ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY





AGENDA September 15, 2009

August 27, 2009

AGENCY ADMIN. & FINANCE 1000 San Leandro Blvd, Suite 300 San Leandro, CA 94577 Tel: (510) 618-3452 Fax: (510) 351-1367

The Honorable Board of Supervisors County Administration Building 1221 Oak Street Oakland, Ca 94612

Dear Board Members:

# SUBJECT: Acceptance of East Oakland HIV/STD Prevention Project Grant for Public Health Department, Office of AIDS Administration

# **RECOMMENDATION:**

- 1. Accept the Notice of Grant Award No. 1H75PS002089-01 from the Department of Health and Human Services, Centers for Disease Control and Prevention in the amount of \$190,000 for the period of September 01, 2009 through August 31, 2010 to reduce and prevent HIV and STD infection among high-risk women and youth in East Oakland with a primary focus on African Americans and Latinos;
- 2. Approve In Principle to contract with Allen Temple (Principal: Verdell Brooks, Location: Oakland, CA) in the amount of \$171,000 for the period September 1, 2009 to August 31, 2010 to implement different activities in East Oakland for reducing and preventing HIV and STD infection among high-risk women between the ages of 18-44 and high-risk youth between the ages of 12-24; and
- 3. Authorize the Auditor-Controller to increase appropriation and revenue in the amount of \$190,000 in Organization #350900, Fund #22405 as outlined in the attached Financial Recommendations.

# SUMMARY/DISCUSSION/FINDINGS:

The Public Health Department, Office of AIDS Administration has received a Grant Award from the Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) in the amount of \$190,000 to reduce and prevent HIV and STD infection among high-risk women and youth in East Oakland with a primary focus on African Americans and Latinos for the period September 1, 2009 through August 31, 2010.

The Honorable Board of Supervisors Page 2 of 2

Of the total award amount, Office of AIDS Administration will award \$171,000 to Allen Temple Baptist Church in Oakland to help implement the East Oakland HIV/STD Prevention Projection by providing the following:

- Street outreach;
- Mobile testing and counseling;
- Mass media campaign;
- Town hall meetings; and
- Transition of HIV-positive individuals into care.

# **SELECTION CRITERIA PROCESS:**

East Oakland has the highest incidence of HIV/AIDS cases among African American and Latino women and youth in Alameda County. For the past few years, Allen Temple Baptist Church has provided prevention education, and promoted the eradication of HIV/AIDS in this area of our community. The Office of AIDS and the Allen Temple Baptist Church were instrumental in identifying and securing this funding from the Center for Disease Control and Prevention. The Allen Temple Baptist Church is the most competent CBO in terms of serving the needs of the African American and Latino women and youth in the East Oakland area because there are no other CBOs that are based in this area and that serve this specific target population.

# FINANCING:

Funding of this grant is not included in the FY 2009-10 adopted budget. Therefore, budget adjustments are necessary to align the County budget with funding. There is no change in net County cost.

Very truly yours,

Alex K. Briscoe, Acting Director Health Care Services Agency

AKB:mms

cc: Auditor Controller County Counsel

East Oakland HIV-STD Prevention Project Grant 350900 PHG09HA61900

FINANCIAL RECOMMENDATION		ION	AGENDA DATE:	09/15/2009			
Subject of Boar	d Letter:	Acceptance of East	Acceptance of East Oakland HIV / STD Prevention Project Grant for				
		Public Health Dep	artment, Office of AIDS	Administration			
BY:	2010	ORG #350200	FUND:	10000			

The use of Designations, as follows:

NAME OF DESIGNATIO	N OR	ig Al	NOUNT

The increase (decrease) in anticipated revenue, as follows:

	Informational			
ORG -	ACCT	PROG	PRÓJ/GR	AMOUNT
350201	469990	00000		\$0
	••		ORG TOTAL	\$0

# **ORG TOTAL**

	_		Informational	
ORG	ACCE	PROG	PROJ/GR	AMOUNT
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	L		ORG TOTAL	\$0

# GRAND TOTAL ANTICIPATED REVENUE

The increase (decrease) in appropriations, as follows:

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				Informational	
2.2.5		Mart -	PLOC	PER PER MER	AMOUNT
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	350200	600000	00000		(\$19,000)
		610000	00000		\$19,000
			_		
				ORG TOTAL	\$0

