

**Funding Opportunity Announcement (FOA)
PS13-1310
HIV Prevention Projects for the Commonwealth of Puerto Rico and
the United States Virgin Islands**

Capacity-Building Assistance (CBA) Request Form

AGENCY INFORMATION	
Date of Request:	
Is your agency currently funded by CDC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Name:	
Mailing Address:	
City:	
State:	
Zip Code:	
Contact Name:	
E-mail:	
Phone (including Ext):	
Fax:	

Demographics: describe the target population that this request will help you to provide HIV prevention services to?
(Select all that apply)

<p>Select Race and Ethnicity **</p> <p><input type="checkbox"/> Not race/ethnicity specific</p> <p><input type="checkbox"/> American Indian or Alaska Natives</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Hispanic or Latino</p>	<p>Select Special Population **</p> <p><input type="checkbox"/> Not specified</p> <p><input type="checkbox"/> Youth</p> <p><input type="checkbox"/> Migrants</p> <p><input type="checkbox"/> Faith Community</p> <p><input type="checkbox"/> Incarcerated</p> <p><input type="checkbox"/> Homeless Persons</p> <p><input type="checkbox"/> Commercial Sex Workers</p>	<p>Transmission Category **</p> <p><input type="checkbox"/> Not specific to one transmission category</p> <p><input type="checkbox"/> Men who have sex with men (MSM)</p> <p><input type="checkbox"/> MSM / Intravenous drug user (IDU)</p> <p><input type="checkbox"/> IDU</p> <p><input type="checkbox"/> Heterosexual</p> <p><input type="checkbox"/> Perinatal Women</p> <p><input type="checkbox"/> Other</p>
<p>Select Gender **</p> <p><input type="checkbox"/> Not Gender Specific</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p> <p><input type="checkbox"/> Transgender (Male to Female)</p>	<p>Select HIV Status **</p> <p><input type="checkbox"/> Not specific to HIV status</p> <p><input type="checkbox"/> Negative Status</p> <p><input type="checkbox"/> Positive Status</p> <p><input type="checkbox"/> Unknown Status</p>	

<input type="checkbox"/> Transgender (Female to Male)		
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CBA Request: Select the technical assistance content area(s) needed by your agency. (Select all that apply.)

Organizational Infrastructure and Program Sustainability	Evidence-Based Interventions and Public Health Strategies	Monitoring and Evaluation
<input type="checkbox"/> Organizational Assessment <input type="checkbox"/> Quality Assurance <input type="checkbox"/> Strategic Planning <input type="checkbox"/> Grant Writing/Proposal Development <input type="checkbox"/> Fiscal Management <input type="checkbox"/> Resource Development <input type="checkbox"/> Information Systems and Data Management <input type="checkbox"/> Personnel Management <input type="checkbox"/> Board Development <input type="checkbox"/> Program Marketing <input type="checkbox"/> Public Relations <input type="checkbox"/> Policy Development <input type="checkbox"/> Leadership Development <input type="checkbox"/> Program Collaboration and Service Integration (PCSI) <input type="checkbox"/> Monitoring and Evaluation at the Organizational Level <input type="checkbox"/> Assessment and Strategic Plan Development Enhanced CBO Capacity	<input type="checkbox"/> Population-Based Needs Assessments <input type="checkbox"/> Selection of an Evidence-based Intervention (EBI) <input type="checkbox"/> Selection of a Public Health Strategy (PHS) <input type="checkbox"/> Overview of Personalized Cognitive Counseling (PCC) <input type="checkbox"/> Overview of RESPECT <input type="checkbox"/> Recruitment and Retention (e.g. social networking, increasing sero-positivity rates) <input type="checkbox"/> Adaptation of an EBI or PHS <input type="checkbox"/> Implementation of an EBI or PHS <hr/> <input type="checkbox"/> Group Facilitation <input type="checkbox"/> Cultural Competence in Prevention Activities <input type="checkbox"/> Intervention Development <input type="checkbox"/> Motivational Interviewing <input type="checkbox"/> Monitoring and Evaluation for EBI or PHS <input type="checkbox"/> Routine, opt-out HIV screening in clinical and non-clinical settings <input type="checkbox"/> Condom distribution (as a structural intervention) <input type="checkbox"/> Post-exposure prophylaxis (PEP) (occupational (PEP) and non-occupational (nPEP) settings) <input type="checkbox"/> Change existing structural barriers to effect an environment for optimal HIV prevention, care, and treatment <input type="checkbox"/> PWP: Linkage to HIV prevention, treatment, and care	<input type="checkbox"/> <i>Formative Needs Assessment and Evaluation</i> <input type="checkbox"/> <i>Logic Modeling</i> <input type="checkbox"/> <i>Evaluation Readiness</i> <input type="checkbox"/> <i>Evaluation Planning and Development</i> <input type="checkbox"/> <i>Accessing Local Data increasing sero-positivity rates</i> <hr/> <input type="checkbox"/> <i>Data Collection</i> <input type="checkbox"/> <i>Establishing Performance Indicators</i> <input type="checkbox"/> <i>Instrument/Tool Development</i> <input type="checkbox"/> <i>Process Monitoring and Evaluation</i> <input type="checkbox"/> <i>Outcome Monitoring (If you are funded by CDC to implement outcome monitoring (CBOP or CMEP), please contact Evaluation Studies Team, Gary Uhl, 404-639-0950 or gau4@cdc.gov)</i> <input type="checkbox"/> <i>Data Base Set-up and Management</i> <input type="checkbox"/> <i>Qualitative Data Analysis</i> <input type="checkbox"/> <i>Quantitative Data Analysis</i> <input type="checkbox"/> <i>Using Monitoring and Evaluation Data</i>

<input type="checkbox"/> Cost reimbursement of HIV screening and linkage to treatment and care services <input type="checkbox"/> Other _____	<p>services (e.g. Navigating Services)</p> <input type="checkbox"/> PWP: Retention in or re- engagement in HIV care <input type="checkbox"/> PWP: Initiation of and adherence to antiretroviral treatment <input type="checkbox"/> PWP: Behavioral risk screening followed by evidence-based interventions (EBIs) <input type="checkbox"/> PWP: Linkage to other medical and social services <input type="checkbox"/> Strategies to decrease individual & community viral loads <input type="checkbox"/> Other _____	<input type="checkbox"/> <i>Data sharing among HIV, STD, hepatitis, and TB prevention, treatment, and care programs</i> <input type="checkbox"/> Other _____
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