

**BALTIMORE CITY HEALTH DEPARTMENT
RYAN WHITE OFFICE**

**Ryan White HIV/AIDS Treatment Modernization Act of 2009
Part A Minority AIDS Initiative Grant Program**

Competitive Grant Announcement

Outreach Services: Youth, Age 18 to 24

**Application Due Date:
*July 22, 2010***

Date of Issuance: *June 11, 2010*

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EXECUTIVE SUMMARY

The *Ryan White Part A Minority AIDS Initiative (MAI) Application Guidance* will assist eligible applicants in preparing a Fiscal Year (FY) 2010 competitive grant application for MAI funded services and initiatives. Funds are available under Part A of Title XXVI of the Public Health Service (PHS) Act as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87, October 30, 2009), hereafter referred to as the Ryan White HIV/AIDS Program. Summary information about the Ryan White HIV/AIDS Program is available online at <http://hab.hrsa.gov/law.htm>.

The Baltimore City Health Department (BCHD), Ryan White Office administers Ryan White HIV/AIDS Programs, which include MAI funding. The purpose of the Part A MAI program is to improve *“HIV-related health outcomes to reduce existing racial and ethnic health disparities.”*

This guidance details the eligibility and submission requirements, the review criteria and special awarding factors for organizations seeking funding to establish Youth Outreach Services in areas of Baltimore City and Baltimore County.

It is strongly suggested that applicants thoroughly review this guidance prior to making a decision to apply for the available funding.

The Greater Baltimore HIV Health Services Planning Council (PC) has allocated:

1. **\$75,000** to support the implementation of Youth-specific Outreach Services (18 to 24 years of age) that target Baltimore City and Baltimore County. Funding will support outreach services for a six (6) month period (September – February 2011). Based on future MAI funds awarded from the federal government, selected programs will receive continuation awards for a 12-month period for up to three additional years (March 2011 – February 2014).

All applications under this announcement must be submitted **electronically** to Dr. Alberta Ferrari at Alberta.ferrari@baltimorecity.gov no later than 4:00 P.M. ET by July 22, 2010. **No paper submissions will be accepted.**

It is the responsibility of the applicant to ensure that complete application(s) are submitted by the published due date and time. **BCHD will not accept applications delivered after the deadline.**

Please note the following prior to applying for MAI funding under this current request:

- Prospective applicants are **required** to submit **electronically**, a Letter of Intent by June 16, 2010 to Alberta.ferrari@baltimorecity.gov. The Letter of Intent should indicate the category(s) for which an application will be submitted, and the approximate dollars requested.

- BCHD will conduct a pre-application review on June 17th 10:00 a.m. to 11:00 a.m. by teleconference with all agencies submitting a letter of intent by the due date. Call-in information will be forward by email in advance of the call date. Please refer questions specific to this announcement guidance in advance of the teleconference.
- It is important that applicants formally describe past and current experience working with youth populations, and clearly detail how they plan to ensure access to services proposed to this population.
- The point of contact for this grant announcement is Alberta Ferrari, Deputy for Administration, alberta.ferrari@baltimorecity.gov

I. FUNDING OPPORTUNITY DESCRIPTION

Purpose

The goals of this MAI funding opportunity are to increase outreach capacity specifically focusing on the youth population, ages 18 to 24. Through targeted outreach, it is projected that annually at least 100 newly diagnosed or reengaged youth who are HIV+ will be successfully engage into a primary medical care program and be supported by medical case management services for the purpose accessing other supportive services and optimizing their health outcomes.

This initiative will ensure HIV+ youth better access to and understanding of the vast network of medical and supportive services available in the Baltimore EMA.

1. Youth Outreach Initiative

Organizations applying for Youth Outreach Services that have **never** received Ryan White **Part A** or **MAI** funding will receive **five (5) bonus points** as potential new providers of Ryan White Services under this grant opportunity.

The specific target population under this grant announcement is youth, 18 to 24 years of age, with one or more of the following characteristics:

- 1) Substance Abusers (injection and non-injection drug use);
- 2) Men who have sex with men (MSM) of color;
- 3) Recently Released Inmates, or
- 4) Homeless); who are
- 5) Residents of Baltimore City or Baltimore County.