			Informational	
ORG	ACCT	PROG	PROJ/GR	AMOUNT
				· · · · · · · · · · · · · · · · · · ·
			ORG TOTAL	\$0
				••

GRAND TOTAL APPROPRIATION \_\_\_\_\_

\$0

\$0

FINANCIAL RECOMMENDATION		N	AGENDA DATE:	10/14/2008		
Subject of Board Letter:		Acceptance of East Oakland HIV / STD Prevention Project Grant for				
		Public Health Dep	partment, Office of AIDS	Administration		
BY:	2010	ORG #350900	FUND:	22405		

The use of Designations, as follows:

	NAME OF DESIGNATION	ORG	AMOUNT
[			

The increase (decrease) in anticipated revenue, as follows:

		Informational		
ORG	ACCT	PROG	PROJ/GR	AMOUNT
350900	456120	00000	PHG09HA61900	\$190,000
	_			· · · · ·
	L4		ORG TOTAL	\$190,000

Informational FORG ACCT PROG PROJ/GR AMOUNT \$0

GRAND TOTAL ANTICIPATED REVENUE

**ORG TOTAL** 

\$190,000

The increase (decrease) in appropriations, as follows:

_	_	Informational			
(Strat)	ORG	ACCT	PROG	PROJ/GB .	AMOUNT
Γ	350900	600000	00000	PHG09HA61900	\$19,000
		610000	00000	PHG09HA61900	\$171,000
			00000		
		<u>-</u>		ORG TOTAL	\$190,000

**ORG TOTAL** 

Informational ORG ACCT PROG PROJAGR AMOUNT \$0

**ORG TOTAL** 

GRAND TOTAL APPROPRIATION

\$190,000



**RESOURCE PROGRAMS** Department of Health and Human Services Centers for Disease Control and Prevention NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STDS AND TB PREVENTION



Grant Number: 1H75PS002089-01

Principa Investigator(s): SHELLEYL STINSON-BARRON, BA

Project Title: EAST OAKLAND HIV/STD PREVENTION PROJECT

Lori Williams FINANCIAL OFFICER Alameda County Public Health Care Services 1000 BROADWAY **SUITE 310** OAKLAND, CA 94607

Budget Period: 09/01/2009 - 08/31/2010 Project Period: 09/01/2009 - 08/31/2010

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$190,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY in support of the above referenced project. This award is pursuant to the authority of 301A, 317K OF PHSA, 24 USC SEC 241 & 247 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours.

Roslyn Curington Grants Management Officer Centers for Disease Control and Prevention

Additional information follows

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<u>Award Calculation (U.S. Dollars)</u> Salaries and Wages Fringe Benefits Personnel Costs (Subtotal)	\$13,575 \$5,425 \$19,000
Consortium/Contractual Cost	\$171,000
Federal Direct Costs	\$190,000
Approved Budget Federal Share TOTAL FEDERAL AWARD AMOUNT	\$190,000 \$190,000 \$190,000
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$190,000

# Fiscal Information:CFDA Number:93.939EIN:1946000501A1

IC	CAN	2009
PS	921ZDWG	\$190,000

SUMMARY TOTALS FOR ALL YEARS			
YR		THIS AWARD	CUMULATIVE TOTALS
1		\$190,000	\$190,000

# CDC Administrative Data:

PCC: / OC: 4151

**Document Number:** 

# SECTION II -- PAYMENT/HOTLINE INFORMATION -- 1H75PS002089-01

HPS002089A

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

# SECTION III - TERMS AND CONDITIONS - 1H75PS002089-01

This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:		
Additional Costs		

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# SECTION IV - PS Special Terms and Conditions - 1H75PS002089-01

FUNDING OPPORTUNITY ANNOUNCEMENT NUMBER (FOA): PS09-9134E (Earmark) AWARD NUMBER: 1 H75 PS 002089 - 01 APPROVAL LIST: C0109R09

# ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

Note 1: INCORPORATION: Funding Opportunity Announcement (FOA) Number PS09-9134E entitled, HIV Testing and Reduce HIV Sexual Risk Behaviors Among Women at High Risk for HIV Infection in the East Oakland, California Region, application dated July 8, 2009, are made a part of this award by reference.

