

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

**AGENCY: Office of Minority Health**

**FUNDING OPPORTUNITY TITLE: HIV/AIDS Initiative for Minority Men (AIMM)**

**ACTION: Notice**

**ANNOUNCEMENT TYPE: INITIAL COMPETITIVE GRANT**

**ANNOUNCEMENT NUMBER: MP-CPI-14-002**

**CFDA NUMBER: 93.137**

**CFDA PROGRAM: Community Programs to Improve Minority Health Grant Program**

**DATES:**

Applications are due June 9, 2014, by 5 p.m. ET. To receive consideration, applications must be received by the HHS Office of the Assistant Secretary for Health (HHS/OASH), Office of Grants Management (OGM), no later than the applicable due date listed in this announcement (Section IV. 3, Submission Dates and Times) and within the time frames specified in the announcement.

All applications for this funding opportunity must be submitted electronically through Grants.gov, and must be received by 5:00 PM Eastern Time on the applicable due date.

All applicants must submit in this manner unless they obtain a written exemption from this requirement 48 hours in advance of the deadline by the Director, HHS/OASH Office of Grants Management. Applicants must request an exemption in writing via email from the HHS/OASH Office of Grants Management, and provide details as to why they are technologically unable to submit electronically through Grants.gov portal. Note: failure to have an active System for Account Management (SAM) registration will not be grounds for receiving a waiver to the electronic submission requirement. If requesting a waiver, include the following in the e-mail

request: the HHS/OASH announcement number; the organization's DUNS number; the name, address, and telephone number of the organization; the name and telephone number of the Project Director; the Grants.gov Tracking Number (GRANTXXXX) assigned to the submissions; and a copy of the "Rejected with Errors" notification from Grants.gov. Send the request to [ogm.oash@hhs.gov](mailto:ogm.oash@hhs.gov).

**The HHS/OASH Office of Grants Management will only accept paper applications from applicants that received prior written approval.** However, the application must still be submitted by the deadline. No other submission mechanisms will be accepted. Applications which do not meet the specified deadlines will be returned to the applicant unread. See the heading "**APPLICATION and SUBMISSION INFORMATION**" for information on application submission mechanisms.

*Executive Order 12372 comment due date:* The State Single Point of Contact (SPOC) has 60 days from the application due date to submit any comments.

**To ensure adequate time to successfully submit the application, HHS/OASH recommends that applicants register immediately in Grants.gov** since the registration process can take up to one month. For information on registering for Grants.gov, refer to <http://www.grants.gov> or contact the Grants.gov Contact Center 24 hours a day, 7 days a week (excluding Federal holidays) at 1-800-518-4726 or [support@grants.gov](mailto:support@grants.gov).

**Applicants are strongly encouraged to register multiple authorized organization representatives.**

**EXECUTIVE SUMMARY:** The United States Department of Health and Human Services (HHS or Department), Office of Minority Health (OMH) located within the Office of the Secretary announces the anticipated availability of funds for Fiscal Year (FY) 2014 for HIV/AIDS Initiative for Minority Men (hereafter referred to as AIMM Initiative) under the authority of Section 1707 of the Public Health Service Act (42 U.S.C. §300u-6).

The AIMM Initiative specifically addresses the unmet needs of young racial and ethnic minority men who have sex with men (MSM) between the ages of 20-29 and young minority males living with HIV/AIDS or at high risk for HIV infections. The AIMM Initiative will establish a comprehensive Integrated Center for Care and Supportive Services (ICCSS) that employs evidence-based disease management and preventive health program and supportive services to reduce the transmission of HIV; address gaps and fragmentation of HIV/AIDS treatment; reduce HIV/AIDS stigma and barriers to culturally and linguistically appropriate care; social determinants of health that impede treatment adherence; preventive opportunistic infections; and improve clinical outcomes of MSM and young minority males living with HIV or at high risk for HIV infections. The ICCSS must include the following partnerships: a local community-based organizations or community-based agencies (CBO/CBA) that provide HIV/AIDS services to the targeted population; a substance abuse and mental health treatment program such as a Substance Abuse and Mental Health Services Administration (SAMHSA) funded community-based substance abuse treatment, behavioral treatment or recovery program; a community-based clinical organization such as a Health Resources and Services Administration (HRSA) funded health organization that provides comprehensive HIV/AIDS treatment, service coordination and case management; and social and support service organizations and/or programs that have

extensive experience in serving the targeted population, community involvement, and expansive network of collaborative partners.

#### I. FUNDING OPPORTUNITY DESCRIPTION:

**BACKGROUND:** The mission of the OMH is to improve the health of racial and ethnic minority populations through the development of health policies and programs to eliminate health disparities. The OMH serves as the focal point in the HHS for leadership, policy development and coordination, service demonstrations, information exchange, coalition and partnership building, and related efforts to address the health needs of racial and ethnic minorities.

Consistent with the goals of the President's National HIV/AIDS Strategy (NHAS), the AIMM Initiative employs an evidence-based disease management and preventive health programs and support services that targets young racial and ethnic MSM and young minority males living with HIV/AIDS or at high-risk for HIV infections to increase access to care and reduce health disparities.

The AIMM aligns with the goals of the NHAS to:

- Reduce new HIV infections;
- Increase access to care and improve health outcomes for people living with HIV;
- Reduce HIV-related disparities and health inequities; and
- Achieve a more coordinated National response to the HIV epidemic.

#### 1. **Purpose**

The AIMM Initiative will establish an ICCSS designed to meet the unmet health care needs of the targeted population. Applicant organizations will serve as the lead agency for the project, responsible for its implementation and management; serve as the fiduciary agent for the grant and establish the ICCSS. The ICCSS will aim to reduce the transmission of HIV; address gaps and fragmentation of HIV/AIDS treatment; reduce HIV/AIDS stigma and barriers to culturally and linguistically appropriate care; improve health seeking behaviors and social determinants of health that impede treatment adherence; prevent opportunistic infections, and improve clinical outcomes of the targeted population. The ICCSS must include the following partners:

- The applicant organization, with experience providing comprehensive HIV/AIDS services including case management, and/or coordination of healthcare, social, or supportive services for minority men and MSMs.
- A substance abuse and mental health treatment program such as a SAMHSA funded community-based substance abuse treatment, behavioral treatment, or recovery support program.
- A community-based clinical organization such as HRSA funded health organization that provides comprehensive HIV/AIDS treatment, service coordination, and case management.
- A local social or support service organization (social and support services may include subsidized food programs, housing, transportation, legal services, and job training/placement services).

