

Mississippi State Department of Health

STD/HIV Office Prevention and Education Branch



2010 Request for Proposals for HIV Prevention

Proposal must be received by 4:00 p.m. (CST), Monday, November 16, 2009

A. Introduction:

The Mississippi State Department of Health (MSDH) STD/HIV Office is issuing a competitive Request for Proposals (RFP) for HIV Prevention Programs to support the implementation of Evidenced Based Interventions (EBIs), Diffusion of Evidenced Based Interventions (DEBIs) per the Centers for Disease Control and Prevention (CDC) *Compendium of HIV Prevention Interventions with Evidence of Effectiveness*. In addition to implementation of an intervention, community outreach is needed to help increase HIV awareness. Through this RFP, the MSDH intends to support individual-level interventions (ILI), community-level interventions (CLI) and group-level interventions (GLI) for HIV prevention programs that will have the greatest impact on reducing HIV in Mississippi. Proposals must target statistical prioritized populations within one of the ten prioritized counties. The prioritization of populations and counties is supported by the MSDH and the Mississippi Community Planning Group (MSCPG) and is listed in the Funding Priorities section of this RFP (see page 5).

B. Background:

The MSDH, Office of Communicable Diseases, STD/HIV Office is responsible for reducing the number of newly diagnosed sexually transmitted diseases (STDs) in Mississippi, including HIV (Human Immunodeficiency Virus) infection, through surveillance, education, community HIV prevention programs and the provision of treatment and care and services. Although these services are available in all 82 Mississippi counties, which comprise nine public health districts, HIV disease continues to impose a momentous burden on Mississippians and their healthcare system. HIV prevention is critical and will remain a top priority in the continued fight against HIV disease.

In 2008, Mississippi reported 9,055 people living with HIV disease with 44 percent living with AIDS (Acquired Immunodeficiency Syndrome). Mississippi's racial composition is 61.4 percent Caucasian, 37.7 percent African Americans and 0.9 percent all other races. Although Mississippi's overall reported incidence rates from 2003 through 2008 average 604 new cases of HIV disease yearly, the incidence of HIV disease among African Americans has shown a significant increase from 66.8 percent in 2003 to 78.9 percent (78.9%) in 2008. In 2008, the rate of HIV infection among African Americans was nearly eight times the rate of white Mississippians. Among women, for the same period, 82.6 percent HIV infections were reported for African Americans compared to 13 percent reported for white women.

Many factors may influence higher rates of HIV among African Americans, including high prevalence of other sexually transmitted diseases, poverty, access to affordable and quality healthcare, and substance and alcohol use. Rates of infection for chlamydia, gonorrhea and infectious syphilis, just as HIV disease, impact African Americans disproportionately. According to the CDC's *STD Surveillance 2007 Report*, by case rates, Mississippi was ranked first in the nation for both chlamydia and gonorrhea case rates. In 2007, Mississippi was ranked eleventh for primary and secondary syphilis. In addition to the behavioral connection, chlamydia, gonorrhea, and syphilis predispose Mississippians to a greater probability of HIV infection; Mississippi may eventually report higher rates of HIV infection, particularly among African Americans, without effective prevention activities reaching more people.

The need for prevention efforts are essential and become more and more vital as the number of persons living with HIV AIDS (PLWHA) increases. Mississippi must continue to provide outreach and interventions that target populations at high risk for acquisition and transmission of HIV. The table below indicates the trends in STDs for Mississippi from 2006-2008.

Trends in STDs for Mississippi, 2006-2008								
	2006 Morbidity	2006 Case Rate	2007 Morbidity	2007 Case Rate	o/o change from 06 to 07	2008 Morbidity	2008 Case Rate	o/o change from 07 to 08
Chlamydia	19,001	652.8342	21,686	742.9804	14.1%	21,261	723.5034	-2.0%
Gonorrhea	7,510	258.0277	8,315	284.8788	10.7%	7,497	255.1199	-9.8%
Primary and Secondary Syphilis	87	2.989136	132	4.52243	51.7%	185	6.295476	40.2%
Total Early Syphilis	284	9.757639	417	14.28677	46.8%	418	14.22437	0.2%
HIV disease	599	20.58037	611	20.93337	2.0%	608	20.69	-0.5%

C. Eligibility

C1) Qualifications

Non-profit organizations having 501(c)(3) status with the Internal Revenue Service (IRS). Applicants must assign a staff member and/or program/project lead with the experience or expertise necessary to direct the activities of the project. Additionally, all applicant organizations are required to submit proof of their IRS designated non-profit status.

C2) Cost Sharing/Matching

Although cost sharing or matching funds are not required for this program announcement (Grant Year 2010-2011), applicants are expected to communicate their project plan on how the project may be financially supported and sustained in the future.

D. Scope of Work:

Successful applicants will support the Mississippi State Department of Health STD/HIV Office Prevention and Education Branch in providing factual educational information, outreach activities, and science-based (Evidence Based Interventions (EBI) or Diffusion Evidence Behavioral Interventions (DEBI) to prevent the acquisition and transmission of HIV and other STDs.

