

South Carolina Department of Health and Environmental Control
FY 2022 Grant Year
Community-Based HIV/STD/Hepatitis Prevention Services
Request for Grant Applications (RFGA) Check List

Section Completed	Sections and Documents to be submitted with Grant Application
	<p>Section A: Cover Letter</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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 Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s <i>Ending the HIV Epidemic (EHE) Plan</i> and/or Targeted Latinx Outreach and/Mobile Testing, indicate this in the cover letter. <input type="checkbox"/> Statement that the applicant is willing to perform the services as stated in the RFGA and enter into a contract with DHEC. <input type="checkbox"/> Statement that the applicant is willing to comply with all requirements of the RFGA and the attached Subaward Agreement, if awarded. <input type="checkbox"/> Statement that the project(s) can be carried out for the amount requested. <input type="checkbox"/> The cover letter must be signed by a person having authority to commit the applicant to a subrecipient agreement. <input type="checkbox"/> The name and email address of the person to which the Intent to Award Notification should be sent.
	<p>Section B: Eligibility Documentation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Describe the three (3) years of established history providing services to persons at high-risk for becoming infected with HIV and/or persons with HIV as outlined in the Scope of Services. <i>For applicants who have not previously received CDC HIV prevention funding from DHEC:</i> One HIV testing data report from calendar years 2018, 2019 or 2020. Reports must include specific citation of testing services to the population(s) being proposed to be reached in this application. Reports must be from the funder of testing (CDC, DHEC, 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. <input type="checkbox"/> A list of staff trained to perform HIV testing. <input type="checkbox"/> Two training certificates to fully document the organization’s ability to provide HIV testing services. <input type="checkbox"/> A copy of organization’s current Clinical Laboratory Improvement Amendments (CLIA) waiver. <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. <input type="checkbox"/> A statement indicating the applicant has the capacity to enter into a cost reimbursement subrecipient agreement without immediate reimbursement from DHEC. <input type="checkbox"/> A statement indicating the applicant has documented organizational fiscal stability to maintain its agency’s core services without the prevention funds provided in this grants process. <input type="checkbox"/> A Certificate of Existence, also known as a Certificate of Good Standing from the Secretary of the State. <input type="checkbox"/> A list of office locations giving physical address and phone numbers where funded services will be provided. <input type="checkbox"/> A statement indicating if any DHEC subawards or contracts in a probationary status. If yes, provide a description of the circumstances including: DHEC 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. <input type="checkbox"/> A statement indicating whether organization has had a DHEC 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 DHEC 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. <input type="checkbox"/> A completed Pre-Award Risk Assessment

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	<p>Section C: Organizational Capacity: Structure, History, Technological, and Financial Capacity</p> <ul style="list-style-type: none"> <input type="checkbox"/> Answered Questions 1-23. <input type="checkbox"/> Organizational Chart <input type="checkbox"/> List of Board of Directors (Name, Title, and Term Requirement) <input type="checkbox"/> List of full-time/part-time staff by name and position <input type="checkbox"/> Listing of all sources of funding <input type="checkbox"/> Site Visit Report (if applicable)
	<p>Section D: Collaborations and Linkages</p> <ul style="list-style-type: none"> <input type="checkbox"/> Answered Questions 1-8 <input type="checkbox"/> Memorandum of Agreement or Letter of Agreement with local health department
	<p>Section E: HIV/STD/Hepatitis Program Description</p> <ul style="list-style-type: none"> <input type="checkbox"/> Answered Questions 1-7 <input type="checkbox"/> Documentation of your organization’s newly diagnosed positivity rate among all HIV tests conducted over the past three calendar years (2018, 2019, 2020). 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) <input type="checkbox"/> Completed Attachment I, “HIV Prevention Program Services Worksheet for Core HIV/STD/Viral Hepatitis Prevention Programs”
	<p>Section F: Reporting and Evaluation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Answered Questions 1-5
	<p>Optional - Section G: Component B - Targeted MSM Syphilis Screening and Linkage to Medical Care and/or Capacity Building Services</p> <ul style="list-style-type: none"> <input type="checkbox"/> Answered Questions 1-10 <input type="checkbox"/> Completed Attachment J, Worksheet for Targeted MSM Syphilis Screening and Linkage to Medical Services and/or Capacity Building Services for Public Health Professionals and Other Providers (if applicable) <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
	<p>Optional - Section H: Component C - Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE) Plan (optional)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Answered Questions 1 and 2 (if applicable) <input type="checkbox"/> Answered Questions 3-8 for Mobile Testing (if applicable) <input type="checkbox"/> Answered Questions 9-11 for HIV Self-Testing (if applicable) <input type="checkbox"/> Answered Questions 12-16 for Comprehensive PrEP Services (if applicable) <input type="checkbox"/> Answered Questions 17-20 for Integrated STD/viral hepatitis screening (if applicable) <input type="checkbox"/> Completed Attachment K, “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)
	<p>Optional - Section I: Component D - Targeted Latinx Outreach and/or Mobile HIV Testing</p> <ul style="list-style-type: none"> <input type="checkbox"/> Answered Questions 1 and 11 (if applicable) <input type="checkbox"/> Memorandum of Agreement (if applicable) <input type="checkbox"/> Completed Attachment L, “HIV Prevention Program Services Worksheet for Targeted Latinx Outreach and/or Mobile HIV Testing” worksheet (if applicable)
	<p>Section J: Budget and Budget Narrative Justification</p> <ul style="list-style-type: none"> <input type="checkbox"/> Component A - Core HIV/STD/Viral Hepatitis Prevention Programs Budget and Budget Narrative <input type="checkbox"/> Component B - Targeted MSM Syphilis Screening and Linkage to Medical Care and/or Capacity Building Services Budget and Budget Narrative <input type="checkbox"/> Component C - Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE) Plan Budget and Budget Narrative <input type="checkbox"/> Component D - Targeted Latinx Outreach and/or Mobile HIV Testing Budget and Budget Narrative