The ICCSS partners must have the collective capacity to coordinate existing resources and linkages to culturally and linguistically appropriate health care services and support services that reduce barriers to HIV treatment adherence and rates of HIV transmission to racial and ethnic minority MSM and other high-risk populations. These services include, but are not limited to, comprehensive HIV/AIDS prevention and treatment services, chronic and infectious disease treatment, HIV testing, substance abuse treatment, harm reduction programs, behavioral health treatment, housing, drug assistance programs such as AIDS Drugs Assistance Program (ADAP), subsidized food programs, transportation, legal services, and job training/placement services. The community-based organization is expected to serve as a source of referral for program participants and assure that services delivered through the ICCSS are culturally appropriate and meet the diverse needs of young minority MSM.

The ICCSS must be documented by letters of commitment (LOC) between the applicant organization and each partner organization. Each LOC must clearly delineate the roles and resources (including in-kind) that each entity will bring to the project; state the duration and terms of the agreement; cover the entire project period; and be signed by an individual with the authority to represent the organization.

Applicant's project plans must include the following components:

#### Disease Management Component:

The disease management component must utilize evidence-based curriculum and treatment regimens that have demonstrated improvement in treatment adherence, clinical outcomes, and quality of life for individuals living with HIV/AIDS (i.e., improved CD4 counts, viral loads, and prevention of opportunistic infections). This component must also address the complex needs of the targeted population who have coexisting Sexually Transmitted Infection (STI) and/or Hepatitis infection, chronic disease, or substance abuse and behavioral health issues. A time-framed healthcare plan must be submitted that clearly describes the proposed clinical goals and objectives to be achieved by participants throughout the project period. The ICCSS will be required to serve participants that will be followed throughout the project period.

#### HIV Testing, Prevention, Outreach and Education Component:

The HIV testing and prevention education component must include the implementation of evidence-based prevention education programs, and provision of counseling and HIV testing for minority men at highest risk for infection. HIV prevention education and services must be culturally and linguistically appropriate. Individuals that are newly diagnosed must be appropriately linked into the treatment, social and support services provided by the ICCSS. Additionally, the health education component must incorporate education, testing, counseling, and referral services for program participants. The participation of partners is voluntary and the confidentiality of services provided to these partners must be assured and maintained. The intent of the HIV testing, prevention, outreach, and education component is to assist individuals who are negative in

maintaining this status. Applicants will be required to link individuals who are HIV negative to additional social and supportive services, such as substance abuse and behavioral health treatment to assure that a negative status is maintained.

The AIMM program requires the collection of an array of data on program participants in order to demonstrate the accomplishments of the objective(s). Successful applicants must receive appropriate approval from their institutions, if applicable. Grantees will use the Department's approved HIV/AIDS core indicators for monitoring HHS-funded HIV services.

This is not a research project, however, all grantees will be required to provide a detailed evaluation and data collection plan to protect the medical confidentiality of program participants and the process must be consistent across all collaborating partners. The confidentiality plan will be required to be signed by authorized representatives of each ICCSS partner and submitted after the grantee receives the notice of grant award funding.

The AIMM successful applicant must establish a Community Advisory Board (CAB) that will provide guidance and direction relative to the development and implementation of programs and services to be provided to the target population. The CAB must be inclusive of representatives from the community and target populations to be served.

The CAB should include, but not be limited to, representatives from the community and targeted populations to be served; community-based HIV/AIDS service organizations, advocacy organizations, faith-based organizations, local substance abuse and behavioral treatment organizations, and local support service organizations. The intent of the CAB is to facilitate systems-level change within communities of color.

## **OMH Expectations**

It is expected that the AIMM Program will result in:

- Improvement in health outcomes (status) and survivability rates;
- Increased screening, testing, and diagnosis of HIV positives;
- Increased screening and testing for Viral Hepatitis and linkage into care;
- Increased access to a comprehensive continuum of HIV/AIDS treatment, primary healthcare, social and supportive services;
- Improved adherence to a prescribed HIV treatment plan;
- Increased capacity of communities to address social determinants of health and HIV risk;
- Increased access to substance abuse and mental health treatment; and
- Increased access to HIV counseling, testing, and linkages to substance abuse treatment programs.

The approved HHS core indicators are delineated in the attachment. Program participants that are HIV positive may have co-existing conditions, such as Hepatitis, sexual transmitted infections (STIs), untreated chronic disease, and behavioral health issues that may impede adherence to a medical treatment plan. Addressing such co-existing conditions will improve treatment adherence, health outcomes, and quality of life. The ICCSS will be expected to address co-existing chronic disease, STIs, and Hepatitis; substance abuse; and the behavioral health needs of populations to be served.

## **Applicant Project Results**

Applicants must identify anticipated project results that are consistent with the overall program purpose and OMH expectations. Project results should fall within the following categories:

- Mobilize community partnerships and networks of integrated HIV/AIDS treatment and prevention services, substance abuse and behavioral health treatment, and social and supportive services for minorities at high-risk;
- Improve capacity of communities to address social determinants of health and HIV risk;
- Increase leveraging of resources and effectiveness in achieving intended outcomes through strategic partnerships;
- Develop and/or implement evidenced-based disease management and preventive health programs and services designed to meet the specific needs of minorities (African Americans/Blacks and Hispanics/ Latinos) living with HIV/AIDS or at significant risk for HIV infection;
- Increase access to a continuum of HIV/AIDS treatment and prevention services, social and support services, and substance abuse and behavioral health treatment;
- Modify health behavior and improve access in utilization of healthcare, substance abuse and behavioral health treatment, and social and supportive services; and
- Increase number of persons receiving systems navigation services.

**AUTHORITY:** Section 1707 of the Public Health Service Act (42 U.S.C. §300u-6.).

## II. AWARD INFORMATION

The AIMM Program intends to make available approximately \$1,500,000 for competitive grants. Grants will be funded in annual increments (budget periods) and are generally approved for a project period of up to three years, although shorter project periods may be approved. Funding for all approved budget periods beyond the first year of the grant is contingent upon the availability of funds, satisfactory progress of the project, and adequate stewardship of Federal funds.

