

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AGENCY: Office on Women's Health, Office of the Assistant Secretary, Office of the Secretary, Department of Health and Human Services

FUNDING OPPORTUNITY TITLE: Request for Applications for the HIV/AIDS Prevention and Support Services for Women Partners of Incarcerated/Recently Released Men

ACTION: Notice.

ANNOUNCEMENT TYPE: Competitive Cooperative Agreement FY 2012 Initial announcement.

CFDA NUMBER: 93.015

CFDA PROGRAM: Women and HIV Prevention Programs

[June 11, 2012]. To receive consideration, applications must be received by The Office of the Assistant Secretary for Health (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 in advance of the deadline by the Director, OASH Office of Grants Management. Applicants must request an exemption in writing via email from the OASH Office of Grants Management, and provide details as to why they are technologically unable to submit electronically through Grants.gov portal. If requesting a waiver, include the following in the e-mail request: the 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 Grant.gov. Send the request to ogm.oash@hhs.gov.

The 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. The application due date requirements, specified in this announcement, supersede the instructions in the instructions in the application kit. 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, 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.

Applicants are strongly encouraged to register multiple authorized organization representatives.

EXECUTIVE SUMMARY: The Office on Women’s Health announces the anticipated availability of funds for Fiscal Year (FY) 2012 [**type of action**] under the authority of 42 U.S.C. 300u-2(a). This notice solicits applications for competing grant awards to serve women partners of incarcerated and or recently released males in geographic areas with high incidence rates of HIV/AIDS.

SUMMARY:

The mission of the Office on Women’s Health (OWH) is to provide leadership to promote the health equity for women and girls through sex/gender-specific approaches. To that end, OWH has established public/private partnerships to address critical women’s health issues nationwide. A gender-specific approach to addressing the issues of girls and women is vital to the success of women’s health programming.

OWH hopes to fulfill this purpose by providing funding to eligible organizations to enhance prevention and support activities to women partners of incarcerated/newly released males. These include supporting collaborative efforts to provide accurate prevention education to women partners. These efforts are on prevention education covering the full spectrum of primary and secondary prevention adapted to a female centered perspective. This initiative is intended to

demonstrate a non-research, collaborative partnership approach between the grantee and local health or social service providers, e.g., community health centers, rural health centers, family planning clinics, Special Supplemental Nutrition Program for Women, Infants and Children (WIC), community based organizations, faith based organizations, public assistance programs, and local/State health departments.

The partnership is expected to be a viable strategy for identifying and educating women partners in a culturally appropriate manner that reduces denial, demystifies stigma, clarifies false information, increases knowledge for self-protection and access to counseling and testing resources. Women's health issues are defined in the context of women's lives, including their multiple social roles and the importance of relationships to their lives.

This definition of women's health encompasses mental, social, dental, and physical health, spanning the life course. It is expected that the prevention education project will demonstrate and provide accurate, culturally, and linguistically appropriate information to women at risk for or living with HIV/AIDS in the women partners.

In addition, it is expected that the program model will integrate the strengths of traditions, values, culture, and spirituality of the indigenous communities. Funding will be directed at activities designed to improve the delivery of services to women disproportionately impacted by HIV/AIDS.

I. FUNDING OPPORTUNITY DESCRIPTION:

The purpose of this program is to establish a gender-specific, peer led HIV prevention education project for women intimate partners of incarcerated/recently released males. The project shall develop a coalition of support/transition services for women partners and their

families through coordinating local/state departments of health, healthcare providers, AIDS service organizations, social services, community organizations, correctional facilities and criminal justice offices.

OWH hopes to fulfill this purpose by providing funding to targeted community-based organizations to enhance their prevention and support activities to incarcerated and newly released women living with or at high risk for HIV infection. Women's health issues are defined in the context of women's lives, including their multiple social roles and the importance of relationships with other people to their lives. This definition of women's health encompasses mental, dental, and physical health and spans the life course.

The goals for this program are to:

- Develop and demonstrate a gender-specific, peer led prevention education intervention on critical HIV/AIDS information that is culturally, linguistically and developmentally appropriate. Program components shall build on the strengths of traditional and extended family support, subcultural influences and innovative coping practices of those affected by disproportionate health disparities, poverty and incarceration.
- Establish a coalition of services and community linkages for ensuring transitional support to women partners and their families through: HIV/AIDS care and case management, entitlement enrollment, housing, employment assistance, vocational training, substance use treatment, family counseling, parenting skills development, and life skills building.

The objectives of the OWH program are:

1. Increase the number of women partners receiving gender-specific prevention education (number of women partners reached is contingent upon number of targeted sites).
2. Identify, educate and train women partners to serve as peer educators for prevention education (number of peer educators is contingent upon number of targeted sites).
3. Increase community linkages and networks for ensuring both care and social services for women partners, incarcerated/recently released males and their children.
4. Increase the number of women partners voluntarily testing for HIV/STDs.

