



STATE OF ARKANSAS

ARKANSAS DEPARTMENT OF HEALTH (ADH)

HIV/STD/Hepatitis C Section

REQUEST FOR APPLICATIONS

RFA-13-0004

For

HIV Prevention Project

Date Issued:

October 24, 2012

Schedule of Events

Event	Due Dates
RFA Issued	October 24, 2012
Due date for Mandatory Letters of Intent	November 6, 2012 by 3:30 pm
Q & A Time Frame	November 6, 2012 by 3:30 pm
RSVP for non-Mandatory Workshop	November 6, 2012 by 3:30 pm
Mandatory Workshop – Location to be announced	November 14, 2012
Question and Answer Addendum Posted	November 15, 2012
Due date for Applications	December 4, 2012 by 2:00 pm
Anticipated Completion of recipient selection	December 21, 2012
Anticipated Notification of Award Recipients	February 22, 2013
Start date of sub-grant	July 1, 2013

Summary of Funding

The total amount to be awarded through this RFA shall not exceed \$350,000. The greatest award to any single applicant (regardless of the number of program areas proposed) shall not exceed \$90,000. Awards shall be based on the proposed budget and review committee recommendations. However, lesser amounts may be awarded than those requested in the application. A separate budget is required for each program area addressed in the application.

The funding period is July 1, 2013, through June 30, 2014. All activities must be completed by June 30, 2014. Activities and/or expenses incurred outside this timeframe will not be reimbursed. In the application, applicants must request funding necessary to complete all activities of the proposed project outlined in the original application. Changes to the original amount will not be allowed. Requests for changes in project scope must be submitted in writing and must be approved by the ADH. ADH cannot award start up or advance funds. Monthly payment is made in the form of reimbursement to the recipient organization upon submission of receipts and documentation of completed activities. Applicants must have sufficient resources or funding, independent of this agreement, to ensure the organization's ability to provide services under an actual cost reimbursement method up to sixty (60) days from the date of submission of an invoice.

Acronyms Used in this RFA:

Acronym	Description
3MV	Many Men Many Voices
ADH	Arkansas Department of Health
AIDS	Acquired Immune Deficiency Syndrome
ARCPG	Arkansas Community Planning Group
CDC	Centers for Disease Control & Prevention
CDC/HHS	Centers for Disease Control & Prevention /Health & Human Services
CLEAR	Choosing Life: Empowerment! Action! Results!
CY	Calendar Year
DEBI	Diffusion of Effective Behavioral Interventions
d-UP	Defend Yourself
eHARS	Enhanced HIV/AIDS Reporting System
EPLS	Federal Excluded Parties List System
GY	Grant Year
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
HRH	High-Risk Heterosexual
IDU	Intravenous Drug Users
IRS	Internal Revenue Service
MSM	Men who have Sex with Men
NDI	National Death Index
OMB	Office of Management & Budget Circular
PCC	Personalized Cognitive Counseling
POL	Popular Opinion Leader
PROMISE	Peers Reaching Out & Modeling Intervention Strategies
RAPP	Real AIDS Prevention Project
RESPECT	An Effective, Individual, Client-focused HIV Prevention Counseling Intervention
RFA	Request for Applications
STD	Sexually Transmitted Disease
UALR	University of Arkansas at Little Rock
UGMS	Uniform Grant Management Standards
VOICES/VOCES	Video Opportunities for Innovative Condom Education & Safer Sex:
WILLOW	An intervention that is a social-skills building and educational intervention for adult women living with HIV.

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SECTION I. PROGRAM OVERVIEW

A. Introduction

This guidance is provided to assist applicants in preparing their 2013 & 2014 year HIV Prevention Program grant application for funds under the Arkansas Department of Health HIV Prevention Program (ADH). The purpose of this grant is to reduce new HIV infections in Arkansas. The funding period is July 1, 2013, through June 30, 2014. The guidance provides application instructions, background on reporting requirements and other documentation.

The 2013-2014 HIV Prevention Project will focus on three (3) areas:

- HIV Prevention Interventions with MSM (\$150,000.00)
- HIV Testing and Counseling with High Risk Populations (\$100,000.00)
- Evidence-based Interventions with High Risk Populations (\$100,000.00)

Applicants can only apply for one (1) evidence based/behavioral intervention and one (1) testing and counseling intervention.

For example: Applicant can apply for 3MV and testing and counseling in Lee and Cleveland County. Applicant cannot apply for Many Men Many Voices and d-Up.

Strong consideration will be given to applicants working in but not limited to the following counties:

Crittenden (Prevalence Rate = 457.7 per 100,000)

Jefferson (Prevalence Rate = 458.4 per 100,000)

Lee (Prevalence Rate = 777.1 per 100,000)

Pulaski (Prevalence Rate = 462.2 per 100,000)

Cleveland (Prevalence Rate = 471.9 per 100,000)

Performance Standards

The Arkansas Department of Health expects each funded applicant to achieve the following performance standards, when the program is fully implemented:

- For targeted HIV testing in non-healthcare settings or venues, achieve at least a 1.0% rate of newly identified HIV-positive tests annually.
- At least 85% of persons who test positive for HIV receive their test results.
- At least 80% of persons who receive their HIV positive test results are linked to medical care and attend their first appointment.
- At least 75% of persons who receive their HIV positive test results are referred and linked to Partner Services.

The Epidemiology section of this Request for Applications (RFA) will serve as the reference point for the proposed interventions by each applicant.

There will be a total of \$350,000 available for funding from the ADH for twelve (12) month contracts beginning July 1, 2013, and ending June 30 2014. Applications are due December 4, 2012 by 2:00 pm. Applicants are encouraged to:

- Carefully review the RFA for all application details.
- Utilize the epidemiology of HIV Infection in Section I (E) as the basis for proposed interventions.
- Propose evidence-based interventions as described in Section II (B).
- Follow all application instructions.

B. Background

Arkansas's HIV epidemic continues to trend upwards in minority populations. African American men, African American women, and Hispanic/Latino (men and women) constitutes nearly sixty (60) percent of all new infections, while the combined population represents only 21.8% of the state's total population. African American Men who have Sex with Men (MSM), the highest risk population, represent 21.1% of all new infections statewide. In contrast, the epidemic is showing signs of stabilization in white MSM, a historically high risk group. White MSM comprised about 15.7% of all new infections statewide for 2011, a 2.1% decrease from 2010.

Why is there a health disparity among African Americans? Some studies suggest that viral loads are higher in this population due to late diagnosis, access to care and treatment, and the tendency to remain within their racial group for social and sexual intercourse. This explanation could apply to African American women as well. Therefore, earlier diagnosis of HIV infection through increased testing will address some of this disparity. Additionally, it is crucial that following diagnosis there is a process for earlier entry into care; an unmet need that requires further development in the African American population and MSM in general. As a result of this data, what are some of the challenges we must take in account as we strive to meet this unmet need?

Social determinants such as poverty, stigma, lack of education, and cultural incompetency can be barriers that widen the divide between living and quality of life. These barriers may directly affect how one (1) chooses to practice safer sex, obtain medical remedy, or seek earlier treatment; all of which could have delayed or prevented the onset of AIDS or other complications linked to delayed entrance into treatment. Many of the social determinants are elevated by the fact that Arkansas is a southern, rural state faced with the ongoing challenge of overcoming long standing social and economic inequities. Lack of access to services and prevention programs is exacerbated by the fact that public transportation and amenities commonly available in more densely populated areas are virtually nonexistent.

HIV affects individuals living with the disease as well as those close to them. However, HIV also affects the community and state through cost of treatment, medication and lost employment. In Arkansas, the estimated monthly medical cost for a person living with HIV from beginning appropriate treatment to death is, on average, \$2,100. The projected lifetime cost per person at the time of entering optimal HIV care is \$385,200, and the treatment expense that can be avoided by preventing each HIV infection is \$303,100. The CDC estimates that each case of HIV costs an average of \$250,000 over a 5-year period between medications, lost employment, and hospitalizations. Thus, HIV prevention focuses on the individuals at risk but also the greater human and economic cost to society.

1. Racial and Ethnic Health Disparities in New HIV Infections

According to data for 2011 from the Arkansas Center for Health Statistics, a division of ADH¹:

In 2011, there were two-hundred and eighty (280) new cases of HIV infection reported to the Arkansas Department of Health.

- Race/Ethnicity:
 - o 54% of the cases were of the African American race, however, African Americans made up only 15% of the total Arkansas population
- Gender:
 - o African American and Hispanic/Latino women comprised 76% of new HIV infections in women
 - o African American and Hispanic/Latino men comprised 58% of all new HIV infections in men, however, only 11% of the general population of men in Arkansas
 - o African American men alone comprised 41% of the new HIV infections, though they are only 8% of the general population of men in Arkansas.
- Age:
 - o African American and Hispanic/Latino women between the ages of 20 – 39 comprised 53% of the new infections in women
 - o African American and Hispanic/Latino men between the ages of 20 - 39 comprised 36% of the new HIV infections in men

The disproportionate impact of HIV infection among persons of color includes significant trends in higher mortality rates and diagnosis of AIDS upon initial HIV testing [or within twelve (12) months of receiving an HIV diagnosis]. Additionally, HIV infection has a distinct effect on African American men, who demonstrate much higher incidence and prevalence rates overall.

2. Arkansas Department of Health HIV Prevention Program

The Arkansas Department of Health HIV Prevention Program administers Centers for Disease Control and Prevention (CDC) funds. In partnership with the Arkansas Community Planning Group (ARCPG), statewide assessments and prevention plans are developed and the impacts of various programs are studied. On September 9, 2011, a statewide planning meeting was held to a) review the HIV epidemiology across the state; b) discuss the priorities for funding through a future RFA; and c) to continue recruiting participation and leadership of the Arkansas Community Planning Group (ARCPG). ARCPG has currently been restructured to enhance community effort and, throughout the past twelve (12) months, the re-formation and establishment of priorities and outcomes have been established.

C. Program Authority

Arkansas Department of Health, HIV Prevention Program: Public Health Service Act (42 U.S.C. §§ 247b(k)(2), 247c, 317(k)(2) and 318).

¹ Information maintained by the Arkansas Health Statistics Branch, a division of the Arkansas Department of Health. Accessed April 18, 2012.

D. Program Goals

The 2013 HIV Prevention Program goals are to:

- i. Reduce new HIV infections in Arkansas
- ii. Increase the number of HIV tests statewide based on CDC recommendations
- iii. Reduce the number of late testers including those persons testing HIV-infected and simultaneously diagnosed with AIDS
- iv. Increase awareness and understanding of disease process and prevention
- v. Increase testing among those who are HIV-infected and do not know their status

Reducing new HIV infections requires interventions on individual, family and community levels with a) persons living with HIV regardless of their status knowledge, b) reduction/elimination of high-risk behaviors of people living with HIV, and c) individuals of high-risk populations. Expanded testing programs and sites across the state will increase the number of persons who know their status thereby reducing new HIV transmissions². A strategic approach to identify persons at risk includes a focus on the current modes of transmission as a key indicator for risk and increased interventions among persons with the stated behaviors are needed.