### *Award Information*

Estimated Funds Available for Competition: \$1,500,000

Anticipated Number of Awards: 4-6

Range of Awards: \$250,000 to \$375,000

Anticipated Start Date: 09/01/2014

Period of Performance: Not to exceed 3 years

Budget Period Length: 12 months

Type of Award: Competitive Grant

Type of Application Accepted: Electronic via Grants.gov **ONLY unless a waiver is granted**

## III. ELIGIBILITY INFORMATION

### *1. Eligible Applicants*

Eligible applicants that can apply for this funding opportunity are listed below:

- Nonprofit with 501(c)(3) IRS status (other than institution of higher education)

- Nonprofit without 501(c)(3) IRS status (other than institution of higher education)
- For-profit organizations (other than small business). *For profit organizations must agree to forgo any profit or management fee.*
- Small, minority, and women-owned business
- Universities
- Colleges
- Research institutions
- Hospitals
- Community-based organizations
- Faith-based organizations
- Federally recognized or state-recognized American Indian/Alaska Native tribal governments
- American Indian/Alaska Native tribally designated organizations
- Alaska Native health organizations
- Urban Indian health organizations
- Tribal epidemiology centers
- State and local governments or their Bona Fide Agents (this includes the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau)
- Political subdivisions of states (in consultation with states)

## 2. *Cost Sharing or Matching*

None.

## 3. *Responsiveness and Screening Criteria*

### **Application Screening Criteria**

All applications will be screened to assure a level playing field for all applicants. Applications that fail to meet the screening criteria described below will **not** be reviewed and will receive **no** further consideration.

1. Applications must be submitted electronically via [www.grants.gov](http://www.grants.gov) (unless a waiver has been granted) by June 9, 2014.
2. The Project Narrative section of the application must be double-spaced, on the equivalent of 8 ½" x 11" inch page size, with 1" margins on all sides (top, bottom, left and right) and font size not less than 12 points.
3. The Project Narrative must not exceed 50 pages. NOTE: The following items do not count toward the page limit: required forms, including SF 424 and SF 424A, Budget justification and/or budget narrative, and the table of contents.
4. Total application including appendices must not exceed 65 pages.
5. Proposed budget must not exceed maximum indicated in Range of Awards.

#### IV. APPLICATION AND SUBMISSION INFORMATION

##### 1. Information to Request Application Package

Application kits may be obtained electronically by accessing Grants.gov at <http://www.grants.gov/>. If you have problems accessing the application or difficulty downloading, contact: Grant Operations Center, Office of Grants Management Operations Center, telephone 1-888-203-6161, or email [ASH@LCGnet.com](mailto:ASH@LCGnet.com).

##### 2. Content and Form of Application Submission

Applications must be prepared using forms and information provided in the online application kit.

**The application narrative must be limited to no more than 50 double-spaced pages, and the total application, including appendices, may not exceed the equivalent of 65, 8 ½” x 11” pages when printed by HHS/OASH/OGM.**

The applicant should use an easily readable typeface, such as Times New Roman or Arial, 12-point font. Tables may single spaced and use alternate fonts but must be easily readable. The page limit does not include budget, budget justification, required forms, assurances, and certifications. All pages, charts, figures, and tables should be numbered, and a table of contents provided. Applications that exceed the specified limits of 65 pages when printed by HHS/OASH/OGM will be deemed non-responsive and will not be considered. It is recommended that applicants print out their applications before submitting electronically to ensure that they are within the page limit.

Appendices may include curriculum vitae, organizational structure, examples of organizational capabilities, or other supplemental information which supports the application. Brochures and bound materials should not be submitted. Appendices are for supportive information only and should be clearly labeled. All information that is critical to the proposed project should be included in the body of the application. Appendices created for the application should use the formatting required for the narrative. Appendices from other sources and documents may use other formatting but must be easily readable.

For all non-profit organization applicants, documentation of nonprofit status must be submitted as part of the application. Any of the following constitutes acceptable proof of such status:

1. A reference to the Applicant organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in the IRS code;
2. A copy of a currently valid IRS tax exemption certificate;
3. 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; or
4. A certified copy of the organization's certificate of incorporation or similar document that clearly establishes nonprofit status.

For local, nonprofit affiliates or state or national organizations, a statement signed by the parent organization indicating that the applicant organization is a local nonprofit affiliate must be provided in addition to any one of the above acceptable proof of nonprofit status. Applications must include an abstract of the proposed project. The abstract will be used to provide reviewers with an overview of the application, and will form the basis for the application summary in grants management documents.

**The HHS Office of the Assistant Secretary for Health (HHS/OASH) requires that all applications be submitted electronically via the Grants.gov portal unless a waiver has been granted.** Any applications submitted via any other means of electronic

communication, including facsimile or electronic mail, *will not* be accepted for review.

You may access the Grants.gov website portal at <http://www.grants.gov>. All HHS/OASH funding opportunities and application kits are made available on Grants.gov.

Applications will not be considered valid until all electronic application components are received by the HHS/OASH Office of Grants Management according to the deadlines specified above. Application submissions that do not adhere to the due date requirements will be considered late and will be deemed ineligible.

Applicants are encouraged to initiate electronic applications early in the application development process. This will aid in addressing any problems with submissions prior to the application deadline. Any files uploaded or attached to the Grants.gov application must be of the following file formats – Microsoft Word, Excel or PowerPoint, Adobe PDF, or image formats (JPG, GIF, TIFF, or BMP only). Even though Grants.gov allows applicants to attach

any file format as part of their application, HHS/OASH restricts this practice and only accepts the file formats identified above. Any file submitted as part of the Grants.gov application that is not in a file format identified above will not be accepted for processing and will be excluded from the application during the review process. The application must be submitted in a file format that can easily be copied and read by reviewers. It is recommended that scanned copies not be submitted through Grants.gov unless the applicant confirms the clarity of the documents. Pages cannot be reduced resulting in multiple pages on a single sheet to avoid exceeding the page limitation. All documents that do not conform to the above will be excluded from the application during the review process.