Background

The Planning Council, as a special initiative under MAI, allocated \$75,000 to initiate Youth Outreach programs in FY 2010. No more than two programs will be selected through this announcement. The program period for this award is September 1st, 2010 through February 28th 2011. Outreach programs responding to this RFP must demonstrate creativity and effective strategies for employing intensive outreach efforts that demonstrate knowledge of the persistent barriers encountered by this population. The methodologies employed must assure early identification, enrollment and retention of youth encountered into treatment (primary medical care) and medical case management at a minimum. The overall objectives are identification of HIV+ youth age 18 to 24, and engaging them into primary medical care and medical case management programs to ensure care navigation for other medical and supportive services needed.

Epidemiological Profile on Youth

To assist applicants in developing a proposal for the conduct of youth outreach services; the following epidemiological profile is provided. This profile is based on reported HIV cases with or without an AIDS diagnosis and not reported to have died as of 12/31/08 as reported by name through 12/31/09.¹

Table 1 - Distribution of Persons with HIV by Age as of 12-31/2008

Age Group	Number of Youth	Percentage of Total
13	13	1.9%
14	17	2.5%
15	28	4.1%
16	18	2.6%
17	34	4.9%
18	55	8.0%
19	65	9.4%
20	70	10.1%
21	86	12.5%
22	89	12.9%
23	105	15.2%
24	110	15.9%
	690	100.0%

- Based on the FY 2010 Baltimore Unmet Need Framework, **41.5%** of PLWHA's who know they are HIV+ in the Baltimore EMA are not receiving primary HIV medical care. In applying that unmet need percentage to the target youth population of 18 to 24 years of age, it is estimated that there are **241 youth who know they are HIV+ but who are not in care as of 12/31/2008**.

Table 2 - Distribution of HIV+ Youth by Race/Ethnicity

Race/Ethnicity	Number of Youth	Percentage of Total
Non-Hispanic White	41	5.9%
Non-Hispanic Black	633	91.7%
Hispanic	9	1.3%
Other	7	1.0%

Table 3 - Distribution of HIV+ Youth by Gender

Gender	Number of Youth	Percentage of Total
Male	404	58.6%
Female	286	41.4%

¹ Colin Flynn, Chief, Center for HIV Surveillance & Epidemiology, Maryland Department of Health and Mental Hygiene, Infectious Disease and Environmental Health Administration, May 27, 2010

Table 4 - Distribution of HIV+ Youth by Risk Group

Exposure Category*	Number of Youth	Percentage of Total
MSM	219	33.0%
IDU	14	Less than 1%
MSM-IDU	7	Less than 1%
Heterosexual	96	14%
Other	1	Less than 1%
Adult-No Reported Risk	156	24%
Perinatal Exposure	172	26%
Child-No Reported Risk	25	Less than 1%

Table 5 - Distribution of HIV+ Youth by Zip Code

Zip Code at HIV Diagnosis	Number of Youth	Percentage of Total	Zip Code at AIDS Diagnosis	Number of Youth	Percentage of Total
21113	14	2.0%	21202	11	5.1%
21201	24	3.5%	21205	13	6.1%
21202	28	4.1%	21206	11	5.1%
21205	26	3.8%	21213	18	8.4%
21206	34	4.9%	21215	16	7.5%
21207	28	4.1%	21216	13	6.1%
21213	50	7.3%	21217	25	11.7%
21214	10	1.5%	21218	22	10.3%
21215	54	7.9%	21223	10	4.7%
21216	40	5.8%	21224	10	4.7%
21217	69	10.0%	Other	65	30.4%
21218	50	7.3%	Missing	0	
21221	10	1.5%			
21222	14	2.0%			
21223	39	5.7%			
21224	21	3.1%			
21225	10	1.5%			
21228	10	1.5%			
21229	24	3.5%			
21230	14	2.0%			
21234	14	2.0%			
21239	24	3.5%			
Other	80	11.6%			
Missing	3				

- As reported by Maryland's Center for HIV Surveillance and Epidemiology, the five zip codes with the highest reported HIV Cases with or without an AIDS Diagnosis coincide with the distribution of HIV+ Youth (21213, 21215, 21216, 21217 and 21218)