E. Epidemiology of HIV in Arkansas

This RFA offers potential funding opportunities to entities that will implement interventions to reduce new HIV infections. The applications submitted in response to this request must utilize the data provided in this section to target their proposed interventions.

Reporting of HIV infection in Arkansas began in 1989 and ongoing surveillance efforts across the state capture required information about those persons testing positive. This data includes race, age, gender, and information related to high-risk behaviors.

The source for the HIV and AIDS information is the Arkansas Department of Health, HIV/STD Surveillance Section, Enhanced HIV/AIDS Reporting System (eHARS), accessed April 18, 2012.

Note: During Calendar Year (CY) 2010, the Arkansas Department of Health HIV/STD/Hepatitis C Surveillance team linked the eHARS data with the National Death Index (NDI) to update the vital status of persons reported as HIV positive. With this linkage of the two databases, over five-hundred (500) persons were subsequently reclassified as deceased and the eHARS database was updated.

The two (2) elements of concern for the ADH are:

- The percentage of cases who have tested positive and have not been recorded as seeing a care and/or treatment provider in the last twelve (12) months totals 58.2% (as of December 31, 2010).
- The stigma that creates barriers to HIV testing, access to care and treatment, as well as the ability to implement programs in the populations most at risk.

Linkage to care is a major barrier in reducing new HIV infections. People living with HIV who are not in care are more likely to engage in high-risk behaviors, putting themselves and others at greater risk for HIV transmission. They are also more infectious to their cohorts because the lack of treatment increases their ability to transmit the virus.

² Janssen, R.S., Holtgrave, D.R., Valdiserri, R.O., Shepherd, M., Gayle, H.D., DeCock, K.M., *The serostatus approach to fighting the HIV epidemic: prevention strategies for infected individuals*, American Journal of Public Health, (2001) Vol. 91, Issue 7, 1019-1024.

1) Incidence and Prevalence, 2011

Incidence, 2011

In 2011, there were two-hundred and eighty (280) new cases of HIV reported in Arkansas. Of these new cases of HIV:

- 79% were male; 21% were female
- 48% were under the age of thirty (30); 39% were aged between 30-49
- 29% were White, 54% were African American and 7% were Hispanic or Latino
- 23% of those who tested positive for HIV in Calendar Year (CY) 2011 were diagnosed with AIDS by December 31, 2011

As anticipated in Arkansas (based on the national trends) African American and Hispanic populations were disproportionately impacted. According to the Demographic Research Unit at the University of Arkansas at Little Rock (UALR), only 15.4% of the population in Arkansas is African American and 6.4% are Hispanic or Latino. This is quite significant given that of the new cases of HIV in 2011, 54% were African American and 7% were Hispanic or Latino. Conjointly, males are also disproportionately affected; the Demographic Research Unit at UALR reports that 49.1% of the Arkansas population is male, however, males accounted for 79% of the new HIV cases in 2011.

Primary prevention interventions (interventions focused on HIV-negative persons) are most relevant when based on recent and prioritized modes of transmission or risk factors. The best method and data on which to base those interventions is on persons recently tested for HIV, even though they may not be newly infected. As shown in Figure 1, the most recent year of test results, 2011, has a large proportion of persons whose risk is unconfirmed.

Figure 1: Arkansas: New Cases of HIV Infection by Risk, 2011

- Men Who Have Sex with Men (MSM)
- Intravenous Drug Users (IDU)
- MSM/IDU
- High-Risk Heterosexual (HRH)
- Unknown

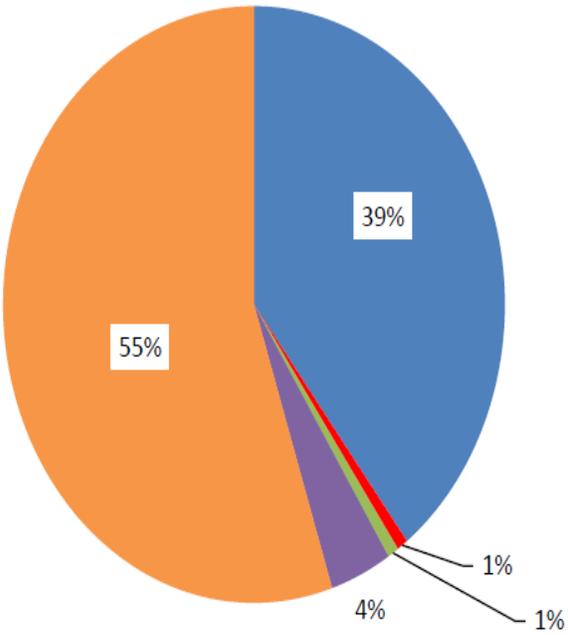
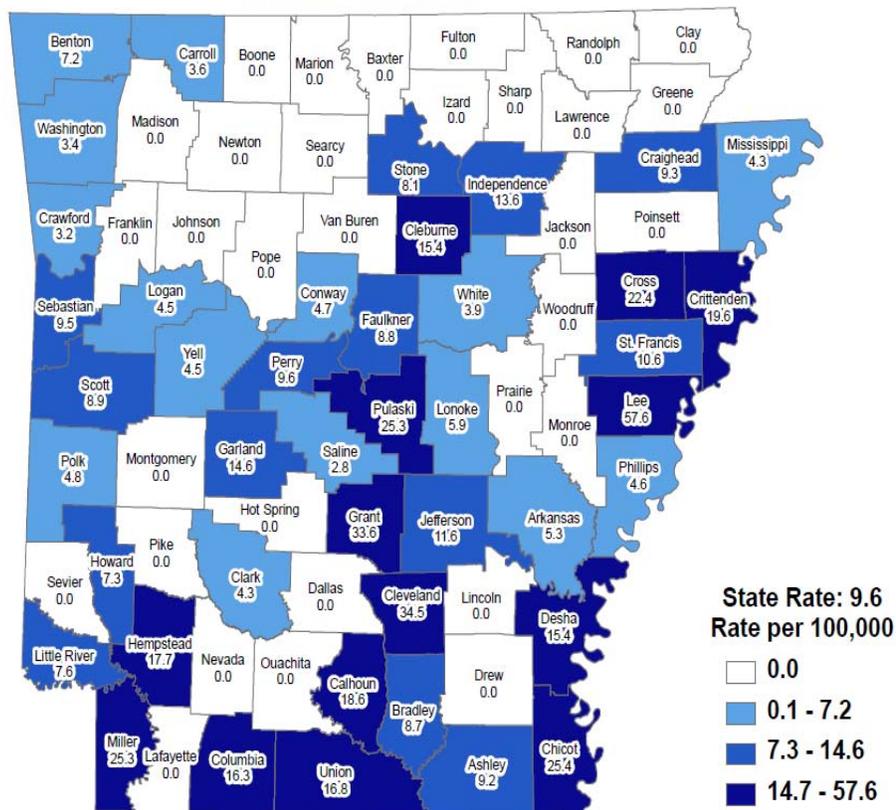


Figure 2 illustrates the case rates per county. This map could aid in focusing on areas of the state where disproportionate case rates are being reported as well as in intervention efforts. Additionally, Figure 2 could facilitate discerning areas in which to focus testing efforts. On one (1) hand, testing could be targeted in areas shown to have high incidence rates for 2011. Alternatively, testing efforts could be concentrated in regions that may not have high incidence rates but have high proportions of the populations that are disproportionately affected by HIV. In utilizing either methodology, it is anticipated that Figure 2 would aid in finding previously undiagnosed HIV positive individuals.

Figure 2

**Incidence of HIV
Arkansas 2011**



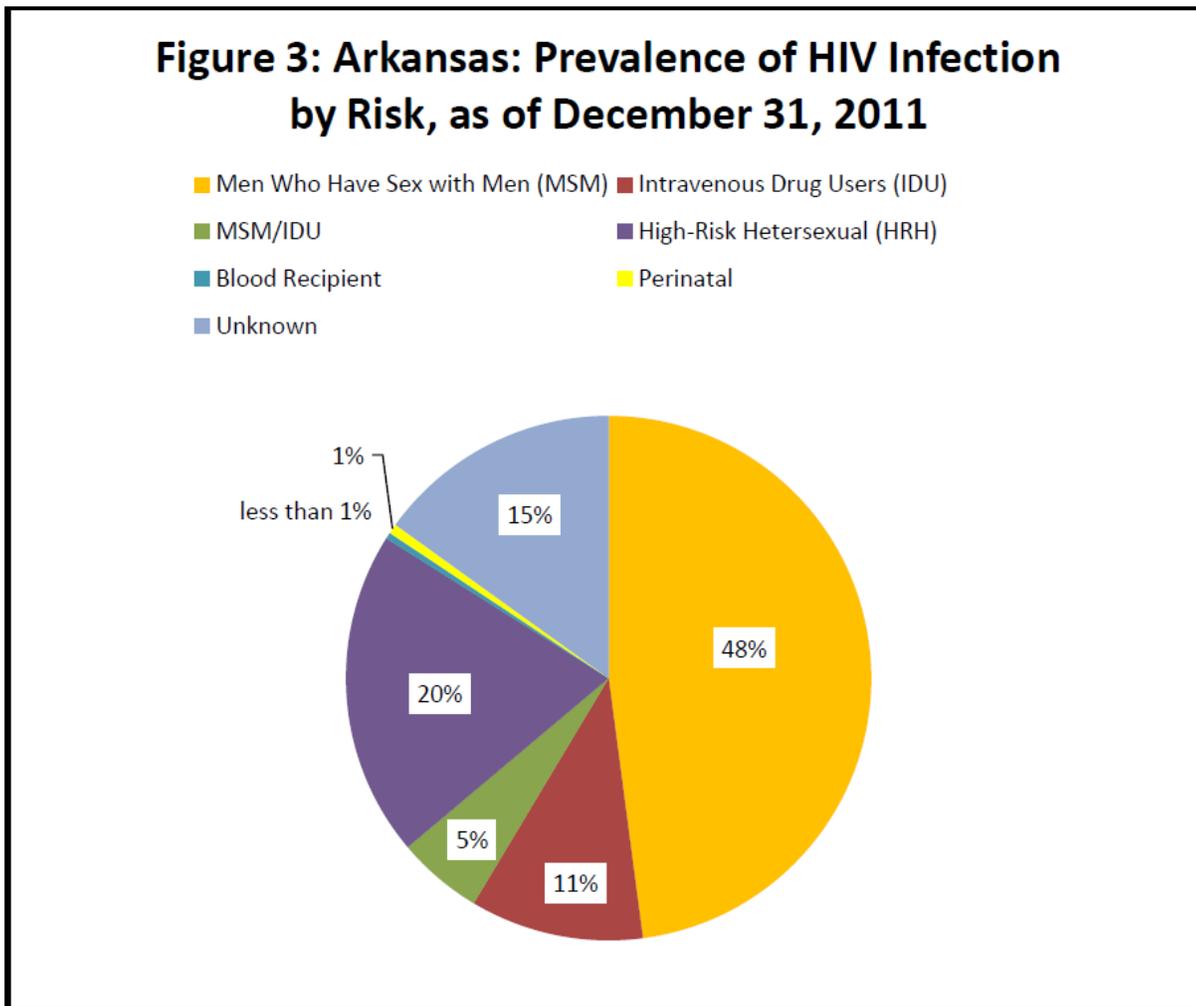
Date: July 6, 2012
 Source: Arkansas Department of Health
 Map created by: Wanda Simon & Lindsey Sizemore, Epidemiologists

