



# **HIV/AIDS HEALTH PROMOTION AND EDUCATION COOPERATIVE AGREEMENT PROGRAM**

## **PROGRAM GUIDELINES**

**FY 2004**

Department of Health and Human Services  
Office of Public Health and Science

**Office of Minority Health**

**June 2004**

**Letter of Intent (Required) Deadline: July 6, 2004**

**Application Deadline: August 5, 2004**

*Authorized under Section 1707 (e) of the Public Service Act, as amended.*

**OMB Catalog of Federal Domestic Assistance Number: 93.004**

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## INTRODUCTION

These program guidelines provide clarification of the information on the HIV/AIDS Health Promotion and Education Cooperative Agreement Program, contained in the Combined Notice of Funding Availability for Programs to Improve Minority Health and Racial and Ethnic Disparities in Health published in the Federal Register on June 21, 2004. These guidelines are to be used in combination with the Federal Register notice and the general instructions provided in the application kit. Potential applicants should thoroughly read these program guidelines, the entire Federal Register notice, and the complete application kit prior to preparing an application.

### Program Authority

The HIV/AIDS Health Promotion and Education Program is authorized under section 1707 of the Public Health Service Act, as amended.

### Program Purpose

The HIV/AIDS Health Promotion and Education Program seeks to improve the health status, relative to HIV/AIDS, of targeted minority populations by engaging national minority-serving organizations in educational and outreach efforts that are broad in scope to

address the HIV/AIDS crisis.

It is expected that this program will demonstrate that the involvement of national minority-serving organizations in the development and implementation of national model HIV/AIDS programs can serve a vital role in effectively reaching and educating hardly served minority populations affected and/or infected with HIV/AIDS.

### Availability of Federal Funds

About \$3 million is expected to be available for award in FY 2004. It is anticipated that 20 to 22 awards will be made.

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## PROGRAM OVERVIEW

### Background

The mission of Office of Minority Health (OMH) is to improve the health of racial and ethnic minority populations through the development of health policies and programs that will help to address disparities in health.

In keeping with this mission, OMH is initiating the HIV/AIDS Health Promotion and Education Program to support health promotion and education activities to reduce high risk behaviors, promote healthy behaviors, increase counseling and testing services, and

improve access to health care for hardly reached or at-risk minority populations.

**Effect of HIV/AIDS on Minorities –**

The Census 2000 Brief<sup>1</sup> reports the U.S. population as 281.4 million, with 36.4 million<sup>2</sup> Blacks or African Americans, or 12.9 percent; 35.3 million Hispanics, or 12.5 percent; approximately 12.8 million Asians/Native Hawaiians and Other Pacific Islanders, or 4.5 percent; and approximately 4 million American Indians/Alaska Natives or 1.5 percent of the total population. HIV/AIDS remains a disproportionate threat to minorities. As of December 31, 2002, the Centers for Disease Control and Prevention (CDC) received reports of 886,575 (cumulative) cases of persons with AIDS in the U.S.<sup>3</sup>, of whom 39 percent were Black or African American, and 18 percent were Hispanic.

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<sup>1</sup>U.S. Census Bureau, The Black Population: 2000 – Census 2000 Brief, August 2001.

<sup>2</sup>This number includes individuals who self-reported as Black, or as Black and one or more other race on the Census 2000 questionnaire.

<sup>3</sup>HIV/AIDS Surveillance Report–U.S. HIV and AIDS cases reported through December 2002, Vol. 14.

**Note:** For additional information regarding the impact of HIV/AIDS on minority populations, refer to the Centers for Disease Control and Preventions’ HIV/AIDS Surveillance Report - U.S. HIV and AIDS Cases Reported Through December 2002, Vol. 14.

### Project Outcomes

Applicants requesting support for projects must address project outcomes that can decrease the targeted health disparity (HIV/AIDS) as demonstrated through any or all of the following:

- reduction in high-risk behaviors;
- adoption of health promoting behaviors;
- increased knowledge of the target population about the impact of HIV/AIDS;
- increased knowledge of methods, such as abstinence, by which the transmission of HIV/AIDS can be prevented;
- increased counseling and testing services for hardly reached and high risk minority populations (e.g., youth; women at risk, men who have sex with men, including men on the “down low;” older adults; homeless persons; mentally ill persons; incarcerated persons);
- connection of high risk

individuals to a continuum of care;

- increased patient knowledge on how best to access care and participate in treatment decisions; and/or
- improved access to health care for hardly reached minority and high risk minority populations.

