DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Program Announcement 00003]

Capacity-Building Assistance (CBA) To Improve the Delivery and Effectiveness of Human Virus (HIV) Prevention Services for Racial/Ethnic Minority Populations; Notice of Availability of Funds

Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year (FY) 2000 funds for a cooperative agreement program for Capacity-building assistance to improve the delivery and effectiveness of Human Immunodeficiency Virus (HIV) prevention services for racial/ethnic minority populations. This program addresses the ''Healthy People 2000'' priority area of HIV Infection. The purpose of this program is to provide financial and programmatic assistance to national, regional, and local non-governmental organizations to develop and implement regionally structured, integrated capacity-building assistance systems. These systems will sustain, improve, and expand local HIV prevention services for racial/ethnic minority individuals whose behaviors place them at risk for acquiring or transmitting HIV and other sexually transmitted diseases (STDs).

Note: For this program announcement, the term ''capacity-building assistance'' means the provision of information, new HIV prevention technologies, consultation, technical services, and training for individuals and organizations to improve the delivery and effectiveness of HIV prevention services.

Capacity-building assistance developed under this program will be provided in four priority areas:
A. Priority Area 1—Strengthening Organizational Infrastructure for HIV Prevention
B. Priority Area 2—Enhancing HIV Prevention Interventions
C. Priority Area 3—Strengthening Community Capacity for HIV Prevention
D. Priority Area 4—Strengthening HIV Prevention Community Planning

For Priority Areas 1, 2, and 4, capacity-building assistance will be regionally structured and delivered in four regional groups as follows:
Northeast Region: CT, MA, ME, NH, NJ, NY, PA, PR, RI, VT, U.S. Virgin Islands.

Midwest Region: IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, WI.
South Region: AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, WV.
West Region: AK, AZ, CA, CO, HI, ID, NV, NM, OR, MT, UT, WA, WY, American Samoa, Commonwealth of Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Marshall Islands, Palau.

For Priority Area 3, capacity-building assistance can be structured and delivered regionally or according to identifiable patterns of minority cultures and affinity groups, regardless of regional boundaries (e.g., migrant streams, faith leaders, injection drug user networks).

Goals

The goals for this program are as follows:

A. Priority Area 1: Strengthening Organizational Infrastructure for HIV Prevention. Improve the capacity of community-based organizations (CBOs) and community coalition development (CCD) projects to develop and sustain organizational infrastructures that support the delivery of effective HIV prevention services and interventions to racial/ethnic minority individuals whose behavior places them at risk for acquiring or transmitting HIV and other STDs.

The emphasis of Priority Area 1 is providing capacity-building assistance to CDC-funded CBOs (currently numbering approximately 180) and CDC-funded CCD projects (currently numbering approximately 23). Other CBOs and CCD projects can be provided assistance only if resources are sufficient for expanded services.

B. Priority Area 2: Enhancing HIV Prevention Interventions. Improve the capacity of CBOs to design, develop, implement, and evaluate effective HIV prevention interventions for racial/ethnic minority individuals whose behavior places them at risk for acquiring or transmitting HIV and other STDs.

The emphasis of Priority Area 2 is providing capacity-building assistance to CBOs funded directly by CDC (currently numbering approximately 180). Other CBOs can be provided assistance only if resources are sufficient for expanded services.

C. Priority Area 3: Strengthening Community Capacity for HIV Prevention

Improve the capacity of CBOs, CCD projects, and other community stakeholders to engage and develop their communities for the purpose of increasing community awareness,

leadership, participation, and support for HIV prevention.

Note: For this program announcement, ''community stakeholders'' are defined as individuals, groups, or organizations in the target community that have an interest or stake in preventing HIV transmission and are potential or actual agents of change.

The emphasis of Priority Area 3 is providing capacity-building assistance to CBOs, CCD projects, and other community stakeholders in racial/ethnic minority communities heavily affected by the HIV/AIDS epidemic.

D. Priority Area 4: Strengthening HIV Prevention Community Planning

1. Enhance the capacity of CBOs, CCD projects, and other community stakeholders to effectively participate in and support HIV prevention community planning by increasing their knowledge about, and skill and involvement in, the community planning process.

2. As part of CDC's HIV prevention community planning technical assistance network, enhance the capacity of community planning groups (CPGs) and health departments to include racial and ethnic minority participants in the community planning process and increase parity, inclusion, and representation (PIR) on CPGs.

The emphasis of Priority Area 4 is providing capacity-building assistance to CBOs and CCD projects funded directly by CDC. Other CBOs, CCD projects, and community stakeholders can be provided assistance only if resources are sufficient for expanded services.

Pre-application Technical Consultation

Technical consultation audio-conference calls for all priority areas are being scheduled from 1:00–2:30 PM EST, January 14 and 19, 2000. Participants may call toll-free 1–800–713–1971. Please have the conference code (942617) and name of the audio-conference (Capacity-Building 00003) ready. For more information, please contact CDC's National Prevention Information Network (NPIN) at 1–800–458–5231; visit its web site at www.cdcnpin.org; or send requests by fax to 1–888–282–7681 (TTY users: 1–800–243–7012).

Priority Areas

Information about eligible applicants, availability of funds, use of funds, funding priorities, program requirements, and application content is provided for each of the four priority areas in Sections A–D below.

Note: An organization may apply for more than one priority area; however, a separate

application must be submitted for each priority area.

A. Priority Area 1: Strengthening Organizational Infrastructure

1. Eligibility

An organization funded under Priority Area 1 must provide assistance to CBOs and CCD projects that serve racial/ethnic minority populations, regardless of which of the four major racial/ethnic minority groups they serve: Black/African American, Hispanic/Latino, Asian/Pacific Islander, and American Indian/Alaska Native.

An eligible applicant is a national non-profit, nongovernmental organization proposing to serve CBOs that work with any of the four racial/ethnic minority groups in up to four of the regions specified in the Purpose section of this announcement, or a regional non-profit, nongovernmental organization proposing to serve CBOs that work with any of the four racial/ethnic minority groups in only one of the regions. Applicants must meet the following criteria:

a. Have a currently valid Internal Revenue Service (IRS) 501(c)(3) tax-exempt status;

b. Have an executive board or governing body with more than 50 percent of its members belonging to any combination of the four major racial/ethnic minority groups (i.e., board members may all belong to one racial/ethnic minority group or may be multicultural, with members belonging to more than one racial/ethnic minority group);

c. Have racial/ethnic minority persons serving in more than 50 percent of key management, supervisory, and administrative positions (e.g., executive director, program director, fiscal director) and more than 50 percent of key service provision positions (e.g., technical assistance provider, trainer, curriculum development specialist, group facilitator) in the organization;

d. Have a documented 3-year record of providing organizational capacity-building assistance (i.e., materials development, training, technical consultation, or technical service) to CBOs serving racial/ethnic minority populations in multiple States; and

e. Have the specific charge from its Articles of Incorporation, Bylaws, or a resolution from its executive board or governing body to operate regionally or nationally (i.e., multistate/territory) within the United States or its Territories.

f. Governmental or municipal agencies, their affiliate organizations or agencies (e.g., health departments,

school boards, public hospitals), and private or public universities and colleges are not eligible for funding under this priority area. However, applicants are encouraged to include private or public universities and colleges as collaborators or subcontractors, when appropriate.

Note: Public Law 104–65 states that an organization, described in section 501(c)(4) of the Internal Revenue Code of 1986, that engages in lobbying activities is not eligible to receive federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

2. Availability of Funds

Approximately $2.0 million is expected to be available annually to fund from one to four programs, as follows: Northeast Region—approximately $800,000; Midwest Region—approximately $140,000; South Region—approximately $800,000; and West Region—approximately $260,000. However, in FY2000, CDC expects approximately $1 million to be available to fund from one to four programs for a six-month budget period, as follows: Northeast Region—approximately $400,000; Midwest Region—approximately $70,000; South Region—approximately $400,000; and West Region—approximately 130,000. It is expected that the awards will begin in May, 2000. In subsequent years, awards will be made for a 12-month budget period. The total project period will be four years and six months.

Funding estimates may change based on the availability of funds, scope and quality of the applications received, appropriateness and reasonableness of the budget justifications, and proposed use of project funds.

Continuation awards for a new 12-month budget period within an approved project period will be made on the basis of availability of funds and the applicant's satisfactory progress toward achieving the stated objectives. Satisfactory progress toward achieving objectives will be determined by required progress reports submitted by the recipient and site visits conducted by CDC representatives. Proof of continued eligibility will be required with all noncompeting continuation applications.

a. Use of Funds

1. Funds available under this announcement must support capacity-building assistance that improves the capacity of CBOs and CCD projects to develop and sustain organizational infrastructures that support the delivery of effective HIV prevention services for racial/ethnic minority individuals

whose behavior places them at high risk for HIV and other STDs.

2. These federal funds may not supplant or duplicate existing funding.

3. The applicant must perform a substantial portion of the program activities and cannot serve merely as a fiduciary agent. Applications requesting funds to support only managerial and administrative functions will not be accepted.

4. No funds will be provided for direct patient care, including substance abuse treatment, medical treatment, or medications.

5. These federal funds may not be used to support the cost of developing applications for other federal funds.

6. Before using funds awarded through this cooperative agreement to develop HIV prevention materials, recipients must check with the CDC National Prevention Information Network (NPIN) to determine if suitable materials are already available. Also, materials developed by recipients must be made available for dissemination through the CDC NPIN.

CDC's NPIN maintains a collection of HIV, STD, and TB resources for use by organizations and the public. Successful applicants will be contacted by NPIN for information on program resources for use in referrals and resource directories. Also, grantees should send three copies of all educational materials developed under this grant for inclusion in NPIN's databases.

NPIN also makes available information and technical assistance services for use in program planning and evaluation. For further information on NPIN services and resources, contact NPIN at 1–800–458–5231; visit its web site at www.cdcnpin.org; or send requests by fax to 1–888–282–7681 (TTY users: 1–800–243–7012).

b. Funding Preferences

For these awards, preferences for funding are to:

1. Ensure capacity-building assistance for all CDC-funded CBOs and CCD projects that serve racial/ethnic minority populations in all four regions,

2. Ensure that funding for capacity-building assistance is distributed in proportion to the HIV/AIDS disease burden among racial/ethnic minority populations and the number of CBOs, other nongovernmental minority organizations, and CCD projects funded directly by CDC in each region; and

3. Address gaps in current national capacity-building assistance services. Under CDC Program Announcement 99095, approximately $1.25 million was made available for capacity-building assistance related to strengthening

organizational infrastructure for CDC-funded CBOs providing services to African Americans in all four regions. Under this program announcement, preference will be given to funding one organization to provide capacity-building assistance in Priority Area 1 to CDC-funded CBOs that are not covered by services provided under Program Announcement 99095.

3. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities that follow:

a. Program Activities

1. Include CBOs and CCD projects funded directly by CDC, and other potential consumers of the proposed services in planning and evaluating the proposed capacity-building assistance program.

2. Assess the organizational infrastructure systems needs (e.g., governance, management, administration, and fiscal systems) of all CBOs and CCD projects funded directly by CDC in the region(s) for which the recipient has responsibility.

3. Create and support a regionally structured capacity-building resource network that includes the applicant's current and proposed staff and other subject matter experts (e.g., consultants, academicians, small minority businesses, subcontractors) with expertise in strengthening organizational infrastructure. A regional resource network should be created in each region for which the recipient has responsibility. The resource networks should emphasize the use of locally-based consultants and experts. They must provide assistance to CDC-funded CBOs and CCD projects in each region for which the recipient has responsibility, regardless of which of the four major racial/ethnic minority populations those organizations serve (i.e., Black/African American, Latino/Hispanic, Asian/Pacific Islander, and American Indian/Alaska Native).

Support services for the resource networks include, but are not limited to, developing training materials and conducting orientation and training for consultants to help them deliver effective and efficient services that follow relevant, available national standards of practice and are in accordance with CDC's standards and expectations for conducting fiscal, administrative, and programmatic activities.

4. Ensure the effective and efficient provision of capacity-building assistance to strengthen organizational

infrastructure. Examples include, but are not limited to, organizational assessment; fiscal management assessment and follow up; resource development (including development of funding strategies); proposal development and grant writing; human resources management (including staff recruitment, retention, and training); board development; organizational quality assurance and monitoring; program marketing and public relations; program policy development; personnel policy development; volunteer recruitment and management; information management; strategic planning; leadership development and team building; collaboration and coalition development; and cross-cultural communications.

These services are to be provided through the use of information transfer, skills building, technical consultation, technical services, and technology transfer (e.g., development and dissemination of replication packages).

5. Implement a plan for developing and maintaining ongoing capacity-building relationships with CBOs and CCD projects funded directly by CDC in the region(s) for which the recipient has responsibility (see Attachment 4). The plan should include strategies for conducting ongoing needs assessments and developing tailored capacity-building packages to be delivered over the long term.

6. Implement a system that responds to capacity-building assistance requests from CBOs and CCD projects in the region(s) for which the recipient has responsibility. CBOs and CCD projects funded directly by CDC must receive the highest priority. This system must include mechanisms for assessing and prioritizing requests; linking requests to other capacity-building resources and to services provided in Priority Areas 2, 3 and 4 of this program; delivering capacity-building services; and conducting quality assurance.

7. Identify and complement the capacity-building efforts available locally. Cooperate with other national, regional, State, and local capacity-building providers to (a) avoid duplication of effort and (b) ensure that capacity-building assistance is allocated according to gaps in available services and the needs of CBOs and CCD projects funded directly by CDC. (Note: For this announcement, the term ''cooperate'' means exchanging information, altering activities, and sharing resources with other organizations for mutual benefit.)

8. Coordinate program activities with appropriate national, regional, State, and local governmental and non-governmental HIV prevention partners

(e.g., health departments, CBOs) and CPGs.

Note: For this announcement, the term ''coordinate'' means exchanging information and altering activities for mutual benefit.

