**Illinois Department of Public Health**

**Office of Health Protection**

**Division of Infectious Disease - HIV/AIDS Section**

**Illinois HIV/AIDS Quality of Life Grant Fund Application Packet**

**Request for Applications - Fiscal Year 2016**



**Application Package Contents**:

• Background and Purpose

• General Information

• Instructions for Application

• Grant Application Forms

**The electronic application form will be posted on EGrAMS beginning   
Friday, December 1, 2014 at** [**https://idphgrants.com**](https://idphgrants.com)

**Application closes on Thursday, January 15, 2015 at 5:00 pm CST**

**Informational conference call for potential applicants:**  
December 15 at 10:00AM and December 30 at 2:00 PM

Toll Free Conference Number (888) 494-4032, Access Code: 868-352-3381#

**EGrAMS webinar for potential applicants:**  
December 15 at 1:00PM to 2:30PM

Webinar Link: <http://idph.adobeconnect.com/grants/>  
Toll Free Conference Number (888) -494-4032, Access Code: 395-781-5861#

**Background and Purpose/General Information**

The Quality of Life (QOL) Endowment Fund was created as a special fund in the Illinois State Treasury. The net revenue from the Quality of Life special instant scratch-off game is deposited into the Fund for appropriation by the Illinois General Assembly solely to the Illinois Department of Public Health (IDPH) “for the purpose of HIV/AIDS-prevention education and for making grants to public or private entities in Illinois for the purpose of funding organizations that serve the highest at-risk categories for contracting HIV or developing AIDS.”

QOL Grants are targeted to serve at-risk populations in proportion to the distribution of recent reported HIV Disease cases in Illinois, stratified by risk, race and gender as reported to IDPH HIV Surveillance. To encourage a diverse set of applications collectively requesting to serve all the prioritized populations, additional points will be awarded to applicant organizations proposing to serve ***multiple*** prioritized populations and for requesting to serve populations ***under-requested*** in the last funding cycle. A prioritized population is defined as “under-requested” if in the last QOL application cycle, the total number of service units for a given population requested by all eligible applications combined was less than the number of service units listed in the application as available for that population group.

In the SFY2015 QOL funding cycle, the following population groups were ***under-requested:***

Asian Pacific Island & Other Race Men who have sex with Men (API/OR MSM),

API/OR High Risk Heterosexuals (HRH),

Hispanic MSM,

Hispanic MSM/IDU,

White HRH,

White MSM and

White MSM/IDU

It is possible that some successful applicants with enough organizational capacity, diversity and experience may be asked to consider inclusion of some under-requested populations for service, in order to maximize chances of reaching the goal of serving all prioritized populations.

To be eligible for grant awards, recipient organizations must demonstrate engagement and accomplishment in HIV prevention/education, HIV care and/or supportive services for people living with HIV and/or at-risk populations.

Before grants are awarded to recipient agencies, IDPH conducts an objective review process of all submitted application documents as well as a review of the agency’s past performance with IDPH grant funding. After this process, copies of all the grant applications are then reviewed by the Quality of Life Board. IDPH receives the Board's recommendations and comments, and consults with the Board regarding the final organizations through the award-selection process.

The expected available funding for the Illinois Quality of Life Fund for FY 2016 is $500,000. Funding availability is limited to the amount of funds generated by upcoming Red Ribbon Lottery Ticket sales which can only be estimated from past season lottery sales. The actual number of grant funds awarded could differ from current projections. Overall agency size and annual operational budget determines the category within which an organization may be competitively selected to be funded as a small, medium, or large size organization. Organizations with an annual budget of **$300,000 or less** (small) may apply for up to $75,000 and will compete with like size organizations for **50%** of the Quality of Life annual fund. Organizations with an annual budget of **$300,001 to $700,000** (medium) may apply for up to $75,000 and will compete with like size organizations for **25%** of the Quality of Life annual fund; and organizations with an annual budget of **$700,001** and upward (large) may also apply for up to $75,000 and will compete with like size organizations for **25%** of the Quality of Life annual fund. No organization is required to apply for the maximum amount in any category. If funds remain in any of the funding categories (small, medium or large) due to an insufficient number of applications received or due to ineligibility based on low application scores, the unused portion of funds from the other funding categories may be used for the remaining eligible applicants from the other categories (i.e. leftover funds in the small category could be used to fund agencies in the medium or large categories). Applicants are encouraged to propose budgets for HIV prevention or service projects that adequately assure project goals, objectives and activities and scopes of services can be achieved. Applications with budgets **submitted which are higher than the maximum levels previously mentioned for each of the funding categories will result in being disqualified from the process.**