**Note:** Funded projects will be expected to demonstrate progress in achieving any or all of the project outcomes by the end of the project period. Such progress will be a factor in decisions regarding future funding.

### **Project Requirements**

Each project funded under this cooperative agreement program must:

1. Identify problems or issues (e.g., gaps in services, access to health care) affecting the targeted minority population(s) to be addressed by the proposed project.
2. Carry out activities to identify unmet needs of the targeted, at risk or hardly reached minority population(s).
3. Implement an approach to address the problem(s) and needs.

In conducting activities, the recipient

will be responsible for carrying out the activities listed under 1. *Recipient Activities*. The OMH will be responsible for the activities listed under 2. *Federal Involvement*. At a minimum, the following expectations are anticipated.

1. *Recipient Activities*, at a minimum, includes:
  - Ensuring that all identified project goals/objectives are successfully accomplished.
  - Seeking technical assistance from the OMH Project Officer if it is determined that the program goals/objectives are not being met in a timely manner.
  - Submitting recommendations or requests for changes in program strategies, scope, work plan, and/or evaluation activities to OMH for review and approval prior to implementation.
  - Developing and/or utilizing HIV/AIDS information in culturally appropriate and effective formats consistent with the needs of the targeted minority population(s)
  - Obtaining clearance for

any training curricula, publications and/or announcements (e.g., flyers, brochures, pamphlets, posters, public service announcements) developed under this cooperative agreement prior to implementation, publication, and/or distribution.

- Developing and implementing evaluation strategies that are compatible with OMH’s Uniform Data Set (UDS).
- Submitting project data for inclusion in OMH’s unified database.
- Participating in OMH grantee meetings.

2. *Federal Involvement*, at a minimum, includes:

- Oversight and clearance for the implementation, conduct, and assessment of project activities.
- Collaborative work with funding recipients to develop and implement evaluation strategies

incorporating the required Uniform Data Set which is to be used to report program information.

- Review and approval of assessment and evaluation instruments and/or plans.
- Direction to funding recipients on the submission of project data to OMH.
- Coordination and communication between funding recipients and other national organizations.
- Serving in a liaison capacity between funding recipients and appropriate federal government agencies.
- Planning and conducting grantee meeting(s).

**Note:** In a cooperative agreement, OMH staff are substantially involved in program activities beyond routine grant monitoring.

**Ideas for Developing the Proposal**

The following section lists some

examples of activities that can be supported under the HIV/AIDS Health Promotion and Education Program:

1. Developing a national health education campaign for addressing HIV/AIDS issues.
2. Developing a national minority HIV/AIDS information network.
3. Developing culturally appropriate HIV/AIDS media outreach materials and/or public service announcements.
4. Developing and conducting a series of HIV/AIDS awareness workshops.
5. Developing and pilot testing new strategies for addressing HIV/AIDS and/or increasing awareness on a national level through the use of focus groups, town meetings, etc.
6. Developing culturally appropriate HIV/AIDS health education materials for use on a national level.
7. Developing and implementing a culturally appropriate HIV/AIDS training program that will build on minority health care providers' capability to address HIV/AIDS to increase access to care.

**Note:** The above does not represent an exhaustive list of activities.

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## NOTIFICATION OF INTENT TO APPLY

A Letter of Intent (LOI) is **required** from all potential applicants for the purpose of planning the competitive review process. The narrative should be no more than one page, double-spaced, printed on one side, with one-inch margins, and unreduced 12-point font. LOIs should include the following information:

1. the program announcement title: Combined Notice of Funding Availability for Programs to Improve Minority Health and Racial and Ethnic Disparities in Health;
2. the funding opportunity title: HIV/AIDS Health Promotion and Education Program;
3. the CFDA number: 93.004; and
4. the name of the applicant agency or organization, the official contact person and that person's telephone number, fax number, and mailing and e-mail addresses.

Do not include a description of your proposed project.

On or before **July 6, 2004** submit the LOI to:

Ms. Karen Campbell  
 Director  
 OPHS, Office of Grants  
 Management  
 Tower Building, Suite 550  
 1101 Wootton Parkway  
 Rockville, MD 20852.

The LOI must be received by the OPHS Office of Grants Management by 5:00 p.m. EDT on **July 6, 2004**. If the applicant does not submit a LOI by the established due date and time, the application will not be entered into the review process.

