

## Funding Opportunity

Government of the District of Columbia Department of Health  
HIV/AIDS, Hepatitis, STD, and TB Administration

**H A H S T A**

**RFA# HAHSTA STD110212**



*Request for Applications (RFA)*

---



# Sexually Transmitted Disease (STD) Clinical Services for District of Columbia Residents



*Application Due Date: November 26, 2012  
No Late Applications can be accepted*



# **Important!**

**RFA#HAHSTA STD110212**

**Application Due Date:**

**Monday, November 26, 2012 3 PM**

*Unfortunately HAHSTA cannot accept late applications after 3 PM on the above date*

**Pre-application Conference**

**Wednesday, November 7, 2012**

*HAHSTA recommends that all applicants attend this important conference*

## Contents

---

Overview.....	3
Purpose of this Request for Applications (RFA).....	3
Measurable Outcomes.....	5
Available Funding.....	5
Period of Funding .....	5
Eligible Applicants .....	5
Program Activity Detail.....	6
Application Elements.....	7
HAHSTA Assurance Packet.....	7
Executive Summary.....	8
Background, Need, and Population(s) to be served.....	8
Organizational Capacity Description.....	8
Program Goals and Objectives and Targets.....	8
Program Plan.....	9
Linkage-Referral Description .....	9
Resource Leveraging Plan Description.....	9
Offeror Identification Information.....	10
Application Submission.....	10
Pre-application Conference.....	10
Letter of Intent .....	10
Assurances .....	10
Preparation .....	11
Delivering the Application.....	11
Review Process and Funding Decisions .....	12
Post-Award Activities.....	14
Budget Development and Description.....	14
Templates and Tools.....	15
Additional Information, Questions .....	16
Contact Person:.....	16
Attachments .....	17

**The following terms and conditions are applicable to this and all Requests for Applications issued by the District of Columbia Department of Health (DOH):**

1. Funding for an award is contingent on continued funding from the DOH grantor or funding source.
2. The RFA does not commit DOH to make an award.
3. DOH reserves the right to accept or deny any or all applications if the DOH determines it are in the best interest of DOH to do so. DOH shall notify the applicant if it rejects that applicant's proposal.
4. DOH may suspend or terminate an outstanding RFA pursuant to its own grantmaking rule(s) or any applicable federal regulation or requirement.
5. DOH reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA.
6. DOH shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility.
7. DOH may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended.
8. DOH may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.
9. DOH shall provide the citations to the statute and implementing regulations that authorize the grant or subgrant; all applicable federal and District regulations, such as OMB Circulars A-102, A-133, 2 CFR 180, 2 CFR 225, 2 CFR 220, and 2 CFR 215; payment provisions identifying how the grantee will be paid for performing under the award; reporting requirements, including programmatic, financial and any special reports required by the granting Agency; and compliance conditions that must be met by the grantee.
10. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Additional information about RFA terms may be obtained at [www.opgs.dc.gov](http://www.opgs.dc.gov) (City-Wide Grants Manual)

If your agency would like to obtain a copy of the **DOH RFA Dispute Resolution Policy**, please contact the Office of Grants Management and Resource Development at [doh.grants@dc.gov](mailto:doh.grants@dc.gov) or call (202) 442-9237. Your request for this document will not be shared with DOH program staff or reviewers. Copies will be made available at all pre-application conferences.

## Overview

### Purpose of this Request for Applications (RFA)

The purpose of this request for applications (RFA) is to reduce the transmission of sexually transmitted diseases (STDs) among District of Columbia residents through enhancing the availability, and improving the quality, of STD clinical services for men who have sex with men (MSM). Specifically, this RFA is to support a community health provider's ability to offer targeted, quality STD services during non-traditional work hours (i.e., evenings and/or weekends) focusing on the screening, diagnosis, treatment, follow up, and reporting of infectious syphilis, chlamydia, gonorrhea, and HIV among this high-risk sub-population and other District residents practicing high-risk sexual behaviors.



