

**South Carolina Department of Public Health  
 FY2026-RFGA-HV-411  
 Community-Based HIV/STD/Hepatitis Prevention Services  
 Request for Grant Applications (RFGA) Checklist**

Section Completed	Sections and Documents to be submitted with Grant Application
	<p><b>Section A: Cover Letter</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed Applicant Information Form (Attachment 2)</li> </ul>
	<p><b>Section B: Cover Letter</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Summary of the applicant’s ability to perform the services described under Core HIV/STD/Viral Hepatitis Prevention Programs and proposed service areas. If the applicant is also applying for programs 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 Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE) Plan, indicate this in the cover letter.</li> <li><input type="checkbox"/> Statement that the applicant is willing to perform the services as stated in the RFGA and enter into a contract with DPH.</li> <li><input type="checkbox"/> Statement that the applicant is willing to comply with all requirements of the RFGA and the attached Subaward Agreement, if awarded.</li> <li><input type="checkbox"/> Statement that the applicant agrees to provide HIV prevention services to all persons regardless of race, ethnicity, and/or sex.</li> <li><input type="checkbox"/> Statement that the project(s) can be carried out for the amount requested.</li> <li><input type="checkbox"/> Statement that the applicant will comply with federal and state guidelines for federal subrecipients.</li> <li><input type="checkbox"/> The cover letter must be signed by a person who has authority to commit the applicant to a subrecipient agreement.</li> <li><input type="checkbox"/> The name and email address of the person to which the Intent to Award Notification should be sent.</li> </ul>
	<p><b>Section C: Eligibility Documentation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 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 Section III, 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.</li> <li><input type="checkbox"/> A list of staff trained to perform HIV testing and two training certificates to fully document the organization’s ability to provide HIV testing services.</li> <li><input type="checkbox"/> A copy of organization’s current Clinical Laboratory Improvement Amendments (CLIA) waiver.</li> <li><input type="checkbox"/> A copy of organization’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.</li> <li><input type="checkbox"/> Provide a statement indicating the applicant has the capacity to operate on a cost reimbursement basis and without prompt reimbursement, as reimbursement typically occurs 30-60 days after invoicing.</li> <li><input type="checkbox"/> Provide a statement indicating the applicant has the documented organizational fiscal stability to maintain its agency’s core services without the prevention funds provided in this grants process.</li> <li><input type="checkbox"/> A Certificate of Existence, also known as a Certificate of Good Standing from the Secretary of the State.</li> <li><input type="checkbox"/> A list of office locations giving physical address and phone numbers where funded services will be provided.</li> <li><input type="checkbox"/> A statement indicating if any DPH subawards or contracts are in a probationary status. If yes, provide a description of the circumstances including: DPH Subaward or contract number, date of probation, reason for probation, and any changes within the applicant organization to ensure compliance with current and future contracts.</li> <li><input type="checkbox"/> 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 or contract number, date of termination, reason for termination, and any changes within the applicant organization to ensure compliance with current and future contracts.</li> <li><input type="checkbox"/> A completed Subrecipient Pre-Award Risk Assessment (Attachment 1).</li> </ul>

Section Completed	Sections and Documents to be submitted with Grant Application
	<p><b>Section D: Organizational Capacity: Structure, History, Technological, and Financial Capacity</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Answered Questions 1-24.</li> <li><input type="checkbox"/> Organizational Chart</li> <li><input type="checkbox"/> List of Board of Directors (Name, Title, Email Address, and Term Requirement)</li> <li><input type="checkbox"/> List of full-time/part-time staff by name and position</li> <li><input type="checkbox"/> Listing of all sources of funding</li> <li><input type="checkbox"/> Provide one of the following: Site Visit Report, Programmatic Audit Report, or Technical Review Report (if applicable)</li> </ul>
	<p><b>Section E: Collaborations and Linkages</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Answered Questions 1-8</li> <li><input type="checkbox"/> Memorandum of Agreement or Letter of Agreement with local health department</li> </ul>
	<p><b>Section F: HIV/STD/Hepatitis Program Description</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Answered Questions 1-7</li> <li><input type="checkbox"/> 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. (if applicable)</li> <li><input type="checkbox"/> Completed <b>Attachment 7</b>, “HIV Prevention Program Services Worksheet for Core HIV/STD/Viral Hepatitis Prevention Programs”</li> </ul>
	<p><b>Section G: Reporting and Evaluation</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Answered Questions 1-4</li> </ul>
	<p style="text-align: center;"><b>If applying for Component B:</b></p> <p><b>Optional - Section H: Component B - Screening and Linkage to Medical Care and/or Capacity Building Services</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Answered Questions 1-7 if applying for Syphilis Screening and Linkage to Medical Care</li> <li><input type="checkbox"/> Completed <b>Attachment 8</b>, “Worksheet for Syphilis Screening and Linkage to Medical Services and/or Capacity Building Services for Public Health Professionals and Other Providers” (if applicable)</li> <li><input type="checkbox"/> If applying for Capacity Building Services for Public Health Professionals and Other, answered Questions 8-10.</li> <li><input type="checkbox"/> At least one agenda, program, or other document that indicates the specific support for the Capacity Building Services for Public Health Professionals and Other Providers</li> </ul>
	<p style="text-align: center;"><b>If applying for Component C:</b></p> <p><b>Optional - Section I: Component C - HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE) Plan (optional)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Answered Questions 1 and 2 (if applicable)</li> <li><input type="checkbox"/> Answered Questions 3-11 for Mobile Testing and HIV Self-Testing (if applicable)</li> <li><input type="checkbox"/> Answered Questions 12-16 for Comprehensive PrEP Services (if applicable)</li> <li><input type="checkbox"/> Answered Questions 17-20 for Integrated STD/viral hepatitis screening (if applicable)</li> <li><input type="checkbox"/> Completed <b>Attachment 9</b>, “HIV Prevention Program Services Worksheet for Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s <i>Ending the HIV Epidemic (EHE) Plan</i>” worksheet. (if applicable)</li> </ul>
	<p><b>Section J: Budget and Budget Narrative Justification</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Component A - Core HIV/STD/Viral Hepatitis Prevention Programs Budget and Budget Narrative</li> <li><input type="checkbox"/> Component B - Screening and Linkage to Medical Care and/or Capacity Building Services Budget and Budget Narrative</li> <li><input type="checkbox"/> Component C - HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE) Plan Budget and Budget Narrative</li> </ul>