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## TERMS AND CONDITIONS OF SUPPORT

### Eligible Applicants

**To qualify for funding, you must be a:**

- private, nonprofit national minority-serving organization that addresses HIV/AIDS minority health and human services (see Definitions, pages 20-21).

Examples of national minority-serving organizations that may apply include, but are not limited to:

- associations/organizations representing community health organizations serving minority populations;
- associations/organizations that focus on minority health, education, leadership development, and/or community partnerships; and
- minority-focused health professions associations/organizations.

Eligible organizations must have the capacity and ability to conduct HIV/AIDS-focused programs and activities related to health promotion and education that can be implemented on a national level. Only organizations with a national reach are eligible to apply.

**Note:** Faith-based organizations that meet the above criteria are eligible to apply for these HIV/AIDS Health Promotion and Education cooperative agreements.

The organization submitting the application will:

- serve as the lead agency for the cooperative agreement and be responsible for its implementation

and management; and

**Note:** Applicants must provide proof of nonprofit status. See page 21 for acceptable evidence of nonprofit status.

- serve as the fiscal agent for the Federal grant awarded.

Organizations may submit only one application under this announcement. Organizations submitting more than one proposal for this cooperative agreement program will be deemed ineligible, and all proposals submitted for this program will be returned without comment.

Organizations are not eligible to receive funding from more than one OMH grant program to carry out the same project and/or activities.

### **Period of Support**

#### **Those applicants chosen through the competitive process:**

- Are to begin their demonstration project on **September 1, 2004**.
- Will receive an award ranging from \$100,000 to \$150,000 total costs (direct and indirect) for a 12-month period.
- Will be able to apply for a non-

competing continuation award up to \$150,000 for each of two

additional years. After year one, funding is based on:

- Availability of funds.
- Success or progress in meeting project objectives during year one of the project.

**Note:** For non-competing continuation awards, grantees must submit continuation applications, written reports, and continue to meet the established program guidelines.

### **Use of Cooperative Agreement Funds**

Budgets ranging from \$100,000 to \$150,000 total costs (direct and indirect) may be requested per year to cover costs of:

- Personnel
- Consultants
- Equipment
- Supplies (including screening and outreach supplies)
- Grant related travel (domestic only)
- Other grant related costs

**Funds may not be used for:**

- Building alterations or renovations
- Construction
- Fund raising activities
- Job training
- Medical care, treatment or therapy
- Political education and lobbying
- Research studies involving human subjects
- Vocational rehabilitation

**Note:** All budget requests must be fully justified and include a computational explanation of how costs are determined. See - **Filling out the Budget Forms and Budget Justification Narrative** on page 9.

**Note:** Funds to attend an annual OMH grantee meeting **must** be included in the budget.

If funding is requested in an amount greater than the ceiling of the award range, the application will be considered non-responsive and will not be entered into the review process. The application will be returned with notification that it did not meet the submission requirements.

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## APPLICATION REQUIREMENTS

### Application Forms

Applicants must use Grant Application Form PHS 5161-1 (Revised July 2000 and approved by OMB under Control Number 0348-0043).

**Hint:** You will need to disassemble Grant Application Form PHS 5161-1 in order to put the Application Package in the proper order.

**Order of Application Package** - All items in **bold** can be found in your application kit.

- **Face Page/cover page (SF 424) included in Form PHS 5161-1**
- **Checklist (pages 25-26 of Form PHS 5161-1)**
- For private, nonprofit organizations, evidence of nonprofit status (if not already on file with a PHS agency). (See page 21 of these guidelines for examples of acceptable proof of nonprofit status.)
- **Budget Information Forms for Non-Construction Programs (SF 424A) included in Form PHS 5161-1**
- Detailed Budget Justification (narrative). (See page 9 of these guidelines.)
- Negotiated Indirect Cost Rate Agreement (if applicable)

- **Key Personnel Form**
- **Assurances-Non-Construction Programs (SF 424B in Form PHS 5161-1)**
- **Certifications (pages 17-19 in Form PHS 5161-1)**
- **Project Profile**
- Table of Contents
- Project Summary (See *Appendix A* of these guidelines for Project Summary Outline and Instructions.)
- Project Narrative (proposal). (See page 10 of these guidelines.)
- Appendices  
If you are a current OMH cooperative agreement grantee with an HIV/AIDS project, you **must** submit a Progress Report in your appendix. (See *Appendix B* of these guidelines for the Progress Report Outline.)