E. Funding Priorities

Population and County Priorities

HIV prevention program proposals must identify outreach activities and/or an EBI or DEBI for a prioritized population for implementation in at least one of the ten prioritized counties. In addition to the implementation of an EBI or a DEBI, at least thirty-six (36) community presentations must be conducted. Outreach activities may include public forums, factual community presentations (repetitious – at least twice) or street outreach and/or condom distribution with an evaluative component. If the applicant has the capacity, proposals may be submitted for more than one intervention. Each application must be complete and labeled accordingly. The priority populations, suggested interventions, and listing of counties and public health districts are identified in the following tables.

2010 Prioritized Target Populations

Priority	Target Population	Suggested Interventions
1	Persons living with HIV/AIDS (PLWHA)	CLEAR (Choosing: Empowerment, Action, Results!) Healthy Relationships Willow-Heterosexual Women living with HIV/AIDS Outreach Activities
2	African-American Men (ages 13-64)	Popular Opinion Leader VOICES/VOCES NIA Respect Outreach Activities
3	African-American Men Who Have Sex With Men (AAMSM)	d-up: Defend Yourself Popular Opinion Leader Many Men Many Voices
4	African-American Women (ages 13-64)	SISTA RAPP Outreach Activities
5	Caucasian Men Who Have Sex With Men (CMSM)	Popular Opinion Leader Outreach Activities
6	Youth 13-24	Street Smart (Youth 11-18) SIHLE (Sisters Informing Healing Living and Empowerment) MPOWERMENT (Young gay and bisexual men from 12-20 year old Outreach Activities
7	Substance Users	Safety Counts MIP (Modelo De Intervencion Psicomedica) Outreach Activities
8	Youth and Adults in county-level Correctional Facilities	Outreach Activities Project START
9	Hispanic	Voices/VOCES Outreach Activities
10	Heterosexuals	Connect- Couples Willow-Heterosexual Women living with HIV/AIDS VOICES/VOCES Outreach Activities

2010 Prioritized Listing of Counties and Public Health Districts (PHD)

Priority	County	PHD
1	Hinds	V
2	Harrison	IX
3	Rankin	V
4	Forrest	VIII
5	Desoto	I
6	Jackson	IX
7	Washington	III
8	Madison	V
9	Lee	II
10	Bolivar	III

EBIs will be considered for funding. The Centers for Disease Control and Prevention (CDC) *Compendium of HIV Prevention Interventions with Evidence of Effectiveness* describes EBIs and DEBIs. Information regarding the interventions is posted on the following websites:

<http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm>[cdc.gov](http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm)

<http://www.effectiveinterventions.org>

Applications proposing projects covering more than one priority population will not be given a higher priority than those projects working in just one area.

F. Funding Amount:

\$440,000 will be available to fund up to seven (7) HIV prevention programs that demonstrate the capacity to implement community outreach activities and/or at least one identified intervention in at least one of the ten prioritized counties. Grants will be awarded based on availability of funds and contractual compliance from January 01, 2010 through December 31, 2011 on a non-competitive basis.

G. Use of Funds:

Funding awarded under this RFP may be used to pay for:

- Salaries, payroll taxes and fringe benefits for project staff assigned to the intervention project ***only***
- Local travel associated with delivery of services
- Meeting expenses (specific to conducting the intervention)
- Training and skill enhancement opportunities specific to the intervention (e.g., registration fee, travel specific to the respective intervention)

- Supplies and materials (e.g., educational materials, office supplies proportionate to program)
- Printing and copying of educational or promotional materials (prior approval is required)
- Rent, utilities, security maintenance (i.e., file cabinets, storage of documents relative to program)
- Communications (e.g., telephone, fax, internet, postage) with predefined documented proportional allocations to program
- Reasonable and proportionate program administration (e.g., accounting, payroll)
- Any items purchased with funds under this program announcement (i.e., educational materials, supplies, equipments) are the property of the MSDH STD/HIV Office at the end of the grant period.
- Any educational materials purchased with this funding must be paneled and approved by the Panel Review Committee (no exceptions).

Applicants are expected to request resources sufficient to ensure that staff involved in project delivery have reasonable access to and opportunities for ongoing professional education and skills enhancement (e.g., training on a specific DEBI intervention). Funding awarded under this RFP may **not** be used to replace funding for an existing program supported with another source of funds. If this occurs, the MSDH reserves the right to revoke funding immediately.

H. Funding Restrictions:

1. Grant funds **may not be used to supplant or replace** funding from other sources.
2. Funds may not be used to purchase or improve land, or to purchase, construct, or make permanent improvements to any building.
3. Funds may not be used to pay for automobile parts, repairs or maintenance.
4. Funds may not be used to make cash payments to recipients of services, unless for pre-approved incentives and, then, only using gift cards or other accountable instruments (e.g., vouchers).
5. In accordance with the Centers for Disease Control and Prevention (CDC) requirements, no HIV-related written materials, pictorials, audiovisual, questionnaires or survey instruments may be utilized for educational sessions conducted in connection with the activities under this grant without approval by the MSDH STD/HIV Panel Review Committee. HIV-related materials to be reviewed should be submitted to the STD/HIV Prevention and Education Branch 30 days prior to the implementation. Materials must be submitted with a completed STD/HIV Prevention Materials Review Form.
6. Contractors who maintain or plan to maintain a web page outlining HIV prevention programs and/or activities funded under this grant must include a notice warning web browsers that information contained on the web page may not be appropriate for all audiences.

