

**South Carolina Department of Public Health  
Community-Based HIV/STD/Viral Hepatitis Prevention Services  
FY 2026-FY2029 Grant Year**

**REQUEST FOR GRANT APPLICATIONS (RFGA)**

**CFDA Numbers: 93.940 and 93.977**

**Posting Date: February 11, 2026**

**ATTENTION! IMPORTANT DETAIL!**

**Your application must be submitted in a sealed package or submitted electronically via email. RFGA Number and Deadline/Closing Date (see below) must appear on package exterior or email subject line.**

<b>Deadline/Closing Date for Applications:</b>	Must be received in the SC DPH Contracts Office no later than <b>March 16, 2026, by 2:30 PM EST</b>
<b>RFGA Number: FY2026-RFGA-HV-411</b>	

<b>Submit your sealed package to one of the following addresses:</b>		
<u>MAILING ADDRESS:</u> SC DPH Contracts Bureau of Business Management PO Box 2046 West Columbia, SC 29171	<u>PHYSICAL ADDRESS:</u> SC DPH Contracts Bureau of Business Management 400 Otarre Parkway Cayce, SC 29033  <b>See additional physical address information below.</b>	<u>EMAIL ADDRESS:</u> RFGA@dph.sc.gov

**Number of Copies to be Submitted: One (1) original and six (6) copies marked as “Copy”**

The South Carolina (SC) Department of Public Health (DPH) offers this Request for Grant Applications (RFGA) for the funds administered by DPH for the State of South Carolina from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) High-Impact HIV Prevention and Surveillance Programs and Health Departments and Strengthening STD Prevention and Control for Health Departments (STD PCHD) grants. Acceptable applications that will be considered as part of this grant program are those that support the activities, goals, and objectives in alignment with the following guidance documents, links to which can be found on page 6: the United States *National HIV/AIDS Strategy (NHAS), Updated to 2020*; *National Strategic Plan: A Roadmap to End the Epidemic for the United States: 2021-2025*, *Ending the HIV Epidemic: A Plan for America*; *S.C. DPH’s HIV/AIDS Strategy, 2022-2026*; and *S.C. DPH’s Ending the HIV Epidemic (EHE) Plan*. The use of these funds is subject to all federal and state requirements as outlined in the scope of work. Funds may not be used for any other purpose. DPH reserves the right to determine whether a proposal falls within the scope of activities

and is eligible under the stated guidelines. Applications are only accepted during the Request for Grant Applications period and will be evaluated by independent evaluators based on the award criteria stated in the solicitation.

It is the intent of DPH to accept applications to provide comprehensive community-based HIV prevention and associated integrated STD and viral hepatitis prevention services to persons at high-risk for HIV and for persons with HIV. The selected subrecipients shall use federal CDC funds, administered by DPH, to provide services to eligible persons in the same or substantially same manner as detailed in DPH’s grant proposal to the CDC, or if different in the award, in the same or substantially similar manner as set forth therein rather than in the proposal. The anticipated amount of award\* in each service area is as follows:

	<b>Component A</b>	<b>Component B</b>		<b>Component C</b>
	<b>(Required)</b>	<b>(Optional)</b>		<b>(Optional)</b>
<b>Geographic Areas</b>	<b>Core HIV/STD/Viral Hepatitis Prevention Programs</b>	<b>Syphilis Screening and Linkage to Medical Care Services (optional)</b>	<b>Capacity building services and administrative support for public health professionals’ periodic trainings, with particular emphasis on workforce trainings for Disease Intervention Specialists (optional)</b>	<b>HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE) Plan (optional)</b>
Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Saluda, Richland, York	\$300,000 - \$360,000	<i>Component B and C funding is not geographical area-specific, meaning there are no set amounts allocated for each geographical area. Award funding is available to agencies statewide who meet the requirements. The funding amount and the number of awards are noted below.</i>		
Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg	\$200,000 - \$270,000			
Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg	\$150,000 - \$215,000			

Abbeville, Anderson, Cherokee, Greenville, Greenwood, Lauren, McCormick, Oconee, Pickens, Spartanburg, Union	\$150,000 - \$238,000			
<b>Total Funds Available Statewide</b>	<b>Up to \$1,083,000</b> <i>Up to 10 awards</i>	<b>Up to \$48,000</b> <i>Up to 4 awards, ~\$12,000 per award</i>	<b>Up to \$3,000</b> <i>1 award</i>	<b>Total funds available \$894,000</b> <i>Up to 4 awards for mobile HIV testing, ~ up to \$74,500 per award</i> <i>Up to 8 awards for Comprehensive PrEP services ~up to \$74,500 per award</i>

\*ESTIMATE ONLY: FUNDING FOR THE SUBRECIPIENTS IS DEPENDENT UPON RECEIPT BY DPH OF FEDERAL FUNDS. Subawards may be increased or decreased due to amount and/or availability of funding during the subawards.

Multiple subawards may be made with individual subawards ranging from \$50,000 to the full region- anticipated amount. The subaward agreement will be awarded for up to a maximum three (3) years project period, with the initial year beginning on June 1, 2026, through May 31, 2027, with two potential one-year renewals, depending on performance, availability of funds, and service priorities. Annual subaward amounts may increase or decrease.

**Eligibility:** Organizations that are eligible to apply for funds must:

1. Have at least a three (3) years documented history (within the past three (3) years) of providing services to persons at high-risk for HIV and/or persons with HIV (PWH) as outlined in Section III, Scope of Services.
2. Have at least **two** staff with SC DPH training certificates to fully document the organization's ability to provide HIV testing services.
3. Have a current Clinical Laboratory Improvement Amendments (CLIA) waiver that indicates the organization's ability to provide HIV testing services. Applicants must submit a copy of current CLIA waiver.
4. Have documentation of a quality assurance protocol and service procedures manual for HIV testing.
5. Have the documented infrastructure capacity to operate on a **cost reimbursement basis** and without prompt reimbursement, as reimbursement typically occurs 30-60 days after invoicing.
6. Have the documented organizational fiscal stability to maintain its organization's core services **without** the prevention funds provided in this grants process.

7. Submit a Certificate of Existence, also known as a Certificate of Good Standing, from the South Carolina Secretary of State. This certificate states that an entity is in good standing with the Secretary's Office, and has, to the best of the Secretary of State's knowledge, filed all tax returns with the SC Department of Revenue. The certificate can be requested via <https://web.sc.gov/SOSDocumentRetrieval/Welcome.aspx>.
8. Have a physical office in South Carolina with an established history of providing HIV services in South Carolina for at least three years.
9. Not be in probationary status with DPH. DPH subrecipients in a probationary status with DPH are not eligible to apply for additional federal funding or funds derived from federal funds.
10. Wait three (3) years before an application can be considered for funding if your organization was previously terminated by DPH.
11. **Complete the Subrecipient Risk Assessment:** As noted in the Code of Federal Regulations 2 CFR 200.331(b), DPH, as the passthrough entity of federal grant awards, is responsible for monitoring subrecipients for compliance with all requirements of the award and applicable federal, state, county and municipals laws, ordinances, rules, and regulations.

Pre-award - DPH has adopted the best practice approach of performing pre-award risk assessments before applicants receive Federal subawards. This best practice is consistent with 2 CFR 205. The pre-award risk assessment (see **Attachment 1**) will be in the form of a questionnaire to be completed by the applicants/potential subrecipients. A completed pre-award risk assessment must be included with the application and will be reviewed by DPH's Bureau of Financial Management and provided to the review panel members prior to making funding recommendations to the program.

**Applicants should refer to Section IV: Information for Applicants to Submit/Scoring Criteria, under Item C - Eligibility Determination Documentation to review eligibility documentation and submission requirements.**

**If applicant is deemed eligible to apply based on requirements above and in Section IV, the applicant must also be able to fulfill the Scope of Services in Section III for each Component in which it is applying.**

**How to Apply:** See the Request for Grant Applications (RFGA) for additional details regarding information to be included with your submission. An Applicant Information Form (**Attachment 2**) and a cover letter should be included and signed by an authorized agent or other official organization employee. Eligible applicants must submit the required documents to either the mailing address or physical address or electronically to the email address listed on page 1.

**Deadline:** The deadline for all applications is **March 16, 2026**, by 2:30 P.M. EST.

**RFGA Webinar:** DPH will also hold an informational webinar providing details on this RFGA and related activities and requirements on **February 13, 2026** at 1:00 P.M. Follow this <https://teams.microsoft.com/meet/21745915560216?p=zP7R3VRbhVHO14mm52>

**Questions & Answers:** Questions will be accepted until 5:00 P.M. EST on February 19, 2026. All questions must be submitted in writing to Tony Price at [priceae@dph.sc.gov](mailto:priceae@dph.sc.gov) with a cc to [preventionreports@dph.sc.gov](mailto:preventionreports@dph.sc.gov). Responses will be posted by February 24, 2026, by 5:00 PM EST.

**Available Funding Date:** Final selection of all successful applicants is anticipated to be made and notifications released on or before **April 6, 2026**. Final subawards will be executed to be effective when signed by both the subrecipient and DPH. **June 1, 2026**, is the anticipated start work date.

A draft copy of the Subaward Agreement is included in **Attachment 3**.

**Budget Form for Proposals:** Every application must be accompanied by an itemized budget and budget narrative. CDC’s Budget Preparation Guidelines can be found at <https://www.cdc.gov/grants/documents/budget-preparation-guidance.pdf>

CDC’s guidelines may be helpful in developing an itemized budget and budget narrative. Any reference to contacting CDC or using Grants Solutions in the provided guidance should be ignored. Applications received without a budget and budget narrative will be rejected and not reviewed by the review panel.

For more information about this Request for Grant Application process, please visit our website at <https://dph.sc.gov/professionals/health-professionals/clinical-guidance-resources/hiv-aids-std-resources/funding>.

All vendors and contractors must have a state vendor number to receive reimbursement from DPH. To obtain a state vendor number, visit [www.procurement.sc.gov](http://www.procurement.sc.gov) and click on “Doing Business with Us” and then select New Vendor Registration. (To determine if your business is already registered, go to “Vendor Search”). Upon registration, you will be assigned a state vendor number. Vendors and contractors must keep their vendor information current. If you are already registered, you can update your information by selecting Change Vendor Registration. (Please note that vendor registration does not substitute for any obligation to register with the S.C. Secretary of State or S.C. Department of Revenue. You can register with the agencies at <https://scbos.sc.gov/>).

**Additional Physical Address Information:**

**400 Otarre Parkway  
Cayce, SC 29033**

Campus/Building Access for Visitors:

All visitors should enter the campus at the 12th Street Extension entrance (the Saxe Gotha entrance is employee only). Visitors will check in with the guard at this gate, provide their identification, their license plate number, purpose for their visit and agency they are meeting with.

After checking in with the guard, visitors must use the main entrance at Building D. Visitors will deliver the application to the front desk receptionist, who will date and time stamp the application. The front desk receptionist will notify DPH Contracts Office that an application is available for pick up.

Parking:

Visitors may park anywhere on campus, but a spot close to the Building D entrance is recommended, if available. The two parking garages have two levels with stair access; they do not have elevators. All handicap parking spaces are located on the top levels of the parking garages and in the surface parking lots.

**Applicants may reference the following guidance documents listed on Page 1 of the RFGA:**

**The United States *National HIV/AIDS Strategy (NHAS)*, Updated to 2025**

<https://files.hiv.gov/s3fs-public/NHAS-2022-2025.pdf>

**The National Strategic Plan: A Roadmap to End the Epidemic for the United States: 2021-2025**

<https://files.hiv.gov/s3fs-public/HIV-National-Strategic-Plan-2021-2025.pdf>

**Ending the HIV Epidemic: A Plan for America**

<https://www.hiv.gov/ending-hiv-epidemic>

**S.C. DPH's HIV/AIDS Strategy, 2022-2026**

[https://dph.sc.gov/sites/scdph/files/media/document/SCHAS\\_2022-2026\\_FINAL.pdf](https://dph.sc.gov/sites/scdph/files/media/document/SCHAS_2022-2026_FINAL.pdf)

**S.C. DPH's Ending the HIV Epidemic (EHE) Plan**

[https://dph.sc.gov/sites/scdph/files/media/document/SC-Ending-HIV-Epidemic-Plan-2021-2025\\_FINAL.pdf](https://dph.sc.gov/sites/scdph/files/media/document/SC-Ending-HIV-Epidemic-Plan-2021-2025_FINAL.pdf)

**Other reference guides:**

**HIV Testing in Nonclinical Settings and Clinical Laboratory Improvement Amendments (CLIA)**

[https://www.cdc.gov/hivpartners/media/pdfs/2024/11/CDC\\_HIV\\_Implementing\\_HIV\\_Testing\\_in\\_Nonclinical\\_Settings.pdf](https://www.cdc.gov/hivpartners/media/pdfs/2024/11/CDC_HIV_Implementing_HIV_Testing_in_Nonclinical_Settings.pdf) [https://www.cdc.gov/hivpartners/php/hiv-testing/index.html#cdc\\_research\\_or\\_data\\_summary\\_next\\_steps-clinical-laboratory-improvement-amendments-clia-certificate-of-waiver](https://www.cdc.gov/hivpartners/php/hiv-testing/index.html#cdc_research_or_data_summary_next_steps-clinical-laboratory-improvement-amendments-clia-certificate-of-waiver)

**South Carolina Department of Public Health**  
**FY 2026-2029 Grant Year**  
**Community-Based HIV/STD/Viral Hepatitis Prevention**  
**Services Request for Grant Applications (RFGA)**

**I. BACKGROUND**

The U.S. Department of Health and Human Services HIV and STD Prevention Program funding for the State of South Carolina is administered by the South Carolina Department of Public Health (DPH) through the STD, HIV, and Viral Hepatitis Section of its Bureau of Communicable Disease Prevention and Control. DPH distributes the funds to eligible non-profit organizations.

HIV Prevention funds are provided by the U.S. Centers for Disease Control and Prevention (CDC) to DPH and are authorized under Section 318(b-c) of the Public Health Service Act (42USC Sections 247c(b-c), as amended and the Consolidated Appropriation Act of 2016 (Pub. L. 114-113). The Catalog of Federal Domestic Assistance number is 93.940. The funds are provided for activities in alignment with the following guidance documents: The United States *National HIV/AIDS Strategy (NHAS), Updated to 2025; Ending the HIV Epidemic: A Plan for America; National Strategic Plan: A Roadmap to End the Epidemic: 2021-2025, S.C. DPH's HIV/AIDS Strategy, 2017-2021; and S.C. DPH's Ending the HIV Epidemic (EHE) Plan*. STD Prevention funds are provided by the CDC to DPH and are authorized under Section 318 of the Public Health Service Act; the Assistance Listing Number (ALN) is 93.977.

