

HHH

**CITY OF CHICAGO  
DEPARTMENT OF PROCUREMENT SERVICES  
ROOM 403, CITY HALL, 121 N. LASALLE STREET**

FOR NCRB USE ONLY	
Date	2/7/2012
Recommend Approval	(5) q
Return To Dept.	q
Reject	q
Vote	5-0

**NON-COMPETITIVE REVIEW BOARD (NCRB)  
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT**

**COMPLETE THIS SECTION IF NEW CONTRACT**

For contract(s) in this request, fill in each of the four (4) major subject areas below in accordance with the **Instructions for Preparation of Non-Competitive Procurement Form** on the reverse side. Complete "Other" subject area if additional information is needed. Subject areas must be fully completed. Responses merely referencing attachments will not be accepted.

Request that negotiations be conducted only with OraSure Technologies, Inc. (OTI) for the product(s) and/or service(s) described herein.

**This is a request for:**

One-Time Contractor Requisition #: 64888, copy attached or  Term Agreement or  Delegate Agency (Check one).

If Delegate Agency, this request is for "blanket approval" for all contracts within the <<proj description/name>> (Attach List).

Pre-Assigned Specification No.:           

Pre-Assigned Contract No.:           

**COMPLETE THIS SECTION IF AMENDMENT OR MODIFICATION TO CONTRACT**

Describe in detail the change in terms of dollars, time period, scope of services, etc., its relationship to the original contract and the specific reasons for the change. Indicate both the original and the adjusted contract amount and/or expiration date with this change, as applicable. Attach copy of all supporting documents. Request approval for a contract amendment or modification to the following:

Contract #: 11616

Company or Agency Name: CDPH - STI/HIV Division

Specification #: 40826

Contract or Program Description: HIV Counseling & Testing

Modification #:           

(Attach List, if multiple)

Randal Buffington

312-747-6187

CDPH

09/29/11

Originator Name  
(mm/dd/yr)

Telephone

Signature

Department

Date

**PROCUREMENT HISTORY**

The Chicago Department of Public Health is seeking a vendor limit increase for OraSure Technologies, Inc. (OTI) to cover the remainder of its current contract period which expires at the end of November 2012. The current contract is a sole-source contract, which requires CDPH to reapply under the non-competitive procurement process in order to secure the vendor limit increase.

The City of Chicago has had a term agreement with OraSure Technologies, Inc. (OTI) since 2002. This supply requirement cannot be competitively bid as OraSure Technologies, Inc. ("OraSure") is the only licensed manufacturer and sole distributor of the OraQuick **ADVANCE**® Rapid HIV-1/2 Antibody Test, OraSure® HIV-1 Oral Specimen Collection, and the OraQuick **ADVANCE**® Rapid HIV-1/2 Controls.

In June 2003, the Chicago Department of Public Health, Division of STI/HIV received an award from the Centers for Disease Control and Prevention (CDC) under the Post-Market Surveillance for OraQuick® Rapid HIV-1 Testing Initiative. The purpose of this initiative was to conduct multi-site pilot studies to assess the feasibility and acceptability of OraSure Technologies' 1<sup>st</sup> generation OraQuick® Rapid HIV-1 Antibody Test, a blood/whole serum-based test and at the time a new testing technology, in non-clinical settings (e.g., jails, public parks, universities, community-based organizations, etc.). CDPH partnered with five community-based organizations to integrate OraQuick® testing into their organizations as well as introducing OraQuick® into all

CDPH sexually transmitted infection clinics and the Sheriff's Female Furlough Program.

During Chicago's pilot study approximately 950 individuals were tested using the device. Of those tested approximately 1.9% (18) were found to be HIV positive. This represents a 1% increase in the HIV seropositivity rates over individuals tested using conventional HIV-1 testing methods. Many of the individuals tested stated that they would not have tested for HIV if the OraQuick® Rapid HIV-1 Test had not been available as a testing option. This project was renewed in January 2004 and extended through FY 2006 due to its continued success. Lastly, during 2005 CDPH was awarded a 5-year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) program announcement CFDA No. 93.243): Substance Abuse, HIV, and Hepatitis Prevention for Minority Populations in Communities of Color. OraQuick® Rapid HIV-1 testing was an integral component of this program which ran through 2010.

In September 2003 the Chicago Department of Public Health, Division of STD/HIV/AIDS Public Policy and Programs received an additional award for Rapid Testing under CDC program announcement 2003- N-00894: Project 3 - Using HIV Rapid Testing to Improve Outcomes of Partner Counseling and Referral Services. This award was initially to cover the period 09-14-03 through 09-14-05, but was extended through 06-14-2006.

In November 2004, OraSure Technologies, Inc. was granted FDA approval of their 2<sup>nd</sup> generation rapid HIV-1/2 test marketed under the name OraQuick *ADVANCE*®. This device is capable of detecting HIV-1 and -2 antibodies in oral mucosal transudate (i.e., cells found in the mouth). Using this technology CDPH conducted or facilitated the testing of approximately 1,700 high-risk individuals each month in non-traditional/non-clinical settings.

In September 2007, the Chicago Department of Public Health, STI/HIV Division received a three-year contract for Expanded Testing Project under CDC program announcement PS07-768 Expanded HIV Testing for Disproportionately Affected Populations. Under this program announcement, CDPH tested over 180,000 individuals for HIV, including over 120,000 with the OraSure *ADVANCE*® Rapid HIV-1/2 Antibody Test using oral fluid specimens.

In September 2010, the Chicago Department of Public Health, STI/HIV Division received a three-year contract for Expanded Testing Project under CDC program announcement PS10-10138 Expanded HIV Testing for Disproportionately Affected Populations. In June 2011, CDC issued a five-year Funding Opportunity Announcement PS12-1201, which greatly increases HIV testing initiatives.

OraSure Technologies, Inc. ("OraSure") continues to be the only licensed manufacturer and sole distributor of the OraQuick Advance® Rapid HIV-1/2 Antibody Test, OraSure® HIV-1 Oral Specimen Collection Device, and the OraQuick *ADVANCE*® Rapid HIV-1/2 Controls. OraSure Technologies, Inc. also is the only licensed manufacturer and sole distributor of any rapid oral fluid HIV testing device. The use of these devices allows CDPH-funded agencies to provide HIV testing in the field. Rapid oral fluid HIV testing devices also provides a cost-saving option for agencies to a blood or serum-based HIV test which requires trained staff in phlebotomy or other professionals trained to draw blood as well as the purchase of additional phlebotomy supplies and other testing materials.

CDPH STI/HIV Division has compiled a listing of all available HIV test kits on the market today. That list is included at the end of this document. The listing includes the specimen type used by each test. As shown by the yellow highlighted sections on the listing, OraSure products are the only HIV test kit products that allow the use of oral specimens when conducting the test. The oral specimens can be used for both the preliminary tests and for the Western Blot confirmatory tests.

Further, CDPH staff attended the PS10-10138 Orientation meeting in January 2011, and the National HIV Prevention Conference in August 2011, at which presentations on HIV testing were conducted. Several sessions at each event covered the different types of testing kits that are available, and CDPH staff was able to confirm that OraSure is still the only company to offer an oral HIV test for both preliminary and confirmatory testing.

CDPH plans to continue the use of OraSure products and will seek a new contract with the company when the current contract expires at the end of November 2012. Additionally, OraSure has developed a rapid test for Hepatitis C and CDPH plans to seek approval and a contract to allow for the usage of that product.

There were no attempts to competitively bid the requirement for this vendor limit increase. However, CDPH will seek competitive bidding for the next contract period, although we do not anticipate any competitors to be identified at that time that had received FDA approval for their product(s).

**ESTIMATED COST**

The estimated cost for this requirement is **\$704,890**

The funding sources are:

PS10-10138 - Expanded Human Immunodeficiency Virus (HIV) Testing for Disproportionately Affected Populations

PS12-1201 - Comprehensive HIV Prevention Programs for Health

PS10-10181 – Expanded Comprehensive HIV Prevention Plan (ECHPP) – Phase I

PS11-1117 - Expanded Comprehensive HIV Prevention Plan (ECHPP) – Phase II

City of Chicago Corporate Budget (100)

The following is how the total cost of the requirement was calculated:

OraSure HIV-1 Oral Fluid Testing Device

1,000 OraSure HIV-1 Oral Fluid Testing Devices @ \$4.89 ea = **\$4,890**

OraQuick Advance Rapid HIV-1/2 Testing Kits

55,000 OraQuick Advance Rapid HIV-1/2 Testing Kits @ \$11.75 ea = **\$646,250**

OraQuick Advance Rapid HIV-1/2 Controls

2,150 OraQuick Advance Rapid HIV-1/2 Controls @ \$25.00ea = **\$53,750**

Total Estimated Cost:

**\$704,890**

The current price of test kits was the agreed upon rate at the time of contract origination. This price may increase when the current contract expires in November 2012.

**SCHEDULE REQUIREMENTS**

CDPH became aware of the need for a vendor limit increase in June of this year. If a vendor limit increase is not approved by the end of 2011, CDPH will not be able to purchase HIV test kits and testing will cease at all of our

supported agencies and community-based organizations. Most of these agencies use OraSure products exclusively, and are not trained or approved to use other testing methods, nor do they have the staffing capabilities to use a different HIV test kit. Therefore, competitively bidding this contract would cause a disruption in the service delivery, and possibly risk future funding if this disruption caused CDPH and our supported agencies to not meet their agreed upon testing goals and obligations.

**EXCLUSIVE OR UNIQUE CAPABILITY**

OraSure Technologies, Inc. ("OraSure") is the only licensed manufacturer and sole distributor of the OraQuick *ADVANCE*® Rapid HIV-1/2 Antibody Test, OraSure® HIV-1 Oral Specimen Collection Device, and the OraQuick *ADVANCE*® Rapid HIV-1/2 Controls. OraQuick *ADVANCE*® is the first and only FDA-approved and CLIA-waived rapid point-of-care test that can detect antibodies to both HIV-1 and HIV-2 in 20 minutes, using oral fluid, finger-stick or venipuncture whole blood or plasma specimens.

**OraSure® HIV-1 Oral Fluid Testing Device**

The OraSure® HIV-1 Oral Specimen Collection Device is an oral fluid collection device that detects the presence of HIV-1 in human oral fluid. A collection pad is placed between the lower cheek and gum for 2 to 5 minutes. OraSure® is designed to draw out HIV-1 antibodies, not the virus, from the tissues of the cheek and gum. OraSure® HIV-1 does not collect saliva but rather a sample called oral mucosal transudate (OMT). OraSure® HIV-1 offers healthcare professionals an HIV-1 testing option without the risk of needle stick accidents and gives patients accurate results without having to give blood.

**OraQuick *ADVANCE*® Rapid HIV-1/2 Testing Kits**

OraQuick *ADVANCE*® is an FDA approved rapid point-of-care oral, finger stick and venipuncture whole blood or plasma test used to aid in the diagnosis of HIV-1/2 infection. This Clinical Laboratory Improvements Amendments of 1988 (CLIA) waived test, detects the presence of antibodies to HIV-1/2 provides results in 20 minutes.

Based on the results from a large controlled clinical trial, the overall sensitivity and specificity of the OraQuick *ADVANCE*® Rapid HIV-1 Antibody test was shown to be >99% across all specimen types.

OraQuick® Advance™ HIV-1/2 offers the ability to provide HIV testing without the risk of needle stick accidents and gives patients accurate results without having to give blood.

**OraQuick *ADVANCE*® Rapid HIV-1/2 Controls**

OraQuick *ADVANCE*® Rapid HIV-1/2 Kit Controls are human plasma-based reagents. The Kit Controls are specially formulated and manufactured to ensure performance of the Test, and are used to verify the ability of the counselor to properly perform and interpret the results. The HIV-1 and HIV-2 Positive Controls will produce a reactive test result and have been manufactured to produce a very faint result. The Negative Control will produce a non-reactive test result.

**OTHER**

**Minority Business Enterprise (MBE); Women's Business Enterprise (WBE); Disadvantaged Business Enterprise (DBE) Participation Waiver Request:**

OraSure Technologies, Inc. (OTI) is seeking a waiver of the MBE/WBE/DBE requirement for the following reasons:



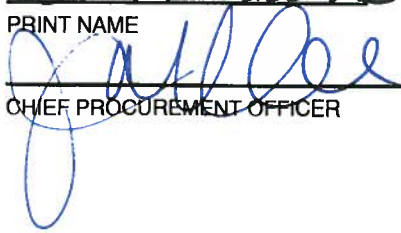
- OTI has not been able to identify a potential MBE/WBE/DBE whom is certified by the City to participate as a subcontractor or joint venture partner;
- OTI is located in Pennsylvania, some 750 miles from Chicago which makes participation logistically prohibitive;
- OTI will continue to make a good-faith effort to attract and utilize MBE/WBE/DBE contractors whenever possible.

Additionally, OTI products are regulated by the FDA and any changes to their approved vendor list is a detailed and time-consuming process.

**CDPH Personnel Participating in the NCRB Meeting:**

David Amarathithada, Director of HIV Prevention, CDPH STI/HIV Division, 312-747-9665

Randal Buffington, Public Health Administrator II, CDPH STI/HIV Division, 312-747-6187

<b>APPROVED BY:</b>		<u>10/13/11</u>		<b>FEB 07 2012</b>
	DEPARTMENT HEAD OR DESIGNEE	DATE	BOARD CHAIRPERSON	DATE
	<u>BECHANA CHOUDA</u>		<u>Pict BUTLER</u>	
	PRINT NAME		PRINT NAME	
			<b>FEB 07 2012</b>	
	CHIEF PROCUREMENT OFFICER		DATE OF APPROVAL	

Section I: General Contract Information	
Department Name	Chicago Department of Public Health
Department Contact Name	Edith Bamberger
Department Contact Number	(312) 747-9889
Department Contact Email	<a href="mailto:Edith.bamberger@cityofchicago.org">Edith.bamberger@cityofchicago.org</a>
Contract Number	Purchase Order Agreement PO No. 11616
Contract Subject Name	OraSure Technologies, Inc.
Contract Initiation Date	1/1/2007
Original Contract Amount	\$1,800,000
Original Contract Expiration Date	11/30/12
Budgeted amount for current year	Estimated \$700,684
Year to date expenditure	\$1,943,029.23
Are funds <input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> TIF <input type="checkbox"/> Grant - <input checked="" type="checkbox"/> Corporate	
What is the funding strip?	012-0100-0413350-9129-0340-000000
If contract modification or task request is approved, will department have enough funds to cover new expenditure?	Yes
If no, what is the plan to address the short fall?	N/A
Section II: Contract Modifications	
Complete this section if you are modifying the value of an existing contract.	
Contract Value Increase	\$700,684
New total contract amount	\$2,643,713.23
New contract expiration date	11/30/12
Goods/services provided by this contract	Purchase of OraQuick HIV testing kits and controls.

Justification of need to modify this contract	Program purchases HiV kits and controls to distribute to CDPH clients and delegate agencies that provide HIV services to the communities.
Impact of denial	Clients who are in risk of contracting HIV will not know in if they have HIV and will delay their treatment to prevent them from contracting AIDS.
<b>Section III. Issue a Request for Services to a Master Consulting Agreement</b>	
Complete this section if you want to issue a request for services to a Master Consulting Agreement	
Value of planned task order request	
Expiration date of planned task order request	
Scope of services	
Justification of need to issue request for services	
Impact of denial	
<b>Section IV: Assessment of Office of Budget and Management Analyst</b>	
Approve/Deny	OBM approves adding funds to contract for supplies essential to fulfilling CDPH's core mission. New contract will be negotiated upon expiration in the fall.
OBM Analyst Initials	TC
OBM Analyst Name/number	Teri Campbell, 4-2516



DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

December 2, 2011

City of Chicago Department of Procurement Services  
Room 403, City Hall  
121 N. LaSalle Street  
Chicago, IL 60602

To Whom It May Concern:

I would like to contribute my comments for consideration regarding the application for the non-competitive procurement of human immunodeficiency virus (HIV) antibody rapid tests using the vendor, OraSure Technologies, Inc. ("OraSure").

I served as Medical Director for the Chicago Department of Public Health (CDPH) STI/HIV Division from 2004 to 2010, and I continue to serve as Acting Medical Director for the STI/HIV Division from 2010 to the present. I disclose that I do not have any commercial, financial, or ethical conflicts of interests on this topic.

I support the application for non-competitive procurement of the following products manufactured and distributed by OraSure Technologies, Inc.:

- OraQuick Advance® Rapid HIV-1/2 Antibody Test
- OraSure® HIV-1 Oral Specimen Collection Device
- OraQuick *ADVANCE*® Rapid HIV-1/2 Controls.

As the only licensed rapid oral fluid HIV testing device in the United States, this device allows for the delivery of HIV testing in non-clinical settings such as community-based organizations, park district facilities, and at special events hosted by CDPH staff and partner agencies. The use of HIV rapid tests has expanded access to HIV testing in the community, especially for hard-to-reach populations, and increases the likelihood that persons with HIV infection know their HIV status following testing. The use of oral fluid for HIV antibody testing allows for the HIV test to be conducted without the traditional phlebotomy and blood draw necessary for blood serum-based antibody tests. Additionally, rapid oral fluid HIV tests allows for greater ease and safety in conducting HIV testing in the field. Finally, rapid oral fluid HIV testing devices saves costs for HIV testing



# DPS PROJECT CHECKLIST

## For DPS Use Only

Date Received

Date Returned

Date Accepted

CA/CN's Name

**IMPORTANT:** ALL INFORMATION SHOULD BE COMPLETED, ATTACH ALL REQUIRED MATERIALS AND SUBMIT FOR ROUTING TO THE DEPARTMENT OF PROCUREMENT SERVICES, ROOM 403, CITY HALL, 121 N. LASALLE STREET, CHICAGO, ILLINOIS 60602, ATTENTION: CHIEF PROCUREMENT OFFICER.

### General Information:

Date: 11/08/11	Need by (estimated date): 7/1/11	
Requisition No.: 64888	Contact Person:	Project Manager:
Specification No.: (if known) 40826	Maribel Valdez	Randal Buffington
PO No.: (if known) 11616	Telephone: -78828	Telephone: -76187
Modification No.: (if known) 2	Fax: -79398	Fax: -79663
Previous PO No.: (if known)	Email: valdez_maribel@cityofchicago.org	Email: buffington_randal@cityofchicago.org

Project Description: For the purchase of oraquick advance rapid HIV antibody test kits and controls.

### Funding:

City:	<input checked="" type="checkbox"/> Corporate	<input type="checkbox"/> Bond	<input type="checkbox"/> Enterprise	<input type="checkbox"/> Grant*	<input type="checkbox"/> Other:
State:	<input type="checkbox"/> IDOT/Transit	<input type="checkbox"/> IDOT/Highway	<input type="checkbox"/> Grant*	<input type="checkbox"/> Other:	
Federal:	<input type="checkbox"/> FHWA	<input type="checkbox"/> FTA	<input type="checkbox"/> FAA	<input type="checkbox"/> Grant*	<input type="checkbox"/> Other:

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	PROJECT	RPTG	\$ DOLLAR AMOUNT
001	011	0100	41	3350	220342				\$ 700,684

Term Estimated Value \$700,684

\*IF GRANT FUNDED, ATTACH COPY OF THE APPROVED GRANT AND APPLICATION AND ANY OTHER TERMS AND CONDITIONS OF FUNDING SOURCE THAT MAY APPLY. GRANT FUNDS MUST BE \_\_\_\_\_ COMMITTED OR \_\_\_\_\_ SPENT BY DEADLINE: \_\_\_\_\_ (DATE)

### Scope Statement:

Attached is a Detailed Scope of Services and/or Specification. E-mail softcopy in Microsoft Word to DPS Unit Manager

### IMPORTANT:

THIS IS A CRITICAL PORTION OF YOUR SUBMITTAL. IN ORDER FOR DPS TO ACCEPT YOUR SUBMITTAL YOU MUST COMPLETE THE SPECIFIC SCOPE REQUIREMENTS AS SET FORTH IN THE SUPPLEMENTAL CHECKLIST FOR THAT UNIT.

### Purchase Order Type (Check All That Apply):

New Request	Modification/Amendment
<input type="checkbox"/> Blanket/Term/DUR/Agreement	<input type="checkbox"/> Time Extension**
<input type="checkbox"/> Master Agreement (Task Order)	<input checked="" type="checkbox"/> Vendor Limit Increase
<input type="checkbox"/> Standard/One-Time Purchase	<input type="checkbox"/> Scope Change/Price Increase/Additional Line Item(s)
<b>Forms</b>	<input type="checkbox"/> Other (specify):
<input checked="" type="checkbox"/> Requisition	
<input type="checkbox"/> Special Approvals	
<input type="checkbox"/> Non-Competitive Review Board (NCRB)	

Contract Term: 1/1/07-11/30/12

\*\* Requested Term (Number of Months): 12 months

### Pre-Bid/Submittal Requirements:

Mandatory Pre Bid/Submittal Conference?  Yes\*  No

Requesting Site Visit?  Yes  No

\*If yes, explain reasons why mandatory attendance is necessary.