The DC Department of Health (DOH) HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA) seeks to augment the service capability of an established health care provider already serving MSM. Also, HAHSTA wants to maximize the total volume of services delivered by leveraging the resources of a current MSM-focused provider.

### Data and Guideline Driven STD Service Direction

Programmatic activities of the HAHSTA Division of STD/TB Control are driven by the analyses and interpretation of data and pertinent national guidelines. Current analysis of surveillance data, as summarized in the subsequent paragraph, demonstrates that primary and secondary syphilis should be the focus of STD diagnostic services in the MSM community.

Since 2000, there has been a reemergence of syphilis cases in Washington, DC and nationally. There were 735 cases of primary and secondary syphilis – also known as infectious syphilis – reported in the District between 2006 and 2010. Unlike chlamydia and gonorrhea, which predominately affected youth and young adults less than 24 years of age, almost two-thirds (65.3%) of infectious syphilis cases were 30 years of age or older. Slightly more than half (55.4%) of reported primary and secondary syphilis cases was among blacks and almost all (96.4%) was reported among males. In fact, in 2010, the male to female ratio of reported infectious syphilis cases was 66 to 1 indicating that the primary mode of transmission driving the current reemergence is MSM.

The Centers for Disease Control and Prevention (CDC) recommends: at least annual screening for rectal gonorrhea and chlamydia infections in MSM who have had receptive anal intercourse during the preceding year (regardless of reported condom usage), at least annual screening for pharyngeal gonorrhea infections in men who have had receptive oral intercourse during the preceding year (regardless of reported condom usage), and more frequent screenings depending on number of sexual partners and high risk behaviors. So, based on these guidelines, routine screening of the throat and rectum for chlamydia and gonorrhea should be the focus of STD screening services in the MSM community.

With the advent of nucleic acid amplification testing (NAAT) for chlamydia and gonorrhea infections, health care providers can use non-traditional specimen collection techniques, such as

self-collected rectal swabs, and also collect specimens in non-traditional settings, such as schools or bath houses. In addition, an oral rapid HIV test enables health providers to reach more residents through a non-invasive technique with a rapid test result.

### Background and Need

The District of Columbia receives funding from the Centers for Disease Control and Prevention (CDC) Comprehensive STD Prevention Systems (CSPS) grant annually. Such funds are made available to high morbidity areas to aid in the fight against the spread of syphilis and other STDs. The rate of infectious syphilis in the District of Columbia in 2010 was 22.3 cases per 100,000 population, almost five (5) times the national average of 4.5 cases per 100,000 population, thus Washington, DC is considered a high morbidity area.

Potentially all gender, age, racial, cultural, and economic groups may be affected by STDs, but some sub-populations are disproportionately affected by the infections and their complications. The current priority populations of the District’s Division of STD/TB Control are MSM, adolescents, and persons co-infected with HIV. As previously mentioned, most of the infectious syphilis cases reported in DC are among men – in 2010, of the 134 reported cases of primary and secondary syphilis, two (2) were reported among women. Data has also shown that much of the reported infectious syphilis morbidity is from sites other than the publicly funded STD clinic in the southeast quadrant of the city. Thus HAHSTA is looking to expand STD clinical services by partnering with a community health care provider.

Currently, the District’s Southeast STD Clinic provides free and confidential clinical services Monday through Friday, 8:15 a.m. to 3:15 p.m. in building number 8, on the DC General Campus. Examples of services provided by the clinic, reflected in the chart below, serve as service indicators supported by and required by this RFA:



### Quality STD Care Service Examples

Type STD	On-Site Tests	Laboratory Tests
Chlamydia	Gram stain	NAAT
Opt-out HIV screening	Rapid	ELISA/WB
Gonorrhea	Gram stain	NAAT or culture
Syphilis	Stat RPR	RPR/FTA
Non-gonococcal urethritis (NGU)	Gram stain	
Herpes	Visual inspection	culture
HPV	Visual inspection	
Immunizations Hepatitis A Hepatitis B	N/A	N/A