Below is a chart indicating the applicant categories based upon the size of a given organization’s operating budget, the maximum allowable amount that can be requested per category, and an estimated range for the number of awards that will be made in each of the categories:

|  |  |  |
| --- | --- | --- |
| **Grant Category based on Agency Annual Budget** | **Maximum possible Award Request** | **Estimated number of Awards (Range)** |
| $300,000 or less | $75,000 | 3-4 |
| $300,001-$700,000 | $75,000 | 1-2 |
| $700,001 or more | $75,000 | 1-2 |

The grant funds may not be used for institutional, organizational, or community-based overhead costs, indirect costs, or levies.

1. Funding will be awarded for the subsequent fiscal year.  Applications for grant award shall be made annually and are not renewable.
2. Applications will be reviewed by the Department for compliance with the requirements of this application.  During the course of its review, the Department may contact the applicant for additional information if the information originally submitted is incomplete, inconsistent or unclear.
3. Applicants whom the Department determines to be not eligible for grant funds will be notified in writing of this decision.
4. The ability to award grants is dependent on available funding.  Available grant funds will be made available based on the objective review of the applicant's application and past performance on any previous Department HIV grants.
5. The Department must, before grants are awarded, provide copies of all grant applications to the Quality of Life Board, receive and review the Board's recommendations and comments, and consult with the Board regarding the grants. Organizational size will determine an organization's competitive slot in the "Request for Proposal" process.

**The grant term is 12 months: 6/1/2015 – 7/31/2016[[1]](#endnote-1). Subsequent renewals cannot be assured.**

**Target Populations:**

Review Appendix 1, 2015 Risk Group Definitions for an outline of the target populations. In consultation with the Illinois HIV Planning Group, the Department has prioritized high risk populations for the state of Illinois. These prioritizations use behavioral risk, race, ethnicity, and gender to categorize those most at risk. In applying to serve these prioritized risk populations, agencies are welcome to use additional descriptors to define their proposed target populations to be served, (i.e. correctional releases, transgender persons, homeless persons, youth, etc.) in their S.M.A.R.T. objectives (***S*pecific, *M*easurable, *A*chievable, *R*elevant/*R*ealistic, and *T*ime-framed),** providing their best projections of who they will serve by serostatus, risk, race, and ethnicity. **Serving people living with HIV Disease and serodiscordant couples with evidence-based Effective Behavioral or Biomedical Interventions is a high priority.**

Below is a table detailing the 2009-2013 incidence of HIV disease and the corresponding funding amounts and service units available for each target population. Service units and funding requests **may not** exceed the amount that has been allocated below. Agencies are encouraged to apply for funding for multiple target populations which may increase an agencies opportunity to receive funding.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Grant Total** | **2009-2013 Incidence** | **% Incidence** | **Funding** | **Service Units** |
| African American MSM | 2242 | 32.2% | $160,800 | 804 |
| African American Heterosexual | 873 | 12.5% | $62,600 | 313 |
| African American IDU | 221 | 3.2% | $15,800 | 79 |
| African American MSM/IDU | 58 | 0.8% | $4,200 | 21 |
| White MSM | 1446 | 20.7% | $103,600 | 518 |
| White Heterosexual | 178 | 2.6% | $12,800 | 64 |
| White IDU | 77 | 1.1% | $5,600 | 28 |
| White MSM/IDU | 72 | 1.0% | $5,200 | 26 |
| Hispanic MSM | 1013 | 14.5% | $72,600 | 363 |
| Hispanic Heterosexual | 208 | 3.0% | $15,000 | 75 |
| Hispanic IDU | 71 | 1.0% | $5,000 | 25 |
| Hispanic MSM/IDU | 55 | 0.8% | $4,000 | 20 |
| API & Other MSM | 346 | 5.0% | $24,800 | 124 |
| API & Other Heterosexual | 77 | 1.1% | $5,600 | 28 |
| API & Other IDU | 18 | 0.3% | $1,200 | 6 |
| API & Other MSM/IDU | 18 | 0.3% | $1,200 | 6 |
| **TOTAL** | **6,973** | **100%** | **$500,000** | **2,500** |