Note 2. RESPONSE TO TECHNICAL REVIEW: Attached to this Notice of Award is a Technical Review of the application. A response to the Recommendations and Weaknesses within the Technical Review must be submitted to the CDC Project Officer no later than October 1, 2009. Failure to respond to could result in enforcement actions, including withholding of funds or termination.

Note 3: APPROVED FUNDING: Funding in the amount of \$190,000 is approved for the budget period, which is September 1, 2009 through August 31, 2010.

Note 4: INDIRECT COSTS. Indirect costs are not applicable to this award.

Note 5: PROGRAM INCOME: Any program income generated under this cooperative agreement will be used in accordance with the additional cost alternative. The disposition of program income must have written prior approval from the Grants Management Officer.

Additional Costs Alternative-Used for costs that are in addition to the allowable costs of the project for any purposes that further the objectives of the legislation under which the cooperative agreement was made. General program income subject to this alternative shall be reported on lines 10r and 10s, as appropriate, of the FSR (Long Form).

#### Note 6: REPORTING REQUIREMENTS:

a.) Final Financial Status Report (FSR, SF 269 or SF 269A): The Final FSR for this budget period is due to the Grants Management Specialist by November 30, 2010. Reporting timeframe is September 1, 2009 through August 31, 2010. The FSR should only include those funds authorized and actually expended during the timeframe covered by the report. If the FSR is not finalized by the due date, an interim FSR must be submitted, marked not final, and an amount of unliquidated obligations should be annotated to reflect unpaid expenses. Electronic versions of the form can be downloaded into Adobe Acrobat and completed on-line by visiting: http://www.whitehouse.gov/omb/ grants/sf269a.pdf.

The Final Progress Report will be due 90 days after the end of the budget period, which is November 30, 2010. The guidance will be provided at a later date. Reporting timeframe is September 1, 2009 through August 31, 2010.

Note 7: HIV PROGRAM REVIEW PANEL REQUIREMENT: All written materials, audiovisual materials, pictorials, questionnaires, survey instruments, websites, educational curricula and other relevant program materials have to be reviewed and approved by an established program review panel. A list of reviewed materials and approval dates must be submitted to the CDC Grants Management Specialist.

Note 8: CORRESPONDENCE: ALL correspondence (including emails and faxes) regarding this award must be dated, identified with the AWARD NUMBER as shown at the top left of this page, and include a point of contact (name, phone, fax, and email). All correspondence should be addressed to the Grants Management Specialist.

Note 9: PRIOR APPROVAL: All requests, which require prior approval, must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director named on this notice of award. The request must be postmarked no later than 120 days prior to the end date of the current budget period. Any requests received that reflect only one signature will be returned to the grantee unprocessed. Additionally,

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any requests involving funding issues must include an iterritzed budget and a narrative justification of the request.

Prior approval is required but is not limited to the following types of requests: 1) Use of unobligated funds from prior budget period (Carryover); 2) Lift funding restriction, withholding, or disallowance, 3) Redirection of funds, 4) Change in Contractor/Consultant; 5) Supplemental funds; 6) Response to Technical Review, or 7) Change in Key Personnel.

Note 10: KEY PERSONNEL. In accordance with 45 Part 74, CDC recipients shall obtain prior approval from CDC for (1) Change in the project director or principal investigator or other key persons specified in the application or award document, and (2) the absence for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

Note 11: INVENTIONS: Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

Note 12: PUBLICATIONS: Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as: This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

Note 13: CONFERENCE DISCLAIMER AND USE OF LOGOS:

Disclaimer: Where a conference is funded by a grant or cooperative agreement, a subgrant or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and Internet sites: Funding for this conference was made possible (in part) by the cooperative agreement award number above from the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government

Logos: Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the source of the conference or give the false appearance of Government endorsement. A non-federal entities unauthorized use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits the misuse of the HHS name and emblem in written communication. The appropriate use of the HHS logo is subject to the review and approval of the Office of the Assistant Secretary for Public affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) to request consent for the use of the logo in sufficient detail to assure a complete depiction and disclosure of all uses of the Government logos, and to assure that in all cases of the use of Government logos, the written consent of either the Project Officer or the Grants Management Officer has been received.

Note 14: EQUIPMENT AND PRODUCTS: To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as Tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organizations policy.