In order to achieve the objectives of the program the grantee shall:

1. Review local/city/county/State data on HIV incidence among women and male prison populations and explore challenges and trends, which enable risks and vulnerabilities of women partners. Please reference and use data and other demographics from the U.S. Census, CDC surveillance reports, the National Center for Health Statistics, Quick Health Data on-Line, etc.
2. Develop a model plan for outreach to women partners and facilitate group interventions to provide accurate HIV/STD prevention education and overall wellness. The model should demonstrate knowledge, understanding, and integration of traditional and extended family support, subcultural influences and innovative coping practices of those affected by disproportionate health disparities, poverty and incarceration;
3. Identify and implement an evidence-based HIV/AIDS gender-specific, multi-session prevention intervention which addresses vulnerabilities and high risk behaviors in women partners, e.g., risk factors in a prison environment, harm/risk reduction, negotiating skills, assertiveness, isolation and loneliness, social acceptability of concurrent partners,

depression, intimate partner violence, sexual assault, substance use/abuse, childcare/family, transportation, confidentiality, coercion, poverty, literacy, financial dependency, and other dynamics that disproportionately impact women and girls.

4. Provide complete curricula, i.e. topics, content, facilitator's guide, participant workbook, participant evaluation forms, and pre/post instruments. Describe the intervention format: number of sessions; session length, period of time over which the intervention will be given, etc. Describe training, teaching methods and strategies proposed to deliver modules, e.g., interactive exercises, facilitated discussion, lectures, video/films, community peers, etc. (CDC recommended interventions (DEBIs); adapted and/or newly created interventions may be used, while maintaining the internal logic of effectiveness¹);
5. Identify women through, but not limited to visiting and waiting centers within correctional facilities and family assistance organizations serving families of incarcerated individuals, among other ways of identification;
6. Coordinate HIV counseling and testing for women with unknown HIV status and link women who test HIV positive to medical care and other services;
7. Establish community partnerships through Memoranda of Understanding and provide on partner letterhead. Partnerships shall be with tribal entities, local/State departments of health, healthcare provider, social services, local small businesses, substance treatment centers, domestic violence shelters, and community and faith based organizations as to implement referral coordination for counseling, HIV testing, well woman screenings, and other social service needs.

¹ Compendium of HIV Prevention Interventions with Evidence of Effectiveness, CDC's HIV/AIDS, Prevention Research Synthesis Project, Nov. 1999, Revised 2008

8. Submit reports outlining program activities (e.g., outreach, recruitment, participation, retention), which reflect the implementation process and an understanding of the realities of women's lives.
9. Develop a plan to continue the program activities and community linkages beyond OWH funding and illustrate how program performance addressed community needs and the needs of women partners;
10. Conduct local evaluation in collaboration with other Women Partner sites with common indicators and metrics of performance activities;
11. Submit a minimum of two (2) abstracts for local, state, regional and national conference presentations, draft one (1) White Paper for presentation to OWH and other federal partners, and other opportunities highlighting lessons learned, best practices, and next steps directly related to efforts within this program. Reporting on or a plan to accomplish these activities is to be submitted with the first quarter progress report including a timeline for completion.
12. Ensure proficiency of staff on women's health and HIV/AIDS by seeking and participating in relevant trainings, including training on gender responsive programming and application. Attend at least one national, regional or State HIV/AIDS Conference (e.g. U.S. Conference on AIDS, the Centers for Disease Control and Prevention National HIV Prevention Conference, etc.), and seek updates in HIV prevention strategies, therapies, and priority activities as advised by the CDC, Health Resources and Services Administration, and other public health experts.

II. AWARD INFORMATION

The OWH program will be supported through the cooperative agreement mechanism. Using this mechanism, the OWH anticipates making 8 awards in FY 2012. The anticipated start date for new awards is September 01, 2012, and the anticipated period of performance is September 01, 2012, through August 31, 2015. Approximately \$1,200,000 is available to make awards of up to \$150,000 total cost (direct and indirect) for a 12-month period. However, the actual number of awards made will depend upon the quality of the applications received and the amount of funds available for the program.

It is recommended that indirect costs should be limited to 10 percent of the total award.

The program is a collaborative effort between the OWH, the Office of HIV/AIDS and Infectious Disease Policy, and OASH. These offices will provide the technical assistance and oversight necessary for the implementation, conduct, and assessment of program activities.

The applicant shall:

1. Develop a 12 month timeline: 1 month for planning/hiring/start-up; 10 months of implementation; and 1 month for local evaluation assessment/final report.
2. Conduct outreach to criminal justice offices, correctional facilities and visitation waiting centers, and women-serving providers.
3. Assess local services and gaps.
4. Establish community partnerships through Memoranda of Understanding and provide on letterhead of partner.
5. Participate in special meetings and projects/funding opportunities identified by the OWH, including annual grantee meeting, gender responsive programming and technical assistance

webinars.

6. Adhere to all program requirements specified in this announcement and the Notice of Award.
7. Submit required quarterly progress, annual, and financial reports by the due dates stated in this announcement and the Notice of Award.
8. Comply with the DHHS Protection of Human Subjects regulations (which require obtaining Institutional Review Board approval), set out at 45 CFR Part 46, if applicable. General information about human subjects regulations can be obtained through the Office for Human Research Protections (OHRP) at <http://www.hhs.gov/ohrp>, ohrp@osophs.dhhs.gov, or toll free at (866) 447-4777.