General Information on Youth and HIV/AIDS

While the target population for this initiative is 18 to 24 years of age, below is some general information on HIV/AIDS and Youth (Ages 13-24) in Maryland November 2009²

- Of the 2,866 reported HIV diagnoses during 2007 in Maryland, 356 (12.4%) were among youth ages 13-24.
- The proportion of HIV diagnoses in youth ages 13-24 has increased from 3.6% in 1985 to 10.0% in 2007.
- Of the 1,211 reported AIDS diagnoses during 2007 in Maryland, 73 (6.0%) were youth ages 13-24.
- Of the 28,270 total living HIV cases (with or without AIDS) on 12/31/2007 in Maryland, 1,179 (4.2%) were youth ages 13-24 on 12/31/2007. This was a rate of 125.2 cases per 100,000 youth ages 13-24. Or in other words, 1 in every 798 youth ages 13-24 in Maryland was reported to be living with HIV.
- Of the 356 reported HIV diagnoses during 2007 in Maryland among youth ages 13-24, 231 (64.9%) were male and 125 (35.1%) were female.
- Of the 356 reported HIV diagnoses (with or without AIDS) during 2007 in Maryland among youth ages 13-24, 86.2% were non-Hispanic black, 38.5% were non-Hispanic white, 4.2% were Hispanic, and 1.1% were other races. The most common exposure categories among youth diagnosed with HIV in 2007 were men who have sex with men (MSM) (68.2%) and heterosexual exposure (HET) (24.1%).
- Of the 1,179 total living HIV cases (with or without AIDS) on 12/31/2007 in Maryland among youth ages 13-24 on 12/31/2007, 86.2% were non-Hispanic black, 9.6% were non-Hispanic white, 3.1% were Hispanic, and 1.1% were other races. The most common exposure categories among those youth with a reported exposure were MSM (40.9%), other exposure (including perinatal) (30.6%), and HET (22.2%).

² Maryland Department of Health and Mental Hygiene, Infectious Disease and Environmental Health Administration, Center for HIV Surveillance and Epidemiology

HIV-Related Risk Behaviors among African American Students, 2007³

The 2007 National Youth Risk Behavior Survey (YRBS) has been conducted every other year since 1991 and provides data representative of 9th–12th grade students in public and private schools throughout the United States. National YRBS data apply only to youth who attend school; therefore, they are not representative of all youth. Black students have higher rates of some HIV-related risk behaviors.

- 46.0% of black students were currently sexually active (i.e., had had sexual intercourse with at least one person during the 3 months before the survey), compared with 32.9% of white students and 37.4% of Hispanic/Latino students.
- 16.3% of black students had sexual intercourse for the first time before age 13 years, compared with 4.4% of white students and 8.2% of Hispanic/Latino students.
- 27.6% of black students had sexual intercourse with four or more persons during their life, compared with 11.5% of white students and 17.3% of Hispanic/Latino students.
- 26.2% of black male students had sexual intercourse for the first time before age 13 years, compared with 6.9% of black female students.
- 37.6% of black male students had sexual intercourse with four or more persons during their life, compared with 18.1% of black female students.
- 2.8% of black male students reported lifetime illegal injection drug use, compared with 0.8% of black female students.
- 70.7% of 12th grade black students were currently sexually active, compared with 26.1% of 9th grade black students.
- 44.7% of 12th grade black students had sexual intercourse with four or more persons during their life, compared with 15.2% of 9th grade black students.
- Among students who were currently sexually active, 37.5% of 12th grade black students did not use a condom during last intercourse, compared with 23.8% of 9th grade black students.

³ Centers for Disease Control, 2007 National Youth Risk Behavior Survey (YRBS), www.cdc.gov/yrbs
Ryan White Part A Minority AIDS Initiative
FY 2010 Request for Proposals
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General Scope of Services

Applicants must clearly describe: **A)** how outreach services will be conducted; **B)** the number of youth to be encountered who are HIV+ and not in care, **C)** the specific targeted areas where the program will be conducted, and **D)** the rationale for selecting these areas. Outreach efforts should be performed in coordination with HIV Counseling and Testing programs to ensure determination of HIV+ status, and collaboration with medical and supportive services that demonstrate easy access for HIV positive youth into the care system.