Note 15: TRAFFICKING IN PERSONS. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term and condition, go to:

http://www.cdc.gov/od/pgo/funding/grants/Award\_Term\_and\_Condition\_for\_Trafficking\_in\_Persons .shtm

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Note 16: AGKNOVVLEDGIVIENT OF FEDERAL SUFFORT. When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

Note 17: INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to:

Office of the Inspector General Department of Health and Human Services Attention: HOTLINE 330 Independence Ave., SW Washington DC 20201

Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General Contact information cited in previous notice of award.

Note 18: PAYMENT INFORMATION:

#### Automatic Drawdown

Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS is administered by the Division of Payment Management, Program Support Center, HHS. PMS will forward the DHHS Manual for Recipients Financed Under the Payment Management System (PMS), PMS-270 and PMS-272 forms.

a. PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows: Division of Payment Management, FMS/PSC/HHS, P.O. Box 6021, Rockville, MD 20852.

b. If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows: Division of Payment Management, FMS/PSC/HHS, Rockwall Building #1, Suite 700, 11400 Rockville Pike, Rockville, MD 20852.

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

For more information and to obtain your agencys point of contact at the Payment Management System, visit the following website: http://www.dpm.psc.gov/contacts/dpm/dpm.aspx? cms\_branchevent=/contacts/dpm/univ\_nonprofit/univ\_nonprofit.object.

Note 19: AUDIT REQUIREMENT: An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor?s report(s), or nine months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Bureau of the Census 1201 East 10th Street Jeffersonville, IN 47132

Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: govs.fac@census.gov

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Ine grantee is to ensure that the sub-recipients receiving CDC turks also meet these requirements (if total Federal grant or grant funds received exceed \$500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantee?s own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each subrecipient to permit independent auditors to have access to the sub-recipient?s records and financial statements. The grantee should include this requirement in all sub-recipient contracts.

#### Note 20: CDC CONTACT NAMES:

Business and Grants Policy Contact Angie Tuttle, Grants Management Specialist Centers for Disease Control, PGO, Branch I 2920 Brandywine Road, Mail Stop E-15 Atlanta, GA 30341-4146 Telephone: (404) 639 - 8305 Fax: (404) 639- 8095 Email: aen4@cdc.gov

Programmatic and Technical Contact Tracey Luster-Welch, Project Officer Centers for Disease Control and Prevention Division of HIV/AIDS Prevention 8 Corporate Blvd, Mail Stop E-58 Atlanta, GA 30329 Telephone: (404) 639-5240 Fax: (404) 639-5258 Email: TLL2@cdc.gov

## STAFF CONTACTS

Grants Management Specialist: Angie Tuttle Centers for Disease Control and Prevention (CDC) Procurment adnGrants Office 2920 Brandywine Road, MS E-15 Atlanta, GA 30341 Email: atuttle@cdc.gov Phone: (770) 488-2863 Fax: (770) 488-2868

#### Grants Management Officer: Roslyn Curington

Centers for Disease Control and Prevention OD/OCOO/PGO/AABI Koger Center, Colgate Builder 2920 Brandywine Road, Mailstop E15 Atlanta, GA 30341 Email: rcunngton@cdc.gov Phone: (770) 488-2832 Fax: 770-488-2868

#### SPREADSHEET SUMMARY GRANT NUMBER: 1H75PS002089-01

INSTITUTION: ALAMEDA COUNTY PUBLIC HEALTH DEPT

Budget	Year 1
Salaries and Wages	\$13,575
Fringe Benefits	\$5,425
Personnel Costs (Subtotal)	\$19,000
Consortium/Contractual Cost	\$171,000
TOTAL FEDERAL DC	\$190,000
TOTAL FEDERAL F&A	
TOTAL COST	\$190,000

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Weaknesses: No weakness was identified with the applicant's program goals and objectives.

## Criteria #3: Appropriateness to Interventions

Does the applicant describe how the proposed priority interventions and services are culturally competent, sensitive to issues of sexual orientation, developmentally appropriate, linguistically-specific, and educationally appropriate? Yes

Do the proposed priority intervention(s) appear to be culturally competent, sensitive to issues of sexual orientation, developmentally appropriate, linguistically-specific, and educationally appropriate? Yes

**Strengths:** The applicant and each of the project partners are well established and ingrained into the target population. The proposed interventions address the HIV intervention needs of the target population. The components of their proposed program will address HIV intervention at the individual, small group, and community level. HIV education and HIV rapid testing will also be included to ensure a comprehensive approach in meeting the needs of their target population.