**Interventions:**

High Impact Prevention is essential to achieving the HIV prevention goals of the National HIV/AIDS Strategy, which was announced in 2010. Agencies must implement prevention interventions and strategies that are scalable, cost-effective and have demonstrated potential to reduce new HIV infections in the target populations, yielding a major impact on the HIV epidemic. Review the Intervention Guidance for 2015 IDPH HIV Prevention Grants (attachment 1) for a list of High Impact and Emphasized Interventions.

* Outreach is considered a recruitment strategy for interventions and not a stand-alone intervention. It will not be funded as an individual intervention.
* Community discovery is not a stand-alone intervention. It will not be funded as an individual intervention.
* Condom distribution is an expected feature of all interventions and is not a stand-alone intervention. It will not be funded as an individual intervention.

**Blended Program Cost/Fee-For-Service Reimbursement**

Funds will be awarded to successful applicants through a blended reimbursement model. The blended model is composed of Program Cost Reimbursement and Fee for Service reimbursement.

**Program Cost Reimbursement:**

Up to 20% of the grant funds may be reimbursed for program costs associated with building capacity to deliver the grant deliverable services. These capacity-building expense categories may include: Personnel Services, Fringe Benefits, Contractual Services, Travel, Commodities, Printing, Equipment, Telecommunications, Supplies, and Administrative Costs. Administrative Costs may not exceed 10% of the total grant and must be itemized as specific expenses. For a $75,000 grant, 20% or $15,000 shall be budgeted and reimbursable as Program Costs. Grantees are to submit Program Cost reimbursement certification forms when seeking reimbursements for Program Cost Reimbursement.

**Fee-for-Service Reimbursement:**

**Specified Services:** Up to 75% of the award shall be reimbursable through Fee-for Service reimbursements for the implementation of HIV High-Impact Prevention related services being successfully delivered to the **target prioritized risk population(s)**. A standard unit cost of $150 per person-sessionhas been will be reimbursed for the fee- for-service reimbursement rate. The grantee will only be reimbursed for services successfully implemented and documented within each grantees service deliverables. For a $75,000 grant, it is expected that 75% or $56,250 will be reimbursed using the fee for service reimbursement. Grantees are to submit Fee for Services reimbursement certification forms when seeking reimbursements for fee for service items.

**Unspecified Services:** Up to 5% of the award will be reimbursable through Fee for Service Reimbursements and shall be made at

* $50 per person-session delivered to persons disclosing no prioritized risk,
* $150 per person-session delivered to persons meeting the definition of a prioritized population which is not included in the service objectives, or
* $150 per person-session delivered to persons meeting the definition of a prioritized population for which the grantee has already provided service units equal to or in excess of those specified in the specified service objectives.