### **Filling out the Budget Forms and Budget Justification Narrative**

In addition to filling out the budget forms located in the application kit, you must also provide a separate budget justification narrative and computation of expenditures, as outlined below.

### **Budget Forms**

Fill out the budget forms (SF 424A) located in the application kit. Also,

- Use SF 424A -Section B (1) to list the itemized budget for year 1 costs.
- Use SF 424A - Section B (2) to list the itemized budget for year 2 and year 3 costs.

### **Budget Justification Narrative**

Use separate paper to write the budget justification narrative and computation of expenditures for **each year** in which grant support is requested.

- Identify your projected expenditures using only the standard budget headings listed on budget form (SF 424 A), i.e., personnel and fringe benefits, contractual, travel, equipment, supplies, and other grant-related expenses.
- Then, write your budget justification narrative and computation of expenditures under the appropriate heading.
  - The “personnel” justification should indicate, for each position to be supported by the cooperative agreement:
    - name, if known
    - title

- level of effort (percentage of time on the project)
  - salary
  - responsibilities
- The “equipment” narrative should indicate:
- type of equipment
  - number of items
  - cost per unit
  - who it will be used by
  - where and when it will be used
  - which objective and activity the equipment will support
- The justification for out-of-town “staff travel” should indicate:
- number of out-of-town trips
  - purpose/destination of each trip
  - estimated cost of travel (e.g., airfare, train fare, mileage) for each trip
  - per diem costs (meals, lodging and local travel)
  - title/position of traveler
  - when travel will take place
  - which objective and activity are addressed.

Provide similar information on other budget items under the appropriate headings.

**Reminder:** Participation in an annual OMH grantee meeting is mandatory. Applicants must budget for up to two grant staff to attend this meeting. For planning purposes, use Washington, D.C. as the travel destination.

**Note:** Remember that all applicants must fill out the Key Personnel Form. This form must follow the budget information included in the Application Package.

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## REQUIRED CONTENT OF THE NARRATIVE SECTION

### How to Write the Project Narrative (Proposal)

In place of the Program Narrative Instructions on page 21 of Form PHS 5161-1, describe your proposal using the following 7 sections, in the order provided, to present your narrative:

- PROJECT SUMMARY
- STATEMENT OF NEED
- OBJECTIVES
- PROGRAM PLAN
- EVALUATION PLAN
- MANAGEMENT PLAN
- APPENDICES

The Project Summary, Project Narrative and Appendices are limited to 45 pages (55 for currently funded grantees).

The narrative must address the project requirements specified on page 3 of these program guidelines.

Provide sufficient details for reviewers to be able to assess the proposal's appropriateness and merit.

### Project Summary

The Project Summary should:

- Be no more than 3 pages in length, double spaced.
- Cover key aspects of the Statement of Need, Objectives, Program Plan, Evaluation Plan, and Management Plan.

(See *Appendix A* for Suggested Project Summary Outline)

**Hint:** It may be easier to prepare the Project Summary after the entire narrative (proposal) is completed.

### Statement of Need

- Describe and document (with data)
  - the HIV/AIDS-related demographic information on the the targeted geographic area.
  - the significance or prevalence of

HIV/AIDS affecting the target minority group(s).

**Hint:** Some sources of data are the U.S. Census, local school systems, area-wide health systems agencies, local or state health departments, and the OMHRC (1-800-444-6472).

- Describe the minority group(s) to be targeted by **this project** (e.g., race/ethnicity, age, gender, educational level, income).
- Describe the applicant organization's background, including:
  - mission/purpose/service area/population served;
  - length of time in existence;
  - previous and current collaborations with other entities that show experience in addressing the HIV/AIDS health problem;
  - outcomes of previous and current activities with, or on behalf of, the targeted minority group(s) that show experience in addressing the HIV/AIDS health problem.
- Describe the background/experience of any proposed linkage organization and rationale for inclusion in the

project.

## Objectives

Objectives must relate to the purpose of the HIV/AIDS Health Promotion and Education Program (see page 1), the identified problem(s), project outcomes, and the Program Plan.

- State the objectives in **measurable** terms and include the time frame for achievement.
  - Measurable terms include **both** baseline numbers (at the start of the project) and outcome numbers expected at the end of the project for each major component.
  - The time frame should indicate when the objective will be achieved.

**Hint:** Objectives should not be confused with specific tasks or activities that will be implemented to achieve the objective.

