

**CITY OF CLEVELAND DEPARTMENT OF PUBLIC HEALTH  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
HIV/AIDS PREVENTION  
2023-2025**

**Request for Proposals**



**Date of Issuance:**

**Friday, April 14, 2023**

**Applications Due:**

**Monday, May 8, 2023 at 4:00 p.m**

## PURPOSE AND INTENT

The City of Cleveland announces the availability of Community Development Block Grant (CDBG) funds through the Cleveland Department of Public Health (CDPH), Division of Health Equity & Social Justice HIV/AIDS Prevention Program. CDBG funds will be made available to not-for-profit organizations and public agencies to provide HIV/AIDS prevention interventions, HIV testing, and capacity building initiatives to the residents of the City of Cleveland. After the City of Cleveland's June 2020 Declaration of Racism as a Public Health Crisis, Cleveland City Council introduced legislation to create the Division of Health Equity & Social Justice (HESJ) within CDPH.

The focus of the HESJ Division is to find solutions to health inequities and disparities. The root causes of health inequities are systematic social, economic, and environmental disadvantages that affect groups of people. Health inequities are unfair and avoidable differences in health status and include outcomes such as rates of chronic diseases like asthma, diabetes, and hypertension, life expectancy, likelihood of incarceration, and economic disparities. The mission of the Division of HESJ is to improve the health outcomes and the overall quality of life and to remove barriers to resources in order to create thriving neighborhoods and a thriving city. HIV/AIDS services and prevention and ending the HIV epidemic are a top priority.

The goal of the Community Development Block Grant HIV/AIDS Prevention Program is to reduce the rate of new HIV infections among Cleveland residents. Prevention interventions must utilize theoretical approaches that are evidence based and scientifically proven. Interventions using approaches outlined in the Compendium of HIV Prevention Interventions with Evidence of Effectiveness will be given special consideration. The Compendium of HIV Prevention Interventions with Evidence of Effectiveness can be found at [www.cdc.gov/hiv/research/interventionresearch/compendium/rr/complete.html](http://www.cdc.gov/hiv/research/interventionresearch/compendium/rr/complete.html). All interventions must actively support HIV counseling and testing services.

Capacity building initiatives will support the development of new HIV prevention programs. These initiatives will use grant dollars to support the creation of new prevention programs through professional education, technical assistance activities, and system development. Capacity building providers are expected to support the development of the new programming that will be sustainable and responsive to the prevention needs of the residents of Cleveland.

CDPH will make approximately **\$240,000** available through a competitive Request for Proposals (RFP) process to the community for HIV prevention, testing, and capacity building programming. CDPH anticipates awarding three-to-six programs budgeted appropriately for each project. CDBG Prevention funds will be made available to not-for-profit organizations and public agencies to provide HIV/AIDS funded activities to the residents of the city of Cleveland.

CDPH will award grants to agencies for a two-year grant cycle that will begin on July 1, 2023 and run through June 30, 2025. Funded agencies will be expected to respond to a continuation application process in early 2024 to be eligible for continued 2023-2024 funding.

The City of Cleveland reserves the right to not award all or any of the funds available through this request for proposals process, based on the available funding, and the quality of the proposals submitted. Individual grant awards may be adjusted to ensure maximum utilization of grant funds.

Proposals will be reviewed through an objective review process to make funding recommendations to the City of Cleveland. The review process recommendations will be presented to the CDPH administration for consideration. Final funding decisions will be made by the Director of Health and presented to Cleveland City Council for approval. The dates of City Council presentations will be announced later.

Prevention interventions must utilize theoretical approaches that are evidence based and scientifically proven. High Impact Prevention (HIP) Interventions using approaches outlined on the Center for Disease Control's (CDC) Effective Interventions website. These interventions are found at: <https://www.cdc.gov/hiv/effective-interventions/a-to-z.html>.