DPS PROJECT CHECKLIST

COMMODITIES SUPPLEMENTAL CHECKLIST

Required Attachments:

- Required Attachments: [X] Detailed Specifications (Scope of Services) including detailed description of the product, delivery location, user department contact, price escalation considerations; [ ] Bidder's qualification, contract term and extension options; [ ] Contractor's qualifications, citation of any applicable City/State/Federal statutes or regulations, citation of any applicable technical standards; [X] Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate.

Attach Recommendation of MBE/WBE/DBE Analysis Form [ ] Yes [X] No
Is this a Revenue Producing contract? [ ] Yes [X] No

If Modification request, please verify and provide the following:

- Contractor's Name:
Contractor's Address:
Contractor's e-mail Address:
Contractor's Phone Number:
Contractor's Contact Person:

CONSTRUCTION SUPPLEMENTAL CHECKLIST

Required attachments:

Copy of Draft (80% Completion), Contract Documents and Detailed Specifications

Risk Management

- Current Insurance Requirements prepared/approved by Risk Management: [ ] Yes [ ] No
Will services be performed within 50 feet of CTA train or other railroad property? [ ] Yes [ ] No
Will services be performed on or near a waterway? [ ] Yes [ ] No

Attach Recommendation of MBE/WBE/DBE Analysis Form [ ] Yes [ ] No

If Modification request, please verify and provide the following:

Contractor's Name: OraSure Technologies, Inc
Contractor's Address: 220 East First Street, Bethlehem, Pennsylvania, 18015-1360
Contractor's e-mail Address: www.orasure.com
Contractor's Phone Number: 610-882-1820
Contractor's Contact Person: Patricia Reis

PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST

If New Request (Check applicable boxes):

- Is this a Request for Information (RFI)? [ ] Yes [ ] No
Is this a Request for Qualifications (RFQ)? [ ] Yes [ ] No
Is this a Request for Proposal (RFP)? [ ] Yes [ ] No
If RFQ or RFP, did any outside Consultant provide advice or deliverables in developing the RFQ or RFP? [ ] Yes\* [ ] No

\*If yes, Company Name: PO#

Attach a narrative explaining the consulting services and deliverables provided.

Is this a Non-Competitive Procurement? [ ] Yes\* [ ] No

\*If yes, attach completed Non-Competitive Justification form, vendor proposal and completed MBE/WBE compliance plan (Schedules C-1 and D-1) submitted to the Non-Competitive Review Board.

Is this a request for Individual Contract Services? [ ] Yes\* [ ] No

\*If yes and you seek a sole source contract to hire a person as a Consultant, attach completed Office of Compliance "Request for Individual Contract Services" approval form signed by Department Head, Office of Compliance & OBM.

Is this a Revenue Producing contract? [ ] Yes [ ] No

Does this request involve the purchase of Software? [ ] Yes\* [ ] No

\*If yes, is City required to sign a software license? [ ] Yes\* [ ] No

\*If yes, attach descriptions of software and software license agreement.



DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

~~A~~ 10/17  
RIB  
JOB  
10-19-11 09:06 RCVB

# MEMORANDUM

**To:** Jamie L. Rhee  
Chief Procurement Officer  
City of Chicago Department of Procurement Health

**From:** W. Choucair  
Bechara Choucair, M.D.  
Commissioner

**Date:** 10/7/11

**Re:** Request for vendor limit increase, PO #11616 OraSure Technologies, Inc.

---

The Chicago Department of Public Health (CDPH) would like to request a vendor limit increase to the above referenced contract. OraSure Technologies, Inc. provides the OraQuick Advance Rapid HIV – ½ antibody tests, OraSure oral fluid HIV – 1 antibody collector device, and the OraQuick advance rapid HIV – ½ controls used for HIV testing in CDPH clinics and CDPH grant funded agencies.

CDPH spent approximately \$888,803.03 in the last two and a half years of the contract, please see expense report. A vendor limit increase of \$700,684 is needed to cover the expenditures for the remaining period of the contract that expires on 11/30/12. The original value of the contract is \$1,800,000, and FMPS shows \$1,777,084.23 in matched invoices leaving \$22,916 available for the period of the contract.

Thank you for your assistance in this matter. If you have any questions or need additional information, please contact Rosemary Lebron at 312-747-9657 or Maribel Valdez at 312-747-8828.

**Cc:** Bob Kelly  
Randal Buffington  
File

## HIV Tests Comparison Table

Test Name	Manufacturer	Generation	Shelf Life	Specimen Type	Sensitivity (95% CI)	Specificity (95% CI)	Time Required to Conduct Test	Price Per Device
OraQuick Advance Rapid HIV 1/2 Antibody Test	OraSure Technologies, Inc.	2 <sup>nd</sup> Generation	30 months	Oral Fluid	99.3% (98.4-99.7)	99.8% (99.6-99.9)	20 minutes (acceptable range 20-40 minutes)	Device: \$11.75* Controls: \$25.00*
				Whole Blood (finger stick or venipuncture)	99.6% (98.5-99.9)	100% (99.7-100)		
				Plasma	99.6% (98.9-99.8)	99.9% (99.6-99.9)		
Uni-Gold Recombigen HIV	Trinity Biotech	3 <sup>rd</sup> Generation	12 months	Whole Blood (finger stick or venipuncture)	100% (99.5-100)	99.7% (99.0-100)	10 minutes (acceptable range 10-12 minutes)	Device: \$8.00* Controls: \$22.00*
				Serum, Plasma	100% (99.5-100)	99.8% (99.3-100)		
				Serum	99.8% (99.2-100)	99.1% (98.9-99.4)		
Reveal G-3 Rapid HIV Antibody Test	MedMira, Inc.	3 <sup>rd</sup> Generation	12 months	Plasma	99.8% (99.0-100)	98.6% (98.4-98.8)	5 minutes	N/A
				Serum	100% (99.9-100)	99.9% (99.8-100)		
				Plasma	100% (99.9-100)	99.9% (99.8-100)		
MultiSpot HIV-1/HIV-2 Rapid Test	Bio-Rad Laboratories	2 <sup>nd</sup> Generation	12 months at 2*-8*C OR 3 months at 20*-30*C	Whole Blood (finger stick or venipuncture)	99.7% (98.9-100)	99.9% (99.6-100)	15 minutes (acceptable range 15-20 minutes)	N/A
				Serum, Plasma	99.7% (98.9-100)	99.9% (99.6-100)		
				Whole Blood (finger stick or venipuncture)	99.7% (98.9-100)	99.9% (99.6-100)		
Clearview HIV 1/2 STAT-PAK	Inverness Medical Professional Diagnostics	3 <sup>rd</sup> Generation	24 months	Serum, Plasma	99.7% (98.9-100)	99.9% (99.6-100)	15 minutes (acceptable range 15-20 minutes)	N/A
				Whole Blood (finger stick or venipuncture)	99.7% (98.9-100)	99.9% (99.6-100)		
				Serum, Plasma	99.7% (98.9-100)	99.9% (99.6-100)		
Clearview COMPLETE HIV1/2	Inverness Medical Professional Diagnostics	3 <sup>rd</sup> Generation	24 months	Whole Blood (finger stick or venipuncture)	99.7% (98.9-100)	99.9% (99.6-100)	15 minutes (acceptable range 15-20 minutes)	N/A
				Serum, Plasma	99.7% (98.9-100)	99.9% (99.6-100)		
				Whole Blood (finger stick or venipuncture)	99.7% (98.9-100)	99.9% (99.6-100)		

Test Name	Manufacturer	Generation	Shelf Life	Specimen Type	Sensitivity (95% CI)	Specificity (95% CI)	Time Required to Conduct Test	Price Per Device
INSTI	bioLytical Laboratories, Inc.	2 <sup>nd</sup> Generation	12 months	Finger stick blood	99.8% (99.3-99.9)	99.5% (99.0-99.8)	60 seconds (acceptable range 1-5 minutes)	N/A
				Venous blood/Plasma	99.9% (99.5-100)	100.0% (99.7-100)		
ARCHITECT HIV Ag/Ab Combo	Abbott Laboratories	4 <sup>th</sup> Generation	8 months at 2*-8*C for Reagent Kit and Controls. 6 months at 2*-8*C for Calibrator	Serum, Plasma	100.00% (94.31-100.0)	99.77% (99.62-99.88)	29 minutes	N/A
GS HIV-1/HIV-2 Plus O EIA	Bio-Rad Laboratories	3 <sup>rd</sup> Generation	6-9 months upon delivery	Serum, Plasma	100% (99.84-100)	99.89% (99.83-99.96)	Not a rapid test	N/A
OraSure HIV-1 Western Blot Kit	OraSure Technologies	No Generation Designation	17 months	Oral Fluid	98.6% (confirmed AIDS subjects) 99.5% (confirmed high risk subjects)	99.7% (No CI)	Not a rapid test	Device: \$6.84* IDPH Processing: \$20.00
Western Blot		No Generation Designation		Serum, Plasma			Not a rapid test	IDPH performs test at no charge to CDPH

\*CDPH negotiated price

Revised: September 22, 2011




DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

A 10/17  
RB  
JOB

10-19-11 09:06 RC/D

## MEMORANDUM

**To:** Jamie L. Rhee  
Chief Procurement Officer  
City of Chicago Department of Procurement Health

**From:**   
Bechara Choucair, M.D.  
Commissioner

**Date:** 9/29/11

**Re:** Procurement History for OraSure Technologies, Inc.

---

The Chicago Department of Public Health (CDPH) is seeking a vendor limit increase for OraSure Technologies, Inc. (OTI) to cover the remainder of its current contract period which expires at the end of November 2012. The current contract is a sole-source contract, which requires CDPH to reapply under the non-competitive procurement process in order to secure the vendor limit increase.

The City of Chicago has had a term agreement with OraSure Technologies, Inc. (OTI) since 2002. This supply requirement cannot be competitively bid as OraSure Technologies, Inc. ("OraSure") is the only licensed manufacturer and sole distributor of the OraQuick *ADVANCE*® Rapid HIV-1/2 Antibody Test, OraSure® HIV-1 Oral Specimen Collection, and the OraQuick *ADVANCE*® Rapid HIV-1/2 Controls.

In June 2003, CDPH's Division of STI/HIV received an award from the Centers for Disease Control and Prevention (CDC) under the Post-Market Surveillance for OraQuick® Rapid HIV-1 Testing Initiative. The purpose of this initiative was to conduct multi-site pilot studies to assess the feasibility and acceptability of OraSure Technologies' 1<sup>st</sup> generation OraQuick® Rapid HIV-1 Antibody Test, a blood/whole serum-based test and at the time a new testing technology, in non-clinical settings (e.g., jails, public parks, universities, community-based organizations, etc.).

In September 2003, CDPH, Division of STD/HIV/AIDS Public Policy and Programs received an additional award for Rapid Testing under CDC program announcement 2003- N-00894: Project

3 - Using HIV Rapid Testing to Improve Outcomes of Partner Counseling and Referral Services. This award was initially to cover the period 09-14-03 through 09-14-05, but was extended through 06-14-2006.

In 2006, OraSure Technologies was awarded Contract (PO) Number 11616 for the term beginning January 1, 2006 and ending December 31, 2008, for the amount of \$900,000.

In September 2007, CDPH, STI/HIV Division received a three-year contract for Expanded Testing Project under CDC program announcement PS07-768 Expanded HIV Testing for Disproportionately Affected Populations. Under this program announcement, CDPH tested over 180,000 individuals for HIV, including over 120,000 with the OraSure *ADVANCE*® Rapid HIV-1/2 Antibody Test using oral fluid specimens.

In January 2007, the contract was modified (#116164) and OTI was awarded a contract for an additional \$900,000.

In September 2010, CDPH, STI/HIV Division received a three-year contract for Expanded Testing Project under CDC program announcement PS10-10138 Expanded HIV Testing for Disproportionately Affected Populations. In June 2011, CDC issued a five-year Funding Opportunity Announcement PS12-1201, which greatly increases HIV testing initiatives.

OraSure continues to be the only licensed manufacturer and sole distributor of the OraQuick Advance® Rapid HIV-1/2 Antibody Test, OraSure® HIV-1 Oral Specimen Collection Device, and the OraQuick *ADVANCE*® Rapid HIV-1/2 Controls. OTI also is the only licensed manufacturer and sole distributor of any rapid oral fluid HIV testing device.

CDPH plans to continue the use of OraSure products and will seek a new contract with the company when the current contract expires at the end of November 2012. Additionally, OraSure has developed a rapid test for Hepatitis C and CDPH plans to seek approval and a contract to allow for the usage of that product.

Thank you for your assistance in this matter. If you have any questions or need additional information, please contact Rosemary Lebron at 312-747-9657 or Maribel Valdez at 312-747-8828.

Cc: Bob Kelly  
Randal Buffington  
File



## OraSure Technologies, Inc.

September 30, 2011

Mr. Randal Buffington  
Chicago Department of Public Health  
HIV AIDS Division  
333 S. State  
Chicago, IL 60604

**SUBJECT:** Price Quote for OraQuick ADVANCE Rapid HIV-1/2 Kits/Controls and OraSure HIV-1 Oral Fluid Devices

Dear Mr. Buffington:

OraSure Technologies, Inc. ("OraSure") is pleased to provide the below listed price quote per your request.

ITEM#	DESCRIPTION	QTY (CASE)	PRICE PER CASE
1001-0077	OraQuick ADVANCE Rapid HIV-1/2 Controls	1 set	\$25.00 (per set)
1001-0078	OraQuick ADVANCE Rapid HIV-1/2, kits	100 kits per case	\$1,175.00
1001-0079	OraQuick ADVANCE Rapid HIV-1/2, kits	25 kits per case	\$293.75
503-0050	OraSure HIV-1 Oral Fluid Devices	50 devices per case	\$244.60

**Shipping Charges are included in the above pricing.**

**PAYMENT ADDRESS:**

OraSure Technologies, Inc.  
Dept. 269701  
PO Box 67000  
Detroit, Michigan 48267-2697

**CUSTOMER CARE:**

To place orders please call 800-ORASURE or Fax Orders to 610-882-3572. Emails may be sent to [customercare@orasure.com](mailto:customercare@orasure.com). Office Hours are 8:00 a.m. to 5:30 p.m. (Eastern Time).

Quote will remain valid for 90 days from the date of this letter.

If you need any further information, please contact me at 610-882-1820, ext 3034 or e-mail [jhannabery@orasure.com](mailto:jhannabery@orasure.com).

Sincerely,

*Joanne Hannabery*

Joanne Hannabery  
Director, Client Services

*Randal R. Buffington*

CDPH  
PUBLIC HEALTH ADM. II





**OraSure Technologies, Inc.**

October 6, 2011

Mr. Randal Buffington  
HIV/STD Program  
333 S. State, Suite 200  
Chicago, IL 60604

**SUBJECT:** The City of Chicago's Guide to Procurement Fundamentals

**REFERENCE:**

**<http://www.cityofchicago.org/content/dam/city/depts/dps/Outreach/ProcurementFundamentalsGuideMay262010.pdf>**

Dear Mr. Buffington:

OraSure Technologies, Inc. has read and agrees to The City of Chicago's Guide to Procurement Fundamentals.

With regard to MBE/WBE/DBE participation, OraSure Technologies, Inc. has requested a waiver of the stated goals for the contract due to the nature of our business.

If you need any further information, please contact Joanne Hannabery at 610-882-1820, ext 3034 or e-mail [jhannabery@orasure.com](mailto:jhannabery@orasure.com).

Sincerely,

Tony Zezzo  
EVP, Marketing and Sales



## OraSure Technologies, Inc.

September 1, 2011

Mr. Randal Buffington  
HIV/STD Program  
333 S. State, Suite 200  
Chicago, IL 60604

**SUBJECT:** Sole Source Letter for OraQuick *ADVANCE*<sup>®</sup> Rapid HIV-1/2 Kits, Controls and OraSure<sup>®</sup> HIV-1 Oral Fluid Devices

Dear Mr. Buffington:

OraSure Technologies, Inc. ("OraSure") is the only licensed manufacturer of the OraQuick *ADVANCE*<sup>®</sup> Rapid HIV-1/2 Antibody Test (the "OraQuick<sup>®</sup> Test"), PMA BP010047, product numbers 1001-0079 (25 count kits), P/N 1001-0078 (100 count kits), P/N 1001-0077 (1 set), OraQuick *ADVANCE*<sup>®</sup> Controls as well as OraSure<sup>®</sup> HIV-1 Oral Fluid Devices, P/N 503-0050 (50 count).

OraSure is the Sole Source distributor of the aforementioned products to Public Health Departments. The above listed products are not available for resale or distribution to Public Health Departments from any other source including web sites. Sales of these products by other vendors are not authorized by OraSure Technologies, Inc. and they will not be able to provide you with product.

If you need any further information, please contact me at 610-882-1820, ext 3034 or e-mail [jhannabery@orasure.com](mailto:jhannabery@orasure.com).

Sincerely,

Joanne Hannabery  
Director, Client Services

CDPH - STI/HIV  
9-29-11



## OraSure Technologies, Inc.

July 21, 2011

Ms. Jamie L. Rhee  
Chief Procurement Officer  
Department of Procurement Services  
121 N. LaSalle, Room 403  
Chicago, IL 60614

**SUBJECT: Minority Business Enterprise (MBE); Women's Business Enterprise (WBE);  
Disadvantaged Business Enterprise (DBE) Participation Waiver Request**

Dear Ms. Rhee:

I am writing to you regarding the MBE/WBE/DBE participation goals for OraSure Technologies, Inc. (OTI) proposed contract with the City of Chicago. OTI is the sole source provider, small business and manufacturer of OraQuick Advance Rapid HIV-1/2/ kits and Oral Fluid Specimen Collection Devices. Most of our products are regulated by the FDA, certain state and local agencies, and comparable regulatory bodies in other countries. This regulated environment governs authorizations to market, labeling, promotion, manufacturing and recordkeeping. OTI must follow the FDA regulations which require approval by the FDA for changes to our Approved Vendors list. This is both a detailed and time consuming process.

OTI is requesting a waiver from the contract goals for MBE/WBE/DBE participation based on the above information as well as the below:

1. OTI has not been able to identify a potential MBE/WBE/DBE whom is certified by the City of Chicago to participate as a subcontractor or joint venture partner.
2. Our corporate headquarters is located in Bethlehem, PA and its manufacturing facilities are located in Bethlehem, PA. Its proximity to the City of Chicago makes full participation in the MBE/WBE/DBE program prohibitive.
3. OTI will continue to make a Good Faith Effort to attract and utilize MBE's/WBE's and DBE's when ever possible.

We hope that this letter and our efforts are satisfactory to your department. If you require additional information or if I can be of further assistance please contact me at 1-610-882-1820, x3034 or email me at [jhannabery@orasure.com](mailto:jhannabery@orasure.com).

Sincerely,

Joanne Hannabery  
Director, Client Services




DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

**MEMORANDUM**

TO: Erin Keane  
First Deputy Budget Director  
Office of Budget and Management

James McDonald  
Chief Assistant Corporation Counsel  
Law Department

Russel Summers, Assistant Comptroller  
Emile Young, Assistant Comptroller  
Grant and Project Accounting Division, Comptroller's Office

FROM: Erica Salem   
Deputy Commissioner

RE: **GRANT AWARD**  
**HIV Prevention**

DATES: January 9, 2012

---

Attached for your files is the notice of award for the **2012 HIV Prevention** program in the amount of \$4,074,665. This amount represents 50% of the approved award budget. The full award is expected to be \$8,149,330. The budget revision that matches the award will be provided as soon as it is completed.

This is an agreement between the Chicago Department of Public Health (CDPH) and the Centers for Disease Control and Prevention (CDC). If you require any additional information regarding this grant award, please contact Ann Cibulskis at x7-9828.

Thank you.

cc: Grants Administration



**Grant Number:** 1U62PS003644-01

**Principal Investigator(s):**  
CHRISTOPHER BROWN, MPH

**Project Title:** PS12-1201 COMPREHENSIVE HIV PREVENTION PROJECT FOR HEALTH DEPTS

ERICA SALEM  
CITY OF CHICAGO DEPT OF PUBLIC HEALTH  
333 SOUTH STATE STREET  
ROOM 200  
CHICAGO, IL 60604

**Budget Period:** 01/01/2012 – 12/31/2012  
**Project Period:** 01/01/2012 – 12/31/2017

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$4,074,685 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to CHICAGO DEPARTMENT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of 307,317K2 PHSA,42USC241,247BK2,PL108 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

SHIRLEY WYNN  
Grants Management Officer  
Centers for Disease Control and Prevention

Additional information follows

**SECTION I – AWARD DATA – 1U62PS003644-01**

**Award Calculation (U.S. Dollars)**

<b>Salaries and Wages</b>	\$1,913,506
<b>Fringe Benefits</b>	\$743,850
<b>Personnel Costs (Subtotal)</b>	\$2,657,356
<b>Supplies</b>	\$59,216
<b>Travel Costs</b>	\$12,570
<b>Other Costs</b>	\$48,618
<b>Consortium/Contractual Cost</b>	\$861,310

<b>Federal Direct Costs</b>	\$3,639,070
<b>Federal F&amp;A Costs</b>	\$435,595
<b>Approved Budget</b>	\$4,074,665
<b>Federal Share</b>	\$4,074,665
<b>TOTAL FEDERAL AWARD AMOUNT</b>	\$4,074,665

**AMOUNT OF THIS ACTION (FEDERAL SHARE) \$4,074,665**

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

02	\$8,149,330
03	\$8,149,330
04	\$8,149,330
05	\$8,149,330

**Fiscal Information:**

**CFDA Number:** 93.940  
**EIN:** 1366005820A4  
**Document Number:** UPS003644A

IC	CAN	2012	2013	2014	2015	2016
PS	9213704	\$3,300,460	\$8,149,330	\$8,149,330	\$8,149,330	\$8,149,330
PS	921Z9HC	\$774,205				

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$4,074,665	\$4,074,665
2	\$8,149,330	\$8,149,330
3	\$8,149,330	\$8,149,330
4	\$8,149,330	\$8,149,330
5	\$8,149,330	\$8,149,330

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

**CDC Administrative Data:**

**PCC: / OC: 4141 / Processed: ERAAPPS 12/29/2011**

**SECTION II – PAYMENT/HOTLINE INFORMATION – 1U62PS003644-01**

For payment information see Payment Information section in Additional Terms and Conditions.

