NOTICE OF AWARD (Continuation Sheet)

Direct Assistance

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<th>TABLE</th>
<th>BUDGET CATEGORIES</th>
<th>PREVIOUS AMOUNT (A)</th>
<th>AMOUNT THIS ACTION (B)</th>
<th>TOTAL (A+B)</th>
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REMARKS (Other Terms and Conditions Attached):
Funding Opportunity Announcement (FOA) Number: PS12-1201
Award Number: U62PS003695-05
Award Type: Cooperative Agreement

45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92

**AWARD INFORMATION**

**REVISED TERMS AND CONDITIONS OF THIS AWARD**

**PURPOSE:** The purpose of this award is to extend the budget period and project period for 12 months. The Budget Period and the Project Period ending dates have been extended from December 31, 2016 to December 31, 2017.

**Additional Funding:** This award has approved additional funding for a 12 month program expansion to bridge the current Funding Opportunity Announcement.

**Approved Funding:** Funding in the amount of $1,388,092 is approved for the extended budget period, which is January 1, 2017 through December 31, 2017.

**Available Funding:** The CDC is operating under a continuing resolution; as a result, the total available funding for the Fiscal Year (FY) 2017 budget period is contingent upon the enactment of applicable appropriation bill(s). Funding in the amount of $342,023 in Financial Assistance (FA) is awarded on this NOA. The remainder of the budget period Approved Funding amount is subject to the availability of funds.

**Technical Review Response Requirement:** The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the Technical Review weaknesses must be sent to PS12-1201@CDC.GOV and to the assigned project officer, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, February 1, 2017, will cause delay in programmatic progress and will adversely affect the future funding of this project.

**Budget Revision Requirement:** By February 1, 2017 the grantee must submit a revised budget with a narrative justification and work plan. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided due to the due date, you are required to contact the Grants Management Specialist/GM Management Officer (GMS/GMO) identified in the Staff Contacts section of this notice before the due date.

Please be advised that grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, and reasonable.

All other terms and conditions of the cooperative agreement remain unchanged and in full effect.

**CLOSEOUT REQUIREMENTS**

Grantees must submit closeout reports in a timely manner. Unless the Grants Management Specialist/GM Management Officer (GMS/GMO) approves a deadline extension the grantee must submit all closeout reports within 90 days after the last day of the final budget period. Reporting timeframe is January 1, 2012 through December 31, 2017. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).
All manuscripts published as a result of the work supported in part or whole by the cooperative grant must be submitted with the progress reports.

An original plus two copies of the reports must be mailed to the GMS for approval by the GMO by the due date noted. Ensure the Award and Program Announcement numbers shown above are on the reports.

The final and other programmatic reports required by the terms and conditions of the NoA are the following.

**Final Performance Report:** An original and two copies are required. At a minimum, the report should include the following:

- Statement of progress made toward the achievement of originally stated arms.
- Description of results (positive or negative) considered significant.
- List of publications resulting from the project, with plans, if any, for further publication.

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted to the GMO/GMS no later than 90 days after the end of the project period. This report must indicate the exact balance of obligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' Payment Management Services (PMS), you will be required to update your reports to PMS accordingly. Remaining obligated funds will be de-obligated and returned to the U.S. Treasury.

If the final reports (FFR and Final Progress Report) cannot be submitted within 90 days after the end of the project period, in accordance with 45 CFR Part 75.381 (Closeout), the grantee must submit a letter requesting an extension that includes the justification for the delay and state the expected date the CDC Office of Grants Services will receive the reports. All required documents must be mailed to the business contact identified in Staff Contacts.

**Equipment Inventory Report:** An original and two copies of a complete inventory must be submitted for all major equipment acquired or furnished under this project with a unit acquisition cost of $5,000 or more. The inventory list must include the description of the item, manufacturer serial and/or identification number, acquisition date and cost, percentage of Federal funds used in the acquisition of the item. The grantee should also identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. These requirements do apply to equipment purchased with non-federal funds for this program. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award referenced in the closeout letter. CDC will notify the grantee if transfer of title will be required and provide disposition instruction on all major equipment. Equipment with a unit acquisition cost of less than $5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government. If no equipment was acquired under this award, a negative report is required.

**Final Invention Statement:** An original and two copies of a Final Invention Statement are required. Electronic versions of the form can be downloaded by visiting [http://grants1.nih.gov/grants/hiva508.pdf](http://grants1.nih.gov/grants/hiva508.pdf). If no inventions were conceived under this assistance award, a negative report is required. This statement may be included in a cover letter.

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**CDC Roles and Responsibilities**

Roles and Responsibilities: Grants Management Specialists/Officers (GMO/GMS) and Program/Project Officers (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. The GMO/GMS is responsible for the business management and administrative functions. The PO is responsible for the programmatic, scientific, and/or technical aspects. The purpose of this fact sheet is to distinguish between the roles and responsibilities of the GMO/GMS and the PO to provide a description of their respective duties.