A. **Important Grants.gov Information**

Electronic submission via Grants.gov is a two-step process. Upon completion of a successful electronic application submission via the Grants.gov Website Portal, the applicant will be provided with a confirmation page from Grants.gov indicating the date and time (Eastern Time) of the electronic application submission, as well as the Grants.gov Receipt Number. It is critical that the applicant print and retain this confirmation for their records, as well as a copy of the entire application package. All applications submitted via the Grants.gov Website Portal then will be validated by Grants.gov. Any applications deemed “Invalid” by the Grants.gov Website Portal will not be transferred to HHS/OASH, and HHS/OASH has no responsibility for any application that is not validated and transferred to HHS/OASH from the Grants.gov

Website Portal. Grants.gov will notify the applicant regarding the application validation status.

You will initially receive a notice that your application has been received by Grants.gov and is being validated. Validation may take up to 2 business days. You will receive a notice via email when your application has been validated by Grants.gov and is ready for the HHS/OASH to retrieve and review. If your application fails validation it will **not** be accepted for review. Therefore, **you should submit your electronic application with sufficient time to ensure that it is validated in case something needs to be corrected.** Applicants should contact Grants.gov with any questions or concerns regarding the electronic application process conducted through the Grants.gov Website Portal.

- You may access the electronic application for this program on <http://www.grants.gov>. You must search the downloadable application page by the Funding Opportunity Number or CFDA number.
- At the <http://www.grants.gov> website, you will find information about submitting an application electronically through the site, including the hours of operation. HHS/OASH strongly recommends that you do not wait until the application due date to begin the application process through <http://www.grants.gov> because of the time involved to complete the registration process.
- Since October 1, 2003, the Office of Management and Budget has required applicants to provide a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number when applying for Federal grants or cooperative agreements. It is entered on the SF 424. It is a unique, nine-digit identification

number, which provides unique identifiers of single business entities. The DUNS number is *free and easy* to obtain.

- Organizations can receive a DUNS number at no cost by calling the dedicated toll-free DUNS Number request line at 1-866-705-5711 or by using this link to access a guide: [https://www.whitehouse.gov/omb/grants/duns\\_num\\_guide.pdf](https://www.whitehouse.gov/omb/grants/duns_num_guide.pdf) . Instructions are also available on the Grants.Gov web site as part of the registration process.
- All applicants must register in the System for Account Management (SAM) (formerly the Central Contractor Registry (CCR)). You should allow a minimum of five days to complete the SAM registration. Grants.gov will reject submissions from applicants with nonexistent or expired SAM Registrations. You can register with the SAM online and it will take about 30 minutes (<http://sam.gov>.)

**You must renew your SAM registration each year.** Organizations registered to apply for Federal grants through <http://www.grants.gov> will need to *renew* their registration with the SAM. It may take 24 hours or more for updates to take effect, so potential applicants should ***check for active registration well before the application deadline.***

- Effective October 1, 2010, HHS requires all entities that plan to apply for and ultimately receive Federal grant funds from any HHS Operating/Staff Division (OPDIV/STAFFDIV) or receive sub-awards directly from the recipients of those grant funds to:
  1. Be registered in the SAM prior to submitting an application or plan;

2. Maintain an active SAM registration with current information at all times during which it has an active award or an application or plan under consideration by an OPDIV; and
3. Provide its DUNS number in each application or plan it submits to the OPDIV.

An award cannot be made until the applicant has complied with these requirements. At the time an award is ready to be made, if the intended recipient has not complied with these requirements, the OPDIV/STAFFDIV:

- May determine that the applicant is not qualified to receive an award; and
- May use that determination as a basis for making an award to another applicant.

Additionally, all first-tier sub-award recipients must have a DUNS number at the time the sub-award is made.

- You must submit all documents electronically, including all information included on the SF-424 and all necessary assurances and certifications.
- Prior to application submission, Microsoft Vista and Office 2007 users should review the <http://www.grants.gov> compatibility information and submission instructions provided at <http://www.grants.gov> (click on “**Vista and Microsoft Office 2007 Compatibility Information**”).
- Your application must comply with any page limitation requirements described in this Program Announcement.
- **Attachment Filename Characters are now Validated and Enforced:**

- Beginning August 15, 2012, applicants are now limited to using the following characters in all attachment file names.
- Valid file names may only include the following **UTF-8 characters:**
- **A-Z, a-z, 0-9, underscore ( \_ ), hyphen (-), space, period.**
- **If applicants use any other characters when naming their attachment files their applications will be rejected.**

## **B. Application Content**

Successful applications will contain the following information:

### **Project Narrative**

The Project Narrative is the most important part of the application, since it will be used as the primary basis to determine whether or not your project meets the minimum requirements for a grant under this announcement. The Project Narrative should provide a clear and concise description of your project. HHS/OASH recommends that your project narrative include the following components (counted as part of the 50 page limit):

- Summary
- Problem Statement
- Background and Experience
- Program Plan
- Goal(s) and Objective(s)
- Outcomes
- Proposed Intervention
- Target Populations and Organizations

- Project Management
- Organizational Capability
- Evaluation Plan
- Dissemination

**Summary.** This section should include a brief description of the proposed project, including: goal(s), objectives, outcomes, and products to be developed. Detailed instructions for completing the summary/abstract are included in document.

**Problem Statement.** This section should describe, in both quantitative and qualitative terms, the nature and scope of the specific and particular problem or issue, and the proposed intervention it is designed to address. Describe the significance and prevalence of HIV/AIDS in the proposed community and among the target population. Explain how the project will potentially affect the targeted population, specific subgroups within those populations, and other interested stakeholders as identified. It is recommended that applicants focus their problem statement on the specific aspects of the history, existing literature, current status, and policy considerations bearing on the program area, and the roles of the national, state, and local agencies responsible for their operation, rather than providing a broad or sweeping historical overview that is not directly related to the proposed interventions and activities.

**Background and Experience:** Identify and define the problem and factors contributing or causing the problem that will be addressed by the proposed project and activities. Describe and document (with data) demographic information on the targeted geographic area, and the

significance of the HIV/AIDS epidemic. Describe gaps in the healthcare, social services, and resources relative to the specific needs of minority male populations that will be targeted. Describe the specific populations to be targeted by the project. Describe the health behaviors and social determinants that influence health outcomes among the specific populations to be served. Discuss the applicant organization's experience in managing project/activities, especially those targeting the populations to be served, and the major accomplishments achieved. Provide the rationale for selection of partnering organizations. Describe the qualifications, experience, and history of partnering organizations relative to the provision and coordination of healthcare, social services, disease management, and/or support services for the targeted populations within their respective communities.

