

**Illinois Department of Public Health
Office of Health Protection**

**Illinois HIV/AIDS General Revenue Fund Application
Packet**

Request for Application State Fiscal Year 2013

October 1, 2012 through June 30, 2013



Application closes on Monday, 7/9/2012 at 5:00 pm CST

Background and Purpose

This Request for Applications (RFA) was developed by the HIV/AIDS Section of the Illinois Department of Public Health for the purpose of obtaining proposals for a variety of HIV prevention, surveillance and support services. These include HIV prevention services for persons who are HIV positive, surveillance-based partner services and programming/capacity building to increase service for designated underserved or geographically, unevenly served populations in Illinois. Once grant applications are determined to be complete by staff and on time by the HIV/AIDS Section, each will be reviewed by the Illinois Department of Public Health Grant Review Committee (GRC). An objective evaluation process will be utilized to make determination of funding for grant awards. Agencies including community-based organizations and local health departments serving at risk populations disproportionately affected by HIV/AIDS, including youth, Latino and other high risk populations are encouraged to apply.

All grants awarded will be based on availability of funding. **Please be advised that no organization should submit an application with a budget that exceeds \$75,000 for the nine-month period.**

The Department anticipates awarding 10-15 awards.

Scoring is based on the following categories:

Categories	Optimal Score
Agency Background and Historical Experience	25 Points
Data to Support Targeted Populations	20 Points
Overall Project Goals, Objectives, and Timelines	20 Points
Project Evaluation and Assessment Plan	20 Points
Detailed Budget and Justification	15 Points

The due date for this application is **Monday, 7/9/2012 at 5:00 pm CST**. Incomplete and or late applications will be returned and not reviewed.

Applications received that do not have SMART* objectives and exceed the budget limit will be considered incomplete and will also be returned.

*SMART objectives will be further explained in the instructions to follow.

We appreciate all of your help with this process. If you have any questions, please do not hesitate to contact our office at **217-524-5983**.

The grant term will be from 10/1/2012– 6/30/2013.

Subsequent renewals cannot be assured.

**Illinois Department of Health
HIV/AIDS Section
General Revenue Fund Grant Application**

Forms Checklist

Please check each form as it is completed and include it with the application packet.

- ☐ FORM A: IDPH Standardized Grant Application
- ☐ FORM B: Project Budget (use Excel spreadsheet attached)

Remember to also attach if applicable:

- ☐ Evidence of 501 (c) 3 status
- ☐ Evidence of compliance with worker's compensation insurance coverage
- ☐ Copy of most recent audit report

Reminder:

1. Submit one (1) signed unbound original and three (3) copies of the complete application.
2. Use 12-point font, 1-inch margins, and single spaced lines on 8½ X 11-inch paper.
3. Do not exceed the section page limits.
4. Number all pages including any attachments.
5. Complete the budget and narrative sections and include with application.
6. **Send an electronic copy of all materials to dph.hivconf@illinois.gov.**
7. **Send original and hard copies to: Grants Manager, HIV/AIDS Section**

**Illinois Department of Public Health
525 West Jefferson Street
Springfield IL 62761**

If **ALL** forms (electronic and paper) are not completed and received by the Illinois Department of Public Health HIV/AIDS Section on **Monday, July 9, 2012 at 5:00 pm CST**, the proposal will be disqualified from the review process.



FOR IDPH Use Only

Application No. _____

Date Received _____



ILLINOIS DEPARTMENT OF PUBLIC HEALTH
General Revenue Fund Grant Application for
HIV Prevention, Surveillance-Based Services or HIV Support Services
Office of Health Protection
Division of Infectious Disease/HIV/AIDS Section