DHHS will:

1. Approve work plan, timeline, curriculum and local evaluation plan. These are subject to change and revision by Project Officer.
2. Conduct an annual meeting for the grantees within the first six to eight weeks of funding.
3. Conduct at least one site visit which includes some observation of program process with particular attention to use of gender responsive strategies.
4. Review and approve the prevention education curriculum and materials.
5. Review all quarterly, annual, and final progress reports.
6. Review timeline, collaborative local evaluation plan, and work plan.
7. Provide technical assistance directly and through referrals to other federal partner programs and OWH partners and resources.

8. Participate in telephone conferences and other activities supporting project performance improvements and evaluation.

III. Eligibility Information

1. Eligible Applicants

Eligible Applicants must meet all of the following criteria.

1. Organizations located in locations with high HIV prevalence among women;
2. Locations near correctional facilities and incarcerated populations; and
3. Organizations indicating history of serving African American women, Hispanic women, substance abusing women, formerly incarcerated women, and women living with HIV/AIDS or whose lifestyles place them at high risk for HIV/STD infection.

Eligible entities may include: non-profit community-based organizations, faith-based organizations, national organizations, colleges and universities, clinics and hospitals, research institutions, State and local government agencies, tribal government agencies and tribal/urban Indian organizations.

2. Cost Sharing or Matching

Cost Sharing or Matching funds are not required for this program.

3. Responsiveness and Screening Criteria

Application Responsiveness Criteria

Applications will be reviewed to determine whether they meet the following responsiveness criteria. Those that do not will be administratively eliminated from the competition and will not be reviewed.

The applicant appears to have demonstrated:

I. Background (Understanding of the Problem)

- A. List organization's goals and purpose(s).
- B. Discuss demographic profile and HIV prevalence of target island community with discussion of local norms, tradition, and culture of targeted population.
- C. Discuss local needs assessment and gaps in services, e.g., prevention, care, and social services for targeted population including family planning, HIV/STD testing, etc.
- D. List local program objectives
 - measurable with time frame
 - Tied to program goal(s)
- E. Provide organizational charts that include partners and a discussion of the proposed, personnel, and expertise involved in achieving program goals.

II. Implementation Plan (Approach)

- A. Discuss gender-specific program elements.
- B. Describe intervention and its appropriateness for target population.
- C. Plan staff training on curriculum with trainer name and qualifications cited.
- D. Describe local evaluation tools, with specific indicators for measuring knowledge, attitudes that support stigma, and number voluntarily undergoing HIV testing.

E. Describe partners included in participant services including referral and follow up

III. Management Plan

A. Provide organizational chart and position descriptions for all proposed key budgeted staff.

B. Provide resumes of key budgeted staff and designate vacant positions.

C. Describe agency and partner experience; specifically describe management experience in HIV/AIDS prevention and services.

D. Describe management oversight process for key staff.

E. Explain decision making process between all involved in implementation of project.

F. Address maintenance of confidentiality, ethics in performance, and on-going staff training.

IV. Local Evaluation Plan

A. List indicators that reflect goals/objectives are being met.

B. Describe tools and procedures for measuring project outputs and indicators.

V. Organizational Agency Qualifications

A. Describe agency history of performance in prevention education, e.g. developing/adapting prevention education curricula, training skills and expertise, certification in specific training modules, measuring participant learning and satisfaction.

B. Describe agency relationships, past and current, with women focused programs, tribal leaders and entities, local health and social services providers, and community based organizations and representatives.

C. Describe community acceptance: staff recognition, media, requests for agency involvement

D. Describe technical assistance plans/strategies.

VI. Collaboration Agreement with Multi-sites

Provide signed agreement among other sites describing collaboration, roles of sites, coordination responsibility and common indicators and metrics.

Appendices

- A. Memorandums of Agreement/Understanding/Partnership Letters.
- B. Required Forms (Assurance of Compliance Form, etc.).
- C. Key Staff Resumes.
- D. Charts/Tables (Partners, services, population demographics, program components, etc.).
- E. Other attachments.

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.

In order for an application to be reviewed, it must meet the following screening requirements:

1. Applications must be submitted electronically via www.grants.gov by [June 11, 2012, 5:00pm]
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 both sides, and font size not less than 12 points
3. The Project Narrative must not exceed 25 pages.
4. Appendices must not exceed 10 pages.
5. The application has met the **Application Responsiveness Criteria** outlined above.

- Present a plan to develop and implement a model program in partnership with an array of local service providers, including health care providers, support services, case management, etc. Specify the screening, development and selection process of intervention models and the role of advisory committees and/or board of directors.
- Provide signed Memoranda of Agreement(s) (MOA) with prospective partners to build a consortium of providers for the targeted population based upon prevention, care and re-entry transitioning needs. Detail/specify the roles and resources/services that each partner organization brings to the program, the duration and terms of agreement as confirmed by a signed memorandum of agreement between the applicant organization and each partner. The partnership agreement(s) must name the individual who will work with the program, describe their function, and state their qualifications. The documents, specific to each organization (form letters are not acceptable), must be signed by individuals with the authority to represent and bind the organization (e.g., president, chief executive officer, executive director) and submitted as part of the grant application.
- Be a sustainable organization with an established network of partners capable of providing coordinated and integrated women's health services in the targeted community. The partners and their roles and responsibilities to the program must be clearly identified in the application. OWH prefers that applicants have a minimum of three years prior demonstrated experience.
- Demonstrate that any prevention intervention (including prevention for positives) shows evidence of effectiveness. (See Compendium of HIV Prevention Interventions with Evidence of Effectiveness, from CDC's HIV/AIDS Prevention Research Synthesis Project, Nov. 1999;

see CDC's HIV Prevention Strategic Plan Through 2005.