7. Funds may not be used to provide items or services for which payment already has been made or can be reasonably expected to be made.
8. Administrative/indirect costs (please refer to page 6-7) may not exceed ten percent (10%) of the total grant award.

I. Priority Intervention Strategies

Proposals will be accepted for prevention interventions in accordance with community outreach activities and DEBI curriculum requirements for fiscal year 2010. No capacity development will be allowed under this RFP. The following interventions will **not** be funded:

- Partner Counseling and Referral Services (PCRS)
- Comprehensive Risk Counseling and Services (CRCS)
- Research Projects
- Substance Abuse Treatment
- Clinical or Medical Care
- Legal Services
- Psychiatric Services
- Laboratory Services
- Needle-Exchange Programs

Consideration will be given to those organizations proposing the use of evidence-based intervention programs and community outreach with an evaluative component. All funded programs must offer culturally and linguistically competent intervention strategies that are responsive to the identified needs of the target population.

A number of situational factors (e.g., chronic mental illness, homelessness, incarceration) may influence HIV related risk and are linked with one or more behavioral risks for HIV. Proposals for HIV prevention services targeted to individuals with dual-diagnosis conditions (HIV infection and substance use) are encouraged.

J. Grantees Obligations:

- Organizations awarded funding under this program announcement will be expected to have programs staffed and operational within 30 days of receipt of award; delays may result in revocation or reduction of award. Program development activities should be described in detail, justified in the description of the proposed program and detailed in the work plan and timeline. Failure to make reasonable progress in program development may result in revocation or reduction of award.
- Funded organizations will be required to submit narrative reports and process monitoring report forms for each intervention type used: ILI, GII, CLI, community outreach. Progress reports must be submitted 30 days following the month of the reporting period.

- Additionally, to ensure efficient and timely communication with grantees, the MSDH STD/HIV Office will on occasion rely upon electronic means of communication. Therefore, agencies funded under this RFP must assure a confidential fax machine located in a secured area and e-mail capacity for key staff.
- Grantee organizations can be reimbursed on a monthly or quarterly basis for expenditures incurred. A narrative progress report must be submitted quarterly. The final report will be due 15 days after the end of the funding period. Delays may result in denial of reimbursement. All expenditures must be in accordance with funding requirements.

K. Quality Assurance:

1. Ensure project staff is appropriately trained and possess the necessary skills to deliver prevention services to the target population. The STD/HIV Office Prevention and Education Branch will conduct scheduled and unscheduled site visits to monitor the provisions of the contract and delivery of services to the target population.
2. Participate in the Program Evaluation Monitoring System (PEMS) as required by the Centers for Disease Control and Prevention (CDC).
3. Provide to the STD/HIV Prevention and Education Branch all required reporting: process monitoring forms, reports, and billing invoices.
4. Maintain effective evaluation tools for each intervention funded under this program announcement.
5. For each intervention category, submit a plan for how each program will be monitored and evaluated to determine whether program objectives are being met.
6. Describe appropriate quantifiable process and outcome evaluation measures for each service category and/or objective.
7. Describe the record keeping procedures for client level prevention data.
8. Provide written protocol and procedures for assessing staff performance and proficiency.
9. Describe the relevant existing and proposed quality assurance practices.
10. Describe the protocol and procedures for ensuring client grievances and complaints.

L. Proposal Submission, Formatting Requirements, and Selection Criteria

Required formatting requirements are as follows:

- All applications must be double-spaced on 8½ x 11 plain white paper, with 1” margins on all sides.
- Applicants must use Times New Roman 12 point font.
- Page limitations:
 - o Grant application form – 1 page (see attached form)
 - o Table of contents – 1 page
 - o Application Checklist – 1 page (see attached form)
 - o Program Abstract - 1 page
 - o Project Narrative (not to exceed 25 pages - include Executive Summary)

- Provide a concise overview of the organization's mission, history and accomplishments.
- Explain at least one of the greatest challenges the organization has experienced and the manner in which it overcame or actively addressed the concern.
- Describe the agency's capacity to implement and manage the proposed program to secure funding to sustain the program beyond the funding year.
 - Programmatic Oversight
 - Explanation of any active collaborations your organization has with other community service providers
 - If volunteers will be used in a peer leadership capacity, what existing resources exist for recruitment of volunteers
 - Fiscal Oversight
 - Description of experience and infrastructure in managing grants
 - Please provide a copy of the agency's entire budget, indicating the percentage of the budget that the proposed project will represent
- **Statement of Need:**
 - Describe your agency's process and findings of any assessments of need for each target population intended to be served, including age, ethnicity, and gender.
 - Identify any stigmas associated with the targeted populations accessing HIV prevention services.
 - Identify the particular intervention needs of the target populations intended to be served.
 - Describe any concerns (physical, economic, social, financial, institutional) that require solution in the target population accessing HIV prevention services and explain how your agency will overcome these barriers.
- **Work Plan/Project Plan - Program Goals and Objectives:**
 - What level of intervention (individual, group, or community) will the proposed project use and what populations will the project serve?
 - What type of community outreach will be provided and/or Diffusion of Evidenced Based Interventions (DEBI) will be used for the project?
 - Include preliminary information collected or formative assessment completed and utilized in the consideration and selection of the proposed DEBI.
 - Include a brief history of its development and the service areas and target populations in which it has historically been applied.