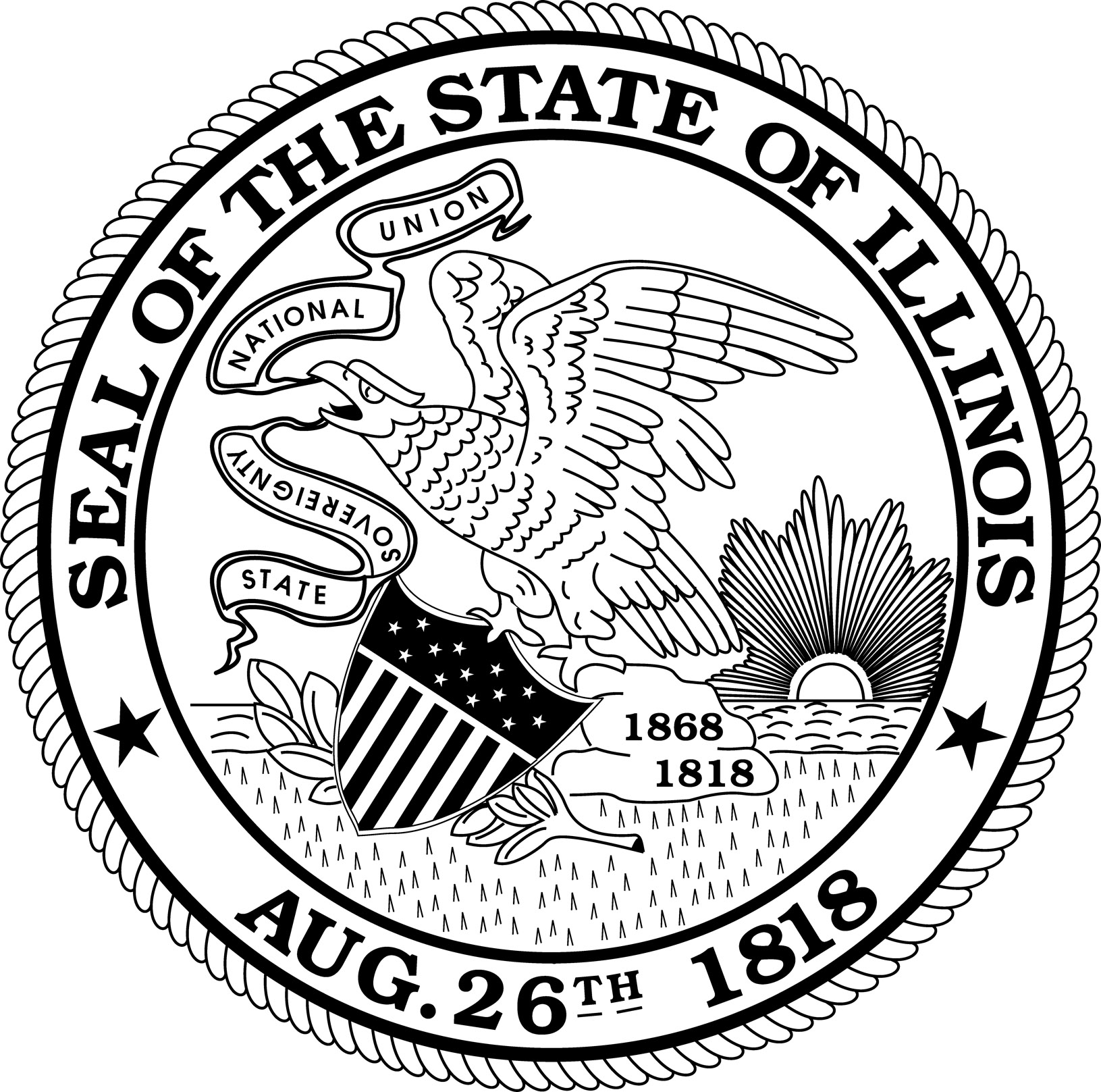
For a $75,000 grant, it is expected that 5% or $3,750 will be reimbursed for unspecified services.

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FOR IDPH Use Only

Application No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **ILLINOIS DEPARTMENT OF PUBLIC HEALTH**

**APPLICATION FOR PUBLIC HEALTH GRANT**

**Office of Health Protection**

**Division of Infectious Disease/HIV/AIDS Section/Quality of Life Fund Grants**

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| --- | --- |
| **Section 1. APPLICANT INFORMATION** | |
| **Legal Name of Applicant:**  *(Attach copy of W-9)* |  |
| **Name and Title of Chief Officer:**  ***(****If more than one, attach a list of all officers)* | Name:  Title:  Address:  Phone:  Fax:  E-mail: |
| **Applicant Address:** |  |
| **City, State, Zip Code:** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **E-Mail:** |  |
| **Web Site:** |  |