- Provide a time line and plans for Program Implementation for Year 1, Year 2 and Year 3, presented in correlation to goals, objectives, and expected outcomes or targets, demonstrating an understanding of the relationship between programmatic activities and HIV prevention outcomes.
- Demonstrate the ways in which the organization and the services that are coordinated through its partners are gender and age appropriate, women-focused, women-friendly, women-relevant as well as culturally and linguistically appropriate to the target population.
- Describe in detail plans for collaboration with other sites on local evaluation of the program with common indicators and metrics; provide when and how the evaluation will be used to enhance the program and to highlight outcomes and achievements; and describe the approval process of local and state review boards for local evaluation surveys, focus groups, and other client inquiries.
- Describe the organization's skill levels in word processing and data management (Word, Word Perfect, Excel); and specify the filing, storage, and location of client files.

Use of Funds: A majority of the funds from the award must be used to support staff and efforts aimed at implementing the program. The Program Coordinator, or the person responsible for the day-to-day management of the program, must devote at least a 75 percent level of effort to the program. Funds may also be used to transfer the lessons learned/successful strategies/gender-specific approaches from the program (technical assistance) through activities such as showcasing the program at conferences, meetings and workshops; providing direct technical

assistance to other communities; and providing technical assistance to allied health and health professionals, directly or through their professional organizations, interested in working with incarcerated and newly released women living with HIV/AIDS or who are at high risk for HIV/STD infection. These may include either process-based lessons (i.e., How to bring multiple sectors of community partners together) or outcomes-based lessons (i.e., How to increase the number of incarcerated and newly released women who remain in care and treatment over a period of time).

Funds may be used for personnel, consultants, supplies (including screening, education, and outreach supplies), and grant related travel. Funds may not be used for construction, building alterations, equipment, medical treatment, or renovations. All budget requests must be justified fully in terms of the proposed goals and objectives and include an itemized computational explanation/breakout of how costs were determined.

Meetings: The OWH will convene grantees once a year for orientation. The meeting will be held in the Washington metropolitan area or in one of the ten (10) DHHS regional office cities. The budget should include a request for funds to pay for the travel, lodging, and meals. The meeting is usually held within the first six to eight weeks post award.

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/>. Grants.Gov may be reached at 1-800-518-4726.

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.

2. Content and Form of Application Submission

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

The application narrative must be limited to no more than 25 double-spaced pages, and the total application, including appendices, may not exceed the equivalent of 35 8 1/2" x 11" pages) when printed by OASH/OGM, or a total file size of [20] MB].

The applicant should use an easily readable serif typeface such as Times Roman, Courier, or GC Times, 12-point font. 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 (approximately 20MB, or 35] pages when printed by OASH/OGM) will be deemed non-responsive and will not be considered under this funding announcement. It is recommended that applicants print out their applications before submitting electronically to ensure that they are within the 35-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.

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

- a. 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;
- b. A copy of a currently valid IRS tax exemption certificate;
- c. 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
- d. 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 Office of the Assistant Secretary for Health (OASH) requires that all applications be submitted electronically via the Grants.gov portal. 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 OASH funding opportunities and application kits are made available on Grants.gov.

Electronic grant application submissions must be submitted no later than 5:00 P.M. Eastern Time on the deadline date specified [in] this announcement using the electronic submission mechanism specified.

Applications will not be considered valid until all electronic application components are received by the 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, 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.

- 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. 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.

- All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number and register in the Central Contractor Registry (CCR). You should allow a minimum of **five days** to complete the CCR registration. Grants.gov will reject submissions from applicants with nonexistent or expired CCR

Registrations. You can register with the CCR online and it will take about 30 minutes (<http://www.ccr.gov>).

Each year organizations registered to apply for Federal grants through <http://www.grants.gov> will need to *renew* their registration with the Central Contractor Registry (CCR). According to the CCR Website <https://www.bpn.gov/ccr/default.aspx> it can 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 CCR prior to submitting an application or plan;
2. Maintain an active CCR 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.

- 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 . Instructions are also available on the Grants.Gov web site as part of the registration process.
- . 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.

- After you electronically submit your application, you will receive an automatic acknowledgement from <http://www.grants.gov> that contains <http://www.grants.gov> tracking number. You should keep a record of this tracking number.

- Grants.gov will then verify your application. This process can take up to 48 hours. You will receive notification that your application has been verified. If your application fails verification after the submission deadline, you will **not** be given an opportunity to resubmit.

3. Submission Dates and Time

Submission Mechanism

The Office of the Assistant Secretary for Health (OASH) requires that all applications be submitted electronically via the Grants.gov portal. Any applications submitted via any other means of electronic communication, including facsimile or electronic mail, *will not* be accepted for review.