**INSPECTOR GENERAL:** The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they

---

**SECTION III – TERMS AND CONDITIONS – 1U62PS003644-01**

This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

This award is funded by the following list of institutes. Any papers published under the auspices of this award must cite the funding support of all institutes.

National Center For Hiv, Viral Hepatitis, Stds And Tb Prevention (PS)

**Treatment of Program Income:**  
Additional Costs

---

**SECTION IV – PS Special Terms and Conditions – 1U62PS003644-01**

\*\*\*\*\*ORIGINAL AWARD TERMS AND CONDITIONS\*\*\*\*\*

Funding Opportunity Announcement (FOA) Number: PS12-1201  
Award Number: 1 U62 PS003644-01 (Grantee: CHICAGO DEPT OF PUBLIC HEALTH )

NOTE 1. INCORPORATION: Funding Opportunity Announcement Number PS12-1201 entitled, Comprehensive HIV Prevention Programs for Health Departments, application dated 9/14/2011, as amended, budget discussion conference call dated 11/30/2011, and revised budget dated 12/21/2011, are made a part of this New Non-Research award by reference.

NOTE 2A. FY 2012 APPROVED FUNDING: CDC is operating under a continuing resolution and as a result the total available funding for the FY2012 twelve month budget period (January 1, 2012, through December 31, 2012), is contingent on the approval of the Congressional appropriations bill. Your anticipated 12-month funding amount is \$8,149,330 (Categories A and B, Financial Assistance). Funds will be awarded as follows:

CATEGORY A (HIV PREVENTION CORE FUNDING): \$6,600,920  
CATEGORY B (EXPANDED HIV TESTING): \$1,548,410

The amounts reflected are subject to change, based on availability of funds. This Notice of Award reflects 50% of your anticipated total 12-month funding.

NOTE 2B. DIRECT ASSISTANCE: A personnel category for Direct Assistance in the amount of is awarded for the period covering January 1, 2012, through September 30, 2012.

NOTE 3A. RESPONSE TO TECHNICAL REVIEW: Attached to this Notice of Cooperative Agreement award is a copy of the Technical Review (TR). The TR of your application may include action items and recommendations that require a response. The due date for response to the action items and recommendations cited in the TR is: February 1, 2012. All responses to the TR must be electronically submitted as a PDF (Portable Document Format) to the CDC Technical Review Mailbox, TRPGO@CDC.GOV and a courtesy copy to your Grants Management Specialist and Project Officer listed below. The email should reference the FOA and Award Number listed above, and the response should include a signed cover letter signed by the key staff named on this award.

**NOTE 3B. REVISED BUDGET SPECIAL CONDITION:** By February 1, 2012, the grantee must submit a revised budget with narrative justification and work plan. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you must submit a letter explaining the reason and state the date by which the Grants Management Officer NOTed in Section IV. Staff Contacts will receive the information.

**NOTE 4. INDIRECT COSTS:** Indirect costs are approved based on the Cost Allocation Plan dated 03/24/11, which calculates indirect costs at a rate of 11.97% of the Total Direct Costs.

**NOTE 5. HIV PROGRAM REVIEW PANEL REQUIREMENT:** All written materials, audiovisual materials, pictorials, questionnaires, survey instruments, websites, educational curricula and other relevant program materials have to be reviewed and approved by an established program review panel. A list of reviewed materials and approval dates must be submitted to the CDC Grants Management Specialist.

Web page notices must be used on websites to alert individuals who may be searching or browsing the web. The certification, Assurance of Compliance, with this requirement must be signed and returned to the Procurement and Grants Office. Not complying with these requirements will result in restrictions or disallowance of funds related to the use of the unapproved materials and related staff activities.

**NOTE 6. RAPID HIV TESTING, CLIA:** For projects involving rapid HIV testing, the grantee must comply with CLIA requirements and all relevant state and local regulations applicable to rapid HIV testing at the venues proposed.

**NOTE 7. REQUIRED CDC-SPONSORED TRAVEL:** Grantee must ensure that appropriate Health Department and Community representatives attend required CDC-sponsored meetings and trainings. Grantees under this program are required to send at least 3 key staff to attend the 4-day Grantee Orientation meeting scheduled in 2012. Details on this meeting will follow.

**NOTE 8. RENT OR SPACE COSTS:** Recipients are responsible for ensuring that all costs included in this proposal to establish billing or final indirect cost rates are allowable in accordance with the requirements of the Federal award(s) to which they apply and 2 CFR Part 225, Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87). The recipient also has a responsibility to ensure sub-recipients expend funds in compliance with federal laws and regulations. Furthermore, it is the responsibility of the recipient to ensure rent is a legitimate direct cost line item which the recipient has supported in current and/or prior projects and these same costs have been treated as indirect costs that have not been claimed as direct costs. If rent is claimed as direct cost, the recipient must provide a narrative justification which describes their prescribed policy to include the effective date to the assigned Grants Management Specialist NOTed in Section IV. Staff Contacts.

**NOTE 9. REPORTING REQUIREMENTS:**

**A. ANNUAL FINANCIAL STATUS REPORT (FSR, SF 269 or SF 269A)/FEDERAL FINANCIAL REPORT (FFR):**

**Disclaimer:** As of February 2011, existing Financial Status Report (FSR) requirements will soon be replaced with the new Federal Financial Reporting (FFR) requirements. However, until informed FSR requirements will remain in effect.

**1) ANNUAL FINANCIAL STATUS REPORT:** The Annual Financial Status Report (FSR) is required and must be submitted 90 days after the end of each budget period. The FSR for this budget period is due to the Grants Management Specialist by March 31, 2013. Reporting timeframe is January 1, 2012, through December 31, 2012. The FSR should only include those funds authorized and disbursed during the timeframe covered by the report. If the FSR is not finalized by the due date, an interim FSR must be submitted, marked "NOT FINAL," and an amount of un-liquidated obligations should be annotated to reflect unpaid expenses. Electronic versions of the form can be downloaded into Adobe Acrobat and completed on-line by reviewing, <http://www.whitehouse.gov/omb/grants/sf269a.pdf> (short form).

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to



submit a letter explaining the reason and date by which the Grants Officer will receive the information.

The FSR is a requirement of this cooperative agreement and must be submitted and finalized every year of the project. The finalized FSR must be submitted within 12 months of the due date and should only be submitted electronically.

**B. PROGRESS REPORTING, SEMI-ANNUAL PROGRESS REPORTING:** Semi-annual progress reports are a requirement of this program. Ensure the Award and Program Announcement numbers shown above are on all reports.

1. Interim Progress Report (IPR) will serve as the non-competing continuation application. IPR reporting timeframe is (January 1, 2012, through June 30, 2012). A due date and specific IPR guidance will be provided at a later date; however, the IPR must contain the following:

- a. Status/Progress of Current Budget Period Goals and Objectives
- b. Also include key organizational changes, key staff changes, and an implementation plan for each activity.
- c. Current Budget Period Financial Progress and amount of estimated unobligated balances
- d. New Budget Period Program Proposed Activity Objectives and timelines
- e. Ensure Objectives are specific, measurable, appropriate, realistic, and time-phased.
- f. Measures of Effectiveness.
- g. Additional requested information.
- h. Detailed Line-Item Budget and Justification. Use the SF424 forms: [http://www.whitehouse.gov/omb/grants/grants\\_forms.html](http://www.whitehouse.gov/omb/grants/grants_forms.html). For the Budget details and justification follow the Budget Guidelines at: <http://www.cdc.gov/od/pgo/funding/grantmain.htm>.

2. Annual Progress Report (APR) will be due 90 days following the end of the budget period on March 31, 2013. Reporting timeframe is (January 1, 2012, through December 31, 2012). An original of the report must be mailed to the Grants Management Specialist by the due date. APR programmatic guidance will be provided at a later date; however, the APR must contain the following:

- a. A comparison of actual accomplishments to the goal established for the period
- b. The reasons for failure, if established goals were not met.
- c. Other pertinent information including, when appropriate, analysis and explanation of performance costs significantly higher than expected.

#### NOTE 10. OTHER REPORTING REQUIREMENTS:

**A. CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER REQUIREMENTS:** All applicant organizations must obtain a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the US D&B D-U-N-S Number Request Form or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. NOTE this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS.

Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at [www.ccr.gov](http://www.ccr.gov). If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the grantee organization.

**B. FEDERAL INFORMATION SECURITY MANAGEMENT ACT (FISMA):** All information systems, electronic or hard copy which contain federal data need to be protected from unauthorized access. This also applies to information associated with CDG grants. Congress and

the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347.

FISMA applies to CDC grantees only when grantees collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the grantee retains the original data and intellectual property, and is responsible for the security of this data, subject to all applicable laws protecting security, privacy, and research. If and when information collected by a grantee is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website:  
[http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107\\_cong\\_public\\_laws&docid=f:publ347.107.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ347.107.pdf)

### C. FEDERAL FUNDING ACCOUNTABILITY and TRANSPARENCY (FFATA):

FFATA DOES APPLY. THE GRANTEE MUST FOLLOW THIS SECTION  
 FFATA DOES NOT APPLY ? THE GRANTEE MAY SKIP THIS SECTION

Pursuant to A-133 (see ? \_\_\_.205(h) and ? \_\_\_.205(i)), a grant sub-award includes the provision of any commodities (food and non-food) to the sub-recipient where the sub-recipient is required to abide by terms and conditions regarding the use or future administration of those goods. If the sub-awardee merely consumes or utilizes the goods, the commodities are not in and of themselves considered sub-awards.

In accordance with 2 CFR Chapter 1, Part 170 REPORTING SUB-AWARD AND EXECUTIVE COMPENSATION INFORMATION, Prime Awardees awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime awardee awards any sub-grant equal to or greater than \$25,000.

#### 1. Reporting of first-tier subawards.

**Applicability.** Unless you are exempt as provided in paragraph D. of this award term, you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111?5) for a subaward to an entity (see definitions in paragraph E. of this award term).

**Where and when to report.** You must report each obligating action described in paragraph A.1. of this award term to <http://www.fsrs.gov>.

For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010).

**What to report.** You must report the information about each obligating action that the submission instructions posted at <http://www.fsrs.gov> specify.

#### 2. Reporting Total Compensation of Recipient Executives.

**Applicability and what to report.** You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if:

- i. The total Federal funding authorized to date under this award is \$25,000 or more;
- ii. In the preceding fiscal year, you received:
  - (a) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(b) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

**Where and when to report.** You must report executive total compensation described in paragraph A.1. of this award term:

- i. As part of your registration profile at <http://www.ccr.gov>.
- ii. By the end of the month following the month in which this award is made, and annually thereafter.

### 3. Reporting of Total Compensation of Subrecipient Executives.

**Applicability and what to report.** Unless you are exempt as provided in paragraph D. of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if:

In the subrecipient's preceding fiscal year, the subrecipient received:

(a) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(b) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

**Where and when to report.** You must report subrecipient executive total compensation described in paragraph c.1. of this award term:

To the recipient, by the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

**4. Exemptions:** If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report: Subawards and the total compensation of the five most highly compensated executives of any subrecipient.

**5. Definitions.** For purposes of this award term:

a. Entity means all of the following, as defined in 2 CFR part 25:

- i. A Governmental organization, which is a State, local government, or Indian tribe;
- ii. A foreign public entity;
- iii. A domestic or foreign nonprofit organization;
- iv. A domestic or foreign for-profit organization;
- v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

b. Executive means officers, managing partners, or any other employees in management positions.

c. Subaward:

i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. \_\_\_\_210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").

iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

d. Subrecipient means an entity that:

i. Receives a subaward from you (the recipient) under this award; and

ii. Is accountable to you for the use of the Federal funds provided by the subaward.

e. Total compensation means the cash and noncash dollar value earned by the executive during the

recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

i. Salary and bonus.

ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

v. Above-market earnings on deferred compensation which is not tax-qualified.

vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

**D. NON-DELINQUENCY on FEDERAL DEBT:** The Federal Debt Collection Procedures Act of 1990 (Act), 28 U.S.C. 3201(e), provides that an organization or individual that is indebted to the United States, and has a judgment lien filed against it, is ineligible to receive a Federal grant. CDC cannot award a grant unless the AOR of the applicant organization (or individual in the case of a Kirschstein-NRSA individual fellowship) certifies, by means of his/her signature on the application, that the organization (or individual) is not delinquent in repaying any Federal debt. If the applicant discloses delinquency on a debt owed to the Federal government, CDC may not award the grant until the debt is satisfied or satisfactory arrangements are made with the agency to which the debt is owed. In addition, once the debt is repaid or satisfactory arrangements made, CDC will take that delinquency into account when determining whether the applicant would be a responsible CDC grant recipient.

Anyone who has been judged to be in default on a Federal debt and who has had a judgment lien filed against him or her should not be listed as a participant in an application for a CDC grant until the judgment is paid in full or is otherwise satisfied. No funds may be used for or rebudgeted following an award to pay such an individual. CDC will disallow costs charged to awards that provide funds to individuals in violation of this Act.

These requirements apply to all types of organizations and awards, including foreign grants

**NOTE 11. AUDIT REQUIREMENT:** An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period.

The audit report must be sent to:  
Federal Audit Clearing House  
Bureau of the Census  
1201 East 10th Street  
Jeffersonville, IN 47132

Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: [govs.fac@census.gov](mailto:govs.fac@census.gov)

It is very helpful to CDC managers if the recipient sends a courtesy copy of completed audits and any management letters on a voluntary basis to the following address.

Centers for Disease Control and Prevention (CDC)  
ATTN: Audit Resolution, Mail Stop E-14  
2920 Brandywine Road  
Atlanta, GA 30341-4146

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or cooperative agreement funds received exceed \$500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantee's own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each sub-recipient to permit independent auditors to have access to the sub-recipient's records and financial statements. The grantee should include this requirement in all sub-recipient contracts.

**NOTE 12. PRIOR APPROVAL:** All requests, which require prior approval, must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director named on this notice of award. The request must be postmarked no later than 120 days prior to the end date of the current budget period and submitted with an original plus two copies. Any requests received that reflect only one signature will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

Prior approval is required but is not limited to the following types of requests: 1) Use of unobligated funds from prior budget period (Carryover); 2) Lift funding restriction, withholding, or disallowance, 3) Redirection of funds, 4) Change in Contractor/Consultant; 5) Supplemental funds; 6) Response to Technical Review or Summary Statement, 7) Change in Key Personnel, or 8) Liquidation Extensions.

**NOTE 13. CORRESPONDENCE:** ALL correspondence (including emails and faxes) regarding this award must be dated, identified with the AWARD NUMBER, and include a point of contact (name, phone, fax, and email). All correspondence should be addressed to the Grants Management Specialist listed below and submitted with an original plus two copies.

**NOTE 14. INVENTIONS:** Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

**NOTE 15. PUBLICATIONS:** Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, for example:

This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

**NOTE 16. CANCEL YEAR.** 31 U.S.C. 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following, On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed year appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose. An example is provided below:

FY 2012 funds will expire September 30, 2017. All FY2012 funds should be drawn down and reported to Payment Management System (PMS) prior to September 30, 2017. After this date, corrections or cash requests will not be permitted.

**NOTE 17. CONFERENCE DISCLAIMER AND USE OF LOGOS:**

Disclaimer. If a conference is funded by a grant, cooperative agreement, sub-grant and/or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily do not reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

**Logos.** Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the conference source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, and contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the grantee must ensure written consent is received from the Project Officer and/or the Grants Management Officer.

**NOTE 18. EQUIPMENT AND PRODUCTS:** To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The grantee may use its own property management standards and procedures provided it observes provisions of the following sections in the Office of Management and Budget (OMB) Circular A-110 and 45 CFR Part 92:

i. Office of Management and Budget (OMB) Circular A-110, Sections 31 through 37 provides the uniform administrative requirements for grants and agreements with institutions of higher education, hospitals, and other non-profit organizations. For additional information, please review the following website: <http://www.whitehouse.gov/omb/circulars/a110/a110.html>

ii. 45 CFR Parts 92.31 and 92.32 provides the uniform administrative requirements for grants and cooperative agreements to state, local and tribal governments. For additional information, please review the following website listed: [http://www.access.gpo.gov/nara/cfr/waisidx\\_03/45cfr92\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr92_03.html)

**NOTE 19. PROGRAM INCOME:** Any program income generated under this cooperative agreement will be used in accordance with the additional cost alternative. The disposition of program income must have written prior approval from the Grants Management Officer.

**Additional Costs Alternative—Used for costs that are in addition to the allowable costs of the project for any purposes that further the objectives of the legislation under which the cooperative agreement was made. General program income subject to this alternative shall be reported on lines 10r and 10s, as appropriate, of the FSR (Long Form).**

**NOTE 20. KEY PERSONNEL:** In accordance with 45 CFR 92, CDC recipients shall obtain prior approvals from CDC for (1) change in the project director or principal investigator or other key persons specified in the application or award document, and (2) the absence for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

**NOTE 21. TRAFFICKING IN PERSONS.** This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award terms and conditions, please review the following website: [http://www.cdc.gov/od/pgo/funding/grants/Award\\_Term\\_and\\_Condition\\_for\\_Trafficking\\_in\\_Persons.shtm](http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtm)

**NOTE 22. ACKNOWLEDGMENT OF FEDERAL SUPPORT:** When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

**NOTE 23. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):** Pursuant to the Standards for Privacy of Individually Identifiable Health Information promulgated under the Health Insurance Portability and Accountability Act (HIPAA)(45 CFR Parts 160 and 164) covered entities may disclose protected health information to public health authorities authorized by law to collect or received such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions. The definition of a public health authority includes a person or entity acting under a grant of authority from or contract with such public agency. Through this agreement, the [Insert recipient Name] is acting under a grant of authority from CDC to carry out [Insert: Name of project/activity] which is authorized by [Insert: Statutory authority from Public Health Service Act, Comprehensive Environmental Response, Compensation, and Liability Act, or other legislation (this information should be provided by the awarding program)]. The CDC grants this authority to [Insert: partner name] for purposes of this project. Further, CDC considers this to be [Insert: type of public health activity, i.e. disease/injury reporting, vital events, surveillance, investigations, intervention, registry] for which disclosure of protected health information by covered entities is authorized by section 164.512(b)).

**NOTE 24. PAYMENT INFORMATION: Automatic Drawdown (Direct/Advance Payments):**

**PAYMENT INFORMATION:** Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

a.) PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM  
P.O. Box 6021  
Rockville, MD 20852

Phone Number: (877) 614-5533

Email: [PMSSupport@psc.gov](mailto:PMSSupport@psc.gov)

Website: [http://www.dpm.psc.gov/grant\\_recipient/shortcuts/shortcuts.aspx?explorer.event=true](http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true)

Please NOTE: To obtain the contact information of DPM staff within respective Payment Branches refer to the links listed below:

University and Non-Profit Payment Branch:

[http://www.dpm.psc.gov/contacts/dpm\\_contact\\_list/univ\\_nonprofit.aspx?explorer.event=true](http://www.dpm.psc.gov/contacts/dpm_contact_list/univ_nonprofit.aspx?explorer.event=true)

Governmental and Tribal Payment Branch:

[http://www.dpm.psc.gov/contacts/dpm\\_contact\\_list/gov\\_tribal.aspx?explorer.event=true](http://www.dpm.psc.gov/contacts/dpm_contact_list/gov_tribal.aspx?explorer.event=true)

Cross Servicing Payment Branch:

[http://www.dpm.psc.gov/contacts/dpm\\_contact\\_list/cross\\_servicing.aspx](http://www.dpm.psc.gov/contacts/dpm_contact_list/cross_servicing.aspx)

International Payment Branch:

Bhavin Patel (301) 443-9188

NOTE: Mr. Patel is the only staff person designated to handle all of CDC's international cooperative agreements.

b.) If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

US Department of Health and Human Services  
PSC/DFO/Division of Payment Management  
7700 Wisconsin Avenue ? 10th Floor  
Bethesda, MD 20814

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

**NOTE 25. ACCEPTANCE OF THE TERMS OF AN AWARD:**

By drawing or otherwise obtaining funds from the grant payment system, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer.