Section 1. APPLICANT INFORMATION	
Legal Name of Applicant: <i>(Attach copy of W-9)</i>	
Name and Title of Chief Officer: <i>(If more than one, attach a list of all officers)</i>	Name: Title: Address: Phone: Fax: E-mail:
Applicant Address:	
City, State, Zip Code:	
Telephone:	
Fax:	
E-Mail:	
Web Site:	
Section 2. APPLICANT GRANT HISTORY	
Description of Applicant Organization: <i>(200 Character Maximum)</i>	
Has this Applicant received a grant from the federal government or the State of Illinois within the last 3 years? If yes, provide the following: <i>(Add additional rows if needed)</i>	<div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> Agency providing grant funding: Grant Number: Grant Amount: Grant Term: Brief Description of grant:
How long has Applicant been incorporated?	
Is the Applicant in "good standing" with the Illinois Office of the Secretary of State?	<div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>
Has the applicant or any principal experienced	<div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>

foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to its business?	If yes, identify the nature of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible.	
Is the applicant or any principal the subject of any proceedings that are pending, or to the best of the applicant's knowledge threatened against applicant and/or any principal that may result in any adverse change in applicant's financial condition or materially and adversely affect applicant's operations?	<div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> If yes, identify the nature of the proceedings and how they may affect the applicant's financial situation and/or operations.	
Does the applicant or any principal owe any debt to the State of Illinois?	<div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> If yes, list the amount and reason for the debt. Attach additional documentation to explain the debt owed to the state.	
Section 3. APPLICANT ORGANIZATION INFORMATION		
Legal Status:	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership/Legal Corporation <input type="checkbox"/> Tax Exempt <input type="checkbox"/> Corporation providing or billing medical and/or health services <input type="checkbox"/> Corporation NOT providing or billing medical and/or health services <input type="checkbox"/> Other (describe): </div> <div style="width: 45%;"> <input type="checkbox"/> Governmental <input type="checkbox"/> Nonresident alien <input type="checkbox"/> Estate or Trust <input type="checkbox"/> Pharmacy (Non-Corporation) <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery (Corporation) <input type="checkbox"/> Limited Liability Company (select applicable tax classification) <div style="margin-left: 20px;"> <input type="checkbox"/> D = Disregarded Entity <input type="checkbox"/> C = Corporation <input type="checkbox"/> P = Partnership </div> </div> </div>	
Federal Tax Payer Identification (FEIN) Number or Social Security Number (SSN) of Applicant if not an organization:		
If applicable, list all Names and FEINS that are registered to your organization or have been registered during the last 3 years.	Name:	FEIN:
	Name:	FEIN:
	Name:	FEIN:
DUNS Number:		
Illinois Department of Human Rights Number (if applicable):		
Legislative Senate District:		
Legislative House District:		
Congressional District:		

Section 4. KEY GRANT CONTACT INFORMATION

Grant Application Contact/Title:	
Telephone:	
Fax:	
E-Mail:	
Fiscal Contact/Title:	
Telephone:	
Fax:	
E-Mail:	

Section 5. GRANT PROJECT PROPOSAL

Project Title:	
Brief Project Description: <i>(350 character maximum). Note that the Scope of Work must be completed separately.</i>	
Project Period: <i>(Include start and end date)</i>	
Total Amount of Funding Requested from IDPH:	
Total Applicant Match or In-Kind Contribution:	
If subcontractors will be used under this grant application, provide name, address and description of services.	Subcontractor name: Address: City, State, Zip: Phone: Description of services: Subcontractor name: Address: City, State, Zip: Phone: Description of services:

Section 6. GRANT BUDGET SUMMARY

(Note: This section is for summary purposes only. A detailed budget is/may be required. See Section 7)

Budget Line Items Requested	Requested Grant Budget Amount	Applicant Match of In-Kind Contribution
Personal Services <i>(Includes Salary and Wages)</i>		
Fringe Benefits (Percent use for calculation _____ %)		
Contractual Services (detailed information about the contractual services amount must be submitted on the attached budget excel form)		
Travel		
Commodities/Supplies		
Printing		
Equipment		
Telecommunications		
Patient/Client Care		
Administrative Costs <i>(If applicable/allowable and cannot exceed 10% of the total budget.)</i>		
Grand Total		
If the proposed budget includes Personal Services (Salary or Wage) related costs, please indicate the type of documentation that will be maintained and used to allocate staff costs to the grant.	<div style="display: flex; align-items: flex-start;"> <input type="checkbox"/> Time Sheets <input type="checkbox"/> Cost allocation plans <input type="checkbox"/> Certifications of time allocable to grant <input type="checkbox"/> Other, please describe _____ <input type="checkbox"/> Not applicable to this grant application </div>	

Section 7. GRANT SCOPE OF WORK

Does (or will) the agency's projects receive ongoing input from people living with HIV/AIDS for its program development, implementation, and evaluation?