## **FUNDING PRIORITIES**

Prioritized target populations for CDPH are aligned with the priority list from the Ohio Department of Health (ODH) and the Cuyahoga County Board of Health (CCBH) based upon the latest Epidemiology Profile. They are identified as men who have sex with men (MSM), Black/ African American MSM, people living with HIV/AIDS (PLWHA) who are out of care, PLWHA who are not virally suppressed, persons who are newly diagnosed with HIV/AIDS, youth ages 13-24, and traditionally underserved populations. The goals of the CDPH HIV/AIDS Prevention Program are consistent with the National HIV/AIDS Strategy. Those strategies are to: Prevent new HIV infection; Improve HIV-related health outcomes of people with HIV; Reduce HIV-related disparities and health inequities; and to Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders. Included in the National HIV/AIDS Strategy is the Ending the HIV Epidemic Initiative (EHE), which calls for scaling up four science-based strategies of Diagnose, Treat, Prevent and Respond. Service delivery will be rendered by HIV/STI prevention providers that not only have the expertise, but also best understand the needs of the target populations. HIV/STI Prevention Program activities can consist of behavior/ biomedical interventions, HIV testing and STI screenings, health education/risk reduction initiatives, and social marketing.

HIV Prevention Interventions: Submission of prevention interventions must address one or more of the priority target populations listed above using at least one of the HIP Effective Intervention Strategies supported by the CDC.

Applicants seeking funding under HIV Prevention Strategies must include in their proposal a description of how they will implement each of the following required four program components: 1. Targeted HIV Testing (as a sanctioned HIV Test Site or CTR, or through collaborative partnership with a sanctioned HIV Test Site or CTR). 2. Outreach services and health education/risk reduction; conduct prioritized outreach and education activities at times and in places where there is a high probability that eligible persons will be present who are HIV positive and unaware and/or are more vulnerable to HIV exposure. 3. Prevention programs for HIV negative people at greatest risk, like pre-exposure prophylaxis [PrEP] programs (as a sanctioned PrEP provider, or through collaborative partnership with a sanctioned PrEP provider). 4. Active referral services and linkage to care and treatment services such as HIV Outpatient/ambulatory health services, medical case management, and substance use care through active referral, including linkage to care for persons formerly in care or never in care.

HIV Testing in Clinic Settings: Proposals will be accepted for projects that primarily provide HIV testing in a clinic setting where there are other ancillary medical services. These services and settings may include but are not limited to STI clinics, family planning providers, immunization clinics, women's health services,

criminal justice medical clinics, and other clinical providers. The goal of these projects is to provide HIV counseling and testing in settings that leverage STI screenings (syphilis, chlamydia and gonorrhea) and are more likely to reach persons with known behavioral risks. Additionally, applicants should be a PrEP provider or have the ability to refer and track patients for PrEP assistance. A provider applying for an HIV testing only grant will complete a minimum of 200 tests annually. Must specify high priority populations the project will target. Providers must be willing to adhere to State of Ohio HIV Testing Protocols.

**HIV Capacity Building Services:** Proposals will be accepted that create new HIV prevention and service capacity within Cleveland. Whereas the programs funded through the HIV High Impact Prevention Interventions and HIV Testing in Clinical Settings funding categories primarily target their services to individuals or communities, the HIV Capacity Building programs mostly target large systems or organizations. They may also include programs that provide professional staff development of medical, social service, teachers, public health, and faith-based personnel and their organizations.

The goal of Capacity Building programs is to support the development of new HIV prevention programs that will be sustainable without direct CDPH funding. HIV Capacity Building grants are not required to provide direct HIV prevention services including HIV testing or PrEP referrals, but should be able to address HIV Testing, PEP/PrEP, Linkage to care, and Outreach Education / Risk- Reduction capacity-building needs.

**Prioritized Populations:** Agencies will describe the populations selected to focus on for programming, and the steps taken to identify and address the needs of these populations. Federal and local priorities include emphasis on:

- Men who have sex with men (MSM)
- Youth ages 13-24
- People with HIV/AIDS who are out of care
- Persons who have been recently diagnosed with HIV/AIDS
- Persons who are not virally suppressed
- Disproportionately affected populations such as Black/African American and Hispanic/Latino populations

## **TIMELINE FOR REQUEST FOR PROPOSALS**

**Date of Issuance of RFP:** Friday, April 14, 2023

**RFP Due Date:** Monday, May 8, 2023 at 4:00 p.m.

Any proposal received after the due date will not be accepted.

**Applications must be submitted by email to:** [OHAS@city.cleveland.oh.us](mailto:OHAS@city.cleveland.oh.us)

**Questions should be directed to:**

Tiffany Greene, M.Ed.

HIV/STI Project Coordinator

Cleveland Department of Public Health Office of HIV/AIDS Services

TGreene@clevelandohio.gov

(216) 666-4876

## **TECHNICAL ASSISTANCE**

CDPH, Office of HIV/AIDS Services, will hold a technical assistance session for applicants virtually via Microsoft Teams, due to the continuation of the COVID-19 pandemic.