2) Prevalence as of December 31, 2011

As of December 31, 2011, there were five thousand-four hundred and ninety-three (5,493) persons living with HIV infection in Arkansas. Of these cases:

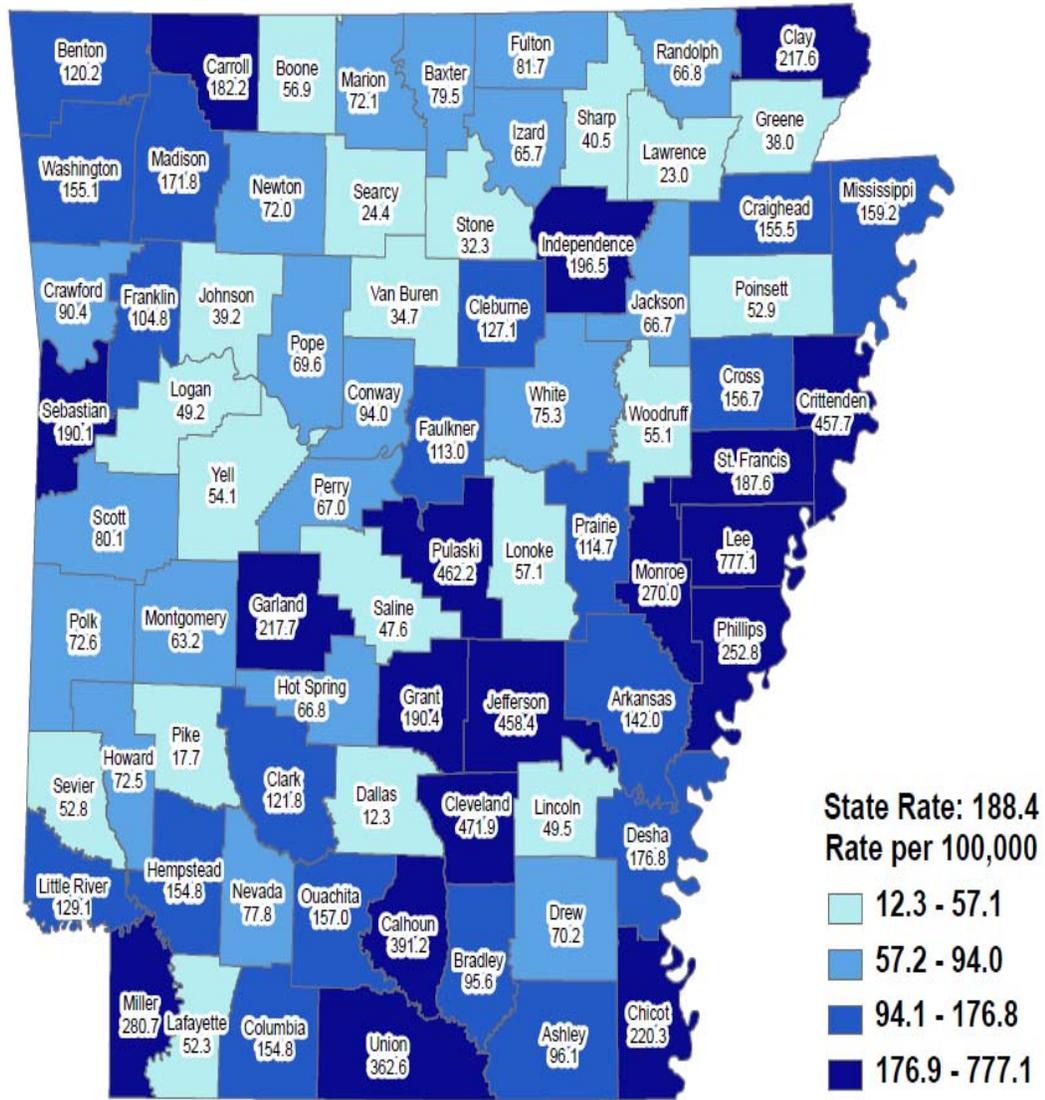
- 77% were male and 49% were female
- 42.2% were African American and 49.3% were White

Figure 3 illustrates the reported modes of transmission or risk factor of persons living with HIV in Arkansas.



To assist applicants in targeting their intervention efforts, the geographic distribution by county of the five thousand-four hundred and ninety-three (5,493) estimated living cases of HIV in Arkansas are illustrated in the map below (Figure 4).

Prevalence of HIV as of December 31, 2011 Arkansas



Date: July 6, 2012
 Source: Arkansas Department of Health
 Map created by: Wanda Simon & Lindsey Sizemore, Epidemiologists

3. Infection Trends

Incidence trends for the past ten (10) year period by age, race, and risk categories are provided in Figures 5, 6 and 7, respectively. These trends illustrate the scope of HIV infection to support and guide applicants in the design and selection of intervention strategies to reduce new HIV infections across Arkansas.

Figure 5 illustrates that the most affected age group with respect to the number of new HIV infections over the last ten (10) years are those aged 20-49.

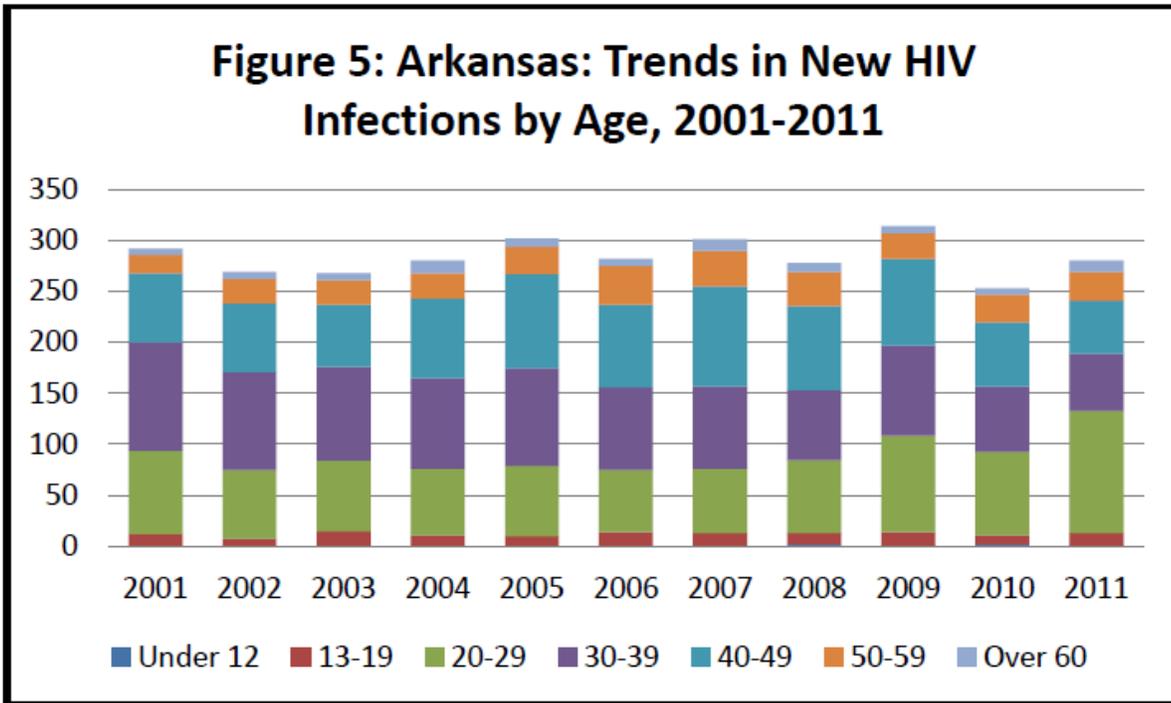


Figure 6 exemplifies that the most affected race group with respect to the number of new HIV infections over the last ten (10) years are Blacks. Whites, in contrast, had a higher number of HIV cases in years 2003 and 2004.