- The target population for this initiative is HIV infected youth, 18 to 24 years of age who are unaware of their HIV+ status or those who know their status but are not actively engaged in primary medical care.
- Consumers identified as HIV+ must be referred to age appropriate programs; (ages 21 – 24 referred to adult programs).
- Programs should describe outreach services to be conducted in Baltimore City and/or Baltimore County.
- Services under this initiative are **not** centered on HIV prevention or educational activities.
- Outreach services must be delivered in coordination with local HIV prevention and Counseling, Testing & Referral programs to avoid duplication of effort.

Service Delivery Expectations

1. Outreach services should be conducted during **nontraditional** times (*evenings, weekends*) and at social venues where there is a high probability that young people with HIV infection can be reached.
2. Applicants must include with the application a total of six (6) Memoranda of Understanding; three (3) with medical case management and three (3) primary medical care programs to document ability to facilitate referrals of consumers into care.
3. The target population for this intervention is youth, between the ages of 18-24.
4. Applicants must demonstrate adequate linkages with AIDS Service Organizations, primary medical care programs, and community-based organizations that provide HIV services in the target areas.
5. Applicants must have appropriate mechanisms to ensure access to services by clients referred from public sources and private sector service organizations, as well as from client self-referral.
6. Applicants must demonstrate that employees hired to conduct Outreach Services are qualified and knowledgeable about the service area and target population(s).
7. Applicants will employ models of intervention that include using peer members of the targeted community, who no longer participate in negative health behaviors.
8. Applicant will conduct outreach activities in venues and locations frequented by the target population.

II. Award Information

- **The purpose of the Part A MAI is to improve “HIV-related health outcomes to reduce existing racial and ethnic health disparities.”** As such, MAI funds provide direct financial assistance to develop or enhance access to high quality community-based HIV/AIDS care services and improve health outcomes for low-income minority individuals and families. For the purposes of this Guidance, “minority” is defined as an individual who self-identifies as a member of one of the racial/ethnic communities listed in Section 2693(a) of the PHS Act, including African Americans, Alaska Natives, Latinos, American Indians, Asian Americans, Native Hawaiians, and Pacific Islanders, or as “more-than one-race.” **In the Baltimore EMA, the focus of all Minority AIDS Initiative programs is specific to African Americans and Hispanics/Latinos.**
- Applicants requesting funds in excess of the established amounts outlined will be considered non-responsive to this announcement and will not be considered for funding.
- The final decision on awards for Youth Outreach Service programs may be adjusted based on an analysis of operating costs, scope of work, and staffing proposed.
- Budget forms and narrative submissions must be reasonable and appropriate based on the scope of services planned and projected number of individuals to be served. The budget must be consistent with the proposed service delivery model. No more than **Ten percent (10%)** of Ryan White Part A or MAI award can be allocated to support applicant’s administrative costs.

Funding Exclusions and Restrictions

Pursuant to Section 2605 (a)(6) of the Ryan White legislation, MAI funds cannot be used to pay for any item or service that can reasonably be expected to be paid under any State compensation program, insurance policy, Federal or State health benefits program, or by any entity that provides health services on a prepaid basis. The Ryan White Programs (Part A and MAI) are the “payer of last resort.” This means providers must make reasonable efforts to secure other funding sources outside of Ryan White funds, prior to utilizing Ryan White funds whenever possible.

Eligibility Information

- Applicants for Youth Outreach Services will be considered eligible if all requirements stated below are met.
 - a. Have current 501 (c) (3) non-profit status

- b. Applicant is located within the Baltimore EMA (comprised of Baltimore City, Anne Arundel, Baltimore, Carroll, Harford, Howard and Queen Anne's counties)
- c. For Outreach Services, has a documented history of providing AIDS-related services to the youth population

Application Preparation

- **Applications not meeting application requirements may not be processed, or may result in a low rating.** In developing applications, applicants are encouraged to review the local Standards of Care to prepare high quality, competitive applications. The Standards of Care for Outreach Services are can be viewed at www.baltimorepc.org. Information and data should be accurate and consistent; directions and written instructions should be followed carefully and completely.
- **Only those application materials/documents submitted by the announced deadline will be considered.** No application documentation will be accepted by the Ryan White Office after 4 p.m. July 22, 2010. Documentation received after that date will be destroyed and not considered in the review process.