Approximately \$2,028,000 annually is anticipated through this Request for Grant Applications (RFGA) to fund HIV/STD/Viral Hepatitis prevention awards to community-based organizations (CBOs). This total amount includes funds for three program components: 1) Core HIV/STD/Viral Hepatitis Prevention Programs (approximately \$1,083,000); 2) Syphilis Screening and Linkage to Medical Care Services (approximately \$48,000) and Capacity Building Services for Public Health Professionals and Other Providers of HIV, STD and Viral Hepatitis Services (approximately \$3,000); and 3) HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's *Ending the HIV Epidemic (EHE) Plan* (approximately \$894,000). The total anticipated funds (approximately \$2,028,000) may not be fully awarded in this RFGA process and may be held for allocation in a future funding process. Final award amounts will be negotiated depending on the number of providers awarded and funds available. The total of \$2,028,000 is based upon an annual 12-month award amount.

Priority consideration will be given to organizations with the capacity to deliver services as specified within this RFGA in geographic areas that have the highest number of HIV prevalent cases (based on DPH surveillance data for persons diagnosed and living with HIV at the end of calendar year 2023) and HIV incident cases (HIV infections newly diagnosed and reported to DPH within the two calendar years of 2022-2023). Applicants can reference HIV prevalence and incidence data on DPH's HIV, AIDS, STD Data Reports webpage located at: <https://dph.sc.gov/professionals/public-health-data/hiv-aids-stds-data-and-reports>.

Consideration will be given to CBOs that meet the qualifications and specifications as indicated in this RFGA, conditional upon the CBO being based within the state of South Carolina.

Funds will be awarded for up to a three-year project period. Yearly continuation awards within an approved project period will be made based on satisfactory progress as evidenced by successfully implementing required subrecipient activities, submitting required reports in a timely manner and compliance with all other contractual obligations. Continuation awards are subject to funding availability from CDC to DPH.

The use of funds should be consistent with the *SC HIV/AIDS Strategy*, including the *Integrated HIV Prevention and Care Plan 2017 – 2021*, and *South Carolina’s Ending the HIV Epidemic Plan*. Links to referenced plans can be found on Page 6. Funds may not be used to provide direct patient medical care, e.g., ongoing medical management and provision of ART medications. If funds are awarded for integrated (STD/viral hepatitis) services or capacity building activities, the funding awards will only be made to programs that are eligible for and awarded funds primarily for HIV prevention services. Funds cannot be carried over at the end of a budget year (the end of each grant year of operation).

Through this RFGA, DPH will make available subawards to fund approximately five to ten subrecipients.

**II. SCOPE OF GRANT PROPOSAL**

It is the intent of DPH to accept grant applications to provide comprehensive community-based HIV prevention and associated integrated STD and viral hepatitis prevention services to persons at high-risk for HIV and for persons with HIV (PWH). High-risk populations are those that are consistent with SC’s epidemiological data. The selected subrecipients shall use federal CDC funds, administered by DPH, to provide services to eligible persons in the same or substantially same manner as detailed in DPH’s grant proposal to the CDC and as identified and listed in the *S.C. Integrated HIV Prevention and Care Plan 2022 – 2026* which is part of the *S.C. HIV/AIDS Strategy*, and the *South Carolina Ending the HIV Epidemic Plan*.

**III. SCOPE OF SERVICES**

**A. REQUIRED SERVICES BY FUNDING COMPONENT**

There are three components (A, B, and C) in which applicants can apply for funds.

<b>Component A – REQUIRED FOR ALL APPLICANTS* Core HIV/STD/Viral Hepatitis Prevention Programs</b>		
<b>Strategy</b>	<b>Required Services Under Component</b>	<b>Additional Information</b>
Strategy 1. <b>Diagnose</b> – Ensure all people with HIV	<ul style="list-style-type: none"> <li>In-house and outreach HIV testing</li> </ul>	<ul style="list-style-type: none"> <li>The <u>minimum</u> requirement to submit an application for</li> </ul>

<p>receive a diagnosis as early as possible</p>	<ul style="list-style-type: none"> <li>• Integrated STD/viral hepatitis screening services** (up to 5% of funds can be used)</li> </ul>	<p>DPH HIV prevention funding is to perform services under Component A - Core HIV/STD/Viral Hepatitis Prevention Programs</p>
<p>Strategy 2. <b>Treat</b> – Implement a comprehensive approach to treat people with diagnosed HIV infection rapidly and reach viral suppression</p>	<ul style="list-style-type: none"> <li>• Refer and link all persons who test positive for HIV to HIV medical care within 30 days</li> <li>• Refer all persons who test positive for HIV to DPH Partner Services</li> <li>• Refer and link all people who test positive for HIV to prevention and essential support services to improve quality of life</li> <li>• Support medication adherence</li> </ul>	
<p>Strategy 3: <b>Prevent</b> – Reduce new HIV transmission by increasing PrEP and PEP services and supporting HIV prevention, including, condom distribution, perinatal transmission prevention and harm reduction services</p>	<ul style="list-style-type: none"> <li>• Support and promote awareness and access of PrEP, nPEP, and doxyPEP</li> <li>• Assess client awareness of PrEP</li> <li>• Assess clients currently on PrEP</li> <li>• For persons with HIV negative tests results, screen clients to determine if client can benefit from PrEP and/or nPEP</li> <li>• Refer persons with negative HIV test results who could benefit from PrEP/nPEP to PrEP/nPEP services</li> <li>• Link persons who could benefit from PrEP/nPEP to a PrEP/nPEP provider</li> <li>• Document clients who are prescribed PrEP/nPEP</li> <li>• Distribute condoms to persons with HIV, their partners, and persons at risk for HIV and STIs.</li> <li>• Support harm reduction education and materials</li> </ul>	
<p><b>Strategy 4: Respond</b></p>	<p>Assist DPH with HIV response efforts and other public health outbreaks if assistance is requested. Recipient organizations should be prepared to assist the state and local health departments in responding to HIV clusters and outbreaks. Such activities may include, but are not limited to: tailoring other strategies and activities (e.g., HIV testing efforts, specifically mobile units, PrEP awareness, referral to Partner Services) to support local cluster response; supporting state and/or local health departments with Data-to-Care efforts, to include data sharing for improved program outcomes; support health department efforts with cluster response efforts for interrupting HIV transmission, as requested and practical; and establishing a MOA with health department(s) in support of HIV cluster response activities, including data sharing and Partner Services referrals.</p>	

## **Component A – Core HIV/STD/Viral Hepatitis Prevention Programs**

Core HIV/STD/Viral Hepatitis Prevention program includes: 1) HIV testing inclusive of linkage to medical care, partner services, biomedical intervention education and referrals, screening and referrals, and essential support services.

### **1. For HIV testing inclusive of linkage to medical care, partner services, biomedical intervention education and referrals, and essential support and referral services, applicants must:**

- a. Maintain at least two paid staff with current HIV testing credentials (certificates, etc.). DPH testing credentials can be found here: <https://dph.sc.gov/diseases-conditions/infectious-diseases/hivaids/training-hiv-aids-stis>.
- b. Have a current documentation of a CLIA waiver for conducting HIV testing.
- c. Have documentation of a quality assurance protocol and service procedures manual for HIV testing and provide annual review of policies and procedures within the HIV testing manual.
- d. Have the program aimed at reaching persons who are at greatest risk for HIV infection as consistent with SC epidemiological data and who are unaware of their HIV status.
- e. Utilize local jurisdiction epidemiological data or agency historical data to identify testing focus populations for in-house, mobile, and outreach HIV testing efforts.
- f. Have at least a three-year documented history (within the past three calendar years) of providing HIV testing services to one or more of South Carolina's focus populations.
- g. Maintain at least 0.75% HIV newly diagnosed positivity rate annually.
- h. Collaborate with the local health department(s), specifically in regard to conducting HIV Testing and Linkage Services, STD screenings, Hepatitis B virus (HBV) and Hepatitis C virus (HCV) Testing and Linkage Services, and Hepatitis A and B vaccine service referrals.
- i. Rapidly link persons with newly diagnosed HIV to HIV medical care and antiretroviral therapy (ART) either same day or within 2 to 7 days of HIV diagnosis, but no more than 30 days. It is preferred that agency has in-house HIV medical care, but if your agency does not provide HIV medical care, agency must have a documented referral process and a list of HIV medical care providers.
- j. Refer 100% of persons newly diagnosed with HIV to DPH Partner Services. If integrated HIV and STI screening is provided, individuals diagnosed with Syphilis should also be referred to DPH Partner Services.
- k. Refer persons diagnosed with HIV (newly and previously diagnosed) to prevention and essential support services (e.g., health benefits and enrollment, evidence-based interventions, behavioral health services, substance use treatment services, mental health services, housing services, Hepatitis screening services, and other social services).
- l. Provide educational materials for biomedical prevention (i.e., Pre-exposure Prophylaxis [PrEP], non-occupational Post-exposure Prophylaxis, [nPEP], and/or STI post-exposure prophylaxis [STI PEP or doxyPEP]) to all clients

- tested or referred to the agency regardless of test results.
- m. To the extent practical, assist DPH with HIV response efforts and outbreaks of other co-morbid conditions of public health significance if assistance is requested. Examples of recent co- morbid conditions of public health significance have included COVID-19 and Mpox. Such activities, may include, but are not limited to: tailoring other strategies and activities (e.g., HIV testing efforts, specifically mobile units, PrEP awareness, referral to Partner Services) to support local cluster response; supporting state and/or local health departments with Data-to-Care efforts, to include data sharing for improved program outcomes; support health department efforts with cluster response efforts for interrupting HIV transmission, as requested and practical; and establishing a Memorandum of Agreement (MOA) with health department(s) in support of HIV cluster response activities, including data sharing and Partner Services referrals.
  - n. Have the ability to support persons with limited English proficiency either through bilingual staff member(s) or translation service.
  - o. DPH encourages organization to utilize status neutral service options to provide comprehensive support and care to address social determinants of health that create disparities.
  - p. DPH encourages organization to have a staff that includes staff representative of populations served.
  - q. DPH encourages organization to have an established relationship with local jails within service areas and provide testing services.

**OPTIONAL SERVICES:**

**Component B – Syphilis Screening and Linkage to Medical Care and/or Capacity Building Services**

Component B – OPTIONAL FOR APPLICANTS		
Syphilis Screening and Linkage to Medical Care and/or Capacity Building Services		
Strategy	Fundable Programs Under Component	Additional Information
<b>Fundable Activity 1: Syphilis Screening and Linkage to Medical Care</b>		
Strategy 1. <b><u>Diagnosis</u></b> - Implement Syphilis Screening based on CDC Screening Recommendations	<ul style="list-style-type: none"> <li>• In-house and outreach syphilis screening for identified populations</li> </ul>	<ul style="list-style-type: none"> <li>• Component B –Syphilis Screening and Linkage to Medical Care is an optional program</li> </ul>
Strategy 2: <b><u>Treat</u></b> – Implement a comprehensive approach to treat people with diagnosed HIV infection rapidly and reach viral suppression	<ul style="list-style-type: none"> <li>• Link clients with a positive test result to medical provider for treatment</li> <li>• Refer clients with Syphilis results to DPH Partner Services and link to medical care</li> </ul>	<ul style="list-style-type: none"> <li>• To be eligible to apply, applicant must provide services under Component A – Core HIV/STD/Viral Hepatitis Prevention Programs</li> <li>• Applicants can apply for Syphilis Screening and</li> </ul>

<b>Fundable Activity 2: Capacity building services – Administrative support for periodic workforce trainings for public health professionals and other providers, with emphasis on Disease Intervention Specialists</b>		Linkage to Medical Care only, Capacity building services only, or both activities.
Strategy 1: Capacity building services – Administrative support for periodic workforce trainings for public health professionals and other providers, with emphasis on Disease Intervention Specialists**		

Optional - Component B – Syphilis Screening and Linkage to Medical Care Services supports syphilis testing among populations that meet CDC’s syphilis screening criteria and capacity building services and administrative support for public health professionals’ periodic trainings, with particular emphasis on workforce trainings for Disease Intervention Specialists.

*\*As noted previously, the applicant must apply for the Core HIV/STD/Viral Hepatitis Prevention Programs listed under Component A program to be eligible for the programs supported under Ending the HIV Epidemic Services, Component C. An organization does not have to apply for each program under Component B. (i.e., applicant may apply for Syphilis Screening and Linkage to Medical Care Services, but not Capacity Building).*

**1. Optional – For syphilis screening and linkage to medical care services, applicants must:**

- a. Have at least three (3) years documented history (within the past three calendar years) of annually providing syphilis testing services to at least 200 clients with greater than 50% of the population being representative of South Carolina’s focus populations based on epidemiological data.
- b. Be able to identify at least five new early syphilis cases per project year.

**2. Optional - Capacity building services and administrative support for public health professionals’ periodic trainings, with particular emphasis on workforce trainings for Disease Intervention Specialists, applicants must:**

- a. Provide administrative support for periodic trainings for public health professionals and other providers, with particular emphasis on workforce trainings for Disease Intervention Specialists.