**Grants Management Officer:** The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e., grant or cooperative agreement
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy
- Ensuring compliance with applicable laws, regulations, and policies
- Negotiating awards, including budgets
- Responding to grantee inquiries regarding the business and administrative aspects of an award
- Providing grants with guidance on the closeout process and administering the closeout of grants
- Receiving and processing reports and prior approval requests such as changes in funding, carryover, budget redirection, or changes to the terms and conditions of an award
- Maintaining the official grant file and program book

The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

**GMO Contact:**
Arthur C. Lusby, M.B.A., Grants Management Officer
Centers for Disease Control and Prevention (CDC)
Office of the Chief Operating Officer (OCOO)
Infectious Disease Services Branch
2920 Brandywine Road, NE, Mail Stop E-15
Atlanta, GA 30341-4146
Phone: (770) 488-2865
Email address: ALusby@cdc.gov

**Grants Management Specialist:** The GMS is the federal staff member responsible for the day-to-day business and administrative matters pertinent to grant awards. Many of the functions described above are performed by the GMO on behalf of the GMS.

**GMS Contact:**
Pedro Johnson, Grants Management Specialist
Centers for Disease Control
Infectious Disease Services Branch
2920 Brandywine Rd. MS E-15
Atlanta, GA 30341
Phone 770-488-3107 office
Fax: 770-488-2868
PJohnson@cdc.gov
TECHNICAL REVIEW
Program Announcement PS12-1201
Comprehensive HIV Prevention Programs for Health Departments
Year 6 Budget Period January 1, 2017 – December 31, 2017

Health Department Name: Kentucky Department of Health
Cooperative Agreement No: U62PS001095

Categories:
- Category A
- Category B

Funding Amounts Recommended:
- Category A: $1,370,833.00
- Category B: $0.00

Funding Amounts Requested:
- Category A: $1,370,833.00
- Category B: $0.00

Reviewer's Name: Dwayne Banks
Reviewer's Signature: [Signature]
Date: 10/1/2016

Team Leader's Name: Odessa Dubois
Team Leader's Signature: [Signature]
Date: 10/1/2016

PURPOSE: The purpose of this document is to provide a review of the Health Department's performance under Program Announcement PS12-1201 during the period of January 1, 2016 through June 30, 2016 as well as a review of the Health Department's planned activities for Year 6 (January 1, 2017 through December 31, 2017). The document contains observations, recommendations, action items, and capacity building assistance needed to assist the Health Department with the development, implementation, and monitoring of comprehensive HIV prevention program activities in accordance with PS12-1201. Category A and B (if applicable) requirements. There are multiple sections to this document to include the required core components and activities for Category A; recommended program components for Category B; additional required activities for Category A; and required and optional services funded under Category B. Some sections may not be applicable to all Health Departments.

Program Categories
Please mark [X] each Category for which the grantee is funded under PS12-1201:
- Category A: [X]
- Category B: [ ]

Budget Information
Did the Health Department:
- Provide a completed Standard Form 424A?
  Yes / No / Not submitted
- Provide a detailed line item budget and budget justification for each category that is implemented for the continuation award covering January 1, 2017 through December 31, 2017?
  Yes / No
  Notes: Grantees should provide a separate budget for each funded category.
  Note: Grantee should allocate funds for staff travel to attend a 2017 Grantee Meeting (at a minimum, 2 staff for 2 days)

Indicate any anticipated/unobligated fund balance (SF 424a in Section A, columns e, and f)?
Note: Please indicate in feedback section if a carryover request may be warranted and justification for unspent funds, if information is available.

Submit the names of all proposed contractors, including period of performance, scope of work, methods, selection, method of accountability, and an itemized budget and justification for Year 6 project period?
Note: If not provided, please request that grantees submit this information as an action item.

Provide the required components for all proposed consultants including the following: name of consultant, organizational affiliation, nature of services to be rendered, relevance of service to the project, number of days for consultation, and expected rate of compensation?

Request a budget allocation of 5% for PCA?
Note: Applicants with the capacity to implement integrated screening activities should continue implementing service integration activities and are eligible to utilize up to 5% of the required total funding amount to enhance those efforts.

If indirect cost was requested, did the grantee provide a current cost allocation approval letter and indirect cost rate agreement?

In states with directly-funded cities, is there a Letter of Agreement (LOA) in place?

Indicate if there have been any changes/updates made to the LOA currently in place or submitted a revised LOA?

Allocate funding in their budget to adequately support program activities? Please explain your response in the PO Feedback Section.

Direct Assistance (DA)
- Request or include Direct Assistance (DA)?
  Yes / No
  Notes: DA is a new direct financial assistance (FA) for Year 7?
  Include an existing/traditional DA in their budget?
  Yes / No
  Notes: DA is a new direct financial assistance (FA) for Year 7?
  Include an existing/traditional DA in their budget?
  Yes / No
  Notes: DA is a new direct financial assistance (FA) for Year 7?
  Include an existing/traditional DA in their budget?
  Yes / No
  Notes: DA is a new direct financial assistance (FA) for Year 7?
  Include an existing/traditional DA in their budget?