9. Incorporate cultural competency and linguistic and educational appropriateness into all capacity-building activities.

10. Participate in a CDC-coordinated capacity-building network to enhance communication, coordination, cooperation, and training.

b. Quality Assurance

1. Identify the capacity-building needs of your own program and develop and implement a plan to address these needs.

2. Identify the training needs of your staff and develop and implement a plan to address these needs.

3. In collaboration with CDC, develop and implement a standardized system for tracking, assessing, and documenting all capacity-building assistance requests and delivery.

c. Program Monitoring and Evaluation

1. Conduct process evaluation of your capacity-building assistance activities to determine if your process objectives are being achieved.

2. Monitor the results of capacity-building assistance services to determine what works and what does not work in order to improve the program.

d. Communication and Information Dissemination

1. Implement an effective strategy for marketing the capacity-building assistance available through your proposed program.

2. Facilitate the dissemination of information about successful capacity-building assistance strategies and ''lessons learned'' through replication packages, peer-to-peer interactions, meetings, workshops, conferences, and communications with CDC project officers.

e. Resource Development

Implement a strategy for obtaining additional resources from non-CDC sources to supplement the program conducted through this cooperative agreement, expand services provided through the proposed program, and enhance the likelihood of its continuation after the end of the project period.

f. Other Activities

Adhere to CDC policies for securing approval for CDC sponsorship of conferences.

4. Application Content

a. General

1. Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop the application content. Your application will be evaluated on the criteria listed, so it is important to follow the format provided in laying out your program proposal.

2. The narrative should be no more than 40 pages (excluding budget and attachments).

3. Number each page, including appendices and attachments, sequentially and provide a complete Table of Contents to the application and its attachments. Please begin each separate section of the application on a new page.

4. The original and each copy of the application set must be submitted unstapled and unbound.

5. All material must be typewritten; single spaced, with a font of 10 pitch or 12 point on 8½″ by 11″ paper, with at least 1″ margins, headings and footers; and printed on one side only.

6. Materials which should be part of the basic plan will not be accepted if placed in the attachments.

In developing the application, follow the format and instructions below:

b. Priority Area (Not scored). Clearly state the Priority Area for which this application is being submitted (i.e., Priority Area 1—Strengthening Organizational Infrastructure).

c. Region(s) to be served (Not scored). Which region(s) are you proposing to serve with your capacity-building assistance program?

d. Proof of Eligibility. Applicants must complete this section on ''Proof of Eligibility,'' including providing the following documents as appropriate. Failure to provide the required documentation will result in your application being disqualified and returned to you without further review.

1. Is your organization a national organization or is it a regional organization?

2. Does your organization have a currently valid 501(c)(3) tax-exempt status?

Note: Attach to this section a copy of the current, valid Internal Revenue Service (IRS) determination letter of your organization's 501(c)(3) tax-exempt status.

3. Does your organization have an executive board or governing body with more than 50 percent of its members belonging to racial/ethnic minority populations?

Note: Attach to this section a complete list of the members of your board or governing body, along with their positions on the board, their race/ethnicity, and their gender.

4. Do racial/ethnic minority persons serve in more than 50 percent of key management, supervisory, and administrative positions (e.g., executive director, program director, fiscal director) and more than 50 percent of key service provision positions (e.g., technical assistance providers, trainers, curriculum development specialists, group facilitators) in your organization?

Note: Attach to this section a list of all existing personnel in key positions in your organization, along with their position in the organization, their race/ethnicity, their gender, and their areas of expertise. Also attach a similar list of proposed personnel.

5. Does your organization have a documented 3-year record of providing organizational capacity-building assistance to CBOs serving racial/ethnic minority populations in multiple States?

Note: Attach to this section a list of such clients, including the organization name, location (i.e., city and State), dates of service, and type(s) of assistance provided. Also, provide copies of complete documents as evidence of this three year history. Documents can include memoranda of understanding, agreements, or contracts/consultants. This information will also be used in evaluating Organizational History and Experience (Section A.4.k.).

6. Does your organization have the specific charge from its executive board or governing body to operate regionally or nationally (i.e., multistate/territory) within the United States and its Territories?

Note: Attach to this section a copy of the section of your organization's Articles of Incorporation, Bylaws, or Board Resolution that indicates the organization's charge to operate regionally or nationally.

7. Is your organization a governmental or municipal agency, an affiliate of a governmental or municipal agency (e.g., health department, school board, public hospital), or a private or public university or college? If so, your organization is not eligible for funding under this priority area.

8. Is your organization included in the category of organizations that engage in lobbying activities, as described in section 501(c)(4) of the Internal Revenue Code of 1986? If so, your organization is not eligible to apply for funding under this priority area.

e. Abstract (Not scored). Please provide a brief summary of your proposed program activities, including

1. which region(s) the program will serve and, if serving more than one region, how it will be regionally structured;

2. what specific types of capacity-building assistance will be provided by the program (including members of the applicant's current and proposed staff, consultants, academicians, and other subject matter experts);

3. how you will develop ongoing capacity-building relationships with CBOs and CCD projects funded directly by CDC; and

4. how you will respond to requests for a wide variety of capacity-building assistance.

The abstract should not exceed two pages.

f. Program Activities (Total = 400 points; Scoring criteria: likelihood of achieving program goals; soundness of proposed systems; basis in science, theory, concept, or proven program experience; feasibility of the program plan; innovativeness; specificity, feasibility, time phasing, and measurability of stated objectives)

1. Including potential consumers of services in program planning (35 points).

a. How will CBOs and CCD projects funded directly by CDC, and other potential consumers of your proposed services be involved in planning and evaluating your proposed capacity-building assistance program?

b. For your first year of operation, what are your specific process objectives related to obtaining this input?

Note: Objectives should be specific, realistic, time-phased, and measurable.

2. Assessment of CBOs and CCD projects funded directly by CDC (45 points).

a. How will you assess the organizational infrastructure systems needs (e.g., governance, management, administration, and fiscal systems) of all CBOs and CCD projects funded directly by CDC in the region(s) for which your organization will have responsibility

b. In conducting these assessments, what are your specific process objectives for your first year of operation?

3. Creating and supporting a resource network (45 points).

a. How will you create a regionally structured resource network that includes your current and proposed staff and other subject matter experts with expertise in strengthening organizational infrastructure?

b. How will this network be structured, and how will the consultants and other subject matter experts be used, to meet regional needs and allow local delivery of capacity-building services?

c. How will you support the resource network (e.g., developing training materials, orienting and training

consultants and other network members to assist in delivering effective and efficient services that adhere to national standards of practice)?

d. In developing this resource network, what are your specific process objectives for your first year of operation?

4. Ensuring effective provision of capacity-building assistance (45 points).

a. What specific types of capacity-building assistance will the proposed program provide to strengthen organizational infrastructure (e.g., organizational assessment; fiscal management assessment and follow up; resource development [including development of a funding strategy]; proposal development and grant writing; human resources management [including staff recruitment, retention, and training]; board development; organizational quality assurance and monitoring; program marketing and public relations; program policy development; personnel policy development; volunteer recruitment and management; information management; strategic planning; leadership development and team building; collaboration and coalition development; and cross-cultural communications)?

b. How will you ensure that this assistance is provided effectively and efficiently?

5. Developing ongoing relationships with CBOs and CCD projects funded directly by CDC (45 points).

a. How will you develop and maintain ongoing capacity-building relationships with CBOs and CCD projects funded directly by CDC, including conducting ongoing needs assessments and implementing tailored capacity-building packages to be delivered over the long term?

b. In developing these ongoing capacity-building relationships, what are your specific process objectives for your first year of operation?

6. Responding to capacity-building assistance requests (45 points).

a. How will you respond to capacity-building requests (including assessing and prioritizing requests; linking requests to other capacity-building resources and to services provided in Priority Areas 2, 3, and 4 of this program; and delivering capacity-building services)?

b. In implementing this strategy or strategies, what are your specific process objectives for your first year of operation?

7. Identifying and complementing other capacity-building efforts (35 points).

a. How will you identify and complement other capacity-building efforts available locally and cooperate with other national, regional, State, and local capacity-building providers to avoid duplication of effort and ensure that capacity-building assistance is allocated according to gaps in available services and the needs of CBOs and CCD projects funded directly by CDC (i.e., with what entities will you cooperate and what will each bring to the cooperative relationship)?

b. In identifying and complementing other capacity-building efforts and developing cooperative relationships with other capacity-building providers, what are your specific process objectives for your first year of operation?

8. Coordinating with appropriate governmental and nongovernmental HIV prevention partners and community planning groups (35 points).

a. How will you coordinate with appropriate national, regional, State, and local HIV prevention partners (e.g., health departments, CBOs) and CPGs (i.e., with what entities will you coordinate activities and what activities will be coordinated)?

9. Incorporating cultural competency into capacity-building activities (35 points). How will you ensure that the capacity-building assistance provided will be culturally competent, sensitive to issues of sexual identity, developmentally and educationally appropriate, linguistically specific, and targeted to the needs of organizations serving racial/ethnic minority populations?

10. Management and staffing of the program (35 points).

a. How will the proposed program be managed and staffed?

b. What are the skills and experience of the applicant's program staff?

c. Which activities in your proposed program will be conducted by cooperating organizations?

d. In staffing your proposed program and developing cooperative relationships with other organizations, what are your specific process objectives for your first year of operation?

11. Time line (Not scored). Provide a time line that identifies major implementation steps in your proposed program and assigns approximate dates for inception and completion of each step.

g. Quality Assurance (150 points; Scoring criteria: completeness, appropriateness, and feasibility of the quality assurance plan; specificity, feasibility, time phasing, and measurability of stated objectives).

1. How will you identify the capacity-building assistance needs of your own program and address these needs?

2. How will you identify the training needs of your staff and meet these needs?

3. In implementing these quality assurance plans, what are your specific process objectives for the first year of operation?

Note: Systems for tracking, assessing, and documenting capacity-building assistance requests and delivery will be developed in collaboration with CDC.

h. Program Monitoring and Evaluation (150 points; Scoring Criteria: completeness, technical soundness, and feasibility of the program monitoring and evaluation plan; specificity, feasibility, time phasing, and measurability of stated objectives)

1. How will you conduct process evaluation of your capacity-building activities to determine if the process objectives are being achieved?

2. How will you monitor the results of capacity-building assistance services to determine what works and what does not work in order to improve the program?

3. What data will be collected for evaluation purposes and how will the data be collected, analyzed, reported, and used to improve the program?

4. Who will be responsible for designing and implementing evaluation activities?

5. In implementing this program monitoring and evaluation plan, what are your specific process objectives for the first year of operation?

i. Communication and Information Dissemination (50 points; Scoring criteria: completeness, appropriateness, and feasibility of the communication and information dissemination plan; specificity, feasibility, time phasing, and measurability of stated objectives)

1. How will you market the capacity-building assistance available through your proposed program?

2. How will you disseminate information about successful capacity-building assistance strategies and ''lessons learned''?

3. In implementing this communication and information dissemination plan, what are your specific process objectives for the first year of operation?

j. Resource Development (100 points; Scoring criteria: completeness, appropriateness, and feasibility of the resource development plan; specificity, feasibility, time phasing, and measurability of stated objectives)

1. How will you obtain additional resources from non-CDC sources to supplement the program conducted

through this cooperative agreement, expand services provided through the proposed program, and enhance the likelihood of its continuation after the end of the project period?

2. In implementing this resource development plan, what are your specific process objectives for the first year of operation?

k. Organizational History and Experience (150 points; Scoring criteria: extent and relevance of applicant organization's experience. Note: Information provided under Proof of Eligibility, Section A.4.d.(5), will also be taken into consideration in scoring this section.)

1. What types of capacity-building assistance does your organization have experience providing (e.g., board development, fiscal management), and for how long?

2. With what mechanisms of delivering capacity-building assistance does your organization have experience (e.g., information transfer, skills building, technical consultation, technical services, technology transfer)?

3. What experience does your organization have in providing capacity-building assistance in organizational infrastructure development to CBOs and other types of organizations serving the HIV prevention needs of racial/ethnic minority populations, and for how long?

4. What experience does your organization have in assessing the organizational infrastructure systems needs (e.g., governance, management, administration, and fiscal systems) of CBOs or other organizations that provide health care or prevention services?

5. What experience does your organization have in developing and using resource or consultant networks to provide capacity-building assistance and in supporting such networks (e.g., developing training materials and conducting orientation and training for consultants)?

6. What experience does your organization have in developing and maintaining ongoing capacity-building relationships with CBOs or other organizations that provide health or prevention services?

7. What experience does your organization have in responding to capacity-building assistance requests, including assessing and prioritizing requests, linking requests to other capacity-building assistance resources, and delivering capacity-building assistance?

8. What experience does your organization have in establishing and maintaining cooperative relationships with other capacity-building providers?

9. What experience does your organization have in coordinating program activities with national, regional, State, and local governmental and nongovernmental HIV prevention partners (e.g., health departments, CBOs) and CPGs?

10. What experience does your organization have in providing capacity-building assistance that responds effectively to the cultural, gender, environmental, social, and linguistic characteristics of CBOs serving multiple racial/ethnic minority populations? (In answering this question, describe the types of services provided and list any culturally, linguistically, and developmentally appropriate curricula and materials that your organization has developed.)

l. Organizational Structure and Infrastructure (Not scored).

1. What is the structure of your organization, including management, administrative, and program components, and where will the proposed program be located in this structure?

2. What fiscal management systems does your organization have in place and how do they function?

3. What human resources management systems does your organization have in place (including staff recruitment, orientation, training, and support; leadership development; team building; personnel policy development) and how do they function?

4. What quality assurance systems does your organization have in place and how do they function?

5. What information management systems does your organization have in place and how do they function?

6. How does your organization do its strategic planning and develop its program policies and priorities?

m. Budget and Staffing Breakdown and Justification (Not scored). In this application, applicants should provide a 6-month budget for the initial (FY2000) budget period.

1. Provide a detailed budget for each proposed activity. Justify all operating expenses in relation to the planned activities and stated objectives. CDC may not approve or fund all proposed activities. Be precise about the program purpose of each budget item and itemize calculations wherever appropriate.

2. For each contract and consultant contained within the application budget, describe the type(s) of organizations or parties to be selected and the method of selection; identify the specific contractor(s), if known; describe the services to be performed and justify the use of a third party to perform these services; provide a breakdown of and justification for the estimated costs of the contracts and consultants; specify the period of performance; and describe the methods to be used for contract monitoring.