**Component C Optional - HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's Ending the HIV Epidemic (EHE) Plan**

<b>Component C – OPTIONAL FOR APPLICANTS                      HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's                      Ending the HIV Epidemic (EHE) Plan</b>		
<b>EHE PROGRAM 1: EHE HIV Testing Services*</b>		
<b>Strategy</b>	<b>Fundable Programs Under Component</b>	<b>Additional Information</b>
Strategy 1. <b>Diagnose</b> – Ensure all people with HIV receive a diagnosis as early as possible	<ul style="list-style-type: none"> <li>• Mobile unit HIV testing and Self/Home testing</li> </ul>	Component C – EHE HIV testing services are optional.  To be eligible to apply, applicants must provide services under Component A - Core HIV/STD/Viral Hepatitis Prevention Programs.
Strategy 2. <b>Treat</b> – Implement a comprehensive approach to treat people with diagnosed HIV infection rapidly and reach viral suppression	<ul style="list-style-type: none"> <li>• Rapidly refer and link all persons who test positive for HIV to HIV medical care within seven (7) days of positive test result</li> <li>• Refer all persons who test positive for HIV to DPH Partner Services</li> <li>• Refer and link all people who test positive for HIV to prevention and essential support services to improve quality of life</li> <li>• Support medication adherence</li> <li>• Encourage early initiation of Antiretroviral Therapy (ART)</li> </ul>	*Applicants can select <b>one</b> or <b>more</b> of the fundable EHE programs.  <i>If funded for EHE HIV testing services under Component C, applicants must support activities under the Treat pillar.</i>
<b>Component C – OPTIONAL FOR APPLICANTS                      HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's                      Ending the HIV Epidemic (EHE) Plan</b>		
<b>EHE PROGRAM 2: EHE Comprehensive PrEP/nPEP Services*</b>		
<b>Strategy</b>	<b>Required Services Under Component</b>	<b>Additional Information</b>
Strategy 3: <b>Prevent</b> – Reduce new HIV transmission by increasing PrEP and PEP services and supporting HIV prevention, including, condom distribution, perinatal transmission prevention and harm reduction services	<ul style="list-style-type: none"> <li>• <b>Comprehensive PrEP program</b>, inclusive of the following:                             <ul style="list-style-type: none"> <li>- Increase PrEP, nPEP, and doxyPEP awareness</li> <li>- Identify persons with HIV negative tests results determine if client could benefit from PrEP/nPEP</li> <li>- Assess current PrEP use</li> <li>- Refer persons with negative HIV test results to PrEP/nPEP</li> </ul> </li> </ul>	Component C – Comprehensive PrEP services are optional.  To be eligible to apply, applicants must provide services under Component A - Core HIV/STD/Viral Hepatitis Prevention Programs.  <i>If funded for EHE Comprehensive PrEP services under Component C, applicants must support</i>

	<ul style="list-style-type: none"> <li>- Provide PrEP/nPEP navigation services</li> <li>- Link persons who could benefit from PrEP/nPEP to a PrEP/nPEP provider</li> <li>- Document clients who are prescribed PrEP/nPEP</li> <li>- Support medication adherence</li> <li>- Provide clients with appointment reminders</li> <li>- Assist and support PrEP and nPEP adherence</li> <li>- Document comprehensive PrEP/nPEP services in required tracking</li> <li>- Distribute condoms to persons with HIV, their partners, and high-risk negative individuals.</li> </ul>	<p><i>activities under the Prevent pillar.</i></p>
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**Optional - Component C – HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE) Plan\***

Component C includes the following programs: 1) EHE HIV Testing Services - mobile HIV testing and self-testing programs, 2) comprehensive Pre-Exposure Prophylaxis (PrEP) services, and 3) integrated STD services.

*\*As noted previously, the applicant must apply for the Core HIV/STD/Viral Hepatitis Prevention Programs listed under Component A program to be eligible for the programs supported under HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE) Plan, Component C. An organization does not have to apply for each program under Component C. (i.e., applicant may apply for Comprehensive PrEP Services, but not mobile HIV testing).*

**1. Optional – EHE HIV Testing Services**

**For Mobile HIV Testing, applicants must:**

- a. Have the program aimed at reaching persons who are at greatest risk for HIV as consistent with SC epidemiological data and who are unaware of their HIV status.
- b. Primarily serve members of EHE identified focus populations as identified in SC’s Ending the HIV Epidemic Plan.
- c. Utilize local jurisdictional epidemiological data or agency historical data to identify focus populations for outreach HIV testing efforts.
- d. Maintain at least two paid staff with current HIV testing credentials (certificates, etc.).
- e. Have current documentation of a CLIA waiver for conducting HIV testing.
- f. Have documentation of a quality assurance protocol and service procedures manual for HIV testing which includes mobile testing and provide annual review of policies and procedures within HIV testing manual.

- g. Dedicate at least 0.25 FTE to oversee the HIV mobile testing program.
- h. Have an operational mobile unit or van or a formal partnership (i.e., current Memorandum of Agreement (MOA) within last 2 years) with an entity to provide mobile testing at minimum on a monthly basis; MOA must demonstrate that partnership is at least through the end of December 2026. HIV testing within the mobile unit should be compliant with the manufacturer instructions of the HIV test kit and controls, CLIA, and OSHA (Occupational Safety and Health Administration) standards.
- i. Be able to operate mobile unit or van both during and outside of traditional business hours.
- j. Proactively plan mobile testing events and identify new testing sites (i.e. areas with rural HIV burden, high-volume events, local events, festivals, etc.)
- k. Provide DPH with a monthly testing calendar by the 5th of each month for mobile HIV testing events. For example, July 2026 testing calendar would be due by July 5, 2026.
- l. Provide at least five (5) mobile testing events a month.
- m. Identify new partnerships for mobile HIV testing and establish a monthly testing schedule for mobile operations.
- n. Rapidly link persons with newly diagnosed HIV to HIV medical care and ART within 7 days of HIV diagnosis. It is preferred for agencies to provide in-house HIV medical care. If your agency does not provide HIV medical care, agency must have a documented referral process and a list of HIV medical care providers. DPH encourages same-day linkage to HIV medical care and rapid start ART.
- o. Refer 100% of persons newly diagnosed with HIV to DPH Partner Services.
- p. Refer persons diagnosed with HIV (newly and previously diagnosed) to prevention and essential support services (e.g., health benefits and enrollment, evidence-based interventions, biomedical interventions, behavioral health services, substance use treatment services, mental health services, and housing, etc.)
- q. Collaborate with the local health department(s), specifically in regard to conducting HIV Testing and Linkage Services, STD screenings, Hepatitis B virus (HBV) and Hepatitis C virus (HCV) Testing and Linkage Services, and Hepatitis A and Hepatitis B vaccine service referrals.
- r. Provide documentation of providing direct services or collaborating with local agencies to provide essential support services to all clients regardless of HIV status.
- s. Increase marketing and outreach to SC's EHE focus populations, identified hot spots, and rural communities. Please note – any marketing or outreach efforts must be sent for Federal Materials Review for pre-approval.
- t. Provide educational information and harm reduction supplies to persons who inject drugs (PWIDs). DPH will be able to provide some educational information and harm reduction materials, but organization may use funds to purchase additional supplies.
- u. To the extent practical, assist DPH with HIV response efforts and outbreaks of other co-morbid conditions of public health significance if assistance is

requested. Examples of recent co-morbid conditions of public health significance have included COVID-19 and Mpox. Recipient organizations should be prepared to assist the state and local health departments in responding to HIV clusters and outbreaks. Such activities, may include, but are not limited to: tailoring other strategies and activities (e.g., HIV testing efforts, PrEP awareness, referral to Partner Services) to support local cluster response; supporting state and/or local health departments with Data-to-Care efforts, to include data sharing for improved program outcomes; support health department efforts with cluster response efforts for interrupting HIV transmission, as requested and practical; establishing an MOU with health department(s) in support of HIV cluster response activities, including data sharing and Partner Services referrals.

- v. Support persons with limited English proficiency either through bilingual staff member(s) or translation service.

**For HIV self-testing, the applicant must:**

*Note – Subrecipients will receive up to 100 self-test kits annually from DPH.*

- a. Have the program aimed at reaching persons who are at greatest risk for HIV infection as consistent with SC epidemiological data and who are unaware of their HIV status.
- b. Have a written HIV self-testing/home testing policy and/or procedure based on manufacturer’s instructions detailed in the agency’s HIV testing manual.
- c. Have a tracking system in place to track self-test kits distributed and self-test outcomes.
- d. Rapidly link persons with newly diagnosed HIV to HIV medical care and ART within seven (7) days of HIV diagnosis. It is preferred for agencies to have in-house HIV medical care, if your agency does not provide HIV medical care, agency must have a documented referral process and a list of HIV medical care providers. DPH encourages same day linkage to HIV medical care and rapid start ART.
- e. Refer persons diagnosed with HIV (newly and previously diagnosed) to prevention and essential support services (e.g., health benefits and enrollment, evidence-based interventions, biomedical interventions, behavioral health services, substance use treatment services, mental health services, and housing, etc.)
- f. Ensure a mechanism is in place to report HIV self-testing (home test kit) data to DPH. Based on CDC data tables, examples of data to be collected include the number of test kits distributed, number of persons who receive one or more HIV self-test kits, number of newly diagnosed HIV-positive persons identified by self-report, number of previously diagnosed HIV infections and demographic data such as age, sex, race/ethnicity, and population group (risk).

**2. Optional - If proposing to provide Comprehensive Pre-Exposure Prophylaxis (PrEP) services, the applicant must:**

- a. Have at least a two-year documented history (within the past three calendar years) of providing PrEP/nPEP screening, navigation, and linkage services for persons at risk for HIV.
- b. Have a PrEP/nPEP policy and procedure in place. PrEP/nPEP policies and procedures and case management documentation will be reviewed during annual site visits.
- c. Have capacity to implement a comprehensive PrEP/nPEP program inclusive of the following:
  - i. In-house provider (or a Memorandum of Agreement (MOA) with provider) to deliver provide PrEP/nPEP services.
  - ii. Provide PrEP/nPEP education to clients tested for HIV at your agency or referred from another organization.
  - iii. Screen for PrEP/nPEP eligibility based on CDC or agency eligibility standards which includes client engagement, HIV risk assessment, and determining PrEP/nPEP eligibility and interest.
  - iv. Provide PrEP/nPEP navigation services including identifying and referring/linking persons requesting PrEP/nPEP to provider, assisting with health insurance navigation and linkage (if applicable), identifying and reducing barriers to care, and tailoring education to the client to influence their health-related attitudes and behaviors.
  - v. Support adherence to PrEP/nPEP (which includes educating clients about medication, anticipating, and managing side effects, establishing dosing routines, providing reminder systems and tools, addressing client specific issues that may impede adherence, and facilitating social support).
  - vi. Ensure PrEP required follow-up testing is scheduled and performed to support adherence (i.e., HIV, every 3 months; STD, every 3 to 6 months; Kidney function, every 6 months; Pregnancy and assess pregnancy intention every 3 months; and those with chronic hepatitis B infections, HBV DNA test every 6 to 12 months while prescribed PrEP).
- d. Dedicate at least 0.5 FTE to oversee comprehensive PrEP/nPEP program. Applicants are encouraged to recruit job candidates for this program from communities and populations most impacted by HIV.
- e. Have PrEP/nPEP policies/procedures in place. PrEP/nPEP policies and procedures and case management documentation will be reviewed during annual site visits.
- f. Ensure a mechanism is in place to report PrEP data to DPH. Based on CDC data tables, examples of data to be collected include: the number of persons screened for PrEP/nPEP, the number of clients who could benefit from PrEP/nPEP, the number referred to PrEP/nPEP provider, linked to a PrEP/nPEP provider, and prescribed PrEP/nPEP. Other data such as demographic data (age, gender, race/ethnicity, and population group (risk) will also be reported.

- g. Support PrEP clients with limited English proficiency through having bilingual staff members(s) or translation service.
- h. Ensure PrEP/nPEP educational materials are available in Spanish.

**3. Optional - If proposing to provide Integrated STD/Viral Hepatitis Screening Services, the applicant:**

- a. May utilize up to 5% of funds of the requested total funding amount to implement and/or strengthen and enhance screening activities with the agency (e.g., Chlamydia, Gonorrhea, Hepatitis B/C, Syphilis).
- b. Shall ensure that clients with positive screening results are linked to appropriate medical care and receive timely and appropriate evaluation and treatment. Positive syphilis screening results should be referred to DPH Partner Services.
- c. Shall have STD/viral hepatitis testing procedures/policies in place. STD/viral hepatitis policies and procedures are subject to be reviewed during annual site visits.

**B. SUBAWARD REQUIREMENTS**

- 1. If the subrecipient plans to subcontract for the provision of HIV prevention services to clients, the subrecipient must first gain written prior approval from DPH's STD/HIV/Viral Hepatitis Section. The contractual agreement with another entity must include the scope of work and terms and conditions related to the services they will provide to include all requirements in the parent subaward with DPH. The subrecipient is responsible for providing oversight, monitoring, and technical assistance to ensure entities receiving CDC HIV prevention funds comply with all CDC and DPH subaward and reporting requirements as stated in this RFGA and the subaward with DPH.
- 2. The subrecipient will consult with DPH's STD/HIV/VH Program in developing programs/services and policies in order to assure compliance with HHS/CDC and DPH regulations. These include meeting all reportable disease requirements in South Carolina and supporting routine surveillance activities, including, but not limited to, case investigation and follow-up.
- 3. Retain all records with respect to all matters covered by this agreement in accordance with subaward Terms and Conditions.
- 4. The subrecipient must: (a) adhere to CDC's Data Security and Confidentiality Guidelines (*Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* (Atlanta, GA: U.S. DHHS, CDC; 2011) ([Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action](https://www.cdc.gov/hiv/resources/data-security-and-confidentiality-guidelines/) ([cdc.gov](https://www.cdc.gov)) including any amendments; (b) submit annually a certification of compliance in the form attached (**Attachment 4**) ensuring compliance with the standards; and ensure that staff members and contractors with access to public health data attend data security and