Staffing and Management
Indicate any vacancies in key staff for Year 7 and provide a detailed plan with timeline for hiring/filling these vacancies?

PROJECT OFFICER FEEDBACK ON BUDGET INFORMATION
Reviewer's Assessment of Budget Information and Staffing:
No/Not submitted

Page 2 of 17
10/7/2016
have been reconciled with the grantee's budget prior to EMA/DHS awarding FA funding.

The grantee provided figures for headquarter staff salaries and fringe benefits. This appears that fringe benefits are included and they range from 72% to 87% of staff individual salaries. For example, one Program Coordinator has a salary of $33,648.32 and fringe of $39,173.73 (87% of salary). The grantee indicates it is not rent and HCA equals 57.12% of fringe plan $25,070.10 for life/mortality. It is not clear if all is included in the 30% which remains and if the $10,106 is an annual life/health or a one-time charge. The grantee listed AIDS Volunteers, Inc. (Lexington), St. Vincent’s Clinic (Lexington), and Health and Safety Volunteers as subcontractors, however, there no indication is there they were selected or contractual requirements. It is unclear in the budget what is defined as contractual in regards to DIS in Lexington. Are the positions funded solely by the state, regardless of funding source? Where are they cited under the grantee's personnel category rather than Lexington's subawards?

The grantee provides total costs to community partners. The budget narrative does not reflect the total number of individual costs to be purchased. It is difficult to assess if the grantee is ordering enough supplies to fulfill the objective of conducting 20,000 HIV tests annually.

Grantee indicated an indirect cost rate and did not submit the required current cost allocation approval letter which must contain cost allocation percentage. There are several requests on the budget narrative that are not detailed or missing justifications for the requests. Final budget approval carried out until clarity is given and answers to several questions are provided.

Recommendations:

Fill the Harm Reduction Program Coordinator's position as soon as possible. Grantee is strongly encouraged to execute the job description of the Program Coordinator (Harm Reduction, SA) to validate "credited for syringe services program (SSP)" versus "co-lead for syringe exchange program (SEP)" to align with the federal stipulation that no federal funds can be used for the purchase of syringes/needles as part of the SSP. Grantee is strongly encouraged to rework the figures for fringe benefits to ensure that fringe benefits are calculated accurately and accurately based on the approved rate. Many of the budgeted items were not itemized. Please provide itemized figures and justifications for the requests. Provide requested information/letters noted in action items section.

Action Items:

1. Within 30 days of receipt of this review, the grantee will submit written information indicating the status of the Harm Reduction Program Coordinator's position.
2. Within 90 days of receipt of this review, the grantee will submit a detailed description of services for each job description listed on budget, to include in-kind payments.
3. Within 30 days of receipt of this review, the grantee will submit written information indicating the method of selection for the three named subcontractors: AIDS Volunteers, Inc. (Lexington), Blugrass Care Center (Lexington), and Volunteers of America – Kentucky.
4. Within 30 days of receipt of this review, the grantee will submit written information indicating the method of selection for the three named subcontractors: AIDS Volunteers, Inc. (Lexington), Blugrass Care Center (Lexington), and Volunteers of America – Kentucky.
5. Within 30 days of receipt of this review, the grantee will submit the required current cost allocation approval letter.
6. Within 30 days of receipt of this review, the grantee will provide a detailed description of services and itemized budget for all contractual/consultant positions.
7. Within 30 days of receipt of this review, the grantee will resubmit budget and narrative addressing all items listed. Please note the following (A through P) and respond accordingly:

   a. Data elements not listed on the budget. Please list, even if zero.

   b. Any changes to the budget and narrative.

   c. Any changes to the budget and narrative.

   d. Page of 6 budget narrative is not itemized for each specific conference under "Out of State Travel". Please itemize for each specific conference (i.e., USF Staff, USF, KRA, KRA, and other costs associated per person). The grantee should be aware that it is not reflected.

   e. Page 7 of budget narrative is not itemized for each specific conference under "Out of State Travel". Please itemize for each specific conference (i.e., USF Staff, USF, KRA, KRA, and other costs associated per person). The grantee should be aware that it is not reflected.

   f. Any changes to the budget and narrative.

   g. Page 8 of budget narrative is not itemized for each specific conference under "Out of State Travel". Please itemize for each specific conference (i.e., USF Staff, USF, KRA, KRA, and other costs associated per person). The grantee should be aware that it is not reflected.

   h. Any changes to the budget and narrative.

   i. Page 9 of budget narrative is not itemized for each specific conference under "Out of State Travel". Please itemize for each specific conference (i.e., USF Staff, USF, KRA, KRA, and other costs associated per person). The grantee should be aware that it is not reflected.

   j. Page 10 of budget narrative is not itemized for each specific conference under "Out of State Travel". Please itemize for each specific conference (i.e., USF Staff, USF, KRA, KRA, and other costs associated per person). The grantee should be aware that it is not reflected.

   k. Any changes to the budget and narrative.

   l. Any changes to the budget and narrative.

   m. Any changes to the budget and narrative.

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   ZZZZ. Any changes to the budget and narrative.