3. Provide a job description for each position, specifying job title; function, general duties, and activities; salary range or rate of pay; and the level of effort and percentage of time spent on activities that would be funded through this cooperative agreement. If the identity of any key personnel who will fill a position is known, his/her name and resume should be attached. Experience and training related to the proposed project should be noted. If the identity of staff is not known, describe your recruitment plan. If volunteers are involved in the project, provide job descriptions.

Note: If indirect costs are requested, you must provide a copy of your organization's current negotiated Federal indirect cost rate agreement.

n. Attachments. In addition to the documents required in the Proof of Eligibility section of your application, the following attachments should be included with your application, if relevant:

1. A list of all organizations with which you will cooperate to avoid duplication of effort and ensure that gaps in capacity-building services are addressed. Include memoranda of agreement from each such organization as evidence of cooperative relationships. Memoranda of agreement should specifically describe the proposed cooperative activities. These documents must be submitted annually with each continuation application.

2. A list summarizing services, curricula, and materials that are currently being delivered that are culturally, linguistically, and developmentally appropriate.

3. A description of funding received from CDC or other sources to conduct similar activities that includes:

a. A summary of funds and income received to conduct capacity-building assistance programs. This summary must include the name of the sponsoring organization/source of income, level of funding, a description of how the funds have been used, and the budget period. In addition, identify proposed personnel who will conduct the activities of this project and who are supported by other funding sources (include their roles and responsibilities);

b. A summary of the objectives and activities of the funded programs that are described above;

c. An explanation of how funds requested in this application will be used differently or in ways that will expand upon programs that are supported with existing or future funds.

d. An assurance that the requested funds will not duplicate or supplant funds that have been received from any other Federal or non-Federal source. CDC-awarded funds may be used to expand or enhance services supported by other Federal or non-Federal funding sources.

4. Independent audit statements from a certified public accountant for the previous 2 years.

5. A copy of the organization's current negotiated Federal indirect cost rate agreement, if applicable.

PRIORITY AREA 1 ENDS HERE.

Please refer to the following sections of this announcement for additional important information: CDC Activities, Submission and Deadline, Review and Evaluation of Applications, Other Requirements, Authority and Catalog of Federal Domestic Assistance Number, Where to Obtain Additional Information, and Attachments 1–3.

B. Priority Area 2: Enhancing HIV Prevention Interventions

1. Eligibility

A program funded under Priority Area 2 must serve CBOs in all four of the regions specified in the Purpose section of this announcement and provide assistance to CBOs serving primarily one of the four major racial/ethnic minority groups: Black/African American, Hispanic/Latino, Asian/Pacific Islander, and American Indian/Alaska Native.

An eligible applicant is a national or regional non-profit, non governmental organization proposing to function as the lead organization within a coalition (i.e., a collaborative contractual partnership with other organizations) that will provide assistance to CBOs that serve a specific racial/ethnic minority group in all four regions. A coalition must include, at a minimum, an organization located within each of the four regions. (The lead applicant can represent one of the four regions.) Applicants must apply to serve primarily only one of the four major racial/ethnic groups.

Note: For this announcement, the term "coalition" means a group of organizations in which each member organization is responsible for specific, defined, integral activities within the proposed program, and all member organizations share responsibility for the overall planning, implementation, and evaluation of the program.

In a collaborative contractual partnership, one organization must be the legal applicant and function as the lead organization in the coalition. The legal applicant must meet the following criteria:

a. Have a currently valid Internal Revenue Service (IRS) 501(c)(3) tax-exempt status;

b. Have an executive board or governing body with more than 50 percent of its members belonging to the racial/ethnic minority population to be served;

c. Have more than 50 percent of key management, supervisory, and administrative positions (e.g., executive director, program director, fiscal director) and more than 50 percent of key service provision positions (e.g., technical assistance provider, trainer, curriculum development specialist, group facilitator) in the organization filled by members of the racial/ethnic minority population to be served.

d. Have a documented 3-year record of providing capacity-building assistance (i.e., materials development, training, technical consultation, or technical service) in HIV prevention intervention design, development, implementation, and evaluation to CBOs serving the targeted racial/ethnic minority population in multiple States; and

e. Have the specific charge from its Articles of Incorporation, Bylaws, or a resolution from its executive board or governing body to operate regionally or nationally (i.e., multi state/territory) within the United States or its Territories.

f. Each member organization of the coalition must meet all of the above criteria except item d. (3-year record).

g. Governmental or municipal agencies and their affiliate organizations or agencies (e.g., health departments, school boards, public hospitals) are not eligible for funding under this priority area.

Note: Public Law 104–65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

2. Availability of Funds

Approximately $3.5 million is expected to be available annually to fund four programs, as follows: African American—approximately $2,010,000; Latino—approximately $1,040,000; Asian/Pacific Islander—approximately $225,000; and American Indian/Alaska Native—approximately $225,000. However, in FY2000, CDC expects approximately $1,750,000 to be available to fund four programs for a six-month budget period, as follows:

African American—approximately $1,005,000; Latino—approximately $520,000; Asian/Pacific Islander—approximately $112,500; and American Indian/Alaska Native—approximately $112,500. It is expected that the awards will begin in May, 2000. In subsequent years, awards will be made for a 12-month budget period. The total project period will be four years and six months.

Funding estimates may change based on the availability of funds, scope and quality of the applications received, appropriateness and reasonableness of the budget justifications, and proposed use of project funds.

Continuation awards for a new 12-month budget period within an approved project period will be made on the basis of availability of funds and satisfactory progress toward achieving stated objectives. Satisfactory progress toward achieving objectives will be determined by required progress reports submitted by the recipient and site visits conducted by CDC representatives. Proof of continued eligibility will be required with all noncompeting continuation applications.

a. Use of Funds

1. Funds available under this announcement must support capacity-building assistance that improves the capacity of CDC-funded and other CBOs to design, develop, implement, and evaluate effective HIV prevention interventions for racial/ethnic minority individuals whose behavior places them at high risk for acquiring or transmitting HIV and other STDs.

2. These federal funds may not supplant or duplicate existing funding.

3. The applicant must perform a substantial portion of the program activities and cannot serve merely as a fiduciary agent. Applications requesting funds to support only managerial and administrative functions will not be accepted.

4. No funds will be provided for direct patient care, including substance abuse treatment, medical treatment, or medications.

5. These federal funds may not be used to support the cost of developing applications for other federal funds.

6. Before using funds awarded through this cooperative agreement to develop HIV prevention materials, recipients must check with the CDC National Prevention Information Network (NPIN) to determine if suitable materials are already available. Also, materials developed by recipients must be made available for dissemination through the CDC NPIN.

CDC's NPIN maintains a collection of HIV, STD, and TB resources for use by organizations and the public. Successful applicants will be contacted by NPIN for information on program resources for use in referrals and resource directories. Also, grantees should send three copies of all educational materials developed under this grant for inclusion in NPIN's databases.

NPIN also makes available information and technical assistance services for use in program planning and evaluation.

For further information on NPIN services and resources, contact NPIN at 1–800-458–5231; visit its web site at www.cdcnpin.org; or send requests by fax to 1–888–282–7681 (TTY users: 1–800–243-7012).

b. Funding Preferences

For these awards, preferences for funding will be:

1. ensuring that capacity-building assistance is available for all CDC-funded CBOs in all four regions and serving all four major racial/ethnic minority groups; and

2. ensuring that funding for capacity-building assistance is distributed in proportion to the HIV/AIDS disease burden in the four major racial/ethnic minority populations and the number of CDC-funded CBOs serving each of these four minority populations in each region.

3. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the following activities:

a. Program Activities

1. Include CDC-funded CBOs, other CBOs, and other potential consumers of the proposed services in planning and evaluating the proposed capacity-building assistance program.

2. Establish and support a coalition (i.e., a collaborative contractual partnership) to implement the proposed program. The coalition must represent all four regions. Support services for the coalition include, but are not limited to, establishing ongoing communication mechanisms, establishing reporting standards, conducting process evaluation, establishing standards of practice, and conducting quality assurance.

3. Create and support four regionally-based capacity-building resource networks that include the applicant's and coalition members' current and proposed staff and other subject matter experts (e.g., consultants, researchers, academicians). Emphasize the use of locally based consultants and experts. Support services for the resource networks include, but are not limited to, developing training materials, diffusion of best program practices and intervention models, and conducting orientation and training for consultants to assist in delivering effective and efficient services that follow relevant, available national standards of practice and are in accordance with CDC's standards and expectations for conducting HIV prevention educational programs and interventions.

4. Ensure the effective and efficient provision of capacity-building assistance to enhance the design, development, implementation, and evaluation of HIV prevention interventions. Examples include, but are not limited to, curriculum development, intervention replication or adaptation, use of behavioral and social sciences to increase intervention effectiveness (including the development of behavioral risk assessments), increasing the cultural competence and linguistic appropriateness of interventions, service integration, developing effective health communications messages, conducting population-based needs assessments (including the use of epidemiology and social marketing methods), setting priorities for interventions and target populations, developing or identifying effective and appropriate interventions, and evaluation planning and implementation. Recipients should work closely with CDC to identify interventions that have a sound basis in science or proven program experience and are suitable for dissemination.

These services are to be provided through the use of information transfer, skills building, technical consultation, technical services, and technology transfer. These services should be culturally appropriate and based in science.

5. Implement a plan for developing and maintaining ongoing capacity-building relationships with CDC-funded CBOs serving the target racial/ethnic minority population. The plan should include strategies for conducting ongoing needs assessments of CBOs, evaluating HIV prevention interventions and the support structures needed to deliver these interventions, and developing tailored capacity-building packages to be delivered over the long term.

6. Implement a system that responds to capacity-building assistance requests. This system must give the highest priority to CDC-funded CBOs. The system must include mechanisms for assessing and prioritizing requests; linking requests to other capacity-building resources and to services provided in Priority Areas 1, 3 and 4 of this program; delivering capacity-building services; and conducting quality assurance.

7. Identify and complement the capacity-building efforts available locally. Cooperate with other national, regional, State, and local capacity-building providers to (a) avoid duplication of effort and (b) ensure that capacity-building assistance is allocated according to gaps in available services and the needs of CDC-funded and other CBOs serving minority populations at high risk for acquiring and transmitting HIV and other STDs. (Note: For this announcement, the term "cooperate" means exchanging information, altering activities, and sharing resources with other organizations for mutual benefit.)

8. Coordinate program activities with appropriate national, regional, State, and local governmental and non-governmental HIV prevention partners (e.g., health departments, CBOs) and CPGs.

Note: For this announcement, the term "coordinate" means exchanging information and altering activities for mutual benefit.

9. Incorporate cultural competency and linguistic and educational appropriateness into all capacity-building activities;

10. Participate in a CDC-coordinated capacity-building network to enhance communication, coordination, and training.

b. Quality Assurance

1. Identify the capacity-building needs of your own program (including your organization and other member organizations in the coalition) and develop and implement a plan to address these needs.

2. Identify the training needs of your staff (including staff in your own organization and in other member organizations in the coalition) and develop and implement a plan to address these needs.

3. In collaboration with CDC, develop and implement a standardized system for tracking, assessing, and documenting all capacity-building assistance requests and delivery.

c. Program Monitoring and Evaluation

1. Conduct process evaluation of your capacity-building assistance activities to determine if your process objectives are being achieved.

2. Monitor the results of capacity-building assistance services to determine what works and what does not work in order to improve the program.

d. Communication and Information Dissemination

1. Implement an effective strategy for marketing capacity-building assistance available through your proposed program.

2. Facilitate the dissemination of information about successful capacity-building assistance strategies and ''lessons learned'' through replication packages, peer-to-peer interactions, meetings, workshops, conferences, and communications with CDC project officers.

e. Resource Development

Implement a strategy for obtaining additional resources from non-CDC sources to supplement the program conducted through this cooperative agreement, expand services provided through the proposed program, and enhance the likelihood of its continuation after the end of the project period.

f. Other Activities

Adhere to CDC policies for securing approval for CDC sponsorship of conferences.

4. Application Content

a. General

1. Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop your application. Your application will be evaluated according to the quality of the responses to the following questions, so it is important to follow the format provided below in laying out your program proposal.

2. The narrative should be no more than 40 pages (excluding budget and attachments).

3. Number each page, including appendices and attachments, sequentially and provide a complete Table of Contents to the application and its attachments. Please begin each separate section of the application on a new page.

4. The original and each copy of the application set must be submitted unstapled and unbound.

5. All material must be typewritten; single spaced, with a font of 10 pitch or 12 point on 8½″ by 11″ paper, with at least 1″ margins, headings and footers; and printed on one side only.

6. Materials that should be part of the basic plan will not be accepted if placed in the attachments.

In developing the application, use the following format and instructions:

b. Priority Area (Not scored). Clearly state the Priority Area for which this application is being submitted (i.e.,

Priority Area 2—Enhancing HIV Prevention Interventions).

c. Population to be Served (Not scored). Which racial/ethnic minority group will be the primary focus of the proposed program?

d. Proof of Eligibility. Applicants must complete this section on ''Proof of Eligibility,'' including providing the following documents as appropriate. Failure to provide the required documentation will result in your application being disqualified and returned to you without further review.

1. What organizations will be members of your proposed coalition?

Note: Attach to this section a list of all organizations that will be members of the proposed coalition (i.e., collaborative contractual partnership), including their locations (i.e., city and State), a brief description of each organization, and a brief description of what role(s) each organization will serve in the coalition.

Include memoranda of agreement from all organizations that will be members of the proposed coalition as evidence of collaborative relationships. Memoranda of agreement should specifically describe the proposed collaborative activities. These documents must be submitted annually with each continuation application.

Please answer the following questions and provide the requested documents for the lead organization (the legal applicant) and for each member organization of the coalition:

2. Is the organization a national organization or is it a regional organization?

3. Does the organization have a currently valid 501(c)(3) tax-exempt status?

Note: Attach to this section a copy of the current, valid Internal Revenue Service (IRS) determination letter of the organization's 501(c)(3) tax-exempt status.