**Thursday April 20, 2023 – 10:00 – 11:30 a.m.**

CDPH staff will review all sections of the RFP and answer questions.

## **QUALIFICATIONS OF APPLICATIONS**

- Applicant agencies must meet the following minimum requirements:
- Applicants must be not-for-profit, tax-exempt organizations as determined by Section 501(c) (3) of the Internal Revenue Code, with a current, valid letter of exemption or be a public agency or school district.
- Have proven administrative, fiscal and programmatic experience providing HIV prevention or test services, and the program capacity to implement the CDC HIV Effective Interventions.
- Grant funds are provided on a reimbursement basis. Agencies must have the ability to provide initial revenue for program costs.
- Applicant agencies must demonstrate at least two years of experience in the proposed HIV prevention program area.
- For proposals providing HIV Prevention Interventions or HIV Testing Services, agencies must currently employ at least one (1) ODH Certified HIV test counselor.
- Multiple proposals may be received from applicant agencies.

## PROGRAM REQUIREMENTS

### *Funded Agencies will be required to:*

- Submit monthly fiscal reports for reimbursement and programmatic reports outlining performance and outcomes to CDPH. Agencies must have the capacity to submit the reports through email or an online website if required. Reimbursement will be withheld from agencies that do not adhere to the reporting requirements; contracts may be terminated.
- Send funded staff to support public HIV testing events. Reimbursement will be withheld from agencies that do not adhere to this requirement; contracts may be terminated.
- Participate in local HIV/AIDS Prevention and Care Committees and The HIV/AIDS Case Management Networking Group.
- Participate in periodic site visits to review and discuss performance and provide demonstration of program activities and documented financial activities.

**Projects will receive funding pending final approval from the Director of Department of Public Health.**

## MONTHLY REPORT SUBMISSION REQUIREMENTS

- All reports (fiscal, programmatic, and surveys) will be due the **10<sup>th</sup>** of every month (reporting schedule below); if the 10<sup>th</sup> falls on a weekend, reports are due the Friday prior.
- All reports will be due by **12:00 p.m.** based on the reporting schedule below.
- Submit Fiscal reports via email to: [CDPHFISCAL@city.cleveland.oh.us](mailto:CDPHFISCAL@city.cleveland.oh.us)
- Submit Program Reports via email to: [ohas@city.cleveland.oh.us](mailto:ohas@city.cleveland.oh.us)
- All grants are on a monthly reimbursement cycle. If supporting documentation is not submitted correctly, you will not receive payment for those specific items until the next reporting month.

If your agency repeatedly submits incomplete documentation or it is determined that the new process causes too much of a burden upon your program, we will review alternatives for programming execution.

### **CDBG REPORTING SCHEDULE (2023-2024 GRANT YEAR):**

Report Month	Due Date	Report
June 2023	July 10, 2023	Fiscal/Program
July 2023	August 10, 2023	Fiscal/Program
August 2023	September 8, 2023	Fiscal/Program
September 2023	October 10, 2023	Fiscal/Program
October 2023	November 10, 2023	Fiscal/Program
November 2023	December 8, 2024	Fiscal/Program
December 2024	January 10, 2024	Fiscal/Program
January 2024	February 9, 2024	Fiscal/Program
February 2024	March 8, 2024	Fiscal/Program
March 2024	April 10, 2024	Fiscal/Program
April 2024	May 10, 2024	Fiscal/Program
May 2024	June 10, 2024	Fiscal/Program

## HIV PREVENTION INTERVENTION PROPOSAL COMPONENTS

Proposals providing HIV Prevention Intervention services must meet the following content requirements. Failure to do so will result in exclusion from the funding process.