## Program Plan

The Program Plan must clearly describe how the proposed project will be carried out.

- Describe, in detail, specific activities and strategies planned to achieve

each objective.

- For each activity describe:
  - how it is to be done;
  - when it is to be done;
  - where it will be done;
  - who will do it; and
  - for whom it is to be done.
- Describe any products to be developed by the project (e.g., brochures, public service announcements, videos).
- Provide a time line chart which lists:
  - each objective;
  - the activities under each objective;
  - the specific month(s) each activity will be implemented; and
  - the individual responsible for the activities by project title/position.

**Note:** A time line should be included for **each year** that support is requested.

## Evaluation Plan

The Evaluation Plan must identify the expected result (i.e., a particular impact, outcome or product) for each major objective and activity, and discuss the potential for replication.

- **Data Collection and Analysis Method:**

- Indicate which method will be used (e.g., comparative analysis of indicators).
- State how data will be collected and analyzed on each indicator.
- Identify who will collect and analyze data on each indicator.
- **Demographic Information** on the target group(s).
  - Describe demographic data to be collected on persons served by the project (e.g., number served, race, ethnicity, gender, age, educational level).
- **Process Measures** describe indicators to be used to monitor and measure progress toward achieving projected results by objective. For example:
  - Number of forums, seminars, and/or focus groups to be conducted, by type and by audience (e.g., health care providers) and number of participants.
  - Number of culturally/linguistically appropriate informational items to be distributed, by type (e.g., brochure, video) and targeted audience.
  - Number of radio broadcasts/TV spots to be aired and projected number of listeners to be reached.
- Number of training sessions to be held for health care providers, health care professionals and other staff and number of participants.
- **Outcome Measures** will show that the project has accomplished the activities it planned to achieve. For example:
  - Achievement of targeted number of training sessions, seminars, and/or focus groups, and follow up activities.
  - Pre- and post-tests to measure participants' knowledge gain from workshops, forums, seminars, and focus groups.
  - Increase in the number of hardly reached minorities receiving counseling and testing services.
  - Increase in the number of minority health professionals who include HIV/AIDS into their list of services available to minority communities.
- **Impact Measures** demonstrate the achievement of the goal to positively affect health disparities. For example:
  - Changes in baseline health data over time.
  - Changes in number of minority

health professionals providing HIV/AIDS-related services over time.

- Changes in minority utilization of HIV/AIDS health or medical services over time.
- Describe the project’s potential for long-term impact on addressing HIV/AIDS.
- Discuss how the project might have applicability for similar minority communities and/or geographic areas.

### Management Plan

- Discuss relevant qualifications of proposed key staff for the project. Provide a resume or curriculum vitae for each proposed key staff.

**Note:** The Project Director **must** be an employee of the applicant organization.

- Indicate the level of effort for each proposed key staff position (e.g., 25%, 50%).
- Provide position or job descriptions for staff positions, including those to be filled.
- Provide descriptions of duties for proposed consultants and identify

which objectives they will address.

- Discuss organizational experience in managing HIV/AIDS projects and/or activities (especially those targeting the minority population to be served).
- Include a chart of the **organization’s** structure showing who reports to whom.
- Include a chart of the proposed **project’s** structure showing the relationship between collaborators, if applicable, and who reports to whom by position/title. The chart should identify where the organizational unit (who will administer the project) is located.

**Note:** Collaborators, consultants, subgrantees, and subcontractors are accountable to the grantee for the management of any OMH funds received.

### Appendices

All appendices must be clearly referenced and support elements of the narrative.

Include documentation and other supporting information in this section. Examples include:

- The applicant organization's mission statement.
- Progress Report for currently funded OMH HIV/AIDS cooperative agreement grantees.
- Data collection instruments.
- Relevant brochures or newspaper articles.

**Note:** Items included in this section count against the proposal's page limitation (45 for new applications, 55 for currently funded grantees).

### Helpful Reminders

In preparing your application, you must:

1. Number all pages sequentially including any appendices. (Do not use decimals or letters, such as: 1.3 or 2A).
2. Type all materials in size 12 font, with 1" margins.

**Note:** The pages of the Project Summary must be double spaced. However the Project Narrative (Proposal) may be single or double spaced.