**Program Plan:** Describe the evidence-based or best practices model(s) that will be employed in the design of the AIMM Program. Project plans could address factors that lead to problem behaviors, and resiliency factors. Include educational services or strategies that have been successful and suitable to the target group(s). Clearly describe how each objective will be carried out, including strategies, and action steps to be taken in order to achieve each objective. For each applicable focus area, include a project plan that indicates how, when, where, and by whom each activity will be conducted. Describe the strategy for recruiting the target group (s) and additional collaborating partners. Describe the role of any proposed collaborating organization(s) or entities in the project. Describe in detail, how the applicant plans to work with the collaborating partners (who will do what). Also, include a description of the volunteer recruitment, selection, training, and supervision plans and protocols, if applicable. Describe any products to be developed, as well as, distribution and dissemination. Describe the plan for

testing, validating, and modifying the products, such as educational training curricula and surveys. Provide a detailed work plan that includes timeframes and responsibilities.

**Goals and Objectives.** This section should consist of a description of the project’s goal(s) and major objectives. Unless the project involves multiple, complex interventions, we recommend you have only one overall goal.

**Outcomes.** This section of the project narrative must clearly identify the measurable outcome(s) that will result from the project. HHS/OASH will not fund any project that does not include measurable outcomes. In addition to discussion in the narrative, applicants must describe how they envision the project will benefit the field at large. A “measurable outcome” is an observable end-result that describes how a particular intervention benefits consumers. It demonstrates that “impact” of the intervention. For example, a change in a client’s financial, health, and/or functional status; mental well-being; knowledge; skill; attitude; awareness; or behavior. It can also describe a change in the degree to which consumers exercise choice over the types of services they receive, or whether they are satisfied with the way a service is delivered. Additional examples include: a change in the responsiveness or cost-effectiveness of a service delivery system; a new model of support or care that can be replicated; new knowledge; a measurable increase in community awareness; or a measurable increase in persons receiving services. A measurable outcome is not a measurable “output”, such as: the number of clients served; the number of training sessions held; or the number of service units provided.

You should keep the focus of this section on describing *what* outcome(s) will be produced by the project. You should use the Evaluation section noted below to describe *how* the outcome(s) will be measured and reported. Your application will be scored on the clarity and nature of your proposed outcomes, not on the number of outcomes cited. In many cases, it is very appropriate for a project to have only *ONE* outcome that it is trying to achieve through the intervention reflected in the project's design.

**Proposed Intervention.** This section should provide a clear and concise description of the intervention you are proposing to use to address the need identified in the program announcement and the problem described in the "Problem Statement" above. Applicants are expected to explain the rationale for using a particular intervention and to present a clear connection between identified system gaps and needs and the proposed activities. Proposals should detail the nature of the activities to be undertaken, how they address system gaps and identified issues, and how they will assist in achieving the overall project goals and objectives. Clarification as to why these specific activities were selected is appropriate (i.e. has this approach been successful in other settings? Does the research suggest this direction?). Also note any major barriers you anticipate encountering and how your project will be able to overcome those barriers. At minimum, applicants should:

1. Indicate a plan for addressing the problems or issues nationally. Provide detailed descriptions of specific products or outcomes proposed for development or modification.
2. Demonstrate how technology will be incorporated to advertise and advance programs and services, provide training and/or technical assistance, and disseminate information and products.

3. Describe the role and makeup of potential subrecipients who are intended to be involved in completing specific tasks, and identify the percentage of level of effort (subrecipients are anticipated to provide in completing programmatic activities.
4. Provide specifics about the intervention strategies, expected outcomes, and barriers for all anticipated years of the grant.

**Target Populations and Organizations.** This section should describe how you plan to involve community-based organizations in a meaningful way in the planning and implementation of the proposed project. This section should also describe how the proposed intervention will target disadvantaged populations, including limited-English speaking populations

**Project Management.** This section should include a clear delineation of the roles and responsibilities of project staff and subrecipients and how they will contribute to achieving the project's objectives and outcomes. It should specify who would have day-to-day responsibility for key tasks such as: leadership of project; monitoring the project's on-going progress, preparation of reports; and communications with other partners and HHS/OASH. It should also describe the approach that will be used to monitor and track progress on the project's tasks and objectives. HHS/OASH expects that, throughout the grant period, the Project Director will have involvement in, and substantial knowledge about, all aspects of the project.

**Organizational Capability.** Each application must include an organizational capability statement and vitae for key project personnel. The organizational capability statement should describe how the applicant agency (or the particular division of a larger agency which will have

responsibility for this project) is organized, the nature and scope of its work, and the capabilities it possesses. This description should cover capabilities of the applicant agency not included in the program narrative, such as any current or previous relevant experience and/or the record of the project team in preparing cogent and useful reports, publications, and other products. If appropriate, include an organization chart showing the relationship of the project to the current organization. Neither curriculum vitae nor an organizational chart will count towards the narrative page limit. Also include information about any contractual and/or supportive staff/organization(s) that will have a secondary role(s) in implementing the project and achieving project goals.

**Evaluation Plan.** This section should describe the methods that you will use to evaluate whether or not the proposed intervention achieves its measurable outcome(s) and assess and evaluate the impact of activities for which you are applying. You should describe the quantitative and qualitative tools and techniques that you will employ to measure the outcome(s) and how you will identify and document the “lessons learned.”

**Dissemination.** This section should describe the method that will be used to disseminate the project’s results and findings in a timely manner and in easily understandable formats to the target audience, the general public, and other parties who might be interested in using the results of the project. Appropriate findings and products may be posted on a HHS/OASH sponsored website as determined by the HHS/OASH. Applicants should propose innovative approaches to informing parties who might be interested in using the results of the project to inform practice, service delivery, program development, and/or policy-making, especially to those parties who

would be interested in replicating the project. HHS/OASH expects that nationwide dissemination of products and knowledge will occur.