☐ YES ☐ NO

If yes, explain how:

If you propose to collaborate with another agency, can you provide a written agreement with the other agency as documentation?

☐ YES ☐ NO ☐ N/A NOT COLLABORATING

If yes, explain how:

Does the agency ensure that all Department required client-level, service utilization, and or grants management data is manually entered directly in the Section approved database system, Provide® Enterprise?

☐ YES ☐ NO

If no, explain your data collection methodology and what database system is used:

NOTE: Agency must provide specific agency information for a resource inventory maintained within the Department.

Agency Overview Narrative - LIMIT: Eight (8) pages (includes questions)

Please provide a description of your agency, including:

Agency Background and Historical Experience (25 Points)

1. Describe a brief description your agency history and mission.
2. Describe your agency history and experience of providing HIV programming to the target population you are proposing to serve. Please include a description of your organizational experience in providing evidence-based HIV prevention interventions, or high quality support services with designated populations.

Data to Support Target Populations (20 Points)

3. Describe your population of focus: include your recruitment and/or retention strategy. Document and provide information that demonstrates your effectiveness with delivering HIV prevention services and/or interventions with designated populations or critical support services for persons living with HIV/AIDS?
4. What is your targeted geographic area and or setting(s) where your organization provides interventions or support services? Provide relevant regional epidemiological data that supports the need for the prevention services (see appendix A).
5. If your organization is proposing to conduct epidemiological or surveillance-related activities, describe your experience and previous success in conducting these activities.

6. Describe what makes your agency well suited to provide HIV programming for the target population you are proposing to serve? What research methods have you utilized to identify the population in your community who are most at risk? (i.e. community assessment/discovery).

Overall Project Goals, Objectives, and Timelines (20 Points)

7. Provide three overarching goals for project implementation and accompany with SMART Objectives. The Objectives should include relevant activities and timeline to meet the project goals. (e.g. SMART Objective: By January 2013, conduct 50 HIV Tests for 25 Latino and 25 African American men-having-sex-with-men).
8. Describe who will implement your evidence-based interventions and or delivers support services for your organization and what relevant experience, training and education they demonstrate.

Project Evaluation and Assessment Plan (20 Points)

9. Describe the process to evaluate the project using identified goals, objectives, and activities. Include both quantitative and qualitative measures in your assessment and evaluation plan.

Detail Project Budget and Justification (15 Points)

10. Provide a Project Budget with detailed justification of proposed project expenses. Be as specific as possible and link to projected activities.

Project Description Narrative - LIMIT: Twelve (12) pages

Check the box corresponding to the project(s) you are proposing for this application. Note: project types, interventions and services are NOT listed in any ranked order and multiple check boxes may be selected.

Perinatal HIV Prevention Projects

Note: if your organization plans to serve pregnant, HIV positive women, describe the following: 1) your plan to assure retention in care for mother and infant throughout the perinatal period and post-partum up to and including transfer to regular case management; 2) your plan to promote third trimester HIV testing with women identified in enough time to do so; 3) your plan to incorporate disclosure support/partner services; and/or 4) your plan to assure surveillance case reports are completed and submitted with follow up on HIV exposed infants and confirmed cases of HIV infection in newborns.