3. Use 8 ½ by 11 inch white paper.
4. Type on one side of the paper only.
5. Not exceed a total of 45 pages for the project summary, project narrative and appendices (55 pages for currently funded grantees). **If you are a currently funded OMH HIV/AIDS cooperative agreement grantee, you must include a Progress Report (maximum of 10 pages) in your appendix.** (Refer to *Appendix B* for Progress Report Outline.)
6. Not staple or bind the application package. Use rubber bands or binder clips.
7. Send an original, signed in blue ink, and 2 copies of the application package.

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## SUBMISSION OF APPLICATION

### Application Deadline

Send your application in by **August 5, 2004.**

Applications will be considered as meeting the deadline if they are received by the Office of Public Health and Science, Office of Grants Management

**by 5 p.m. EDT on August 5, 2004.** OPHS will not acknowledge receipt of applications.

Applications submitted by e-mail, FAX (facsimile transmission) or any other electronic format **will not** be accepted.

Applications which do not meet the deadline will be considered late and will be returned unread.

### **DUNS Number - New Requirement**

All applicants are required to obtain a Data Universal Numbering System (DUNS) number as preparation for doing business electronically with the Federal Government. **The DUNS number must be obtained prior to applying for OMH funds.**

The DUNS number is a nine-character identification code provided by the commercial company Dun & Bradstreet, and serves as a unique identifier of business entities. There is no charge for requesting a DUNS number, and you may register and obtain a DUNS number by either of the following methods:

Telephone: 1-866-705-5711

Website: <https://eupdate.dnb.com/requestoptions.html>

Be sure to click on the link that reads, "DUNS Number Only" at the left hand, bottom corner of the screen to access the

free registration page. Please note that registration via the web site may take up to 30 business days to complete.

### **Where to Send Your Application**

Send an original, signed in blue ink, and 2 copies of your grant application to:

Karen Campbell  
Director  
OPHS, Office of Grants  
Management  
Tower Building, Suite 550  
1101 Wootton Parkway  
Rockville, Maryland 20852

### **How to Get Help**

For technical assistance on budget and business aspects of the application, contact:

Margaret Griffiths  
Grants Management Specialist  
OPHS, Office of Grants  
Management  
Phone: (301) 594-0758  
E-mail: [mgriffiths@osophs.dhhs.gov](mailto:mgriffiths@osophs.dhhs.gov)

For questions about programmatic information and/or technical assistance in preparing your grant application, contact:

Joyce Heinonen

Project Officer  
 Division of Program Operations  
 Office of Minority Health  
 Phone: (301) 594-0769  
 E-mail: jheinonen@osophs.dhhs.gov

**For additional technical assistance:**

- Contact the OMH Regional Minority Health Consultant for your region listed in your grant application kit.

**For health information:**

- Call the OMH Resource Center (OMHRC) at 1-800-444-6472.

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## **EVALUATION OF APPLICATIONS**

### **Receipt of Applications**

- Applications will be screened upon receipt. Applications that are not complete, or that do not conform to or address the criteria of the announcement, will not be accepted for review and will be returned without comment.
- Accepted applications will be reviewed for technical merit in

accordance with Public Health Service policies.

- Accepted applications will be evaluated by an Objective Review Committee (ORC). Committee members are chosen for their expertise in minority health and their understanding of the unique health problems and related issues confronted by the racial/ethnic minority populations in the United States.

### **How Applications Are Scored**

Applications will be reviewed on their own merits, and will not be compared to each other. The ORC will determine how well the application meets the review criteria and if it included all the required information. The ORC will make recommendations to OMH about the funding of applications.

### **Review Criteria**

The technical merit of applications will be assessed by the ORC considering the following 5 factors:

**Note:** The following factors are presented in the order in which they are addressed in the narrative.

**Factor 1: Statement of Need (15%)**

- Demonstrated knowledge of the problem at the national and/or local level as applicable.
- Significance and prevalence of the HIV/AIDS health problem or health issue in the proposed community and target population(s).
- Extent to which the applicant demonstrates access to the target community(ies) and whether it is well positioned and accepted within the community(ies) to be served.
- If applicable, demonstrated support (of targeted community, potential collaborators, etc.) to conduct the proposed model.
- Extent and documented outcome of past efforts and activities with the target population.
- For current grantees, documented outcome of activities funded under OMH's HIV/AIDS cooperative agreement program.

**Note:** Currently funded OMH HIV/AIDS cooperative agreement grantees **must** attach a Progress Report describing project accomplishments and outcomes.

**Factor 2: Objectives (15%)**

- Merit of the objectives.
- Relevance to the program purpose, project outcomes, and stated problem.
- Attainability of the objectives in the stated time frames.