   AAAA. Any changes to the budget and narrative.

   BBBB. Any changes to the budget and narrative.

   CCCC. Any changes to the budget and narrative.
Please include the funding allocation reported for 2016 (Year 5).

Project Officer Input

Please include the proposed funding allocation for 2017 (Year 6).

Project Officer Input:
Please include the areas within the jurisdiction with the greatest burden of HIV disease and the percent allocated, if available.

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<th>MSA/Area within Jurisdiction</th>
<th>HIV Epidemic % within Jurisdiction</th>
<th>P512-12-021 % Allocated</th>
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<tr>
<td>Jefferson County-Louisville</td>
<td>49 %</td>
<td>68 %</td>
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PROJECT OFFICER FEEDBACK

Reviewer's Assessment of Resource Allocation:
In the September 2015 APR, grantee had allocated almost half (49.73%) of P512-12-021 funding to the Jefferson-Louisville MSA, which had almost half (49%) of the state's HIV/AIDS incidence. In the 2016 APR, the HIV incidence in that same jurisdiction remained at 49%, however, 88% of the funding was distributed in that jurisdiction. In the September 2015 technical review it was recommended that grantee reassess the funding allotted to the Louisville-Jefferson MSA to determine if more funding could be used to help bring down the HIV incidence in that part of the state. It appears the increased funding has not immediately impacted the incidence in the Jefferson-Louisville MSA. It is noted that funding is distributed according to the number of HIV tests provided by the local health department. The grantee did not indicate that HIV testing has increased in the Jefferson-Louisville MSA.

As the grantee continues monitoring the HIV incidence in the state, it may be feasible to consider leveraging resources by allocating fewer funds in Jefferson-Louisville MSA to the CDC newly directly funded partner (Volunteers of America-Kentucky) and move some of the increased resources to other areas in need such as eastern Kentucky. This should be a future discussion with the project officer.

Recommender:
The grantee is encouraged to continue monitoring the HIV incidence in the Jefferson-Louisville MSA to determine if the resource increase in that MSA can be decreased and redirected to other areas of the state.

Action Items:
None at this time.

CATEGORY A: HIV PREVENTION PROGRAMS FOR HEALTH DEPARTMENTS

Required Core Components

Did the Health Department:
Describe any substantial changes, successes, and challenges for Year 5 and any anticipated changes being made in Year 6 for the required core components?
Yes
If no, please indicate below any sections/information not provided:

Provide the annual HIV testing objectives in healthcare and non-healthcare settings (if applicable) for Year 5 (2016) and Year 6 (2017)?
Yes

Project Officer Input:
Annual HIV testing objective in healthcare settings (Year 5):
20,000
Annual HIV testing objective in non-healthcare settings (Year 5):
2,500
Annual HIV testing objective in healthcare settings (Year 6):
21,000
Annual HIV testing objective in non-healthcare settings (Year 6):
3,000

Provide the information requested in Appendix A: Partner Services?
Yes

Provide the overall condom distribution objective (Year 5), the total number of condoms distributed during the reporting period, and the overall condom distribution objective (Year 6)?
Yes

Project Officer Input:
Annual condom distribution objective (Year 5):
100,000
Total number of condoms distributed overall:
118,826
Annual condom distribution objective (Year 6):
110,000

Describe Policy Initiative(s) focused on during the reporting period?
Yes

Indicate if any of the following occurred during the reporting period:
Did the grantee make any updates to the current HIV Outbreak Response Plan?
No
Did the grantee identify any emerging HIV infections in populations/areas with the jurisdiction, as a result of having an HIV Outbreak response plan in place?
No
Did the grantee identify any emerging HIV infections in populations/areas with the jurisdiction, as a result of participating in molecular HIV surveillance? No

**Recommended Core Components**

Describe any substantial changes, successes, and challenges for Year 5 and any anticipated changes being made in Year 6 for the recommended components? Yes

If no, please indicate below any sections/information not provided: N/A

Indicate if currently supporting PrEP and/or PEP activities? No/Not submitted

**Syringe Services Program (SSP)**

Did the grantee submit a Determination of Need for SSP? No

Note: Please refer to the SSP Determination of Need website to verify if this information was submitted (http://www.cdc.gov/hiv/risk/ssp/justifications.html).

Did the grantee indicate that they currently support SSP for high-risk populations? Yes

Does the grantee anticipate including SSP in their 2017 budgets and prevention activities? No

**Project Officer Input**

Did the grantee redirect funds for SSP in 2016? No

Provide a brief description of the populations and activities currently supported by SSP.

The grantee indicated that a state funded director with the HIV Prevention Program serves as the Kentucky Department of Public Health (KDPH) point person for Syringe Services Program (SSP). This person assists with the development of SSP guidelines, provide information and on-site presentation to further the local official and community acceptance of SSP. The target population is all persons who inject drugs (PWID).

Provide a brief description of the proposed SSP activities to be conducted in 2017. The state funded director will continue with coordinating training for SSP and participate in local collaborative community meetings.