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| --- | --- | --- | --- |
| **Section 2. APPLICANT GRANT HISTORY** | | | |
| **Description of Applicant Organization:**  *(200 Character Maximum)* |  | | |
| **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:**  *(Add additional rows if needed)* | 🞎  **YES** 🞎 **NO**  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?** | 🞎  **YES** 🞎 **NO** | | |
| **Has the applicant or any principal experienced 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?** | 🞎  **YES** 🞎 **NO**  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?** | 🞎  **YES** 🞎 **NO**  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?** | 🞎  **YES** 🞎 **NO**  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:** | | 🞎 Individual  🞎 Sole Proprietor  🞎 Partnership/Legal Corporation  🞎 Tax Exempt  🞎 Corporation providing or billing medical and/or health services  🞎 Corporation NOT providing or billing medical and/or health services  🞎 Other (describe): | 🞎 Governmental  🞎 Nonresident alien  🞎 Estate or Trust  🞎 Pharmacy (Non-Corporation)  🞎 Pharmacy/Funeral Home/Cemetery (Corporation)  🞎 Limited Liability Company (select applicable tax classification)  🞎 D = Disregarded Entity  🞎 C = Corporation  🞎 P = Partnership | |
| **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:** | |  | | |

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| --- | --- |
| **Section 4. KEY GRANT CONTACT INFORMATION** | |
| **Grant Application Contact/Title:** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **E-Mail:** |  |
| **Fiscal Contact/Title:** |  |
| **Telephone:** |  |
| **Fax:** |  |
| **E-Mail:** |  |

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| --- | --- | --- |
| **Section 5. GRANT PROJECT PROPOSAL** | | |
| **Project Title:** |  | |
| **Brief Project Description:**  *(350 character maximum). Note that the Scope of Work must be completed separately.* |  | |
| **Project Period:**  *(Include start and end date)* |  |
| **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** *(Includes Salary and Wages)* |  |  |
| **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** |  |  |
| **Fee For Service** |  |  |
| **Administrative Costs** *(A maximum of 10% of the grant award may be budgeted in this line if specific administrative costs are detailed on the attached budget form spreadsheet.)* |  |  |
| **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.** | 🞎 Time Sheets  🞎 Cost allocation plans  🞎 Certifications of time allocable to grant  🞎 Other, please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  🞎 Not applicable to this grant application | |

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| **Section 7. GRANT SCOPE OF WORK** |

Please address the following topics: Organizational Capacity & Experience, Project Description, Project Management & Staffing, and Project Budget & Project Budget Narrative.

1. **ORGANIZATIONAL CAPACITY & EXPERIENCE – 10 point value**

LIMIT: **Four (4) pages or less**

Please provide a description of your agency, including:

* + A brief description your agency history and its mission.
  + A description of your history within the past five (5) years of providing HIV programming that reaches the target population you are proposing to serve, including:
    1. Description of the target populations served including HIV serostatus, risk (see 2015 Prioritized Risk populations in Appendix 1 of the Grant Guidance), race, ethnicity, age, and gender
    2. a brief description of the intervention(s)
    3. the setting in which services have been provided
    4. the length of time your agency has provided these intervention(s)
    5. a brief description of the organization’s experience, expertise and previous accomplishments in working in the area of HIV prevention. If you do not currently provide HIV programming to the target population, then describe the current or historical health programming or services for people living with HIV Disease that you do provide.
    6. Recent HIV Prevention or HIV Care Services Grants received

**HIV Prevention Grant Funding from Other Sources** – Describe grant funding received from other sources including state and local government agencies for CY2014-2016.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Grant Source** | **Funder & Grant Name** | **Grant Year** | **Award** | **Target Population(s)** | **Intervention(s)** |
| **Federal** |  |  |  |  |  |
| **State** |  |  |  |  |  |
| **Local** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Total** |  |  |  |  |  |

* + Clearly describe your agency’s decision-making authority and structure, financial management experience, so as to provide evidence of its capacity to effectively use grant resources to successfully conduct the project.
  + What makes your agency well suited to provide HIV programming for the target population you are proposing to serve?