- confidentiality training annually and maintain training documentation in their personnel files.
5. The subrecipient must manage all breaches of protected health information (PHI) or personally identifiable information (PII) in compliance with applicable law. Agency must have a Breach policy. Subrecipient must notify DPH immediately upon discovery of any breach. If the breach relates to CDC-funded services, subrecipient must also notify CDC within one hour of the discovery.
  6. The subrecipient must use DPH-approved reporting mechanisms for tracking and reporting program services.
  7. The subrecipient must ensure new HIV testing staff are trained in HIV 101, STD 101, SC STD/HIV Laws, and HIV Testing in Nonclinical Settings and/or Motivational Interviewing before staff attend Rapid HIV Testing (Hands On) training. All testing staff are required to take refresher trainings every three (3) years as specified by DPH on an annual basis.
  8. The subrecipient must allow CDC and DPH on-site for site visits and make complete records available, upon request, including those for financial, programmatic, and quality management visits. Meetings may be held in person or virtually.
  9. To the extent practical, assist DPH with HIV response efforts and outbreaks of other co-morbid conditions of public health significance if assistance is requested. Examples of recent co-morbid conditions of public health significance have included COVID-19 and Mpox. Such activities, may include, but are not limited to: tailoring other strategies and activities (e.g., HIV testing efforts, specifically mobile units, PrEP awareness, referral to Partner Services) to support local cluster response; supporting state and/or local health departments with Data-to-Care efforts, to include data sharing for improved program outcomes; support health department efforts with cluster response efforts for interrupting HIV transmission, as requested and practical; and establishing a MOA with health department(s) in support of HIV cluster response activities, including data sharing and Partner Services referrals.
  10. The subrecipient must be prepared to provide monthly and upon request by DPH, specific documentation of expenditures included on submitted invoices. The following areas will be reviewed:
    - a. Financial Management: Financial records will be reviewed to ensure compliance with Generally Accepted Accounting Principles, as well as OMB and DPH's accounting principles. The records should provide accurate, current, and complete disclosure of financial expenditures. They must identify the source and application of funds and must be supported by invoices and other supporting documentation required by DPH. Subrecipient financial records, such as payroll, tax statements, and expenditures must be available as necessary to meet the requirements of DPH Financial Management, DPH HIV prevention program, and 45 CR Part 75. Requested expenditures should align with the annual budget approved by DPH. All invoices should contain agency name, agency address, agency phone number,

contract number, SCEIS vendor number, purchase order number, invoice date, invoice number, and invoice period. Agency address should match the address associated with the agency's SCEIS vendor account. If a remittance address is listed under the SCEIS vendor account, the remittance address should be listed on invoices. If the agency's address or remittance address changes over the course of the subaward, the address must be updated in SCEIS prior to including the new address on invoices. Invoices should be submitted using the DPH Subrecipient Expenditure Invoice Sample. [https://dph.sc.gov/sites/scdph/files/2024-10/Subrecipient\\_Invoice\\_Sample.pdf](https://dph.sc.gov/sites/scdph/files/2024-10/Subrecipient_Invoice_Sample.pdf)

- b. Program Progress: Review progress in providing prevention services and expending funds.
11. Program income shall be monitored by DPH, retained by the subrecipient, and used to provide HIV Prevention Program services to eligible clients. Program income is gross income – earned by the subrecipient directly generated by the grant-supported activity or earned as a result of the CDC HIV prevention award. Subrecipient must have systems in place to account for program income and ensure tracking and use of program income consistent with CDC's requirements. All program income generated as a result of awarded funds must be used for CDC's HIV prevention approved project-related activities.
  12. If the subrecipient organization utilizes the 340B covered entity status available as an HIV Prevention Program provider, allow DPH to review the financial documentation of revenues and expenditures to ensure that 340B revenues are generated and utilized in compliance with CDC requirements.
  13. The subrecipient must adhere to the Code of Conduct working with DPH as a subrecipient (See **Attachment 5**).

#### **C. FUNDING-RELATED SUBAWARD REQUIREMENTS**

1. Submit annually a Budget and Budget Narrative Plan including planned expenditure details on personnel (including each funded staff by title, name, salary and a brief description of job duties), fringe, supplies, equipment, travel (with enough detail to show planned travel is within the state and GSA allowed rates), contractual, other, and indirect costs. The Budget and Budget Narrative should include clear descriptions of the use and allocation of the funds. CDC HIV prevention funds are only for the provision of services and activities allowed by CDC and DPH.
2. If throughout the course of a grant year a budget revision is necessary and exceeds ten percent (10%) of the amount allocated for a budget line item, the subrecipient must make a written request to DPH for approval of the revision. The budget revision

will not be authorized until the subrecipient receives written approval from DPH. Budget revision template can be found in **Attachment 6**.

3. If DPH receives approval from CDC to use indirect funds, prior to seeking reimbursement, agencies must submit annually an official letter approving Federally Negotiated Indirect Cost Rate or use the de minimis of 15%.
4. Submit annually an organizational chart including all HIV Prevention Program funded staff.
5. Submit annually at the beginning of each subaward year position descriptions for all staff whose positions will be fully or partially supported with HIV Prevention Program funding. Submitted position descriptions must include the following information: subrecipient name, employee name, position title, position classification, employee annual salary, funding allocation (totaling 100%), and job duties. The Budget and Budget Narrative includes all of these elements except the job duties. To meet the position description requirement, the job duties can be sent as follows:
  - a. Position Descriptions (PD) i.e., individual employee PDs including the subrecipient name, employee name, position title, and job duties; OR
  - b. List by employee name, position title, and job duties (not just a summary of the position).

When staff positions are added or replaced during the period of performance, a budget revision indicating the staff change in the justification section, position description including salary and funding allocation, and updated organizational chart must be submitted.

6. Per CFR 200.430(i) Compensation – Personal Services, Standards for Documentation of Personnel Services, charges to federal awards for salaries and wages must be based on records that accurately reflect the work performed. Subrecipients must maintain a Time and Effort report to document time and effort of individual staff funded with CDC HIV prevention funds demonstrating fiscal stewardship of CDC funds, as all staff time charged to the HIV Prevention Program must be for carrying out HIV prevention activities. Time and Effort logs must be documented by the staff and include the number of hours spent working on each grant and a brief description of the task performed for salaries charged to the grants. Time and Effort logs must be submitted to DPH with monthly invoices for each staff. Time and effort logs should reflect the total hours worked on each funding source for the requested reimbursement period. An example of a DPH subrecipient time and effort log is located on DPH's Subrecipient Monitoring webpage. [https://dph.sc.gov/sites/scdph/files/2024-10/Time\\_Attendance\\_Documentation\\_Sample.xlsx](https://dph.sc.gov/sites/scdph/files/2024-10/Time_Attendance_Documentation_Sample.xlsx)
7. No funds may be used to make cash payments to intended recipients of services.

8. All out-of-state travel requests must be preapproved by DPH prior to initiation of travel plans. Subrecipient agrees to submit the pre-approval request on the DPH provided form. All out of state travel for conferences/trainings, subrecipients should submit the registration information to include the registration cost, agenda, and schedule. It should note if meals are included with the registration cost. When seeking reimbursement, Subrecipient must submit a travel log that shows the breakdown of expenses by day. Mileage rates should be based on the annual approved IRS rate. Reimbursement of lodging is based on the nightly Federal GSA lodging per diem. For lodging nightly rates above the Federal GSA rate, the agency is responsible for covering the additional funds. When seeking reimbursement, the supporting document must reflect the reimbursement of the nightly GSA rate, applicable taxes, and fees. It is recommended that airfare be booked directly through the airline. Additional fees and/or travel agency fees are not reimbursable.
9. All gift cards, vouchers, or any type of incentive purchased with CDC HIV prevention funds must be preapproved by DPH program area and Office of Federal Grants Compliance prior to purchase. Subrecipient agrees to submit the pre-approval request on the DPH provided form.
10. Food items for clients (i.e. small snacks items such as bottled water, crackers, candy, etc.) for HIV prevention-related activities should be referenced as nutritional supplements. All nutritional supplements must be pre-approved prior to purchase.
11. Meetings that include funding for meals and/or facility rentals must be preapproved by the HIV Prevention Program using the template: DPH-130-Approval-for-Meetings-Meals- Rental-Subrecipient-072024.xlsx
12. While this list is not inclusive of all unallowable costs, CDC HIV prevention funds may not be used for:
  - a. Research; or
  - b. Clinical care except as allowed by law or
  - c. Purchasing Antiretroviral Treatment; or
  - d. Sterile needles or syringes for drug injection; or
  - e. Construction purposes; or
  - f. Reimbursement of pre-award costs; or
  - g. Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body; or
  - h. Salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive Order proposed or pending before any legislative body; or
  - i. Purchase of property.
  - j. Generally, funds may not be used to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
  - k. Federal funds used for the purchase of supplies or equipment related to injection

drug use must comply with current federal law.

1. General-use prepaid gift cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network such as Visa or MasterCard.

#### **D. SUBAWARD REPORTING REQUIREMENTS**

The Subrecipient will provide programmatic, demographic, and financial plans and reports as required by DPH’s STD/HIV/VH Section. These requirements are:

1. Annual submission of a deliverable and/or workplan.
2. Annual submission of proposed budget and budget narrative. The budget submission should also include position descriptions for positions supported by the funding.
3. Monthly submission of expenditures by the last day of the month, with a courtesy extension to the 15<sup>th</sup> of each month following. Submissions of expenditures should be sent to [preventioninvoices@dph.sc.gov](mailto:preventioninvoices@dph.sc.gov). Submission of required supporting documentation must be in accordance with DPH’s Federal Grants Compliance Requirements for Subrecipients. Timesheet information should be included monthly as supporting documentation reflecting the payroll reimbursement period. Timesheet information should be included for all positions supported on the grant and account for CDC funding and all other source of funds.
4. Collect and submit process-monitoring data on all interventions. Data must be entered into a DPH-required data collection system by the last day of the month of intervention cycle completion, with a courtesy extension to the 10th of each month following.
5. Collect and submit required HIV testing and linkage, PrEP, and essential support services data in Evaluation Web by the last day of the month of service delivery, with a courtesy extension to the 15th of each month following. Subrecipients should ensure they have a mechanism in place to report all required Evaluation Web variables.
6. Report all data in a timely manner. Failure to provide timely reporting and data entry may result in the withholding of invoice approval until such time all of the outstanding data are received by DPH.
7. Program Income Report (Subaward Year End): Report, with supporting documentation, at the end of each period of performance demonstrating the total program income earned and the total HIV/STI prevention eligible expenditures of that earned program income.

#### **E. SUBAWARD ACCOUNTABILITY MEASURES**

The Subrecipient will be expected to:

1. Attend, as required, DPH-sponsored trainings to ensure the appropriate delivery of interventions.
2. Ensure that all services are conducted as planned and ensure complete documentation.
3. Ensure all services are conducted in a quality manner by qualified staff and in accordance with CDC's procedural guidance for the selected interventions, and according to DPH's guidelines for delivery of HIV testing and linkage services, and STD and viral hepatitis services.
4. Recruit clients and select implementation sites that contribute to the highest impact prevention services.
5. Achieve and maintain at least a 0.75% HIV positivity rate for newly diagnosed persons with HIV in Core HIV/STD/Viral Hepatitis Prevention Program.
6. Provide rapid linkage to HIV medical care for newly diagnosed persons, if possible same day, or within two to seven days of HIV diagnosis, but no more than 30 days. *Note – DPH may update linkage to medical care standards if CDC's linkage to medical care performance standard changes over the course of the 3-year subaward period.*
7. Ensure referral and linkage to DPH's STD/HIV partner services for persons newly identified as HIV positive in the subrecipient's HIV testing program.
8. Ensure linkage to essential support for status neutral persons, inclusive of health benefits, evidence-based risk reduction services, behavioral health services (i.e., mental health, substance abuse), social services (i.e., housing), at minimum.
9. Complete in a timely manner a quality improvement and corrective action plan as developed by DPH and as needed to continue grant funding.
10. Attend Evaluation Web software and data collection training. Evaluation Web is an Internet browser-based HIV Prevention reporting system developed and maintained by Luther Consulting and mandated by CDC to collect HIV testing data. *Note – if CDC makes changes to reporting variables and/or system during the subaward period, agency must accommodate changes.*
11. Ensure all written materials, audiovisual materials, pictorials, questionnaires, survey instruments, websites, educational curricula and other relevant program materials are submitted and approved by the DPH STD/HIV/VH Section's Federal Materials Review Committee prior to purchase. Please note, materials also include brochures, flyers, website content, social media content, and any HIV prevention program advertising.

12. Request reimbursement for expenditures at least once monthly to preventioninvoices@dph.sc.gov, no later than the 15th of the following month. Reimbursement requests must include supporting documentation (e.g., invoices, canceled checks, receipts, travel logs, etc.) for expenses requested. It should be done for anything that is charged to the grant.
13. All incentive requests must be submitted to DPH 30-days prior to planned purchase date as incentives require pre-approval by the HIV prevention program and Federal Grants Compliance office. If Subrecipient is approved for incentives, Subrecipient must have an incentive tracking log that contains the following: the vendor's name, gift card number, person distributing the gift card, date client received gift card, and client initials indicating receipt of gift card. Please note Subrecipients seeking pre-approval for incentives/gift cards must have a policy in place and regularly submit distribution logs as supporting documentation. The amount of the gift card approved will be based on what is allowable from funder.
14. Attend all required subrecipient meetings including webinars and conference calls.
15. Participate in at least one annual site visit from DPH. Site visits may be in-person or virtual. As needed, DPH may require additional site visits throughout the year. Site visits will consist of programmatic reviews, including client and quality assurance documentation, agency policies and procedures, training records, and fiscal compliance, and other items as requested.
16. Collaborate with other subrecipients and stakeholders (e.g., Historically Black Colleges and Universities (HBCUs), Federally Qualified Health Centers (FQHCs), CBOs, local health departments, local jails). DPH encourages subrecipients to participate in and/or develop partnerships to recognize national observances (e.g., National HIV Testing Day).
17. Participate in community engagement activities such as the HIV Planning Council (HPC), Integrated Prevention and Care Planning, SHAPE, etc. to guide prevention activities and assist with programmatic decisions.
18. Communicate to the DPH HIV Prevention Program of all location changes and key program contact changes, as changes are made.

#### **IV. INFORMATION FOR APPLICANTS TO SUBMIT/SCORING CRITERIA**

##### **NOTE: THE FOLLOWING INFORMATION MUST BE PROVIDED.**

To be considered for an award, all proposals must include, at a minimum, responses to the information requested in this Section IV. Scoring points associated with each section are noted in parentheses. The proposal must contain all required information listed below, with exceptions noted for specific items. Applicants should restate each of the items listed below and provide their bid immediately thereafter. **All information should be presented in the listed order.**

The applicant is to submit ONE ORIGINAL AND SIX (6) copies including, but limited, to the following information for consideration and evaluation. All attachments should be labeled, referenced accordingly within the application, and placed at the end of application.

DPH reserves the right to request any information it deems necessary to make the final decision concerning the offeror's ability to provide the services requested herein before entering into a contract. DPH also reserves the right to require a pre-decisional site visit to review any requested information prior to making a final decision on funding.