Weaknesses: No weakness was identified regarding appropriateness of interventions.

## Criteria #4: Plan of Operation

Is the plan adequate to carry out the proposed objectives? Yes

How complete and comprehensive is the applicant's plan for conducting the proposed activities? The applicant's plans for carrying out the proposed objectives were detailed and clearly described. They provided information about each component of their proposed program and the activities that will be conducted to and for their target population.

What is the potential effectiveness of the proposed activities in meeting the program objectives? The applicant's proposed activities will incorporate the use of the DEBI "SISTA, Community Youth Ambassadors which is a small group intervention for high risk-youth, community-wide outreach, education events, and mobile HIV rapid testing.

**Strengths:** The applicant's plan of operation was very detailed and specified all aspects of how, where, intervention materials and, prevention curricula proposed for implementation of the project.

Weaknesses: No weaknesses were identified.

Criteria #5: Scientific, theoretical, conceptual, or program experience foundation for proposed activities

Does the applicant provide a detailed description of the scientific, theoretical, conceptual, or program experience foundation on which the proposed activities are based and which support the potential effectiveness of these activities for addressing the stated need?

Yes

Does the foundation for the proposed activities appear to be sound and appropriate? Yes **Strengths:** The applicant indicated that the proposed activities and intervention components were determined as a result of thorough research and review of effective means of reducing HIV risky behaviors, attitudes, and beliefs of their target population. Their selected proposed intervention components and activities are known to a be proven effective for their target population.

Weaknesses: No weakness was identified.

## Criteria #6: Collaboration, Linkages, and Coordination

Are collaboration and coordination plans with other organizations appropriate? Does the applicant describe the collaboration or coordination plans and include signed memoranda of agreement for each agency with which collaborative activities are proposed, and other evidence of collaboration that describe previous, current, as well as future collaboration plans? Yes

**Strengths:** The applicant provided detailed descriptions of collaboration, linkages, and coordination. They described the methods they will incorporate to ensure the appropriate partnerships are maintained. They identified the programs and individuals that they will work with and who in their program will be responsible for ensuring collaboration, linkages, and coordination activities and implemented and sustained

Weaknesses: No weakness was identified.

## Criteria #7: Timeline

Is the timeline specific and realistic? Yes

**Strengths:** The grantee provided a month by month timeline that detailed who is responsible for proposed activities.

Weaknesses: No weakness was identified.

#### Criteria #8: Staffing Plan

Are staff roles clearly defined? Yes

#### Is the staffing pattern for the proposed project appropriate? Yes

#### Do the staff members have appropriate experience? Yes

**Strengths:** The applicant provided detailed staff job descriptions and resumes for all proposed staff. Included in the information was staff salary, summary of essential duties and responsibilities and FTE for each position. The resumes of proposed staff reflected appropriate levels of knowledge skills and abilities to perform HIV intervention programmatic activities effectively.

Weaknesses: No weaknesses identified.

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### Criteria #9: Quality Assurance and Program Evaluation Plan including Performance

# Measures

Does the evaluation plan describe when and how evaluation activities will be implemented by the applicant? Yes

Is the evaluation plan realistic and feasible, considering the applicant's unique needs, resources, capabilities, and priorities? Yes

Does the plan described have the potential to guide the collection of data for improving HIV prevention efforts and informing stakeholders of the progress made in HIV prevention? Yes

**Strengths:** The applicant described their evaluation plan and will use both process and outcome monitoring measures. Their quality assurance manager will provide technical oversight ensuring each program component is carried out. The applicant will collect and enter data into their organization's data base system and will analyze and provide analysis summaries on a quarterly basis to appropriate stakeholders.

Weaknesses: No weakness identified.

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Criteria#10: Budget and Justification

#### Is the budget and justification appropriate for the proposed project? Yes

#### Strengths:

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The applicant provided a detailed budget and budget justification with narrative information that supported an appropriate distribution of funding to effectively accomplish goals and objectives.

Weaknesses: No weakness identified.

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