**NOTE 26. CERTIFICATION STATEMENT:** By drawing down funds, Awardee certifies that proper financial management controls and accounting systems to include personnel policies and procedures have been established to adequately administer Federal awards and funds drawn down are being used in accordance with applicable Federal cost principles, regulations and Budget and Congressional intent of the President.

**CDC Programmatic and Technical Contact:**

Stephanie Celestain, Project Officer  
Telephone: 404-639-6193  
Email: SAP2@cdc.gov

**STAFF CONTACTS**

**Grants Management Specialist:** Angie Tuttle  
Centers for Disease Control and Prevention (CDC)  
Procurement and Grants Office  
2920 Brandywine Road, MS E-15  
Atlanta, GA 30341  
**Email:** atuttle@cdc.gov **Phone:** (770) 488-2863 **Fax:** (770) 488-2868

**Grants Management Officer:** Shirley Wynn  
Centers for Disease Control and Prevention  
Procurement and Grants Office  
Koger Center, Colgate Building  
2920 Brandywine Road, Mailstop K75  
Atlanta, GA 30341  
**Email:** zbx6@cdc.gov **Phone:** 770-488-1515 **Fax:** 770.488.2688

**SPREADSHEET SUMMARY**

**GRANT NUMBER:** 1U62PS003644-01

**INSTITUTION:** CHICAGO DEPARTMENT OF PUBLIC HEALTH

<i>Budget</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>
Salaries and Wages	\$1,913,506				
Fringe Benefits	\$743,850				
Personnel Costs (Subtotal)	\$2,657,356				
Supplies	\$59,216				
Travel Costs	\$12,570				
Other Costs	\$48,618				
Consortium/Contractual Cost	\$861,310				
<b>TOTAL FEDERAL DC</b>	<b>\$3,639,070</b>	<b>\$8,149,330</b>	<b>\$8,149,330</b>	<b>\$8,149,330</b>	<b>\$8,149,330</b>



TOTAL	\$435,595				
FEDERAL F&A					
TOTAL COST	\$4,074,665	\$8,149,330	\$8,149,330	\$8,149,330	\$8,149,330

**Funding Opportunity Announcement (FOA) Comprehensive HIV Prevention Programs for Health Departments PS 12-1201**

Funding Period: January 1, 2012 to January 31, 2016

**Technical Review Form for Category A (HIV Prevention Programs for Health Departments) & Category B (Expanded HIV Testing for Disproportionately Affected Populations)**

<b>Applicant Name:</b>	Chicago Department of Public Health	
<b>Application Number:</b>	90018029	
<b>Category A (Required)</b>	<b>Funds Requested: \$6,600,920</b>	<b>Recommended \$ Refer to the amount on Notice of Award</b>
<b>Category B (Optional)</b>	<b>Funds Requested: \$1,648,410</b>	<b>Recommended \$ Refer to the amount on Notice of Award</b>
<b>Reviewer's Name:</b>	Stephanie Celestain	<b>Date: October 21, 2011</b>
<b>Reviewer's Signature</b>	<i>Stephanie Celestain</i>	
<b>Team Leader Name:</b>	Benny Ferro	<b>Date: 11/2/2011</b>
<b>Team Leader's Signature</b>	<i>Benny Ferro</i>	

**Instructions:** Please place an "X" in the corresponding box in each section below. Please detail your response in the "Feedback" section, especially if "No" is selected.

**Please select the required core components, required activities, and recommended program components that apply to applicant for:**

**Category A: HIV Prevention Programs for Health Departments**

Required core components:

- HIV Testing
- Comprehensive Prevention with Positives
- Condom Distribution
- Policy Initiatives

Required activities:

- Jurisdictional HIV Prevention Planning
- Capacity Building and Technical Assistance
- Program Planning, Monitoring and Evaluation, and Quality Assurance

Recommended program components:

- Evidence-based HIV Prevention Interventions for HIV-Negative Persons at Highest Risk
- Social Marketing, Media and Mobilization
- Pre-Exposure Prophylaxis and Non Occupational Post-Exposure Prophylaxis Services

**Category B: Expanded HIV Testing for Disproportionately Affected Populations**

Applicant was not eligible to apply for this category  (page 54-55)

Applicant was eligible but did not apply for this category

Applicant was eligible and applied for:

- HIV Testing in Healthcare Settings (required)
- HIV Testing in Non-Healthcare Settings (optional)
- Service Integration (optional)

**General Considerations**

- All the required documentation was provided in the application (refer to checklist on page 136).

**Comments (if any documents are missing, please specify):**

**CATEGORY A: HIV PREVENTION PROGRAMS FOR HEALTH DEPARTMENTS**

**A. Background and Need**

<i>Did the applicant:</i>		Yes	No
1.	Provide a brief description of the overall HIV epidemic within the jurisdiction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Specify the MSA/s or Metropolitan Division/s within the jurisdiction that has at least 30% of persons living with HIV? Please list the top three MSA/s or MD/s (regardless of 30% rule)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> <li>• Cook County</li> <li>• DeKalb County</li> <li>• Grundy County</li> </ul> If no, please explain on Feedback		
3.	a. Specify the highest risk populations in the target area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If yes, please list the top three highest risk populations in the jurisdiction <ul style="list-style-type: none"> <li>• MSM</li> <li>• IDUs</li> <li>• High-Risk Heterosexuals</li> </ul>		
	b. Summarize the epidemiologic data that quantifies these populations as representing the highest proportion of cases in the jurisdiction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	c. Briefly describe the behaviors, social determinants, and contexts that put each of these populations at risk?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Summarize the current HIV prevention situation including gaps in scope, reach, coordination, and services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Describe experience, expertise, and existing capacity to provide services that address the HIV epidemic within the jurisdiction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Feedback (Includes any strengths, weaknesses and/or recommendations):**

The Chicago Department of Public Health (CDPH) provided a detailed background of the epidemic within the Chicago MSA/MD and clearly understands risk populations and demographic characteristics of HIV/AIDS based on local epidemiological data. CDPH proposes to scale up the HIV prevention activities and will focus its prevention efforts in the city of Chicago. CDPH has established an agreement with the Illinois Department of Health (IDPH) to provide services within suburban Cook County and the seven other counties that comprise the metropolitan area.

There are 20,391 people living with HIV/AIDS in Chicago. Chicago's HIV infection prevalence rate of 765.5 per 100,000 people is nearly three times greater than the national rate of 275.4 per 100,000 people.

In 2008, over 81% of people in Illinois living with HIV (PLWH) reside in the Chicago MD, composed of Cook, DeKalb, Grundy, Kane, McHenry, and Will counties. CDPH will be focusing its prevention efforts in the city of Chicago. CDPH will maintain jurisdiction over the city of Chicago HIV prevention services while IDPH will continue the management of suburban Cook County and the other seven collar counties that comprise the Metropolitan Division.

**Action Item:**

None identified

**B. Program Description**

<b>Required Core Components</b>			
<b>HIV Testing</b>			
<b>Did the applicant:</b>		<b>Yes</b>	<b>No</b>
1.	Describe how it proposes to address the following HIV testing elements?	<input type="checkbox"/>	<input type="checkbox"/>
	a. Implement and/or coordinate opt-out HIV testing of patients ages 13-64 in healthcare settings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	b. Implement and/or coordinate HIV testing in non-healthcare settings to identify undiagnosed HIV infection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	c. Support HIV testing activities in venues that reach persons with undiagnosed HIV infection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	d. Ensure the provision of test results, particularly to clients testing positive?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	e. Promote routine, early HIV testing for all pregnant women, according to current CDC recommendations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	f. Encourage and support health department and non-health department providers to increase the number of persons diagnosed with HIV through strengthening current HIV testing efforts or creating new services?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	g. Facilitate voluntary testing for other STDs (e.g., syphilis, gonorrhea, chlamydial infection), HBV, HCV, and TB, in conjunction with HIV testing, including referral and linkage to appropriate services, where feasible and appropriate and in accordance with current CDC guidelines and recommendations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	h. Ensure that testing laboratories provide tests of adequate quality, report findings promptly, and participate in a laboratory performance evaluation program for testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	i. Incorporate new testing technologies, where feasible and appropriate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: For the above description the applicant must have provided the information detailed on items j through r, pages 64-65. <i>If no, explain in Feedback. Provide details on what is missing, non responsive or incomplete.</i>		<input type="checkbox"/>	<input type="checkbox"/>
<b>Did the applicant:</b>		<b>Yes</b>	<b>No</b>
2.	Identify in the application the healthcare facilities for this program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If yes, were the MOUs/MOAs or a list of the selected healthcare facilities included in the application?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Provide the number and types of settings in which HIV testing activities will be supported? If Yes, complete the table below.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Type of setting</i>		<i>Number of settings</i>	
The number of CBOs and types of settings will vary according to the number of successful applicants in the RFP process.			

4.	Did the applicant address the performance standards in their application? (optional) If yes, please provide the following data.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	% rate of newly identified HIV-positive tests for targeted testing in non-healthcare settings or venues	1%	
	% of persons who test positive for HIV receive their results	85%	
	% of persons who receive their HIV positive test results linked to medical care and attend their first appointment	80%	
	% of persons who receive their HIV positive results are referred and linked to Partner services	Did not provide	

**Feedback (Includes any strengths, weaknesses and/or recommendations):**

CDPH described a comprehensive HIV prevention program that will build on previous successes and lessons learned, while continuing to work with key HIV/AIDS partners and CBOs in the city of Chicago. CDPH has implemented new program indicators for CBOs conducting testing in non-clinical settings which align with CDC performance standards. CDPH recently established policies and procedures for the use of surveillance data for partner services to enhance timeliness and completeness of partner services.

For over 25 years, CDPH has offered HIV antibody screening in its STI specialty clinics. In 2008, routine opt-out testing was implemented in CDPH STI clinics, replacing the old counseling and testing model that required individualized pre-test counseling by Disease Intervention Specialist (DIS).

In order to expand routine testing in other CDPH clinical settings, CDPH will develop and implement protocols for CDPH sites not currently conducting routine opt-out HIV testing. Over the next year, CDPH in collaboration with community partners will conduct an assessment to determine the extent to which the CDC guidelines have been adopted and identify barriers to implementation by non-health department funded clinical providers in high prevalence areas.

CDPH is currently in the RFP process and will anticipate award announcements for HIV prevention projects in late October 2011. Once these sites have been identified for 2012, sites are required to provide certain documents including MOU/MOAs.

**Action Item:**

CDPH is instructed to provide the % of persons who receive their HIV positive results and are referred and linked to Partner services.

**Comprehensive Prevention with Positives**

**Did the applicant:**

		Yes	No
1.	Describe how it proposes to address the following Comprehensive Prevention with Positives elements?		
a.	Provide linkage to HIV care, treatment, and prevention services for those persons testing HIV positive or currently living with HIV/AIDS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Promote retention or re-engagement in care for HIV-positive persons?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	Offer referral and linkage to other medical and social services such as mental health, substance abuse, housing, safety/domestic violence, corrections, legal protections, income generation, and other services as needed for HIV-positive persons?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	Provide ongoing Partner Services for HIV-positive persons and their partners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<p>(1) Collaborate and coordinate with STD programs, and HIV and/or STD surveillance programs to utilize data to maximize the number of persons identified as candidates for Partner Services?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>(2) Partner with non-health department providers, including CBOs and private medical treatment providers, to identify more opportunities to provide Partner Services?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>e. Assure that HIV-positive pregnant women receive the necessary interventions for the prevention of perinatal transmission?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>f. Conduct sentinel event case review and community action to address local systems issues that lead to missed perinatal HIV prevention opportunities by utilizing the FIMR-HIV Prevention Methodology, where appropriate and based on local need and the availability of resources?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>g. Support behavioral and clinical risk screening followed by risk reduction interventions for HIV-positive persons (including those for HIV-discordant couples) at risk of transmitting HIV?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>h. Support implementation of behavioral, structural, and/or biomedical interventions (including interventions focused on treatment adherence) for HIV infected persons?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>i. Support and/or coordinate integrated hepatitis, TB, and STD screening, and Partner Services, for HIV-infected persons, according to existing guidelines?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>j. Support reporting of CD4 and viral load results to health departments and use of these data for estimating linkage and retention in care, community viral load, quality of care, and providing feedback of results to providers and patients, as deemed appropriate?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>k. Promote and support the provision of ART in accordance with current treatment guidelines?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>Note: For the above description the applicant must have provided the information detailed on items l through w, pages 66-68? <i>If no, explain in Feedback. Provide details on what is missing, non responsive or incomplete.</i></p>		
<p><b>Did the applicant:</b></p>	<b>Yes</b>	<b>No</b>
<p>a. Identify the providers and other agencies where clients may be linked to services?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>If yes, were the MOUs/MOAs or a list of the selected providers included in the application?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>b. Include the expected Partner Services (PS) outcomes?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<p>If yes, please list the expected outcomes for PS.</p> <ul style="list-style-type: none"> <li>• CDPH provided this information in Appendix 3 of the application</li> <li>•</li> <li>•</li> </ul>		
<p>c. Identify the interventions to be used within the jurisdiction?</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

d. Include the expected-outcomes for the interventions?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

If yes, please list the outcomes by intervention:

Intervention/s	Expected Outcome/s
See comments below	See comments below

**Feedback (Includes any strengths, weaknesses and/or recommendations):**

CDPH will develop and implement enhanced linkage services between community-based organizations with input from the two planning groups, HPPG and the Planning Council, and a Linkage to Care Workgroup. CDPH understands and promotes the need for a focus on retention and re-engagement in care for HIV positive persons.

In spring 2011, CDPH finalized the STI/HIV Division's Confidentiality and Security Policy to establish policies and procedures for the use of surveillance data for partner services in order to enhance the timeliness and completeness of the services.

DIS refers pregnant patients infected with HIV, whom they contact for partner services, into the CDPH HIV primary care clinics.

CDPH provided partner services outcomes in appendix 3 of the application. Standards are included for case management, interviewing, and investigations. Partner services outcomes are specific and time framed.

**Action Item:**

None identified

**Condom Distribution**

**Did the applicant:**

<b>Yes</b>	<b>No</b>
------------	-----------

1. Describe how it proposes to address the following **Condom Distribution** element?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

a. Prioritize and coordinate condom distribution to target HIV-positive persons and persons at highest risk of acquiring HIV infection?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

**Note:**

For the above description the applicant must have provided the information detailed on items b through f, page 68? *If no, explain in Feedback. Provide details on what is missing, non responsive or incomplete*

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

**Did the applicant:**

<b>Yes</b>	<b>No</b>
------------	-----------

2 Provide the number and types of settings in which condom distribution activities will be supported?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

If yes, complete the table below:

Type of setting	Number of settings
See Comments below	See comments below



4. Include the expected condom distribution outcomes?

<input checked="" type="checkbox"/>	<input type="checkbox"/>

If yes, please list the expected outcomes.

- See comments below
- 
- 

**Feedback (Includes any strengths, weaknesses and/or recommendations):**

HPPG and CDPH have prioritized condom distribution for high-risk negatives and PLWH. Condom distribution has been highlighted in the jurisdictional plan as well as in Healthy Chicago, a publication on the city's public health agenda.

Among the high-risk heterosexual population, primarily African Americans below 20 percent poverty, those least likely to have access to condoms were between the ages of 18-34 and indicated not having health insurance.

CDPH expects to increase by 20 percent the number of condoms distributed from 9,000,000 to 11,000,000 with the development and expansion of highly targeted condom distribution activities in the 14 high-risk census.

CDPH's enhanced condom distribution will assist in reducing new HIV infections, which will in turn decrease health disparities in high-risk populations.

**Action Item:**

None identified

**Policy Initiatives**

**Did the applicant:**

	Yes	No
1. Describe how it proposes to address the following Policy Initiatives element?		
a. Support efforts to align structures, policies, and regulations in the jurisdiction with optimal HIV prevention, care, and treatment and to create an enabling environment for HIV prevention efforts, where applicable, subject to lobbying restrictions under federal law?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Did the applicant:**

	Yes	No
2. Within the above description addressing Policy Initiatives include:		
a. Existing structures, policies, and regulations that can be changed or enhanced to create an enabling environment for optional HIV prevention, care, and treatment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If yes, list the propose changes/enhancements.		
• See comments below		
•		
•		

- b. Strategies and collaborators/partners that will address the proposed change or enhancement to existing structures, policies, and regulations?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

If yes, complete the following information:

<i>Strategy</i>	<i>Collaborators/partners</i>	<i>Proposed change or enhancement</i>
See comments below	See comments below	See comments below

- c. Include the expected outcomes for policy initiatives?

<input checked="" type="checkbox"/>	<input type="checkbox"/>

If yes, please list the expected outcomes.

- See comments below
- 
- 

**Feedback (Includes any strengths, weaknesses and/or recommendations):**

CDPH has worked with IDPH and other stakeholders to change Illinois statute to allow for a streamlined HIV testing consent process to expand the use of routine, opt-out testing.

CDPH was a key partner in the passage of a law requiring the reporting of all CD4 counts, not just those under a viral load of 200. The law goes into effect on January 1, 2012, and CDPH will work with IDPH on the related regulations.

CDPH will work with partners to formulate the most effective strategies to implement high-impact structural changes. Expected outcomes of these strategies will include: decreased transmission of HIV; improved tracking of health indicators; increased access to HIV prevention, care, housing and support services; better documentation of linkage to and retention in care; and reduce health disparities of the populations most heavily impacted by HIV.

**Action Item:**

None identified

**Recommended HIV Program Components**

**Evidence-Based HIV Prevention Interventions** Applicant did not apply for this component

**Did the applicant:**

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

1. Describe how it proposes to address the following elements for **Evidence-Based HIV Prevention Interventions** for HIV-negative persons at highest risk of acquiring HIV?

- a. Provide behavioral risk screening followed by individual and group-level evidence-based interventions for HIV-negative persons at highest risk of acquiring HIV, particularly those in an HIV-serodiscordant relationship.
- b. Implement community evidence-based interventions that reduce HIV risk.
- c. Support syringe services program, where allowable and in accordance with HHS and CDC guidelines.

Note:

For the above description the applicant must have provided the information detailed on items d through j, pages 69-70? *If no, explain in Feedback. Provide details on what is missing, non responsive or incomplete.*

**Did the applicant:** Yes No

2. Identify the selected interventions and its respective target population?  
If yes, please complete the below information:

<i>Intervention</i>	<i>Type of Intervention</i>	<i>Target Population/s.</i>
See comments below	See comments below	See comments below

3. Identify the providers and other agencies where the target populations will be served?

If yes, were the MOUs/MOAs, or a list of the selected providers included in the application?

4. Include the expected outcomes for the interventions?

If yes, please list the expected outcomes.

- See comments below
- 
- 

**Feedback (Includes any strengths, weaknesses and/or recommendations):**

CDPH described how it will select sites for evidenced-based prevention programs for high-risk negative persons through the solicitation of applications in response to a formal RFP. The RFP process will identify agencies that provide HIV prevention activities, including HIV testing and linkage to care activities for newly diagnosed persons, in the high impact, proposed zip codes regions as outlined in the RFP. All agencies funded for HIV prevention to serve high-risk populations must offer an individual or group level evidence-based intervention.

CBOs will determine what interventions are most culturally and linguistically appropriate for their target population and in a manner consistent with local, state and CDC guidelines and recommendations.

CDPH provided a list of target populations, interventions and geographic areas in Appendix 4 of the application.

**Action Item:**  
None identified

**Social Marketing, Media, and Mobilization** Applicant did not apply for this component

**Did the applicant:** Yes No

1. Describe how it proposes to address the following **Social Marketing, Media, and Mobilization** elements?

a.	Support and promotion social marketing campaigns targeted to relevant audiences, including the use of campaign materials developed and tested by CDC?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Support and promotion educational and informational programs for the general population based on local needs and linked to other funded HIV prevention activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	Support and promotion of media technology for HIV prevention messaging to targeted populations and communities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	Encourage community mobilization to create environments that support HIV prevention by actively involving community members in efforts to raise HIV awareness, building support for and involvement in HIV prevention efforts, motivating individuals to work to end HIV stigma, and encouraging HIV risk reduction among family, friends, and neighbors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Note:**  
For the above description the applicant must have provided the information detailed on items e through g, page 71? *If no, explain in Feedback. Provide details on what is missing, non responsive or incomplete*

**Feedback (Includes any strengths, weaknesses and/or recommendations):**  
CDPH will utilize various social marketing and media campaigns including a monthly STI/HIV Cable Access television show. The show is hosted by health department staff and an expert guest on health issues related to STI/HIV and allows viewers to call in with questions.

**Action Item:**  
None identified

**Pre-Exposure Prophylaxis and Non-Occupational Post-Exposure Prophylaxis Services**  
Applicant did not apply for this component

<b>Did the applicant:</b>		<b>Yes</b>	<b>No</b>
I.	Describe how it proposes to address the following <b>Pre-Exposure Prophylaxis and Non-Occupational Post-Exposure Prophylaxis Services</b> elements?		
a.	Support Pre-Exposure Prophylaxis services for MSM populations at high risk for HIV?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Offer Non-Occupational Post-Exposure Prophylaxis to populations at greatest risk?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Note:**  
For the above description the applicant must have provided the information detailed on items e through g, page 71? *If no, explain in Feedback. Provide details on what is missing, non responsive or incomplete*

**Feedback (Includes any strengths, weaknesses and/or recommendations):**  
CDPH's documentation of how Pre-Exposure Prophylaxis and Non-Occupational Post Exposure Propylaxis will be implemented was minimal.  
  
