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 C: Health Department Letter of Support and Prioritized HIV Testing and Partner Services Letter of Agreement and Support

| Date: |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Edna Green, Grants Management Specialist Grants Management Specialist Office Infectious Disease Services Branch 2939 Flowers Road, M/S TV-2 Atlanta, GA 30341 |
| Dear Ms. Green: |
| This letter confirms that staff is in support of 's intent to apply for funding through Centers for Disease Control and Prevention (CDC) Notice of Funding Opportunity PS22-2203: Comprehensive High-Impact HIV Prevention Programs for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color. The following items have been reviewed and discussed with the applicant community-based organization (CBO). |
| Priority Population |
| ☐ Proposed Priority Population: |
| (Priority Population must be identified priority within the jurisdiction. Priority population may be identified through HIV epidemiological data, HIV or STI program data, the health department's Jurisdictional HIV Prevention Plan and/or Integrated HIV Prevention and Care Plan). |
| ☐ Proposed Priority Population not reviewed at this time. |
| Service Area Designation ☐ CBO will provide high-impact HIV Prevention Services in the following areas: |
| ☐ Health Department confirms support of the proposed plans to provide HIV prevention services in the service area(s) listed above and will provide guidance to the CBO on all applicable reporting requirements and existing agreements. |
| HIV Testing and Partner Services ☐ Health Department staff have reviewed and discussed the CBO's plan for HIV testing. We confirm that we have discussed (or shared) state and local laws and regulations pertaining to HIV testing with the |

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CBO staff.

| ☐ CBO confirms that they understand the need for complete compliance with all state and local laws | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--|
| pertaining to HIV testing and, furthermore, will comply with all state and local laws and regulations pertaining to Partner Services. | | |
| ☐ The Health Department acknowledges that a reviewed in detail with the CBO: | ll of the following HIV Testing items have been | |
| Anonymous versus confidential testing | Follow-up for results | |
| Informed consent | Early intervention services | |
| CLIA certificate of waiver | Data collection and reporting | |
| Training of counselors | Quality assurance of counselors | |
| Confidentiality | Linkages with partner services | |
| Surveillance reporting | Local laws and regulations | |
| Laboratory processing | Type of test(s) to be used | |
| Physician orders | | |
| Under state and/or local guidelines, the CBO, in Health Department is allowed to provide the fol Training of staff on the importance of | a conjunction with guidance and assistance from the llowing services related to Partner Services: ☐ Ways to address barriers related to Partner | |
| Partner Services | Services | |
| ☐ Partner Solicitation | ☐ Partner Notification | |
| ☐ Other (Please Describe): | | |
| □ N/A for Partner Services | | |
| HIV Data Sharing ☐ Health Department understands the importance and agrees to provide the jurisdiction's epidemiological HIV data to the CBO as a mechanism to inform HIV prevention services for populations at greatest risk for acquiring and transmitting HIV within the jurisdiction. We understand that this data will be used to determine the locations where services should be provided by the CBO to reach the priority population(s). Additionally, we will provide, as policy and regulations will allow the epidemiological HIV data to the CBO in support of the organization's HIV prevention efforts within the jurisdiction. Examples of data to share with the CBOs include, but not limited to: HIV surveillance data, epidemiological data, STI data, HIV testing data, other program data, as well as HIV-related data shared with HIV Planning Groups. | | |
| Cluster Investigations ☐ Health Department understands and agrees that the CBO can and will collaborate and assist with HIV cluster-related activities within the jurisdiction, if needed. | | |

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| \square CBO understands and agrees to assist the Health Department with cluster-related activities, as requested. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| \square Health Department has established a MOU with the CBO to include cluster-related activities, data sharing, and partner services activities. |
| ☐ Health Department has not established a MOU with the CBO to include cluster-related activities, data sharing, and partner services activities, but will establish a MOU if needed. |
| Physician Oversight ☐ Physician oversight of the CBO's HIV testing program is required by the Health Department jurisdiction. Note: If physician oversight is required, the CBO must complete and submit Attachment D: Letter of Intent from a Physician for State Regulations and HIV Testing Activities. |
| ☐ Physician oversight of the CBO's HIV testing program is not required by the Health Department jurisdiction. |
| Health Department HIV Testing and Partner Services Point of Contact |
| HD HIV Testing/PS Point of Contact: |
| Title: |
| Email: |
| Phone: |
| |
| Signature Required: |
| Name: |
| Title: |
| Health Department Name: |

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