## Measurable Outcomes

Measurable outcomes are consistent with the District of Columbia's STD Disease Reduction Plans and should be incorporated into your application. Key indicators for STD detection and reduction include:

- Number of District of Columbia residents screened for syphilis, gonorrhea, or chlamydia.
- Number of (syphilis, gonorrhea, or chlamydia) infected District of Columbia residents detected through screening.
- Number of (syphilis, gonorrhea, or chlamydia) infected District of Columbia residents appropriately treated and counseled.
- Number of (syphilis, gonorrhea, or chlamydia) named sex partners notified.
- Number of (syphilis, gonorrhea, or chlamydia) sex partners preventively treated.
- Number of District of Columbia residents receiving client-centered counseling.
- Number of persons receiving condoms.
- Number of District of Columbia residents referred and confirmed linked to specific health care specialty.

## Available Funding

HAHSTA anticipates a total of \$70,000.00 will be awarded to a single provider through this RFA. This award is subject to funding availability. This funding is made available through the U.S. Department of Health and Human Services (DHHS), Public Health Service, U.S. Centers for Disease Control and Prevention (CDC) under the Comprehensive STD Prevention Services (CSPS) grant funds.

## Period of Funding

Grants supported by funds awarded under this RFA are expected to begin on January 1, 2013, with a period ending December 31, 2013. Pending performance review, fiscal and programmatic grant performance, compliance with reporting requirements and availability of funds, grants may be continued for up to two additional twelve month periods after December 31, 2013.

## Eligible Applicants

The following organizations/entities are eligible to apply for grant funds under this RFA:

- Non-profit organizations
- Organizations providing STD clinical services for a minimum of three (3) years
- Organizations able or willing to provide services during evening and/or weekend hours.
- Organizations based in and operating STD clinical services in the District of Columbia

- Organizations serving the MSM community

### Program Activity Detail

The provision of STD services is to be accomplished in a manner consistent with contemporary medical standards and practices, including applicable codes, statutes, regulations, policies and guidelines.

Target population: District of Columbia MSM residents.

### The successful applicant will:

- Be able to offer quality STD services to Washington, DC residents during non-traditional office hours with service emphasis on the primary target population.
- Be able to demonstrate high volume past performance STD Clinical Services experience serving target population for five years or more and similar experience with other sub-populations regarding syphilis, gonorrhea, and chlamydia diagnosis and treatment.
- Present an innovative time and materials-based budget designed to maximize available funds and leverage additional resources.
- Have an existing clientele that includes a high volume of MSM.

### Competitive evening/weekend STD service applicants will:

- Describe how applicant supports/leverages outreach activities to ensure that a maximum number of residents receive services.
- Describe how applicant will provide at least four (4) non-conventional service hours of screening for syphilis, gonorrhea, and chlamydia.
- Describe how applicant will provide medical diagnosis and treatment of residents for syphilis, gonorrhea, and chlamydia.
- Describe how applicant will provide partner notification and other partner services regarding disease prevention and intervention.
- Describe how counseling of syphilis, gonorrhea, and chlamydia clients is incorporated into clinical services.

## Application Elements

### HAHSTA Assurance Packet

HAHSTA requires all applicants to submit various certifications, licenses, and assurances. This is to ensure all potential sub-grantees are operating with proper DC licenses. The complete compilation of the requested documents is referred to as the Assurance Package.

HAHSTA classifies assurances packages as two types: those “required to submit applications: and those “required to sign grant agreements.” Failure to submit the required assurance package will likely make the application ineligible for funding consideration [required to submit assurances] or in-eligible to sign/execute grant agreements [required to sign grant agreement assurances].

A list of current HAHSTA sub-grantees with valid assurance packages on file with HAHSTA will be available for review at the pre-bidders conference. Current sub-grantees who do not attend the pre-bidders conference may contact their grant monitor after the conference to review the list of their valid assurance packages on file will not be required to submit additional information.