1. Agency programs must be based on **behavioral science theory or be scientifically proven**. The agency must demonstrate that the program interventions are behaviorally based by:
  - explaining the formal theory incorporated into the program design,
  - denoting the evidence-based model being replicated, or
  - explaining the adaptation of a behavioral science-based prevention model being used
2. Programs must be **culturally and linguistically appropriate** for the target population(s). Agencies should use “people-first” language in proposal responses
3. Programs must **focus on HIV prevention but also address other Sexually Transmitted Infection (STI)**. Special considerations will be given to programs that can **leverage services to address one or more co-factors that lead to HIV infection within the targeted population**. This might include substance use disorders, mental health disorders, victims of human trafficking, socioeconomic factors, and cultural/ethnic barriers.
4. Programs must provide **skill-building training**, which will enable participants to avoid risky behavior and to educate participants regarding alternatives to risky behavior.
5. Programs **will be expected to test at least 200 individuals each year**. Programs can provide testing through either on-site services or off-site testing events carried out by program staff. Priority will be given to programs that integrate HIV and STI testing. Agencies without this level of existing testing capacity must develop a formal collaboration or partnership with an established testing provider.
6. Funded Programs must **provide PEP or PrEP referrals, and immediately link newly HIV identified HIV positive individuals with HIV medical care**.
7. Proposals must document **previous and current knowledge and experience in working with the target population**, particularly as these relate to culture-specific norms and values, realities of the target population, gender and cultural norms in sexual decision-making, and HIV/AIDS related experience with target population.
8. **Identify and implement effective models of client recruitment and retention**. If the proposal has an outreach component, it should identify where it intends to reach the targeted population. This may include specific geographies, like zip codes or neighborhoods, community-based locations, and/or digital spaces like social media.
9. Proposals are encouraged to incorporate **collaboration and partnerships** with other local agencies involved with HIV/STI prevention, education and/or services, as well as other local organizations with connections and experience with target populations.

## PROPOSAL FORMATTING & SUBMISSION

**Each proposal must meet the following format requirements. Failure to do so will result in exclusion from the funding process.**

1. All proposals are to be typed on 8 ½ X 11-inch paper, double-spaced, with a minimum 0.75" margins. Applicants should use 11-point, Calibri font, with pages numbered in the center of the Footer.
2. **Begin each section of the narrative on a new page.** Limit your answer to the amount of space specified for that particular section of the narrative.
3. Project Summary Form may be submitted separately in PDF format.
4. Submitted proposals are to be reviewed by Cleveland Department of Public Health chosen reviewers. All funding decisions are final.
5. Submit application and supplemental materials to the following email address:  
[ohas@city.cleveland.oh.us](mailto:ohas@city.cleveland.oh.us)
6. Deadline extensions will not be granted for any reason.

**Please use the following format and address each component within the allotted page limits:**

**Project Summary Form** 1 page maximum  
(Use the attached Project Summary Form – may submit via PDF)

**Program Abstract** 2 page maximum

- Name and a description/purpose of the proposed project.
- Funding Priority the project intends to address.
- The HIV prevention or service gap the program intends to fill.
- The selected HIV prevention intervention or service and the proposed outcomes the program will achieve.
- A description of the HIV testing services that the program will provide.

**Organizational Commitment to HIV Prevention** 2 page maximum

- Describe internal organizational relationships that relate to the proposed program. Include an organizational chart, identifying where the proposed program is to be placed. Identify all other agency HIV and STI prevention, testing, treatment, and/or care services and programs that will support the needs of the target population or community.
- Describe external organization relationships that relate to the proposed program. Special attention should be given to the STI clinical services; substance abuse and mental health counseling; health promotion programs; and services that meet the basic needs of clients (activities such as food centers, housing assistance, job training, and education support). Discuss the nature of these relationships, how coordination is to occur, and what policies and practices



are in place to ensure client confidentiality.

- A letter of support or Memorandum of Understanding should be included with the proposal for formal relationships related to the proposed activities dated within the last 90 days.

### Target Population Description

2 page maximum

- Describe the program's target population(s). For HIV Prevention Interventions, please note discussion of priority populations on **p. 3 of this RFP**. Describe the specific behaviors and/or environmental factors that place the population at high-risk HIV exposure.
- Describe the agency's qualification and prior experience working with the target population(s). For HIV Prevention Interventions, identify which behavior risk factors you intend to address with the target population and discuss your experience in addressing the identified risks factors.
- Describe how the program will recruit and retain participants. Explain what outreach is proposed or in place to attract members of the target population(s) or if participants will be recruited from existing agency clientele. Identify and describe if any internet or electric outreach that is planned and include the intended targeted websites. Discuss if social marketing will be used to recruit clients and where materials will be posted.
- Discuss the level of demand and interest within the population(s) to receive the proposed services and if incentives will be needed to create that demand. If incentives are to be used, provide agency history on managing incentives and specific detail on their value, distribution, and form (cash, gift cards, debit cards, etc.).
- Discuss if and how the target population is included in the decision making of the agency (e.g., involvement with the agency's Board of Directors, through focus groups or consumer advisory councils, or other means of organized input).
- For agencies providing HIV Prevention or Testing, provide a summary of your agency policy on consenting adults and adolescents. Discuss how you will address consenting in relationship to client follow up for the program evaluation. For agencies serving youth participants, discuss how staff will get parental consent. Provide a copy of the program's consent form.