**Factor 3: Program Plan (35%)**

- Appropriateness of the proposed approach and specific activities for each objective.
- Logic and sequencing of the planned approaches in relation to the objectives and program evaluation.
- If applicable, soundness of proposed collaboration to be utilized.
- Likelihood of successful implementation of the project.

**Factor 4: Evaluation Plan (20%)**

- Appropriateness of the proposed data collection, analysis, and reporting procedures.

- Clarity of the intent and plans to document the activities and their outcomes.
- Potential for the proposed project to impact the HIV/AIDS health status of, and barriers to health care experienced by the targeted populations.
- Potential for replication of the project for similar target populations and communities.

#### **Factor 5: Management Plan (15%)**

- Applicant organization's capability to manage and evaluate the project as determined by:
  - Qualifications and appropriateness of proposed staff or requirements for "to be hired" staff and consultants.
  - Proposed staff level of effort.
  - Management experience of the applicant.
  - The applicant's organizational structure.

- Appropriateness of defined roles including staff reporting channels and that of any proposed participating organizations and/or contractors.
- Clear lines of authority among the proposed staff within and between participating organizations.

#### **Award Criteria**

Funding decisions will be determined by the Deputy Assistant Secretary for Minority Health, OMH, and will take into consideration:

- The recommendations and ratings of the ORC.
- Geographic and racial/ethnic distribution.

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## **REPORTING AND OTHER REQUIREMENTS**

### **Post Award Requirements**

If you are selected for funding, you will need to let OMH know how your project is doing by sending:

- Semi-annual Progress Reports
- Annual Financial Status Reports
- A Final Project Report and Financial Status Report.

Grantees will be informed of the progress report due dates. Instructions and report format will be provided prior to the required due date. The Annual Financial Status Report is due no later than 90 days after the close of each budget period. A Final Project and Financial Status Report are due 90 days after the end of the project period. Instructions and due dates will be provided prior to required submission.

### **Uniform Data Set**

The Uniform Data Set (UDS) system is designed to assist in evaluating the effectiveness and impact of grant and cooperative agreement projects. All OMH grantees are required to report program information, using the web-based UDS. Training will be provided to all new grantees on the use of the UDS system, during the annual grantee meeting.

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## **ADDITIONAL INFORMATION**

### **Definitions**

For purposes of this cooperative agreement program, the following definitions apply:

***Community-Based, Minority-Serving Organization*** - A community-based organization that has a history of service to racial/ethnic minority populations. (See definition of ***Minority Populations*** below.)

***Cooperative Agreement*** - A financial assistance mechanism to be used in lieu of a grant when substantial federal programmatic involvement with the recipient during performance is anticipated by the awarding office.

***Cultural Competency*** - Having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors and needs presented by consumers and their communities.

***Minority Populations*** - American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, and Native Hawaiian or Other Pacific Islander. (Revision to the Standards for the Classification of Federal Data on Race and Ethnicity, *Federal Register*, Vol. 62, No. 210, pg. 58782, October 30, 1997.)

***National Minority-Serving Organization*** - A national organization whose mission focuses on issues

affecting minority communities nationwide and that has a history of service to racial/ethnic minority populations.

***Nonprofit Status*** - Any of following serves as acceptable proof of nonprofit status:

- A reference to the applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- A copy of a currently valid IRS tax exemption certificate.
- A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- A certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status.

Any of the above proof for a State or national organization and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

## **Healthy People 2010**

The Public Health Service (PHS) is committed to achieving the health promotion and disease prevention objectives of Healthy People 2010, a PHS-led national activity announced in January 2000 to eliminate health disparities and improve years and quality of life.

Information on the Healthy People 2010 objectives can be found on the Healthy People 2010 web site at:  
*<http://www.healthypeople.gov>*

Copies of the Healthy People 2010: Volumes I and II can be purchased by calling (202) 512-1800. The cost is \$70 for the printed version or \$20 for CD-ROM. Another reference is the Healthy People 2000 Final Review-2001.

For 1 free copy of Healthy People 2010, contact NCHS:

The National Center for Health Statistics  
Division of Data Services  
3311 Toledo Road  
Hyattsville, MD 20782

Or, telephone (301) 458-4636.