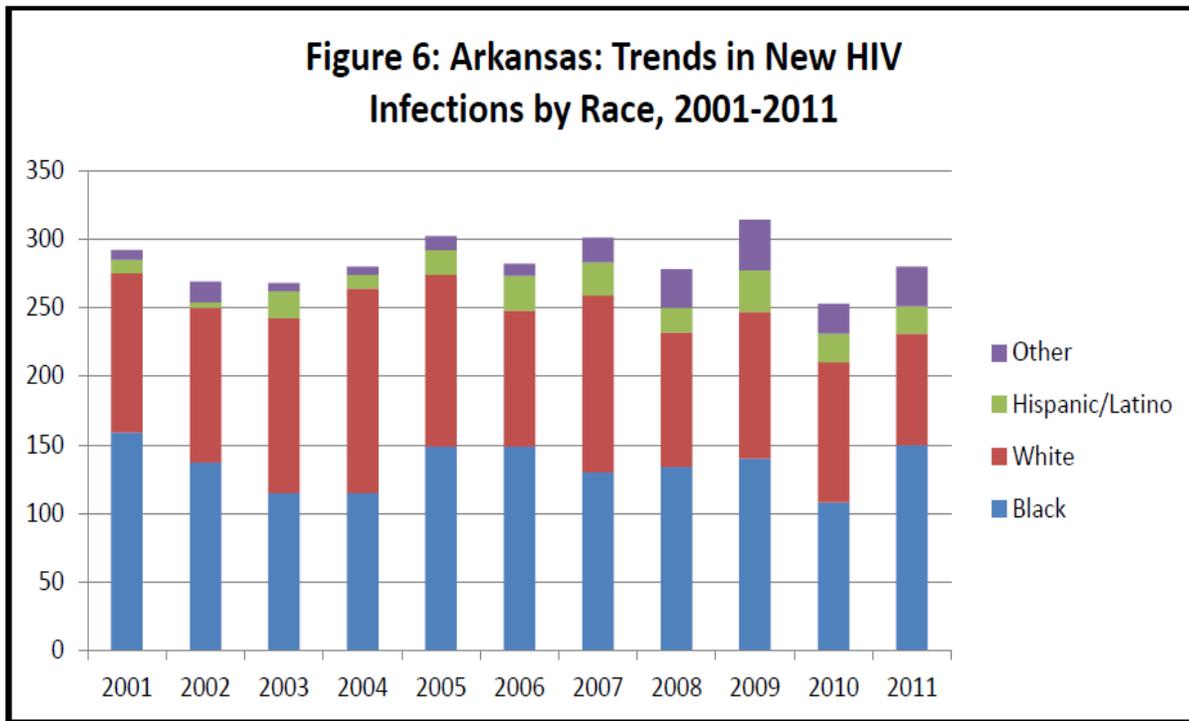
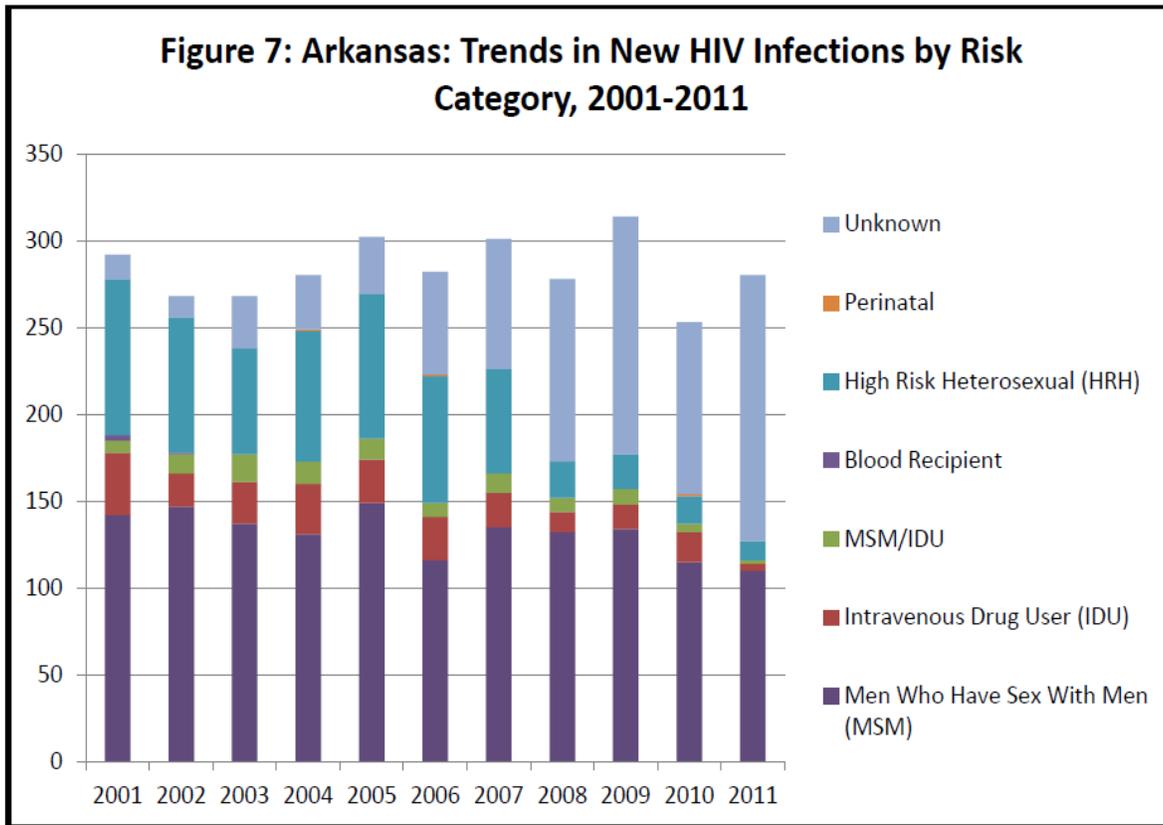


Figure 7 illustrates that the most affected transmission category or risk factor with respect to the number of new HIV infections are MSM. Additionally, the unknown risk category has been progressively increasing the last ten (10) years, exceeding MSM in both 2008 and 2011. Note: The unknown risk category is expected to decrease for 2011 as more interviews are conducted with the new positives and more information can be ascertained as to their HIV risk factors. The eHARS database will be updated accordingly.



4) Data Guides for Prevention

This section of the RFA is to be used as the guide for the justification of need that supports the applicants' program design. The Prevention for Positives and the Primary Prevention for Modes of Transmission are two (2) of the three (3) program areas outlined in this RFA that may be supported by utilizing this epidemiological data. Utilization of this data for the HIV Testing and Counseling program area is expected, but it should also be noted that target populations may not be tested and, as a result, not included in this data.

Below are CDC Recommendations for testing for health care settings which may be utilized in program design for health care and nontraditional settings³. Addressing high-risk and target populations in both CDC focus areas and non-traditional community settings are encouraged.

For patients in all health-care settings

- HIV screening is recommended for patients in all health-care settings after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- Persons at high risk for HIV infection should be screened for HIV at least annually.
- Separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing.
- Prevention counseling should not be required with HIV diagnostic testing or as part of HIV screening programs in health-care settings.

For pregnant women

- HIV screening should be included in the routine panel of prenatal screening tests for all pregnant women.
- HIV screening is recommended after the patient is notified that testing will be performed unless the patient declines (opt-out screening).
- Separate written consent for HIV testing should not be required; general consent for medical care should be considered sufficient to encompass consent for HIV testing.
- Repeat screening in the third trimester is recommended in certain jurisdictions with elevated rates of HIV infection among pregnant women.

³ CDC. Recommendations for HIV testing services for inpatients and outpatients in acute-care hospital settings. MMWR 1993;42[No. RR-2]:1--10; CDC. Revised guidelines for HIV counseling, testing, and referral. MMWR 2001;50[No. RR-19]:1--62; and CDC. Revised recommendations for HIV screening of pregnant women. MMWR 2001;50[No. RR-19]:63--85.

Screening for HIV Infection

- In all health-care settings, screening for HIV infection should be performed routinely for all patients aged 13--64 years. Health-care providers should initiate screening unless prevalence of undiagnosed HIV infection in their patients has been documented to be <0.1%. In the absence of existing data for HIV prevalence, health-care providers should initiate voluntary HIV screening until they establish that the diagnostic yield is <1 per 1,000 patients screened, at which point such screening is no longer warranted.
- All patients initiating treatment for TB should be screened routinely for HIV infection (108).
- All patients seeking treatment for STDs, including all patients attending STD clinics, should be screened routinely for HIV during each visit for a new complaint, regardless of whether the patient is known or suspected to have specific behavior risks for HIV infection.

Adolescents aged 13-19 present a growing population of persons who are at risk of HIV infection. The 2007 CDC Youth Risk Behavior Survey demonstrated that 48% of high school students indicated they had sexual intercourse at least once in the previous twelve (12) months and 35% indicated they were presently sexually active⁴.

Utilization of the data provided in Section I is expected in each application.

⁴Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System (YRBSS), 2007, <http://www.cdc.gov/HealthyYouth/yrbs/slides/index.htm>, site accessed August 11, 2009.

Program Areas

There will be three (3) program areas and applicants may apply to a single or multiple program areas. However, a program description and evaluation plan for each program area must be included in the application. The three (3) areas are:

1. Prevention for Positives (Secondary Prevention) – Individual, group, and/or community-level interventions may be proposed for this program area. Work with those who are HIV-positive and not in care is anticipated to be the group most likely to be infecting others based on behavior and infectious nature of those not in care^{5 6}.
2. Prevention based on Modes of Transmission (Primary Prevention Risk Factors) – Individual, group, and/or community-level interventions may be proposed for this program area. Special attention must be given to the effectiveness and overall impact of the proposed interventions. For example, while individual work with an injection drug user may be effective to prevent him/her from becoming HIV-positive, group-level interventions with persons who have repetitive sexually transmitted diseases may prevent a greater number of HIV transmissions and therefore would be considered more effective.
3. HIV Counseling and Testing – Approved testing sites (or entities that will be established as testing sites by April 1, 2013), are eligible to apply for this program area. Testing activities and/or linkages to care are expected to be a component of every application. Components of how screening and HIV testing will be incorporated into each proposed applicant's activities are required, regardless as to who will perform the test(s).

Each application should define and address challenges related to stigma, geography, linkage to care, addressing multiple levels in interventions and increasing testing of targeted populations. Each application must also reflect a focus on racial and ethnic health disparities, HIV/AIDS awareness and education, innovative and effective methods to reach target populations, level of cultural competency in serving target population, and/or strategic planning for creation of sustainable programs.

F. Type of Award

Funding will be provided in the form of a grant or sub-grant agreement. The anticipated funding period is July 1, 2013, through June 30, 2014. The anticipated date of application selections is December 21, 2012. The term of the agreement may be extended for up to six (6) one (1) year increments or a portion thereof dependent upon the provider meets established performance standards within the contract and continued funding by the Centers for Disease Control and upon mutual written agreement by both parties. The awarding of funding is contingent upon the availability of sufficient funding as determined by the ADH. The ADH reserves the right to negotiate funding as deemed necessary to meet program goals.

⁵ Eaton, L.A., West, T.V, Kenny, D.A., Kalichman, S.C., *HIV Transmission Risk Among HIV Seroconcordant and Serodiscordant Couples: Dyadic Processes of Partner Selection*, AIDS and Behavior, 2009, (13) 2, 185-195.

⁶ Eaton, L.A., West, T.V, Kenny, D.A., Kalichman, S.C., *HIV Transmission Risk Among HIV Seroconcordant and Serodiscordant Couples: Dyadic Processes of Partner Selection*, AIDS and Behavior, 2009, (13) 2, 185-195.

SECTION II. APPLICANT REQUIREMENTS

A. Eligible Applicants & Activities

To be eligible an organization must meet the following criteria:

1. Applicants must be an Arkansas public or private, non-profit organization. Applicants claiming private, non-profit status must include, with the submission of their application, either certification from the State of Arkansas, Office of Secretary of State, or a letter from the Department of the Treasury, Internal Revenue Service (IRS), classifying the applicant administrative organization as a private, non-profit corporation.
2. Applicants or their principals must not be presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any State or Federal assistance programs. Applicant must be in good standing with the IRS and Federal Excluded Parties List System (EPLS) at <http://epls.arnet.gov>.
3. Applicants must have passed their most recent external fiscal audit and must have been audited within the past twelve (12) months.
4. Organizations are not considered eligible to apply unless the organization meets the eligibility conditions on the date proposals are due and continues to meet these conditions throughout the selection and funding process. ADH expressly reserves the right to review and analyze the documentation submitted and to request additional documentation to determine the applicant's eligibility to compete for the contract award.
5. Applicants must have policies and procedures to assure that no person in the State of Arkansas will, on the grounds of race, color, national origin, gender, sexual orientation, age, handicap or disability, medical condition or religion be excluded from employment with or participation in, be denied the benefit of, or otherwise subjected to discrimination under any program or activity performed as a result of a contract(s) entered into pursuant to this RFA.
6. Applicants must have sufficient resources or funding, independent of this agreement, to ensure the organization's ability to provide services under an actual cost reimbursement method up to sixty (60) days from the date of submission of an invoice. No advance payments will be made.
7. Private non-profit organizations which apply must have a Board of Directors.