CDPH will not be funding nPEP and PrEP on key factors such as resources, funding, feasibility and scalability. CDPH will continue to support education, communication and awareness for nPEP and PrEP and will continue to explore future efforts in nPEP and PrEP services in Chicago with HPPG, the Planning Council and other key stakeholders.

**Action Item:**  
None identified

**Required Activities**

**Jurisdictional HIV Prevention Planning:**

<i>Did the applicant:</i>		Yes	No
1.	Describe their plans to develop a jurisdictional HIV prevention plan to include		
a.	Proposal for developing a jurisdictional HIV prevention plan that aligns with NHAS? For directly funded cities, the city jurisdictional plan should complement the state jurisdictional plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Submit an existing jurisdictional plan to CDC? If yes, were the following areas addressed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1)	A description of existing resources, HIV prevention services and care and treatment, to include key features on how the prevention services, interventions, and/or strategies are being used or delivered in the jurisdiction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(2)	Need (i.e., resources, infrastructure, and service delivery).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(3)	Gaps to be addressed and rationale for selection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(4)	Prevention activities and strategies to be implemented within the jurisdiction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(5)	Scalability of activities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(6)	Responsible agency/group to carry out the activity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(7)	Relevant timelines.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(8)	Propose plan facilitates a collaborative HIV prevention planning process that contributes to the reduction of HIV infection in the jurisdiction.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	Detail plans to ensure that the HIV Prevention Planning Group participates in the development of the Engagement Process?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	Submit a letter of concurrence, concurrence with reservations, or non-concurrence from the jurisdiction's HIV Prevention Planning Group?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Feedback (Includes any strengths, weaknesses and/or recommendations):**  
 CDPH thoroughly described current HIV prevention planning activities and how those activities will relate to Jurisdictional HIV Planning activities for 2012. CDPH plans to collaborate with the HIV Prevention Planning Group and the Chicago Area HIV Services Planning Council to explore a more streamlined and integrated planning process. CDPH's updated ECHPP plan will be submitted to CDC within six months after funding.

**Action Item:**  
 None identified

**Capacity Building**

<i>Did the applicant:</i>		Yes	No
1.	Describe how it proposes to conduct Capacity Building activities to include the following?		
a.	Plans to conduct or update the capacity building needs assessment of the health department, HIV prevention service providers, and other prevention agencies/partners, including CBOs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b.	Plans to provide or collaborate with partners within or external to the health department to offer capacity building assistance to HIV prevention service providers and other prevention agencies and partners.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	How health department staff will be appropriately trained for their respective job responsibilities under this program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	How training and technical assistance needs for providers and staff will be identified and provided.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e.	How training and technical assistance to health department staff and staff of participating healthcare facilities and CBOs or other service organizations will be tracked.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f.	Plans to facilitate exchange of information and peer-to-peer consultation and technical assistance among service providers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Feedback (Includes any strengths, weaknesses and/or recommendations):**

CDPH plans to continue to collaborate with capacity building partners to offer capacity building to HIV prevention providers and other prevention agencies.

**Action Item:**

None identified

**C. Program Planning, Monitoring and Evaluation, and Quality Assurance**

<b>Did the Applicant:</b>		<b>Yes</b>	<b>No</b>
1.	Describe how the most current epidemiologic and surveillance data and other available data sources will be used to assist in program planning and evaluation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a.	Identify each city/MSA with at least 30% of the HIV epidemic within the jurisdiction and describe how applicant proposes to ensure that funding and prevention resources will be allocated to the local areas within the jurisdiction with the greatest burden of HIV disease.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Proposed plans to coordinate with state and local surveillance programs to collect data needed for HIV incidence and surveillance efforts.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	Proposed plans to collaborate with local NHBS staff to assess exposure to, utilization of, and effect of HIV prevention programs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Submit current copy of the jurisdictional HIV/AIDS Epidemiological Profile (referred to as Epi Profile) with the application?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Provide a brief program description to include a draft of the proposed program goals and SMART objectives for each required core component and activity? Include program goals and annual objectives for the recommended components? (if applicable).	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Provide a brief description for data collection, entry, management, and submission; procedures in place for data security and confidentiality in accordance with the CDC HIV data security and confidentiality guidelines; and ability to collect and submit data for performance measures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Feedback (Includes any strengths, weaknesses and/or recommendations):**

CDPH described detailed use of epidemiologic and surveillance data in guiding prevention planning, including sharing of data for positive clients between surveillance and prevention data systems and programs. CDPH has utilized PEMS for HIV prevention data collection and reporting since 2006. CDPH has been moving HIV CTR data to Evaluation Web and will be looking to CDC for guidance on data integration with the decommissioning of PEMS in early 2012.

**Action Item:**  
None identified

**D. Staffing and Management**

Did the applicant:		Yes	No
1.	Describe how all aspects of the program will be planned, managed, and overseen?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Submit a management plan that describes proposed staff, staff experience and background, and job descriptions for both proposed and current budgeted staff to support and carry out the activities of the program including evaluation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a.	Submit curriculum vitae or resume for each professional staff member named in the proposal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Describe how it will manage, monitor, and maintain collaborations with other programs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Submit an organizational chart of the health department's HIV prevention program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Feedback (Includes any strengths, weaknesses and/or recommendations):**  
CDPH adequately described a staffing and management plan for proposed HIV prevention activities. Staff will consist of existing personnel to successfully carry out specified activities in the following types of activities: administration; HIV services; testing, partner services, and linkage to care; planning; M&E; and QA; and capacity building and technical assistance.

**Action Item:**  
None identified

**E. Budget (SF 424A) and Budget Justification**

Did the applicant:		Yes	No
1.	Provide a completed SF 424A?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Request funds for indirect cost?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a.	If yes, was a copy of a current indirect cost rate agreement included in the application?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Provide a detailed line-item budget and justification (also known as a budget narrative)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Budget reflects an allocation of at least 75% of the funds to the required core component and the required activities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Provide a line-item breakdown and justification for all personnel that include name, position title, actual annual salary, percentage of time and effort, and amount requested?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	Provide a line-item breakdown and justification for consultants, including:		
a.	Name of consultant	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Organizational affiliation (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	Nature of services to be rendered	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	Relevance of service to the project	<input checked="" type="checkbox"/>	<input type="checkbox"/>

e.	The number of days of consultation (basis for fee) or period of performance (dates)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f.	The expected rate of compensation (travel, per diem, other related expenses)-list a subtotal for each consultant in this category	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Provide a line-item breakdown and justification for contractor(s), including:	<input type="checkbox"/>	<input type="checkbox"/>
a.	Name of contractor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Method of selection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	Period of performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	Scope of work	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e.	Method of accountability	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f.	Itemized Budget and Justification	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8.	Request direct assistance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
a.	If yes, provide a justification for the request?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Allocate funds for two to three persons to attend at least two CDC-sponsored conferences or meetings each year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Budget is completely aligned and supported by the proposed program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Feedback (Includes any strengths, weaknesses and/or recommendations):**  
 CDPH's budget and budget justification is detailed and includes all required items.

**Action Item:**  
 CDPH is instructed to submit a revised budget and budget justification for funding amount on the notice of grant award.

**F. Assurance of Compliance**

<b>Did the applicant:</b>		<b>Yes</b>	<b>No</b>
1.	Submit a signed and completed copy of the "Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials..." (CDC 0.113)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Feedback (Includes any strengths, weaknesses and/or recommendations):**  
 No Comment

**Action Item:**  
 None identified



## CATEGORY A SUMMARY STATEMENT

### PROJECT OFFICER SUMMARY

(Include weaknesses, strengths, and recommendations)

#### A. Background and Need:

CDPH will focus its prevention efforts in the city of Chicago. CDPH has established an agreement with the Illinois Department of Health to provide services within suburban Cook County and the seven other counties that comprise the metropolitan area.

#### B. Program Description:

CDPH has implemented new program indicators for CBOs conducting testing in non-clinical settings which align with CDC performance standards.

CDPH recently established policies and procedures for the use of surveillance data for partner services to enhance timeliness and completeness of partner services.

CDPH requires all HIV prevention subcontractors to incorporate some level of hepatitis services and integration of STI education and prevention services for all clients.

CDPH plans to enhance HIV prevention planning by merging the local HIV prevention planning group and the local HIV services planning council.

#### C. Program Planning, Monitoring and Evaluation, and Quality Assurance:

CDPH described detailed use of epidemiologic and surveillance data in guiding prevention planning, including sharing of data for positive clients between surveillance and prevention data systems and programs. CDPH has utilized PEMS for HIV prevention data collection and reporting since 2006. CDPH has been moving HIV CTR data to Evaluation Web and will be looking to CDC for guidance on data integration with the decommissioning of PEMS in early 2012.

#### D. Staffing and Management:

CDPH adequately described a staffing and management plan for proposed HIV prevention activities. Staff will consist of existing personnel to successfully carry out specified activities in the following types of activities: administration; HIV services; testing, partner services, and linkage to care; planning; M&E; and QA; and capacity building and technical assistance.

#### E. Budget (SF 424A) and Budget Justification:

CDPH's budget reflects appropriate funding amount for required activities.

CDPH submitted a 424A that was completed correctly.

CDPH submitted a line-item detailed budget.

CDPH's budget does support the proposed plan.

### SUMMARY OF CAPACITY BUILDING AND TECHNICAL ASSISTANCE NEEDS

(As identified by Project Officer or applicant)

CDPH should consider accessing CDC funded CBA services for comprehensive HIV prevention with positives services and interventions.

**SUMMARY OF ACTION ITEMS**

<i>Section Number</i>	<i>Action Item: See due date on Notice of Grant Award</i>
Core Components	CDPH is instructed to provide the % of persons who receive their HIV positive results and are referred and linked to Partner services.
Budget	CDPH is instructed to submit a revised budget and budget justification for funding amount on the notice of grant award.

FUNDING RECOMMENDATIONS FOR CATEGORY A	
FUNDING IS RECOMMENDED:	Yes    No
A.    With NO restrictions or Conditions	<input checked="" type="checkbox"/> <input type="checkbox"/>
B.    With the following Restriction(s) or Condition(s)	<input type="checkbox"/> <input type="checkbox"/>
<i>List the Restriction(s) or Condition(s) with amounts and issues in the table below. (This includes issues found on the SF 424A form and/or the budget justification)</i>	
Amount	Issue/s
\$	
\$	
\$	

**CATEGORY B (EXPANDED HIV TESTING FOR DISPROPORTIONATELY AFFECTED POPULATIONS)**

Applicant did not apply for this category

**A. Background and Need**

**1. Healthcare settings (Required)**

**Did the applicant:**

		Yes	No
a.	Describe the health department experience with routine HIV testing programs in healthcare settings, including experience providing or supporting similar programs currently or in past, and the length of time. If the applicant stated having previous or current experience with such programs, was the following provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(1) The types of healthcare facilities and settings where such programs have been provided or supported.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<i>Type of settings</i>		
	<i>Number of settings</i>		
	<i>See comments below</i>		
	(2) The yield of these programs in terms of number of tests done and number of persons with newly diagnosed HIV infection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	(3) Experience with training and technical assistance needs associated with such programs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Describe the target population(s) that it plans to reach through the proposed program for routine HIV screening in healthcare settings {Including an explanation of the rationale behind the selection of the target population(s)}?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	Describe current collaboration(s) to plan, develop and implement integrated screening activities for STDs, TB or hepatitis? (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Feedback (Includes any strengths, weaknesses and/or recommendations):**

CDPH proposes to implement HIV testing in both health department clinical facilities and in healthcare settings of collaborating partners. Healthcare facilities include five STI Specialty Clinics, two TB clinics, two community clinics and the University of Chicago Hospital (UCH) and its' eleven affiliated sites. CDPH indicated that all sites proposed as part of Category B have already implemented routine integrated HIV screening programs with effective linkage to care and partner services. In addition as part of the selection criteria, facilities had to demonstrate the ability to and/or plan to sustain HIV screening programs through seeking reimbursement through third party payers.

**Action Item:**

None identified

**2. Non-Healthcare Settings Applicant did not apply for these settings**

**Did the applicant:**

Yes No

a.	Describe the health department's experience with HIV testing programs in non-healthcare settings, including experience providing or supporting similar programs currently or in past, and for what length of time. If the applicant stated having previous or current experience with such programs, was the following provided? (1) The types of venues and settings where such programs have been provided or supported.	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
	<b>Type of settings</b>	<b>Number of settings</b>	
	(2) The yield of these programs in terms of number of tests done and number of persons newly diagnosed with HIV infection.	<input type="checkbox"/>	<input type="checkbox"/>
b.	Describe the target population(s) and plans to reach it through the proposed program for HIV testing in non-healthcare settings {Including an explanation of the rationale behind the selection of the target population(s)}?	<input type="checkbox"/>	<input type="checkbox"/>
c.	Describe current collaboration(s) to plan, develop and implement integrated screening activities for STDs, TB or hepatitis? (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>

**Feedback (Includes any strengths, weaknesses and/or recommendations):**

NA

**Action Item:**

NA

**B. Program Description**

**I. Healthcare Settings**

**Did the applicant:**

		Yes	No
a.	Describe the methods and the data sources that will be used to identify areas with high HIV incidence or prevalence and healthcare facilities that serve the target population(s) that will not be covered under Category A? If yes, was the following information included in the description? (1) The proposed number of healthcare facilities and types of healthcare settings (e.g., emergency departments, primary care clinics, STD clinics, correctional facility clinics) in which routine HIV screening activities will be supported.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<b>Type of settings</b>		
	See comments below		
	(2) How the applicant will decide which candidate healthcare facilities to recruit for this program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	If agreements to participate in the program have already been established with any healthcare facilities, were copies of MOUs or MOAs provided in the application?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

b.	Describe how routine HIV testing will be promoted to administrators, managers, and clinical service directors at candidate healthcare facilities and how they will be engaged to support, develop, implement, and maintain routine HIV testing programs in their facilities?	☒	☐
c.	Describe how it proposes to address each of the following?		
	(1) Promoting the program to staff, educating providers and other appropriate staff about routine HIV testing, and gaining their support for the program.	☒	☐
	(2) Promote and provide HIV testing to patients/clients.	☒	☐
	(3) Using test technologies and strategies that will maximize the proportion of persons tested who receive their results.	☒	☐
	(4) Delivering all services in a culturally and linguistically appropriate manner.	☒	☐
	(5) Delivering all services in a manner consistent with applicable CDC guidelines and recommendations.	☒	☐
d.	Describe the type(s) of consent procedure(s) that will be used for testing in healthcare settings and the rationale for this approach (Including a description of any state or local laws or regulations regarding consent for HIV testing)? If yes, please specify.	☒	☐
e.	Describe how test results will be provided to patients/clients, especially those who test positive for HIV?	☒	☐
	If rapid HIV tests will be used, describe how individuals with a reactive rapid test will receive a confirmatory test (Including description of any state or local requirements for providing confirmatory testing)?	☒	☐
f.	Describe how the following services will be provided to persons who test positive for HIV (including persons newly diagnosed with HIV and, when appropriate, persons previously diagnosed)?		
	(1) Prevention counseling	☒	☐
	(2) Linkage to medical care as soon as possible after diagnosis	☒	☐
	(3) Initiation of Partner Services as soon as possible after diagnosis	☒	☐
	(4) If implementing this program in correctional facility clinics, describe how inmates who test positive for HIV will be linked to medical care at the time of release.	☒	☐
g.	Describe opportunities for improving timely linkage to care, particularly among priority populations and populations experiencing HIV-related health disparities, and develop strategies for taking advantage of those opportunities that can be implemented throughout the duration of the program?	☒	☐
h.	Describe how the health department will maximize the likelihood that the programs developed will be sustainable?	☒	☐
	If yes, was the following information included in the application?		
	(1) A plan on how to obtain reimbursement for HIV screening from third party payers.	☒	☐
	(2) How funds received from reimbursement by third party payers will be used to sustain or expand this program.	☒	☐
	(3) How and under what circumstances the applicant plans to use funds from this FOA to cover the cost of HIV testing.	☒	☐

i. Describe how opportunities will be explored to integrate HIV testing into other screening programs conducted at participating facilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Describe the methods and the data sources that will be used to assess the potential value and feasibility of integrating screening and testing for other STDs, HBV, HCV, and TB into the HIV testing programs funded under this FOA?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Describe what strategies will be explored to promote routine HIV testing at other healthcare facilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
l. Address the performance standards in their application? If yes, please complete the following data:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
% of newly identified HIV-positive tests annually (for targeted testing in non-healthcare settings)	See below	
% of persons who test positive for HIV to receive their test results	See below	
% of persons, who received their HIV-positive results, linked to medical care and attended first appointment	See below	
% of persons, who received their HIV-positive results, referred and linked to Partner Services	See below	
% of persons, who received their HIV-positive results, received or referred to prevention services	See below	

**Feedback (Includes any strengths, weaknesses and/or recommendations):**  
 CDPH adequately describes routine opt-out testing in healthcare settings that is both comprehensive and relevant to achieving the goals of Category B.

CDPH will implement routine opt-out rapid HIV testing in both CDPH clinical facilities and in the healthcare settings of its partners for this project. The selection criteria for healthcare facilities have been identified based on the following criteria: 1) reported HIV morbidity from sites; 2) target population reached; 3) number of HIV tests proposed; 4) geographic location of healthcare sites in high HIV incidence community areas; 5) demonstrated experience and capacity to carry out routine, opt-out HIV testing in healthcare settings in accordance with the CDC (2006) HIV testing recommendations; 6) demonstrated success in the delivery of HIV prevention counseling to persons tested for HIV; 7) demonstrated ability to link HIV infected persons to medical care; 8) established referral agreement with HIV medical providers to ensure linkage to care; 9) demonstrated ability and/or plan to sustain HIV screening program through seeking reimbursement through third party payers; and 10) capability of collecting and reporting the required data for the project.

