

Notice of Funding Opportunity (NOFO)
***PS22-2203: Comprehensive High-Impact HIV Prevention Programs for
 Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color***

Attachment B: Organizational Capacity and Proposed Priority Population Worksheet

APPLICANT ORGANIZATION CONTACT INFORMATION	
Organization Name:	
Mailing Address:	
City:	
State/Province:	
Zip Code:	
Is the applicant a clinical or non-clinical organization?	Is the applicant a clinical or non-clinical organization? <input type="checkbox"/> Clinical <input type="checkbox"/> Non-Clinical

APPLICANT ORGANIZATION HISTORICAL DATA SUMMARY	
Instructions: Please provide historical data for your organization. Please indicate the data source for the information requested below. Please include information on clients served and the agency's historical priority population(s).	
This number is the <u>total number</u> of clients your organization serves (all programs) on an annual basis.	Total Number of Clients Served Annually:
This number is the <u>combined total number</u> (all races, ethnicities, age groups, and risk categories) of clients your organization served for HIV prevention services over the past 24 months .	Total Number of Clients Served for HIV Prevention Services in past 24 months: Number of Clients Served for HIV Prevention Services Annually:
Please note the service delivery area(s) (e.g., city, county, neighborhoods) you plan to provide your proposed program:	
Type of Data for Historical Priority Population: The data and information used to report the organization's <u>previous/past</u> experience is based on: (Select ONE)	<input type="checkbox"/> Combined data from all programs in the organization (Overall) <input type="checkbox"/> Data from a single program within the organization (Single Program) Program Name: <input type="checkbox"/> Testing <input type="checkbox"/> Research <input type="checkbox"/> Care/Medical Services <input type="checkbox"/> Other

Proposed Priority Population			
Instructions: Please provide your proposed priority population for the PS22-2203 HIV prevention program. Please indicate the data source used to determine your proposed priority population for the information requested below.			
Funding Category (Select one)			
<input type="checkbox"/> Category A – HIV prevention services for Young Men of Color Who Have Sex with Men (YMSM of color) and their partners regardless of age, gender, and race/ethnicity			
<input type="checkbox"/> Category B – HIV prevention services for Young Transgender Persons of Color (YTG persons of color) and their partners regardless of age, gender, and race/ethnicity			
Priority Population (Select one)			
<input type="checkbox"/> Men who have sex with men (MSM)			
<input type="checkbox"/> Transgender			
Priority Population Demographics (Select all that apply)			
Ethnicity (Select all that apply)	Race (Select all that apply)	Age Group (Select all that apply)	Gender (Select all that apply)
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Not Applicable	<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Multi-race <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify):	<input type="checkbox"/> 13-17 years <input type="checkbox"/> 18-29 years <input type="checkbox"/> 30-34 years	<input type="checkbox"/> Male <input type="checkbox"/> Transgender – Male to Female <input type="checkbox"/> Transgender – Female to Male <input type="checkbox"/> Transgender – Unspecified (All)
Indicate data source(s) used to determine the proposed priority population for PS22-2203: (Select all that apply)			
<input type="checkbox"/> Local epidemiologic and surveillance data			
<input type="checkbox"/> Jurisdictional HIV Prevention Plan			
<input type="checkbox"/> Jurisdictional Integrated HIV Prevention and Care Plan			
<input type="checkbox"/> Applicant Organization Historical Data			

Proposed Program Information	
Instructions: Please provide the proposed HIV prevention program information for PS22-2203.	
Prioritized HIV Testing	
<p>If your organization has prior experience with conducting <u>HIV testing</u>, please complete <u>all</u> the following questions. <input type="checkbox"/> N/A, organization does not have experience with conducting HIV testing.</p> <p>1. How long has your organization conducted HIV testing?</p> <p>2. What is your organization's (all programs) newly diagnosed HIV positivity rate for the past 24 months?</p> <p style="text-align: center;"><i>Example of positivity Rate Calculation: If 900 rapid HIV tests were conducted, and 11 tests were newly-diagnosed clients testing positive, then the positivity rate would equal 1.2% ($11/900 = 0.012 \times 100 = 1.2\%$).</i></p> <p>3. What type of testing does your organization have experience providing (Check all that apply)? <input type="checkbox"/> Conventional (blood) <input type="checkbox"/> Rapid (blood) <input type="checkbox"/> Rapid (oral fluid) <input type="checkbox"/> Other</p> <p>4. What type of HIV test, including generation of HIV test, is your organization currently using?</p>	
<p>Please identify the setting(s) where prioritized HIV testing will be conducted for your proposed program. (Select all that apply)</p>	
<input type="checkbox"/> Onsite testing within the organization <input type="checkbox"/> Venue-based testing (e.g., Retail Pharmacy, Substance Use Treatment Centers, Clubs/Bars, etc.) <input type="checkbox"/> Mobile unit/field testing <input type="checkbox"/> Self-based testing <input type="checkbox"/> Other:	
Linkage and Re-engagement in HIV Medical Care	
<p>Select the Linkage to Care and Medication Adherence Intervention/Activity proposed for PS22-2203 (Select one for each)</p>	
<p><u>Linkage to Care</u></p> <input type="checkbox"/> Existing Linkage to Care program within the organization <input type="checkbox"/> ARTAS <input type="checkbox"/> Steps to Care (Navigation Service)	<p><u>Medication Adherence</u></p> <input type="checkbox"/> Existing Medication Adherence program within the organization <input type="checkbox"/> Partnership for Health (Medication Adherence) <input type="checkbox"/> Stay Connected
Risk Reduction Behavioral Interventions (Optional)	
<p>Select N/A, if your organizations will be not implementing a risk reduction behavioral intervention for the population listed below. (Select all that apply; maximum of 2)</p>	
<p><u>Risk Reduction Behavioral Intervention for Persons w/HIV</u></p> <input type="checkbox"/> N/A	<p><u>Risk Reduction Behavioral Intervention for Persons at risk for acquiring HIV</u></p> <input type="checkbox"/> N/A

<input type="checkbox"/> Taking Care of Me Video <input type="checkbox"/> PROMISE <input type="checkbox"/> TWIST	<input type="checkbox"/> d-Up! <input type="checkbox"/> Safe in the City <input type="checkbox"/> TWIST <input type="checkbox"/> Sin Buscar Excusas <input type="checkbox"/> PROMISE
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