A. Completed Applicant Information Form (Attachment 2)

B. Cover Letter – to include the following:

1. Summary of the applicant's ability to perform the services described under Component A - Core HIV/STD/Viral Hepatitis Prevention Programs and proposed service areas. If the applicant is also applying for programs under Component B - Syphilis Screening and Linkage to Medical Care, Capacity building services – Administrative support for periodic workforce trainings for public health professionals and other providers, with emphasis on Disease Intervention Specialists and/or Component C - HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's *Ending the HIV Epidemic (EHE) Plan*, indicate this in the cover letter.
2. Statement that the applicant is willing to perform the services as stated in the RFGA and enter into a contract with DPH.
3. Statement that the applicant is willing to comply with all requirements of the RFGA and the attached Subaward Agreement, if awarded.
4. Statement that the applicant agrees to provide HIV prevention services to all persons regardless of race, ethnicity, and/or sex.
5. Statement that the project(s) can be carried out for the amount requested.
6. Statement that the applicant will comply with federal and state guidelines for federal subrecipients.
7. The cover letter must be signed by a person who has authority to commit the applicant to a subrecipient agreement.
8. The name and email address of the person to which the Intent to Award Notification should be sent.

C. Eligibility Determination Documentation (not scored; however, all components must be present for the application to be reviewed, and the information may be used for award determination). Submit the following items:

**Items C1-C11 must be responded to by all applicants.**

1. Describe the three (3) years of established history providing services to persons at high-risk for HIV and/or persons with HIV as outlined in the Scope of Services.

*For applicants who have not previously received CDC HIV prevention funding from DPH:* Indicate sources of funding and specific services supported. If grant funds, include start and end dates of grant funding. Provide one HIV testing data

report from calendar years 2022, 2023 or 2024. Reports must include specific citation of testing services to the focus population(s) being proposed to be reached in this application. Reports must be from the funder of testing (CDC, DPH, private foundation, etc.) and have this detail clearly identified. Reports may be in the form of either: 1) Summary data report; 2) Data within a site visit report; and/or 3) Data within a funder's technical review of the applicant's annual report, etc.

2. Provide a list of applicant's staff trained to perform HIV testing and submit two training certificates to fully document the organization's ability to provide HIV testing services.
3. Provide a copy of applicant's current Clinical Laboratory Improvement Amendments (CLIA) waiver.
4. Provide a copy of applicant's table of contents page(s) of an HIV testing quality assurance and services protocol/procedures manual which includes clear identification of the manual as being a document from the applicant organization.
5. Provide a statement indicating the applicant has the capacity to enter into a cost reimbursement subaward without immediate reimbursement from DPH.
6. Provide a statement indicating the applicant has documented organizational fiscal stability to maintain its organization's core services without the prevention funds provided in this grants process.
7. Submit a Certificate of Existence, also known as a Certificate of Good Standing from the South Carolina Secretary of State. This certificate states that an entity in good standing with the Secretary's Office, and has, to the best of the Secretary of State's knowledge, filed all tax returns with the SC Department of Revenue. The certificate can be requested via <https://web.sc.gov/SOSDocumentRetrieval/Welcome.aspx>
8. The applicant must have a physical office in South Carolina with an established history of providing HIV services in South Carolina. Applicant must provide a list of office locations giving physical address and phone numbers where funded services will be provided.
9. Determine if your organization currently has any DPH subawards, grants or contracts in a probationary status. If yes, provide a description of the circumstances including: DPH Subaward, grant or contract number, date of probation, reason for probation, and any

changes within the applicant organization to ensure compliance with current and future contracts.

10. An applicant previously terminated by DPH must wait three (3) years before an application will be considered for funding from DPH. Applicant must provide a statement indicating whether organization has had a DPH subaward or contract terminated for non-compliance in the last three years. If yes, provide a description of the circumstances of the terminated subaward or contract including: the DPH subaward, grant or contract number, date of termination, reason for termination, and any changes within the applicant organization to ensure compliance with current and future contracts.
11. Submit a completed Subrecipient Pre-Award Risk Assessment (**Attachment 1**). (Although the risk assessment is not scored, the results of DPH's Pre-Award Risk Assessment could impact the decision to award or the terms in which an award is made.)

#### **Application Narrative**

**All applicants are required to complete the Applicant Information Form (Attachment 2), Sections D through Sections G. Sections H and I will be scored separately for applicants applying for those programs.**

#### **D. Organizational Capacity: Structure, History, Technological and Financial Capacity (24 points)**

1. Provide an organizational chart reflecting the organizational structure of your organization, governance, programs/services and staffing.
2. List your Board of Directors with each member's name, title, email and provide the term requirement for a Board Member.
3. What are your major programs or organizational branches?
4. How many staff does your organization have? List all full-time/part-time staff by name and position.
5. List all of your offices or locations giving street addresses and telephone numbers.
6. What services does your organization provide?
7. To whom do you provide those services, i.e., what populations?
8. Please describe your agency's hours of operation. Does your agency have the ability to operate during non-traditional work hours? If so, please describe.
9. What is/are the operating system(s) on the computers your prevention staff use (i.e., Windows 11 for Office, etc.)?

10. What Internet services does your organization use?
11. How does your organization handle computer problems, including access to the Internet? What is the usual response time?
12. What are your organization's data security and confidentiality standards?
13. Who is your Chief Financial Officer?
14. Does your organization use an accrual or cash basis of accounting?
15. If applicable, has your organization received training or have staff familiar with the OMB Circulars A-122 Cost Principles for Non-Profit Organizations?
16. If applicable, has your organization received training or have staff familiar with the 2 CFR Part 200 Subpart E?
17. If applicable, has your organization received training on DPH's Federal Grants Compliance Requirements for Subrecipients?
18. What insurance coverage does your organization have for your facilities, employees and Board/officers? Identify the policy name and coverage limits.
19. Provide a listing of all sources of funding/support and the specific programs supported. Each funding stream's start and ending dates must be included.
20. Who is responsible for your organization's written accounting, administrative, personnel, procurement/purchasing and/or operational policies and procedures?
21. How often are organizational policies and procedures reviewed?
22. Has your organization had a funder site visit, programmatic audit, or technical review in the past three years? If yes, please provide a copy of one of the following:
  - 1) funder site visit report; 2) programmatic audit report; or 3) technical review.Report should be from a funding source that describes the level of quality service delivery and other successes in providing HIV Prevention services as are being proposed in this application. This document or documents may be from any year(s) within the past three calendar years (2022, 2023 or 2024).
23. Describe your organization's ability to provide services during a public health emergency or disease outbreak.
24. Describe your organization's capacity to serve clients with limited English proficiency.

E. Collaboration and Linkages (32 points)

1. In your HIV testing and linkage program, describe the method(s) by which persons testing preliminary positive receive confirmatory testing. If your program has the capacity to provide confirmatory testing, indicate the specific number of staff who deliver this testing.
2. In your HIV testing and linkage program, describe your referral process that links persons with newly diagnosed HIV to HIV medical care within same day to 30 days of diagnosis and essential support services. How does your organization follow-up, including documentation, to assure that medical appointments are kept?
3. In your HIV testing program, describe the methods in which persons tested are educated, screened, referred, and linked to PrEP and/or nPEP services.
4. Describe your current partnership(s) with the local health department in your primary service area and future plans to coordinate with local health departments. Applicant should provide at least one Memorandum of Agreement (MOA), Letter of Agreement (LOA), etc. from a local DPH public health department representative that indicates an agreed-upon process for accepting referrals for:
  - 1) HIV confirmatory testing (as applicable) for persons testing preliminary positive; 2) DIS-delivered Partner Services for persons testing HIV positive; 3) Social work linkage-to-care HIV case management services (as applicable) for new HIV positives; and 4) STD treatment and Partner Services as applicable if/when proposing STD screening services.
5. Describe your current partnership(s) with other HIV prevention and care providers and essential support services providers (e.g., benefits navigation, mental health, substance abuse, housing, etc.) in your primary service area as well as with other providers throughout South Carolina. Describe how you relate to each organization, including efforts to collaborate in providing services to various populations. Indicate if staff or volunteers participate in formal, community-based collaborative efforts, such as the Sexual Health Awareness, Prevention and Elimination (SHAPE) initiative.
6. If you are not currently providing HIV care services funded by Ryan White Part B or C, how does your organization collaborate with the Ryan White care providers in your primary service area? Is there some form of routine communication and meetings?
7. Describe your organization's involvement with the S.C. HIV Planning Council and/or the integrated Prevention and Care planning process.
8. Describe in-kind services that build the capacity to deliver the services most efficiently and effectively being proposed in this application.

F. HIV/STD/Hepatitis Prevention Program Description (40 points)  
Question 1 is worth up to 10 points; Questions 2-7 are up to 5 points.

1. Please provide documentation of your organization's newly diagnosed positivity rate among all HIV tests conducted over the past three calendar years (2022, 2023, 2024). Information to be provided includes: the number of HIV tests performed, the number of newly diagnosed persons with HIV, and the newly diagnosed positivity rate. Information can be provided in the form of a funder report and/or table or chart. Five points will be awarded for providing the requested documentation. Up to an additional five points is available and will be awarded based on the average of the applicants' three-year newly diagnosed positivity percentages. Applicants will receive Zero Points (0 points) if the newly diagnosed positivity average is less than 0.50%, 2 Points if newly diagnosed positivity percentage is between 0.51%-0.99%, or 3 Points if the average exceeds 1%.
2. Describe the populations in your current and proposed prevention services area and any of their unmet needs for HIV/STD/Viral Hepatitis Prevention services.
3. List the specific focus population(s) that you are intending to reach and briefly describe your experience delivering the proposed programs and/or intervention(s) to the population(s).
4. How does your organization use local jurisdiction data or agency historical data to identify focus populations for in-house, outreach, and/or mobile/self-testing (if applicable) HIV testing efforts?
5. Please describe your recruiting and marketing plans for reaching focus populations in your current and proposed prevention service areas.
6. Please describe how your organization strategically provides condoms to its clients and local community.
7. Complete **Attachment 7**, the "HIV Prevention Program Services Worksheet for Core HIV/STD/Viral Hepatitis Prevention Programs" worksheet.

For *each* focus population you plan to reach, provide the annual numbers being proposed to be reached for each of the fundable interventions. Note the following planning parameters for interventions and the associated populations:

- For HIV testing: A minimum of 25 persons annually from the focus population should be planned, with allowed increments of an additional 10 persons per population.

G. Reporting and Evaluation (4 Points Total)

1. The applicant must agree to use the CDC's browser-based system, Evaluation Web, for reporting of required HIV testing variables, linkage to medical care variables, co-infection screening, PrEP variables, nPEP, doxy PEP, and essential support services variables. Subrecipient must agree to comply with CDC's

reporting standards and systems and be willing to adopt changes to reporting variables or systems if CDC implements changes during the subaward period. Describe how you propose to use CDC’s browser-based system, Evaluation Web, to report all required prevention services data.

2. Describe the process your organization will use to collect demographic and service level data.
3. Describe how your organization will evaluate its services to ensure program deliverables are met. What will the agency do if deliverables are not met?
4. Describe how your organization receives feedback from clients. In what ways are clients engaged in planning or supporting programs?

*If funded, DPH will require final approval of the selected intervention sites/venues in order to avoid duplication of services and ensure the most efficient, comprehensive impact for the populations in need of services throughout the state. Also, if funded, planned numbers should be considered as targets; they are not end-points in service delivery. DPH expects subrecipients funded through this RFGA to deliver funded services throughout the entire grant year project period, regardless of having reached the planned numbers for that year, and without any expectation of additional compensation beyond the awarded contract funds. All services delivered, including those in excess of planned numbers, must be reported in the appropriate data system.*

H. Optional - Syphilis Screening and Linkage to Medical Care Services and/or Capacity Building Services (Scored separately from the Core HIV/STD/Viral Hepatitis Prevention Programs, please see scoring criteria below). Syphilis screening and linkage to medical care services is available for up to **four** awards at approximately \$12,000 per award. Capacity building services and administrative support for public health professionals’ periodic workforce trainings, with particular emphasis on trainings for Disease Intervention Specialists, is available for **one** award at approximately \$3,000.

Section H: Syphilis Screening and Linkage to Medical Care Services and/or Capacity Building Services – SCORING CRITERIA		
Question(s)	Services	Point Value
Question 1	Indicate proposed services	Not Scored
Question 2-7	Syphilis Screening and Linkage to Medical Care Services	Up to 10 points for Questions 2 and 6 Up to 5 points for Questions 3, 4, 5, 7 = up to 40 points (max)
Questions 8-10	Capacity building services and administrative support for public health professionals’ periodic workforce training, with particular emphasis on	Up to 10 points for Question 8 Up to 5 points for Questions 9-10

	trainings for Disease Intervention Specialists	= up to 20 points (max)
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1. Please indicate which program(s) your organization will provide as part of Component B’s Syphilis Screening and Linkage to Medical Care Services and/or Capacity Building Services.
  - Syphilis Screening and Linkage to Medical Care Services
  - Capacity building services for administrative support for periodic workforce trainings for public health professionals and other providers, with particular emphasis on trainings for Disease Intervention Specialists
2. Describe your organization’s history in providing syphilis screening and linkage to medical care. Please provide at least one annual data report (CY2022, CY2023, or CY2024) that documents providing syphilis screening services to at least 200 clients meeting CDC’s Syphilis Screening recommendations. Prioritization of focus populations should align with local epidemiological data.
3. Describe how syphilis screening is implemented within your program.
4. What recruitment strategies (e.g., outreach, internet outreach, social networking, social marketing) will be used to recruit focus populations for syphilis screening?
5. How does your organization ensure clients with diagnosed syphilis are referred and linked to medical?
6. Check this box to confirm that, if funded, at least 200 clients will be annually provided syphilis screenings.  Please document planned numbers for targeted MSM syphilis screening and linkage to medical care in **Attachment 8**.
7. Check this box to confirm that, if funded, applicant will establish a goal of identifying at least five new early syphilis cases per project year.
8. Describe (in one page of narrative) your agency’s history and ability to plan, implement, and provide administrative support for public health professionals and other providers, with particular emphasis on Disease Intervention Specialists. The narrative should consist of a brief description of the past experiences in conducting this type of event. For training events for public health professionals, particularly for DIS: please submit at least one agenda, program, or other document that indicates specific support for the event within each of the past two years.
9. Describe the type of administrative support and/or trainings that your organization could provide for public health professionals and other providers, with particular emphasis on workforce trainings for Disease Intervention Specialists, and the planned services to be provided in GY2026-2027 and subsequent years. If funded.

10. What type of resources and/or technology can be used for administrative support and/or trainings in the event of a public health emergency or outbreak?