- ☐ Counseling Testing and Referral coordination with Prenatal care and Labor/Delivery units for expectant and new mothers
- ☐ Provision of enhanced perinatal HIV case management

Correctional HIV Prevention and Care Projects

- ☐ Counseling Testing and documented linkage to care and services for correctional populations
- ☐ Peer support programs
- ☐ Evidence-based HIV prevention interventions designed for correctional populations
- ☐ Case management service delivery coordination with regional HIV Care Connect offices

Harm Reduction Projects

- ☐ Syringe Exchange
- ☐ Risk Reduction Counseling with Injecting Drug Users (IDU)
- ☐ Overdose Prevention

HIV Prevention Projects

- ☐ Outreach Intervention
- ☐ Counseling, Testing and Referral (CTR)
- ☐ Group Level Intervention (GLI)
- ☐ Individual Level Intervention (ILI)
- ☐ Comprehensive Risk Counseling and Services (CRCS)
- ☐ Partner Services
- ☐ Surveillance-based Partner Services
- ☐ HIV Prevention services (evidence-based), targeting HIV positive people
- ☐ Social Networking

Projects to support Persons Living with HIV/AIDS (PLWHA)

Note: If your organization plans to serve people living with HIV/AIDS, describe your plans to assure meaningful linkage, retention or return to care along with delivery of partner services where appropriate. Describe how you will document your efforts, which should include evidence of clients you serve making medical appointments and/or having received partner services where appropriate. Please describe and document your relationships with HIV medical providers for linkage/retention in care and local health departments for the delivery of partner notification services as agreed upon by participants.

- ☐ Project to provide core or supportive services to HIV positive individuals as specified in the Statewide Coordinated Statement of Need. Copies provided upon request.
 1. Core services for which programs are needed are as follows:
 - ☐ Programs to increase Drug (HAART) treatment adherence.
 - ☐ Programs to ensure linkage and continued connection to medical case management
 - ☐ Provision of mental health services
 - ☐ Provision or connection to outpatient/ambulatory health services or substance abuse services—outpatient
 - ☐ Partner Services/enhanced linkage to care/retention in care services
 2. Support services include:
 - ☐ Case management services (nonmedical)
 - ☐ Child care
 - ☐ Emergency financial assistance
 - ☐ Food bank/home-delivered meals
 - ☐ Housing services
 - ☐ Legal assistance
 - ☐ Medical transportation services
 - ☐ Case finding/Outreach
 - ☐ Psychosocial support services/disclosure support
 - ☐ Rehabilitation service

- ☐ Support Groups for HIV positives
- ☐ Risk Reduction for HIV positives
- ☐ Individual and Group therapy for discrimination and Stigma reduction
- ☐ Early intervention services (e.g. timely linkage to care for newly identified positives and those lost to care and follow up, support for discordant couples, group support for incarcerated individuals who are reentering the community)

If you selected to work with People Living with HIV and AIDS, complete/answer the following questions in your grant application.

1. Describe how ongoing input from the target population will be gathered, documented, and used for the development, implementation, and evaluation of this project.
2. Describe how individuals will be recruited and reached to participate in the project.
3. If your organization is proposing the delivery of HIV prevention services, specifically counseling/testing/referral, describe how your organization will assure a yield of newly identified HIV positive people that is comparable to the epidemiology of your community; (on average, at or near 1% of those tested). Describe how you will assure that test results will be provided to 85% of those tested within a 30 day period. Describe how you will coordinate with your local health department to assure that partner services are offered and delivered to 85% of your participants within a 90 day period. Describe how your organization will coordinate with quality HIV care providers to assure that meaningful linkage to care (documented attendance at medical appointment), will take place within a period of not longer than 90 days from the date of test results delivered.
4. If your organization is proposing to target HIV positive people with HIV prevention services or deliver HIV support services to people living with HIV/AIDS, describe how your efforts will assure retention in care and how you will deliver or coordinate with local health departments to assure that partner services are provided for this population.
5. Latinos in Illinois, especially Latino men who have sex with men (MSM) are disproportionately affected by the HIV epidemic. They are also considered an underserved and high at risk population. If your organization is proposing to target services for this population, describe your experience with successfully reaching this population with effective HIV prevention and/or support services. Describe your cultural competencies, inclusive of the population in decision-making, including collaborations with others in serving this population and specific experiences and plans to build capacity to better serve this population in a given geographic area, or statewide. Submit evidenced based data to verify outreach activities.
6. Youth (age 13-29), especially young African American men-having-sex-with men (MSM) are disproportionately affected by the HIV epidemic in Illinois, and are also unevenly served in many geographic areas of the state. If your organization is proposing to target services for this population, describe your experience with successfully reaching this population with effective HIV prevention and/or support services. Describe your cultural competencies, inclusiveness of the population in decision-making, including collaborations with others in serving this population and specific experiences and plans to build capacity to better serve this population in a given geographic area, or statewide. Submit evidenced based data to verify outreach activities.