### Program Narrative

5 page maximum

- Discuss in detail which funding priority the program will address to meet the target populations' preventions needs. Explain in detail how the program will implement each requirement (High Impact Prevention, HIV Testing in Clinic Setting, HIV Capacity Building).
- Describe the program's implementation plan for the **2023-2024 grant year**.
  - If this is a new program, discuss the plan's efforts to ensure that intervention is implemented with fidelity. If the program is currently being administered, discuss the overall success of the project.
- Identify when and where the program services will occur and how these meet the needs of the client.
- Describe staff utilization plans - use of existent staff or new staff to be added. Attach resumes and copies of any training certifications or professional licenses for existing staff. Attach position descriptions for new hires and list the qualifications and experience of staff who are to implement the program. Describe plans for timely hiring of staff, if applicable. It is expected that all staff will have or receive all necessary training within three months of program start up. Incorporate training costs in your budget. Grant funds can be used for out-of-state travel to attend trainings with approval.

- Describe in detail how PrEP assistance, linkage to care for HIV positive individuals, and Outreach services and risk-reduction activities will be implemented documented and monitored.
- Describe the anticipated outcomes of the program and the number of clients served.

### HIV Testing

2 page maximum

- Describe the program's HIV testing activities. Will the program focus on establishing testing hours and outreach sites, public testing events, or a combination of the strategies?
- Describe the implementation plan for HIV testing strategies, including the number of HIV tests that will be provided via each selected strategy, the timeline, and the staff responsible for the service.
- As stated on **page 8 of the RFP**, all agencies applying for funding to provide *HIV Prevention Interventions* must also provide a minimum of 200 HIV tests annually. Additionally, agencies applying for funding to provide *HIV Testing in Clinic Settings* must provide a minimum of 800 tests annually.
- If the agency currently provides HIV testing, identify those projects along with respective funding sources. Discuss how the CDPH testing requirement will compliment current other testing projects, and integrated with existing services (i.e., Partner Services and Linkage to Care). What efforts will be taken to ensure new (unduplicated) clients are being recruited for testing?
- ***If your agency is currently an HIV testing provider, provide the total number of HIV tests and positivity rate for the program year (July 2021– Dec 2022 & Jan - Mar 2023).***
- Include a description of how the agency will track and report HIV testing numbers and the positivity rate where HIV tests are being provided at each location.
- Identify if the program is providing STI screenings and if there is the capacity to integrate HIV and STI testing services into your existing programs.

### Prior Performance Goals (2021-2022 CDPH funded programs only)

2 page maximum

- Describe in detail the progress of the stated goals and objectives of the prior grant year (July 1, 2021 – June 30, 2022) as it relates to your program intervention. Describe in detail the challenges to program implementation in addition to success and program solutions.
- List the number of people who have completed the intervention and those who have been reached through the HIV Counseling, Testing, and Referral services.
- Indicate if your objectives were met or not met. In narrative form, detail the reason behind any goal that was not met. If not met, what changes have been made to ensure their 2021-2022 goals will be accomplished?

### Scope of Services 2023-2025

- A Scope of Service for the **2023-2024 grant year only** must be included. The scope should list program objectives, activities and target numbers to be reached in the June 1, 2023 - May 31, 2024 grant.
- Identify the selected HIV prevention intervention or service and the proposed outcomes the program will achieve
- Use Attachment B to complete the Scope of Services

### Budget

- A line-item budget for the **2023-2024 grant year only** must be included and account for all costs (including in-kind costs and outside grants) that contribute to the maintenance of the proposed project using Budget Forms 1-2.
- An accompanying descriptive budget narrative must be included and explain each line item in detail. It must describe how the amount requested was calculated.
- There is a 7% administrative overhead/indirect cost maximum. All administrative costs must be supported with a line item and narrative budget documents.
- Include a copy of the 2023 agency budget (if not yet approved, include the prior year agency budget).
- Please only use five percent (5%) increments when splitting personnel time.