I. Optional - HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE) Plan (Score Separately). (95 Points). A breakdown of scoring for Section I, is listed below:

Question(s)	Services	Point Value
Question 1	Indicate proposed services	Not Scored
Question 2	Completion of “HIV Prevention Program Services Worksheet for HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s <i>Ending the HIV Epidemic (EHE) Plan</i> ” worksheet. ( <b>Attachment 9</b> )	Up to 5 Points
Questions 3-11	EHE HIV Testing Services, Mobile HIV testing and HIV self-testing	Up to 5 points per question, 9 questions = up to 45 points
Questions 12-16	Comprehensive PrEP/nPEP services (PrEP/nPEP Guidance in <b>Attachment 10</b> )	Up to 5 points per question, 5 questions = up to 25 points
Questions 17-20	Integrated STD/viral hepatitis screening	Up to 5 points per question, 4 questions = up to 20 points

1. Please indicate which program(s) your organization will provide as part of Component C’s HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE) Plan.

- EHE HIV Testing Services, inclusive of Mobile HIV testing and HIV self-testing
- Comprehensive PrEP/nPEP services
- Integrated STD/viral hepatitis screening

2. Complete **Attachment 9**, the “HIV Prevention Program Services Worksheet for HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s *Ending the HIV Epidemic (EHE) Plan*” worksheet. For *each* focus population you plan to reach, provide the annual numbers being proposed to be reached for each of the fundable interventions. Note the following planning parameters for interventions and the associated populations:

- For mobile HIV testing: A minimum of 38 persons monthly should be planned, with an estimated 450 clients to be reached annually.
  - For HIV self-testing: Up to 100 tests should be planned annually.
  - For Comprehensive PrEP Services: A minimum of 40 persons annually should be planned, with allowed increments of an additional 10 persons annually.
  - For integrated STD/viral hepatitis screening: Up to 5% of annual budget may be used for supporting integrated screening.
3. Does your organization have a documented history of providing mobile HIV testing services to one or more of South Carolina's EHE populations of focus? If yes, please indicate if your organization operates the HIV mobile unit or if your organization has a formal partnership with another organization to implement mobile testing. If working in a partnership, applicant must submit a Memorandum of Agreement (MOA) demonstrating that partnership is through at least the end of December 2026.
  4. Describe how your organization intends to aim the program(s) at reaching persons who are at greatest risk for HIV and who are unaware of their HIV status. How will your organization increase awareness and advertise mobile HIV testing?
  5. Describe how mobile HIV testing sites are selected. Please submit MOAs for two mobile testing sites. MOAs should include: a description of site name, site location and frequency in which mobile testing occurs.
  6. Please indicate if your organization has the capacity to do the following: dedicate 0.25 FTE to mobile HIV testing program, perform at least 38 HIV tests per month, host up to five mobile events per month, develop a monthly mobile testing calendar, and operate mobile HIV testing during and/or outside of traditional business hours.
  7. How will your organization identify new partnerships for mobile HIV testing sites and/or events?
  8. Does your organization have the ability to collect data and report on client demographics and outcomes of mobile HIV testing program? If so, please describe.
  9. For HIV self-testing (HIV home test kits), describe your agency's capacity to implement the program. Submit a copy of your organization's policy and/or procedure for HIV self-testing.
  10. Describe the process in which HIV self-testing kits will be distributed.

11. Describe how your organization will collect, track, and report HIV self-test kits data to DPH.
12. Does your organization have a documented history of providing PrEP/nPEP screening, navigation, and linkage services for persons at risk for HIV? If yes, please describe.
13. Describe your organization's capacity to implement comprehensive PrEP/nPEP services (i.e. in-house provider or MOA, screening, eligibility determination, navigation, supporting adherence, etc.) If organization refers clients and links clients to PrEP providers outside of your organization, please provide MOA.
14. Please indicate if your organization has the capacity to dedicate 0.5 FTE to oversee the comprehensive PrEP program.
15. Check this box to confirm that, if funded, applicant will provide comprehensive PrEP services to at least 40 clients per project year.
16. Please identify successes and challenges related to your organization's PrEP/nPEP services.
17. Describe your organization's capacity to implement integrated STD/viral hepatitis screening. If proposing to deliver HBV or HCV testing and linkage services, or Hepatitis A and Hepatitis B vaccine referrals, an MOA and/or LOA must be submitted from at least one non-DPH provider who is willing to accept client referrals for HBV and HCV treatment education, and/or treatment services and/or vaccine provision.
18. Check this box to confirm that, if funded, applicant plans to utilize up to 5% of annual funds to implement and/or strengthen screening activities.
19. Please describe how integrated STD/viral hepatitis screening occurs within your organization. Applicant may provide a copy of policy and procedure.
20. Describe how the organization will collect, track, and report STD/viral hepatitis screening results to DPH.

J. Budget and Budget Justification Narrative (Not Scored)

All applicants must complete a proposal budget and budget narrative. Multiple budgets must be submitted if applying for funding in multiple components:

- Core HIV/STD/Viral Hepatitis Prevention Programs
- Syphilis Screening and Linkage to Medical Care Services and/or Capacity Building Services
- HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's *Ending the HIV Epidemic (EHE) Plan*

The budget should be for a subaward year, 12-month period (June 1, 2026 – May 31, 2027). A detailed justification is required for each component of the program budget (i.e. personnel, travel, supplies, contractual services, etc.). Include a list of all proposed subcontractors (if any) and the amount of funds to be paid to each subcontractor. For travel, note any anticipated out-of-state travel and in-state travel. Indirect costs should be calculated using the de minimis of 15 percent of the modified total direct costs, unless the applicant has an approved federally negotiated indirect cost rate. *Note: if applicant is submitting for integrated STD/viral hepatitis services under Core HIV/STD/Viral Hepatitis Prevention Programs (Component A), and/or HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE) Plan (Component C), no more than 5% of the overall budget can be allocated for these services.*

DPH is obligated by CDC to direct resources to geographic areas and populations most in need of prevention services, as defined by South Carolina’s HIV epidemiological data. As such, the approximate range of funds available within designated geographic areas for the one major funding category, Core HIV/STD/Viral Hepatitis Prevention Programs (Component A) is listed in the following chart. For Syphilis Screening and Linkage to Medical Care Services and Capacity Building Services, HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s *Ending the HIV Epidemic (EHE) Plan*, may be distributed to regional applicants, but the funds are listed based on the number of awards available statewide.

	<b>Component A</b>	<b>Component B</b>		<b>Component C</b>
	<b>(Required)</b>	<b>(Optional)</b>		<b>(Optional)</b>
<b>Geographic areas</b>	<b>Core HIV/STD/Viral Hepatitis Prevention Programs</b>	<b>Syphilis Screening and Linkage to Medical Care Services (optional)</b>	<b>Capacity building services and administrative support for public health professionals’ periodic trainings, with particular emphasis on workforce trainings for Disease Intervention Specialists (optional)</b>	<b>HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE) Plan (optional)</b>
Aiken, Barnwell, Chester, Edgefield, Fairfield, Kershaw, Lancaster, Lexington, Newberry, Saluda, Richland, York	\$300,000 - \$360,000	<i>Component B and C funding is not geographical area-specific, meaning there are no set amounts allocated for each geographical area. Award funding is available to agencies statewide who meet the requirements. The funding amount and the number of awards are noted below.</i>		

Allendale, Bamberg, Beaufort, Berkeley, Calhoun, Charleston, Colleton, Dorchester, Hampton, Jasper, Orangeburg	\$200,000 - \$270,000			
Chesterfield, Clarendon, Darlington, Dillon, Florence, Georgetown, Horry, Lee, Marion, Marlboro, Sumter, Williamsburg	\$150,000 - \$215,000			
Abbeville, Anderson, Cherokee Greenville, Greenwood, Laurens, McCormick, Oconee, Pickens, Spartanburg, Union	\$150,000 - \$238,000			
<b>Total Funds Available Statewide</b>	<b>Up to \$1,083,000</b>  <i>Up to 10 awards</i>	<b>Up to \$48,000</b> <i>Up to 4 awards, ~\$12,000 per award</i>	<b>Up to \$3,000</b> <i>1 award</i>	<b>Total funds available \$894,000</b> <i>Up to 4 awards for mobile HIV testing, ~ up to \$74,500 per award</i> <i>Up to 8 awards for Comprehensive PrEP services ~up to \$74,500 per award</i>

Note: If no qualified applicants apply or are awarded funds for the major categories of programs or services in a particular designated geographic area, DPH reserves the right to award NO funds in this RFGA process or to award funds as available for one area to qualified applicant(s) in another area.

**Approximate Allocation Cost Per Intervention to Consider When Developing Proposal Budget**

<b>Fundable Programs under Core HIV/STD/Viral Hepatitis Prevention Programs COMPONENT A</b>	
<b>Intervention</b>	<b>Approximate Unit Cost Per Intervention Cycle</b>
Diagnose: In-house and outreach testing	\$125 test

Strategic Condom Distribution*	Funded agencies will be allowed to order condoms semiannually from DPH.
Integrated STD and viral hepatitis screening	No more than 5% of overall proposed budget

<b>Fundable Programs under Targeted MSM Syphilis Screening and Linkage to Medical Care Services and Capacity Building Services COMPONENT B</b>	
<b>Intervention</b>	<b>Approximate Unit Cost Per Intervention Cycle</b>
Syphilis Screening and Linkage to Medical Care	\$60/screening
Capacity building services and administrative support for public health professionals' periodic trainings, with particular emphasis on workforce trainings for Disease Intervention Specialists	\$3,000 annually

<b>Fundable Program under HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's <i>Ending the HIV Epidemic (EHE) Plan</i> COMPONENT C</b>	
<b>Intervention</b>	<b>Approximate Unit Cost Per Intervention Cycle</b>
Mobile HIV testing & linkage to care	\$125/test
Strategic Condom Distribution	Funded agencies will be allowed to order condoms semiannually from DPH.
HIV Testing – Self Testing (Home Test Kits)	Up to 100 tests can be requested from DPH Public Health Laboratory annually
Comprehensive PrEP Services	\$887 per client, minimum of 40 clients annually
PrEP labs for proposed reach	PrEP labs for 40 clients inclusive of the following can be sent to DPH Public Health Laboratory for processing
Integrated STD and viral hepatitis screening	No more than 5% of overall proposed budget

*\*Educational materials and harm reduction supplies are allowable expenses for Component C.*

**K. APPLICATION SUBMISSION**

Proposals will be evaluated by a review panel on the basis of the following criteria. Eligibility as indicated in:

- A. Applicant Information Form (Attachment 2)
- B. The cover letter (not scored)
- C. Eligibility Determination Documentation (not scored)

\*The above two sections of the application will be reviewed to determine if you are eligible for funding. Please ensure eligibility requirements are addressed in order and numbered as listed in the eligibility requirement sections.

- D. Organizational Capacity (24 points)
- E. Collaboration and Linkages (32 points)
- F. HIV/STD/Hepatitis Prevention Program (40 points)
- G. Reporting and Evaluation (4 points)
- H. Syphilis Screening and Linkage to Medical Care Services (40 points) and/or Capacity Building Services (20 points) points, optional, only scored if applicant applies)
- I. HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's Ending the HIV

Epidemic (EHE) Plan (up to 100 points, optional, only scored if applicant applies)

J. Budget (not scored)

Your application's budget will be reviewed to ensure you have a clear and understandable explanation of all costs in the narrative budget justification and a demonstration of strong linkages to the programs being proposed.



# SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

## FY26 Risk Assessment and Audit Verification Survey

The South Carolina Department of Public Health (SC DPH) is required to monitor its subrecipients to ensure they maintain effective internal controls and comply with the terms of their subaward agreements and applicable federal regulations. This monitoring responsibility is mandated by 2 CFR Part 200 and other relevant federal guidance.

SC DPH is requesting the following information for the period covering July 1, 2024, through June 30, 2025. Please complete the form below and return it, along with any requested supporting documentation, within fifteen (15) business days of receipt. Submit your response to [grantsmgmt@scdph.sc.gov](mailto:grantsmgmt@scdph.sc.gov).

SUBRECIPIENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### SECTION A: ORGANIZATIONAL INFORMATION

1. What is your fiscal year end date? \_\_\_\_\_
2. What is your organization's active Federal Unique Entity Identifier (UEI)? \_\_\_\_\_
3. What is your home congressional district? \_\_\_\_\_
4. What is your organization's business status?
  - Institute of Higher Education (IHE)
  - Non-Profit Organization
  - Corporation
  - Governmental Agency
  - Other (please specify): \_\_\_\_\_
5. Has your organization operated under another name in the past 10 years (including d.b.a. names)?
  - Yes  No
  - If yes, list all names: \_\_\_\_\_

## Attachment 1 – Subrecipient Risk Assessment and Audit Verification Survey

### SECTION B: AUDIT & FEDERAL FUNDING PROFILE

6. During your most recently completed fiscal year, did your organization expend \$1,000,000 or more in federal grant awards (from all sources)?

Note: The \$1,000,000 threshold for a Single Audit applies to fiscal years beginning on or after October 1, 2024. If your organization's fiscal year began before October 1, 2024, the applicable threshold for audit requirements remains \$750,000 in federal expenditures.

- Yes – Non-profit organization
- Yes – Government entity
- No – Non-profit organization
- No – Government entity
- No – For-profit organization

If yes (and not a for-profit), your organization is subject to 2 CFR 200.501 "Audit Requirements."

Please submit your most recent audit report, including:

- Any audit findings
- Auditor's comments
- Corrective action plan

Audits must be completed and submitted within the earlier of:

- 30 calendar days after receiving the auditor's report(s), OR
- Nine months after the end of the audit period

7. Were there any findings in your most recently completed audit of federal funds?

- Yes  No  N/A

If yes, briefly explain: \_\_\_\_\_

8. Has your organization had any material audit findings in the last three years?

- Yes  No

If yes, explain: \_\_\_\_\_

9. Has your organization ever received a formal "high-risk" designation from a pass-through entity or federal agency?

- Yes  No

If yes, explain: \_\_\_\_\_

10. Is your organization new to managing or operating state or federal grant funds?

- Yes  No

11. Is your organization also a prime recipient of federal funds (in addition to being a subrecipient)?

- Yes  No

12. What was the total amount of federal funding your organization received (as a prime recipient or subrecipient) during the most recent fiscal year?