**PROJECT OFFICER FEEDBACK**

Reviewer's Assessment of progress made towards the Implementation of the Required and Recommended Components:

The grantee has moved their non-clinical HIV testing program to align more with the CDC guidance on HIV testing algorithm. The grantee has provided a good job in meeting policy, educating providers, and getting all necessary parties (HIV testers, service providers, health care providers) on board with a rapid HIV testing algorithm. Kentucky has approved policy that will move forward as the initial test and confirm a reactive/positive result with a positive Clearview testing device. CDC recommends that HIV testing programs move toward conducting HIV rapid tests with blood specimens versus oral specimen. It is noted that the State Lab is conducting parallel studies on the Insti rapid HIV test to determine what appears to be the feasibility and credibility of the insti CLEARview algorithm which would be at a lower cost. The grantee has used new Kentucky state legislation to help establish SSPs in the 3 largest cities of Louisvilles, Lexington, and Frankfort. The programs are presently supported with state and other non-federal funds. The grantee is using drug rebate funds to support a 24/7 HIV hotline for making referrals to HIV testing and linkage to care in Kentucky. The grantee has had success in implementing Couples Counseling and Testing in their 3 highest areas (Fayette, Jefferson, and Kenton Counties) of HIV prevalence. Monthly HIV testing is occurring in Hazard (Perry County) as a result of establishing a collaboration with local non-governmental organizations. It is a result of "Project Appalachia" which is a collaboration between the KDPH and AIDS Volunteers, Inc. (Lexington, KY).

The current distribution efforts have become more focused as there are no longer larger projects in colleges and universities; however, the distribution is targeted to those who are at high-risk for HIV. Grantee reports that it is taking effort to improve upon not only the distribution of information, but also the education of attendees on the importance of making a conversation about safer sex and the distribution of education. The coordination of events and supplies is becoming more efficient.

Kentucky's HIV incidence mirrors the national trend with African Americans and MSM carrying the burden of the HIV incidence. Despite the success there are challenges which include the following:

1. Care is limited and fragmented.
2. A significant number of Black MSM between the ages of 20-49 continue to test late for HIV and progress to AIDS within 30 days of HIV diagnosis.
3. There are active barriers for the extreme states who are CDC trained to conduct the Fundamentals of HIV Prevention Counseling (FHC).

The project office is in discussion with the CRF Capacity Building Branch to arrange a training in Kentucky once the CDC course is available. This course is expected in the near (fall 2016) future. The grantees have been successful in conducting community discussion around PrEP; however, it has been a challenge getting enough providers to prescribe PrEP.

The grantees had a difficult time getting enough HIV patients to participate in the Healthy Relationships HIV evidence-based intervention. Clients are not finishing the required sessions or not interested in the time commitment from the beginning. The grantees indicated they will seek other interventions that are less time intensive. Before continuing the intervention, it would be advisable to seek TA on retaining and recruiting specifically for this intervention.

Recommendations:

It is strongly recommended that grantee pursue technical assistance (TA) or Capacity Building Assistance (CBA) on health care messaging to disseminate evidence-based messaging for encouraging Black MSM to seek HIV testing at the first suspicion of HIV infection or symptoms. It may be prudent to develop a screening campaign around not just getting an HIV test but testing early. The grantee and project officer should address this approach during monthly calls. The grantee is strongly encouraged to consider conducting an information session or town hall meeting and include time to conduct a PrEP in HIV medical service providers to include family nurse practitioners, pharmacists, and medical doctors. Grantee is strongly advised to seek TA for recruiting and retaining participants in HR specifically from the Capacity Building Branch (CBB) at CDC.

**Action Items:**

1. Within 30 days of receipt of this review, the grantee will submit a progress report to TA/CBA on public health messaging targeting Black MSM focused on early testing for HIV.
2. Within 30 days of receipt of this review, the grantee will submit a CBA application for TA/CBA specifically from CBA at CDC on retaining and recruiting for the HR behavioral intervention.

**Required Activities**

**Jurisdictional HIV Prevention Planning**

Did the Health Department:

Indicate if any changes were made to their HIV Prevention Planning and Care Plan Guidance? No/Not submitted

Describe the engagement process in preparation for the Integrated HIV Prevention and Care Plan? Yes

Describe successes and challenges experienced with implementing jurisdictional HIV prevention planning activities for Year 5 and any anticipated changes for Year 6? Yes

**Capacity Building and Technical Assistance**

Page 8 of 17 10/07/16
The grantee has also noted the need for further training and support for both new and existing staff. The grantee stated that they plan to conduct a Needs Assessment Survey to gather feedback from the community and frontline staff. The survey results will be used to develop and implement a comprehensive training plan.

The grantee has also received several requests for funding to support various programs and initiatives. The grantee has responded to these requests and is currently working on finalizing the budget and grant application. The grantee has also provided a detailed outline of the activities planned for the upcoming year, including the following:

- Development of a comprehensive training program for staff and partners.
- Increased community engagement through community events and outreach activities.
- Expansion of the Dissemination Program to include additional counties.
- Development of a new website to provide easy access to program information.