All evidence-based prevention interventions are eligible for funding and are strongly encouraged to be based on the CDC Compendium of HIV Prevention Interventions with Evidence of Effectiveness, which can be found at the following web link:

http://www.cdc.gov/hiv/resources/reports/hiv_compendium/. The intervention proposed does **not** need to be a DEBI (Diffusion of Effective Behavioral Interventions) but must be evidence based.

B. Recommended Interventions:

Prevention for Positives

Interventions such as WILLOW, Healthy Relationships, CLEAR, and Partnership for Health are strongly recommended.

Interventions for HIV-negative MSM at highest risk

Interventions such as Many Men Many Voices, d-UP, Personalized Cognitive Counseling (PCC), Popular Opinion Leader (POL), & Mpowerment are strongly recommended.

Interventions fully integrated with rapid testing

Interventions such as RESPECT are strongly recommended.

Video-based interventions

Interventions such as VOICES/VOCES & Safe in the City are strongly recommended.

Community-level interventions to reduce risk behaviors

Interventions such as PROMISE & RAPP are strongly recommended.

ADH reserves the right to negotiate project elements as deemed necessary to meet program goals.

SECTION III. INSTRUCTIONS FOR COMPLETING AN APPLICATION

A. Mandatory Letter of Intent

Interested applicants are required to send a Letter of Intent to the ADH Issuing Officer. A Letter of Intent does not obligate the applicant to submit an application for funds, but it will provide information needed to plan for proposal review. See Attachment #1 for a Letter of Intent form. **The Letter of Intent must be received by 3:30 pm CST on November 6, 2012. Failure to submit the Letter of Intent will result in disqualification from the RFA application process.**

B. Grant Application Workshop

To assist applicants interested in applying for these funds, a **non-mandatory Grant Application Workshop** will be held on November 14, 2012. The **Grant Application Workshop** will provide grant application instructions and technical assistance. See Attachment #2 for a registration form. **Registration to attend the non-mandatory Grant Application Workshop must be received by 3:30 pm on November 6, 2012.**

Registration forms should be mailed to the ADH Issuing Officer listed in E below.

C. Written Questions

Written questions must be submitted by 3:30 p.m., November 6, 2012, addressed to the Issuing Officer. Questions may be mailed or e-mailed to the Issuing Officer. It is the respondent's responsibility to guarantee receipt of the questions by the specified time and date. The Issuing Officer will not respond to verbal questions. The State accepts no responsibility for the accurate or timely receipt of e-mail submissions from respondents. Questions received after the due date and time will not be answered.

Anticipated responses to written questions will be November 15, 2012.

D. Submission Deadline

Applications must be received by the Issuing Officer by 2:00p.m. December 4, 2012. **Applications received after this date and time will NOT be accepted and will be returned to the applicant.**

E. Mail or Deliver Letter of Intent, Workshop Application and RFA Applications or any questions:

Application must be mailed to the following address:

Arkansas Department of Health,
Procurement Branch-**RFA-13-0004**
Attention: Tim Smith, CPPB
4815 W. Markham St. Slot 58
Little Rock, AR 72205 -3867

For applications hand delivered use the following address:

Tim Smith, CPPB
Procurement Branch-**RFA-13-0004**
4815 West Markham Street, Room L163
Little Rock, AR 72205

F. Application Format Requirements (10 Points)

1. **Page Limit** – The application should not exceed thirty (30) pages in length, including the abstract, project and budget narratives, cover page, attachments, any appendices and letters of commitment and support. Pages need to be numbered consecutively.

- a. Applications that exceed the specified limit may have points deducted as not meeting recommended requirements.

2. **Numbers of Copies** – Submit one (1) original application (marked “ORIGINAL”), ten (10) copies and one (1) CD-ROM copy. All signatures must be in ink. All attachments should be provided with every copy. Do not bind or staple original or application copies. Applications should be single-sided. Applications that do not meet recommended format may have points deducted.

3. **Font** – Applications must be written in English, are recommended with typeface Times New Roman, font size 12, in black type, and need to be double spaced. Applications not adhering to the font size, font color or line spacing requirements may receive point deductions.

4. **Paper Size and Margins** – For scanning purposes, please submit the application on 8 ½” x 11” white paper. Margins need to be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align text. Failure to follow these directions may result in points deducted from your evaluation.

5. **Numbering** – Number the pages of the application sequentially from page 1 (cover page) to the end of the application, including charts, figures, tables and appendices. Failure to comply may result in point deductions.

6. **Section Headings** – Format all section headings left-justified and in bold type.

7. **Table of Contents** – Provide a table of contents for the application with page numbers.

8. **Software/Format** – Application and supporting documentation must be in Microsoft Word 2007 or 2010.

The application should be organized in the following order:

1. HIV Prevention Project Application Cover Sheet (Attachment 2)
2. Table of Contents
3. Program Contact Information Form (Attachment 3)
4. Project Abstract
5. Project Plan
6. Line Item Budget
7. Narrative Budget Justification (See Attachment 7)
8. Required Information for Consultant Approval (Attachment 8) (If applicable)
9. Required Information for Contract Approval (Attachment 9) (If applicable)
10. Description of Organization Capacity
11. Current Organizational Chart
12. Board Roster Form (Attachment 4)
13. Authorization Letter for Application from Board
14. Applicant Experience
15. Description of Collaborative Relationships
16. Two (2) Letters of Support
17. Community Partners List (Attachment 5)
18. Statement of Assurances and Commitments (Attachment 6)
19. Assurances Non-Construction Programs (Attachment 10)
20. Certifications (Attachment 11)
21. Summary of Funding Sources (Attachment 12)
22. Insurance Liability
23. HIPAA Policies and Procedures
24. Grievance Policies and Procedures
25. Nonprofit Status Documentation (If applicable)
26. External Audit Summary
27. Application Checklist Form (Attachment 13)

G. Application Components

Application Cover Sheet

An Application Cover Sheet should be included with each copy (See Attachment 2). One (1) copy must contain an original signature (in ink) by an individual authorized to legally bind the applicant organization. The copy with the original signature should be marked "Original".

Abstract

A separate one-page abstract of the proposed grant activities must be provided. The purpose of the abstract is to provide a brief overview of the application. It should be clear, concise and specific. It should describe your organization, the scope of your project and the amount of funding being requested.

Project Plan & Evaluation

This section provides a comprehensive framework and description for all aspects of the proposed program. It should be succinct, self-explanatory and well organized so that reviewers can easily understand the proposed project.

- Describe proposed program clearly including specific information regarding the evidence-based intervention(s) proposed.
- Identify the geographic area you propose to cover.
- Describe how services will be provided, to what target population and on what level – individual, group or community.
- Describe how challenges related to stigma, geography, linkage to care; addressing multiple levels in interventions and increasing testing of targeted populations will be addressed.
- Describe how proposed project(s) will address racial and ethnic health disparities, HIV/AIDS awareness and education, and/or innovative and effective methods to reach target populations.
- Provide measurable goals and objectives with time frames and describe how goals and objectives will be met.
- Describe major activities for achieving proposed objectives.
- Provide a brief summary of available epidemiological data in the proposed geographical area to support the need for proposed HIV prevention services. Utilize information from the Epidemiology of HIV in Arkansas section of this RFA as well as other resources as appropriate.
- Describe any anticipated challenges and how they will be addressed.
- Provide a month-by-month timeline of proposed activities.
- Describe how the proposed project will interact with, and not duplicate, existing efforts to serve the target population.
- Address the sustainability of the proposed project.
- Provide a logical process for documenting outcomes and success of strategies and methods.
- Provide a description of data collection capabilities.
- Describe proposed program evaluation methods including process and outcome evaluation procedures, feedback mechanisms to facilitate project sustainability, clear linkages between project design and expected outcomes as well as how the project will be monitored during implementation and at conclusion.

Budget and Narrative Budget Justification

Include an itemized list of requested purchases, estimated costs and a clear description of how the items will be used. All items must be justified. Include amounts for in-kind (federal and non-federal) contributions as well.

- Allowable items include, but are not limited to, postage, printing, advertising, travel expenses, meeting expenses, general office supplies and educational materials.
- General office supplies include equipment items such as a computer with an acquisition cost of less than \$2,500. General office supply purchases over \$2,500.00 are not allowable expenses. All equipment purchased with grant funds becomes the property of the funding agency upon discontinuation of funding.
- HIV Prevention funds shall not be used to pay for capital expenses (construction, remodeling, etc.), medical devices, laboratory services, psychiatric services, legal services, clinical care or other treatment related services.
- Administrative costs, including indirect costs, may not exceed ten percent (10%) of the total budget.
- The total of personnel and fringe costs from the administration and service sections combined may not exceed forty-five (45%) percent of the total budget.
- A specific job description must be included for each individual who will receive payment from grant funds.
- The application should show the percentage of time [based on a forty (40) hour work week] that will be spent on grant activity. List all sources of funding and percentage of time allocated for non-HIV prevention activities.

Provide a narrative budget justification that explains the amounts requested for each line item in the budget. The budget justification should specifically describe how each item would support the achievement of proposed objectives. The budget period is for twelve (12) months. The budget justification must clearly describe each cost element and explain how each cost contributes to meeting the project's objectives/goals.

A sample budget format is included as Attachment 7.

Include the following categories in the narrative budget justification:

- **Administration:** Administrative costs, including indirect costs, may not exceed ten percent (10%) of the total budget
- a. **Personnel Costs:** Salary and fringe costs may not exceed forty five (45%) percent of the total budget, this includes salary and fringe in both administration and service areas. Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percent full time equivalency, percent funded through other funding sources, annual salary and the exact amount requested.
- b. **Fringe Benefits:** List the components, and percent value of each, that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, and retirement plans. The fringe benefits should be directly proportional to that portion of the personnel costs allocated for the project.
- c. **Office Rent:** If applicable, the cost per month of office rent.
- d. **Supplies:** Cost of items used by the project's administration.

- e. **Travel:** List travel costs according to local and long distance travel. For local travel, the mileage rate (not to exceed the current state reimbursement, \$.42 per mile), number of miles, reason for travel and staff member/consumers completing the travel should be outlined. Lodging, meal, and incidental expenses cannot exceed federal per diem (<http://www.gsa.gov/portal/category/21287>). First and last day's travel may only be reimbursed at 75% of federal per diem. Air fare must be purchased at least fourteen (14) days in advance of the departure date, unless specific written permission is provided by the ADH.
 - i. Use of funds for out-of-state travel shall be restricted to:
 1. National HIV Prevention Conference
 2. CDC required training in prevention interventions
- f. **Other:** Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category.