**Action Item:**  
 None identified

**2. Non-Healthcare Settings** Applicant did not apply for these settings

<b>Did the applicant:</b>	<b>Yes</b>	<b>No</b>
a. Describe a process for identifying and funding CBOs or other service organizations that have experience providing HIV testing services in non-healthcare settings and experience working with the target populations? If yes, was a description provided on how it will work with the participating CBOs or other service organizations to conduct formative work to do the following:	<input type="checkbox"/>	<input type="checkbox"/>
(1) Identify specific settings or venues in which high-risk members of the target population(s) can be accessed.	<input type="checkbox"/>	<input type="checkbox"/>

	(2) Work with gatekeepers to gain access to targeted settings and venues.	<input type="checkbox"/>	<input type="checkbox"/>
	(3) Promote the program to members of the target population(s), key stakeholders, and other potential supporters.	<input type="checkbox"/>	<input type="checkbox"/>
	(4) Recruit high-risk members of the target population(s) who do not know their HIV status.	<input type="checkbox"/>	<input type="checkbox"/>
	(5) Obtain informed consent for testing, using appropriate consent procedures that adhere to all state and local requirements.	<input type="checkbox"/>	<input type="checkbox"/>
	(6) Provide HIV tests to clients who give informed consent.	<input type="checkbox"/>	<input type="checkbox"/>
	(7) Use test technologies and strategies that will maximize the proportion of persons tested that receive their results.	<input type="checkbox"/>	<input type="checkbox"/>
	(8) Achieve at least a 2% rate of newly identified positive tests when the program is fully implemented.	<input type="checkbox"/>	<input type="checkbox"/>
	(9) Take corrective actions if the rate of newly diagnosed positive tests is below 2%.	<input type="checkbox"/>	<input type="checkbox"/>
	(10) Deliver all services in a manner consistent with current CDC guidelines and recommendations.	<input type="checkbox"/>	<input type="checkbox"/>
	(11) Educate program staff about Partner Services and gain their support for these services.	<input type="checkbox"/>	<input type="checkbox"/>
	(12) Deliver all services in a culturally and linguistically appropriate manner.	<input type="checkbox"/>	<input type="checkbox"/>
b.	Select the CBOs or other service organizations that will be contracted for this program?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, was the following information provided?		
	(1) Rationale for selecting them.	<input type="checkbox"/>	<input type="checkbox"/>
	(2) Their experience with providing HIV testing in non-healthcare settings.	<input type="checkbox"/>	<input type="checkbox"/>
	(3) Rates of new HIV diagnoses.	<input type="checkbox"/>	<input type="checkbox"/>
	(4) Experience working with the target population(s).	<input type="checkbox"/>	<input type="checkbox"/>
	(5) If agreements to participate in this program have already been established with any CBOs or other service organizations, provide copies of MOUs or MOAs.	<input type="checkbox"/>	<input type="checkbox"/>
c.	Describe how the program will work with participating CBOs or other service organizations to develop and implement detailed plans for providing HIV testing services? (Based on the formative work previously conducted)	<input type="checkbox"/>	<input type="checkbox"/>
d.	Describe how test results will be provided to clients, especially those who test positive for HIV? If rapid HIV tests will be used, was the following provided?	<input type="checkbox"/>	<input type="checkbox"/>
	(1) How individuals with reactive rapid tests will receive confirmatory tests.	<input type="checkbox"/>	<input type="checkbox"/>
	(2) State or local requirements for providing confirmatory testing.	<input type="checkbox"/>	<input type="checkbox"/>
e.	Describe how the following services will be provided to persons who test positive for HIV (including persons newly diagnosed with HIV and, when appropriate, persons previously diagnosed):	<input type="checkbox"/>	<input type="checkbox"/>
	(1) Prevention counseling and, if needed, referral to other prevention services.	<input type="checkbox"/>	<input type="checkbox"/>
	(2) Linkage to medical care as soon as possible after diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
	(3) Initiation of Partner Services as soon as possible after diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>
	(4) Referral to other services, as needed.	<input type="checkbox"/>	<input type="checkbox"/>



f.	Describe how prevention counseling (and referral to other prevention services, if needed) will be provided to persons who test negative for HIV, but are at high risk for becoming infected?	<input type="checkbox"/>	<input type="checkbox"/>
g.	Describe the methods and the data sources that will be used to assess the potential value and feasibility of integrating screening and testing for other STDs, HBV, HCV, and TB infection into the HIV testing in non-healthcare settings programs funded under this FOA?	<input type="checkbox"/>	<input type="checkbox"/>

**Feedback (Includes any strengths, weaknesses and/or recommendations):**  
NA

**Action Item:**  
NA

**3. Service Integration**      Applicant did not apply for service integration

<b>Did the applicant:</b>		<b>Yes</b>	<b>No</b>
Describe how each of the following will be addressed?			
a.	Collaboration with key staff of the participating facilities to plan, develop and implement integrated screening activities for STDs, TB or hepatitis, in accordance with CDC guidelines and recommendations.	<input type="checkbox"/>	<input type="checkbox"/>
b.	Collaboration with STD, hepatitis, and TB programs to design, develop, and implement activities, including referral and linkage to appropriate evaluation, treatment and vaccination.	<input type="checkbox"/>	<input type="checkbox"/>
c.	Reimbursement for integrated screening activities from third party payers.	<input type="checkbox"/>	<input type="checkbox"/>
d.	Ensure that patients/clients receive their test results, especially those who test positive.	<input type="checkbox"/>	<input type="checkbox"/>
e.	Ensure that patients/clients who test positive for other STDs are linked to medical care and receive timely and appropriate evaluation and treatment.	<input type="checkbox"/>	<input type="checkbox"/>
f.	For patients/clients who test positive for other STDs, ensure that Partner Services are initiated as soon as possible after diagnosis, in accordance with CDC recommendations and state and local requirements.	<input type="checkbox"/>	<input type="checkbox"/>
g.	Periodically review monitoring data with the participating facilities to assess the value of continuing screening for other STDs, viral hepatitis, and TB.	<input type="checkbox"/>	<input type="checkbox"/>

**Feedback (Includes any strengths, weaknesses and/or recommendations):**  
NA

**Action Item:**  
NA

**C. Capacity Building**

<b>Did the applicant:</b>		<b>Yes</b>	<b>No</b>
1.	Describe any anticipated capacity-building needs for implementing routine HIV testing in healthcare settings and HIV testing in non-healthcare settings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Describe plans to provide or collaborate with partners within or external to the health department to offer capacity building assistance to HIV prevention service providers and other prevention agencies and partners?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Describe plans to ensure that all health department staff are appropriately trained for their respective job responsibilities under this program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4.	Describe plans to provide or coordinate training and technical assistance (e.g., interventions, organizational infrastructure, HIV testing efforts, policies for data reporting to surveillance) for staff of participating healthcare facilities and CBOs or other service organizations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Describe plans to document and track the provision of training and technical assistance to health department staff, staff of participating healthcare facilities and CBOs or other service organizations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	Describe plans to facilitate exchange of information and peer-to-peer consultation and technical assistance among sites (e.g., convening jurisdiction-level workshops, development of collaborations, referral networks)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Feedback (Includes any strengths, weaknesses and/or recommendations):**  
 CDPH has plans in place to provide ongoing trainings to targeting physicians, physician assistants, nurse practitioners, nurses, and other healthcare workers in HIV screening. University of Chicago Hospital will carry out all necessary educational efforts to train internal staff as well as affiliate site staff.

CDPH will facilitate training as well as provide supplies and technical support for the continued implementation of routine opt-out HIV testing to all CDPH programs including programs in STI specialty and tuberculosis control clinics.

All clinical HIV coordinators will receive formal training through MATEC and other non-clinical staff will be provided with HATU trainings.

**Action Item:**  
 None identified

**D. Program Planning, Monitoring and Evaluation, and Quality Assurance**

<i>Did the applicant:</i>		Yes	No
1.	Describe how the most current epidemiological and surveillance data and other available data sources will be used to assist in program planning and evaluation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Provide a brief program description to include a draft of the proposed program goals and SMART objectives and activities for expanded HIV testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Provide a brief description for data collection, entry, management, and submission; procedures in place for data security and confidentiality in accordance with the CDC HIV data security and confidentiality guidelines; and ability to collect and submit data for performance measures?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Feedback (Includes any strengths, weaknesses and/or recommendations):**  
 CDPH plans to utilize epidemiological, surveillance, and other monitoring and evaluation data to inform local-level HIV prevention program decision-making. CDPH provided a summary of anticipated uses of evaluation findings of Category B activities. CDPH will utilize Evaluation Web for all HIV testing data.

**Action Item:**  
 None identified

**E. Staffing and Management**

<i>Did the applicant:</i>		Yes	No
1.	Describe how all aspects of the program will be planned, managed, and overseen?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

2.	Submit a management plan that describes proposed staff, staff experience and background, and job descriptions for both proposed and current budgeted staff to support and carry out the activities of the program including evaluation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a.	Submit curriculum vitae or resume (limited to two pages per person) for each professional staff member named in the proposal?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Describe how it will manage, monitor, and maintain collaborations with other programs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Feedback (Includes any strengths, weaknesses and/or recommendations):**  
 CDPH adequately described a staffing and management plan for proposed HIV prevention activities.  
  
 CDPH will have contracts with all collaborators with clear roles and expectations. This contract is based on local laws and requirements, as well as CDC guidance and requirements. Compliance with this contract is monitored through monthly data submissions, quarterly narrative reports, annual site visits, and capacity building and technical assistance activities.

**Action Item:**  
 None identified

**F. Budget (SF 424A) and Budget Justification**

<b>Did the applicant:</b>		<b>Yes</b>	<b>No</b>
1.	Provide a completed SF 424A?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.	Request funds for indirect cost?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a.	If yes, was a copy of a current indirect cost rate agreement included in the application?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.	Provide a detailed line-item budget and justification (also known as a budget narrative)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.	Submit a budget that reflects an allocation of at least 70% to the delivery of services in healthcare settings?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.	Provide a line-item breakdown and justification for all personnel that includes name, position title, actual annual salary, percentage of time and effort, and amount requested?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.	Provide a line-item breakdown and justification for consultants, including:		
a.	Name of consultant	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Organizational affiliation (if applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	Nature of services to be rendered	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	Relevance of service to the project	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e.	The number of days of consultation (basis for fee) or period of performance (dates)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f.	The expected rate of compensation (travel, per diem, other related expenses)- list a subtotal for each consultant in this category	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7.	Provide a line-item breakdown and justification for contractor(s), including:		
a.	Name of contractor	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b.	Method of selection	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c.	Period of performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d.	Scope of work	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e.	Method of accountability	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f.	Itemized Budget and Justification	<input checked="" type="checkbox"/>	<input type="checkbox"/>

8.	Request any direct assistance?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	a. If yes, provide a justification for the request?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Allocate funds for two to three persons to attend at least two CDC-sponsored conferences or meetings each year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10.	Propose a budget that is completely aligned and supported with the proposed program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Feedback (Includes any strengths, weaknesses and/or recommendations):**  
 CDPH's budget and budget justification is detailed and includes all required items.

**Action Item:**  
 CDPH is instructed to submit a revised budget and budget justification for funding amount on the notice of grant award.

**CATEGORY B  
SUMMARY STATEMENT****PROJECT OFFICER SUMMARY****A. Background and Need**

CDPH adequately describes a routine opt out testing program in healthcare settings that is both comprehensive and relevant to achieving the goals of Category B. The applicant plans to build on the experience and lessons learned from implementing expanded testing activities under PS07-768 and PS10-10138.

**B. Program Description**

CDPH indicated that all sites proposed as part of Category B have already implemented routine integrated HIV screening programs with effective linkage to care and partner services. Therefore, start up time should be minimal.

As part of the selection criteria, CDPH required healthcare facilities to demonstrate the ability and/or plan to sustain HIV screening programs through seeking reimbursement through third party payers.

**C. Capacity Building and Technical Assistance**

CDPH plans to build on the experience with implementing expanded testing activities under PS07-768 and PS10-10138 and understands that capacity building needs will vary based on the capacity and experience of each clinical facility. CDPH anticipates capacity building and technical assistance on a range of topics, primarily targeting providers (i.e., physicians, nurses, physician assistants, etc.).

**D. Program Planning, Monitoring and Evaluation, and Quality Assurance**

CDPH Expanded Testing M&E updates and findings will be used internally and externally by program staff, researchers, policymakers, and others to inform local level HIV prevention program decision making.

**E. Staffing and Management**

CDPH will maintain two main staff on this project, the HIV Prevention Director who will oversee the program and a Public Health Administrator II who will work directly with University of Chicago Hospital. Under the supervision of the HIV Prevention Director, the PHA II will serve as staff support to carry out federally and state mandated HIV Counseling and Testing. The PHA II will also be the liaison to the testing team and community partners and assist in collaborative activities within the Division, the Department, and other HIV Counseling and Testing entities.

**F. Budget (SF 424A) and Budget Justification**

CDPH's budget reflects appropriate funding amount for required activities.

CDPH submitted a 424A that was completed correctly.

CDPH submitted a line-item detailed budget.

CDPH's budget does support the proposed plan.

**SUMMARY OF CAPACITY BUILDING AND TECHNICAL ASSISTANCE NEEDS**

(As identified by Project Officer or applicant)

CDPH plans to build on the experience with implementing expanded testing activities under PS07-768 and PS10-10138 and understands that capacity building needs will vary based on the capacity and experience of each clinical facility. CDPH anticipates capacity building and technical assistance on a range of topics, primarily targeting providers (i.e., physicians, nurses, physician assistants, etc.).

**SUMMARY OF ACTION ITEMS**

<i>Section Number</i>	<i>Action Item: See due date on Notice of Grant Award</i>
Budget	CDPH is instructed to submit a revised budget and budget justification for funding amount on the notice of grant award.

FUNDING RECOMMENDATIONS FOR CATEGORY B		
FUNDING IS RECOMMENDED:	Yes	No
A. With NO restrictions or Conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. With the following Restriction(s) or Condition(s)	<input type="checkbox"/>	<input type="checkbox"/>
<i>List the Restriction(s) or Condition(s) with amounts and issues in the table below. (This includes issues found on the SF 424A form and/or the budget justification)</i>		
<b>Amount</b>	<b>Issue</b>	
\$		
\$		
\$		

CDYH

Chicago

Award # 90018029

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0008  
Expiration Date: 06/30/2014

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. Comprehensive HIV Prevention Programs Category A	93.940	\$	\$	6,600,920.00	\$	6,600,920.00
2. Comprehensive HIV Prevention Programs Category B	93.940			1,648,410.00		1,648,410.00
3. Comprehensive HIV Prevention Programs Category C (CHPIC)	93.940			910,871.00		910,871.00
4. Comprehensive HIV Prevention Programs Category C (TAPS)	93.940			89,128.00		89,128.00
5. Totals		\$	\$	9,249,329.00	\$	9,249,329.00

Stephanie Celestain 10-21-11 PS12-1201

Refer to Notice of Grant Award (NOGA)

Standard Form 424A (Rev. 7-97)  
Prescribed by OMB (Circular A-102) Page 1



SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Comprehensive HIV Prevention Programs Category A	(2) Comprehensive HIV Prevention Programs Category B	(3) Comprehensive HIV Prevention Programs Category C (CHIPC)	(4) Comprehensive HIV Prevention Programs Category C (TA99)	
a. Personnel	\$ 3,711,555.00	\$ 115,456.00	\$ 148,872.00	\$	\$ 3,975,883.00
b. Fringe Benefits	1,448,249.00	39,451.00	53,639.00		1,541,339.00
c. Travel	19,969.00	5,180.00	5,180.00		30,329.00
d. Equipment	0.00	0.00	0.00		
e. Supplies	39,227.00	168,514.00	3,578.00	44,700.00	256,019.00
f. Contractual	580,674.00	1,141,945.00	599,613.00	32,500.00	2,354,732.00
g. Construction	0.00	0.00	0.00		
h. Other	95,593.00	1,643.00	2,611.00	2,490.00	102,250.00
i. Total Direct Charges (sum of 6a-6h)	5,895,258.00	1,472,189.00	813,496.00	79,500.00	8,260,543.00
j. Indirect Charges	705,662.00	176,221.00	97,375.00	9,528.00	986,786.00
k. TOTALS (sum of 6i and 6j)	\$ 6,600,920.00	\$ 1,648,410.00	\$ 910,871.00	\$ 89,128.00	\$ 9,249,329.00
7. Program Income	\$	\$	\$	\$	\$

Authorized for Local Reproduction

Standard Form 424A (Rev. 7-97)  
Prescribed by OMB (Circular A-102) Page 1A

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. Comprehensive HIV Prevention Programs Category B	\$	\$	\$	\$	\$
9. Comprehensive HIV Prevention Programs Category C					
10. Comprehensive HIV Prevention Programs Category C (TAPS)					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS				
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$
14. Non-Federal	\$			
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Comprehensive HIV Prevention Programs Category B	\$	\$	\$	\$
17. Comprehensive HIV Prevention Programs Category C				
18. Comprehensive HIV Prevention Programs Category C (TAPS)				
19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	8,260,543.00
22. Indirect Charges:	988,786.00
23. Remarks:	

Authorized for Local Reproduction

**City of Chicago, Department of Public Health  
 CDC PS12-1201 HIV Prevention Projects  
 Budget & Budget Justification: Category A  
 Budget Period: January 1, 2012 to December 31, 2012**

<b>A. PERSONNEL</b>		<b>57.09</b>	<b>Total</b>	<b>\$3,711,555</b>
<i>Position Title &amp; Name</i>				
<b>ADMINISTRATION</b>	<i>Annual</i>	<i>Time</i>	<i>Months</i>	<i>Amount Requested</i>
<i>Director of Community Based Services (Dir. Of Program Operations)-Vacant</i>	\$80,196	50%	12	40,098
<i>Director of Admin. II - Vacant</i>	\$73,104	25%	12	18,276
<i>Director of Operations (Dir. Of Admin. Services)-Vacant</i>	\$80,112	25%	12	20,028
<i>Finance Officer - Haroon Ahmed</i>	\$96,047	25%	12	24,012
<i>Staff Assistant - Joslyn James</i>	\$76,149	50%	12	38,075
<i>Staff Assistant - Teresa Bradley</i>	\$62,371	50%	12	31,186
<b>Total</b>		<b>2.25</b>		<b>171,675</b>
<b>Director of Community Based Services (Dir. Of Administration) - Vacant</b>				
This position oversees STI/HIV Community Services Section of the division. The Director is responsible for fostering collaboration between STI/HIV Prevention, HIV/AIDS Direct Service and HIV Housing Programs to ensure a comprehensive continuum of services. She is also responsible for overseeing all community planning activities, and integrating STI prevention, diagnosis, and treatment into HIV Prevention and Direct Service Programs. Lastly, this position ensures the quality and effectiveness of all CDPH HIV/AIDS Prevention and Direct Service Programs through evaluation efforts developed by consensus with community planning groups, service providers, and consumers of services. The remainder of this staff person's salary will be paid out of Ryan White Part A funds.				
<b>Director of Admin. II - Vacant</b>				
This position is responsible for the overall supervision of grants management and contract activities including: overseeing the planning and implementation of all contracts, ensuring accountability of the City in meeting deliverables and complying with terms and conditions of all grant awards, overseeing the development of grants and program budgets, preparing narrative and financial reports on the status of program funds, developing contract specific program objectives, policies and procedures, supervising the work of professional and clerical employees involved in programmatic activities and evaluating the quality and effectiveness of the programs. The remainder of this staff person's salary will be paid out of Ryan White Part A funds.				
<b>Director of Operations (Dir. of Admin. Services)-Vacant</b>				
This position oversees HIV Prevention and Direct Services Planning. The Director is responsible for fostering collaboration between HIV Prevention and HIV/AIDS Direct Service Programs to ensure a comprehensive continuum of services. It is also responsible for integrating STD prevention, diagnosis, and treatment into HIV Prevention and Direct Service Programs. Lastly, this position ensures the quality and effectiveness of all CDPH HIV/AIDS Prevention and Direct Service Programs through evaluation efforts developed by consensus with community planning groups, service providers, and consumers of services. The remainder of this staff person's salary will be paid out of Ryan White Part A funds.				
<b>Finance Officer - Haroon Ahmed</b>				
This position directs the day-to-day financial activities to include the design and implementation of an accounting system, the creation and maintenance of general financial and accounting reports for all grants, and the reconciliation of the City's CAPS reports to other internal and external reports. This position also creates and monitors budgets to ensure appropriate allocations of funds and verifies actual CBO payment schedules for over 125 CBOs. This position also serves as a department liaison to the City's Budget Office and Special Accounting Division to facilitate the entry of budgets to the city's accounting system. The remainder of this staff person's salary will be paid out of Ryan White MAI funds.				
<b>Staff Assistant - Joslyn James</b>				
Provides administrative support to the Division, including scheduling and preparing for meetings, typing, ordering supplies, preparing correspondences, and maintaining personnel files. The remainder of this staff person's salary will be paid out of Ryan White Part A funds.				
<b>Staff Assistant - Teresa Bradley</b>				
This position provides administrative and budgetary support to the STI/HIV Division and the Assistant Commissioner. This position is primarily responsible for management and procurement of materials needed by the Division. This position is also responsible for handling the calls that come to the main line and maintaining up to date referral materials for callers. This position assists with preparation of all personnel paperwork including: hiring and disciplinary actions. This position also acts as a liaison to other departments for the office to include personnel processing, supplies and inventory control and timekeeping and payroll. The remainder of this staff person's salary will be paid out of Ryan White Part A funds.				
<b>HIV SERVICES</b>	<i>Annual</i>	<i>Time</i>	<i>Months</i>	<i>Amount Requested</i>
<i>Director of HIV Prevention (Program Director) - David Amarathithada</i>	\$79,163	100%	12	79,163
<i>Prevention Public Health Admin. III - Vacant</i>	\$73,104	100%	12	73,104
<i>EIS Public Health Admin. III - Vacant</i>	\$73,104	50%	12	36,552
<i>Contract Compliance Coordinator - Mark Younkins</i>	\$79,956	100%	12	79,956
<i>Contract Compliance Coordinator - Kenya Bell</i>	\$76,301	100%	12	76,301

**City of Chicago, Department of Public Health  
 CDC PS12-1201 HIV Prevention Projects  
 Budget & Budget Justification: Category A  
 Budget Period: January 1, 2012 to December 31, 2012**

<b>Total</b>			4.50		345,076
--------------	--	--	------	--	---------

**Director of HIV Prevention (Program Director) - David Amarathithada**

This position is responsible for coordinating and supervising all aspects of the HIV Prevention Program including: analyzing and incorporating epidemiological and other data; developing and monitoring ongoing needs assessment activities; identifying service gaps; prioritizing the allocation of resources to specific population groups and HIV prevention interventions. The Director is also responsible for developing the annual CDC application for funding and monitoring the HIV Prevention Budget. Overseeing the integration of ECHPP and expanding testing. Lastly, they are responsible for identifying local and national opportunities for collaboration, and serves as the liaison between the Department of Health, the HIV Prevention Planning Group (HPPG), consultants, and other groups involved in the HIV prevention community planning process.

**Prevention Public Health Admin. III - Vacant**

Under the direction of the Director of Administrative Services, this position is responsible for monitoring CBO reporting requirements for contract compliance and conducting on-site evaluations. The PHA III assists the Director of Administrative Services by monitoring data indicators that measure the effectiveness of the HIV prevention interventions and coordinating the activities of the Prevention contract monitors, and serving as the contract section liaison to the HPPG. This position is responsible for providing agency specific programmatic technical assistance. Assists in monitoring all pilot projects, developing policies and procedures as they relate to the Health Department's role in the management of HIV disease among incarcerated populations and will also coordinate activities with the administrative staff of CDPH to foster the achievement of the goals and priorities adopted by the HPPG.

**EIS Public Health Admin. III - Vacant**

Oversees the daily operations of Early Intervention Services (EIS)-targeted agencies and provides technical assistance and guidance on Prevention and Care Services including HIV CTR and PS. Assists with coordination of Linkage to Care activities, Community Planning Council and Prevention Planning groups. Lastly, this position oversees the delegate agencies that provide EIS services. The remainder of this staff person's salary will be paid out of Ryan White Part A funds.