4. Does the organization have an executive board or governing body with more than 50 percent of its members belonging to the racial/ethnic minority population to be served?

Note: Attach to this section a complete list of the members of the executive board or governing body, along with their positions on the board, their race/ethnicity, and their gender.

5. Do persons of the target racial/ethnic minority population serve in more than 50 percent of key management, supervisory, and administrative positions (e.g., executive director, program director, fiscal director) and more than 50 percent of key service provision positions (e.g., technical assistance provider, trainer,

curriculum development specialist, group facilitator) in the organization?

Note: Attach to this section a list of all existing personnel in key positions in the organization, along with their position in the organization, their race/ethnicity, their gender, and their area(s) of expertise. Also attach a similar list of proposed personnel.

6. (A response to this question is required for the lead organization, but is optional for other member organizations of the coalition.) Does the organization have a documented 3-year record of providing capacity-building assistance in HIV prevention intervention design, development, implementation, and evaluation to CBOs serving the target racial/ethnic minority population in multiple States?

Note: Attach to this section a list of such clients, including the organization name, location (i.e., city and State), dates of service, and type(s) of assistance provided. Also, provide copies of complete documents as evidence of this three year history. Documents can include memoranda of understanding, agreements, or contracts/consultants. This information will also be used in evaluating Organizational History and Experience (Section B.4.k.).

7. Does the organization have the specific charge from its executive board or governing body to operate regionally or nationally (i.e., multistate/territory) within the United States and its Territories?

Note: Attach to this section a copy of the section of the organization's Articles of Incorporation, Bylaws, or Board Resolution that indicates the organization's charge to operate regionally or nationally.

8. Is the organization a governmental or municipal agency or an affiliate of a governmental or municipal agency (e.g., health department, school board, public hospital)? If so, the organization is not eligible for funding under this priority area.

9. Is the organization included in the category of organizations that engage in lobbying activities, as described in section 501(c)(4) of the Internal Revenue Code of 1986? If so, the organization is not eligible for funding under this priority area.

e. Abstract (Not scored). Please provide a brief summary of your proposed program activities, including:

1. Which racial/ethnic minority group will be the focus of the proposed program;

2. What organizations will form the coalition;

3. How the program will be regionally structured;

4. What specific types of capacity-building assistance will be provided by the program (including members of the

applicant's and coalition members' current and proposed staff, consultants, researchers, academicians, and other subject matter experts);

5. How you will develop ongoing capacity-building relationships with CBOs; and

6. How you will respond to requests for a wide variety of capacity-building assistance.

The abstract should not exceed two pages.

f. Program Activities (Total = 400 points; Scoring criteria: likelihood of achieving program goals; soundness of proposed systems; basis in science, theory, concept, or proven program experience; feasibility of the program plan; innovativeness; specificity, feasibility, time phasing, and measurability of stated objectives)

1. Including potential consumers of services in program planning (35 points).

a. How will CDC-funded CBOs, other CBOs, and other potential consumers of your proposed services be involved in planning and evaluating your proposed capacity-building assistance program?

b. For your first year of operation, what are your specific process objectives related to obtaining this input?

Note: Objectives should be specific, realistic, time-phased, and measurable.

2. Establishment of a coalition (i.e., collaborative contractual partnership) (45 points).

a. How will your coalition be structured to implement the proposed program in all four regions?

b. How will you support the coalition (e.g., establishing ongoing communication mechanisms, establishing standards of practice)?

c. In establishing and supporting the coalition, what are your specific process objectives for your first year of operation?

3. Creating and supporting resource networks (45 points).

a. How will you create regionally-based resource networks that include the applicant and coalition members' current and proposed staff, researchers, academicians, consultants, and other subject matter experts?

b. How will these networks be structured and how will the consultants and other subject matter experts be used to meet regional needs and allow local delivery of capacity-building services?

c. How will you support these resource networks (e.g., developing training materials, diffusion of best program practices and intervention models, and conducting orientation and training for consultants to assist them in

delivering effective and efficient services that follow national standards of practice and complement CDC's standards and expectations for conducting HIV educational programs and interventions)?

d. In developing these resource networks, what are your specific process objectives for your first year of operation?

4. Ensuring effective provision of capacity-building assistance (45 points).

a. What specific types of capacity-building assistance will the proposed program (including the applicant's and coalition members' current and proposed staff, consultants, researcher, academicians, and other subject matter experts) provide to strengthen HIV prevention intervention design, development, implementation, and evaluation (e.g., curriculum development, intervention replication or adaptation, use of behavioral and social sciences to increase intervention effectiveness [including the development of behavioral risk assessments], increasing the cultural competence and linguistic appropriateness of interventions, service integration, developing effective health communications messages, conducting population-based needs assessments [including the use of epidemiology and social marketing methods], setting priorities for interventions and target populations, developing or identifying effective and appropriate interventions, and evaluation planning and implementation)?

b. How will you ensure that this assistance is provided effectively and efficiently?

5. Developing ongoing relationships with CDC-funded CBOs (45 points).

a. How will you develop and maintain ongoing capacity-building relationships with CDC-funded CBOs, including conducting ongoing needs assessments, evaluating HIV prevention interventions and the support structures to deliver these interventions, and developing tailored multi component capacity-building packages to be delivered over the long term?

b. In developing these ongoing capacity-building relationships, what are your specific process objectives for your first year of operation?

6. Responding to capacity-building assistance requests (45 points).

a. How will you respond to capacity-building requests (including assessing and prioritizing requests; linking requests to other capacity-building resources and to services provided in Priority Areas 1, 3, and 4 of this program; and delivering capacity-building services)?

b. In implementing this strategy or strategies, what are your specific process objectives for your first year of operation?

7. Identifying and complementing other capacity-building efforts (35 points).

a. How will you identify and complement other capacity-building efforts available locally and cooperate with other national, regional, State, and local capacity-building providers to avoid duplication of effort and ensure that capacity-building assistance is allocated according to gaps in available services and the needs of CDC-funded and other CBOs serving the target racial/ethnic minority population (i.e., with what entities will you cooperate and what will each bring to the cooperative relationship)?

b. In identifying and complementing other capacity-building efforts and developing cooperative relationships with other capacity-building providers, what are your specific process objectives for your first year of operation?

8. Coordinating with appropriate governmental and nongovernmental HIV prevention partners and community planning groups (35 points).

a. How will you coordinate program activities with appropriate national, regional, State, and local HIV prevention partners (e.g., health departments, CBOs) and CPGs (i.e., with what entities will you coordinate activities and what activities will be coordinated)?

9. Incorporating cultural competency into capacity-building activities (35 points).

a. How will you ensure that the capacity-building assistance provided will be culturally competent, sensitive to issues of sexual identity, developmentally and educationally appropriate, linguistically specific, and targeted to the needs of organizations serving the targeted racial/ethnic minority population?

10. Management and staffing of the program (35 points).

a. How will the proposed program be managed and staffed?

b. What are the skills and experience of the applicant's program staff?

c. Which activities in your proposed program will be conducted by coalition members and which will be conducted by other cooperating organizations?

d. In staffing your proposed program and developing cooperative relationships with other organizations, what are your specific process objectives for your first year of operation?

11. Time line (Not scored). Provide a time line that identifies major implementation steps in your proposed program and assigns approximate dates for inception and completion of each step.

g. Quality Assurance (150 points; Scoring criteria: completeness, appropriateness, and feasibility of the quality assurance plan; specificity, feasibility, time phasing, and measurability of stated objectives)

1. How will you identify the capacity-building assistance needs of your own program (including your organization and other member organizations in the coalition) and address these needs?

2. How will you identify the training needs of your staff (including staff in your organization and in other member organizations in the coalition) and meet these needs?

3. In implementing these quality assurance plans, what are your specific process objectives for the first year of operation?

Note: Systems for tracking, assessing, and documenting capacity-building assistance requests and delivery will be developed in collaboration with CDC.

h. Program Monitoring and Evaluation (150 points; Scoring Criteria: completeness, technical soundness, and feasibility of the program monitoring and evaluation plan; specificity, feasibility, time phasing, and measurability of stated objectives).

1. How will you conduct process evaluation of your capacity-building activities to determine if the process objectives are being achieved?

2. How will you monitor the results of capacity-building assistance services to determine what works and what does not work in order to improve the program?

3. What data will be collected for evaluation purposes and how will the data be collected, analyzed, reported, and used to improve the program?

4. Who will be responsible for designing and implementing evaluation activities?

5. In implementing this program evaluation plan, what are your specific process objectives for the first year of operation?

i. Communication and Information Dissemination (75 points; Scoring criteria: completeness, appropriateness, and feasibility of the communication and information dissemination plan; specificity, feasibility, time phasing, and measurability of stated objectives).

1. How will you market the capacity-building assistance available through your proposed program?

2. How will you disseminate information about successful capacity-building assistance strategies and ''lessons learned''?

3. In implementing this communication and information dissemination plan, what are your specific process objectives for the first year of operation?

j. Resource Development (75 points; Scoring criteria: completeness, appropriateness, and feasibility of the resource development plan; specificity, feasibility, time phasing, and measurability of stated objectives).

1. How will you obtain additional resources from non-CDC sources to supplement the program conducted through this cooperative agreement, expand services provided through the proposed program, and enhance the likelihood of its continuation after the end of the project period?

2. In implementing this resource development plan, what are your specific process objectives for the first year of operation?

k. Organizational History and Experience (150 points; Scoring criteria: extent and relevance of applicant organization's experience. Note: Information provided under Proof of Eligibility, Section B.4.d.(6), will also be taken into consideration in scoring this section.)

Please address Questions 1–14 for the lead organization (the legal applicant). Please also address Questions 1, 2, 3, 6, 7, 8, 9, and 10 for each member organization of the coalition.

1. What types of capacity-building assistance does the organization have experience providing (e.g., curriculum development, increasing the cultural competence of interventions) and for how long?

2. With what mechanisms of delivering capacity-building assistance does the organization have experience (e.g., information transfer, skills building, technical consultation, technical services, technology transfer)?

3. What experience does the organization have in providing capacity-building assistance in HIV prevention intervention design, development, implementation, and evaluation to CBOs and other types of organizations serving the HIV prevention needs of the target racial/ethnic minority population, and for how long?

4. What experience does the organization have in establishing and supporting coalitions for the delivery of capacity-building assistance services?

5. What experience does the organization have in developing and using resource or consultant networks to provide capacity-building assistance and in supporting such networks (e.g., developing training materials and conducting orientation and training for consultants)?

6. What experience does the organization have in developing and maintaining ongoing capacity-building relationships with CBOs or other organizations that provide health or prevention services?

7. What experience does the organization have in responding to capacity-building assistance requests, including assessing and prioritizing requests, linking requests to other capacity-building assistance resources, and delivering capacity-building assistance?

8. What experience does the organization have in establishing and maintaining cooperative relationships with other capacity-building providers?

9. What experience does the organization have in coordinating program activities with national, regional, State, and local governmental and nongovernmental HIV prevention programs (e.g., health departments, CBOs) and CPGs?

10. What experience does the organization have in providing capacity-building assistance that responds effectively to the cultural, gender, environmental, social, and linguistic characteristics of CBOs serving multiple racial/ethnic minority populations? (In answering this question, describe the types of services provided and list any culturally, linguistically, and developmentally appropriate curricula and materials that your organization has developed.)

l. Organizational Structure and Infrastructure (Not scored). Please address Questions 1–6 for the lead organization (the legal applicant). Please also address Questions 1 and 2 for each member organization of the coalition.

1. What is the structure of the organization, including management, administrative, and program components, and where will the proposed program be located in this structure?

2. What fiscal management systems does your organization have in place and how do they function?

3. What human resources management systems the your organization have in place (including staff recruitment, orientation, training, and support; leadership development; team building; personnel policy development) and how do they function?

4. What quality assurance systems does the organization have in place and how do they function?

5. What information management systems does the organization have in place and how do they function?

6. How does the organization do its strategic planning and develop its program policies and priorities?

m. Budget and Staffing Breakdown and Justification (Not scored). In this application, applicants should provide a 6-month budget for the initial (FY2000) budget period.

1. Provide a detailed budget or each proposed activity. Justify all operating expenses in relation to the planned activities and stated objectives. CDC may not approve or fund all proposed activities. Be precise about the program purpose of each budget item and itemize calculations wherever appropriate.

2. For each contract or consultant contained within the application budget, describe the type(s) of organizations or parties to be selected and the method of selection; identify the specific contractor(s), if known; describe the services to be performed and justify the use of a third party to perform these services; provide a breakdown of and justification for the estimated costs of the contracts and consultants; specify the period of performance; and describe the methods to be used for monitoring the contract.

3. Provide a job description for each position, specifying job title; function, general duties, and activities; salary range or rate of pay; and the level of effort and percentage of time spent on activities that would be funded through this cooperative agreement. If the identity of any key personnel who will fill a position is known, his/her name and resume should be attached. Experience and training related to the proposed project should be noted. If the identity of staff is not known, describe your recruitment plan. If volunteers are involved in the project, provide job descriptions.

Note: If indirect costs are requested, you must provide a copy of your organization's current negotiated Federal indirect cost rate agreement.

n. Attachments. In addition to the documents required in the Proof of Eligibility section of your application, the following attachments should be included with your application, if relevant:

1. A list of all organizations that are not formal members of the coalition and with which you will cooperate to avoid duplication of effort and ensure that gaps in capacity-building services are addressed. Include memoranda of agreement from each as evidence of cooperative relationships. Memoranda of agreement should specifically describe the proposed cooperative activities. These documents must be submitted annually with each continuation application.

2. A list summarizing services, curricula, and materials that are currently being delivered that are culturally, linguistically, and developmentally appropriate.

3. A description of funding received from CDC or other sources to conduct similar activities that includes:

a. A summary of funds and income received to conduct capacity-building assistance programs. This summary must include the name of the sponsoring organization/source of income, level of funding, description of how the funds have been used, and the budget period. In addition, identify proposed personnel who will conduct the activities of this project and who are supported by other funding sources (include their roles and responsibilities).

b. A summary of the objectives and activities of the funded programs that are described above.

c. An explanation of how funds requested in this application will be used differently or in ways that will expand upon programs that are supported with existing or future funds.

d. An assurance that the requested funds will not duplicate or supplant funds that have been received from any other Federal or non-Federal source. CDC-awarded funds may be used to expand or enhance services supported by other Federal or non-Federal funding sources.