\*\* In developing the program budget and narrative, consider the following questions: Does the budget reflect the total cost of the proposed program, including in-kind costs? Does the applicant appear to have the ability to realistically provide the listed in-kind costs? Does the budget narrative provide a basis for the proposed program and the number of individuals targeted? Does the requested funding account for more than 50% of the agency's total operating budget for the project year? Is the request reasonable? Is the level of supervisory staff and administration consistent with the scope of work? Does the budget include sufficient funding for required staff training and certification?

## SUPPLEMENTAL MATERIALS

- **Position Description and Resume(s)** for all project staff must be included with the proposal. If the project will use existing staff of the applicant organization, resumes/qualifications of these staff members should be included in the application.
- **IRS Letter of Exemption**: A copy of the applicant organization's IRS letter of exemption should be included with the proposal.
- Provide an **audited financial statement** for the applicant's last fiscal year. If the agency has previously submitted their most recent audit to the Office of HIV/AIDS Services please indicate date of submission, and there is no need to submit a copy with this application. (**ONLY 1 copy needed**)
- **Non-Competitive Bid Form**: Please submit one (1) notarized copy. *(If form has been submitted for a city project for the current calendar year of 2023 please indicate when submitted or include a copy of the signed and notarized copy).*

## Letters of Collaboration or Memorandum of Understanding

Each proposed program includes formal collaboration(s) with other agencies or projects; this should be documented in a Letter of Collaboration or Memorandum of Understanding (MOU) with each agency and dated within the last 90 days. Must include only two (2) of either document.

## REVIEW AND AWARD CRITERIA

Applications meeting the minimum requirements will be reviewed and evaluated in the following areas:

### **Project Summary Form & Program Abstract**

**5 points maximum**

Is there a concise description of the proposed service? Is there a funding priority the project will address? Is there a prevention or service gap to be filled? Prevention intervention or service, and proposed outcomes that will be achieved? Strategies to use for follow-up surveys with clients?

### **Organizational Commitment to HIV Prevention**

**5 points maximum**

Does the agency describe internal relationships that support HIV and STI services? How well does the agency describe external relationships and their coordination of HIV and STI services? Did the agency include an organizational chart?

### **Target Population Description**

**5 points maximum**

Describe the program's target population? Prior experience working with target population? Where client behavioral risk factors clearly addressed? How will program recruit and retain participants? Was agency policy on youth consent included?

### **Program Narrative**

**5 points maximum**

Does agency provide brief description of proposed intervention? Does the agency have a program implementation plan? Did agency describe their staff utilization plan? How will the agency integrate HIV, STI and PrEP services? Did the agency describe plans to link persons with an HIV diagnosis to medical care, case management and other appropriate services?

### **HIV Testing**

**5 points maximum**

Are testing activities described? Implementation of testing strategies reviewed? What other testing activities or strategies does the agency employ? Does the agency provide STI screenings? Can agency do both?

### **Prior Performance Goals/Scope of Services**

**5 points maximum**

Does the program provide details of prior performance? List of activities and target numbers to be reached? Does the agency identify program challenges and successes?

### **Budget & Budget Narrative**

**5 points maximum**

Does the budget reflect the total cost of the proposed program, including in-kind costs? Does the budget justification provide a basis for the level of service proposed and the number of clients targeted? Does the requested project budget account for more than 50% of the agency's total operation budget for the project year? Is the budget data complete and accurate?

### **Supplemental Materials**

**5 points maximum**

### **Letters of Collaboration/MOU**

**5 points maximum**

## APPLICATION CHECKLIST

Ensure your application is complete before submission. Please use the following checklist:

### Proposal

- ☐ Project Summary Form
- ☐ Abstract
- ☐ Organizational Commitment to HIV Prevention Target
- ☐ Population Description
- ☐ Program Narrative
- ☐ HIV Testing
- ☐ Evaluation
- ☐ Prior Performance Data (if applicable)
- ☐ Scope of Services
- ☐ Budget Forms 1-2
- ☐ Budget Narrative
- ☐ Letters of Collaboration/Memorandum of Understanding (2)

### Supplemental Materials

- ☐ Position Descriptions
- ☐ IRS Letter of Exemption
- ☐ Attachment B, signed
- ☐ Non-Competitive Bid Form

**PROJECT SUMMARY FORM**

Project Name and Target Population:		
Legal Applicant/Recipient Organization:		
Tax Identification Number:		
Executive Director/CEO/President:		
Mailing Address (include street, city, zip code):		
Telephone:	Fax:	E-Mail:

Administering Agency:		
Program Contact Person:		
Mailing Address (include street, city, zip code):		
Telephone:	Fax:	E-Mail:

FY 2023-2024 Grant Amount Request:

\$

Current HIV/STI Prevention and Testing funding: If yes:		Grant period	Amount
AIDS Funding Collaborative	Yes ( ) No ( )		
ADAMHS	Yes ( ) No ( )		
Federal HIV Prevention	Yes ( ) No ( )		
SAMHSA	Yes ( ) No ( )		
Cuyahoga County Board of Health	Yes ( ) No ( )		
Other(specify)	Yes ( ) No ( )		

Would you like to receive feedback on this proposal? ( ) Yes ( ) No

To the best of my knowledge and belief, the information contained in this application is true and correct. This document has been duly authorized by the governing body of the applicant organization to comply with the required assurances if the application is approved.

---

 Certifying Representative Signature

Typed Name/Title:

**BUDGET FORM 1**

Name of Project: \_\_\_\_\_

Applicant Agency: \_\_\_\_\_

Grant Year: 2023-2024

Personnel		Hours Per Week on Project	Source of Project Funds		
Name	Position Title		Grant Funds*	Other Funds**	Total Project Costs
SUBTOTAL PERSONNEL					
FRINGE BENEFITS Insurance Social Security Retirement Disability Medical Dental					
TOTAL PERSONNEL					

\* These are grant monies, which are being requested.

\*\* These are monies outside the grant process which will help pay for the project (e.g., in-kind, or matching funds from another grantor, foundation, or the agency).

**BUDGET FORM 2**

Name of Project \_\_\_\_\_

Applicant Agency \_\_\_\_\_

Grant Year: 2023-2024 \_\_\_\_\_

Category	Grant Funds	Other Funds	Total Project Costs
TOTAL PERSONNEL (from prior page)			
Consumable Supplies Medical/Lab			
Office			
Educational			
Postage			
Travel			
Mileage			
Per Diem			
Lodging			
Registration Fees			
Rent			
Utilities			
Contractual Services			
Other Expenditures			
Phone			
Printing/Photo Coping			
TOTAL BUDGET			

*Table should be amended as needed to include all applicable program costs.*



**ATTACHMENT A**

**Agency Non-Contact Reviewer Agreement**

I, \_\_\_\_\_, an authorized representation of  
(Name)

\_\_\_\_\_, agree that the employees,  
(Organization name)

Board members, their spouses, and any person negotiating on behalf of the organization is prohibited from contacting any member of the proposal review committee before, during, and after the review process for the sole purpose of discussing our agency's or another agency's application. I understand that such contact will result in the termination of our application and suspension of consideration of our proposal in this funding process.

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
(Signature)

**ATTACHMENT B:**

**2023-2024 CDBG HIV Prevention Scope of Services [Agency Name]**

Intervention

- **Enter Name of Intervention(s)**

Target Populations

- **Enter Target Population(s)**

Project Activities for the 2023-24 grant year only:

- **Enter Target Activities**

## **ATTACHMENT B – SAMPLE**

### **2023-2024 CDBG HIV Prevention Scope of Services Agency**

#### **Project Staff**

- Intervention – John Smith
- Testing – John Smith and Mary Jones

#### **Intervention**

- Many Men Many Voices(3MV)

#### **Target Populations**

- MSM
- Bisexual Males (non-gay identified men who have sex with men)

#### **Project Activities for the 2023-24 grant year only:**

- **Complete 3MV EBI with African American MSM - 55 total**
  - John Smith will recruit 80 MSM to participate in 3MV
  - 65% of recruited participants will complete seven 3MV sessions
- **General population will receive HIV Counseling & Testing – 300 total**
  - The 3MV program will provide a community testing event in each of the City of Cleveland's five highest HIV incidence communities.
  - The 3MV program will produce social marketing to support each testing event
  - The 3MV program will provide 5 outreach and presentations for each event leading up to the event date.
- **Target Population HIV Testing. – 300 total**
  - 80 3MV participants will be offered HIV testing and referral for STI screening
  - The 3MV program will offer HIV testing two days each week (Thursday and Friday) for the full grant year.
  - The 3MV program will provide HIV testing at the bathhouse and gay bars on a monthly basis.
- **STI Screening Referrals –500 total**
  - The 3MV program will refer all program participants for STI testing
  - The 3MV program will hold one STI screening event during STI Awareness month.