|  |
| --- |
| **Organizational Capacity and Experience – 10 point value** |
| **Criteria for Scoring Proposals: The Organizational Capacity and Experience section of the application will be reviewed and scored according to the following criteria (20 Points):** |
| * The applicant agency currently provides sexual health education and health promotion programming and demonstrates its current capability to organize and operate the proposed project effectively and efficiently. * Includes a clear description of its decision-making authority and structure, financial   management experience, and provides evidence of its capacity to provide for the effective  use of resources needed to conduct the project.   * Describes the organization’s experience, expertise and previous accomplishments in working in the area of HIV prevention. The applicant includes specific information about previous partnerships and strategies used to address HIV prevention. * The applicant agency is well suited to provide HIV programming for the intended target population. |

1. **PROJECT DESCRIPTION – 55 Point Value**

LIMIT: **Ten (10) pages or less**

***Project name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Target population(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Intervention(s):***

*Check the box corresponding to the intervention(s) you are proposing for this project.*

* + A. HIV Counseling Testing and Referral (CTR)

If you propose this strategy:

* + 1. describe the model of test counseling that will be conducted (e.g. Fundamentals, Personalized Cognitive Counseling, etc.);
    2. describe referrals including (required) current agreement(s) with HIV medical provider(s) for linkage to HIV treatment;
    3. describe how partner elicitation will be conducted for positives;
    4. provide evidence (required) of staff training, physician’s standing order, CLIA waiver;
    5. If applicants are partnering with other agencies and/or people to provide HIV CTR, the applicant agency itself **MUST** have a CLIA waiver and physician standing order in the applicant agency’s name.
  + B. Community Level Intervention (CLI): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + C. Health Communication/Public Information (HC/PI)
  + D. Group Level Intervention (GLI) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + E. Individual Level Intervention (ILI) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + F. Comprehensive Risk Counseling and Services (CRCS)
  + G. Biomedical HIV Risk Reduction Counseling (i.e. regarding PrEP or nPEP)
  + H. HIV treatment engagement or anti-retroviral adherence services for PWHIV.

1. Check the box(es) indicating the rationale(s) that serves as the foundation in the development for each of the checked intervention(s) that make up your proposed project and provide the information requested.

🞏 A. Scientific, theoretical, or operational basis (e.g. social learning theory, evaluation of agency project, journal article). For interventions based on a scientific theory or published journal article, describe how the theory or findings from the journal article will be reflected in intervention activities:

🞏 B. Replication[[2]](#footnote-1) of evidence-based project from the IDPH HIV Prevention Intervention Guidance (Attachment 1) with documented evidence of effectiveness. If the intention is to replicate a DEBI project, then the interventions that make up the DEBI project must be defined. (Example: Many Men, Many Voices is a group level intervention)

Name of project/intervention to be replicated and documentation of staff training:

🞏 C. Adaptation[[3]](#footnote-2) of evidence-based project from the Intervention Guidance (Attachment 1) with documented evidence of effectiveness. If you intend to adapt a DEBI project, then you must define the interventions that make up the DEBI project. (Example: Many Men, Many Voices is a group level intervention)

Name of project/intervention to be adapted and documentation of staff training:

Describe the adaptations that will be made for use with your target population:

🞏 D. CDC Guidelines - Describe how CDC Guidelines have or will be put into place:

* E. Other rationale or experience

If none of the above applies, then describe why you believe the proposed interventions will be effective in reducing HIV risk behaviors in your target population:

1. Includes a description of how the evidence-based program model will be implemented with fidelity to the original intervention.
2. Describe plans to deliver the services cost-effectively, and how the proposed interventions will be coordinated with other services provided by the agency or other agencies to maximize their reach and prevention impact with the target population.
3. Describe the types and methods of referrals that will be made during the intervention(s) both internally and externally. (All applicants must attach written linkage agreements with HIV medical providers to assure appropriate and timely linkage to care for HIV positive individuals encountered.)
4. Describe how ongoing input from the target population will be gathered, documented, and used for the development, implementation, and evaluation of this project.
5. Describe how high-risk individuals will be recruited to participate in the proposed project.
6. Specify the geographic area and sites to be served and describe why these are especially suitable to engaging the targeted prioritized risk population(s).
7. Describe how you will ensure that the project is culturally and developmentally appropriate to the target population within the proposed project.
8. Describe the cultural factors that create barriers to delivering prevention messages to and implementing prevention interventions with the proposed target population.
9. Given the barriers described in your answer to above, describe your plan to ensure that the project is culturally and developmentally appropriate to the target population and will work around or overcome the described barriers.
10. Describe the project’s specific, measurable outcome objectives. Outcomes are changes that are expected in the target population as a result of the services (e.g. changes in participant knowledge, attitudes, behavioral intentions, practice, beliefs, frequencies of risk or risk reduction skill use). Examples for treatment engagement for HIV positive individuals may include evidence of linkage, retention or re-engagement in care, adherence with medical regimen. Explain how these changes would be documented and measured (self-evaluation ratings, skill observation ratings, etc.).
11. Describe the agencies capacity to collect and report on performance measures to monitor progress. (See IDPH HIV Prevention Intervention Guidance for Performance Measures for the proposed interventions.)
12. Describe the project’s S.M.A.R.T. (Specific, Measurable, Achievable, Relevant/Realistic, and Time-framed) **process** objectives by completing the Scope of Work table below (please add additional rows if necessary).

**By June 30, 2016, the proposed project if fully funded will deliver the following service units to the following prioritized target populations.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Intervention Name** |  | **Sero- Status**  **(HIV+ or**  **HIV-)** | **Race/ Ethnicity Risk** | **Population Specifics (optional)** | **Unique Clients to be served** | **Planned # of Person-sessions to deliver** | **Location** | **Total Funding Requested**  **($200 per**  **person-session)** |
| *(EXAMPLE) HIV CTR* | *for* | *HIV-* | *Black HRH* | *Females* | *100* | *100* | *Harvey Recovery House* | *$ 20,000* |
|  | for |  |  |  |  |  |  | $ - |
|  | for |  |  |  |  |  |  | $ - |
|  | **for** |  |  |  |  |  |  | **$ -** |
|  | for |  |  |  |  |  |  | $ - |
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|  | for |  |  |  |  |  |  | $ - |
|  | for |  |  |  |  |  |  | $ - |
|  | for |  |  |  |  |  |  | $ - |
|  | for |  |  |  |  |  |  | $ - |

1. **Time Framed Quarterly Objectives and Implementation Activities**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goal** | **Activity** | **Q1:**  **Jul-Sep, 2015** | **Q2:**  **Oct-Dec, 2015** | **Q3:**  **Jan-Mar, 2016** | **Q4:**  **Apr-Jun, 2016** |
| *Example: Deliver HIV testing to 200 Black IDU by 6/30/16* | *Newly hired test counselor will complete Fundamentals of Prevention Counseling Part I & II* | **x** |  |  |  |
| *Example: Deliver HIV testing to 200 Black HRH by 6/30/16* | *Implement HIV testing at 2 Methadone clinics* | **x** | **x** | **x** | **x** |
|  |  |  |  |  |  |
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| **Criteria for Scoring Proposals: The Project Description Narrative section of the application will be reviewed and scored according to the following criteria (55 points):** |
| * The extent to which the applicant’s plan to carry out the activities is feasible and consistent with the stated purposes of the funding opportunity announcement. * Strategies to recruit high-risk individuals and a clear description of the geographic area to be served are fully described. * Target populations proposed is/are well-justified, important, specific and measurable and meet(s) the requirements of the 2015 Illinois HPG Priority Populations. * More than one prioritized populations are targeted. * Prioritized populations under-requested in the last Quality of Life application are targeted. * Includes a description of how the evidence-based program model will be implemented with fidelity to the original intervention (adaptations are minimal); a plan and a budget for obtaining implementation materials and training on the program. * If two or more interventions are proposed, how the interventions work together to create the proposed project is fully described. * Includes specific objectives and all objectives are S.M.A.R.T. * Includes the process objectives and time-lined quarterly objectives and implementation steps * Types and methods of client referrals within or between agencies are fully described and are feasible. * Cultural factors that create barriers to delivering prevention messages to and implementing prevention interventions with the target population are fully described. * Strategies to deliver programming in light of described cultural factors and barriers are fully described and are feasible. * The extent to which the applicant demonstrates capacity to collect and report on performance measures to monitor progress. |