4. Independent audit statements from a certified public accountant for the previous 2 years.

5. A copy of the organization's current negotiated Federal indirect cost rate agreement, if applicable.

PRIORITY AREA 2 ENDS HERE.

Please refer to the following sections of this announcement for additional important information: CDC Activities, Submission and Deadline, Review and Evaluation of Applications, Other Requirements, Authority and Catalog of Federal Domestic Assistance Number, Where to Obtain Additional Information, and Attachments 1–3.

C. Priority Area 3: Strengthening Community Capacity for HIV Prevention

1. Eligibility

An organization funded under Priority Area 3 will provide capacity-building assistance services to a specific community which may be defined by locality, lifestyle, risk behaviors, social or economic circumstances, patterned social interaction, collective identity, or other modes of group identification (e.g., migrant farm workers, soon-to-be-and recently-released incarcerated persons). At a minimum, Priority Area

(3) activities must be conducted in two or more States.

An eligible applicant is a national, regional, or local non-profit, nongovernmental organization that meets the following criteria:

a. Has a currently valid Internal Revenue Service (IRS) 501(c)(3) tax-exempt status;

b. Has an executive board or governing body with more than 50 percent of its members belonging to the racial/ethnic minority population(s) to be served;

c. Has more than 50 percent of key management, supervisory, and administrative positions (e.g., executive director, program director, fiscal director) and more than 50 percent of key service provision positions (e.g., technical assistance provider, trainer, curriculum development specialist, group facilitator) in the organization filled by members of the racial/ethnic minority population(s) to be served;

d. Has a documented 3-year record of providing capacity-building assistance (i.e., materials development, training, technical consultation, or technical service) in community engagement and development to CBOs and other community stakeholders serving the target population (i.e., the target population as defined by locality, lifestyle, risk behaviors, social or economic circumstances, patterned social interaction, collective identity, or other modes of group identification); and

e. Has the specific charge from its Articles of Incorporation, Bylaws, or a resolution from its executive board or governing body to operate in multiple States and territories.

f. Governmental or municipal agencies, their affiliate organizations or agencies (e.g., health departments, school boards, public hospitals), and private or public universities and colleges are not eligible for funding under this priority area.

Note: Public Law 104–65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

2. Availability of Funds

Approximately $1.4 million is expected to be available annually to fund approximately seven programs. The maximum annual award will be $200,000. However, in FY2000, CDC expects approximately $700,000 to be available to fund approximately seven programs. The maximum six-month award will be $100,000. It is expected

that the awards will begin in May, 2000. In subsequent years, awards will be made for a 12-month budget period. The total project period will be four years and six months.

Funding estimates may change based on the availability of funds, scope and quality of the applications received, appropriateness and reasonableness of the budget justifications, and proposed use of project funds.

Continuation awards for a new 12-month budget period within an approved project period will be made on the basis of availability of funds and the applicant's satisfactory progress toward achieving stated objectives. Satisfactory progress toward achieving objectives will be determined by required progress reports submitted by the recipient and site visits conducted by CDC representatives. Proof of continued eligibility will be required with all noncompeting continuation applications.

a. Use of Funds

1. Funds available under this announcement must support capacity-building assistance that improves the capacity of CBOs, CCD projects, and other community stakeholders to engage and develop their communities for the purpose of increasing community awareness, leadership, participation, and support for HIV prevention.

2. These federal funds may not supplant or duplicate existing funding.

3. The applicant must perform a substantial portion of the program activities and cannot serve merely as a fiduciary agent. Applications requesting funds to support only managerial and administrative functions will not be accepted.

4. No funds will be provided for direct patient care, including substance abuse treatment, medical treatment, or medications.

5. These federal funds may not be used to support the cost of developing applications for other federal funds.

6. Before using funds awarded through this cooperative agreement to develop HIV prevention materials, recipients must check with the CDC National Prevention Information Network (NPIN) to determine if suitable materials are already available. Also, materials developed by recipients must be made available for dissemination through the CDC NPIN.

CDC's NPIN maintains a collection of HIV, STD, and TB resources for use by organizations and the public. Successful applicants will be contacted by NPIN for information on program resources for use in referrals and resource directories. Also, grantees should send three copies of all educational materials developed under this grant for inclusion in NPIN's databases.

NPIN also makes available information and technical assistance services for use in program planning and evaluation. For further information on NPIN services and resources, contact NPIN at 1–800–458–5231; visit its web site at www.cdcnpin.org; or send requests by fax to 1–888–282–7681 (TTY users: 1–800–243–7012).

b. Funding Preferences

For these awards, preferences for funding will be:

1. Ensuring that capacity-building assistance is available to a variety of target populations in terms of race/ethnicity, gender, risk behavior, and geography; and

2. addressing gaps in current national capacity-building assistance services (gaps may be defined by geography, race/ethnicity, risk behavior, or type of capacity-building assistance). Under CDC Program Announcements 99091, 99095, and 99096, funds were made available for capacity-building assistance related to strengthening community capacity for HIV prevention for African-American community stakeholders, and CBOs that provide services to African American, Latino, Asian/Pacific Islander, and American Indian/Alaska Native gay men; African American communities in general; and the African American faith community.

3. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the following activities:

a. Program Activities

1. Within the defined community, identify major opinion leaders who can identify high-risk groups in the community, involve these leaders in undertaking a community assessment, and build consensus on actions that are necessary to strengthen HIV prevention within the targeted community.

2. Establish a community board(s) composed of diverse stakeholders (e.g., community leaders in the areas of health, education, public health, religion, business, and politics; representatives of parent groups; leaders of civic organizations) who can identify and adopt a vision of their community and develop a practical, acceptable, and feasible HIV prevention agenda.

3. Develop and implement a plan of action to provide capacity-building assistance to CBOs and CCD project staff and other community stakeholders that enables them to engage and develop their community. This plan of action may include, but is not limited to, community leadership development, communication and resource network development, partnership and coalition building and maintenance, community mobilization strategy development, community resource and needs assessments, community infrastructure development, policy development and analysis, and services integration and linkage development.

These services are to be provided through the use of the following delivery mechanisms: information transfer, skills building, technical consultation, technical services, and technology transfer.

4. Implement a plan for developing and maintaining ongoing capacity-building relationships with CBOs, CCD projects, and other appropriate community stakeholders. The plan should include strategies for conducting ongoing needs assessments and developing tailored capacity-building packages to be delivered over the long term.

5. Implement a system that responds to requests for assistance in mobilizing communities for HIV prevention. This system must include mechanisms for assessing and prioritizing requests; linking requests to other capacity-building resources and to services provided in Priority Areas 1, 2, and 4 of this program; delivering services; and conducting quality assurance.

6. Coordinate program activities with appropriate national, regional, State, and local governmental and nongovernmental HIV prevention partners (e.g., health departments, CBOs), capacity-building providers, and CPGs.

Note: For this announcement, the term "coordinate" means exchanging information and altering activities for mutual benefit.

7. Incorporate cultural competency and linguistic and educational appropriateness into all capacity-building activities.

8. Participate in a CDC-coordinated capacity-building network to enhance communication, coordination, collaboration, and training.

b. Quality Assurance

1. Identify the capacity-building needs of your own program and develop and implement a plan to address these needs.

2. Identify the training needs of your staff and develop and implement a plan to address these needs.

3. In collaboration with CDC, develop and implement a standardized system for tracking, assessing, and documenting

all capacity-building assistance requests and delivery.

c. Program Monitoring and Evaluation

1. Conduct process evaluation of your capacity-building assistance activities to determine if your process objectives are being achieved.

2. Monitor the results of capacity-building assistance services to determine what works and what does not work in order to improve the program.

d. Communication and Information Dissemination

1. Implement an effective strategy for marketing the capacity-building assistance available through your proposed program.

2. Facilitate the dissemination of information about successful capacity-building assistance strategies and ''lessons learned'' related to community engagement and development activities through replication packages, peer-to-peer interactions, meetings, workshops, conferences, and communications with CDC project officers.

e. Resource Development

1. Implement a strategy for obtaining additional resources from non-CDC sources to supplement the program conducted through this cooperative agreement, expand services provided through the proposed program, and enhance the likelihood of its continuation after the end of the project period.

f. Other Activities

Adhere to CDC policies for securing approval for CDC sponsorship of conferences.

4. Application Content

a. General

1. Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop your application. Your application will be evaluated on the criteria listed, so it is important to follow the format provided in laying out your program proposal.

2. The narrative should be no more than 40 pages (excluding budget and attachments).

3. Number each page, including appendices and attachments, sequentially and provide a complete Table of Contents to the application and its attachments. Please begin each separate section of the application on a new page.

4. The original and each copy of the application set must be submitted unstapled and unbound.

5. All material must be typewritten; single spaced, with a font of 10 pitch or 12 point on 8½″ by 11″ paper, with at least 1″ margins, headings and footers; and printed on one side only.

6. Materials which should be part of the basic plan will not be accepted if placed in the attachments.

In developing the application, use the following format and instructions:

b. Priority Area (Not scored). Clearly state the Priority Area for which this application is being submitted (i.e., Priority Area 3—Strengthening Community Capacity for HIV Prevention).

c. Target Community (Not scored). What community, as defined by locality, lifestyle, risk behaviors, social or economic circumstances, patterned social interaction, collective identity, or other modes of group identification, will be the focus of the proposed program?

d. Proof of Eligibility. Applicants must complete this section on ''Proof of Eligibility,'' including providing the following documents as appropriate. Failure to provide the required documentation will result in your application being disqualified and returned to you without further review.

1. Does your organization have currently valid 501(c)(3) tax-exempt status?

Note: Attach to this section a copy of the current, valid Internal Revenue Service (IRS) determination letter of your organization's 501(c)(3) tax-exempt status.

2. Does your organization have an executive board or governing body with more than 50 percent of its members belonging to the racial/ethnic minority population(s) to be served?

Note: Attach to this section a complete list of the members of your board or governing body, along with their positions on the board, their race/ethnicity, and their gender.

3. Are more than 50 percent of key management, supervisory, and administrative positions (e.g., executive director, program director, fiscal director) and more than 50 percent of key service provision positions (e.g., technical assistance provider, trainer, curriculum development specialist, group facilitator) in your organization filled by members of the racial/ethnic minority population(s) to be served?

Note: Attach to this section a list of all existing personnel in key positions in your organization, along with their position in the organization, their race/ethnicity, their gender, and their areas of expertise. Also attach a similar list of proposed personnel.

4. Does your organization have a documented 3-year record of providing capacity-building assistance in community engagement and

development to CBOs and other community stakeholders serving the target population (i.e., as defined by locality, lifestyle, risk behaviors, social or economic circumstances, patterned social interaction, collective identity, or other modes of group identification)?

Note: Attach to this section a list of such clients, including the name of the organization or other community stakeholder, location (i.e., city and State), dates of service, and type(s) of assistance provided. Also, provide copies of complete documents as evidence of this three year history. Documents can include memoranda of understanding, agreements, or contracts/consultants. This information will also be used in evaluating Organizational History and Experience (Section C.4.k.).

5. Does your organization have the specific charge from its executive board or governing body to operate in multiple States and territories?

Note: Attach to this section a copy of the section of your organization's Articles of Incorporation, Bylaws, or Board Resolution that indicates the organization's charge to operate in multiple States.

6. Is your organization a governmental or municipal agency, an affiliate of a governmental or municipal agency (e.g., health department, school board, public hospital), or a private or public university or college? If so, your organization is not eligible for funding under this priority area.

7. Is your organization included in the category of organizations that engage in lobbying activities, as described in section 501(c)(4) of the Internal Revenue Code of 1986? If so, your organization is not eligible for funding under this priority area.

e. Abstract (Not scored). Please provide a brief summary of your proposed program activities, including:

1. a description of the community on which the proposed program will focus;

2. how you will identify opinion leaders in the target community and involve them in undertaking a community assessment;

3. how you will establish a community board to develop an HIV prevention agenda;

4. what specific types of capacity-building assistance will be provided by the program;

5. how you will develop ongoing capacity-building relationships with CBOs and other community stakeholders; and

6. how you will respond to requests for capacity-building assistance.

The abstract should not exceed two pages.

f. Description of Target Community and Justification of Need (100 points; Scoring criteria: Effective use of

epidemiologic, behavioral, socioeconomic, and other data to define the community, its risk for HIV, and its need for community mobilization).

1. What community will be the focus of your proposed community capacity-building program?

Note: The community can be as defined by locality, lifestyle, risk behaviors, social or economic circumstances, patterned social interaction, collective identity, or other modes of group identification [e.g., migrant farm workers, soon-to-be- and recently released incarcerated persons].

2. How and to what extent has this community been affected by the HIV/AIDS epidemic (e.g., HIV incidence or prevalence, AIDS incidence or prevalence, AIDS mortality, socioeconomic effects)?

3. What characteristics of the community contribute to the risk of HIV transmission or present barriers to HIV prevention (e.g., unsafe sexual behaviors as indicated by rates of STDs or teen pregnancy; substance use rates; environmental, social, cultural, or linguistic characteristics)?

4. Why does this community need an increase in awareness, leadership, participation, and support for HIV prevention, and how were these needs identified (e.g., community needs assessments, resource inventories)?

5. Why do CBOs and other community stakeholders need capacity-building assistance with engaging and developing this community for the purpose of increasing community awareness, leadership, participation, and support for HIV prevention, and how were these needs identified (e.g., organizational or community needs assessments, resource inventories)?

g. Program Activities (Total = 350 points; Scoring criteria: likelihood of achieving program goals; soundness of proposed systems; basis in science, theory, concept, or proven program experience; feasibility of the program plan; innovativeness; specificity, feasibility, time phasing, and measurability of stated objectives).