The envelope with the assurances must have attached a copy of the Assurances Checklist, Attachment F.

Complete and submit the HAHSTA Assurance Packet, confirm with HAHSTA Assurance Review Team that the packet is complete and sufficient.

Applicants are required to follow the format below and each proposal must contain the following information:

1. Executive Summary (1 page)
2. Table of Contents (1 page)
3. Background, Need and Populations to be served (2 pages)
4. Organizational Capabilities Description (3 pages)
5. Program Goals and Objectives (2 pages)
6. Program Plan (3 pages)
7. Linking-Referral Description (1 page)
8. Resource Leveraging Description (1 page)
9. Applicant Identification Information (*Not counted in page total, See Attachment J*)
10. Assurances and Certifications (*Not counted in page total, See Attachments F1 and F3*)
11. Program Work Plan (*Not counted in page total, See Attachment D*)
12. Budget and Budget Narrative (2 page total, See Attachment E)

13. Appendices (Resumes, Organization Chart, Position Descriptions, *Not counted in page total*)

The number of pages designated for each section is a recommendation. Applicants should feel free to submit fewer or more pages than recommended for that section. **However, the maximum number of pages for the total proposal cannot exceed 16 double-spaced pages on 8½ by 11-inch paper.** Margins must be no less than one inch and a font size of 12-point is required (Arial type recommended). Pages should be numbered. The review panel shall not review applications that do not conform to the above requirements.

### Executive Summary

This section of the application should be brief and serve as the cornerstone of the proposal highlighting the primary objectives that are discussed in depth in other sections of the proposal.

### Background, Need, and Population(s) to be served

The applicant describes the need for STD (syphilis, gonorrhea, and chlamydia) clinical services in the District of Columbia. The description should relate to the seriousness of the STD health problem to the target population with specific emphasis on clinical services.

### Organizational Capacity Description

This section demonstrates the applicant's qualifications, past performance experiences with high volume, diverse populations of MSMs and other targeted populations; past experience in producing STD data/narrative reports; managing high-volume partner services; treatment for syphilis, gonorrhea, and chlamydia clients; and staffing, training, and service facility capacity to meet requirements for this grant. Applicants will also describe their experience and capability regarding STD Clinical Services. Include in the discussion:

- Experience and knowledge with managing STDs in a clinical setting.
- The organization's ability to expand services in the event additional funds become available. This could include screening of high-risk men in non-traditional venues.
- The organization's current STD Clinical Services capacity regarding collecting, analyzing and reporting program data. Provide examples of similar services in which the organization currently reports.

### Program Goals and Objectives and Targets

This section of the application should contain the objectives for achieving the specific goals of the STD Clinical Services Grant and serving the needs of the target population.

## Program Plan

The applicant describes the plan to provide clinical services for the target population, describing provision of key activities, including the following:

- A complete proposed description to expand STD Clinical Services.
- The plan to expand key activities including timeline for implementation.
- The organization's capacity to provide STD Clinical services in ways that are culturally appropriate and linguistically competent for the proposed target population to be served.
- Description of how and if unfunded resources will be used, specifically condom distribution, HIV test kits and Partner Services.
- The plan for data collection, analysis, and reporting. This plan must address the measurable outcomes listed on pages two and three.

## Linkage-Referral Description

Describe your plans for a referral network to ensure that clients identified through your program are linked into broader services, including partner services, HIV care, primary care and other specialty services. Explain how outcomes will be tracked for referrals and method to collect and report referrals data.

Linkage-Referral is a three-element-data system that verifies linkage to care service successes and prevents lost to care services events. Successful linkage-referral events include: 1) confirmation that the connection to service was made and utilized by the client, and 2) routinely requires active feedback or informational exchange between the 'sending' and 'recipient' providers. Specifically, linkage-referrals are initiated on HIV-medical service care continuation; and other health care service referrals. Similarly, high-risk HIV negative clients need linkage-referral monitoring and follow-up to harm reduction services, and prevention services.