Pre-Application Conference

BCHD will hold a pre-application conference by teleconference for applicants wishing to apply for the above categories. Staff from the Ryan White Office will conduct the conference and provides an overview of the program guidance. Applicants will have an opportunity to ask questions regarding the category requirements to learn the expectations under this guidance and requirements assigned to agencies receiving Ryan White funding. The call will take place on **June 17th at 10:00 a.m. to 11:00 a.m.** Dial-in information will be forwarded by email to all agencies submitting a Letter of Intent to apply.

Application Format Requirements

- **Page Limit:** All applications may not exceed 80 pages when printed or 10MB. This page limit includes the abstract, project, budget narratives, attachments, and letters of commitment and/or support. Applications that exceed the specified limits will be deemed non-compliant, and returned to the applicant without further consideration.
- **Font:** Please use an easily readable typeface, such as Times Roman, Courier, or Arial. The narrative portions of the application must be submitted in 12 point font and 1.0 line spacing. Applications not adhering to 12 point font requirements may be returned. Do not use colored, oversized or folded materials. For charts, graphs, footnotes, and budget tables, applicants may use a different pitch or size font, not less than 10 pitch or size font. However, it is vital that when scanned and/or reproduced, the charts are still clear and readable.

- **Do Not Include** organizational brochures or other promotional materials, slides, films, clip, etc.
- **Paper Size and Margins:** For duplication purposes, please ensure that the application can be printed on 8 ½" x 11" white paper. Margins must be at least one (1) inch at the top, bottom, left and right of the paper. Please left-align text.
- **Names:** Within the footer of the application please include the applicant's name and service category.
- **Section Headings:** Please put all section headings flush left in bold type.
- **Page Numbering:** Number pages sequentially, resetting the numbering for each attachment, i.e., start at page 1 for each attachment.
- **Allowable Attachment or Document Types:** BCHD will only accept the following types of attachments; files with unrecognizable extensions may not be accepted or may be corrupted, and will not be considered as part of the application:

.DOC or .DOCX- Microsoft Word

.WPD - Word Perfect Document

.PDF - Adobe Portable Document Format

.XLS - Microsoft Excel

Project Abstract

Provide a summary of the application. The Abstract should be clear, accurate, concise, and without reference to other parts of the application. It must include a brief description of the proposed grant project including the needs to be addressed, the proposed services, the population group(s) to be served and a synopsis of proposed patients, providers and service delivery sites.

The project abstract must be single-spaced and limited to one page in length—All information provided in the abstract should be consistent with data included in the application.

Program Narrative

This section provides a comprehensive framework and description of the aspects of the proposed service project. It should be succinct, self-explanatory, and well organized so that reviewers can understand the proposed project.

The Program Narrative should be a detailed description of:

- The target population(s) to be served by the proposed MAI funding and the specific category needs of the target population(s)
- The, community and organizational resources already available to meet these needs,
- The applicant organization's plan for addressing the identified health care needs/issues of the target population.
- The applicant organization's plan (work plan) for responding to these needs,
- The plan to evaluate the effectiveness of the proposed project.

Applicants should organize the Program Narrative using the following five section headers:

SECTION 1: NEED

SECTION 2: RESPONSE

SECTION 3: EVALUATIVE MEASURES

SECTION 4: RESOURCES

SECTION 5: SUPPORT REQUESTED

All applicants should ensure that the Program Narrative completely addresses each of the specific elements listed under the review criteria found on pages 17-19 of this guidance.

Budget

This announcement is inviting application for project periods up to 6 months. **Applicants must submit a proposed 6-month operating budget, effective September 1, 2010 through February 28, 2011, and based on the amount of funding requested.** A detailed budget justification in line-item form must be completed for the 6-month period requested for funding. In addition, please complete all applicable budget forms that are in the Attachment of this RFP; include in your submission as Attachment A. If any budget pages are not applicable to your application, please submit the blank template(s) for the sake of uniformity.

Organizations currently receiving Ryan White Part A funding for Outreach Services who plan to apply under this announcement are required to submit their Part A budget Form 2a as attachment J in addition to all other required budget forms.