Electronic grant application submissions must be submitted no later than 5:00 P.M.

Eastern Time on the deadline date specified in this announcement. Applications will not be considered valid until all electronic application components are received by the 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. Grants.gov can take up to 48 hours to verify the submission and notify the applicant that the application has not been verified. The Office of the Assistant Secretary for Health **will not** accept late applications due to verification failure.

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 OASH, and OASH has no responsibility for any application that is not validated and transferred to 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 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.

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 current available listing of the SPOCs can be found at http://www.whitehouse.gov/omb/grants_spoc/ . 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 [1101 Wootton Parkway, Suite 550, Rockville, MD 20852]. The SPOC has 60 days from the due date as listed in Table I of this announcement to submit any comments. For further information, contact the 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 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/html>.

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 can be found at <http://rates.psc.gov>.

V. APPLICATION REVIEW INFORMATION

1. Criteria:

The objective technical review of applications will consider the following factors:

Factor 1: Implementation /Approach 30 Points

This section must discuss:

1. Appropriateness of the existing community resources and linkages established to deliver

coordinated, comprehensive women's services to meet the requirements of the program.

Describe other community providers that will be affiliated with the program and their role in service delivery.

2. Pre-release and post release program phases; explain the integration of program components to include prevention and risk reduction interventions.
3. Appropriateness of proposed approach, linkages of multiple systems, and specific activities described to address program objectives.
4. Soundness of evaluation objectives for measuring program effectiveness, impact of continuity of care, and improvement in disease management by individual clients.
5. Appropriate MOAs and/or Letters of Intent to support assertions made in this section.

Factor 2: Management Plan – 20 Points

This section must discuss:

1. Applicant organization's capability to manage the project as determined by the qualifications of the proposed staff or requirements for to be hired staff;
2. Proposed staff level of effort; management experience of the lead agency;
3. The experience, resources, and role of each partner organization as it relates to the needs and programs/activities of the program;
4. Staff experience as it relates to meeting the needs of the community and populations served;
5. Detailed position descriptions, resumes of key staff, and a staffing chart should be included in the appendix

Factor 3: Organizational Agency Qualifications – 20 Points

This section should include demonstrated knowledge of local need and existing systems, agency relationships with corrections and incarcerated populations, and agency history of services to HIV infected individuals, HIV infected women, and women formerly incarcerated.

Factor 4: Background / Understanding of the Problem – 15 Points

This section must discuss:

1. The current state of affairs locally for incarcerated and newly released women living with HIV/AIDS or at high risk for HIV/STD infection.
2. Relevance of organizational goals and purpose(s) to community and local needs.
3. Challenges to linking public health, corrections and community services to provide services to an underserved population disproportionately impacted by criminal justice problems and HIV infection.
4. Coordination of independent systems to meet the needs of the target population.
5. Prevention interventions for those living with HIV/AIDS and risk reduction counseling for positive persons and those at risk for HIV/AIDS/STDs.

Factor 5: Evaluation Plan – 15 Points

Provide a clear statement of program goal(s), feasibility and appropriateness of the local evaluation plan. The evaluation narrative should (1) identify measurable program objectives and link them to specific program activities; (2) identify specific program outputs and indicators associated with identified measurable program objectives; (3) identify the evaluation tools and

procedures that will be used to measure program outputs and indicators; and (4) describe how program data will be analyzed and reported..

Factor 6: Collaboration Agreements on Local Evaluation – 15 Bonus Points

Provide implementation plans for collaboration with other Women Partner sites on common indicators and metrics. Provide signed MOU with collaborative sites.

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 in 42 CFR §59.7(a).

An independent review panel will evaluate applications that pass the screening and meet the responsiveness criteria if applicable. These reviewers are experts in their field, 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.

Final award decisions will be made by the Program's Director (OASH). In making these decisions, the OASH will take into consideration: recommendations of the review panel; reviews for programmatic and grants management compliance; the reasonableness of the estimated cost to the government considering the available funding and anticipated results; and

the likelihood that the proposed project will result in the benefits expected. [Include any other program-specific decision criteria here such as geographic distribution, etc.]

VI. AWARD ADMINISTRATION INFORMATION

1. Award Notices

The Office of Assistant Secretary Office of Grants Management 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 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

This award is subject to HHS Administrative Requirements, which can be found in 45 CFR Parts 74 and 92 and the Standard Terms and Conditions implemented through the HHS Grants Policy Statement located at <http://dhhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf>

In accepting the grant award, the grantee stipulates that the award and any activities there under are subject to all provisions of 45 CFR parts 74 and 92, currently in effect or implemented during the period of the grant. 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 OASH requires all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the OASH mission to protect and advance the physical and mental health of the American people.

This award is also subject to the *Consolidated Appropriations Act, 2012* (Public Law 112-74), which was signed into law on December 23, 2011. The Act provides OASH funding for the Federal fiscal year ending September 30, 2012. The following statutory provisions limit the use of funds on this OASH grant or cooperative agreement during the current budget period.

(1) Acknowledgment of Federal Funding (Section 505)

"When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds included in this Act, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state: (1) the percentage of the total costs of the program or project which will be financed with Federal money; (2) the dollar amount of Federal funds for the project or program; and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources."