The grantee has also expressed a commitment to ensuring the sustainability of the program. The grantee has stated that they will continue to seek additional funding opportunities and partnerships to support the ongoing work.

In summary, the grantee has made significant progress in preparing for the upcoming year. The grantee has demonstrated a strong commitment to ensuring the success of the program and has outlined a clear plan for achieving the program goals. The grantee is well-positioned to continue making a positive impact in the community.
The condom distribution efforts have become more focused as there are no longer massive condom drops to colleges and universities; however, the distribution is targeted to those who are at high risk for HIV. It is taking effort to impress upon new staff at community-based organizations the importance of having conversations about safer sex during the distribution of condoms and supplies.

Despite the successes there are challenges such as the cut in federal funds may end Project Appalachia. A significant number of Black MSM between the ages of 20-49 continue to test late for HIV and progress to AIDS within 30 days of HIV diagnosis. There are only 8 trained persons in the entire state who are CDC trained to conduct the Fundamentals of HIV Prevention Counseling. The project officer is in discussion with the CDC Capacity Building Branch (CBB) to arrange a training in Kentucky once revised course is approved. The approval is expected in the near (Fall 2016) future. The grantee has been successful in conducting community discussion around PrEP; however, it has been a challenge getting enough providers to prescribe PrEP.

The grantee has developed a draft of their Statewide Coordinated Statement of Needs Plan (SCSN). The grantee enlisted the services of a trained facilitator with experience in HIV to help highlight areas of concern, barriers, and successes of the HIV planning group. The SCSN is being written by an experienced HIV consultant for presentation to the entire Kentucky HIV Planning and Consultation Committee (KHPC) upon completion. The SCSN has been distributed statewide as of this progress report. The grantee continues to experience distrust and skepticism by a few members of the planning body toward the KPDB. This negatively impacts business meetings and achieving outcomes by delaying discussions on several items. Also, it is believed that current members do not recruit new members as a result of this distrust and speculation. The grantee is considering a facilitated meeting to allow members an opportunity to voice their concerns, resolve interpersonal conflicts and "clear the air" in an effort to move forward.

The grantee received technical assistance (TA) in the form of the experienced facilitator and indicated their satisfaction. There was no other TA specifically identified; however, grantee did indicate their intention to seek TA to help facilitate an orientation for the HIV planning group in year six.

The grantee utilizes the HIV data from Evaluation Web to review the incidence and prevalence for discussions with community partners during site visits to help better focus testing and outreach efforts. The KPDB staff will continue to monitor data management systems for use as a tool for providing direction to HIV Outreach Specialists.

Summary of Strengths:
1. The 3 largest cities in the state have approved and/or implemented a syringe exchange program without using federal funds.
2. The existing local health department telehealth systems in Appalachia (Eastern Kentucky Region) will enable more providers to provide HIV specialty care to local patients who are HIV positive.
3. The Couples HIV Counseling and Testing strategy has been successfully implemented in three high prevalence areas.
4. HIV testing has been successfully conducted for the past six months in Perry County (Kentucky).
5. HIV testing is occurring in emergency departments, jails, treatment centers, New Hope Church in Hazard, drug courts, and several vulnerable counties in the Appalachian region in eastern Kentucky.
6. The "rapid" HIV testing algorithm in non-clinical settings will begin in summer of 2016.
7. Condoms are being distributed through the syringe exchange programs.

Summary of Weaknesses:
1. The grantee continues to have a large percentage (28%) of persons testing for HIV who progress to AIDS (Black MSM ages 20-49, make up 59 percent of all cases) within 30 days of HIV diagnosis.
2. Lack of availability of funding for PrEP has made promotion difficult to initiate.
3. The grantee continues to use oral fluid specimen for HIV testing in all non-clinical settings.
4. The grantee has challenges recruiting and retaining HIV positive persons for the HR behavioral intervention.

Summary of Recommendations:
The grantee has drafted the PMP Training Program Coordinator's position as soon as possible. Provide clarity on the large cost of fringe benefits. The grantee is encouraged to continue monitoring the HIV incidence in the Jefferson-Louisville MSA to determine if the resource increase in that MSA can be decreased and redirected to other areas of the state. It is strongly recommended that grantee pursue technical assistance (TA) or Capacity Building Assistance (CBA) on health care messaging to determine evidence-based messaging for encouraging Black MSM to seek HIV testing at the first suspicion of HIV infection or symptoms. It may be prudent to develop a marketing campaign around not just getting an HIV test but testing earlier. The grantee and project officer should address this approach during monthly calls. The grantee is encouraged to consider conducting an informational or town hall style meeting and having HIV professionals provide an overview of PrEP for HIV medical service providers to include family nurse practitioners, pharmacists, and medical doctors. The grantee is strongly advised to seek TA for recruiting and retaining participants in HR, specifically from the Capacity Building Branch (CBB) at CDC. The grantee is strongly encouraged to conduct a retreat with the KHPC that will include team building activities. This may require the services of an individual who has proven skills in team building and group facilitation with diverse personalities and communities.