Services

- a. **Personnel Costs:** Salary and fringe costs may not exceed forty-five (45%) percent of the total budget, this includes salary and fringe in both administration and service areas. Personnel costs should be explained by listing each staff member who will be supported from funds, name (if possible), position title, percent full time equivalency, percent funded through other funding sources, annual salary and the exact amount requested.
- b. **Fringe Benefits:** List the components, and percent value of each, that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, and retirement plans. The fringe benefits should be directly proportional to that portion of the personnel costs allocated for the project.
- c. **Advertising/Marketing:** Cost of any planned advertisement or marketing for the project's funded programs or events.
- d. **Condoms/Lube:** Cost of condoms and lubrications.
- e. **Contract Labor/Consultant Fees:** Fees for individuals contracted or hired to provide capacity building guidance and assistance in the form of education, training, and facilitation.
- f. **Educational Materials/Supplies:** The cost of educational brochures, pamphlets, videos, etc.
- g. **Events (Space, Supplies):** List costs associated with project events, such as location rental, tables, etc.
- h. **Incentives:** Incentives must be determined through input from the specific target population with approval of the ADH and intervention participants. HIV testing may be considered an incentive and would be included in the maximum incentive costs.
 - i. Costs for each incentive must be provided [e.g. one-hundred (100) gift certificates at \$10 each = \$1,000]. Incentives include any gift certificates, memorabilia, food or refreshments or other items used for recruiting participants to participate in interventions. Total costs of incentives cannot exceed \$35 per person per session of intervention (refreshments and tangible incentives combined). Incentives are allowed and are required by certain interventions such as "d-Up!" and Many Men Many Voices.
 - ii. All incentives purchased with grant funds become the property of ADH upon discontinuation of funding.

- i. **Stipends:** Volunteers may receive stipends for actual time spent providing intervention services. Stipends must be justified and the amount per hour specified. Per hour stipends cannot exceed \$15 per hour (paid in .25 hour increments for partial hours).
- j. **Testing Supplies:** Cost of test kits.
- k. **Travel:** List travel costs according to local and long distance travel. For local travel, the mileage rate (not to exceed the current state reimbursement, \$.42 per mile), number of miles, reason for travel and staff member/consumers completing the travel should be outlined. Lodging, meal, and incidental expenses cannot exceed federal per diem (<http://www.gsa.gov/portal/category/21287>). First and last day's travel may only be reimbursed at 75% of federal per diem. Air fare must be purchased at least fourteen (14) days in advance of the departure date, unless specific written permission is provided by the ADH.
 - i. Use of funds for out-of-state travel shall be restricted to:
 - 1. National HIV Prevention Conference
 - 2. CDC required training in prevention interventions
- l. **Other:** Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category

Organizational Capacity

Provide a brief description of the applicant's organizational capacity. The organization description should include a history of the organization including any prior experience with HIV/AIDS programs, respective funding sources and amounts. The application must include information regarding the length of time the organization has been providing services within the proposed geographic area, level of expertise in cultural competency in serving target population, the type of services provided, the number of clients served, the education and qualifications of providers to provide services and the length of time they have provided these services.

Include an organizational chart with names and titles of officers, executives and key staff as part of the application. Include a letter from the organization's Board authorizing application for funding and a list of Board Members, their positions on the Board and their contact information (Attachment 4).

Describe organizational capacity for sound fiscal management and fiscal viability to carry out the project. Include the following:

- a. Experience with financial administration of federal and state funds
- b. Knowledge of federal and state laws and regulations regarding effective control over and accountability for all funds, property and other assets, and assurance that they are used solely for authorized purposes (including Circular A-102), www.whitehouse.gov/omb/grants/grants_circulars.html and
- c. A financial management system as described in 45 CFR 92.20 www.access.gpo.gov/nara/cfr/waisidx_00/45cfr92_00.html that provides for adequate financial reporting, adequate accounting records, effective internal controls, budget control, monitoring of allowable costs, maintenance of source documentation and appropriate cash management.

- d. Applicants are required to maintain a financial management system that will identify the receipt and expenditure of funds and will record expenditures by the budget cost categories in the approved budget. This requires establishing a separate set of accounts for the contract within the chart of accounts and general ledger. In order to ensure the fiscal integrity of accounting records, the contractor must utilize an accounting system that does not permit overwrite or erasure of transactions posted to the general ledger.
- e. No amounts received under the contract will be used to purchase or improve land, or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or to make cash payments to intended recipients of services.
- f. Fiscal responsibilities must be clearly identified and there must be a separation of responsibilities between programmatic and fiscal management and appropriate separation of fiscal functions to provide effective fiscal control.

The organization shall maintain complete financial records, which indicate the nature of services rendered during the term of the Agreement and retain them for a period of five (5) years from date of final payment. The records shall be subject to inspection by ADH and other state or federal organizations as requested and shall be sufficient to show that the billed services have been provided. ADH shall have the right to audit billings before and after payment; payment under this Agreement shall not foreclose the right of ADH to recover excessive or illegal payments.

Applicant Experience

Provide a brief description of the applicant's experience with:

- a. HIV/AIDS
- b. Prevention services
- c. Outreach, counseling and testing
- d. Target population
- e. Capabilities that may be useful in serving specified target populations
- f. Collaborative HIV prevention efforts in the past two (2) years

Lack of experience in any of the above categories does not preclude consideration for funding; however the applicant lacking any type of experience should provide explanation as to how the organization's prior experience is transferable to creation of an effective HIV prevention project.

Collaborative Relationships

Describe your collaborative relationships with community leaders, providers, organizations and government agencies serving target populations. Provide two (2) letters of support from local entities. Provide signed copies of each Memorandum of Agreement held with collaborative partners/entities. Each application should include a list of the organization's working relationships with local groups. A list of community partners should be provided on the form included as Attachment 5.

1. The applicant is required to submit bi-monthly reports to the assigned Program Officer. The reports will address the following elements of each objective or activity:
 - Status (met, ongoing or unmet)
 - Major findings and significance of those findings
 - Barriers encountered and how the barriers were addressed
 - If applicable, include the reasons that goals were not met and a discussion of assistance required to resolve the situation
2. Grantee/sub-grantees will be required to attend and/or participate in meetings as assigned by Program Officers.
3. The grantee/sub-grantee will be required to follow standard accounting practices as put forth by the ADH.

4. The grantee/sub-grantee will be reimbursed monthly upon submission of an invoice/expenditure report. Expenses will be reimbursed on an "Actual Cost" method of reimbursement. Actual cost reimbursement is based on a complete itemized listing of allowable program expenses. These expenses must be within the approved budget's itemized listing of allowable program cost.
5. All requests for reimbursement must be accompanied by receipts and copies of checks/bank statements indicating that all expenses have been paid.
6. ADH will conduct financial and programmatic audits.

Required Documentation

The following documentation must be submitted with grant application. Required documentation includes:

1. Proof of nonprofit status: A copy of a current, valid IRS tax exemption certificate or statement from the State Attorney General, or other appropriate state official, certifying that the applicant organization has nonprofit tax status and that none of the net earnings accrue to any private shareholders or individuals.
2. Proof of liability insurance for all board and staff members.
3. Proof of testing and screening certification, if applicable.
4. Written HIPAA policy and procedures.
5. Written client grievance policy and procedures.
6. External Audit (summary).

DUNS Number (applicant must provide)

<http://fedgov.dnb.com/webform/displayHomePage.do;jsessionid=81407B1F03F2BDB123DD47D19158B75F>

H. APPLICATION DEADLINE and APPLICATION SUBMISSION

Applications must be received by the ADH Issuing Officer no later than 2:00 P.M. CST, December 4, 2012. Applications received after this date and time will NOT be reviewed and will be returned to the applicant. Applicants must provide a signed original (marked **ORIGINAL**) and five (5) copies. All attachments should be provided with every copy. See Section III (E) for delivery locations.

- Applications submitted after 2:00 p.m., December 4, 2012 will not be accepted.
- Parties must submit a Letter of Intent by November 6, 2012 3:30 p.m. in order to have applications considered. A signed copy of this document may be emailed to the ADH Issuing Officer.
- The state of Arkansas is not liable for any cost associated with the preparation of the respondent's application or any cost incurred by any respondent prior to the issuance of any sub-grant.
- All applications, responses, inquiries, or correspondence relating to or in any reference to this RFA will become the property of the State and will not be returned.
- NO FAXED SUBMITTALS WILL BE ACCEPTED.

SECTION IV: REVIEW OF APPLICATIONS & AWARD NOTIFICATIONS

A. Review for Compliance with RFA Requirements

Applications will be date and time stamped upon receipt, and must be received by the ADH Issuing Officer on or before the deadline. Omission of any required document or form, or failure to respond to any requirement will lead to rejection of the application prior to the review process.

B. Evaluation and Scoring

Each application will be evaluated and scored by a review committee on a scale of 0 to 110 points.

C. Application Component Weights

Grant applications will be reviewed and scored by an Evaluation Team. Applications must include, and will be graded on, the following six (6) application components.

<u>Category</u>	<u>Maximum Points</u>
1. Project Plan & Evaluation	40 Points
2. Budget and Narrative Budget Justification	20 Points
3. Organizational Capacity	15 Points
4. Applicant Experience	10 Points
5. Collaborative Relationships	15 Points
6. <u>Meeting Format Requirements</u>	10 Points
Total Points Possible	110 points

D. Award Notifications and Signing:

The grant will be awarded to the respondents considered by the ADH to propose the most effective and comprehensive plans. Grant awarding and signing will be contingent upon ADH receiving approval from the Department of Finance and Administration (DF&A) and review from the Legislative Council or Joint Budget Committee, if appropriate, and appropriation of necessary funding.

ADH reserves the right to make additional awards under this RFA throughout the grant period should the need arise and funding be available. It is anticipated that applicants will be notified of preliminary awards no later than February 22, 2013.

SECTION V. GENERAL INFORMATION

A. Rules of Procurement:

To facilitate the procurement of requests for applications, various rules have been established. The rules are described in the following paragraphs.

- The ADH Issuing Officer is the sole point of contact from the date of release of the RFA until the successful respondent is selected.
- The ADH reserves the right to amend the RFA prior to the date for application submission. Amendments, addenda and clarification will be posted on the ADH website.
- The cost for preparing applications is solely the responsibility of the respondent.
- All applications become the property of ADH and will be a matter of public record subject to the provisions of the Arkansas Freedom of Information Act, Ark. Code Ann. §25-19-101, et seq.
- Prior to the application due date, a submitted application may be withdrawn by submitting a written request for its withdrawal to the Issuing Officer, signed by the respondent. Unless requested by the ADH, no amendments, revisions or alterations to applications will be accepted after the application due date.
- The ADH reserves the right to request necessary amendments, reject any or all applications received, or cancel this RFA if it is in the best interest of the ADH to do so. The ADH, in its review of applications, may waive minor irregularities; such waiver will in no way modify the RFA requirements or excuse the respondent from full compliance with the RFA requirements if the respondent is awarded the sub-grant.

B. AR-12: Lobbying Restrictions (June 2012)

Applicants should be aware that award recipients are prohibited from using CDC/HHS funds to engage in any lobbying activity. Specifically, no part of the federal award shall be used to pay the salary or expenses of any grant recipient, sub-recipient, or agent acting for such recipient or sub-recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body.

