives are measurable objectives that require time, orderly thinking, and a clear picture of the results expected from program activities. The more specific the objective, the easier it will be to demonstrate program success.

Responsive applicants will answer the following questions related to each of their program objectives in a detailed program work plan and logic model:

- Specific - What exactly are we going to do and for whom?
- Measurable - Is it quantifiable and can it be measured?
- Attainable/Achievable - Can it be completed in the proposed time frame with the resources and support that are available?
- Relevant - Will this objective have an effect on the desired goal or strategy?
- Time bound - When would this objective be completed?

Grantees will:

Develop and implement SMART objectives related to syphilis prevention, education, and outreach strategies to the proposed target population.
Develop and implement SMART objectives related to syphilis prevention, counseling and testing strategies to the proposed target population.

Develop and implement SMART objectives related to applicable science based methods that are specifically designed for the proposed target population as defined by race, risk and geographic location.

Develop and implement a final evaluation plan that will include formative, process and outcome evaluations related to the proposed program.

Develop a final report that will include, but not limited to:

A final program plan discussing findings, limitations, and any recommendations from the program

A complete report offering specific information and presentation of process data

A final outcome evaluation report on knowledge, attitudes and behaviors based on program implementation and the adaption of intervention utilized by grantee

**Application Process – Documentation Must Accompany Application:**

Attached you will find a six page Application for Public Health Grant comprised of eight (8) sections and a Budget Detail Template that requires cost justification in each of the twelve (12) categories. Please ensure that all instructions are followed and all required information is submitted in the required format and within the appropriate forms.

**All sections of the application must be completed in their entirety.**

**Application Review Criteria:**

All eligible applications will be evaluated by a Grant Evaluation Committee utilizing the following 100 point scale.

- Scope of Work – Annual and quarterly goals and objectives (35)
- Adherence to application protocol (20)
- Budget Detail & Justification (20)
- Scope of Work – Measurement Instruments (10)
- Scope of Work – Timeline (10)
- Scope of Work – Personnel (5)
- Letters of Support (maximum of three) – Bonus (5)
Format:

Applications must be typed using 12 point or larger font and must be both single-spaced and one-sided. Margins may not be less than one inch on all sides.

Payment Methodology:

Funds awarded to successful applicants will be provided on a monthly reimbursement basis. The grantee will document actual expenditures on a monthly basis and submit an Illinois Department of Public Health Reimbursement Certification Form accompanied by a monthly narrative, activity, and expenditure report to include appropriate supporting fiscal documentation. After review and approval of program activity, narrative, and expenditure reports, a voucher will be prepared and processed through the Office of the State Comptroller for payment. Reimbursement requests must be submitted monthly and the final reimbursement request must be received by the Illinois Department of Public Health Center for Minority Health Services no later than July 30, 2012.

Awards will be made after the Department's Grant Review Committee process has been completed. Submitting an application ensures that you will be in the pool of potential applicants considered for funding. It is not a guarantee of an award.