- o Describe features of the project design including opportunities for community involvement, innovative approaches or highlights that will accent the existing service structure being provided in the community.
 - Explain the selection of intervention level, DEBI, and target population.
 - Explain how the goals and objectives of the proposed project align with the needs in the community and your organization's active interaction or participation with the Mississippi Community Planning Group and the HIV Prevention Comprehensive Plan
 - State the overall goal of the project, which should relate to the funding priorities in this RFP.
 - State Specific, Measurable, Appropriate, Realistic, Time-phased (*SMART*) objectives related to achieving outcomes. The objectives should include both the number of events proposed as well as the number of target audience members anticipated.
 - Explanation of how the target audience/population will be engaged in the development of the project.
 - Include a timetable for the project.
- **Budget and Budget Justification:**
- o Personnel
 - Project/program director
 - Title and time commitment of staff (not inclusive of consultants) assigned to project
 - Annual salary and percentage of grant that will be applied to salary
 - o Fringe Benefits, where applicable
 - Retirement
 - Health insurance
 - FICA
 - Workers compensation
 - Taxes
 - o Travel
 - Purpose
 - Allowable costs: transportation, lodging, anticipated training registrations
 - o Supplies (i.e., easel, newsprint, markers, folders)
 - o Contractual
 - Identify all proposed agreements or contracts with the individuals that will be utilized in the operations of the proposed program. The agreement should include the individual credentials or discipline or expertise. Identify the unit of service provided in exchange for compensation.

- o Other
 - Items and associated costs that do not fit any of the other classifications as noted above
 - Identify the nature of the usefulness and utility as well as the amount allotted
- o Indirect
 - Administrative: cost of operating and maintaining facilities and general administration and general expenses
 - Costs associated with program support
 - All amounts requested should ensure that amounts requested are supported with detailed explanation of rates and allocations to the proposed program and delineate costs from the overall organizational budget

The budget narrative should be sufficient to cover any tasks to be performed as described in the *Program Goals and Objectives and Project Plan* for the 2010-2011 grant period. Do not include any unexplained amounts, miscellaneous or contingency costs or unallowable expenses such as entertainment.

- **Management Plan (Table or Chart):**
 - Program management structure (can be a chart)
 - A system that provides monitoring and tracking of the use of the fund.
- **Evaluation Plan:**
 - A detailed evaluation of the project must be provided. The plan shall describe how your project will be evaluated in terms of effectiveness, including compiling of data and summarizing the findings.
- **Appendices:**
 - Organizational chart
 - List of collaborators
 - Letters of support or Memorandum of Agreement
 - Other supporting documents

Proposals will be scored on the following selection criteria by a non-biased review team:

Outline	Grant Points	Page Requirement
Cover Page	Not Scored	1 Page (Attachment A)
Grant Application Form	Not Scored	1 Page (Attachment B)
Table of contents	Not Scored	1 Page
Application Checklist	Not Scored	1 Page (Attachment C)
Project Abstract	5 Points	1 Page
Project Narrative • Executive Summary • Demographic Statements, Background and Need • STD/HIV Data, target population and demographics • Group/Organization's history and capacity • Relevant experience in conducting proposed activities	30 Points	Not to exceed 25 Pages (Project Narrative, Work Plan, Budget and Budget Justification, Management Plan, and Evaluation Plan)
Work Plan (Goals and objectives)	30 Points	
Budget and Budget Justification	10 Points	
Management Plan	15 Points	
Evaluation Plan	10 Points	
Appendices	Not Scored	Refer to Checklist
Total	100 Points	Excluding Appendices Not to exceed 30

Application Deadline: Monday, November 16, 2009, no later than 4:00 p.m.

Faxed or emailed proposals will not be accepted. Proposals submitted after the deadline will not be accepted.

All applicants will be notified by mail of the outcome by Tuesday, December 01, 2009.

Attachments:

- A. Cover Page (*must be submitted with application*)
- B. Grant Application Form (*must be submitted with application*)
- C. Application Checklist
- D. 2008 Mississippi HIV Disease Data
- E. Public Health District Map

Definitions

Individual Level Intervention (ILI)

Health education and risk-reduction counseling provided to one individual at a time. ILI's assist clients in making plans for individual behavior change and ongoing appraisals for their own behavior and include skills building activities. These interventions also facilitate linkages to services in both clinic and community settings (e.g., substance abuse treatment settings) in support of behaviors and practices that prevent transmission of HIV, and they help clients make plans to obtain these services. According to a strict categorization, outreach and prevention case management are individual-level interventions. However, for the purposes of this report ILI does not include outreach or prevention case-management, each of which constitutes its own intervention category.

Group Level Interventions (GLI)

Health education and risk-reduction counseling that shifts the delivery of service from the individual to groups of varying sizes. GLIs use peer and non-peer models involving a wide range of skills, information, education, and support. Many providers may consider general education activities to be group-level interventions. However, for the purposes of this reporting, GLI does not include **one shot** educational presentations or lectures that lack a skill component.

Community Level Interventions (CLI)

Seek to improve the risk conditions and behaviors in a community through a focus on the community as a whole, rather than by intervening with individuals or small groups. Attempting to alter social norms, policies, or characteristics of the environment often does. Examples of CLI include community mobilization, social marketing campaigns, community-wide events, policy interventions, and structural interventions.