**Contract Compliance Coordinator (2) - Mark Younkina, Kenya Bell**

Under the direction of the Director of Administrative Services, these positions are responsible for monitoring CBO reporting requirements for contract compliance, maintaining program records and conducting on-site evaluations. The positions assist the Director by monitoring data indicators that measure the effectiveness of the HIV prevention interventions. In addition, they are responsible for providing agency specific programmatic technical assistance and tracking quarterly payments to assure that CBOs receive contracts and payments in a timely manner and prepares all contracts for execution. These positions also assist the Director with special projects.

<b>TESTING, PARTNER SERVICES AND LINKAGE TO CARE</b>	<i>Annual</i>	<i>Time</i>	<i>Months</i>	<i>Amount Requested</i>
Supervising Communicable Disease Control Investigator (CDCI) - Ibiola Adeka	\$69,409	100%	12	69,409
Supervising Communicable Disease Control Investigator (CDCI) - Gabrielle Henley	\$69,549	100%	12	69,549
Supervising Communicable Disease Control Investigator (CDCI) - Nilsa Irizarry	\$69,549	100%	12	69,549
Supervising Communicable Disease Control Investigator (CDCI) - Luz Vazquez-Perez	\$72,667	100%	12	72,667
Director of Adolescent Health - Regina Jordan-Lee	\$87,535	100%	12	87,535
Communicable Disease Control Investigator II - Carla Barrios	\$60,572	100%	12	60,572
Communicable Disease Control Investigator II - James Baskin	\$71,365	100%	12	71,365
Communicable Disease Control Investigator II - Andrea Chaplin	\$60,451	100%	12	60,451
Communicable Disease Control Investigator II - Cassandra Davis	\$58,102	100%	12	58,102
Communicable Disease Control Investigator II - Ricky Edwards	\$60,572	100%	12	60,572
Communicable Disease Control Investigator II - Marsha Flowers	\$55,867	100%	12	55,867
Communicable Disease Control Investigator II - Michael Frazier	\$58,660	100%	12	58,660
Communicable Disease Control Investigator II - Regina Green	\$63,473	100%	12	63,473
Communicable Disease Control Investigator II - Tonisha Jackson	\$57,688	100%	12	57,688
Communicable Disease Control Investigator II - Rashyn Johnson	\$58,543	100%	12	58,543
Communicable Disease Control Investigator II - Rosa Logwood	\$69,136	100%	12	69,136
Communicable Disease Control Investigator II - Maria Molina	\$72,957	100%	12	72,957
Communicable Disease Control Investigator II - Damian Plaza	\$55,867	100%	12	55,867
Communicable Disease Control Investigator II - Kathryn Smolarek	\$65,938	100%	12	65,938
Communicable Disease Control Investigator II - Antonio Surco-Andres	\$60,572	100%	12	60,572
Communicable Disease Control Investigator II - Maria Vega	\$59,499	100%	12	59,499
Communicable Disease Control Investigator II - Kimberly Williams	\$52,075	100%	12	52,075
Communicable Disease Control Investigator II - Rhonda Hawkins	\$66,466	100%	12	66,466
Communicable Disease Control Investigator II - Dahlia Ponce-Acevedo	\$49,672	100%	12	49,672
Senior Data Entry Operator - Karen Canada	\$46,291	100%	12	46,291
Senior Data Entry Operator - Joanne Davenport	\$45,719	100%	12	45,719

**City of Chicago, Department of Public Health  
 CDC PS12-1201 HIV Prevention Projects  
 Budget & Budget Justification: Category A  
 Budget Period: January 1, 2012 to December 31, 2012**

<b>Certified Medical Assistant - Precious Ocampo</b>	<b>\$41,396</b>	<b>100%</b>	<b>12</b>	<b>41,396</b>
<b>Certified Medical Assistant - Shirley White</b>	<b>\$47,182</b>	<b>100%</b>	<b>12</b>	<b>47,182</b>
<b>Laboratory Technician III - Betty Muhammad</b>	<b>\$67,290</b>	<b>100%</b>	<b>12</b>	<b>67,290</b>
<b>Laboratory Technician III - Lisa Porter</b>	<b>\$56,780</b>	<b>100%</b>	<b>12</b>	<b>56,780</b>
<b>Laboratory Technician III - Constance Serrano</b>	<b>\$68,390</b>	<b>100%</b>	<b>12</b>	<b>68,390</b>
<b>Clerk III - Rosa Blanco</b>	<b>\$41,680</b>	<b>100%</b>	<b>12</b>	<b>41,680</b>
<b>Clerk III - Sandra Crocen</b>	<b>\$42,375</b>	<b>100%</b>	<b>12</b>	<b>42,375</b>
<b>Clerk III - Demetres Evans</b>	<b>\$48,736</b>	<b>100%</b>	<b>12</b>	<b>48,736</b>
<b>Administrative Assistant II - Cynthia Evans</b>	<b>\$53,640</b>	<b>100%</b>	<b>12</b>	<b>53,640</b>
<b>Administrative Assistant II - Dawn Centeno</b>	<b>\$52,608</b>	<b>100%</b>	<b>12</b>	<b>52,608</b>
<b>Public Health Administrator I - Tonya Hardy</b>	<b>\$66,466</b>	<b>100%</b>	<b>12</b>	<b>66,466</b>
<b>Public Health Administrator I - Vacant</b>	<b>\$50,436</b>	<b>100%</b>	<b>12</b>	<b>50,436</b>
<b>Public Health Administrator II - Angela Cathoun</b>	<b>\$66,763</b>	<b>100%</b>	<b>12</b>	<b>66,763</b>
<b>Total</b>		<b>39.00</b>		<b>2,321,938</b>

**Supervising Communicable Disease Control Investigator (CDCI) (4) - Ibiola Adekun, Gabrielle Henley, Nilna Irizarry, Luz Vazquez-Perez**

Four Supervising CDCIs will coordinate and supervise the activities of the CDCI IIs in the STI/HIV clinics. The Supervising CDCIs will report to the Regional CDCI Supervisor. In their respective positions they will establish and maintain contacts in the HIV services areas and in communities with a high prevalence of HIV, STI, intravenous drug use, and other factors associated with risk of HIV infection. They will assist in the assessment of community needs, conduct program evaluation, provide narrative progress reports and implement training and quality assurance activities.

**Director of Adolescent Health - Regina Jordan-Lee**

This position develops and maintains research to identify and evaluate activities beneficial to both individual patients and HIV prevention and control activities as they relate to adolescent health. Responsibilities include developing research/evaluation agenda; hosting study site monitoring visits, staff in services, quality assurance activities, staff supervision, and liaison to other programs such as TB and Child and Maternal Health. This position serves as the liaison to the Chicago Public Schools (CPS).

**Communicable Disease Control Investigator II (19) - Clinic Based - Carla Barrios, James Baskin, Andrea Chaplin, Cassandra Davis, Ricky Edwards, Marsha Flowers, Michael Frazier, Regina Green, Tonisha Jackson, Roslyn Johnson, Rosa Logwood, Maria Molina, Damian Plaza, Kathryn Smolarek, Antonio Surco-Andres, Maria Vega, Kimberly Williams, 2 Vacancies**

These 19 positions will provide HIV counseling, testing and referral services at the CDPH STI/HIV Prevention Program clinic sites. CDCIs also conduct partner elicitation interviews with persons testing positive for HIV.

**Senior Data Entry Operator (2) - Karen Canada, Joanne Davenport**

Senior Data Entry Operators are responsible for the computer scanning and manual input of as many as 50,000 HIV counseling and testing scan forms generated annually by CDCIs. These positions maintain several databases required for tracking CTRPN activities. They assist with preparation of monthly, quarterly and annual statistics for the CTRPN Program.

**Certified Medical Assistant (2) - Precious Ocampo, Shirley White**

This position assists professional and paraprofessional medical personnel in the administration of medical history and information, i.e., obtaining medical history, taking and recording patient's vital signs and measurements, and drawing blood specimens.

**Laboratory Technician III (3) - Betty Muhammad, Lisa Porter, Constance Serrano**

The Laboratory Technician III position collects and processes blood samples for HIV testing at STI/HIV Prevention Program clinic sites. In addition, this position administers TB skin tests, performs readings and provides referrals.

**Clerk III (3) - Rosa Blanco, Sandra Crocen, Demetres Evans**

These positions provide clerical support for the STI/HIV Prevention Program clinic sites.

**Administrative Assistant II - Cynthia Evans**

The AA II provides administrative support for all activities and initiatives undertaken by the Adolescent Health Unit. This includes maintaining and coordinating the distribution of supplies and materials to CBOs, photocopying, filing and maintaining electronic data. The AA II works under the direct supervision of the Director of Adolescent Health.

**Administrative Assistant II - Dawn Centeno**

The AA II provides administrative support for all activities and initiatives undertaken by the HIV CTR/PS program in the STI/HIV Clinics. This includes maintaining and coordinating the distribution of supplies and materials to all clinics, photocopying, filing and maintaining electronic data. The AA II works under the direct supervision of the Director of Clinical Services.

**Public Health Administrator I - Tonya Hardy**

The HIV Prevention Public Health Administrator I position serves as staff support to carry out federal and state HIV Counseling and Testing and Partner Services mandates; provide training and technical assistance for HIV testing sites; supports additional priority activities identified by the HIV Counseling and Testing and Partner Services Unit; the HIV Prevention Team; and assists in collaborative activities within the Division, the Department, and other HIV prevention entities. The PHA I reports to the Director of Evaluation & Database Management.

**Public Health Administrator I - Vacant**

**City of Chicago, Department of Public Health  
 CDC PS12-1201 HIV Prevention Projects  
 Budget & Budget Justification: Category A  
 Budget Period: January 1, 2012 to December 31, 2012**

The HIV Prevention Public Health Administrator I position serves as staff support to carry out federal and state HIV Counseling and Testing and Partner Services mandates; additional priority activities identified by the HIV Counseling and Testing and Partner Services Unit; the HIV Prevention Team; and assists in collaborative activities within the Division, the Department, and other HIV prevention entities. The Public Health Administrator I reports to the Director of Evaluation & Database Management.

**Public Health Administrator II - Angela Calhoun**

The PHA II provides technical training, workshops and presentations and pertaining to the implementation of HIV Counseling and Testing and PS

<i>Position Title &amp; Name</i>	<i>Annual</i>	<i>Time</i>	<i>Months</i>	<i>Amount Requested</i>
<b>PLANNING, MONITORING, EVALUATION, AND QUALITY ASSURANCE</b>				
<i>Director of Community Planning (PHA III) - Bruce Edwards</i>	\$79,792	50%	12	39,896
<i>Prevention Program Specialist II (PHA II) - Rick Ortiz</i>	\$70,931	100%	12	70,931
<i>Administrative Assistant II - Brenda Fair</i>	\$38,048	50%	12	29,024
<i>Director of Evaluation &amp; Database Management (EPI IV)- Vacant</i>	\$103,340	25%	12	26,335
<i>Prevention Evaluation Specialist (PHA III)- Griselle Torres</i>	\$79,792	100%	12	79,792
<i>Needs Assessment Specialist (PHA III) - Vacant</i>	\$73,104	50%	12	36,552
<i>Epidemiologist II - Charmaine Murray</i>	\$89,572	34%	12	30,454
<i>Epidemiologist II - Vacant</i>	\$75,768	42%	12	31,823
<i>Epidemiologist III - Margaret Eaglin</i>	\$103,241	33%	12	34,730
<b>Total</b>		<b>4.84</b>		<b>379,537</b>

**Director of Community Planning (PHA III) - Bruce Edwards**

This position oversees STI/HIV Community Planning functions of the division. He is responsible providing direct oversight to the Division's two planning bodies, the HPPG and the Ryan White Planning Council. This position collaborates with the Prevention team to ensure that all CDC requirements are met. The remainder of this staff person's salary will be paid out of Ryan White Part A (.25) and MAI (.25) funds.

**Prevention Program Specialist II (PHA II) - Rick Ortiz**

This position, under the direction of the Director of Community Planning assists with the facilitation and organization of the HPPG. This position is responsible for coordinating and assisting all the meetings and activities that take place in the various subcommittees of the HPPG. This individual also assists with evaluation and quality management of the HPPG.

**Administrative Assistant - Brenda Fair**

This position provides clerical support and word processing services for the Community Planning team. In addition, the position prepares vouchers, purchase orders and local travel reimbursements for STI/HIV program. The remainder of this staff person's salary will be paid out of Ryan White MAI funds.

**Director of Evaluation & Database Management (EPI IV)- Vacant**

Works to improve integration of evaluative program data from grants management efforts monitors day-to-day implementation of CDC quality management and evaluation initiatives. Assists sub-grantees in developing local quality assurance programs and ensuring that evaluation results are used to make constructive program improvements. Develops data collection tools and analyzes outcome data. The remainder of this staff person's salary will be paid out of Ryan White Part A funds.

**Prevention Evaluation Specialist (PHA III) - Griselle Torres**

This position will work with the Director of Evaluation to evaluate prevention community planning and prevention interventions. In conjunction with a working group composed of community members, efforts will focus on the development of a comprehensive prevention evaluation plan that meets CDC requirements. Assists the Director with the development and tracking of prevention intervention outcome measures, including PEMS. Other responsibilities include work with community-based organizations on data collection and reporting as well as process evaluation of prevention interventions. The incumbent will also serve as the liaison to the planning unit staff and the HPPG to facilitate the integration of HIV planning, evaluation, and quality assurance activities.

**Needs Assessment Specialist (PHA III) - Vacant**

This position provides technical assistance in the areas of strategic planning; needs assessment, including resource and gap analysis; quantitative and qualitative data collection and analysis and coordinating all epidemiological and ethnographic research. The remainder of this staff person's salary will be paid out of Ryan White Part A funds.

**Epidemiologist II (Charmaine Murray)**

The Epidemiologist II will assist data linkage and coordination of partner services, STD and HIV care data to track program efficiencies and provide data for targeted testing and partner services data. This person will work closely with partner services staff to share data for public health practice. The remainder of this staff person's salary will be paid out of Ryan White MAI funds.

**Epidemiologist II (Vacant)**

The Epidemiologist II will assist the Epidemiologist III in data management, linkage and analysis of HIV surveillance and testing data to quantify new vs previously diagnosed participants as well as increasing testing, linkage and retention in care. The remainder of this staff person's salary will be paid out of the Category B (.42) and ECHPP Phase II (.17) funds.

**Epidemiologist III (Margaret Eaglin)**

**City of Chicago, Department of Public Health  
 CDC PS12-1201 HIV Prevention Projects  
 Budget & Budget Justification: Category A  
 Budget Period: January 1, 2012 to December 31, 2012**

The Epidemiologist III will assist in data integration of multiple HIV-related databases, data management, analysis as needed to ensure data are available for evaluation and performance management of grant activities. The Epidemiologist III will collaborate with Chicago staff the NIH-funded feasibility study TLC+ using surveillance and C&T data to measure success in testing and getting people into care based on repeated lab results indicating consistent (or lack thereof) care and reductions in viral suppression. The Epidemiologist will coordinate work of Epidemiologist IIs. The remainder of Margaret Eaglin's salary will be paid out of the CDC-funded STD Surveillance Network (SSuN) (.58) and ECHPP Phase II (.09) funds.

<i>Position Title &amp; Name</i>	<i>Annual</i>	<i>Time</i>	<i>Months</i>	<i>Amount Requested</i>
<b>CAPACITY BUILDING (5.5 FTE)</b>				
<b>Director of Capacity Building, Training, &amp; Technical Assistance - Dwight Hunter</b>	\$91,698	50%	12	45,849
<b>Public Health Administrator II - Jose Gonzalez</b>	\$76,392	100%	12	76,392
<b>Public Health Administrator II - Marguerite Harrold</b>	\$76,392	100%	12	76,392
<b>Public Health Administrator II - Marion Matlock</b>	\$80,060	100%	12	80,060
<b>Public Health Administrator II - Victoria Romero</b>	\$72,754	100%	12	72,754
<b>Public Health Administrator II - Orlando Valenzuela</b>	\$76,392	100%	12	76,392
<b>Staff Assistant - Idell Brunt</b>	\$65,490	100%	12	65,490
<b>Total</b>		6.50		493,329

**Director of Capacity Building, Training, & Technical Assistance - Dwight Hunter**

This position oversees the Capacity Building, Training & Technical Assistance Unit. The Director is responsible for ensuring that the goals and objectives of the programs are met, that the community is sustainable and for fostering increased collaboration between STI/HIV direct services to ensure a comprehensive continuing of services. The Director is responsible for ensuring the quality and effectiveness of the capacity building program with input from the regional community planning bodies, service providers, and consumers of services. The remainder of this staff person's salary will be paid out of Ryan White Part A funds.

**Public Health Administrator II - Jose Gonzalez**

Under the direction of the Program Director, this position will research, develop, coordinate and conduct bilingual HIV/AIDS knowledge and skills-based trainings/workshops for CBOs and health care service providers. He will be responsible for the registration process for all HIV/AIDS training courses offered to CBOs and perform basic data entry as needed to complete tasks. The PHA II will work with the Prevention Program Specialist and the HPPG to develop instruments and forms necessary for a quality program. He will assist in researching and securing from national sources the most effective curricula and training materials. This position provides administrative and computer support with the STI/HIV CBTTA Unit regarding participant registration and database maintenance. Assists the Program Director in developing program policies and procedures to be implemented citywide.

**Public Health Administrator II - Marguerite Harrold**

Under the direction of the Program Director, this position will research, develop, coordinate and conduct HIV/AIDS knowledge and skills-based trainings/workshops for CBOs and health care service providers. She will be responsible for working with the Prevention Program Specialists for providing technical assistance to CBOs on training related issues. The PHA II will assist in developing standards and necessary controls to ensure that major departmental plans, policies and procedures are executed. She coordinates and facilitates the Community Standards Review process. This position coordinates logistical information for courses such as date, time and location. She will assist in developing program policies and procedures to be implemented citywide.

**Public Health Administrator II - Marion Matlock**

Under the direction of the Program Director, these positions will research, develop, coordinate and conduct STD/HIV/AIDS knowledge and skills-based trainings/workshops for CBOs and health care service providers. The position will assist in researching and securing from national sources the most effective curricula and training materials. This position provides administrative and computer support with the HIV/AIDS Training Unit. The positions will assist the Program Director in developing program policies and procedures to be implemented citywide.

**Public Health Administrator II - Victoria Romero**

Under the direction of the Program Director, this position will research, develop, coordinate and conduct bilingual HIV/AIDS knowledge and skills-based trainings/workshops for CBO's and health care service providers. Targeting Spanish-speaking CBO's in particular, they will assist in marketing the trainings/workshops offered by the HIV/AIDS Training Unit. She acts as liaison to different Latino community coalitions. She will be responsible for working with the Prevention Program Specialists in providing technical assistance to CBO's on training related issues. The PHA II position will be responsible for the statistical analysis of all evaluations and providing programmatic assistance to training participants upon completion of a course. This information must be translated and presented to CDPH and HPPG in order to ensure quality and achievement of goals. She will assist the Program Director in developing program policies and procedures to be implemented citywide.

**Public Health Administrator II - Orlando Valenzuela**

**City of Chicago, Department of Public Health  
 CDC PS12-1201 HIV Prevention Projects  
 Budget & Budget Justification: Category A  
 Budget Period: January 1, 2012 to December 31, 2012**

Under the direction of the Program Director, this position will research, develop, coordinate and conduct bilingual STI/HIV knowledge and skills-based trainings/workshops for CBOs and health care service providers. The position will be responsible for working with the Prevention Program Specialists for providing technical assistance to CBOs on training related issues. The PHA II will assist in developing standards and necessary controls to ensure that major departmental plans, policies and procedures are executed. The positions will assist in developing program policies and procedures to be implemented citywide.

**Staff Assistant - Idell Brunt**

Under the direction of the Program Director, this position will provide day to day administrative support to the Program Director and the CBTTA Unit staff. The position is responsible for tracking all monthly variance report activities, coordinating and planning all systems and project activities, grant application preparation, financial reports and data presentation. This position provides clerical support and word processing services for the Program Director. The position will also be responsible for assisting in the day to day registration process for all HIV/AIDS training courses offered to CBOs, perform basic data entry as needed to complete tasks. Contacting participants via the phone to confirm receipt of registration and to confirm registration in the designated trainings/workshops.

<b>B. FRINGE BENEFITS</b>	39.02%	57.09	<b>Total</b>	<b>\$1,448,249</b>
---------------------------	--------	-------	--------------	--------------------

(Total salary-\$3,711,555/36.09 FTE's= \$65,012 which is the municipal rate of 39.02%)

<b>C. CONSULTANTS</b>				
-----------------------	--	--	--	--

N/A				
-----	--	--	--	--

<b>D. EQUIPMENT</b>				
---------------------	--	--	--	--

N/A				
-----	--	--	--	--

<b>E. SUPPLIES</b>				<b>\$39,227</b>
--------------------	--	--	--	-----------------

\$227 in supplies x 57.09 FTEs	57.09		\$227	12,959
--------------------------------	-------	--	-------	--------

Medical Supplies -HIV Test & Control Sets	2189		\$12	26,268
---	------	--	------	--------

**Justification:** General office supplies - miscellaneous supplies including pens, paper, staples, etc. and HIV Test & Control Sets are used for testing purposes at different sites throughout the city of Chicago.