**Work Plan.** The Project Work Plan should reflect, and be consistent with, the Project Narrative and Budget, and must cover all three (3) years of the project period. However, each year's activities should be fully attainable in one budget year. Multi-year activities may be proposed, as well as activities that build upon each other, but each phase of the project must be discreet and attainable within a single budget year. The Work Plan should include a statement of the project's overall goal, anticipated outcome(s), key objectives, and the major tasks, action steps, or products that will be pursued or developed to achieve the goal and outcome(s). For each major task of each year, action step, or product, the work plan should identify the timeframes involved (including start- and end-dates), and the lead person responsible for completing the task.

**Letters of Commitment from Subrecipient Organizations and Agencies.** Letters of Commitment are required for all organizations and entities that have been specifically named as a subrecipient to carry out any aspect of the project. The signed letters of commitment *must detail* the specific role and resources that will be provided, or activities that will be undertaken, in support of the applicant. The organization's expertise, experience, and access to the targeted population(s) should also be described in the letter of commitment. Letters of commitment are not the same as letters of support. Letters of support are letters that are general in nature that speak to the writer's belief in the capability of an applicant to accomplish a goal/task. Letters of support also may indicate an intent or interest to work together in the future, but they lack

specificity. Applicants should NOT provide letters of “support,” and letters of support such as this will not be considered during the review.

**Budget Narrative/Justification.** Combined multi-year Budget Narrative/Justification, as well as a detailed Budget Narrative/Justification for each year of potential grant funding is required.

***Please Note:*** Because the proposal must demonstrate a clear and strong relationship between the stated objectives, project activities, and the budget, the budget justification should describe the ***cost estimated per proposed project, activity, or product.*** This budget justification should define the amount of work that is planned and expected to be performed and what it will cost.

### 3. Submission Dates and Times

The deadline for the submission of applications under this Program Announcement is 5:00 p.m. Eastern Time on June 9, 2014. Applications must be submitted by that date and time.

**Applications that fail to meet the application due date will not be reviewed and will receive no further consideration.** You are strongly encouraged to submit your application a minimum of 3-5 days prior to the application closing date. Do not wait until the last day in the event you encounter technical difficulties, either on your end or with <http://www.grants.gov>. Grants.gov can take up to 48 hours to notify you of a successful submission.

Unsuccessful submissions will require authenticated verification from <http://www.grants.gov> indicating system problems existed at the time of your submission. For example, you will be

required to provide an <http://www.grants.gov> submission error notification and/or tracking number in order to substantiate missing the cut off date.

Grants.gov (<http://www.grants.gov>) will automatically send applicants a tracking number and date of receipt verification electronically once the application has been successfully received and validated in <http://www.grants.gov>.

#### **4. Intergovernmental Review**

Applications under this announcement are subject to the requirements of Executive Order 12372, “Intergovernmental Review of Federal Programs,” as implemented by 45 CFR part 100, “Intergovernmental Review of Department of Health and Human Services Programs and Activities.” As soon as possible, the applicant should discuss the project with the State Single Point of Contact (SPOC) for the State in which the applicant is located. The application kit contains the currently available listing of the SPOCs that have elected to be informed of the submission of applications. For those states not represented on the listing, further inquiries should be made by the applicant regarding submission to the relevant SPOC. The SPOC should forward any comments to the Department of Health and Human Services [1101 Wootton Parkway, Suite 550, Rockville, MD 20852]. The SPOC has 60 days from the due date listed in this announcement to submit any comments. For further information, contact the HHS/OASH Office of Grants Management at 240-453-8822.

## **5. Funding Restrictions**

The allowability, allocability, reasonableness and necessity of direct and indirect costs that may be charged to HHS/OASH grants are outlined in the following documents: 2 CFR § 220 (OMB Circular A- 21, for Institutions of Higher Education); 2 CFR § 225 (OMB Circular A–87, for State, Local, and Indian Tribal Governments); 2 CFR § 230 (OMB Circular A–122, for Nonprofit Organizations); and 45 CFR part 74, Appendix E (Hospitals). Copies of the Office of Management and Budget (OMB) Circulars are available on the Internet at <http://www.whitehouse.gov/omb/circulars/>.

In order to claim indirect costs as part of a budget request, an applicant must have an indirect cost rate which has been negotiated with the Federal Government. The Health and Human Services Division of Cost Allocation (DCA) Regional Office that is applicable to your State can provide information on how to receive such a rate. A list of DCA Regional Offices is included in the application kit for this announcement.

### *Salary Limitation:*

The Consolidated Appropriations Act, 2014 (P.L. 113-76) limits the salary amount that may be awarded and charged to HHS/OASH grants and cooperative agreements. Award funds should not be budgeted to pay the salary of an individual at a rate in excess of Executive Level II. Currently, the Executive Level II salary of the Federal Executive Pay scale is \$181,500. This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization.

This salary limitation also applies to subawards/subcontracts under an HHS/OASH grant or cooperative agreement.

As an example of the application of this limitation: If an individual’s base salary is \$350,000 per year plus fringe benefits of 25% (\$87,500) and that individual is devoting 50% of their time to this award, their base salary should be adjusted to \$181,500, their direct salary would be \$90,750 (50% FTE), fringe benefits of 25% would be \$22,687.50, and a total of \$113,437.50 may be included in the project budget and charged to the award in salary/fringe benefits for that individual. See the breakdown below:

Individual’s <i>actual</i> base full time salary: \$350,000	
50% of time will be devoted to project	
Direct salary	\$175,000
Fringe (25% of salary)	\$43,750
Total	\$218,750
<b>Amount that may be claimed on the application budget due to the legislative salary limitation:</b>	
Individual’s base full time salary <i>adjusted</i> to Executive Level II: \$181,500	
50% of time will be devoted to the project	
Direct salary	<b>\$90,750</b>
Fringe (25% of salary)	<b>\$22,687.50</b>
Total amount	<b>\$113,437.50</b>

**Appropriate salary limits will apply as required by law.**

## V. APPLICATION REVIEW INFORMATION

### 1. Criteria:

The technical review of the AIMM Program applications will consider the following four generic factors listed, in descending order of weight.

