
Regional Resource Network Program HIV/AIDS and STD Prevention Funding Availability Notice and Application

Application Submission Deadline

- ▶ Applications must be received by February 22, 2010
- ▶ Submit applications in Microsoft Word or PDF format to Amola Trivedi at ATrivedi@icfi.com
- ▶ Please read all instructions prior to submitting your application

Purpose of Funding

The U.S. Department of Health and Human Services' HIV/AIDS Regional Resource Network Program (RRNP) will fund community, faith-based, or youth-serving organizations who have existing HIV/AIDS prevention education projects or activities that focus on reaching youth aged 16 to 24. The goal is to build the capacity of organizations to develop high quality prevention education activities that produce measurable results while providing limited funding for an eligible project.

Who Can Apply

RRNP funding is available to those eligible entities, which are located in the 50 states, the District of Columbia, the six U.S.-Affiliated Pacific Island Jurisdictions, Puerto Rico and the U.S. Virgin Islands. Eligible entities may include public and private non-profit organizations, community-based organizations, faith-based organizations, national organizations, colleges and universities, health care-providing organizations, government agencies, professional organizations, tribal government agencies and tribal/urban Indian, Native American/Alaska Native organizations.

Background

For more than a decade, the U.S. Department of Health and Human Services' (HHS) HIV/AIDS Regional Resource Network Program (RRNP) has offered innovative strategies for delivering education, resources, and tools directly to communities through Regional Resource Coordinators (RRCs). The RRCs are located in each of the 10 HHS regions throughout the country (click here for a map of the regional offices: <http://www.hhs.gov/about/regionmap.html>); they work under the leadership of Regional Health Administrators within the Office of Public Health and Science to leverage the expertise and resources of the federal government and its partners in the fight against HIV/AIDS. Funded by the Minority AIDS Initiative (MAI) and coordinated by ICF International, Inc., the RRNP works in three function areas: capacity building; coordination and outreach; and

program development and dissemination. The project area funded through this announcement is capacity building.

Project Area Funded

The RRNP seeks to fund 30 to 40 eligible entities that have existing HIV/AIDS prevention education projects/activities that focus on reaching youth populations. RRCs will work directly with these organizations to enhance their prevention activities by sharing new evidence-based approaches and adapting old ones to meet the needs of the populations served. Some project suggestions are: HIV/AIDS prevention education workshops, health fairs with HIV testing, or HIV/AIDS awareness/educational events. Organizations may choose to coordinate the dates of their projects/activities with National HIV/AIDS or STD awareness days. For a calendar of awareness days, visit <http://www.hhs.gov/aidsawarenessdays/>.

Funding Notification

This is a competitive process. A technical review panel will review all applications. Awards will range from \$1,000 to \$3,000. Decisions regarding the amount of individual awards will be based on the scope and nature of the proposed project, but will not exceed \$3,000 per award. Applicants will be notified by e-mail of the status of their application by March 12, 2010.

Project Time Frame

Awardees will have until July 31, 2010 to complete their projects (including submission of final report). Awardees will be asked to complete a self-assessment at the start of the project and at the end of the project to measure the impact of the RRNP on the organization's efforts. The final report format and self-assessment will be provided by ICF.

How to Submit an Application

- ▶ Applications must be received by February 22, 2010
- ▶ Submit applications in Microsoft Word or PDF format to Amola Trivedi at ATrivedi@icfi.com.
- ▶ E-mail is the preferred method for application submission. Applicants that do not have e-mail may submit applications by mail to: Amola Trivedi, 1725 Eye Street, NW, Suite 1000, Washington, DC 20006.
- ▶ Once you have submitted your application, you will receive confirmation of your submission within 48 hours. If you do not receive a confirmation, please e-mail Ms. Trivedi at ATrivedi@icfi.com.

Review Process

Successful applications will be selected based on their relevance to the RRNP objectives and the following criteria.