Personnel Costs: Personnel costs (salaries and wages) should be explained by listing key management staff and all other full time equivalents (FTEs) who will be supported from funds, position title, percent full time equivalency, annual salary, and the exact amount requested for each year. *Please reference "Form 2: Staffing Profile" as justification for dollar figures.*

Fringe Benefits: List the components that comprise the fringe benefit and the rate at which fringe is calculated, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, tuition reimbursement. The fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.

Administrative/Indirect Costs: No more than 10 percent of the budget can be allocated to administrative costs. Administrative costs are costs incurred for common objectives that benefit multiple programs of the applicant organization, or the organization as a whole, and as such are not readily assignable to a particular funding stream. Staff activities that are administrative in nature must be allocated to administrative costs. The following are examples of administrative costs:

- Rent, utilities and other facility support costs
- Personnel costs and fringe benefits of staff members responsible for the management of the project such as the Project Director
- Telecommunications, including telephone, fax, pager
- Postage
- Liability Insurance
- Office supplies
- Audits
- Payroll/accounting services

- ❑ Computer hardware/software
- ❑ Data collection activities related to data collection requirements, including the Ryan White legislation Data Report (RDR; formerly CADR), unduplicated Part A client-level data, outcomes and other reports.

Equipment: List equipment costs and provide justification for the need of the equipment to achieve the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of computers and furniture items that meet the definition of equipment

Supplies: List the items that the project will use. In this category, separate office supplies from medical and educational (e.g., continuing medical education) purchases. Office supplies could include paper, pencils, and the like; medical supplies are syringes, blood tubes, plastic gloves, etc., and educational supplies may be pamphlets and educational videotapes. Remember, supplies must be listed separately.

Travel: List travel costs and delineate between local and long distance travel. For local travel, estimate the mileage rate, number of miles, reason for travel, and staff member/consumers completing the travel. Reflect the approximate travel expenses associated with participation in meetings and other proposed trainings or workshops in the budget.

Subcontract: Provide a clear explanation of the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

Other: Put all costs that do not fit into any other category into this category and provide an explanation of each cost in this category.

Staffing Plan /Personnel Requirements

Applicants must present a staffing plan for the proposed service program and provide a justification for the plan that includes education and experience qualifications and rationale regarding the amount of time being requested for each staff position. Position descriptions that include the roles, responsibilities, and qualifications of proposed project staff must be included in Attachment C of your application. This requirement includes copies of biographical sketches for any key personnel that will be funded and/or assigned to work on the proposed project.

The staffing plan should include the proposed number of full-time equivalents (FTEs) and credentialing.

Attachments

Attachments should be submitted with the following enumeration: (Items in bold require forms which are included with this guidance)

- A. Budget Package**
- B. Work Plan(s)**
- C. Memoranda of Understanding (with a minimum of 6 agencies)**
- D. Assurances**
- E. Certifications**
- F. Liability Insurance Verification**
- G. Agency Quality Assurance Plan**
- H. Contract Verification Form**

Other Submission Requirements

Applicants for this funding opportunity are **required** to submit **electronically** a Letter of Intent by June 16, 2010 to Alberta.ferrari@baltimorecity.gov. The letter of intent should indicate the category for which an application will be submitted, and the approximate dollars requested.

Application Review Information – Youth Outreach Program

Review Criteria

Applicants must ensure that the five (5) Review Criteria delineated below are fully addressed within the Program Narrative and supported by supplementary information as necessary to outline your agency's responses. Your responses to the following Review Criteria will be used by an Independent Review Board (IRB) to evaluate the merits of the proposed scope of work presented in the application.

Procedures for assessing the technical merit of grant applications have been instituted to provide for an objective review of applications and to assist the applicant in understanding the standards against which each application will be judged. Critical indicators have been developed for each review criterion to assist the applicant in presenting pertinent information related to that criterion and to provide the reviewer with a standard for evaluation. Review criteria are outlined below with specific details and scoring points.

Review Criteria are used to review and rank applications. This guidance contains five Review Criteria: Need, Response, Evaluative Measures, Resources and Support Requested. Reviewers will assign points based on how well the Applicant Organization has addressed each of the requested items in the Program Narrative section of this guidance.