Diffused Effective Behavioral Intervention (DEBI)

The Diffusion of Effective Behavioral Interventions (DEBI) project was designed to bring science-based, community and group-level HIV prevention interventions to community-based service providers and state and local health departments. The goal is to enhance the capacity to implement effective interventions at the state and local levels, to reduce the spread of HIV and STDs and to promote healthy behaviors. The need for science or evidence-based programs is necessary to provide the most effective interventions to the communities. Agencies supported by CDC funds (i.e., Mississippi State Department of Health) must require the implementation of DEBI in order to qualify for funding.

Evidence Based Intervention (EBI)

Interventions that address population needs and priorities, as identified through systematic process of needs assessment that are consistent with community norms. They should be based on sound theory and have a demonstrable impact on meeting needs and influencing determinants of risk (e.g. knowledge, attitudes, and norms, as well as behaviors).

Centers for Disease Control and Prevention (CDC)

The Centers for Disease Control and Prevention (CDC) is recognized as the lead federal agency for protecting the health and safety of people – at home and abroad – providing credible information to enhance health decisions, and promoting health through strong partnerships. The CDC serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.

Mississippi Community Planning Group (MSCPG)

Members represent the Public Health districts in Mississippi to address HIV Prevention Planning. The group is responsible for assisting the Mississippi State Department of Health STD/HIV Office Prevention and Education Branch develop the HIV Prevention Comprehensive Plan which addresses how HIV prevention funds are used, including federal, state, local and, when possible, private resources in the Mississippi. Other responsibilities of the group include establishing service priorities, developing an epidemiologic profile, prioritizing target populations, and developing a community services assessment.

All proposals must be submitted in a sealed envelope and plainly marked: **HIV Prevention Proposal**.

U.S. Mail Delivery

HIV Prevention Proposal

Mississippi State Department of Health
STD/HIV Office
Prevention and Education Branch
P.O. Box 1700
Jackson, MS 39215-1700

Hand or Express Delivery

HIV Prevention Proposal

Mississippi State Department of Health
STD/HIV Office
Prevention and Education Branch
Osborne Building, Suite 350
570 E. Woodrow Wilson,
Jackson, MS 39215-1700

Note: Regardless of the method used for delivery, applicants will be wholly responsible for the timely delivery of submitted proposals.

For more information or questions, please contact:

Jacqueline Foster (Jacqueline.Foster@msdh.state.ms.us)

or

Jerry Vardaman, II (Jerry.Vardaman@msdh.state.ms.us)

at

601-576-7723

**Mississippi State Department of Health
STD/HIV Office
Prevention and Education Branch**

**Cover Page
2010 Request for Proposals for HIV Prevention**

Organization Name: _____

Organization's Web Address (if applicable): _____

Program Coordinator: _____

Mailing Address (Physical Address): _____

Business Telephone Number: _____

Cellular Phone Number (if applicable): _____

Fax Number: _____

E-mail Address: _____

Authorized Contact Person: _____

Authorized to Sign Contracts: _____

Title: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Mississippi State Department of Health
STD/HIV Office
HIV Prevention Programs
2010 Grant Application

Attachment B

For office use only:

Grant #

Organization Information

Name of Organization: _____

Address: _____
(Street) (City) (State) (Zip)

County: _____ County (s) served: _____

Name/Title Director: _____ Email: _____

Telephone: _____ Fax: _____

Circle One

Type of organization: Human Services Mental Health Health Services Educational
Faith Org. AIDS Org. Other: _____

Annual Organization Budget Total: \$ _____ IRS Federal ID# _____
(not tax exempt #)

Is your agency a non-profit 501 (c) (3)? Yes _____ No _____

Project Information

Project Name (Intervention selected): _____

Name/Title of project contact Person: _____

Telephone: _____ Fax: _____ Email: _____

Amount requested: \$ _____ Total project budget: \$ _____

Purpose of project: (one sentence):

Priority Population(s) served by this project: (Please circle)

Number of people to be served: _____

Approval of Board Chair and Executive Officer:

We certify that our most recent IRS notification of our organization's 501(c)(3) status is attached to this application and that the organization has not received notice of any proposal, threat or suggestion to revoke or modify this determination. We also approve submission of this grant request. We certify that the applicant organization does not discriminate on the basis of race, creed, color, gender, age, sexual orientation, national origin or disability.

Required Signatures

Board Chair: _____ Executive Officer: _____ Date: _____

Mississippi State Department of Health
STD/HIV Office
HIV Prevention Programs
2010 Application Checklist

Please assemble the items in your grant application packet in the order listed below and check off each piece as it is completed.

Send one (1) original and five (5) completed copies on 8 ½ x 11 plain white paper with 1” margins on all sides using Times New Roman font.