1. **PROJECT MANAGEMENT AND STAFFING – 10 Point Value**

**Describe staff capacity, staffing needs, and staff recruitment**

1. Identify key staff (e.g., staff members responsible for direct oversight, management, implementation or evaluation of the proposed project) and provide the name of the person employed in each position or note that the position is vacant. Include the desired qualifications or requirements for staff hired to deliver these interventions. If you currently have an HIV prevention project that is the same or similar to the proposed project, describe the qualifications and skills of current staff. (Do not attach resumes or CVs.)
2. Describe the agency’s current capacity to implement the proposed interventions, i.e. staff that is currently certified in interventions and history of implementation of proposed interventions. If staff is not trained, please detail when and where staff will be trained on proposed interventions.
3. Describe any collaborations and MOUs from key stakeholders.
4. Describe how the project management structure and design will enable accountability in service delivery and evaluation completion.

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| **Criteria for Scoring Proposals: The Project Management and Staffing section of the application will be reviewed and scored according to the following criteria (10 Points):** |
| * Key Staff are clearly identified (e.g., staff members responsible for direct oversight, management, implementation or evaluation of the proposed project). The application provides the name of the person employed in each position or note that the position is vacant.   Demonstrates experienced, strong project leadership, including executive sponsorship, governance structures and functions, decision-making processes, dedicated coordinator and point of contact for the project.   * The type and number of staff needed and the duties of each staff member are stated and appropriate. * Staff qualifications/requirements (and recruitment strategies, if needed) are stated and appropriate. * Includes detailed information about collaborations and MOUs from key stakeholders. * The extent to which the project management structure and design will enable accountability. |

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| **Section 7. Project Budget and Project Budget Narrative – 5 point value** |

Provide a blended reimbursement (20% program cost/75% specified services/5% unspecified services using the budget form provided (Attachment 2).

* The Personal Services (Salary and Wages) information provided by the organization must include: name of position to be funded, projected monthly salary, percent of time on grant, and number of months on grant for each position that will be funded with grant funds.
* A maximum of 10% of the grant award may be budgeted in this line if specific administrative costs are detailed on the attached budget form spreadsheet.

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| **Criteria for Scoring Proposals: The Project Budget and Project Budget Narrative section of the application will be reviewed and scored according to the following criteria (5 Points):** |
| * The extent to which the applicant provides a detailed budget and line item justification for all operating expenses that is consistent with the proposed program objectives and activities. * The costs projected for the proposed activities and staffing level are reasonable * Included the organization's annual operating budget. |

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| **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 Date** |

**FOR DEPARTMENT USE ONLY - DO NOT WRITE BELOW THIS LINE**

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| **Type of Grant Application** | **Funding Source:**  General Revenue Fund 🞎  State Special Fund 🞎  Federal 🞎 |
| Direct Appropriation | 🞎 |
| Allocation by Administrative Rule | 🞎 |
| Competitive Request for Application | 🞎 |
| Statutory Board Review Required | 🞎 |
| Formula and/or Caseload Allocation | 🞎 |
| Non-Competitive | 🞎 |

**Grant Application Funding Recommendation by Division/Program:**

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| --- | --- |
| 🞎 | Grant Application Disqualified/Not Eligible for Funding under this Award |
| 🞎 | Grant Application Recommended for Funding at Full Request |
| 🞎 | Grant Application Recommended for Funding at $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |

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| **Division Chief/Program Manager:** | Date: |

**Grant Application Funding Recommendation Approved by:**

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| **Deputy Director** |  |  | Date: |
| **Grants Review Committee Score:** |  | (Full review grants only) |  |
| **Director (or Delegate)** |  |  | Date: |

1. [↑](#endnote-ref-1)
2. Replication means that you will implement the intervention EXACTLY as it was designed. [↑](#footnote-ref-1)
3. Adaptation means that you will tailor the intervention for your target population but you will meet ALL core elements of the intervention. If you are adapting a DEBI but are not meeting ALL of its core elements, then it is not considered an adaptation and you must select another evidence based intervention option. [↑](#footnote-ref-2)