Restrictions on lobbying activities described above also specifically apply to lobbying related to any proposed, pending, or future Federal, state, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

This prohibition includes grass roots lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives to urge support of, or opposition to, proposed or pending legislation, appropriations, regulations, administrative actions, or Executive Orders (hereinafter referred to collectively as "legislation and other orders"). Further prohibited grass roots lobbying communications by award recipients using federal funds could also encompass any effort to influence legislation through an attempt to affect the opinions of the general public or any segment of the population if the communications refer to specific legislation and/or other orders, directly express a view on such legislation or other orders, and encourage the audience to take action with respect to the matter.

In accordance with applicable law, direct lobbying communications by award recipients are also prohibited. Direct lobbying includes any attempt to influence legislative or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation and other orders and which are directed to members, staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of legislation or other orders.

Lobbying prohibitions also extend to include CDC/HHS grants and cooperative agreements that, in whole or in part, involve conferences. Federal funds cannot be used directly or indirectly to encourage participants in such conferences to impermissibly lobby.

However, these prohibitions are not intended to prohibit all interaction with the legislative or executive branches of governments, or to prohibit educational efforts pertaining to public health that are within the scope of the CDC award. For state, local, and other governmental grantees, certain activities falling within the normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government are permissible. There are circumstances for such grantees, in the course of such a normal and recognized executive-legislative relationship, when it is permissible to provide information to the legislative branch in order to foster implementation of prevention strategies to promote public health. However, such communications cannot directly urge the decision makers to act with respect to specific legislation or expressly solicit members of the public to contact the decision makers to urge such action.

Many non-profit grantees, in order to retain their tax-exempt status, have long operated under settled definitions of "lobbying" and "influencing legislation." These definitions are a useful benchmark for all non-government grantees, regardless of tax status. Under these definitions, grantees are permitted to (1) prepare and disseminate certain nonpartisan analysis, study, or research reports; (2) engage in examinations and discussions of broad social, economic, and similar problems in reports and at conferences; and (3) provide technical advice or assistance upon a written request by a legislative body or committee.

Award recipients should also note that using CDC/HHS funds to develop and/or disseminate materials that exhibit all three (3) of the following characteristics are prohibited: (1) refer to specific legislation or other order; (2) reflect a point of view on that legislation or other order; and (3) contain an overt call to action.

It remains permissible for CDC/HHS grantees to use CDC funds to engage in activities to enhance prevention; collect and analyze data; publish and disseminate results of research and surveillance data; implement prevention strategies; conduct community outreach services; foster coalition building and consensus on public health initiatives; provide leadership and training, and foster safe and healthful environments.

Note also that under the provisions of 31 U.S.C. Section 1352, recipients (and their sub-tier contractors and/or funded parties) are prohibited from using appropriated Federal funds to lobby in connection with the award, extension, continuation, renewal, amendment, or modification of the funding mechanism under which monetary assistance was received. In accordance with applicable regulations and law, certain covered entities must give assurances that they will not engage in prohibited activities.

CDC cautions recipients of CDC funds to be careful not to give the appearance that CDC funds are being used to carry out activities in a manner that is prohibited under Federal law. Recipients of CDC funds should give close attention to isolating and separating the appropriate use of CDC funds from non-CDC funds.

Use of federal funds inconsistent with these lobbying restrictions could result in disallowance of the cost of the activity or action found not to be in compliance as well as potentially other enforcement actions as outlined in applicable grants regulations.

<http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.

Attachment 1

RFA-13-0004 Letter of Intent

Complete and return form if you intend to apply for funding under the HIV Prevention Project Request for Application.

Completion of this form does not obligate the submission of an application for funds. It does, however, provide us with information to plan for proposal review.

Please submit this form to be received by the ADH Issuing Officer by November 6, 2012 by 3:30pm:

Arkansas Department of Health
ATTN: Tim Smith, CPPB
4815 W. Markham St., Slot 58
Little Rock, AR 72205-3867
Or email signed form to timothy.w.smith@arkansas.gov

Applicant (Name of Public or Non Profit Organization):		
Mailing Address:		
City:	State:	Zip:
Physical Address:		
City:	State:	Zip:
Contact Name:	Title:	
E-mail Address:		
Phone:	Fax:	

Signature _____ Date _____

Attachment 2

**RFA-13-0004 HIV Prevention Project
Application Cover Sheet
GY2012**

Applicant Organization Information

Name: _____
Organization Contact Person and Title: _____
Mailing Address: _____ City: _____ Zip: _____
Physical Address: _____ City: _____ Zip: _____
Telephone: () _____ Fax: () _____
Email: _____

Project Contact Information

Program Coordinator Name: _____
Address: _____ City: _____ Zip: _____
Telephone: () _____ Fax: () _____
Email: _____

List geographical area and target population(s) to be addressed:

Maximum funding requested: \$_____

I acknowledge the obligations of any grant awarded in connection with this proposal and affirm that the Applicant Organization is a legal entity that will meet the specifications set forth in the RFA.

Signature (in blue ink) of Individual authorized to legally bind the Applicant Organization

Attachment 3

RFA-13-0004 Program Contact Information

Legal Name of Applicant:

This form provides information about the appropriate program contacts in the applicant's organization in addition to those on the Application Cover Sheet. If any of the following information changes during the term of the contract, please notify the ADH Issuing Officer.

Executive Director: _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, _____ _____ _____ _____
Project/Program _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, _____ _____ _____ _____
Financial Reporting _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, _____ _____ _____ _____
Data Reporting _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, _____ _____ _____ _____
Q M Contact: _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, _____ _____ _____ _____

Attachment 5

RFA-13-0004 Community Partners List

Provide a list of Community Partners and identify those that will be providing a key role in the development and implementation of your Work Plan. Letters of commitment are required from key community partners that describe, in detail, their role in the proposed Work Plan.

Name of Organization	Name of Contact	Phone number and address of contact person	Role of Organization

Attachment 6

RFA-13-0004 Statement of Assurances and Commitments

As the duly authorized representative of the applicant organization, I certify that the organization:

Meets the following eligibility requirements –

1. Is either an Arkansas public or private non-profit community-based organization with a 501(c) (3) tax exempt status.
2. Complies with all parts of the federal OMB Circular A-110, Uniform Administrative Requirements for Grants and other Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations (codified by HHS in 45 CFR Part 74).
3. Complies with the audit requirements of OMB Circular A-133, Audits of States, Local Governments, and Nonprofit Organizations.
4. Complies with Office of Management and Budget Circulars and Uniform Grant Management Standards (UGMS) for administration of funds.
5. Accepts that no amounts received as a result of this RFA will be used to purchase or improve land, or to purchase, construct, or permanently improve (other than minor remodeling) any building or other facility, or to make cash payments to intended recipients of services.
6. Accepts that funds are not utilized to make payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any State compensation program, insurance policy, Federal or State health benefits program, or by an entity that provides health services on a prepaid basis.
7. Has policies and procedures that assure that no person in the State of Arkansas will, on the grounds of race, color, national origin, gender, sexual orientation, age, handicap or disability, medical condition or religion be excluded from employment with or participation in, be denied the benefit of, or otherwise subjected to discrimination under any program or activity performed as a result of a contract(s) entered into pursuant to this RFA.
8. Maintains appropriate relationships with entities in the service area that constitute key points of access to the health care system for individuals with HIV including emergency rooms, substance abuse treatment programs, detoxification centers, adult and juvenile detention facilities, STD clinics, HIV counseling and testing sites, mental health programs, and homeless shelters.
9. Has a Board of Directors that is reflective of the target population and shall include consumers of the applicant's services. Staff members, including the executive director, shall not serve as voting members on their employer's Board of Directors. The organization shall not employ persons related to board members by consanguinity or affinity within the third degree. This includes child, father, mother, brother, sister, grandparent, aunt, uncle, niece, nephew, mother-in-law, father-in-law, brother-in-law, and sister-in-law.
10. Is in good standing with the IRS and Federal Excluded Parties List System (EPLS) at <http://epls.arnet.gov>.

Commits to the following:

1. Will integrate HIV prevention services with other such services, programs will be coordinated with other available programs and that the continuity of care and prevention services of individuals with HIV is enhanced.
2. Will maintain a fiscal management system and an information management system that have the capacity to track, store and report required fiscal and client level data.
3. Will assure that HIV Prevention monies are utilized as the payer of last resort and will make reasonable efforts to pursue coverage by any other appropriate alternate payers.
4. Will participate in trainings and conferences as required by the ADH in order to fulfill the requirements of the HIV Prevention Program.
5. Will provide a computer and printer for the local project staff with adequate capabilities for email, internet, and Microsoft Office 2007 or 2010 programs.
6. Will submit financial and programmatic reports by deadlines established by the ADH.

Signature (in ink) of Individual authorized to legally bind the Applicant Organization

Date

RFA-13-0004 Guidelines for Budget Preparation

INTRODUCTION

Guidance is offered for the preparation of a budget request. Following this guidance will facilitate the review and approval of a requested budget by insuring that the required or needed information is provided.

A. Salaries and Wages

For each requested position, provide the following information: name of staff member occupying the position, if available; annual salary; percentage of time budgeted for this program; total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives.

Sample budget

<i>Personnel</i>				<i>Total \$_____</i>
<i>Position Title and Name</i>	<i>Annual</i>	<i>Time</i>	<i>Months</i>	<i>Amount Requested</i>
<i>Project Coordinator Susan Taylor</i>	<i>\$45,000</i>	<i>100%</i>	<i>12 months</i>	<i>\$45,000</i>
<i>Finance Administrator John Johnson</i>	<i>\$28,500</i>	<i>50%</i>	<i>12 months</i>	<i>\$14,250</i>
<i>Outreach Supervisor (Vacant*)</i>	<i>\$27,000</i>	<i>100%</i>	<i>12 months</i>	<i>\$27,000</i>

Sample Justification

The format may vary, but the description of responsibilities should be directly related to specific program objectives.

Job Description: Project Coordinator - (Name)

This position directs the overall operation of the project; responsible for overseeing the implementation of project activities, coordination with other agencies, development of materials, provisions of in service and training, conducting meetings; designs and directs the gathering, tabulating and interpreting of required data, responsible for overall program evaluation and for staff performance evaluation; and is the responsible authority for ensuring necessary reports/documentation are submitted to ADH. This position relates to all program objectives.

B. Fringe Benefits

Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is computed.

Sample Budget

Fringe Benefits *Total \$ _____*

25% of Total salaries = Fringe Benefits

If fringe benefits are not computed by using a percentage of salaries, itemize how the amount is determined.