Each health provider organization will systematically monitor and collect referral feedback data on each referral issued. Preliminary or confirmed HIV positive persons will need adequate linkage-referral to continuing HIV-medical services for HIV care and treatment (including confirmation) immediately following any positive HIV test result. Linkage should be provided both for persons newly diagnosed with HIV and for previously positive persons who have become re-engaged through STD screening services. Health providers working with HIV positive client/patients will demonstrate diligence to eliminate barriers to access care services or to effectively access care services despite barriers.

## Resource Leveraging Plan Description

The applicant describes how it will leverage the maximum impact of additional resources. This could include other billing sources, sliding scales, third-party billing and fundraising. A description of how the applicant will leverage complementary human and cost supports to maximize total number of clients reached through its services should be included as well as

resource requirements to support evenings/weekends high volume STD Clinical Services operation, and the structure of such resources

## Applicant Identification Information

Each application must include an “Applicant Identification,” which identifies the applicant, type of organization, project service area and the amount of grant funds requested. See Attachment J.

## Application Submission

### Pre-application Conference

The pre-application conference will be held on Wednesday, November 7, 2012 from 10:30 a.m. to 12:30 p.m. This single session will provide an overview of requirements that are common to RFAs. The conference will be held at 899 North Capitol Street, NE, 4th Floor, Washington, DC in the HAHSTA 4th floor conference room 406.

Applicants who receive this RFA via the Internet shall provide the District of Columbia, Department of Health with the Information listed below, by contacting [colleen.crowley@dc.gov](mailto:colleen.crowley@dc.gov) Please be sure to put “RFA Contact Information” in the subject box.

Name of Organization  
Key Contact  
Mailing Address  
Telephone and Fax number  
E-mail Address

This information shall be used to provide updates and/or addenda to the STD Clinical Services RFA.

## Letter of Intent

A letter of intent (LOI) is not required, but this information will assist HAHSTA in planning for the review process. Please fax only one LOI per organization to Colleen Crowley, Program Coordinator, using the form in Attachment A to 202-727-4934 no later than 5:00 p.m. on November 21, 2012.

## Assurances

The Assurance packet must be confirmed with April Richardson of the HAHSTA Assurance Review Team that the packet is complete and sufficient. Voluntary submission of Assurances for review may be submitted to Ms. Richardson from November 7 through November 21, 2012. Applicants must confirm that Assurance packet has been judged complete prior to the closing date of this RFA, November 26, 2012. Applications with incomplete assurance packets after the close of the RFA will not be reviewed. April Richardson may be reached at (202) 671-4930 and [April.Richardson@dc.gov](mailto:April.Richardson@dc.gov).

## Preparation

Prepare application according to the format below:

Font size: 12-point unreduced

Font type: Times New Roman

Spacing: Double-spaced

Paper size: 8.5 by 11 inches

Page margin size: 1 inch

Numbering: Sequentially from page 1 (Application Profile, Attachment B) to the end of the application, including all charts, figures, tables, and appendices.

Printing: Only on one side of page.

Binding: Only by metal (binder) clips or by rubber bands: do not bind in any other way.

## Delivering the Application

Submit one (1) original hard copy, and one CD or flash drive of your application to HAHSTA no later than 3:00 p.m. on Monday November 26, 2012. Applications delivered after the deadline will not be reviewed or considered for funding.

Applications must be delivered to:

**District of Columbia Department of Health  
HAHSTA  
Bureau of STD Control  
Attn: Colleen Crowley  
899 N. Capitol Street, NE  
4th Floor Conference Room 406  
Washington, DC 20002**

The CD/flash drive must have the nine (9) files in Microsoft Word format. Each file will have one component of the following of your application:

1. Executive Summary
2. Applicant Profile
3. Background
4. Organizational Capacity
5. Program Activity Plan (Required Template), Program Activity Narrative and Evaluation Plan
6. Linking-Referral Description
7. Work Plan (Required Template)
8. Budget (Required Template)
9. Attachments

One (1) original hard copy and one (1) CD/flash drive must be submitted in an envelope, the envelope must have attached a copy of the Application Receipt (Attachment C).