1. **Contact Information:** Provide the HHS region (see map as mentioned in Background section), organization name, mailing address, Executive Director, Project Director, contact number, e-mail address, fax number, e-mail, tax exempt number (if applicable) and signature of official. **(5 points)**
2. **Organization Background:** Describe your agency or organization's mission, organizational history and services provided. Provide a brief description of the population and geographic area(s) served. **(10 points)**
3. **Project Description:** Describe the community need for the proposed project. Include a description of potential agencies or partners and their specific roles, if applicable. Identify the goals and objectives of the proposal. Describe activities and deliverables expected to complete each goal. **(35 points)**
4. **Capacity Building:** Discuss how the proposed project will build your agency's capacity to provide HIV/AIDS/STD services to the youth you serve. **(10 points)**
5. **Timeline:** Submit a timeline with anticipated completion dates for all activities and deliverables using a month-to-month calendar. Note: Your agency has until July 31, 2010 to complete the project and provide a final report. **(10 points)**
6. **Monitoring and Evaluation:** Describe outcomes and performance measures, i.e., how you expect to monitor, track, and evaluate the success of the project. Identify deliverables you expect to submit with the final report. **(15 points)**
7. **Budget:** Submit a line-item budget for the project. Note: Federal funds may not be used on certain items (see application for a list). **(10 points)**
8. **Affirmative Statements Regarding Eligibility:** State affirmatively that your agency meets all eligibility requirements. **(5 points)**

Disclaimer

The U.S. Department of Health and Human Services' (HHS) Regional Health Administrators have contracted with ICF International, Inc. to administer this request for application. Awardees will become subcontractors of ICF. The contents of the application will become contractual obligations if the project is funded. ICF reserves the right to request revisions to the budget and/or scope of work of any applicant.

All materials submitted regarding this project announcement become the property of HHS. HHS has the right to use any or all information/materials presented in your application, subject to limitations for proprietary or confidential information. Disqualifications or denial of the application does not eliminate this right.

It is the responsibility of the applicant to identify proprietary information and request that the information be treated as such. Any additional restrictions on the use or inspection of material contained within the application shall be clearly stated in the application itself. The HHS privacy policy is available at <http://www.hhs.gov/Privacy.html>.

Event materials supported through these funds must include acknowledgment of support from the HHS RRNP. The awardee should also include the following statement on event materials distributed at events: "Funding for this activity was made possible in part by the HHS RRNP. The views expressed in written materials or publications and by speakers and moderators at HHS-sponsored conferences do not necessarily reflect the official policies of HHS; nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government."

Application Instructions

Complete your application using the form below. Applications should not exceed 8 pages.

Regional Resource Network Program Application

1. Contact Information

HHS Region:

Organization Name:

Mailing Address, City, State, Zip:

Executive Director:

Project Director:

Telephone Number:

E-mail Address:

Fax Number:

Organization's Employer
Identification Number (EIN)/

Tax Exempt Number:

Signature of Responsible Official:

Note: Applications should be signed by an official with fiduciary responsibility for your organization. For applications submitted via e-mail, a typed electronic signature with a statement “this typed signature represents an official signature” is acceptable.

Certification

The information contained in this application, including all attachments and support materials, is true and accurate to the best of my knowledge. I understand that if I am awarded and accept a Capacity Building Award that my acceptance of the award requires a commitment to complete the project as stated in the application and to abide by the administrative requirements set by ICF International, Inc. In signing this document, I am also certifying that the funds for this project will be deposited into a Board-approved agency account.

Signature of Responsible Official:

Date:

Does your agency have local, State, Federal licenses, or certification? Yes No

If yes, please list:

2. Organizational Background

Describe your organization’s mission, history, and services provided.

Provide a brief description of the population and geographic area(s) that your organization serves.

3. Proposed Project Description

Describe the community need for the proposed project. Name partnering agencies and their role, if applicable.

Identify the goals and objectives related to the project description. Describe activities and deliverables expected to complete each goal.

4. Capacity Building

Discuss how the project will build capacity for your agency to provide HIV/AIDS/STD services to youth.

5. Timeline

Submit a timeline for the project which must occur between March 12, 2010 and July 31, 2010.

6. Monitoring and Evaluation

Describe how the success of your project will be monitored and evaluated. Examples include pre- and post-tests to measure the knowledge gained as a result of the project. What performance measure(s) will be used? Identify deliverables you expect to submit with the final report.

7. Project Budget

List how you will use requested funds for this project in the table below.

Item Description	Unit	Unit Cost (\$)	Total Cost (\$)
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Total:

List other sources of funding to support the project budget, if any.

Federal funding is not permitted for the following:

- ▶ Capital building projects, overhead, or indirect costs
- ▶ Food/beverages
- ▶ Research, direct clinical services, lab services and testing kits
- ▶ Printing and copying over \$1,000
- ▶ Promotional items (i.e., t-shirts, sunscreen, pens)
- ▶ Volunteer stipends

8. Affirmative Statements Regarding Eligibility

Please state affirmatively that you meet all of the eligibility requirements listed on page 1 under “Who Can Apply.”