<b>F. TRAVEL</b>			<b>Total</b>	<b>\$19,960</b>
------------------	--	--	--------------	-----------------

**Out-of-State Travel - Program Director and 4 other staff to attend mandatory conferences and/or meetings in Atlanta**

	<i>Trips/Days</i>	<i># of Staff</i>	<i>Cost</i>	<i>Estimated Cost</i>
<b>Conference Registration Fee</b>	2	5	\$500	3,000
<b>1 trip x 1 person x \$285 r/t airfare</b>	2	5	\$285	2,850
<b>Days per diem x \$64/day x 1 person</b>	8	5	\$64	2,560
<b>Nights lodging x \$225 a night x 1 person</b>	8	5	\$225	9,000
<b>Ground transportation \$5 x 1 person</b>	2	5	\$55	550

**Justification:** CDC has mandatory conferences and/or meetings for Program Director (D. Amarathithada), Assistant Commissioner (C. Brown), Director of Community Based Services (Vacant), Director of Administrative Services (Vacant), Director of Evaluation (Vacant)

<b>G. OTHER</b>			<b>Total</b>	<b>\$95,593</b>
-----------------	--	--	--------------	-----------------

	<i>Quantity</i>	<i>Unit Cost</i>	<i>Estimated Cost</i>
<b>Telephone usage and maintenance costs for program staff</b>	57.09	\$316	18,040
<b>Voicemail maintenance fee for program staff</b>	57.09	\$13	742
<b>Unlays - computer, printer and internet support</b>	57.09	\$828	47,271
<b>Annual mobile phone service for CDCI staff</b>	18	\$530	9,540

**Justification:** Other cost include: Voice mail maintenance - annual fee to maintain voice mail system for staff, Telephone line costs - annual fee to maintain telephone lines and cover usage for staff, Email connectivity - annual fee for program staff

<b>Professional services for technical assistance for Community Planning Integration for Care, Housing and Prevention programs.</b>				20,000
---	--	--	--	--------

**Justification:** Provides technical assistance for Community Planning Integration for Care, Housing and Prevention programs. Prevention planning technical assistance includes sign language interpreter, Spanish language translators and court reporters to record certain meetings, such as, public input forums.

<b>H. CONTRACTUAL</b>			<b>Total</b>	<b>\$580,674</b>
-----------------------	--	--	--------------	------------------

	<i>Quantity</i>	<i>Unit Cost</i>	<i>Estimated Cost</i>
--	-----------------	------------------	-----------------------



**City of Chicago, Department of Public Health  
 CDC PS12-1201 HIV Prevention Projects  
 Budget & Budget Justification: Category A  
 Budget Period: January 1, 2012 to December 31, 2012**

<b>Name of Contractors:</b> TBD	(est. 6-10 agencies)			<b>\$580,674</b>
<b>Method of Selection:</b> Competitive/ RFP				
<b>Period of Performance:</b> January 01, 2012 to December 31, 2013				
<b>Scope of Work:</b> Awarded CBOs will provide direct prevention and linkage to care services for targeted high risk populations in Chicago. Services can include but are not limited to prevention with positive services, HIV testing, linkage to care activities and other health education and risk reduction activities.				
<b>Method of Accountability:</b> Awarded CBOs will provide quarterly reports on progress as per work plan and CDC evaluation indicators and guidance. CBOs will also provide Scope of Services detailed in the Delegate Agency agreement signed between CDPH and each of the CBOs.				
<b>Itemized Budget and Justification:</b> TBA after RFP				
<b>I. Total of Direct Costs</b>				<b>\$5,895,258</b>
<b>Indirect Costs (See attached Indirect Cost Rate Proposal for details.)</b>	<b>Rate</b>		<b>Base</b>	<b>Estimated Cost</b>
<b>J. Indirect Costs</b>	<b>11.97%</b>		<b>\$5,895,258</b>	<b>\$705,662</b>
<b>Total Estimated Costs</b>				<b>\$6,600,920</b>
<b>Budget Summary</b>				
<b>Personnel</b>		<b>\$3,711,555</b>		
<b>Fringe</b>		<b>\$1,448,249</b>		
<b>Supplies</b>		<b>\$39,227</b>		
<b>Travel</b>		<b>\$19,960</b>		
<b>Other</b>		<b>\$95,593</b>		
<b>Contractual</b>		<b>\$580,674</b>		
<b>Total</b>		<b>\$5,895,258</b>		
<b>Indirect Cost (11.97%)</b>		<b>\$705,662</b>		
<b>TOTAL BUDGET</b>		<b>\$6,600,920</b>		

**City of Chicago, Department of Public Health**  
**CDC PS12-1201 HIV Prevention Projects**  
**Multi-Site Opt-Out Rapid HIV Testing in Clinical Sites**  
**Budget & Budget Justification: Category B**  
**Budget Period: January 1, 2012 to December 31, 2012**

<b>PERSONNEL</b>				
			<b>Total</b>	<b>\$115,456</b>
<i>Position Title &amp; Name</i>	<i>Annual</i>	<i>Time</i>	<i>Months</i>	<i>Amount Requested</i>
Epidemiologist II - Vacant	\$75,768	42%	12	31,823
Public Health Administrator II - Randal Buffington	\$83,633	100%	12	83,633
<b>Total</b>		1.42		115,456
<b>Epidemiologist II (Vacant)</b>				
The Epidemiologist II will assist the Epidemiologist III in data management, linkage and analysis of HIV surveillance and testing data to quantify new vs. previously diagnosed participants as well as increasing testing, linkage and retention in care. The remainder of this staff person's salary will be paid out of the Category A (.42) and ECHPP Phase II (.17) funds.				
<b>Public Health Administrator II - Randal Buffington</b>				
Duties for the Public Health Administrator II (PHA II) include assist with all day-to-day operations of the HIV Counseling and Testing Unit; assist with the collection and analysis of information for prevention activities; assist with preparation of grants, progress reports, other grant applications and reports; coordinate program activities with community planning activities; assist in monitoring lead agents and subgrantees fiscal and programmatic performance; assist in developing and maintaining recordkeeping procedures. The PHA II works under the supervision of the HIV Counseling, Testing and Partner Services Director.				
<b>FRINGE BENEFITS</b>				
	34.17%	1.42	<b>Total</b>	<b>\$39,451</b>
<i>(Total salary-\$115,456/1.42 FTE's= \$81,307 which is the municipal rate of 34.17%.)</i>				
<b>SUPPLIES</b>				
			<b>Total</b>	<b>\$168,514</b>
	<i>Quantity</i>		<i>Unit Cost</i>	<i>Estimated Cost</i>
Medical Supplies -HIV Test Kits	14014		12	168,168
General Office Supplies	1.42		\$244	346
<i>Justification: General office supplies - miscellaneous supplies including pens, paper, staples, etc. and HIV Test Kits are used for testing purposes at different sites throughout the city of Chicago.</i>				
<b>TRAVEL</b>				
			<b>Total</b>	<b>\$5,180</b>
<i>Out-of-State Travel -</i>	<i># of Days</i>	<i># of Staff</i>	<i>Fare</i>	<i>Estimated Cost</i>
Airfare- for 2 staff for 2 meetings	0	4	\$500	2,000
Per Diem	9	2	\$59	1,062
Lodging	7	2	\$137	1,918
Ground Transportation- for 2 Staff for 2 meetings	0	4	\$50	200
<i>Justification: Out of state travel is for Program Manager and one staff to attend the CDC required Grantee Meeting for 4 nights/5 days in Atlanta, GA, and Program Manager and one staff to attend National HIV Prevention Conference for 3 nights/4 days in Atlanta, GA.</i>				
<b>OTHER</b>				
			<b>Total</b>	<b>\$1,643</b>
	<i>Quantity</i>		<i>Unit Cost</i>	<i>Estimated Cost</i>

Telephone maintenance costs for program staff	1.42		\$316	449
Voicemail maintenance costs for program staff	1.42		\$13	18
Unisys - computer, printer and internet support	1.42		\$828	1,176

**Justification:** Other cost includes voice mail maintenance – annual fee to maintain voice mail system for staff, telephone line costs – annual fee to maintain telephone lines and cover usage for staff and internet and computer maintenance – annual fee to maintain access to the Internet and Intranet as well as to maintain desktop computers for staff member.

<b>CONTRACTUAL</b>			<b>Total</b>	<b>\$1,141,945</b>
--------------------	--	--	--------------	--------------------

	<b>Quantity</b>		<b>Unit Cost</b>	<b>Estimated Cost</b>
--	-----------------	--	------------------	-----------------------

<b>Name of Contractor:</b> University of Chicago				\$93,235
--	--	--	--	----------

<b>Method of Selection:</b> RFP (Request for Proposal)				
--	--	--	--	--

<b>Period of Performance:</b> January 01, 2012 to December 31, 2013				
---	--	--	--	--

**Scope of Work:** University of Chicago was awarded the Expanded Testing in Clinical Settings contract through an RFP process. This agent will provide administrative support, day-to-day management and project oversight of eleven external partner organizations, with the anticipation of expansion to other sites. All sub-contract expenses will be paid through the lead agent contract.

**Method of Accountability:** University of Chicago will provide quarterly reports on progress as per work plan and Scope of Services detailed in the Delegate Agency agreement signed between CDPH and the University of Chicago..

<b>Name of Contractor:</b> University of Chicago				\$1,048,710
--	--	--	--	-------------

<b>Method of Selection:</b> RFP (Request for Proposal)				
--	--	--	--	--

<b>Period of Performance:</b> January 01, 2012 to December 31, 2013				
---	--	--	--	--

**Scope of Work:** University of Chicago was awarded the Linkage to Care contract through an RFP process. This agent will provide administrative support, day-to-day management and project oversight of eleven external partner organizations, with the anticipation of expansion to other sites. All sub-contract expenses will be paid through the lead agent contract.

**Method of Accountability:** University of Chicago will provide quarterly reports on progress as per work plan and Scope of Services detailed in the Delegate Agency agreement signed between CDPH and the University of Chicago.

<b>Total of Direct Costs</b>				<b>\$1,472,189</b>
------------------------------	--	--	--	--------------------

<b>Indirect Costs (See attached Indirect Cost Rate Proposal for details.)</b>	<b>Rate</b>		<b>Base</b>	<b>Estimated Cost</b>
---	-------------	--	-------------	-----------------------

<b>Indirect Costs</b>	11.97%		\$1,472,189	\$176,221
-----------------------	--------	--	-------------	-----------

<b>Total Estimated Costs</b>				<b>\$1,648,410</b>
------------------------------	--	--	--	--------------------

**City of Chicago, Department of Public Health  
 CDC PS12-1201 HIV Prevention Projects  
 High Impact Demonstration Projects  
 Chicago HIV Prevention Incubator Collaborative (CHIPIC)  
 Budget & Budget Justification - Category C  
 Budget Period: January 1, 2012 to December 31, 2012**

<b>A. PERSONNEL</b>			<b>Total</b>	<b>\$148,872</b>
<i>Position Title &amp; Name</i>	<i>Annual</i>	<i>Time</i>	<i>Months</i>	<i>Amount Requested</i>
Public Health Administrator III - Vacant	\$73,104	100%	12	73,104
Epidemiologist II - Vacant	\$75,768	100%	12	75,768
<b>Total</b>		<b>2.00</b>		<b>148,872</b>

**Public Health Administrator III - Vacant**  
 The Public Health Administrator (PHA) III will coordinate the efforts for the African American MSM Incubator demonstration project. Duties may include, but are not limited to the following: assists with the facilitation and provision of the Incubator activities; facilitates meetings among key stakeholders, funded-lead agent and affiliated CBOs, community groups, and local health department staff; provides technical assistance for lead agent; and other duties as assigned.

**Epidemiologist II - Vacant**  
 The Epidemiologist II will assist in the data management, analysis and reporting as needed by the project. The Epi II will serve as evaluator of the Incubator demonstration project.

<b>B. FRINGE BENEFITS</b>	<b>36.03%</b>	<b>2.00</b>	<b>Total</b>	<b>\$53,639</b>
---------------------------	---------------	-------------	--------------	-----------------

(Total salary-\$148,872/2.00 FTE's= \$74,436 which is the municipal rate of 36.03%.)

**C. CONSULTANTS**

N/A

**D. EQUIPMENT**

N/A

**E. SUPPLIES**

			<b>Total</b>	<b>\$3,578</b>
	<i>Quantity</i>		<i>Unit Cost</i>	<i>Estimated Cost</i>
General Office Supplies	2		\$240	480
Lap Top Computers	2		\$1,549	3,098

**Justification:** General office supplies - miscellaneous supplies including pens, paper, staples, etc. and program incentives to encourage linkage to care by clients..

**F. TRAVEL**

			<b>Total</b>	<b>\$5,180</b>
<i>Out-of-State Travel -</i>	<i># of Days</i>	<i># of Staff</i>	<i>Fare</i>	<i>Estimated Cost</i>
Airfare- for 2 staff for 2 meetings	0	4	\$500	2,000
Per Diem	9	2	\$59	1,062
Lodging	7	2	\$137	1,918
Ground Transportation- for 2 Staff for 2 meetings	0	4	\$50	200

**Justification:** Out of state travel is for PHA III (R. Buffington) and one staff to attend the CDC required Grantee Meeting for 4 nights/5 days in Atlanta, GA, and Program Manager and one staff to attend National HIV Prevention Conference for 3 nights/4 days in Atlanta, GA.

**G. OTHER**

			<b>Total</b>	<b>\$2,614</b>
	<i>Quantity</i>		<i>Unit Cost</i>	<i>Estimated Cost</i>
Telephone maintenance costs for program staff	2		\$316	632
Voicemail maintenance costs for program staff	2		\$13	26

<i>Unisys - computer, printer and internet support</i>	2		\$828	1,656
<i>Telephone Activation Fee</i>	2		\$150	300
<b>Justification:</b> Other cost includes voice mail maintenance – annual fee to maintain voice mail system for staff, telephone line costs – annual fee to maintain telephone lines and cover usage for staff and internet and computer maintenance – annual fee to maintain access to the Internet and Intranet as well as to maintain desktop computers for staff member.				
<b>H. CONTRACTUAL</b>			<b>Total</b>	<b>\$599,613</b>
	<i>Quantity</i>		<i>Unit Cost</i>	<i>Estimated Cost</i>
<b>Name of Contractor:</b> TBD				<b>\$599,613</b>
<b>Method of Selection:</b> RFP (Request for Proposal)				
<b>Period of Performance:</b> January 01, 2012 to December 31, 2012				
<b>Scope of Work:</b> A lead agent contract will be awarded through an RFP process for the CHIPIC demonstration project. Delegate agency collaborative/incubator which would include staff (with fringe), rent, supplies, and indirect costs.				
<b>Method of Accountability:</b> Contracting Agency will provide quarterly reports on progress as per work plan and Scope of Services detailed in the Delegate Agency agreement that will be signed between CDPH and the contracted Lead Agency.				
<b>Itemized Budget and Justification:</b> TBD upon contract execution				
<b>I. Total of Direct Costs</b>				<b>\$813,496</b>
<i>Indirect Costs (See attached Indirect Cost Rate Proposal for details.)</i>	<i>Rate</i>		<i>Base</i>	<i>Estimated Cost</i>
<b>J. Indirect Costs</b>	11.97%		\$813,496	\$97,375
<b>Total Estimated Costs</b>				<b>\$910,871</b>

**City of Chicago, Department of Public Health  
 CDC PS12-1201 HIV Prevention Projects  
 High Impact Demonstration Projects  
 Technology to Advance Partner Services (TAPS)  
 Budget & Budget Justification - Category C  
 Budget Period: January 1, 2012 to December 31, 2012**

<b>A. PERSONNEL</b>			<b>Total</b>	<b>\$0</b>
<i>Position Title &amp; Name</i>	<i>Annual</i>	<i>Time</i>	<i>Months</i>	<i>Amount Requested</i>
N/A				
<b>Total</b>		0.00		0
<b>B. FRINGE BENEFITS</b>	0.00%	0.00	<b>Total</b>	<b>\$0</b>
<b>C. CONSULTANTS</b>				
N/A				
<b>D. EQUIPMENT</b>				
N/A				
<b>E. SUPPLIES</b>			<b>Total</b>	<b>\$44,700</b>
	<b>Quantity</b>		<b>Unit Cost</b>	<b>Estimated Cost</b>
Computer Hardware - HP 2760P Tablet Computers	30		\$1,490	44,700
<b>Justification:</b> Computer Hardware-HP 2760P Tablet computers will be assigned to disease intervention specialists in the STI program to carry to the field for secure record searching, writing case documents and enhancing field based investigation resources to help prioritize investigations and improve capacity to find clients and refer link them to care.				
<b>F. TRAVEL</b>			<b>Total</b>	<b>\$0</b>
<b>Out-of-State Travel - Staff to attend mandatory conferences and/or meetings in Atlanta</b>	<b>Trips/Days</b>	<b># of Staff</b>	<b>Cost</b>	<b>Estimated Cost</b>
Conference Registration Fee	0	0	\$500	0
1 trip x 1 person x \$285 r/t airfare	0	0	\$285	0
Days per diem x \$64/day x 1 person	0	0	\$64	0
Nights lodging x \$225 a night x 1 person	0	0	\$225	0
Ground transportation 55 x 1 person	0	0	\$55	0
<b>Justification:</b> Staff has been allocated in other grants to attend at least two mandatory CDC-sponsored meetings and/or conferences.				
<b>OTHER</b>			<b>Total</b>	<b>\$2,400</b>
	<b>Quantity</b>		<b>Unit Cost</b>	<b>Estimated Cost</b>
Telephone maintenance costs for program staff	0		\$316	0
Voicemail maintenance costs for program staff	0		\$13	0
Unisys - computer, printer and internet support	0		\$828	0
Telephone Activation Fee	0		\$150	0
Tablet connection fee for HP 2760P Tablet Computers to be used by disease investigators @ \$80 each x 30 Tablets =	30		\$80	2,400

**Justification :** Other cost includes maintenance – annual fee to maintain access to the Internet and Intranet as well as to maintain desktop computers for staff member.

<b>CONTRACTUAL</b>			<b>Total</b>	<b>\$32,500</b>
	<b>Quantity</b>		<b>Unit Cost</b>	<b>Estimated Cost</b>
<b>Name of Contractor:</b> TBD				<b>\$25,000</b>
<b>Method of Selection:</b> RFP (Request for Proposal)				

**Period of Performance:** January 1, 2012 - December 31, 2012

**Scope of Work:** Technical Consultant-will assist with customization of the prototype web-based self interview and provide guidance and recommendations for applications and enhancements for the TAPS project.

**Method of Accountability:** The contractor will submit quarterly reports to the Chicago Department of Public Health detailing the activities carried out under this contract.

**Itemized Budget and Justification:** 250 hours @ \$100 per hour to assist with customization of the prototype web-based self interview and provide guidance and recommendations for applications and enhancements.

<b>Name of Contractor:</b> TBD				<b>\$7,500</b>
--------------------------------	--	--	--	----------------

**Period of Performance:** January 1, 2012 - December 31, 2012

**Scope of Work:** TAPS Graduate Student Interns- will be procured thorough a local university to develop operational protocols for use of the web-based self-interview, under advisement from the CDPH STI Program disease intervention personnel. The interns will also develop and conduct the evaluation and write a final evaluation report.

**Method of Accountability:** The contractor will submit quarterly reports to the Chicago Department of Public Health detailing the activities carried out under this contract.

**Itemized Budget and Justification:** The interns will also develop and conduct the evaluation and write a final evaluation report. \$25.00 per hour X 300 hours = \$7,500.

<b>Total of Direct Costs</b>				<b>\$79,600</b>
<b>Indirect Costs (See attached Indirect Cost Rate Proposal for details.)</b>	<b>Rate</b>		<b>Base</b>	<b>Estimated Cost</b>
<b>Indirect Costs</b>	<b>11.97%</b>		<b>\$79,600</b>	<b>\$9,528</b>
<b>Total Estimated Costs</b>				<b>\$89,128</b>

# Project Abstract Summary

**Program Announcement (CFDA)**

93.940

**Program Announcement (Funding Opportunity Number)**

CDC-RFA-PS12-1201

**Closing Date**

09/14/2011

**Applicant Name**

City of Chicago - Department of Public Health

**Length of Proposed Project**

4

**Application Control No.**

**Federal Share Requested (for each year)**

**Federal Share 1st Year**

\$ 9,249,329

**Federal Share 2nd Year**

\$ 9,249,329

**Federal Share 3rd Year**

\$ 9,249,329

**Federal Share 4th Year**

\$ 9,249,329

**Federal Share 5th Year**

\$ 9,249,329

**Non-Federal Share Requested (for each year)**

**Non-Federal Share 1st Year**

\$ 0

**Non-Federal Share 2nd Year**

\$ 0

**Non-Federal Share 3rd Year**

\$ 0

**Non-Federal Share 4th Year**

\$ 0

**Non-Federal Share 5th Year**

\$ 0

**Project Title**

Comprehensive HIV Prevention Programs