## Review Process and Funding Decisions

Applications will be reviewed by HAHSTA staff and a panel of external reviewers. The applications will be reviewed and scored based on the criteria below. It would be helpful for applications to review the criteria as that will give guidance on what will be considered a successful application

### Technical Review Panel

The technical review panel will be composed of HAHSTA staff members who will examine each application for technical accuracy and program eligibility prior to the applications evaluation by external reviewers.

### External Review Panel

The external review panel will be composed of neutral, qualified, professional individuals who have been selected for their unique experiences in human services, public health, data analysis, health program planning and evaluation, social services planning and implementation. The review panel will review, score and rank each application, and when the review panel has completed its review, the panel shall make recommendations for awards based on the scoring process. DOH/HAHSTA shall make the final funding determination. Applicants' submissions will be objectively reviewed against the following specific scoring criteria listed below.

#### Criterion A: Background and Understanding (Total 10 Points)

- Applicant clearly demonstrates an understanding of critical issues based on their experience regarding MSM and STDs including barriers and facilitators to recruitment, screening, treatment and linkage to services; and an understanding of specific issues dealing with high-risk clients with frequent re-infections.

#### Criterion B: Organization Capacity (Total 20 Points)

- Demonstrated past high volume experience in serving the primary target population and other sub-population(s). (Please explain how long you have provided services and describe what kinds of services have been provided, the outcomes of services you provided, and your relationship with the community. Please provide quantitative service numbers for the most recent 12 month period at a minimum for gonorrhea, chlamydia, syphilis and HIV testing; it is also highly recommended that the applicant provides quantitative measures of clients reached through outreach and educational activities for the most recent 12 month period at a minimum.)
- Evidence of staff and organizational expertise and training in activities and services related to those proposed in this application. (Please present any relevant performance results from prior or related activities.)
- Applicant provides the qualifications of key staff assigned to the proposed

project.

- Applicant demonstrates its capability to provide the services specific to the grant for which it is applying by describing relevant structural and logistic supports.
- Applicant explains method to track linkages and their outcomes, as well as method to collect and report linkage-referral data.

**Criterion C: Program Goals and Objectives and Targets (Total 20 Points)**

- Program goals and objectives are clearly defined, specific, measurable, achievable, relevant, and time specific. Projected targets for DC residents screened for gonorrhea, chlamydia, syphilis and HIV should be provided.
- Primary target population, as well as the specific program components, is clearly defined by applicant.
- Applicant includes data and other supporting evidence to justify the proposed approach to primary target population and other sub-populations and presents sources of such data

**Criterion D: Program Plan (Total 25 Points)**

- Applicant's proposed activities and work-plan are clearly described, in accordance with CDC STD clinical standards, and outlines how project objectives will be achieved.
- Applicant develops a rigorous data collection and reporting plan.

**Criterion E: Linkages (Total 10 points)**

- Applicant describes plans to develop formal linkage-referral agreements such as a Memorandum of Agreement (MOA) with core collaborating agencies and/or describes the ability to provide core services themselves or describes a plan for establishing necessary MOA's that have not yet been created.
- Applicant describes how successful linkages with providers and other agencies will be tracked and monitored.

### Criterion F: Resource Leveraging Plan (Total 15 points)

- Applicant demonstrates a well-thought out plan for utilizing complementary resources beyond the grant award for maximizing the impact of their services on clients.

### Criterion G Fiscal Management and Reasonable Budget (Not Scored)

- Applicant demonstrates that the proposed budget is reasonable, realistic and will adequately support project operations.

### Post-Award Activities

All applicants will be notified of application status by December 31, 2012. The successful applicant will receive a Notice of Grant Award (NOGA) from the DOH HAHSTA Grants Management Office.