1. Identifying opinion leaders (35 points).

a. How will you identify major opinion leaders within the target community who can identify high-risk groups within the community, and how will you involve these opinion leaders in undertaking a community assessment and building consensus on actions that are necessary to strengthen HIV prevention in the target community?

b. What are your specific process objectives related to these activities during your first year of operation?

Note: Objectives should be specific, realistic, time-phased, and measurable.

2. Establishing a community board(s) (35 points).

a. How will you establish a community board(s) composed of diverse stakeholders (e.g., community leaders in the areas of health, education, public health, religion, business, and politics; representatives of parent groups; and leaders of civic organizations) who can identify and adopt a vision of their community and develop a practical, acceptable, and feasible HIV prevention agenda?

b. In conducting these activities, what are your specific process objectives for your first year of operation?

3. Developing and implementing a capacity-building assistance plan (50 points).

a. How will you develop and implement a plan of action to provide capacity-building assistance to CBO and CCD project staff and other community stakeholders that enables them to engage and develop their community?

b. In what areas of expertise will you provide capacity-building assistance (e.g., community leadership development, communication and resource network development, partnership and coalition building and maintenance, community mobilization strategy development, community resource and needs assessments, community infrastructure development, policy development and analysis, and services integration and linkage development)?

c. In developing and implementing this plan, what are your specific process objectives for your first year of operation?

4. Developing ongoing relationships with CBOs, CCD projects, and other community stakeholders (55 points).

a. How will you develop and maintain ongoing capacity-building relationships with CBOs, CCD projects, and other community stakeholders, including conducting ongoing needs assessments and developing tailored capacity-building packages to be delivered over the long term?

b. In developing these ongoing capacity-building relationships, what are your specific process objectives for your first year of operation?

5. Responding to capacity-building assistance requests (55 points).

a. How will you respond to capacity-building requests (including assessing and prioritizing requests; linking requests to other capacity-building resources and to services provided in Priority Areas 1, 2, and 4 of this program; and delivering capacity-building services)?

b. In implementing this strategy or strategies, what are your specific

process objectives for your first year of operation?

6. Coordinating with appropriate governmental and nongovernmental HIV prevention partners, capacity-building providers, and community planning groups (35 points).

a. How will you coordinate program activities with appropriate national, regional, State, and local HIV prevention partners (e.g., health departments, CBOs), capacity-building providers, and CPGs (i.e., with what entities will you coordinate activities and what activities will be coordinated)?

7. Incorporating cultural competency into capacity-building activities (50 points).

a. How will you ensure that the capacity-building assistance provided will be culturally competent, sensitive to issues of sexual and gender identity, developmentally and educationally appropriate, linguistically specific, and targeted to the needs of organizations serving racial/ethnic minority populations?

8. Management and staffing of the program (35 points).

a. How will the proposed program be managed and staffed?

b. What are the skills and experience of the applicant's program staff?

c. Which activities in your proposed program will be conducted by cooperating or collaborating organizations or subcontractors?

d. In staffing your proposed program and developing cooperative or collaborative relationships with other organizations or subcontractors, what are your specific process objectives for your first year of operation?

9. Time line (Not scored).

a. Provide a time line that identifies major implementation steps in your proposed program and assigns approximate dates for inception and completion of each step.

h. Quality Assurance (125 points; Scoring criteria: completeness, appropriateness, and feasibility of the quality assurance plan; specificity, feasibility, time phasing, and measurability of stated objectives).

1. How will you identify the capacity-building assistance needs of your own program and address these needs?

2. How will you identify the training needs of your staff and meet these needs?

3. In implementing these quality assurance plans, what are your specific process objectives for the first year of operation?

Note: Systems for tracking, assessing, and documenting capacity-building assistance

requests and delivery will be developed in collaboration with CDC.

i. Program Monitoring and Evaluation (125 points; Scoring Criteria: completeness, technical soundness, and feasibility of the program monitoring and evaluation plan; specificity, feasibility, time phasing, and measurability of stated objectives).

1. How will you conduct process evaluation of your capacity-building activities to determine if the process objectives are being achieved?

2. How will you monitor the results of capacity-building assistance services to determine what works and what does not work in order to improve the program?

3. What data will be collected for evaluation purposes, and how will the data be collected, analyzed, reported, and used to improve the program?

4. Who will be responsible for designing and implementing evaluation activities?

5. In implementing this program evaluation plan, what are your specific process objectives for the first year of operation?

j. Communication and Information Dissemination (75 points; Scoring criteria: completeness, appropriateness, and feasibility of the communication and information dissemination plan; specificity, feasibility, time phasing, and measurability of stated objectives).

1. How will you market the capacity-building assistance available through your proposed program?

2. How will you disseminate information about successful capacity-building assistance strategies related to community engagement and development activities for HIV prevention?

3. In implementing this communication and information dissemination plan, what are your specific process objectives for the first year of operation?

k. Resource Development (75 points; Scoring criteria: completeness, appropriateness, and feasibility of the resource development plan; specificity, feasibility, time phasing, and measurability of stated objectives).

1. How will you obtain additional resources from non-CDC sources to supplement the program conducted through this cooperative agreement, expand services provided through the proposed program, and enhance the likelihood of its continuation after the end of the project period?

2. In implementing this resource development plan, what are your specific process objectives for the first year of operation?

l. Organizational History and Experience (150 points; Scoring criteria: extent and relevance of applicant organization's experience. Note: Information provided under Proof of Eligibility, Section C.4.d.(4), will also be taken into consideration in scoring this section.)

1. What types of capacity-building assistance does your organization have experience providing (e.g., community leadership development, coalition building), and for how long?

2. With what mechanisms of delivering capacity-building assistance does your organization have experience (e.g., information transfer, skills building, technical consultation, technical services, technology transfer)?

3. What experience does your organization have in providing capacity-building assistance in community capacity-building to CBOs and other community stakeholders working with the community targeted by this program, and for how long?

4. What experience does your organization have in working with community opinion leaders to assess community needs and build consensus on actions necessary to strengthen networks for change in the community?

5. What experience does your organization have in establishing community boards to develop health prevention agendas for a community or communities?

6. What experience does your organization have in developing and maintaining ongoing capacity-building relationships with CBOs or other organizations that provide health or prevention services?

7. What experience does your organization have in responding to capacity-building assistance requests, including assessing and prioritizing requests, linking requests to other capacity-building assistance resources, and delivering capacity-building assistance?

8. What experience does your organization have in coordinating program activities with national, regional, State, and local governmental and nongovernmental HIV prevention programs (e.g., health departments, CBOs), capacity-building providers, and community planning groups?

9. What experience does your organization have in providing capacity-building assistance that responds effectively to the cultural, gender, environmental, social, and linguistic characteristics of CBOs serving the target community? (In answering this question, describe the types of services provided and list any culturally, linguistically, and developmentally

appropriate curricula and materials that your organization has developed.)

m. Organizational Structure and Infrastructure (Not scored).

1. What is the structure of your organization, including management, administrative, and program components, and where will the proposed program be located in this structure?

2. What fiscal management systems does your organization have in place and how do they function?

3. What human resources management systems does your organization have in place (including staff recruitment, orientation, training, and support; leadership development; team building; personnel policy development) and how do they function?

4. What quality assurance systems does your organization have in place and how do they function?

5. What information management systems does your organization have in place and how do they function?

6. How does your organization do its strategic planning and develop its program policies and priorities?

n. Budget and Staffing Breakdown and Justification (Not scored). In this application, applicants should provide a 6-month budget for the initial (FY2000) budget period.

1. Provide a detailed budget for each proposed activity. Justify all operating expenses in relation to the planned activities and stated objectives. CDC may not approve or fund all proposed activities. Be precise about the program purpose of each budget item and itemize calculations wherever appropriate.

2. For each contract or consultant contained within the application budget, describe the type(s) of organizations or parties to be selected and the method of selection; identify the specific contractor(s), if known; describe the services to be performed and justify the use of a third party to perform these services; provide a breakdown of and justification for the estimated costs of the contracts and consultants; specify the period of performance; and describe the methods to be used for monitoring the contract.

3. Provide a job description for each position, specifying job title; function, general duties, and activities; salary range or rate of pay; and the level of effort and percentage of time spent on activities that would be funded through this cooperative agreement. If the identity of any key personnel who will fill a position is known, his/her name and resume should be attached. Experience and training related to the proposed project should be noted. If the

identity of staff is not known, describe your recruitment plan. If volunteers are involved in the project, provide job descriptions.

Note: If indirect costs are requested, you must provide a copy of your organization's current negotiated Federal indirect cost rate agreement.

o. Attachments. In addition to the documents required in the Proof of Eligibility section of your application, the following attachments should be included with your application, if relevant:

1. If any activities in your proposed program will be conducted by other cooperating or collaborating organizations, provide a list of all such entities and memoranda of agreement from each as evidence of cooperative or collaborative relationships. Memoranda of agreement should specifically describe the proposed cooperative or collaborative activities. These documents must be submitted annually with each continuation application.

2. A list summarizing services, curricula, and materials that are currently being delivered that are culturally, linguistically, and developmentally appropriate.

3. A description of funding received from CDC or other sources to conduct similar activities that includes:

a. A summary of funds and income received to conduct capacity-building assistance programs. This summary must include the name of the sponsoring organization/source of income, level of funding, description of how the funds have been used, and budget period. In addition, identify proposed personnel who will conduct the activities of this project and who are supported by other funding sources (include their roles and responsibilities);

b. A summary of the objectives and activities of the funded programs that are described above;

c. An explanation of how funds requested in this application will be used differently or in ways that will expand upon programs that are supported with existing or future funds.

d. An assurance that the requested funds will not duplicate or supplant funds that have been received from any other Federal or non-Federal source. CDC awarded funds may be used to expand or enhance services supported by other Federal or non-Federal funding sources.

4. Independent audit statements from a certified public accountant for the previous 2 years.

5. A copy of the organization's current negotiated Federal indirect cost rate agreement, if applicable.

PRIORITY AREA 3 ENDS HERE

Please refer to the following sections of this announcement for additional important information: CDC Activities, Submission and Deadline, Review and Evaluation of Applications, Other Requirements, Authority and Catalog of Federal Domestic Assistance Number, Where to Obtain Additional Information, and Attachments 1–3.

D. Priority Area (4): Strengthening HIV Prevention Community Planning

1. Eligibility

A program funded under Priority Area 4 must provide services in all four of the regions specified in the Purpose section of this announcement and must serve only one of the four major racial/ethnic minority groups: Black/African American, Latino/Hispanic, Asian/Pacific Islander, and American Indian/Alaska Native.

An eligible applicant is a national or regional non-profit, nongovernmental organization proposing to provide assistance to CBOs that serve a specific racial/ethnic minority group in all four regions. Applicants must apply to serve primarily only one of the four major racial/ethnic groups.

The applicant must meet the following criteria:

a. Have a currently valid Internal Revenue Service (IRS) 501(c)(3) tax-exempt status;

b. Have an executive board or governing body with more than 50 percent of its members belonging to the racial/ethnic minority population to be served;

c. Have more than 50 percent of key management, supervisory, and administrative positions (e.g., executive director, program director, fiscal director) and more than 50 percent of key service provision positions (e.g., technical assistance provider, trainer, curriculum development specialist, group facilitator) in the organization filled by members of the racial/ethnic minority population to be served;

d. Have a documented 3-year record of providing capacity-building assistance (i.e., materials development, training, technical consultation, or technical service) in HIV prevention community planning to CBOs serving the target racial/ethnic minority population, CPGs, health departments, and other community stakeholders in multiple States; and

e. Have the specific charge from its Articles of Incorporation, Bylaws, or a resolution from its executive board or governing body to operate regionally or nationally (i.e., multistate/territory)

within the United States or its Territories.

f. Governmental or municipal agencies, their affiliate organizations or agencies (e.g., health departments, school boards, public hospitals), and private or public universities and colleges are not eligible for funding under this priority area. However, applicants are encouraged to include private or public universities and colleges as collaborators or subcontractors, when appropriate.

Note: Public Law 104–65 states that an organization described in section 501(c)(4) of the Internal Revenue Code of 1986 that engages in lobbying activities is not eligible to receive federal funds constituting an award, grant, cooperative agreement, contract, loan, or any other form.

2. Availability of Funds

Approximately $1.5 million is expected to be available annually to fund four programs, as follows: African American—approximately $825,000; Latino—approximately $425,000; Asian/Pacific Islander—approximately $125,000; and American Indian/Alaska Native—approximately $125,000. However, in FY2000, CDC expects approximately $750,000 to be available to fund four programs, as follows: African American—approximately $412,500; Latino—approximately $212,500; Asian/Pacific Islander—approximately $62,500; and American Indian/Alaska Native—approximately $62,500. It is expected that the awards will begin in May, 2000. In subsequent years, awards will be made for a 12-month budget period. The total project period will be four years and six months.

Funding estimates may change based on the availability of funds, scope and quality of the applications received, appropriateness and reasonableness of the budget justifications, and proposed use of project funds.

Continuation awards for a new 12-month budget period within an approved project period will be made on the basis of availability of funds and the applicant's satisfactory progress toward achieving stated objectives. Satisfactory progress toward achieving objectives will be determined by required progress reports submitted by the recipient and site visits conducted by CDC representatives. Proof of continued eligibility will be required with all noncompeting continuation applications.

a. Use of Funds

1. Funds available under this announcement must support capacity-building assistance that enhances (a) the

capacity of CBOs, CCD projects, and other community stakeholders to effectively participate in and support the HIV prevention community planning process; and (b) the capacity of CPGs and health departments to support and involve racial/ethnic minority participants in the community planning process and increase parity, inclusion, and representation on CPGs.

2. These federal funds may not supplant or duplicate existing funding.

3. The applicant must perform a substantial portion of the program activities and cannot serve merely as a fiduciary agent. Applications requesting funds to support only managerial and administrative functions will not be accepted.

4. No funds will be provided for direct patient care, including substance abuse treatment, medical treatment, or medications.

5. The federal funds may not be used to support the cost of developing applications for other federal funds.

6. Before using funds awarded through this cooperative agreement to develop HIV prevention materials, recipients must check with the CDC National Prevention Information Network (NPIN) to determine if suitable materials are already available. Also, materials developed by recipients must be made available for dissemination through the CDC NPIN.