Example: Project Coordinator - Salary \$45,000

<i>Retirement 5% of \$45,000</i>	<i>=</i>	<i>\$2,250</i>
<i>FICA 7.65% of \$45,000=</i>	<i>=</i>	<i>3,443</i>
<i>Insurance</i>	<i>=</i>	<i>2,000</i>
<i>Workers= Compensation</i>	<i>=</i>	<i>_____</i>

Total:

C. Consultant Costs

This category is appropriate when hiring an individual to give professional advice or services (e.g., training, expert consultant, etc.) for a fee but not as an employee of the grantee organization. Written approval must be obtained from ADH prior to establishing a written agreement for consultant services. Approval to initiate program activities through the services of a consultant requires submission of the following information to ADH (**See Attachment 8**):

1. Name of Consultant;
2. Organizational Affiliation (if applicable);
3. Nature of Services To Be Rendered;
4. Relevance of Service to the Project;
5. The Number of Days of Consultation (basis for fee); and
6. The Expected Rate of Compensation (including travel, per diem, other related expenses) - list a subtotal for each consultant in this category.

If the above information is unknown for any consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants and amounts for each.

D. Equipment

Provide justification for the use of each item and relate it to specific program objectives. Maintenance or rental fees for equipment should be shown in the “Other” category.

Sample Budget

Equipment Total \$ _____

<u>Item Requested</u>	<u>How Many</u>	<u>Unit Cost</u>	<u>Amount</u>
Computer Workstation	2 ea.	\$5,500	\$11,000
Computer	1 ea.	\$6,000	\$ 6,000
		Total	\$17,000

Sample Justification

Provide complete justification for all requested equipment, including a description of how it will be used in the program.

E. Supplies

Individually list each item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, General Office Supplies may be shown by an estimated amount per month times the number of months in the budget category.

Sample Budget

Supplies Total \$ _____

<i>Computer work station (specify type)</i>		
<i>3 ea. x \$2500 = \$7,500</i>	=	<i>\$7,500</i>
<i>Computer (specify type)</i>		
<i>2 ea. x \$2,500 = \$6,600</i>	=	<i>\$5,000</i>
<i>General office supplies (pens, pencils, paper, etc.)</i>		
<i>12 months x \$240/year x 10 staff</i>	=	<i>\$2,400</i>
<i>Educational Pamphlets (3,000 copies @) \$1 each</i>	=	<i>\$3,000</i>
<i>Educational Videos (10 copies @ \$150 each)</i>	=	<i>\$1,500</i>
<i>Word Processing Software (@ \$400-specify type)</i>	=	<i>\$ 400</i>

Sample Justification

Provide complete justification for all requested supplies, including a description of how it will be used in the program. General office supplies will be used by staff members to carry out daily activities of the program. The education pamphlets and videos will be purchased from XXX and used to illustrate and promote safe and healthy activities. Word Processing Software will be used to document program activities, process progress reports, etc.

F. Travel

Dollars requested in the travel category should be for **staff travel only**. Travel for consultants should be shown in the consultant category. Travel for other participants, advisory committees, review panel, etc. should be itemized in the same way specified below and placed in the **other** category.

In-State Travel - Provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If per diem/lodging is to be paid, indicate the number of days and amount of daily per diem as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation when applicable. First and last day's travel may only be reimbursed at 75% of federal per diem.

Out-of-State Travel - Provide a narrative justification describing the same information requested above. All airfare must be purchased at least fourteen (14) days in advance of the departure date unless specific written permission has been given by the ADH. Include meetings, conferences, and workshops, if required by ADH. Itemize out-of-state travel in the format described above.

Sample Budget

Travel (in-State and out-of-State) Total \$_____

In-State Travel:

1 trip x 2 people x 500 miles r/t x .27/mile = \$ 270

2 days per diem x \$37/day x 2 people = 148

1 nights lodging x \$67/night x 2 people = 134

25 trips x 1 person x 300 miles avg. x .27/mile = 2,025

Total \$ 2,577

Sample Justification

The Project Coordinator and the Outreach Supervisor will travel to (location) to attend AIDS conference. The Project Coordinator will make an estimated twenty-five (25) trips to local outreach sites to monitor program implementation.

Sample Budget

Out-of-State Travel:

1 trip x 1 person x \$500 r/t airfare = \$500

3 days per diem x \$45/day x 1 person = 135

1 night lodging x \$88/night x 1 person = 88

Ground transportation 1 person = 50

Total \$773

G. Other

This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives.

Sample Budget

Other Total \$_____

Telephone

(\$ ___ per month x ___ months x #staff) = \$ Subtotal

Postage

(\$ ___ per month x ___ months x #staff) = \$ Subtotal

Printing

(\$ ___ per x ___ documents) = \$ Subtotal

Equipment Rental (describe)

(\$ ___ per month x ___ months) = \$ Subtotal

Internet Provider Service

(\$ ___ per month x ___ months) = \$ Subtotal

Sample Justification

Some items are self-explanatory (telephone, postage, rent) unless the unit rate or total amount requested is excessive. If not, include additional justification. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, annual reports, materials for media campaign).

Contractual Costs

Cooperative Agreement recipients must obtain written approval from ADH prior to establishing a third-party contract to perform program activities. Approval to initiate program activities through the services of a contractor requires submission of the following information to ADH (**See Attachment 9**):

1. Name of Contractor;
2. Method of Selection;
3. Period of Performance;
4. Scope of Work;
5. Method of Accountability; and
6. Itemized Budget and Justification.

If the above information is unknown for any contractor at the time the application is submitted, the information may be submitted at a later date as a revision to the budget. Copies of the actual contracts should not be sent to ADH, unless specifically requested. In the body of the budget request, a summary should be provided of the proposed contracts and amounts for each.

1.Total Direct Costs \$_____

Show total direct costs by listing totals of each category.

Attachment 8

RFA-13-0004 Required Information for Consultant Approval

This category is appropriate when hiring an individual who gives professional advice or provides services for a fee and who is not an employee of the grantee organization. All consultants require prior approval from ADH annually. Submit the following required information for consultants:

1. **Name of Consultant:** Identify the name of the consultant and describe his or her qualifications.
2. **Organizational Affiliation:** Identify the organization affiliation of the consultant, if applicable.
3. **Nature of Services to Be Rendered:** Describe in outcome terms the consultation to be provided including the specific tasks to be completed and specific deliverables. A copy of the actual consultant agreement should not be sent to ADH.
4. **Relevance of Service to the Project:** Describe how the consultant services relate to the accomplishment of specific program objectives.
5. **Number of Days of Consultation:** Specify the total number of days of consultation.
6. **Expected Rate of Compensation:** Specify the rate of compensation for the consultant (e.g., rate per hour, rate per day). Include a budget showing other costs such as travel, per diem, and supplies.
7. **Method of Accountability:** Describe how the progress and performance of the consultant will be monitored. Identify who is responsible for supervising the consultant agreement.

Attachment 9

RFA-13-0004 Required Information for Contract Approval

All contracts require prior approval from ADH. Funds may not be used until the following required information for each contract is submitted to and approved by ADH:

1. Name of Contractor: Who is the contractor? Identify the name of the proposed contractor and indicate whether the contract is with an institution or organization.
2. Method of Selection: How was the contractor selected? State whether the contract is sole source or competitive bid. If an organization is the sole source for the contract, include an explanation as to why this institution is the only one (1) able to perform contract services.
3. Period of Performance: How long is the contract period? Specify the beginning and ending dates of the contract.
4. Scope of Work: What will the contractor do? Describe in outcome terms, the specific services/tasks to be performed by the contractor as related to the accomplishment of program objectives. Deliverables should be clearly defined.
5. Method of Accountability: How will the contractor be monitored? Describe how the progress and performance of the contractor will be monitored during and on close of the contract period. Identify who will be responsible for supervising the contract.
6. Itemized Budget and Justification: Provide an itemized budget with appropriate justification. If applicable, include any indirect cost paid under the contract and the indirect cost rate used.

Attachment 10

RFA-13-0004 Assurances – Non-Construction Programs

Public reporting burden for this collection of information is estimated to average fifteen (15) minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale,

rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.

8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction sub agreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.

11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.

13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).

14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.

15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.

16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.

17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.

18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
APPLICANT ORGANIZATION	DATE SUBMITTED

Certifications

1. CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion--Lower Tier Covered Transactions" in all lower tier covered transactions (i.e., transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

2. CERTIFICATION REGARDING DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about--
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of

employment under the grant, the employee will--

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

(e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

(f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted--

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

(g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designated the following central point for receipt of such notices:

Office of Grants and Acquisition Management

Office of Grants Management

Office of the Assistant Secretary for Management and Budget

Department of Health and Human Services

200 Independence Avenue, S.W., Room 517-D

Washington, D.C. 20201

3. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (nonappropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement. (2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an

officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)

- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any sub awards which contain provisions for children's services and that all sub recipients shall certify accordingly. The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental.

Attachment 12

RFA-13-0004 Summary of Funding Sources

Applicant: _____ Date: _____

Source	Purpose of Funding	Funding Cycle	Current Cycle Funding	Previous Cycle Funding
TOTAL				

Attachment 13

RFA-13-0004 Application Checklist

Legal Name of Applicant Organization: _____

This form is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications and forms have been submitted. Please include the corresponding page numbers for the location of each item within your completed application packet.

***Any forms that are not applicable must still be included in the application and marked “Not Applicable”.**

	Included	Not Applicable	Page #
Application Cover Sheet (Attachment 2)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Table of Contents	<input type="checkbox"/>	<input type="checkbox"/>	_____
Program Contact Information Form (Attachment 3)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Project Abstract	<input type="checkbox"/>	<input type="checkbox"/>	_____
Project Plan	<input type="checkbox"/>	<input type="checkbox"/>	_____
Line Item Budget	<input type="checkbox"/>	<input type="checkbox"/>	_____
Narrative Budget Justification (Attachment 7)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Required Information for Consultant Approval (Attachment 8) (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Required Information for Contract Approval (Attachment 9) (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Description of Organization Capacity	<input type="checkbox"/>	<input type="checkbox"/>	_____
Current Organizational Chart	<input type="checkbox"/>	<input type="checkbox"/>	_____
Board Roster Form (Attachment 4)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Authorization Letter for Application from Board	<input type="checkbox"/>	<input type="checkbox"/>	_____
Applicant Experience	<input type="checkbox"/>	<input type="checkbox"/>	_____
Description of Collaborative Relationships	<input type="checkbox"/>	<input type="checkbox"/>	_____
Two (2) Letters of Support	<input type="checkbox"/>	<input type="checkbox"/>	_____
Community Partners List (Attachment 5)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Statement of Assurances and Commitments (Attachment 6)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Assurances Non-Construction Programs (Attachment 10)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Certifications (Attachment 11)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Summary of Funding Sources (Attachment 12)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Insurance Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____
HIPAA Policies and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Grievance Policies and Procedures	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nonprofit Status Documentation (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>	_____
External Audit Summary	<input type="checkbox"/>	<input type="checkbox"/>	_____
Application Checklist Form (Attachment 13)	<input type="checkbox"/>	<input type="checkbox"/>	_____