A fully executed grant application includes: (each packet)

- Completed Cover Page
- Completed and signed Grant Application Form
- Complete Application Checklist (this form)
- Table of Contents (one page)
- Project Abstract
- Project Narrative (Not to exceed 25 pages - include Executive Summary in this section)
- Budget and Budget Justification

Appendices (All required documentation must be included)

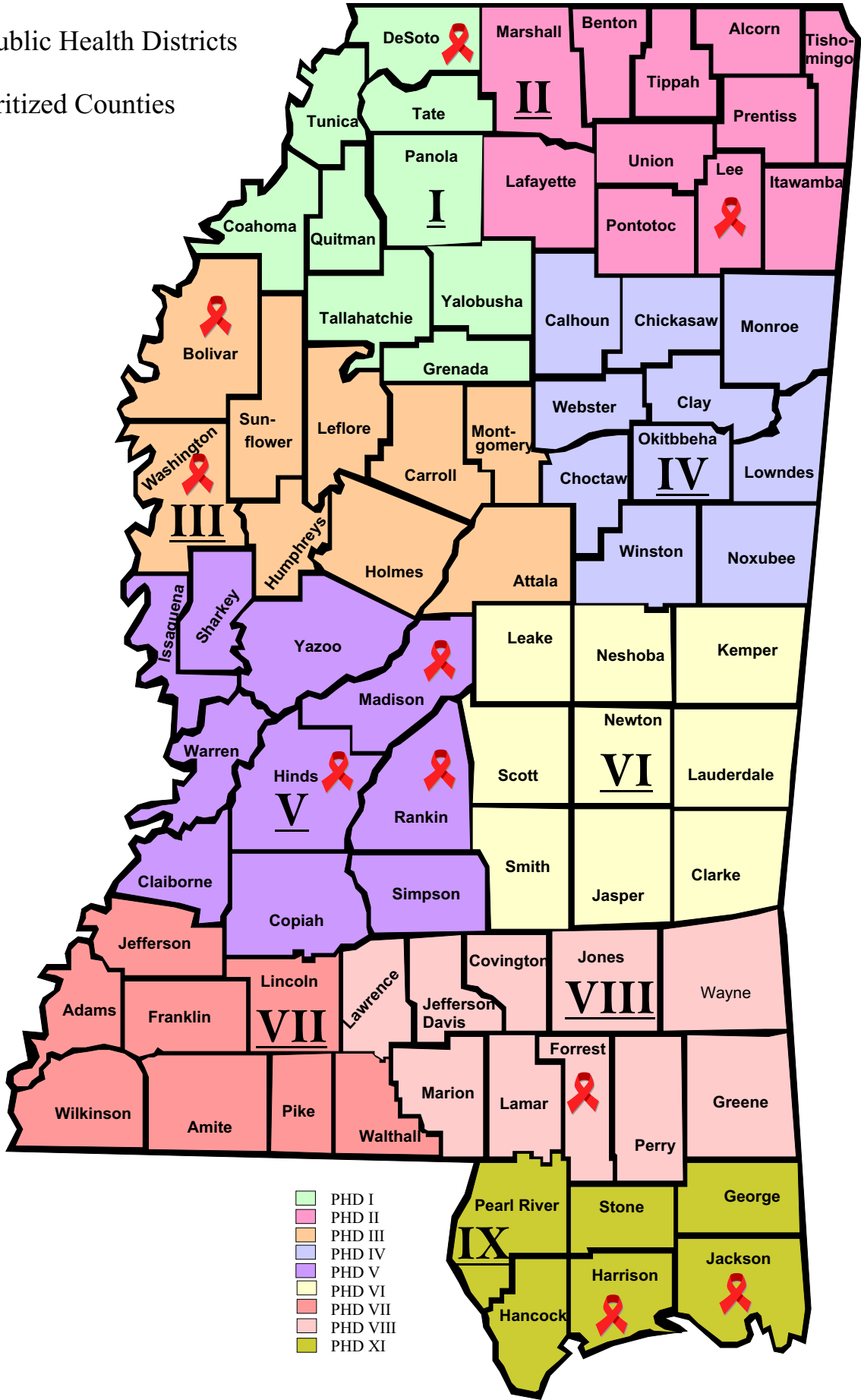
- Organization's current annual budget, including revenue and expenses
- List organization's Board of Directors and its officers
- Letters of support or Memorandum of Agreement from other agencies indicating their intent to collaborate (if applicable)
- A copy of a current Internal Revenue Service (IRS) determination letter
- A certified copy of audited financial statement if available or the most recent audit

All submitted proposals (each packet) should not be bound or stapled, inserted in protected sleeves or prepared in other types of notebook form. Please use only paper/binders clips.

All applicants will be notified by Monday, November 16, 2009.

Mississippi Public Health Districts

 10 Prioritized Counties



ATTACHMENT E

2008 Mississippi HIV Disease Data

Incident HIV Disease - 2008

By Race, Age Group, and Gender

Male								
Race	Age Group							Total
	0-1	2-12	13-24	25-44	45-64	65+	Unknown	
Hispanic	0	0	3	5	2	0	0	10
Am. Indian/Alaska Native	0	0	0	0	0	0	0	0
Asian	0	0	0	0	0	0	0	0
African American	0	0	109	137	77	3	0	326
Native Hawaiian/Pacific Is.	0	0	0	0	0	0	0	0
White	0	0	11	45	24	2	0	82
Multi-Race	0	0	0	2	1	1	0	4
Unknown	0	0	0	0	0	0	0	0
Total	0	0	123	189	104	6	0	422