(2) Restriction on Abortions (Section 506)

“(a) None of the funds appropriated under this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for any abortion. (b) None of the funds appropriated in this Act, and none of the funds in any trust fund to which funds are appropriated in this Act, shall be expended for health benefits coverage that includes coverage of abortion. (c) The term “health benefits coverage” means the package of services covered by a managed care provider or organization pursuant to a contract or other arrangement. “

(3) Exceptions to Restriction on Abortions (Section 507)

(a) The limitations established in the preceding section shall not apply to an abortion— (1) if the pregnancy is the result of an act of rape or incest; or (2) in the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life endangering physical condition caused by or arising from the pregnancy itself, that would, as certified by a physician, place the woman in danger of death unless an abortion is performed.

(b) Nothing in the preceding section shall be construed as prohibiting the expenditure by a State, locality, entity, or private person of State, local, or private funds (other than a State’s or locality’s contribution of Medicaid matching funds).

(c) Nothing in the preceding section shall be construed as restricting the ability of any managed care provider from offering abortion coverage or the ability of a State or locality to contract separately with such a provider for such coverage with State funds (other than a State’s or locality’s contribution of Medicaid matching funds).

(d)(1) None of the funds made available in this Act may be made available to a Federal agency or program, or to a State or local government, if such agency, program, or government subjects any institutional or individual health care entity to discrimination on the basis that the health care entity does not provide, pay for, provide coverage of, or refer for abortions. (2) In this subsection, the term “health care entity” includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.”

(4) Ban on Funding of Human Embryo Research (Section 508)

“(a) None of the funds made available in this Act may be used for— (1) the creation of a human embryo or embryos for research purposes; or (2) research in which a human embryo or embryos are destroyed, discarded, or knowingly subjected to risk of injury or death greater than that allowed for research on fetuses in utero under 45 CFR 46.204(b) and section 498(b) of the Public Health Service Act (42 U.S.C. 289g(b)). (b) For purposes of this section, the term “human embryo or embryos” includes any organism, not protected as a human subject under 45 CFR 46 as of the date of the enactment of this Act, that is derived by fertilization, parthenogenesis, cloning, or any other means from one or more human gametes or human diploid cells.”

(5) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 509)

"(a) None of the funds made available in this Act may be used for any activity that promotes the legalization of any drug or other substance included in schedule I of the schedules of controlled substances established under section 202 of the Controlled Substances Act except for normal and recognized executive-congressional communications. (b)The limitation in subsection (a) shall not apply when there is significant medical evidence of a therapeutic advantage to the use of such drug or other substance or that federally sponsored clinical trials are being conducted to determine therapeutic advantage."

(6) Dissemination of False or Deliberately Misleading Scientific Information (Section 516(b)).

"None of the funds made available in this Act may be used to disseminate information that is deliberately false or misleading."

(7) Restriction on Distribution of Sterile Needles (Section 523)

" Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug."

(8) Salary Limitation (Section 203)

"None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II."

Effective December 23, 2011, the Salary Limitation is based upon the Executive Level II of the Federal Executive Pay Scale. That amount is **\$179,700**. For the purposes of the salary

limitation, the direct salary is exclusive of fringe benefits and indirect costs. An individual's direct salary is not constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to the grant. A recipient may pay an individual's salary amount in excess of the salary cap with non-federal funds.

(9) Anti-Lobbying (Section 503)

“(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–

148 shall be used, other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation to the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government, except in presentation to the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111–148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative

relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control."

(10) Gun Control (Section 218)

"None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control."

In accepting the grant award, the grantee stipulates that the award and any activities there under are subject to all provisions of 45 CFR parts 74 and 92, currently in effect or implemented during the period of the grant. 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 OASH requires all grant recipients to provide a smoke-free workplace and to promote the non-use of all tobacco products. This is consistent with the OASH mission to protect and advance the physical and mental health of the American people.

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).

Trafficking in Persons

- Provisions applicable to a recipient that is a private entity.
 - You as the recipient, your employees, subrecipients under this award, and subrecipients' employees may not-
 - Engage in severe forms of trafficking in persons during the period of time that the award is in effect;
 - Procure a commercial sex act during the period of time that the award is in effect; or
 - Use forced labor in the performance of the award or subawards under the award.
 - We as the Federal awarding agency may unilaterally terminate this award, without penalty, if you or a subrecipient that is a private entity -
 - Is determined to have violated a prohibition in paragraph a.1 of this award term; or
 - Has an employee who is determined by the agency official authorized to terminate the award to have violated a prohibition in paragraph a.1 of this award term through conduct that is either-
 - Associated with performance under this award; or
 - Imputed to you or the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and

Suspension (Nonprocurement)," as implemented by our agency at
2 CFR part 376.