CDC's NPIN maintains a collection of HIV, STD, and TB resources for use by organizations and the public. Successful applicants will be contacted by NPIN for information on program resources for use in referrals and resource directories. Also, grantees should send three copies of all educational materials developed under this grant for inclusion in NPIN's databases.

NPIN also makes available information and technical assistance services for use in program planning and evaluation. For further information on NPIN services and resources, contact NPIN at 1–800-458–5231; visit its web site at www.cdcnpin.org; or send requests by fax to 1–888–282–7681 (TTY users: 1–800–243–7012).

b. Funding Preferences

For these awards, preferences for funding will be:

1. ensuring that capacity-building assistance is available for all four regions and all four major racial/ethnic minority groups;

2. ensuring that funding for capacity-building assistance is distributed in proportion to the HIV/AIDS disease burden in the four major racial/ethnic minority populations and the number of CDC-funded CBOs and CCD projects

serving each of the four minority groups in each region; and

3. addressing gaps in current national capacity-building assistance services (gaps may be defined by geography, race/ethnicity, risk behavior, or type of capacity-building assistance). Under CDC Program Announcements 99091, 99095, and 99096, funds were made available for capacity-building assistance related to strengthening HIV prevention community planning for CBOs that provide services to African American, Latino, Asian/Pacific Islander, and American Indian/Alaska Native gay men; African American communities in general; and the African American faith community.

3. Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the following activities:

a. Program Activities

1. Include CBOs, CCD projects, other community stakeholders, CPGs, health departments, and other potential consumers of the proposed services in planning and evaluating the proposed capacity-building assistance program.

2. Develop action plans for each region to provide capacity-building assistance to CDC-funded CBOs and CCD projects that will increase their knowledge about and skill and involvement in HIV prevention community planning. Other CBOs, CCD projects, and other community stakeholders can be included in the regional action plans if resources are sufficient for expanded services.

3. Through participation in CDC's HIV prevention community planning technical assistance network, provide capacity-building assistance to CPGs and health departments to improve the parity, inclusion, and representation of racial/ethnic minority populations in State and local HIV prevention community planning groups.

4. Create and support four regionally-based capacity-building resource networks to use in delivering the capacity-building assistance described in items (2) and (3), above. These networks can include the applicant's current and proposed staff and other subject matter experts (e.g., consultants, researchers, academicians). They should complement, not duplicate, resources available through CDC's community planning technical assistance network. Emphasize the use of locally based consultants and experts. Support services for the resource networks include, but are not limited to, developing training materials, diffusion

of best program practices and intervention models, and conducting orientation and training for consultants to help them deliver effective and efficient services that follow relevant, available national standards of practice and are in accordance with CDC's standards and expectations for conducting effective community planning and HIV prevention services.

5. Ensure the effective and efficient provision of capacity-building assistance to CBOs, CCD projects, and other community stakeholders to increase their knowledge about and skill and involvement in community planning. Examples include, but are not limited to, leadership development, understanding the community planning guidance and process, use of data for decision-making, use of prioritization strategies, public speaking and persuasion, parliamentary procedures and meeting processes, group and meeting facilitation, and learning about public health delivery systems.

Ensure the effective and efficient provision of capacity-building assistance to CPGs and health departments to improve parity, inclusion, and representation in the community planning process. Examples include, but are not limited to, conflict management, increasing cultural sensitivity, consensus building, nomination and selection of new members, recruitment and orientation of members, methods for reaching under served and marginalized populations, and planning culturally and linguistically appropriate activities.

These services are to be provided through information transfer, skills building, technical consultation, technical services, and technology transfer.

6. Implement a plan for developing and maintaining ongoing capacity-building relationships with CDC-funded CBOs and CCD projects serving the target racial/ethnic minority population and with CPGs and health departments (see Attachment 4). The plan should include strategies for conducting ongoing needs assessments and developing tailored capacity-building packages to be delivered over the long term. This plan must be shared with the appropriate health departments and CPGs. Other CBOs, CCD projects, and other community stakeholders can be included if resources are sufficient for expanded services.

7. Implement a system that responds to requests for capacity-building assistance in strengthening HIV prevention community planning. CDC-funded CBOs and CCD projects, CPGs, and health departments must receive

the highest priority. This system must include mechanisms for assessing and prioritizing requests; linking requests to other capacity-building resources and to services provided in Priority Areas 1, 2, and 3 of this program; delivering services; and conducting quality assurance.

8. Identify and complement the capacity-building resources available locally. Cooperate with other national, regional, State, and local capacity-building providers to (a) avoid duplication of effort and (b) ensure that capacity-building assistance is allocated according to gaps in available services and the needs of CBOs, CCD projects, other community stakeholders, CPGs, and health departments for assistance with community planning participation and effectiveness.

Note: For this announcement, the term ''cooperate'' means exchanging information, altering activities, and sharing resources with other organizations for mutual benefit.

9. Coordinate program activities with appropriate national, regional, State, and local governmental and nongovernmental HIV prevention partners (e.g., health departments, CBOs) and CPGs.

Note: For this announcement, the term ''coordinate'' means exchanging information and altering activities for mutual benefit.

10. Incorporate cultural competency and linguistic and educational appropriateness into all capacity-building activities.

11. Participate as an integral member of CDC's HIV prevention community planning technical assistance network.

12. Participate in a CDC-coordinated capacity-building network to enhance communication, coordination, collaboration, and training.

b. Quality Assurance

1. Identify the capacity-building needs of your own program (including your organization and other member organizations in the coalition) and develop and implement a plan to address these needs.

2. Identify the training needs of your staff and develop and implement a plan to address these needs.

3. In collaboration with CDC, develop and implement a standardized system for tracking, assessing, and documenting all capacity-building assistance requests and delivery.

c. Program Monitoring and Evaluation

1. Conduct process evaluation of your capacity-building assistance activities to determine if your process objectives are being achieved.

2. Monitor the results of capacity-building assistance services to determine what works and what does not work in order to improve the program.

d. Communication and Information Dissemination

1. Implement an effective strategy for marketing the capacity-building assistance available through your proposed program.

2. Facilitate the dissemination of information about successful capacity-building assistance strategies and ''lessons learned'' through replication packages, peer-to-peer interactions, meetings, workshops, conferences, and communications with CDC project officers.

e. Resource Development. Implement a strategy for obtaining additional resources from non-CDC sources to supplement the program conducted through this cooperative agreement, expand services provided through the proposed program, and enhance the likelihood of its continuation after the end of the project period.

f. Other Activities. Adhere to CDC policies for securing approval for CDC sponsorship of conferences.

4. Application Content

a. General

1. Use the information in the Program Requirements, Other Requirements, and Evaluation Criteria sections to develop your application. Your application will be evaluated on the criteria listed, so it is important to follow them in laying out your program plan so it is important to follow the format provided in laying out your program proposal.

2. The narrative should be no more than 40 pages (excluding budget and attachments).

3. Number each page, including appendices and attachments, sequentially and provide a complete Table of Contents to the application and its attachments. Please begin each separate section of the application on a new page.

4. The original and each copy of the application set must be submitted unstapled and unbound.

5. All material must be typewritten; single spaced, with a font of 10 pitch or 12 point on 8½″ by 11″ paper, with at least 1″ margins, headings and footers; and printed on one side only.

6. Materials which should be part of the basic plan will not be accepted if placed in the attachments.

In developing the application, use the following format and instructions:

b. Priority Area (Not scored). Clearly state the Priority Area for which this

application is being submitted (*i.e.,* Priority Area 4—Strengthening HIV Prevention Community Planning.

c. Population to be Served (Not scored). Which racial/ethnic minority group will be the primary focus of the proposed program?

d. Proof of Eligibility. Applicants must complete this section on ''Proof of Eligibility,'' including providing the following documents as appropriate. Failure to provide the required documentation will result in your application being disqualified and returned to you without further review. Please answer the following questions and provide the requested documents for the applicant:

1. Is the organization a national organization or is it a regional organization?

2. Does the organization have currently valid 501(c)(3) tax-exempt status?

Note: Attach to this section a copy of the current, valid Internal Revenue Service (IRS) determination letter of the organization's 501(c)(3) tax-exempt status.

3. Does the organization have an executive board or governing body with more than 50 percent of its members belonging to the racial/ethnic minority population to be served?

Note: Attach to this section a complete list of the members of the executive board or governing body, along with their positions on the board, their race/ethnicity, and their gender.

4. Are more than 50 percent of key management, supervisory, and administrative positions (e.g., executive director, program director, fiscal director) and more than 50 percent of key service provision positions (e.g., technical assistance provider, trainer, curriculum development specialist, group facilitator) in the organization filled by persons from the racial/ethnic minority population to be served?

Note: Attach to this section a list of all existing personnel in key positions in the organization, along with their position in the organization, their race/ethnicity, their gender, and their area(s) of expertise. Also attach a similar list of proposed personnel.

5. Does the organization have a documented 3-year record of providing capacity-building assistance in HIV prevention community planning to CBOs serving the target racial/ethnic minority population, other community stakeholders, CPGs, and health departments in multiple States?

Note: Attach to this section a list of such clients, including the organization name, location (i.e., city and State), dates of service, and type(s) of assistance provided. Also, provide copies of complete documents as

evidence of this three year history. Documents can include memoranda of understanding, agreements, or contracts/consultants. This information will also be used in evaluating Organizational History and Experience (Section D.4.k.).

6. Does the organization have the specific charge from its executive board or governing body to operate regionally or nationally (i.e., multistate/territory) within the United States and its Territories?

Note: Attach to this section a copy of the section of the organization's Articles of Incorporation, Bylaws, or Board Resolution that indicates the organization's charge to operate regionally or nationally.

7. Is the organization a governmental or municipal agency, an affiliate of a governmental or municipal agency (e.g., health department, school board, public hospital), or a private or public university or college? If so, the organization is not eligible for funding under this priority area.

8. Is the organization included in the category of organizations that engage in lobbying activities, as described in section 501(c)(4) of the Internal Revenue Code of 1986? If so, the organization is not eligible for funding under this priority area.

e. Abstract (Not scored). Please provide a brief summary of your proposed program activities, including:

1. Which racial/ethnic minority group will be the focus of the proposed program;

2. How the program will be regionally structured;

3. What specific types of capacity-building assistance will be provided by the program (including members of the applicant's current and proposed staff, consultants, researchers, academicians, and other subject matter experts);

4. How you will develop ongoing capacity-building relationships with CBOs, CCD projects, other community stakeholders, CPGs, and health departments; and

5. How you will respond to requests for a wide variety of capacity-building assistance.

The abstract should not exceed two pages.

f. Program Activities (Total = 400 points; Scoring criteria: likelihood of achieving program goals; soundness of proposed systems; basis in science, theory, concept, or proven program experience; feasibility of the program plan; innovativeness; specificity, feasibility, time phasing, and measurability of stated objectives)

1. Including potential consumers of services in program planning (30 points)

a. How will CBOs, CCD projects, other community stakeholders, CPGs, and

health departments be involved in planning and evaluating your proposed capacity-building assistance program?

b. For your first year of operation, what are your specific process objectives related to obtaining this input?

Note: Objectives should be specific, realistic, time-phased, and measurable.

2. Developing regional action plans (45 points).

a. How will you develop regional action plans to provide capacity-building assistance to CDC-funded CBOs and CCD projects and other community stakeholders to increase their knowledge about and skills and involvement in HIV prevention community planning?

b. In developing these action plans, what are your specific process objectives for your first year of operation?

3. Creating and supporting resource networks (45 points).

a. How will you create regionally-based resource networks that include the applicant and coalition members' current and proposed staff, researchers, academicians, consultants, and other subject matter experts?

b. How will these networks be structured and how will the consultants and other subject matter experts be used to meet regional needs and allow local delivery of capacity-building services?

c. How will you ensure that these networks complement, not duplicate, resources available through CDC's community planning technical assistance network?

d. How will you support these resource networks (e.g., developing training materials, diffusion of best program practices and intervention models, and conducting orientation and training for consultants to assist them in delivering effective and efficient services that follow national standards of practice and complement CDC's standards and expectations for conducting HIV educational programs and interventions)?

e. In developing these resource networks, what are your specific process objectives for your first year of operation?

4. Ensuring effective provision of capacity-building assistance (45 points).

a. What specific types of capacity-building assistance will the proposed program (including the applicant's and coalition members' current and proposed staff, consultants, researchers, academicians, and other subject matter experts) provide to CBOs, CCD projects, and other community stakeholders to increase their knowledge about and skill

and involvement in community planning (e.g., leadership development, understanding the community planning guidance and process, use of data for decision-making, use of prioritization strategies, public speaking and persuasion, parliamentary procedures and meeting processes, group and meeting facilitation, and learning about public health delivery systems)?

b. What specific types of capacity-building assistance will the proposed program provide to CPGs and health departments to improve parity, inclusion, and representation in the community planning process (e.g., conflict management, increasing cultural sensitivity, consensus building, nomination and selection of new members, recruitment and orientation of members, methods for reaching under served and marginalized populations, and planning culturally and linguistically appropriate activities)?

c. How will you ensure that this assistance is provided effectively and efficiently?

5. Developing ongoing relationships with CDC-funded CBOs and CCD projects (40 points).

a. How will you develop and maintain ongoing capacity-building relationships with CDC-funded CBOs and CCD projects, including conducting ongoing needs assessments and developing tailored capacity-building packages to be delivered over the long term?

b. In developing these ongoing capacity-building relationships, what are your specific process objectives for your first year of operation?

6. Responding to capacity-building assistance requests (45 points).

a. How will you respond to capacity-building requests (including assessing and prioritizing requests; linking requests to other capacity-building resources and to services provided in Priority Areas 1, 2, and 3 of this program; and delivering capacity-building services)?

b. In implementing this strategy or strategies, what are your specific process objectives for your first year of operation?

