

Notice of Funding Opportunity (NOFO)
PS21-2102: Comprehensive High-Impact HIV Prevention Programs for
Community Based-Organizations
Attachment B: Organizational Capacity and Proposed Target 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 target 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:	
Agency Historical Target Population: This number is a breakdown of the risk and race/ethnic groups served. Organization must have provided HIV prevention or care services to the target population in accordance with the specific requirements for at least the last 24 months.	High-Risk Heterosexual	
	Men who have sex with Men (MSM)	
	Persons Who Inject Drugs (PWID)	
	Transgender	
	Other: Specify:	
	TOTAL number of clients served:	
	American Indian/Alaskan Native	
	Asian	
	Asian/Pacific Islander	
	Black/African American	
	Native Hawaiian/Pacific Islander	
	Multi-Race	
	Unknown Race	
Other: Specify:		
TOTAL number of clients served:		

Type of Data for Historical Target Population: The data and information used to report the organization's previous/past 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
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Proposed Target Population

Instructions: Please provide your proposed target population for the PS21-2102 HIV prevention program. Please indicate the data source used to determine your proposed target population for the information requested below.

**Target Population
(Select one)**

- High-risk Heterosexual
- Men who have sex with men (MSM)
- People who Inject Drugs (PWID)
- Transgender

**Target 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"/> 13-29 years <input type="checkbox"/> 30-49 years <input type="checkbox"/> 50-64 years <input type="checkbox"/> 65 years and older	<input type="checkbox"/> Female <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 target population for PS21-2102:
(Select all that apply)**

- Local epidemiologic and surveillance data
- Jurisdictional HIV Prevention Plan
- Jurisdictional Integrated HIV Prevention and Care Plan
- Application Organization Historical Data

Proposed Program Information

Instructions: Please provide the proposed HIV prevention program information for PS21-2102.

Diagnose: HIV Testing

If your organization has prior experience with conducting HIV testing, please complete all of the following questions. N/A, organization does not have experience with conducting HIV testing.

- 1. How long has your organization conducted HIV testing?**

- 2. What is your organization’s (all programs) newly diagnosed HIV positivity rate for the past 24 months?**

Example of positivity Rate Calculation: If 900 rapid tests were conducted, and 11 tests were newly-diagnosed clients testing positive, then the positivity rate would equal 1.2% (11/900 = 0.012 x 100 = 1.2%).

- 3. What type of testing does your organization have experience providing (Check all that apply)?**
 Conventional (blood) Rapid (blood) Rapid (oral fluid) Other

- 4. What type of HIV test, including generation of HIV test, is your organization currently using?**

Please identify the setting(s) where targeted HIV testing will be conducted for your proposed program. (Select all that apply)

- Onsite testing within the organization
- Venue-based testing (e.g., Retail Pharmacy, Substance Use Treatment Centers, Clubs/Bars, etc.)
- Mobile unit/field testing
- Self-testing/Home-based testing
- Other:

Treat: Linkage and Re-engagement in HIV Medical Care

Select the Linkage to Care and Medication Adherence Intervention/Activity proposed for PS21-2102. (Select one for each)

<u>Linkage to Care</u>	<u>Medication Adherence</u>
<input type="checkbox"/> Existing Linkage to Care program within the organization <input type="checkbox"/> ARTAS <input type="checkbox"/> Steps to Care (Navigation Service)	<input type="checkbox"/> Existing Medication Adherence program within the organization <input type="checkbox"/> Partnership for Health (Medication Adherence) <input type="checkbox"/> Stay Connected

Prevent: Risk Reduction Behavioral Interventions (Optional)

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)

<u>Risk Reduction Behavioral Intervention for HIV-positive Individuals</u>	<u>Risk Reduction Behavioral Intervention for Persons at risk for acquiring HIV</u>
<input type="checkbox"/> N/A <input type="checkbox"/> Taking Care of Me video <input type="checkbox"/> PROMISE <input type="checkbox"/> TWIST	<input type="checkbox"/> N/A <input type="checkbox"/> d-Up! <input type="checkbox"/> Safe in the City Video <input type="checkbox"/> Sister to Sister <input type="checkbox"/> Sin Buscar Excusas <input type="checkbox"/> PROMISE