- Provision applicable to a recipient other than a private entity. We as the Federal awarding agency may unilaterally terminate this award, without penalty, if a subrecipient that is a private entity-
 - Is determined to have violated an applicable prohibition in paragraph a.1 of this award term; or
 - Has an employee who is determined by the agency official authorized to terminate the award to have violated an applicable prohibition in paragraph a.1 of this award term through conduct that is either-
 - Associated with performance under this award; or
 - Imputed to the subrecipient using the standards and due process for imputing the conduct of an individual to an organization that are provided in 2 CFR part 180, "OMB Guidelines to Agencies on Governmentwide Debarment and Suspension (Nonprocurement)," as implemented by our agency at 2 CFR part 376
- Provisions applicable to any recipient.
 - You must inform us immediately of any information you receive from any source alleging a violation of a prohibition in paragraph a.1 of this award term
 - Our right to terminate unilaterally that is described in paragraph a.2 or b of this section:

- Implements section 106(g) of the Trafficking Victims Protection Act of 2000 (TVPA), as amended (22 U.S.C. 7104(g)), and
 - Is in addition to all other remedies for noncompliance that are available to us under this award.
- You must include the requirements of paragraph a.1 of this award term in any subaward you make to a private entity.
- Definitions. For purposes of this award term:
 - "Employee" means either:
 - An individual employed by you or a subrecipient who is engaged in the performance of the project or program under this award; or
 - Another person engaged in the performance of the project or program under this award and not compensated by you including, but not limited to, a volunteer or individual whose services are contributed by a third party as an in-kind contribution toward cost sharing or matching requirements.
 - "Forced labor" means labor obtained by any of the following methods: the recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.
 - "Private entity":
 - Means any entity other than a State, local government, Indian tribe, or foreign public entity, as those terms are defined in 2 CFR 175.25.

- Includes:
 - A nonprofit organization, including any nonprofit institution of higher education, hospital, or tribal organization other than one included in the definition of Indian tribe at 2 CFR 175.25(b).
 - A for-profit organization.
- "Severe forms of trafficking in persons," "commercial sex act," and "coercion" have the meanings given at section 103 of the TVPA, as amended (22 U.S.C. 7102)

This award may also be subject to the HHS Policy on Promoting Efficient Spending available at http://dhhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html.

3. Reporting

Reporting Program Performance," 45 CFR Parts 74 and 92. The purpose of the progress reports is to provide accurate and timely program information to program managers and to respond to Congressional, Departmental, and public requests for information about the program. An original and two copies of the progress report(s) must be submitted by January 10, April 10, June 10 and September 15. If these dates fall on a Saturday or Sunday, the report will be due on the following Monday. The third quarterly report will serve as the annual progress report and must describe all project activities for the entire year. The annual progress report must be submitted by June 10 of each year and will serve as the non-competing continuation application. This report must include the budget request for the next grant year, with appropriate justification, and be submitted using Form OASH-1.

Financial Reporting

In addition to program reports, grantees are required to submit quarterly and annual Federal Financial Reports (FFR). Reporting schedules will be issued as a condition of grant award. 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

For assistance regarding programmatic information and/or requests for technical assistance in the preparation of the grant application the request should be directed in writing to: Ms. Mary L. Bowers, Public Health Advisor, HHS, Office on Women's Health, Humphrey Building, Room 712E, 200 Independence Avenue, SW, Washington, DC 20201. Telephone: 202.260.0020 or e-mail: mary.bowers@hhs.gov

Administrative and Budgetary Requirements and Program Requirements:

For information related to administrative and budgetary requirements, contact the OASH Office of Grants Management grants specialist listed below. For information on program requirements, contact the program office: 1101 Wootton Parkway, Suite 550, Rockville, MD 20852, (240) 453-8822.

VIII. OTHER INFORMATION

1. Application Elements

- a. SF 424 – Application for Federal Assistance
- b. SF 424A – Budget Information.
- c. Separate Budget Narrative/Justification
- d. Lobbying Certification
- e. Proof of non-profit status, if applicable
- f. 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.
- g. Project Narrative with Work Plan

h. Organizational Capability Statement and Vitae for Key Project Personnel.

2. The Paperwork Reduction Act of 1995 (P.L. 104-13)

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The project description and Budget Narrative/Justification is approved under OMB control number 0985-0018 which expires on 8/31/13. Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed and reviewing the collection information.

VIII. Other Information

There are eight OWH “Incarcerated/Newly Released Women Living with HIV/AIDS or at High Risk for HIV/STD Infection” programs that are currently funded by the OWH. Information about these programs may be found at this website:

<http://www.womenshealth.gov/owh/fund/index.htm>

DEFINITIONS

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

AIDS: Acquired immunodeficiency syndrome is a disease in which the body’s immune system breaks down and is unable to fight off certain infections and other illnesses that take advantage of a weakened immune system.

Age-appropriate: Provision of prevention education that adapts the assessment and overall counseling education to the developmental level of the individual(s).

Case Management: A collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes.

Community-based: The locus of control and decision-making powers is located at the community level, representing the service area of the community or a significant segment of the community.

Community-based organization: Public and private, nonprofit organizations that are representative of communities or significant segments of communities.

Community health center: A community-based organization that provides comprehensive primary care and preventive services to medically underserved populations. This includes but is not limited to programs reimbursed through the Federally Qualified Health Centers mechanism, Migrant Health Centers, Primary Care Public Housing Health Centers, Healthcare for the Homeless Centers, and other community-based health centers.