***Ask for DHHS Publication No. (PHS) 99-1256.***

The document may also be downloaded from the Healthy People 2010 web site:

<http://www.healthypeople.gov>

## Frequently Asked Questions

1. **Where can I get more information about the program?** See the section of these Program Guidelines entitled “How to Get Help” (page 16) for federal staff contact information. You may also visit the web site <http://www.omhrc.gov>.
2. **Who is eligible to apply?** Only private, nonprofit national minority-serving organizations and faith-based organizations who meet the eligibility criteria (see page 6) can apply for these HIV/AIDS Health Promotion and Education cooperative agreements.
3. **Can a religious organization apply?** Yes, if the organization meets the eligibility criteria and provides proof of its non-profit status (see page 21 for acceptable evidence of non-profit status).
4. **How much money is an applicant eligible to apply for?** Each applicant may request a budget ranging from \$100,000 to \$150,000 per year for each of three years. Matching funds are not required.
5. **What is the CFDA Number?** The Catalog of Federal Domestic Assistance (CFDA) is a Government-wide compendium of Federal programs, projects, services, and activities that provide assistance. Programs listed therein are given a CFDA Number. The CFDA Number for this program is 93.004.
6. **Do I budget for one year or three years?** Each applicant must submit a budget for each year support is requested. The period of support for each project is up to three years.
7. **Can you tell me exactly which forms are required for this application?** Form PHS 5161-1, the Project Profile, and the Key Personnel Form are required. The application kit for this program is available on-line at: [www.omhrc.gov](http://www.omhrc.gov).
8. **How do I submit an application?** Send an original, signed in blue ink, and 2 copies of your grant application to:
 

Karen Campbell  
Director  
OPHS, Office of Grants  
Management  
Tower Building, Suite 550  
1101 Wootton Parkway  
Rockville, Maryland 20852

9. **Should my proposal be single or double-spaced?** The project summary must be double-spaced. However, the project narrative (proposal) may be single or double-spaced.

**APPENDIX A**

**Department of Health and Human Services  
Office of Minority Health**

**HIV/AIDS Health Promotion and Education Demonstration Program  
FY 2004**

**PROJECT SUMMARY OUTLINE**

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**INSTRUCTIONS:** The Project Summary should provide a concise recapitulation of the key aspects of the application. The summary should follow the recommended format, not exceed three pages, and be typed double-spaced on one side of plain, 8 ½" x 11" white paper with 1" margin using no less than 12 point font.

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<b>PROJECT TITLE:</b>	Full name of the project
<b>APPLICANT:</b>	Applicant organization's name
<b>LOCATION:</b>	City, State, Zip Code
<b>PROJECT DIRECTOR:</b>	Name of the Project Director, telephone & fax numbers, e-mail address
<b>PROPOSED YEAR 1 BUDGET:</b>	Total Direct/Indirect
<b>PROPOSED SERVICE AREA:</b>	Specify counties, cities, neighborhoods, or communities to be served by project activities
<b>TARGET POPULATION:</b>	Minority population(s) to be served by project

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**STATEMENT OF NEED:**

**OBJECTIVES:**

**PROGRAM PLAN:**

**PRODUCTS:**

**EVALUATION PLAN:**

**MANAGEMENT PLAN:**

**APPENDIX B**

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**Department of Health and Human Services  
Office of Minority Health****HIV/AIDS Cooperative Agreement Projects****PROGRESS REPORT OUTLINE**

(Suggested)

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A progress report must be submitted for HIV/AIDS projects funded under the OMH cooperative agreements. At a minimum, each of the following items must be addressed. Additional information relevant to the program may be included.

**I. PROGRAM INFORMATION**

- Name of Project Director
- Cooperative Agreement Number as shown on the “Notice of Grant Award”
- Time period covered by the Progress Report.

**II. SPECIFIC OUTCOMES**

- State the original project objectives, summarize the activities implemented to achieve and measure each objective, and summarize accomplishments of those activities with specific outcomes for each objective.
- Provide summary data on project participants (e.g., number served, race/ethnicity, gender) services provided.
- Discuss the findings of program evaluations.
- Describe all products directly related to project activities (e.g., brochures, displays, media addresses).

- Discuss staffing changes including additions/deletions of funded positions and any unfilled staff positions and their impact on the program.

### **III. CHANGES IN PROGRAM PLAN AS ORIGINALLY APPROVED**

- Describe any changes or modifications made to the original objectives. Specifically explain the changes/modifications and their significance in conducting the project.
- Discuss problems not previously described and how they were resolved.