Female								
Race	Age Group							Total
	0-1	2-12	13-24	25-44	45-64	65+	Unknown	
Hispanic	0	0	0	2	1	0	0	3
Am. Indian/Alaska Native	0	0	0	2	1	0	0	3
Asian	0	0	0	0	0	0	0	0
African American	0	0	32	81	38	1	0	152
Native Hawaiian/Pacific Is.	0	0	0	0	0	0	0	0
White	0	0	5	15	4	0	0	24
Multi-Race	0	0	0	0	2	0	0	2
Unknown	0	0	0	0	0	0	0	0
Total	0	0	37	100	46	1	0	184

Total								
Race	Age Group							Total
	0-1	2-12	13-24	25-44	45-64	65+	Unknown	
Hispanic	0	0	3	7	3	0	0	13
Am. Indian/Alaska Native	0	0	0	2	1	0	0	3
Asian	0	0	0	0	0	0	0	0
African American	0	0	141	218	115	4	0	478
Native Hawaiian/Pacific Is.	0	0	0	0	0	0	0	0
White	0	0	16	60	28	2	0	106
Multi-Race	0	0	0	2	3	1	0	6
Unknown	0	0	0	0	0	0	0	0
Total	0	0	160	289	150	7	0	606

"Incident HIV Disease" reflects the unduplicated number of people reported with HIV or AIDS who were residents of Mississippi at time of diagnosis during 2008.

2008 MISSISSIPPI STD/HIV Report by Age Group, Sex, and Race
Chlamydia

* STD numbers based on CDC 2008 MMWR date parameters

Age Group	Number of New Cases
00-04	12
05-09	6
10-14	420
15-19	8531
20-24	7615
25-29	2860
30-34	947
35-39	431
40-44	201
45-49	107
50-54	63
55-59	19
60+	26
unk	23
Total	21261

Sex	Number of New Cases
Male	4934
Female	16327
unk	0
Total	21261

Race	Number of New Cases
Native Am	126
Asian	42
Black	13172
White	2264
Other	294
Unknown	5363
Total	21261

*2008 date parameters can be found at: <http://wonder.cdc.gov/mmwr/mmwmort.asp>

rev 3/04/09

2008 MISSISSIPPI STD/HIV Report by Age Group, Sex, and Race
Gonorrhea

*STD numbers based on CDC 2008 MMWR date parameters

Age Group	Number of New Cases
00-04	4
05-09	5
10-14	120
15-19	2422
20-24	2599
25-29	1265
30-34	504
35-39	211
40-44	158
45-49	81
50-54	81
55-59	21
60+	18
unk	8
Total	7497

Sex	Number of New Cases
Male	3138
Female	4359
unk	0
Total	7497

Race	Number of New Cases
Native Am	38
Asian	6
Black	5291
White	521
Other	43
Unknown	1598
Total	7497

*2008 date parameters can be found at:<http://wonder.cdc.gov/mmwr/mmwmort.asp>

2008 MISSISSIPPI STD/HIV Report by Age Group, Sex, and Race

****Primary and Secondary Syphilis**

*STD numbers based on CDC 2008 MMWR date parameters

Age Group	Number of New Cases
00-04	0
05-09	0
10-14	3
15-19	19
20-24	42
25-29	28
30-34	19
35-39	23
40-44	16
45-49	15
50-54	8
55-59	5
60+	7
unk	0
Total	185

Sex	Number of New Cases
Male	119
Female	66
unk	0
Total	185

Race	Number of New Cases
Native Am	0
Asian	0
Black	140
White	35
Other	5
Unknown	5
Total	185

*2008 date parameters can be found at:<http://wonder.cdc.gov/mmwr/mmwrmort.asp>

**P & S Syphilis is primary & secondary syphilis (infectious syphilis)

rev 3/04/09

2008 MISSISSIPPI STD/HIV Report by Age Group, Sex, and Race

****Total Early Syphilis**

*STD numbers based on CDC 2008 MMWR date parameters

Age Group	Number of New Cases
00-04	0
05-09	0
10-14	5
15-19	44
20-24	95
25-29	61
30-34	42
35-39	49
40-44	50
45-49	33
50-54	17
55-59	7
60+	15
unk	0
Total	418

Sex	Number of New Cases
Male	260
Female	158
unk	0
Total	418

Race	Number of New Cases
Native Am	0
Asian	1
Black	312
White	83
Other	5
Unknown	17
Total	418

*2008 date parameters can be found at:<http://wonder.cdc.gov/mmwr/mmwrmort.asp>

2008 MISSISSIPPI STD/HIV Report by Age Group, Sex, and Race

*****HIV Disease**

HIV disease numbers based on date of initial report

Age Group	Number of New Cases
00-04	0
05-09	0
10-14	0
15-19	47
20-24	113
25-29	95
30-34	71
35-39	59
40-44	64
45-49	63
50-54	53
55-59	24
60+	17
unk	0
Total	606

Sex	Number of New Cases
Male	422
Female	184
unk	0
Total	606

Race	Number of New Cases
Native Am	3
Asian	0
Black	478
White	106
Other	19
Unknown	0
Total	606