Action Items:
1. Within 30 days of receipt of this review, the grantee will submit written information indicating the status of the Harm Reduction Program Coordinator's position.
2. Within 30 days of receipt of this review, the grantee will submit written information indicating the method of selection for the CDMP (the two named contractual partners - AIDS Volunteers, Inc. Lexington), Bluegrass Care Clinic (Lexington), and Volunteers of America - Kentucky).
3. Within 30 days of receipt of this review, the grantee will submit the required current allocation approval letter.
4. Within 30 days of receipt of this review, the grantee will submit written information on all benefits included in fringe that covers the remaining 30% (2 sick days, vacation days, etc.). Also, an explanation of the $10,100 HIV/health benefit insurance.
5. Within 30 days of receipt of this review, the grantee will submit the approved application for TA/CBA on public health messaging targeting Black MSM focused on getting an HIV test or other.
6. Within 30 days of receipt of this review, the grantee will submit CBA application for TA/CBA specifically from CBB at CDC on recruiting and retention for the HR behavioral intervention.
7. Within 30 days of receipt of this review, the grantee will submit a CBA application seeking TA/CBA on team building and group facilitation.
8. Within 30 days of receipt of this review, the grantee will submit project officer the name and credentials of a potential group facilitator for team building with the KHPC.

CATEGORY B: EXPANDED HIV TESTING PROGRAM

Not Applicable


Did the Health Department:
1. Describe any substantial changes, successes, and challenges for Year 5 and any anticipated changes being made in Year 6 for Expanded HIV testing in healthcare settings, Expanded HIV testing in non-healthcare settings, and Service Integration?
2. If no, please indicate below any sections/information not provided:
3. Provide an update on the progress made with the Category B billing redirection, to include successes and/or challenges experienced with the Category B billing redirection for Year 5 and any anticipated changes being made for Year 6?
4. Provide the annual HIV testing objectives in healthcare and non-healthcare settings (if applicable) for Year 5 (2016) and Year 6 (2017)?

Project Officer Input:
Annual HIV testing objective in healthcare settings (Year 5):
Not Applicable
Annual HIV testing objective in non-healthcare settings (Year 5):
Not Applicable
Not Applicable
Annual HIV testing objective in healthcare settings (Year 6):
Not Applicable
Annual HIV testing objective in non-healthcare settings (Year 6):
Not Applicable
Provide the information requested in Appendix B. Category B 3rd Party
Reimbursement for HIV Tests:
Not Applicable

PROJECT OFFICER SUMMARY: CATEGORY B
Reviewer's Assessment of Progress and Program Implementation (feedback/comments):
Not Applicable
Summary of Strengths:
Not Applicable
Summary of Weaknesses:
Not Applicable
Summary of Recommendations:
Not Applicable
Action Items:
Not Applicable

NHME DATA SUBMISSION
NHME Data Tables extracted from EvaluationWeb® with data submitted as of September 15, 2016.

Did the Health Department complete the NHME certification statement? Yes
Did the grantee provide any additional comments or clarifications regarding their NHME data submission including justification for partial/late data submission? No

PS12-1201 DATA TABLES
Please note: The information included in the PS12-1201 Data Tables (auto-populated from EvaluationWeb) will be used to review progress made towards meeting the performance standards, unless otherwise noted.

PROGRESS MEETING PERFORMANCE STANDARD FOR CATEGORY A
Information provided for:
Table A-2, Table A-3, Table A-4, Table A-5, Table A-6 (if applicable), Table A-7 and Table A-37.
If no, please indicate below any sections/information not populated in the data tables:
Did the grantee achieve at least a 0.1% rate of newly identified HIV-positive tests in healthcare settings or venues? Yes
Project Officer Input (Table A-2):
Did the grantee achieve at least 0.1% rate of newly identified HIV-positive tests in healthcare settings or venues? 0.36

Did the grantee achieve at least 1.0% rate of newly identified HIV-positive tests in non-healthcare settings or venues? No
Project Officer Input (Table A-2):
Indicate grantee's percentage for newly identified HIV-positive tests: 0.95
Did the grantee link at least 80% of newly identified HIV-positive persons to medical care? No
Project Officer Input (Table A-2):
Indicate the grantee's percentage for linkage to care: 16.17%
Did the grantee refer at least 75% of newly identified HIV-positive persons to Partner Services? Yes
Project Officer Input (Table A-2):
Indicate the grantee's percentage for referral to Partner Services: 64.71%

REQUIRED AND RECOMMENDED COMPONENTS FOR CATEGORY A
Provide the information requested for Table A-8 – Interventions and Services for HIV-Positive Individuals (if applicable)? Yes
Provide the information requested for Table A-9 – Interventions and Services for High-Risk HIV-Negative Individuals (if applicable)? Not Applicable