### Budget Development and Description

The budget for each proposal will consist of the services and materials to be purchased through the proposed program. For this RFA, eligible materials are:

- Laboratory screening
- Medications
- Medical supplies (e.g., gloves, patient drapes, needles and syringes, alcohol, swabs, biohazard disposal containers)
- Office supplies

For each item requested, the applicant will provide the following information:

- The service or material to be purchased
- The number of units proposed
- The proposed cost for each unit
- The total requested for each unit.

See Attachment E for the standard budget form used by HAHSTA. For the purposes of this RFA, HAHSTA anticipates that the entire budget will be included on items on the “Supplies” schedule. Items procured through contracts or purchase orders – such as laboratory screening – may be included on the “Supplies” schedule for the purpose of this RFA.

HAHSTA may not approve or fund all proposed activities. Give a brief narrative description of each item and its importance to the proposed program.

## Monitoring and Evaluation

Monitoring and Evaluation (M&E): The systematic monitoring and evaluation requirement includes collection of STD services data, compiling report(s) and sending monthly report to the HAHSTA Project Coordinator. Successful applicants will be required to report client-level data in accordance with DOH-HAHSTA specific format. Specific requirements, forms, and technical supports will be provided by DOH/HAHSTA.

## Indirect Costs

Indirect costs are costs that are not readily identifiable with a particular project or activity but are required for operating the organization and conducting the grant-related activities it performs. Indirect costs encompass expenditures for operation and maintenance of building and equipment, depreciation, administrative salaries, general telephone services and general travel and supplies.

## Templates and Tools

- A. Letter of Intent (Attachment A)
- B. Budget Format and Guidance (Attachment E)
- C. Application Check-list (Attachment F)
- D. Organizational Service Summary (Attachment H)
- E. Categorical Budget Sample (Attachment E)
- F. Additional Resources

STDs in the District of Columbia

STD data statistics can be obtained from the HAHSTA website:

2006 to 2010 Annual STD Morbidity Reports

[http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/HAHSTA\\_ANN\\_UAL\\_REPOR\\_2011.pdf](http://doh.dc.gov/sites/default/files/dc/sites/doh/publication/attachments/HAHSTA_ANN_UAL_REPOR_2011.pdf)

National STD Report (specific to District of Columbia)

<http://www.cdc.gov/std/stats10/toc.htm> and <http://wonder.cdc.gov/std-std-race-age.html>

## Availability of Non-funded Resources

Condom Distribution: HAHSTA promotes and supplies free condom distribution to community health providers to increase consistent barrier protection among clients as a critical STD (including HIV) Prevention tool.

HIV test kits and technical support: HAHSTA promotes and supplies free oral and finger stick rapid HIV tests to community health partners to enable increased non-invasive testing among District residents. HAHSTA offers free test kits, training to providers, and technical assistance

to health partners.

HAHSTA can provide Disease Intervention Specialists (DIS) to support partner services. **At a minimum**, clinicians should be informing clients diagnosed with HIV and infectious syphilis that a Department of Health DIS will be contacting them about their diagnosis.

### **Additional Information and Questions**

Applicants are encouraged to e-mail or fax their questions to the contact person listed below on or before November 20, 2012. Questions submitted after the deadline date will not receive responses. Please allow ample time for questions to be received prior to the deadline date.

Contact Person:

Colleen Crowley  
Project Coordinator  
District of Columbia, Department of Health  
HIV/AIDS, Hepatitis, STD, and TB Administration  
899 N. Capitol St. NE, 4<sup>th</sup> Floor  
Washington, DC 20002

E-Mail: [colleen.crowley@dc.gov](mailto:colleen.crowley@dc.gov)

Telephone (202) 442-4774

Fax: (202) 727-4934

**NOTES:**

**Government of the District of Columbia  
Department of Health  
HIV/AIDS, Hepatitis, STD, and TB Administration (HAHSTA)  
899 North Capitol Street, NE  
Fourth Floor  
Washington, DC 20002**

**(202) 671-4900  
[www.doh.dc.gov](http://www.doh.dc.gov)**