7. (HIV Support Services applicants): Describe how you will ensure that persons living with HIV who are not in a system of care are aware of services, and actually get linked into care with documentation.
8. Indicate at least two annual goals that this project will satisfy. For each goal, there should be at least three objectives that are used to satisfy each goal. Each objective should have associated tasks with proposed completion dates. Each quarter a report will be developed to detail progress towards goal, objective and task completion. A timeline for the goals, objectives and tasks should be submitted with this application. Objectives and tasks shall be written to be both specific and measurable (e.g. changes in participant knowledge, attitudes, behavioral intentions, beliefs, or number of activities conducted). Use **S.M.A.R.T. – specific, measurable, achievable, relevant/realistic, and time-bound**. Proposals received that do not have SMART objectives will be considered incomplete and will be returned without further review for determining funding.

(e.g. By January 1, 2013, will conduct 60 HIV tests for 20 Caucasian, 20 Latino and 20 African American MSM.)

9. For **EACH** task, use a table like the one below to describe where it will take place (the location/setting), the activities that will be conducted, and the estimated number of people from the target population who will be served.

Task	Location/setting (be specific)	Intervention activities or services delivered	Estimated number of people reached for a 12-month period

10. Describe staffing needs and staff recruitment.
 - a. Describe the types and number of staff needed to complete the duties of this project. Who will be responsible for delivering the services proposed, who will attend required training, who will collect and report project data. Include the percentage of time each staff member will spend on the grant and how their time relates to the completion of objectives. Include staff qualifications and experience in service delivery as it relates to the proposed project.
 - b. If additional staff is needed to be hired to complete this project, please identify the hiring process and approximate timeline.
11. Describe how the agency will monitor the planning, implementation and evaluation of the proposed project.
 - a. List and describe your evaluation methods that will meet progress towards the completion of your objectives. Evaluation tools should include qualitative and quantitative methods for measurement. In addition to the list and description, include a summary that will describe how the project is evaluated.

Section 8. APPLICANT CERTIFICATION

Under penalty of perjury, I certify that I have examined this application and the document(s), proposal(s), and statement(s) submitted in conjunction herewith, and that to the best of my information and belief, the information contained herein is true, accurate, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant, and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this grant application is approved for funding.

I, hereby release to IDPH, the rights to use photographs and/or written statements of information, regardless of the format, contained in or provided after the grant application for the purposes of publication on the IDPH web site, unless the applicant submits a written request asking that the information not be disclosed.

Signature

Printed Name/Title/Organization

Date

FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE

Type of Grant Application

Direct Appropriation ☐
Allocation by Administrative Rule ☐
Competitive Request for Application ☐
Statutory Board Review Required ☐
Formula and/or Caseload Allocation ☐
Non-Competitive ☐

Funding Source:

General Revenue Fund ☐
State Special Fund ☐
Federal ☐

Grant Application Funding Recommendation by Division/Program:

<input type="checkbox"/>	Grant Application Disqualified/Not Eligible for Funding under this Award
<input type="checkbox"/>	Grant Application Recommended for Funding at Full Request
<input type="checkbox"/>	Grant Application Recommended for Funding at \$_____.

Division Chief/Program Manager: _____ Date: _____

Grant Application Funding Recommendation Approved by:

Deputy Director: _____ Date: _____

Assistant Director: _____ Date: _____