\$ \_\_\_\_\_

## Attachment 1 – Subrecipient Risk Assessment and Audit Verification Survey

### SECTION C: FINANCIAL MANAGEMENT SYSTEMS

13. What type of financial management system does your organization use?
- Spreadsheet (e.g., Excel)
  - QuickBooks
  - Other software (name): \_\_\_\_\_
  - Comprehensive system (e.g., SAP) (name): \_\_\_\_\_
14. Has your organization converted to a new financial system or made major changes in the past 12 months?
- Yes  No
- If yes, explain: \_\_\_\_\_
15. Does your financial system allow comparison of actual expenditures to budgeted amounts per grant?
- Yes  No
16. Does the system provide effective control and accountability for all funds, property, and assets?
- Yes  No
17. Do all federal grant funds received by your organization get deposited into business bank accounts registered to the organization (and not to personal accounts)?
- Yes
- No
- If no, please explain: \_\_\_\_\_
18. Are duties segregated between authorization, recording, and custody functions for key processes (procurement, cash, payments)?
- Yes  No
19. Are duplicate vendor payments prevented through system or procedural controls?
- Yes  No
20. Do you allocate costs across multiple grant programs?
- Yes  No
21. Do you have a documented cost allocation plan or methodology?
- Yes  No
22. Do you periodically review your cost allocation plan for accuracy and compliance with 2 CFR 200 Subpart E?
- Yes  No

### SECTION D: INDIRECT COSTS & PAYROLL

23. Does your organization charge indirect costs to federal grants?
- Yes – Federally approved IDC rate (date of approval: \_\_\_\_\_)
  - Yes – De minimis rate (up to 15%)
  - No
24. Are payroll changes reviewed against grant budgets?
- Yes  No

## Attachment 1 – Subrecipient Risk Assessment and Audit Verification Survey

25. Does your personnel system produce monthly reports of time and activities for staff working on grant-funded projects?

Yes  No

If yes, describe your system (e.g., random moment time study, timecards): \_\_\_\_\_

If no, explain how your organization tracks personnel activity for grant-funded work:

---

26. Can your organization provide system-generated payroll reports and paycheck stubs for all employees paid with federal funds?

Yes  No

If no, please explain: \_\_\_\_\_

27. Are grant responsibilities specifically listed in employee job descriptions for staff working on federal grants?

Yes  No

28. Are board members or trustees paid from federal grant funds?

Yes  No

### SECTION E: GRANT MANAGEMENT & STAFFING

29. Do key personnel assigned to federal grants have prior experience and knowledge of applicable regulations?

Yes  No

30. Have you experienced turnover of key grant-related personnel in the last 12 months?

Yes  No

If yes, list positions: \_\_\_\_\_

31. Are policies and procedures regularly updated to ensure proper execution of grant-funded activities?

Yes  No

32. Are employees working on grant-funded programs provided with training and supervision specifically related to grant requirements and responsibilities?

Yes  No

### SECTION F: ETHICS, FRAUD & COMPLIANCE

33. Does your organization maintain a written Code of Conduct and Conflict of Interest policy for staff involved in grant programs?

Yes  No

34. Does your organization have a formal process for employees to report suspected fraud, waste, or abuse (e.g., Whistleblower Policy)?

Yes  No

35. If a violation or fraud occurs, are remedial and corrective action procedures in place?

Yes  No

## Attachment 1 – Subrecipient Risk Assessment and Audit Verification Survey

36. Does your organization notify appropriate agencies in cases of confirmed grant-related fraud?  
 Yes  No
37. Have any key staff listed in the subaward ever been debarred or suspended from federal programs?  
 Yes  No  
If yes, attach list of names, dates, and reasons.

### SECTION G: PROCUREMENT & PROPERTY MANAGEMENT

38. Has your organization ever been suspended or debarred?  
 Yes  No
39. Has your organization done business with a suspended or debarred vendor?  
 Yes  No
40. What safeguards does your organization have to ensure vendors or contractors are not debarred or suspended?  
\_\_\_\_\_
41. Do you have written procurement procedures to ensure compliance with 2 CFR Part 180 (suspension & debarment)?  
 Yes  No
42. Do your procurement policies align with 2 CFR Part 200 requirements?  
 Yes  No
43. Do you have a property management system to track federally funded equipment?  
 Yes  No
44. Do you conduct physical inventory of equipment at least once every two years?  
 Yes  No
45. Does your property system account for maintenance, disposition, and federal requirements?  
 Yes  No

### SECTION H: PUBLIC PRESENCE & TRANSPARENCY

46. Does your organization operate a website or public-facing social media (e.g., LinkedIn, Facebook, X)?  
 Yes  No  
If yes, list URLs: \_\_\_\_\_

### SECTION I: ATTESTATION

I, the undersigned, certify that the information provided above accurately represents the organization for which I am an authorized representative. Furthermore, I attest that all relevant details have been fully disclosed and are complete to the best of my knowledge.

---

Subrecipient Legal Name

---

Signature

---

Date

**Attachment 1 – Subrecipient Risk Assessment and Audit Verification Survey**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Tax ID

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

Contact Person's Name for Future Requests if different from above: \_\_\_\_\_

\_\_\_\_\_

**Attachment 2 - Applicant Information Form**  
**Applicant Information Form**

<b>South Carolina Department of Public Health                      HIV Prevention Funding Applicant                      Information Form                      2026-2027 Grant Year</b>					
<b>Instructions:</b> Please complete this form in its entirety and upon submission, please <b><u>attach a W9.</u></b>					
<b>Name of Organization:</b>					
<b>Address:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Phone:</b>		<b>Fax:</b>		<b>Web Address:</b>	
<b>Tax/Employer ID:</b>		<b>Unique Entity ID:</b>			
<b>Vendor Number:</b>					
<b>Remittance Address:</b> Address must match the address used for vendor registration.					
<b>Name of Organization:</b>					
<b>Business Mailing Address:</b>					
<b>Primary Contact:</b>		<b>Phone:</b>			
<b>Email:</b>					
<b>Performance:</b> If awarded, please provide the requested information below of all agency offices where HIV prevention services will be provided.					
<b>Principle Place of Performance Site 1</b>					
<b>Name of Organization:</b>					
<b>Physical Address:</b>					
<b>Performance Site 2, if applicable</b>					
<b>Name of Organization:</b>					
<b>Physical Address:</b>					
<b>Performance Site 3, if applicable</b>					
<b>Name of Organization:</b>					
<b>Physical Address:</b>					
<b>Business Entity</b>					

<b>Please choose they type of business Entity:</b> <ul style="list-style-type: none"> <li><input type="radio"/> Corporation</li> <li><input type="radio"/> LLC</li> <li><input type="radio"/> Partnership</li> <li><input type="radio"/> Nonprofit Organization</li> <li><input type="radio"/> Government Agency or Political Subdivision, specify state if not SC:</li>   <li><input type="radio"/> _____</li> <li><input type="radio"/> Other Governmental Body</li> <li><input type="radio"/> Individual / Sole Proprietor</li> <li><input type="radio"/> Other</li> </ul>	<b>If “Other Governmental Body”</b> Specify:	<b>If a Corporation, LLC, or Nonprofit Organization, please provide the following information below.</b>  State of Incorporation:
	<b>If “Other” Specify:</b>	Registered Agent and Address in South Carolina:

<b>SC DLLR or any other License Number (If applicable):</b>	
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<b>Does your agency have a Federally Negotiated Indirect Cost Rate?</b> If yes, please attach a copy of the Federally Negotiated Indirect Cost Rate Agreement. This information must be received with your application.	<b>Yes</b>	<b>No</b>		
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<b>Primary Contacts</b>
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<b>Contract Signatory</b>
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<b>Name:</b>		<b>Title:</b>	
<b>Business Mailing Address:</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>Email:</b>			

<b>HIV Prevention Program Manager</b>
---------------------------------------

<b>Name:</b>		<b>Title:</b>	
<b>Business Mailing Address:</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>Email:</b>			

<b>Financial Director</b>			
<b>Name:</b>		<b>Title:</b>	
<b>Business Mailing Address:</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>Email:</b>			



**Attachment 3 – Draft Subaward Agreement**  
Document can be viewed at the web address below

<https://dph.sc.gov/professionals/health-professionals/clinical-guidance-resources/hiv-aids-std-resources/funding>



**Attachment 4 – Certification of Compliance**

**CERTIFICATION OF COMPLIANCE WITH THE “SECURITY AND CONFIDENTIALITY STANDARDS FOR PUBLIC HEALTH DATA AND DESIGNATION OF OVERALL RESPONSIBLE PARTY (ORP)”**

By signing and submitting this form, we certify our compliance with CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention’s *Data Security and Confidentiality Guidelines*. We acknowledge that all standards included in the guidelines have been implemented unless otherwise justified in an attachment to this statement. We agree to apply the standards to all staff and contractors funded through CDC HIV/AIDS Prevention or HRSA’s Ryan White Care programs that have access to or maintain confidential health data. We ensure all sites where applicable public health data are maintained are informed about the standards. Documentation of required local data policies and procedures is on file with the persons listed below and available upon request.

**Name(s), title(s), & phone number(s) of the proposed Overall Responsible Party (ORP) or ORP Panel.**

Name	Title	Telephone

\_\_\_\_\_  
Organization

\_\_\_\_\_  
Signature: Executive Director

\_\_\_\_\_  
Signature: Authorized Business Official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Attachment 5 - Subrecipient Code of Conduct

This code of conduct governs the environment of SC DPH's STD/HIV/VH Section, including staff and contracted subrecipients. This Code of Conduct was created in response to findings from a NASTAD site visit in March 2020. We learned that articulating values and obligations to one another reinforces the level of respect needed among the team and having a code provides us with clear avenues to correct our culture should it ever stray from that course.

- **Be friendly and patient.**
- **Be welcoming.** We strive to be a community that welcomes and supports people of all backgrounds. This includes, but is not limited to members of any race, ethnicity, culture, national origin, color, social and economic class, educational level, sex, age, size, family status, religion, and mental and physical ability.
- **Be considerate.** Your work will be used by other people, and you in turn will depend on the work of others. Any decision you make will affect colleagues and others across multiple organizations, and you should take those consequences into account when making decisions. Remember that we're a world-wide community, so you might not be communicating in someone else's primary language. Be polite and friendly in all forms of communication, especially remote communication, where opportunities for misunderstanding are greater. Use sarcasm carefully. Tone is hard to decipher online; make judicious use of all available tools to aid in communication.
- **Be respectful.** Not all of us will agree all the time, but disagreement is no excuse for poor behavior and poor manners. We might all experience some frustration now and then, but we cannot allow that frustration to turn into a personal attack. It's important to remember that a community where people feel uncomfortable or threatened is not a productive one. We should be respectful when dealing with others.
- **Be generous and kind in both giving and accepting critique.** Critique is a natural and important part of improving. Good critiques are kind, respectful, clear, and constructive, focused on goals and requirements rather than personal preferences. You are expected to give and receive criticism with grace.
- **Be careful in the words that you choose.** We are a community of professionals, and we conduct ourselves professionally. Be kind to others. Do not insult or put down other participants. Harassment and other exclusionary behavior aren't acceptable. This includes, but is not limited to:
  - Violent threats or language directed against another person.
  - Discriminatory jokes and language.
  - Posting sexually explicit or violent material.
  - Personal insults, especially those using racist or sexist terms.
  - Unwelcome sexual attention.
  - Advocating for, or encouraging, any of the above behavior.
  - Repeated harassment of others. In general, if someone asks you to stop, then stop.
- **When we disagree, try to understand why.** Disagreements, both social and technical, happen all the time. It is important that we resolve disagreements and differing views constructively. Remember that we're different. The strength of our network comes from its varied community and people from a wide range of backgrounds. Different people have different perspectives on issues. Being unable to understand why someone holds a viewpoint doesn't mean that they're wrong. Don't forget that it is human to err and blaming each other doesn't get us anywhere. Instead, focus on helping to resolve issues and learning from mistakes.

### Unacceptable behaviors

The DPH Ryan White Part B and HIV Prevention Team is committed to providing a welcoming and safe environment for people of all races, gender physical abilities, physical appearances, socioeconomic backgrounds, life experiences, nationalities, ages, and religions. Discrimination and harassment are expressly prohibited. Harassment may include, but is not limited to, intimidation; stalking; unwanted recording or photography; inappropriate physical contact; use of sexual or discriminatory imagery, comments, or jokes; intentional or

repeated misgendering; sexist, racist, ableist, or otherwise discriminatory or derogatory language; and unwelcome sexual attention.

In order to provide a welcoming environment, we commit to being considerate in our language use. Any behavior or language which is unwelcoming—whether or not it rises to the level of harassment—is also strongly discouraged. Much exclusionary behavior takes the form of microaggression - subtle put-downs which may be unconsciously delivered. Regardless of intent, microaggressions can have a significant negative impact on victims and have no place on our team.

## Attachment 6 – HIV Prevention Budget Revision Letter Template

### 2026 SC Department of Public Health (DPH) HIV Prevention Required Budget Revision Letter Template

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**Note - Budget Revisions are required for the following circumstances:**

- If throughout the course of a grant year a budget revision is necessary and exceeds ten percent (10%) of the amount allocated for a budget line item, the subrecipient must make a written request to DPH for approval of the revision.
- When staff positions are added or replaced during the period of performance, a budget revision indicating the staff change in the justification section, position description including salary and funding allocation, and updated organizational chart must be submitted.

**(Please submit on Agency letterhead)**

<Date of Request>

Mr. Tony Price  
SC DPH, STD/HIV/VH Section  
P.O. Box 2046  
West Columbia, South Carolina 29171

**RE: <Program Name Budget>**

Dear Tony:

<Agency Name> <Contract Number> requests to move <\$\$\$ amount> from the <Budget Category> to <Budget Category>. The revision is requested due <Detailed Reason>.

Category	Budgets	
	Original Budget	Revised Budget
Personnel/Salary		
Fringe		
Travel		
Supplies		
Contractual/Consultant		
Equipment		
Other		
<b>Total Direct Costs</b>		
Indirect Costs		
<b>TOTAL</b>		

In an effort to maintain compliance with the grant and contract, it is necessary to modify these budget categories by <DATE> to reflect our current operations.

Sincerely,

<Name>

<Title>

## SAMPLE BUDGET REQUEST

June 15, 2026

Mr. Tony Price  
SC DPH, STD/HIV/VH Section  
P.O. Box 2046  
West Columbia, South Carolina 29171

### RE: Core Prevention Budget

Dear Tony:

DPH HV-6-222 requests to move \$1,000.00 from the Personnel budget line to the Supplies budget line. The revision is requested due the prevention program needing to order more condoms as our inventory is running low. We have funds available in Personnel due to a staff resignation (Testing Coordinator I (J. Doe), resignation date 6/10/2026), and it took approximately one month to fill the vacancy.