#### Factor 1: Program Plan and Proposed Intervention (30 points)

- Appropriateness and merit of proposed evidence-based or best practice model approach and specific activities for each of the required project components and each objective.
- Logic and sequencing of the project plan and strategic approaches as they relate to the specific needs of minority men, MSMs and young men who are living with HIV/AIDS or at high risk for HIV infection.
- Soundness of the ICCSS, collaborative partners and the detail provided relative to the experience, roles, resources/and or services each entity will provide for the project (must cover the entire project period) as documented by Letters of Commitment.
- Appropriateness of the patient confidentiality plan and process for the proposed network.

#### Factor 2: Goals, Objectives, Outcomes, and Work Plan (15 points)

- Merit of the objectives for each of the required program components.
- Relevance to the AIMM Program purpose, and expectations, and the stated problem to be addressed by the proposed project.

- Degree to which the objectives are stated in measurable terms.
- Attainability of the objectives and outcomes in the stated time frames.
- Appropriateness of the proposed project goal(s), key objectives, anticipated outcomes and work plan including timeline.

Factor 3: Background, Experience and Organizational Capability (20 points)

- Applicant's capability to implement, manage, and evaluate the project as determined by:
  - Experience of applicant and partnering organizations relative to the provision of HIV/AIDS services, healthcare, social and support services, behavioral and substance abuse treatment, disease intervention, and/or other applicable services to targeted populations within their respective communities.
  - Management and service delivery experience of the applicant.
  - Connection to crucial stakeholders and ability to address social determinants of health and HIV risk.
- Demonstrated experience addressing the complex health and social services needs of MSM and young men who are living with HIV/AIDS or at high risk for HIV infection.
- Demonstrated collective experience in the provision and coordination of healthcare, medical treatment, and social and supportive services relative to needs of the targeted population(s).

- Extent to which the applicant and partnering organization demonstrates experience serving the target community(ies), and whether it is well positioned and accepted within the community(ies) to be served.
- Extent and documented outcome of past efforts and activities with the target population.

Factor 4: Evaluation Plan (20 points)

- The degree to which expected results are appropriate for the proposed intervention. Appropriateness of the proposed data collection plan across all partnering network organizations (including demographic, and outcome data to be collected on project participants), analysis and reporting procedures.
- Appropriateness of the plan to determine and document the effectiveness of the proposed intervention(s).
- Soundness of the plan for self-sufficiency and potential for the ICCSS Network to be continued beyond federal funding.
- Clarity and soundness of the intent and plans to assess and document progress towards achieving objectives, planned activities, and intended outcomes.
- Potential for the proposed project to impact the health status of the target population(s).
- Soundness of the plan for disseminating project outcomes and results.

Factor 5: Problem Statement (10 points)

- Significance and prevalence of HIV/AIDS in the proposed community and among the target population.

Factor 6: Budget (5 points)

- The appropriateness and relevance of requested costs over three year period.

## 2. Review and Selection Process

Each HHS/OASH Program's office is responsible for facilitating the process of evaluating applications and setting funding levels according to the criteria set forth above.

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their fields, and are drawn from academic institutions, non-profit organizations, state and local government, and Federal government agencies. Based on the Application Review Criteria as outlined under Section V.1, the reviewers will comment on and score the applications, focusing their comments and scoring decisions on the identified criteria. In addition to the independent review panel, Federal staff will review each application for programmatic, budgetary, and grants management compliance.

Final award decisions will be made by the Deputy Assistant Secretary for Minority Health, Office of Minority Health. In making these decisions, the following additional criteria will be taken into consideration:

1. The prevalence of HIV in the geographic community to be served, as indicated by the Centers for Disease Control and Prevention data as of 2010.
2. Geographic distribution.

## **VI. AWARD ADMINISTRATION INFORMATION**

### 1. Award Notices

The HHS Office of the Assistant Secretary for Health does not release information about individual applications during the review process. When final funding decisions have been made, each applicant will be notified by letter of the outcome. The official document notifying an applicant that a project application has been approved for funding is the Notice of Award (NOA), approved by the Director of the HHS/OASH Office of Grants Management. This document specifies to the grantee the amount of money awarded, the purposes of the grant, the anticipated length of the project period, terms and conditions of the grant award, and [the amount of funding to be contributed by the grantee to project costs if needed]. Grantees should pay specific attention to the terms and conditions of the award as indicated on the NOA, as some may require a time-limited response. The NOA will also identify the Grants Management Specialist and Program Project Officer assigned to the grant.

### 2. Administrative and National Policy Requirements

In accepting the grant award, the grantee stipulates that the award and any activities thereunder are subject to all provisions of 45 CFR parts 74 and 92, currently in effect or implemented during the period of the grant.

In addition, recipients must comply with all terms and conditions outlined in their grant awards, the Department of Health and Human Services (HHS) Grants Policy Statement, requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable, as well as any requirements or limitations in any applicable appropriations acts.

Grant funds may only be used to support activities outlined in the approved project plan. The successful applicant will be responsible for the overall management of activities within the scope of the approved project plan. The HHS/OASH strongly encourages all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the HHS/OASH mission to protect and advance the physical and mental health of the American people.

Federal grant support must be acknowledged in any publication developed using funds awarded under this program. All publications developed or purchased with funds awarded under this program must be consistent with the requirements of the program. Pursuant to 45 CFR § 74.36(a), HHS may reproduce, publish, or otherwise use materials developed under this grant for Federal purposes, and may authorize others to do so.

### Trafficking in Persons

Awards issued under this funding opportunity announcement are 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, go to [http://www.hhs.gov/opa/grants/trafficking\\_in\\_persons\\_award\\_condition.html](http://www.hhs.gov/opa/grants/trafficking_in_persons_award_condition.html). If you are unable to access this link, please contact the Grants Management Specialist identified in this funding opportunity announcement to obtain a copy of the term.

### Efficient Spending

This award may also be subject to the HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items, and Printing and Publications available at [http://dhhs.gov/asfr/ogapa/acquisition/effspendpol\\_memo.html](http://dhhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html).

### Pilot Whistleblower Protection

A standard term and condition of award will be in the final notice of award; all applicants will be subject to a term and condition that applies the terms of 48 CFR section 3.908 to the award, and requires that grantees inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712 in the predominant native language of the workforce.