Review Criterion 1: NEED (15 points maximum)

1. Applicant's description of the proposed service area.
2. Applicant's clear description of the target population(s) for the proposed service and a detailed assessment of need for the services proposed in particular to special populations (i.e., Homeless Persons, Substance Abusers, Recently Released Inmates)
3. Applicant's description of specific access barriers for the proposed population(s) and what actions are proposed to address conditions identified.
4. Applicant's identification of the number of youth to be served and the number and types of services proposed (relevant to the proposed staffing and funding requested).
5. Applicant's identification of all providers within the proposed service area that provide similar service and outline of how the proposed program will coordinate with them.
6. Applicant's discussion of ways in which services funded by federal and local sources (including other Ryan White programs) are taken into consideration in planning for, and requesting Ryan White Part A funding this project.

Review Criterion 2: RESPONSE (35 points maximum)

1. Applicant Organization describes the proposed services, including:
 - a. All services to be provided
 - b. How these services are to be provided
 - c. Location of site(s) where services will be provided
2. Applicant demonstrates the appropriateness of these arrangements for optimal accessibility by the target population. The description should include any linkages, collaborations or partnerships.
3. Applicant describes how the target population to be served will be informed about the services available or identified .
4. Applicant demonstrates how the proposed service will integrate itself with primary health care services (e.g., collaboration with medical providers to ensure continuity of comprehensive primary health care).
5. Applicant describes the program's plan, policies, and initiatives that demonstrate a commitment to providing culturally and linguistically competent health care and

developing culturally and linguistically competent health care providers, faculty, staff, and program participants.

Review Criterion 3: EVALUATIVE MEASURES (20 points maximum)

1. Applicant identifies appropriate performance measures, including the implementation protocol, for all goals and related data collection methodology.
2. Applicant identifies (at a minimum) one performance measure specific to the proposed service on which to establish baseline data and systematically track progress.
3. In addition, Applicant describes in significant detail the organization's existing or proposed quality improvement activities.
4. Applicant describes a plan for tracking patients' outcomes over time:
 - a. Identified time-framed and measurable goals/objectives and key action steps for providing the proposed services;
 - b. Identification of key health measures and a definition of those measures;
 - c. Staff responsible for the activities; and
 - d. A timeline for carrying out the evaluation activities.

Review Criterion 4: RESOURCES (20 points maximum)

1. Applicant discusses why it is the appropriate entity to receive funding by demonstrating its experience and expertise in:
 - a. Working with the target population(s);
 - b. Addressing the target population's identified health care needs;
 - c. Developing and implementing appropriate systems and services; and
 - d. Collaborating with and securing support from the local community.
2. Applicants are encouraged to provide letters of support and commitment from collaborating partners.
3. Applicant describes how existing barriers to services will be reduced or eliminated for the target population(s).
4. Applicant demonstrates that the proposed staffing is appropriate for the level and type of service to be provided.

Review Criterion 5: SUPPORT REQUESTED (10 points maximum)

1. The applicant includes a budget justification with descriptions that explain the amounts requested for each line item in the budget.
2. Applicant demonstrates that the budget for the proposed project is appropriate and reasonable in terms of resources required are adequate to achieve the goals and objectives of the applicant's proposed service delivery plan to engage the proposed number of patients.

Review and Selection Process

Applications competing for funds receive an objective review performed by a committee of experts qualified by training and experience in particular fields or disciplines related to the program being reviewed. In selecting review committee members, other factors in addition to training and experience may be considered to improve the balance of the committee, e.g., geographic distribution. Each reviewer is screened to avoid conflicts of interest and is responsible for providing an objective, unbiased evaluation based on the review criteria noted above. The IRB committee provides expert advice on the merits of each application to program officials responsible for final selections for award.

Funding Preferences

In addition to the IRB recommendation, the Ryan White Office:

1. Looks to identify new agencies requesting Part A or MAI funding
2. Reviews prior performance of existing agency's in achieving projected goals and objectives in other service categories
3. Reviews existing agency's utilization of funds
4. Reviews the proposed work plan and budget for reasonableness
5. Considers findings from past site visits and clinical quality management reviews of existing agency's which could impact the provision of service
6. Reviews the proposed geographic location for services
7. Evaluates the agency's fiscal stability