Comprehensive women's health services: Services including, but going beyond traditional reproductive health services to address the health needs of underserved women in the context of their lives, including recognition of the importance of family relationships and responsibilities. Services include basic primary care services; acute, chronic, and preventive services including gender and age-appropriate preventive services; mental and dental health services; patient education and counseling; promotion of healthy behaviors (like nutrition, smoking cessation, substance abuse services, and physical activity); and enabling services. Ancillary services are

also provided such as laboratory tests, X-ray, environmental, social referral, and pharmacy services.

Correctional Settings: Secure detention facilities that house individuals convicted of crimes carrying sentences of one year or greater length. These can also be secure detention facilities holding pre-trial and post conviction inmates serving less than one year sentences or awaiting transfer to other settings.

Culturally competent: Information and services provided at the educational level and in the language and cultural context that are most appropriate for the individuals for whom the information and services are intended. Additional information on cultural competency is available at the following web site: <http://www.aoa.dhhs.gov/May2001/factsheets/Cultural-Competency.html>

Cultural perspective: Recognizes that culture, language, and country of origin have an important and significant impact on the health perceptions and health behaviors that produce a variety of health outcomes.

Developmentally Appropriate: Practices and decisions based on social/emotional, physical, and cognitive development

Discharge Planning: The process of developing a re-entry support program for an incarcerated individual scheduled for upcoming release to reduce obstacles to care, medication, eligibility for public benefits, housing, employment, substance abuse treatment, mental health, and other support services needed.

Enabling services: Services that help women access health care, such as transportation, parking vouchers, translation, child care, and case management.

Gender-Specific: An approach which considers the social and environmental context in which women live and therefore structures information, activities, program priorities and service delivery systems to compliment those factors.

Healthy People 2020: A set of national health objectives that outlines the prevention agenda for the Nation. *Healthy People 2020* identify the most significant preventable threats to health and establishes national goals for the next ten years. Individuals, groups, and organizations are encouraged to integrate *Healthy People 2020* into current programs, special events, publications,

and meetings. Businesses can use the framework, for example, to guide worksite health promotion activities as well as community-based initiatives. Schools, colleges, and civic and faith-based organizations can undertake activities to further the health of all members of their community. Health care providers can encourage their patients to pursue healthier lifestyles and to participate in community-based programs. By selecting from among the national objectives, individuals and organizations can build an agenda for community health improvement and can monitor results over time. More information on the Healthy People 2010 objectives may be found on the Healthy People 2010 web site: <http://www.health.gov/healthypeople>

HIV: The human immunodeficiency virus that causes AIDS.

Holistic: Looking at women's health from the perspective of the whole person and not as a group of different body parts. It includes dental, mental, as well as physical health.

Incarcerated Person: Refers to an individual involuntarily confined in the secure custody of law enforcement, judicial, or penal authorities.

Integrated: The bringing together of the numerous spheres of activity that touch women's health, including clinical services, research, health training, public health outreach and education, leadership development for women, and technical assistance. The goal of this approach is to unite the strengths of each of these areas, and create a more informed, less fragmented and efficient system of care for underserved women that can be replicated in other populations and communities.

Life Skills Building: Addresses budgeting, parenting, household management, practical living, vocational skills, problem-solving, interpersonal and communication skills, etc.

Lifespan: Recognizes that women have different health and psychosocial needs as they encounter transitions across their lives and that the positive and negative effects of health and

health behaviors are cumulative across a woman's life. **Multi-disciplinary:** An approach that is based on the recognition that women's health crosses many disciplines, and that women's health issues need to be addressed across multiple disciplines, such as adolescent health, geriatrics, cardiology, mental health, reproductive health, nutrition, dermatology, endocrinology, immunology, rheumatology, dental health, etc.

National HIV/AIDS Strategy: Document released by the White House, July 2010, that provides the nation a comprehensive coordinated HIV/AIDS roadmap with clear and measurable targets to be achieved by 2015. (www.aids.gov)

Newly Released: The status of an individual returning to society and the community after incarceration.

Re-entry: The process of returning to society and the community after incarceration.

Relationship Building (positive and supportive): Addresses fidelity, monogamy, self-esteem, communication, negotiation, assertiveness, and empowerment.

Rural Community: All territory, population, and housing units located outside of urban areas and urban cluster.

Social Role: Recognizes that women routinely perform multiple, overlapping social roles that require continuous multi-tasking.

Sustainability: An organization's or program's staying power: the capacity to maintain both the financial resources and the partnerships/linkages needed to provide adequate and effective services in the target area and to the target population. It also involves the ability to survive change, incorporate needed changes, and seize opportunities provided by a changing environment.

Underserved Women: Women who encounter barriers to health care that results from any

combination of the following characteristics: poverty, ethnicity and culture, mental or physical State, housing status, geographic location, language, age, and lack of health insurance/under-insured.

Women-centered/women-focused: Addressing the needs and concerns of women (women-relevant) in an environment that is welcoming to women, fosters a commitment to women, treats women with dignity, and empowers women through respect and education. The emphasis is on working *with* women, not *for* women. Women clients are considered active partners in their own health and wellness.

Women Intimate Partners: women who are sexually involved with incarcerated/newly released males.

Date: _____

Nancy C. Lee, MD
Deputy Assistant Secretary for Health -
Women's Health
Office of the Assistant Secretary