Category	Budgets	
	Original Budget	Revised Budget
Personnel/Salary	\$50,000.00	\$49,000.00
Fringe	\$10,000.00	\$10,000.00
Travel	\$2,000.00	\$2,000.00
Supplies	\$5,000.00	\$6,000.00
Contractual/Consultant	\$5,000.00	\$5,000.00
Equipment	\$0.00	\$0.00
Other	\$3,000.00	\$3,000.00
<b>Total Direct Costs</b>	<b>\$75,000.00</b>	<b>\$75,000.00</b>
Indirect Costs	\$750.00	\$750.00
<b>TOTAL</b>	<b>\$75,750.00</b>	<b>\$75,750.00</b>

In an effort to maintain compliance with the grant and contract, it is necessary to modify these budget categories by July 1, 2026, to reflect our current operations.

Sincerely,

Jennifer Pozsik  
Prevention Planning, Monitoring, and Evaluation Program Manager

**Attachment 7 - HIV Prevention Program Services Worksheet for Component A Core HIV/STD/Viral Hepatitis Prevention Programs**

Agency Name \_\_\_\_\_

**Focus Populations to be Served for Core HIV/STD/VH Prevention Programs**

Complete the following worksheet(s) as applicable to the intervention you are proposing to deliver per each focus population with funds provided through this RFGA. Proposed numbers should reflect an annual number to be reached.

*If funded, DPH will require, per calendar year, a **minimum total of 400** persons tested from one or more of the state’s or local jurisdictional focus populations. Organizations must plan to target no less than 25 persons from a particular focus population in order to include that population in proposed activities. Organizations may plan to reach a total in excess of 400 but must do so in increments of 10 for each of one or more populations.*

*DPH will also require a minimum of an overall **0.75%** HIV positivity rate (among all populations served) to be achieved and maintained on a grant-year annual basis. The rate applies to persons newly identified as HIV positive, not testing and identifying persons who were previously diagnosed as HIV positive.*

<b>Component A: Activities under Core HIV/STD/Viral Hepatitis Prevention Programs</b>										
<b>Intervention</b>	<b>PWH</b>	<b>AAMSM</b>	<b>AAWSM</b>	<b>AAMSW</b>	<b>WMSM</b>	<b>PWID</b>	<b>AOD</b>	<b>Latinx</b>	<b>HBCU</b>	<b>Other*</b>
HIV Testing inclusive of linkage to medical care and referral and linkage to essential services and partner services										Please specify below.

Note: PWH – Persons with HIV; AAMSM – African American MSM, AAWSM - African American Heterosexual Women, AAMSW - African American Heterosexual Men, WMSM - White MSM, PWID – persons who inject drugs, AOD – alcohol and drug abuse clients, Latinx – Latin/Hispanic, HBCU – Historically Black College or University

**\* Please specify “Other” focus populations and provide the proposed numbers for each population described under “Other”.**

<b>Other Population Description</b>	<b>Number of HIV Tests to be Performed</b>
Other Population 1:	
Other Population 2:	
Other Population 3:	

**Attachment 8 -**

**Worksheet for Component B - Syphilis Screening and Linkage to Medical Services and/or Capacity Building Services for public health professionals and other providers, with particular emphasis on workforce trainings for Disease Intervention Specialists**

Agency Name \_\_\_\_\_

**Focus Populations to be Served for Syphilis Screening and Linkage to Medical Services**

**Complete the following worksheet(s) as applicable to the intervention you are proposing to deliver per each focus population with funds provided through this RFGA. Proposed numbers should reflect an annual number to be reached.**

*If funded, DPH will require, per grant year, a **minimum total of 200** persons tested from one or more of the state’s or local jurisdictional focus populations. Organizations must plan to target no less than 20 persons from a particular focus population in order to include that population in proposed activities. Organizations may plan to reach a total in excess of 200 but must do so in increments of 10 for each of one or more populations.*

*DPH will also require a minimum of five newly identified syphilis cases.*

<b>Intervention</b>	<b>PWH</b>	<b>AAMSM</b>	<b>AAWSM</b>	<b>AAMSW</b>	<b>WMSM</b>	<b>PWID</b>	<b>AOD</b>	<b>Latinx</b>	<b>HBCU</b>	<b>Other*</b>
Syphilis screening and linkage to medical care										

Note: PWH – Persons with HIV; AAMSM – African American MSM, AAWSM - African American Heterosexual Women, AAMSW - African American Heterosexual Men, WMSM - White MSM, PWID – persons who inject drugs, AOD – alcohol and drug abuse clients, Latinx – Latin/Hispanic, HBCU – Historically Black College or University

***\* Please specify “Other “focus populations and provide the proposed numbers for each population described under “Other”.***

<b>Other Population Description</b>	<b>Number of HIV Tests to be Performed</b>
Other Population 1:	
Other Population 2:	
Other Population 3:	

**Attachment 9 – Worksheet for Component C - HIV Prevention Program Services Worksheet for HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE) Plan**

Agency Name \_\_\_\_\_

**Focus Populations to be Served for HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic**

**Complete the following worksheet(s) as applicable to the intervention you are proposing to deliver per each focus population with funds provided through this RFGA. Proposed numbers should reflect an annual number to be reached.**

*If funded, DPH will require, per grant year, a **minimum total of 450** persons tested from one or more of the state’s or local jurisdictional focus populations. Organizations must plan to target no less than 25 persons from a particular focus population in order to include that population in proposed activities. Organizations may plan to reach a total in excess of 450 but must do so in increments of 10 for each of one or more populations.*

<b>Component C: Activities under HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE)</b>										
<b>Intervention</b>	<b>PWH</b>	<b>AAMSM</b>	<b>AAWSM</b>	<b>AAMSW</b>	<b>WMSM</b>	<b>PWID</b>	<b>AOD</b>	<b>Latinx</b>	<b>HBCU</b>	<b>Other*</b> Specify below.
Mobile HIV Testing inclusive of linkage to medical care and referral and linkage to essential services and partner services										
HIV Self-Testing (Home Test Kits)	<b>100 HIV self-test kits provided to each agency</b>									
Comprehensive PrEP*/nPEP Services**		<b>*A minimum of 40 new PrEP clients annually</b> <b>**Ensure clients with negative HIV test results are screened to identify those who may benefit from nPEP, document referrals and linkage to nPEP provider, and document nPEP prescriptions.</b>								
Integrated STD/viral hepatitis screening		<b>Up to 5% of annual budget</b>								

Note: PWH – Persons with HIV; AAMSM – African American MSM, AAWSM - African American Heterosexual Women, AAMSW - African American Heterosexual Men, WMSM - White MSM, PWID – persons who inject drugs, AOD – alcohol and drug abuse clients, Latinx – Latin/Hispanic, HBCU – Historically Black College or University

**\* Please specify “Other” focus populations and provide the proposed numbers for each population described under “Other”.**

<b>Other Population Description</b>	<b>Number of HIV Tests to be Performed</b>
Other Population 1:	
Other Population 2:	

## **Attachment 10**

### **PrEP/nPEP Program Guidance – GY 2026**

#### **Guiding Principles for PrEP/nPEP-related activities:**

- PrEP/nPEP-related activities to support prevention services must be implemented as part of a comprehensive HIV prevention program that includes, as appropriate, linkage and referral to prevention and treatment services for sexually transmitted infections (STIs) and viral hepatitis, substance abuse and mental health, and other prevention essential support services.
- To minimize duplication of effort, subrecipients should coordinate and collaborate with other agencies, organizations, and providers involved in PrEP/nPEP-related activities, STI, viral hepatitis, and substance abuse prevention and treatment, and HIV prevention services.
- Funds for PrEP/nPEP-related activities should ensure that referral and linkage to existing HIV prevention and treatment services are maintained.

#### **Funds may be used for, but are not limited to, the following:**

- Planning for how to most effectively incorporate comprehensive PrEP/nPEP services into prevention education and services, including evaluating what collaborations will be needed.
- Educational materials about how to use PrEP/nPEP in conjunction with other HIV prevention and care services, as well as STD, viral hepatitis, mental health and substance abuse treatment.
- Development and delivery of the HIV risk reduction counseling and behavioral interventions that must be provided with PrEP/nPEP.
- Adoption of one of [CDC's best practices](#) or agency supported intervention for PrEP services.
- Communication activities related to PrEP/nPEP.
- Evaluation activities for PrEP/nPEP-related activities.
- Personnel (e.g., program staff) conducting the above PrEP/nPEP-related activities.
- Laboratory testing for 50 PrEP/nPEP clients with no ability to pay for services.

#### **Funds may *not* be used for:**

- PrEP/nPEP medications (antiretrovirals).
- Personnel costs for the provision of PrEP/nPEP medication and recommended clinical care associated with PrEP.

## Attachment 11 - Acronym Glossary

AAWSM	African American Heterosexual Women
AAMSW	African American Heterosexual Men
AAMSM	African American Men who have Sex with Men
AOD	Alcohol and other drug abuse clients
CDC	Centers for Disease Control and Prevention
CEG	Community Engagement Group
CLIA	Clinical Laboratory Improvement Amendments
CBOs	Community Based Organizations
DPH	Department of Public Health
EHE	Ending the HIV Epidemic
FQHCs	Federally Qualified Health Centers
HBCUs	Historically Black Universities and Colleges
HBV	Hepatitis B virus
HCV	Hepatitis C virus
LOA	Letter of Agreement
LLR	Linkage/Retention/Re-engagement services
MA	Medication Adherence
MOA	Memorandum of Agreement
MSM	Men who have Sex with Men
NHAS	National HIV/AIDS Strategy
nPEP	Nonoccupational Post-Exposure Prophylaxis
OSHA	Occupational Safety and Health Administration
OMB	Office of Management and Budget
PWIDs	Persons who Inject Drugs
PWH	Persons with HIV
PrEP	Pre-Exposure Prophylaxis
RFGA	Request for Grant Applications
STD	Sexually Transmitted Disease
TMen	Transgender Men
TWomen	Transgender Women
WMSM	White Men who have Sex with Men

## Attachment 12

### Procedures for Dispute Resolution

#### I. DISPUTE PROCEDURES FOR GRANT PROGRAM APPLICATIONS DURING THE APPLICATION PROCESS

The following dispute procedures are available to any community-based organization, local or county program or any other applicant that objects to any requirement(s) as outlined in a Request for Grant Applications (RFGA), amendment to RFGA or does not receive a distribution of funding as a grantee under a federal, state, or combined federal/state grant program. An applicant or grantee that disagrees with any element of the grant requirements or with the distribution of funding is also referred to herein as a “requestor.”

- A. **Request or Application for Funding.** Subject to conditions set forth in these procedures, any prospective applicant desiring to file a dispute concerning DPH’s proposed evaluation of applications or proposed manner of distribution of funds (as outlined in the RFGA) shall e-mail or fax a Notification of Appeal to the First Line of Dispute\*, within **three (3) business days** of the posting date of the RFGA or any amendment thereto. The notification of appeal must clearly specify the grounds of the dispute and the relief requested. Within **three (3) business days** of receipt of a notification of appeal, the First Line of Dispute shall render a decision as to the disposition of the dispute and will e-mail or fax written notification of this decision to the prospective applicant. If the prospective applicant is not satisfied with the decision rendered by the First Line of Dispute, the applicant shall e-mail or fax written notification to the DPH Program Area Director\* within **two (2) business days** of the date of the written notification of decision from the First Line of Dispute. The Program Area Director will conduct a review and e-mail or fax a written decision to the prospective applicant within **three (3) business days**. The written decision will be final and may not be further appealed by the requestor.
- B. **Award to an Applicant.** A requestor with a dispute regarding the Notification of Award shall e-mail, fax or mail a Notification of Appeal to the First Line of Dispute within **three (3) business days** of the date of posting of the Notification of Award. The notification of appeal must clearly specify the grounds of the dispute and the relief requested. Within **three (3) business days** of receipt of a notification of appeal, the First Line of Dispute shall render a decision as to the disposition of the dispute and will e-mail or fax written notification of this decision to the requestor. If the requestor is not satisfied with the decision rendered by the First Line of Dispute, the requestor shall e-mail or fax written notification to the Program Area Director within **three (3) business days** of the date of the written response from the First Line of Dispute. The Program Area Director will conduct a review and e-mail or fax a written decision to the requestor within **three (3) business days**. The written decision will be final and may not be further appealed by the requestor.
- C. **Notice of Decision.** A copy of all correspondence or decisions under this dispute resolution procedure shall be mailed or otherwise furnished immediately to the requestor and any other party intervening.

**Awards are not final until the dispute process has concluded.**

#### II. PROCEDURES FOR GRANT DISPUTES OR CONTROVERSIES REGARDING DPH’S EVALUATION OF A GRANTEE’S EXPENDITURES IN THE POST-AWARD PHASE

- A. **Applicability.** These procedures shall apply to controversies between DPH and a grantee when the grantee disagrees with DPH's evaluation of an expenditure by the grantee as "not allowed" under the grant program requirements. These procedures constitute the exclusive means of resolving a controversy between DPH and a grantee of an awarded grant.
- B. **Complaint against Grant Program Management.** No later than *thirty (30) calendar days* after receiving notice that the agency's grant program area has denied an expenditure, a grantee must e-mail, or fax written notice identifying any dispute or controversy to the Grant Program Manager. The Grant Program Manager will, within *thirty (30) calendar days* thereafter, review and attempt to informally resolve the dispute or controversy. If the dispute cannot be mutually resolved within that timeframe, a grantee wishing to continue pursuit of the dispute must e-mail or fax written notice of the dispute to the Program Area Director within *five (5) business days* following the 30-day review period. The Program Area Director or his/her designee will, within *ten (10) business days* of receipt of a written notice of the dispute, meet or hold a conference call with the grantee. Within *ten (10) business days* after such consultation with the grantee, the Program Area Director will e-mail or fax the grantee with a written determination as to his/her decision regarding the disposition of the expenditure. The decision of the Program Area Director will be final and may not be further appealed by the requestor.

\* *Contacts are listed below:*

**First Line of Dispute:**

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**Program Area Director:**

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**Grant Program Manager**

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