## Reporting

### Programmatic Reporting

A successful applicant under this notice will submit quarterly progress reports, and a final progress report. The final progress report is due 90 days after the end of the project period.

Performance Data System: The Performance Data System (PDS) is a web-based system used by OMH grantees to electronically report progress data to OMH. It allows OMH to more clearly and systematically link grant activities to OMH-wide goals and objectives, and document programming impacts and result. All OMH grantees are required to report program information via the PDS on a quarterly basis (<http://www.omh.norc.org>). This data collection was approved by OMB (OMB No. 0990-0275), with an expiration date of 8/31/2016. Training will be provided to all new grantees on the use of the PDS system.

### Financial Reporting

Grantees are required to submit quarterly and annual Federal Financial Reports (FFR). Reporting schedules will be issued as a condition of grant award. A final FFR covering the entire project period is due 90 days after the end of the project period.

Grantees that receive \$500,000 or greater of Federal funds must also undergo an independent audit in accordance with OMB Circular A-133.

Each year of the approved project period, grantees are required to submit a noncompeting application which includes a progress report for the current budget year, and work plan,

budget and budget justification for the upcoming year.

#### FFATA and FSRS Reporting

The Federal Financial Accountability and Transparency Act (FFATA) requires data entry at the FFATA Subaward Reporting System (<http://www.FSRS.gov>) for all sub-awards and sub-contracts issued for \$25,000 or more as well as addressing executive compensation for both grantee and sub-award organizations.

## **VII. AGENCY CONTACTS**

#### Administrative and Budgetary Requirements and Program Requirements:

For information related to administrative and budgetary requirements, contact the HHS/OASH Office of Grants Management grants specialist listed below.

Amanda Osborne

(240) 453-8822

1101 Wootton Parkway, Suite 550

Rockville, MD

Email: [Amanda.osborne@hhs.gov](mailto:Amanda.osborne@hhs.gov)

For information on program requirements, contact the OMH program office.

Victor Olano, Project Officer

(240) 453-8444

1101 Wootton Parkway, Suite 600

Rockville, MD

Email: [victor.olano@hhs.gov](mailto:victor.olano@hhs.gov)

or

Sonsiere Cobb-Souza, Director Division of Program Operations

(240) 453-8444

1101 Wootton Parkway, Suite 600

Rockville, MD

Email: [sonsiere.cobb-souza@hhs.gov](mailto:sonsiere.cobb-souza@hhs.gov)

## **VIII. OTHER INFORMATION**

### **Application Elements**

SF 424 – Application for Federal Assistance

SF 424A – Budget Information

Separate Budget Narrative/Justification

SF 424B – Assurances.

Lobbying Certification

Proof of non-profit status, if applicable.

Copy of the applicant's most recent indirect cost agreement, if requesting indirect costs. If

any sub-contractors or sub-grantees are requesting indirect costs, copies of their indirect

cost agreements must also be included with the application.

Project Narrative with Work Plan

Organizational Capability Statement and Vitae for Key Project Personnel.

Letters of Commitment from Key Partners, if applicable.

Memorandum of Agreements for the ICCSS and CAB

\_\_\_\_\_ [DATE]

J. Nadine Gracia, MD, MSCE

Deputy Assistant Secretary for Minority Health

Office of Minority Health

Department of Health and Human Services

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## Attachment

### HHS-endorsed Core Indicators for monitoring HHS-funded HIV services

Measure Title	Measure Definition (num/denom)	Numerator	Denominator
HIV Testing	Increase number of individuals receiving HIV tests	Number of individuals receiving HIV tests	Total number of individuals served
HIV Positivity	Decrease number of individuals diagnosed with HIV-positive status	Number of HIV tests that resulted in positive results	Number of HIV tests conducted
Late HIV Diagnosis	Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period	Number of persons with a diagnosis of Stage 3 HIV infection (AIDS) within 3 months of diagnosis of HIV infection in the 12-month measurement period	Number of persons with an HIV diagnosis in the 12-month measurement period
Linkage to HIV Medical Care	Reduction in the number of HIV positives lost to medical care	Number of persons who attended a routine HIV medical care visit within 3 months of HIV diagnosis (30/ 60 days)	Number of persons with an HIV diagnosis in the 12-month measurement period
Retention in HIV Medical Care	Reduction in the number of HIV positives lost to medical care	Number of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between the first medical visit in the prior 6 month period and the last medical visit in the	Number of persons with an HIV diagnosis with at least one HIV medical care visit in the first 6 months of the 24 month measurement period

		subsequent 6 month period	
ART Among Persons in HIV Medical Care	Increase in the number of clients that are ART adherent	Number of persons with an HIV diagnosis who are prescribed ART in the 12-month measurement period	Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period
Viral Load Suppression Among Persons in HIV Medical Care		Number of persons with an HIV diagnosis with a viral load <200 copies/mL at last test in the 12-month measurement period	Number of persons with an HIV diagnosis and who had at least one HIV medical care visit in the 12-month measurement period
Housing Status		Number of persons with an HIV diagnosis who were homeless or unstably housed in the 12-month measurement period	Number of persons with an HIV diagnosis receiving HIV services in the last 12 months
HIV Care Coordination	Number of clients in receipt of case management services	Number of clients receiving case management services	Total number participants
Mental and Behavioral Health Treatment	Number of clients referred and linked into mental and behavioral health treatment	Number of clients enrolled into a mental and/or behavioral health treatment	Total number participants
Substance Abuse	Number of clients referred and linked into substance abuse treatment or substance prevention education	Number of clients enrolled into a substance abuse treatment and/or substance prevention education program	Total number participants

Social Services	Number of clients referred and linked into social services (i.e. TANF, case management, supplemental food)	Number of clients in receipt of social services	Total number of participants
Supportive Services	Number of clients referred and linked into supportive services (i.e. temporary housing, transportation, job placement or training)	Number of clients in receipt of supportive services	Total number of participants
Viral Hepatitis Testing	Increase number of individuals screened and tested for viral hepatitis	Number of individuals screened and tested for viral hepatitis	Number of viral hepatitis tests conducted
Viral Hepatitis Positivity	Decrease number of individuals diagnosed with viral hepatitis positive status	Number of viral hepatitis tests that resulted in positive results	Number of viral hepatitis tests conducted