***HIV Disease is the first report of HIV infection including AIDS reports

rev 3/04/09

2008 MISSISSIPPI Incident, Cumulative, and Living HIV DISEASE REPORT

By District and County

DISTRICT 1

COUNTY	HIV Disease Reported in 2008	Total HIV Disease Ever Reported	Living with HIV Disease as of 12/31/08
Coahoma	11	252	163
De Soto	23	217	238
Grenada	5	128	90
Panola	5	76	51
Quitman	3	39	29
Tallahatchie	3	36	29
Tate	3	36	29
Tunica	5	74	53
Yalobusha	3	27	18
TOTAL	61	885	700

DISTRICT 2

COUNTY	HIV Disease Reported in 2008	Total HIV Disease Ever Reported	Living with HIV Disease as of 12/31/08
Alcorn	3	42	39
Benton	2	16	20
Itawamaba	0	16	17
Lafayette	13	85	74
Lee	15	213	178
Marshall	3	80	52
Pontotoc	0	27	21
Prentiss	0	24	17
Tippah	1	14	9
Tishomingo	0	11	6
Union	1	36	25
TOTAL	38	564	458

DISTRICT 3

COUNTY	HIV Disease Reported in 2008	Total HIV Disease Ever Reported	Living with HIV Disease as of 12/31/08
Attala	9	56	43
Bolivar	14	165	130
Carroll	5	32	46
Holmes	10	112	73
Humphreys	2	44	42
Leflore	8	202	133
Montgomery	2	49	35
Sunflower	6	387	213
Washington	19	294	215
TOTAL	75	1341	930

"Incident HIV Disease" is the first report of HIV infection including AIDS reports during 2008.

"Cumulative HIV Disease" reflects the number of people reported by county of residence as of December 31, 2008.

"Living HIV Disease" reflect the number of people reported by county of residence as living regardless of county and state of residence when diagnosed with HIV or AIDS as of 12/31/08.

PROVISIONAL

2008 MISSISSIPPI Incident, Cumulative, and Living HIV DISEASE REPORT

By District and County

DISTRICT 4

COUNTY	HIV Disease Reported in 2008	Total HIV Disease Ever Reported	Living with HIV Disease as of 12/31/08
Calhoun	3	13	13
Chickasaw	3	39	23
Choctaw	0	13	11
Clay	2	78	50
Lowndes	11	240	147
Monroe	0	57	28
Noxubee	5	32	29
Oktibbeha	3	75	54
Webster	2	18	16
Winston	1	35	29
TOTAL	30	600	400

DISTRICT 5

COUNTY	HIV Disease Reported in 2008	Total HIV Disease Ever Reported	Living with HIV Disease as of 12/31/08
Claiborne	2	35	22
Copiah	4	105	90
Hinds	105	3443	2353
Issaquena	1	2	4
Madison	17	317	240
Rankin	41	614	532
Sharkey	2	22	16
Simpson	2	94	53
Warren	9	274	186
Yazoo	6	170	104
TOTAL	189	5076	3600

DISTRICT 6

COUNTY	HIV Disease Reported in 2008	Total HIV Disease Ever Reported	Living with HIV Disease as of 12/31/08
Clarke	8	65	95
Jasper	3	41	36
Kemper	2	14	15
Lauderdale	11	387	214
Leake	3	59	38
Neshoba	5	49	33
Newton	3	63	46
Scott	4	114	68
Smith	1	22	13
TOTAL	40	814	558

"Incident HIV Disease" is the first report of HIV infection including AIDS reports during 2008.

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"Living HIV Disease" reflect the number of people reported by county of residence as living regardless of county and state of residence when diagnosed with HIV or AIDS as of 12/31/08.

PROVISIONAL

2008 MISSISSIPPI Incident, Cumulative, and Living HIV DISEASE REPORT

By District and County

DISTRICT 7

COUNTY	HIV Disease Reported in 2008	Total HIV Disease Ever Reported	Living with HIV Disease as of 12/31/08
Adams	5	157	112
Amite	3	22	27
Franklin	1	21	13
Jefferson	4	38	32
Lawrence	2	44	34
Lincoln	4	70	70
Pike	14	167	111
Walthall	2	45	23
Wilkinson	0	36	24
TOTAL	35	600	446

DISTRICT 8

COUNTY	HIV Disease Reported in 2008	Total HIV Disease Ever Reported	Living with HIV Disease as of 12/31/08
Covington	1	50	45
Forrest	24	443	364
Greene	1	15	23
Jefferson Davis	4	50	49
Jones	7	246	155
Lamar	4	49	30
Marion	10	93	71
Perry	2	27	15
Wayne	1	52	30
TOTAL	54	1025	782

DISTRICT 9

COUNTY	HIV Disease Reported in 2008	Total HIV Disease Ever Reported	Living with HIV Disease as of 12/31/08
George	2	30	19
Hancock	5	112	85
Harrison	46	887	669
Jackson	20	415	274
Pearl River	9	123	111
Stone	2	48	23
TOTAL	84	1615	1181

	HIV Disease Reported in 2008	Total HIV Disease Ever Reported	Living with HIV Disease as of 12/31/08
Statewide			
Mississippi	606	12520	9055

"Incident HIV Disease" is the first report of HIV infection including AIDS reports during 2008.

"Cumulative HIV Disease" reflects the number of people reported by county of residence as of December 31, 2008.

"Living HIV Disease" reflect the number of people reported by county of residence as living regardless of county and state of residence when diagnosed with HIV or AIDS as of 12/31/08.

PROVISIONAL