7. Identifying and complementing other capacity-building efforts (40 points).

a. How will you identify and complement other capacity-building efforts available locally and cooperate with other national, regional, State, and local capacity-building providers to avoid duplication of effort and ensure that capacity-building assistance is allocated according to gaps in available services and the needs of CBOs, CCD projects, other community stakeholders, CPGs, and health departments for

assistance with community planning participation and effectiveness (i.e., with what entities will you cooperate and what will each bring to the cooperative relationship)?

b. In identifying and complementing other capacity-building efforts and developing cooperative relationships with other capacity-building providers, what are your specific process objectives for your first year of operation?

8. Coordinating with appropriate governmental and nongovernmental HIV prevention partners and community planning groups (40 points).How will you coordinate program activities with appropriate national, regional, State, and local HIV prevention partners (e.g., health departments, CBOs) and CPGs (i.e., with what entities will you coordinate activities and what activities will be coordinated)?

9. Incorporating cultural competency into capacity-building activities (40 points). How will you ensure that the capacity-building assistance provided will be culturally competent, sensitive to issues of sexual and gender identity, developmentally and educationally appropriate, linguistically specific, and targeted to the needs of organizations serving the target racial/ethnic minority population?

10. Management and staffing of the program (30 points).

a. How will the proposed program be managed and staffed?

b. What are the skills and experience of the applicant's program staff?

c. Which activities in your proposed program will be conducted by coalition members and which will be conducted by other cooperating organizations?

d. In staffing your proposed program and developing cooperative relationships with other organizations, what are your specific process objectives for your first year of operation?

11. Time line (Not scored).

a. Provide a time line that identifies major implementation steps in your proposed program and assigns approximate dates for inception and completion of each step.

g. Quality Assurance (150 points; Scoring criteria: completeness, appropriateness, and feasibility of the quality assurance plan; specificity, feasibility, time phasing, and measurability of stated objectives).

1. How will you identify the capacity-building assistance needs of your own program and address these needs?

2. How will you identify the training needs of your staff and meet these needs?

3. In implementing these quality assurance plans, what are your specific process objectives for the first year of operation?

Note: Systems for tracking, assessing, and documenting capacity-building assistance requests and delivery will be developed in collaboration with CDC.

h. Program Monitoring and Evaluation (150 points; Scoring Criteria: completeness, technical soundness, and feasibility of the program monitoring and evaluation plan; specificity, feasibility, time phasing, and measurability of stated objectives).

1. How will you conduct process evaluation of your capacity-building activities to determine if the process objectives are being achieved?

2. How will you monitor the results of capacity-building assistance services to determine what works and what does not work in order to improve the program?

3. What data will be collected for evaluation purposes, and how will the data be collected, analyzed, reported, and used to improve the program?

4. Who will be responsible for designing and implementing evaluation activities?

5. In implementing this program evaluation plan, what are your specific process objectives for the first year of operation?

i. Communication and Information Dissemination (75 points; Scoring criteria: completeness, appropriateness, and feasibility of the communication and information dissemination plan; specificity, feasibility, time phasing, and measurability of stated objectives).

1. How will you market the capacity-building assistance available through your proposed program?

2. How will you disseminate information about successful capacity-building assistance strategies and ''lessons learned''?

3. In implementing this communication and information dissemination plan, what are your specific process objectives for the first year of operation?

j. Resource Development (75 points; Scoring criteria: completeness, appropriateness, and feasibility of the resource development plan; specificity, feasibility, time phasing, and measurability of stated objectives).

1. How will you obtain additional resources from non-CDC sources to supplement the program conducted through this cooperative agreement, expand services provided through the proposed program, and enhance the likelihood of its continuation after the end of the project period?

2. In implementing this resource development plan, what are your specific process objectives for the first year of operation?

k. Organizational History and Experience (150 points; Scoring criteria: extent and relevance of applicant organization's experience. Note: Information provided under *Proof of Eligibility*, Section D.4.d.(6), will also be taken into consideration in scoring this section.)

Please address all questions.

1. What types of capacity-building assistance does the organization have experience providing (e.g., conflict management; use of prioritization strategies; increasing parity, inclusion, and representation in community planning), and for how long?

2. With what mechanisms of delivering capacity-building assistance does the organization have experience (e.g., information transfer, skills building, technical consultation, technical services, technology transfer)?

3. What experience does the organization have in providing capacity-building assistance in HIV prevention community planning effectiveness and participation to CPGs, health departments, CBOs serving the target racial/ethnic minority population, CCD projects, and other community stakeholders, and for how long?

4. What experience does the organization have in developing and using resource or consultant networks to provide capacity-building assistance and in supporting such networks (e.g., developing training materials and conducting orientation for consultants)?

5. What experience does the organization have in developing and maintaining ongoing capacity-building relationships with CPGs, health departments, CBOs, CCD projects, or other community stakeholders involved in the planning of community health or prevention services?

6. What experience does the organization have in responding to capacity-building assistance requests, including assessing and prioritizing requests, linking requests to other capacity-building assistance resources, and delivering capacity-building assistance?

7. What experience does the organization have in establishing and maintaining cooperative relationships with other capacity-building providers?

8. What experience does the organization have in coordinating program activities with national, regional, State, and local governmental and nongovernmental HIV prevention programs (e.g., health departments, CBOs) and CPGs?

9. What experience does the organization have in providing capacity-building assistance that responds effectively to the cultural, gender, environmental, social, and linguistic characteristics of CBOs serving multiple racial/ethnic minority populations? (In answering this question, describe the types of services provided and list any culturally, linguistically, and developmentally appropriate curricula and materials that your organization has developed.)

l. Organizational Structure and Infrastructure (Not scored).

Please address all questions.

1. What is the structure of the organization, including management, administrative, and program components, and where will the proposed program be located in this structure?

2. What fiscal management systems does the organization have in place and how do they function?

3. What human resources management systems does the organization have in place (including staff recruitment, orientation, training, and support; leadership development; team building; personnel policy development) and how do they function?

4. What quality assurance systems does the organization have in place and how do they function?

5. What information management systems does the organization have in place and how do they function?

6. How does the organization do its strategic planning and develop its program policies and priorities?

m. Budget and Staffing Breakdown and Justification (Not scored).

In this application, applicants should provide a 6-month budget for the initial (FY2000) budget period.

1. Provide a detailed budget for each proposed activity. Justify all operating expenses in relation to the planned activities and stated objectives. CDC may not approve or fund all proposed activities. Be precise about the program purpose of each budget item and itemize calculations wherever appropriate.

2. For each contract or consultant contained within the application budget, describe the type(s) of organizations or parties to be selected and the method of selection; identify the specific contractor(s), if known; describe the services to be performed and justify the use of a third party to perform these services; provide a breakdown of and justification for the estimated costs of the contracts and consultants; specify the period of performance; and describe the methods to be used for monitoring the contract.

3. Provide a job description for each position, specifying job title; function, general duties, and activities; salary range or rate of pay; and the level of effort and percentage of time spent on activities that would be funded through this cooperative agreement. If the identity of any key personnel who will fill a position is known, his/her name and resume should be attached. Experience and training related to the proposed project should be noted. If the identity of staff is not known, describe your recruitment plan. If volunteers are involved in the project, provide job descriptions.

Note: If indirect costs are requested, you must provide a copy of your organization's current negotiated Federal indirect cost rate agreement.

n. Attachments. In addition to the documents required in the Proof of Eligibility section of your application, the following attachments should be included with your application, if relevant:

1. A list of all organizations with which you will cooperate to avoid duplication of effort and ensure that gaps in capacity-building assistance services are addressed. Include memoranda of agreement from each as evidence of cooperative relationships. Memoranda of agreement should specifically describe the proposed cooperative activities. These documents must be submitted annually with each continuation application.

2. A list summarizing services, curricula, and materials that are currently being delivered that are culturally, linguistically, and developmentally appropriate.

3. A description of funding received from CDC or other sources to conduct similar activities that includes:

a. A summary of funds and income received to conduct capacity-building assistance programs. This summary must include the name of the sponsoring organization/source of income, level of funding, description of how the funds have been used, and budget period. In addition, identify proposed personnel who will conduct the activities of this project and who are supported by other funding sources (include their roles and responsibilities);

b. A summary of the objectives and activities of the funded programs that are described above;

c. An explanation of how funds requested in this application will be used differently or in ways that will expand upon programs that are supported with existing or future funds.

d. An assurance that the requested funds will not duplicate or supplant

funds that have been received from any other Federal or non-Federal source. CDC awarded funds may be used to expand or enhance services supported by other Federal or non-Federal funding sources.

4. Independent audit statements from a certified public accountant for the previous 2 years.

5. A copy of the organization's current negotiated Federal indirect cost rate agreement, if applicable.

PRIORITY AREA 4 ENDS HERE.

Please refer to the following sections of this announcement for additional important information: CDC Activities, Submission and Deadline, Review and Evaluation of Applications Other Requirements, Authority and Catalog of Federal Domestic Assistance Number, Where to Obtain Additional Information, and Attachments 1–3.

CDC Activities

To support this program, the CDC will undertake the following activities:

A. Serve as the coordinator for CDC's capacity-building programs, which will include organizations providing capacity-building assistance under this program announcement.

B. Provide consultation to recipients regarding planning, developing, implementing and evaluating capacity-building services. CDC will provide consultation and assistance and may also employ contractors; national, regional, and local organizations; and peer-to-peer assistance from CDC-funded partners.

C. Provide up-to-date scientific information on the risk factors for HIV infection, prevention measures, and program strategies for the prevention of HIV infection. Work closely with recipients to identify interventions that have a sound basis in science or proven program experience and are suitable for dissemination.

D. Facilitate and promote collaboration through the exchange of program information, coalition maintenance strategies, and technical assistance among CBOs; State and local health departments; HIV prevention community planning groups; national, regional, and local organizations; and other HIV prevention partners.

E. Support train-the-trainer opportunities that enhance capacity-building assistance delivery systems.

F. Facilitate and collaborate in the dissemination of successful capacity-building strategies and successful innovations through meetings of grantees, workshops, and conferences.

G. Collaborate with recipients to standardize a system for tracking and

reporting all capacity-building assistance requests and delivery.

H. Monitor the performance of program activities, protection of client confidentiality, and compliance with federally mandated requirements.

I. Coordinate an evaluation of the overall capacity-building assistance program.

Submission and Deadline

Submit the original and two copies of PHS 5161 (OMB Number 0937-0189). Forms are available in the application kit or at the following Internet address: www.cdc.gov/od/pgo/funding/ grantmain.htm or in the application kit. On or before February 24, 2000, submit the application to the Grants Management Specialist identified in the ''Where to Obtain Additional Information'' section of this announcement.

Deadline: Applications shall be considered as meeting the deadline if they are either:

A. Received on or before the deadline date; or

B. Sent on or before the deadline date and received in time for submission to the Independent Review Group. Applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or U.S. Postal Service. Private metered postmarks shall not be acceptable as proof of timely mailing.

Late Applications

Applications that do not meet the criteria in (A) or (B) above are considered late applications, will not be considered for review, and will be returned to the applicant.

Evaluation Criteria

Each application will be evaluated individually by an independent review group appointed by CDC. Applications will be rated according to the quality of responses to the questions listed in the Application Content section of this announcement and the quality of the stated process objectives. The criteria against which the questions will be rated and the number of points allocated to each component of the application (e.g., program activities, program

evaluation plan) also are indicated in the Application Content section.

Site visits by CDC staff may be conducted before final funding decisions are made. A fiscal Recipient Capability Assessment (RCA) may be required of some applicants before funds are awarded.

Other Requirements

A. If funded, the applicant will be required to provide CDC with the original plus two copies of:

1. Progress reports (quarterly);
2. Financial status report, no more than 90 days after the end of the budget period; and
3. Final financial status and performance reports, no more than 90 days after the end of the project period.

Send all reports to the Grants Management Specialist identified in the ''Where to Obtain Additional Information'' section of this announcement.

B. The following additional requirements are applicable to this program. For a complete description of each, see Attachment I in the application kit.

AR98–4 HIV/AIDS Confidentiality Provisions
AR98–5 HIV Program Review Panel Requirements
AR98–7 Executive Order 12372 Review
AR98–8 Public Health System Reporting Requirements
AR98–9 Paperwork Reduction Act Requirements
AR98–10 Smoke-Free Workplace Requirements
AR98–11 Healthy People 2010
AR98–12 Lobbying Restrictions
AR98–14 Accounting System Requirements

Authority and Catalog of Federal Domestic Assistance Number

This program is authorized under the Public Health Service Act, Section 301(a)[42 U.S.C. 241(a)], 317(k)(2) [42 U.S.C. 247b(k)(2)], as amended. The Catalog of Federal Domestic Assistance Number is 93.939.

Where To Obtain Additional Information

To receive additional written information and to request an

application and tool kit, call NPIN at 1– 800–458–5231 (TTY users: 1–800–243– 7012); visit its Web site at http:// www.cdcnpin.org/; send requests by fax to 1–888–282–7681; or send requests by e-mail: application-CBA@cdcnpin.org. This information also is posted on the Division of HIV/AIDS Prevention (DHAP)Web site at http://www.cdc.gov/ nchstp/hiv_aids/funding/toolkit/; or http://www.cdc.gov/nchstp/hiv_aids/ funding.htm

CDC maintains a Listserv (HIV–PREV) related to this program announcement. By subscribing to the HIV–PREV Listserv, members can submit questions and will receive information via e-mail with the latest news regarding the program announcement. Frequently asked questions on the Listserv will be posted to the Web site. You can subscribe to the Listserv on-line or via e-mail by sending a message to listserv@listserv.cdc.gov and writing the following in the body of the message: subscribe hiv-prev first name last name.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from: Maggie S. Warren, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Program Announcement 00003, Centers for Disease Control and Prevention, 2920 Brandywine Road, Room 3000, Atlanta, GA 30341–4146; Telephone (770) 488– 2736, E-mail: mcs9@cdc.gov

For program technical assistance, contact: Samuel Taveras or Carrie Salone, Community Assistance, Planning, and National Partnerships Branch, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention, 1600 Clifton Road, NE, Mail-stop E–58, Atlanta, GA 30333; Telephone (404) 639–5230, E-mail address: syta@cdc.gov

Dated: December 17, 1999.

John L. Williams,

Director, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 00–394 Filed 1–6–00; 8:45 am]

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