PROGRESS MEETING PERFORMANCE STANDARD AND OTHER ACTIVITIES FOR CATEGORY B
Information provided for:
Table B-2, Table B-3, Table B-4, and Table B-5 (if applicable), and Table B-6 (if applicable).
If no, please indicate below any sections/information not populated in the data tables:
Grantee not funded under Category B.
Did the grantee achieve at least a 0.1% rate of newly identified HIV-positive tests in healthcare settings or venues? No
Project Officer Input (Table B-2):
Indicate grantee's percentage for newly identified HIV-positive tests: N/A
Did the grantee achieve at least 2.0% rate of newly identified HIV-positive tests in non-healthcare settings or venues? Not Applicable
Project Officer Input (Table B-2):
Indicate grantee's percentage for newly identified HIV-positive tests: N/A
Did the grantee link at least 80% of newly identified HIV-positive persons to medical care? No
Project Officer Input (Table B-2):
Indicate the grantee's percentage for linkage to care: N/A
Did the grantee refer at least 80% of newly identified HIV-positive persons to Partner Services? No
Project Officer Input (Table B-2):
Indicate the grantee's percentage for referral to Partner Services: N/A
Did the grantee ensure at least 80% of newly identified HIV-positive persons received Prevention Services? No
SUMMARY OF CAPACITY BUILDING NEEDS

CBA Needs
The grantee will need technical assistance (TA) or Capacity Building Assistance (CBA) on health care messaging to determine evidence-based messaging for encouraging Black MSM to seek HIV testing at the first sign of an infection or symptoms. The grantee will need TA on how to develop a marketing campaign around not just getting an HIV test but testing earlier. The grantee may need TA on team building activities for the IRHAP. The grantee is presently seeking TA from CDC Capacity Building Branch on HIV prevention counseling.

SUMMARY OF ACTION ITEMS

Budget Information:
1. Within 30 days of receipt of this review, the grantee will submit written information indicating the status of the Harm Reduction Program Coordinator's position.
2. Within 30 days of receipt of this review, the grantee will submit a detailed description of services for each task description listed on budget, to include in-kind positions.
3. Within 30 days of receipt of this review, the grantee will submit written information indicating the method of selection for the two named contractual partners (AIDS Volunteers, Inc. (Lexington), Bluegrass Care Clinic (Lexington), and Volunteers of America – Kentucky).
4. Within 30 days of receipt of this review, the grantee will provide detailed descriptions of services and rates for each task description listed on budget.
5. Within 30 days of receipt of this review, the grantee will submit the required current cost allocation approval letter.
6. Within 30 days of receipt of this review, the grantee will submit written information on all benefits included in fringe that covers the remaining 30% (sick days, vacation days, etc.). Also, an explanation of the $10,000 life/health benefit.
7. Within 30 days of receipt of this review, the grantee will submit a budget narrative addressing all items listed.
8. Please note the following (A through P) and respond accordingly:
   a. Data personnel not listed on the budget. Please list, even if in-kind.
   b. Business official not listed on budget. Please list, even if in-kind.
   c. Please provide name of PI for PS12-1201 funds.
   d. Be sure the $17,754 for financial assistance back into program components.
   e. On page 5 of the budget narrative there are 3 Lexington health department personnel listed as DIS Contractual. The confusion is whether or not they are county, state, or contracted employees. Please clarify if staff are contractual.
   f. Page 6 of budget narrative is not itemized for each specific conference. (Ex: # of staff, # of clients, lodging, per diem, etc.)
   g. Page 9 of budget narrative is not itemized ($71,000) for KDPSH staff under “Supplies for State Level Staff.” Please restate.
   h. Page 13 of budget narrative does not provide justification ($49,126.00) for the various HIV test devices and controls.
   i. Please provide justification for the remaining $11,000 for community benefits.
   j. On page 12 of budget narrative there is no number of condoms, lubricants/brochures that will be purchased for the “Brown Bag Program.” It is not clear if enough condoms will be purchased to achieve the objective of 111,000 condoms distributed annually. Please provide number of condoms, lubricants/brochures to be purchased.
   k. Page 10 of budget narrative indicates 8000 individual HIV test kits to be purchased; however, 24,000 HIV tests conducted annually to the objective. Please indicate if funded community partners will be allocated funds to purchase test kits in addition to kits received directly from the grantee purchased with PS12-1201 or state funds.
   l. On page 3 of the budget narrative there is no justification listed for rapid tests and controls ($207,623) for the community and it is not indicated why these supplies are not listed under that line item. Please provide justification and explain why this is not listed under supplies or move to that line item on budget.

Category A:
Core Components
1. Within 30 days of receipt of this review, the grantee will submit a budget narrative seeking to TA/IBA on public health messaging targeting Black MSM focused on early testing for HIV.
2. Within 30 days of receipt of this review, the grantee will submit a budget narrative for TA/IBA from CRF at CDC on recruiting and retention for the HR behavioral intervention.

Category B:
Required Components
1. Within 30 days of receipt of this review, the grantee will submit a budget narrative seeking TA/IBA on team building and group facilitation.
2. Within 30 days of receipt of this review, the grantee will submit a budget narrative seeking TA/IBA on team building and group facilitation.
3. Within 30 days of receipt of this review, the grantee will submit a budget narrative seeking TA/IBA on team building and group facilitation.
4. Within 30 days of receipt of this review, the grantee will submit a budget narrative seeking TA/IBA on team building and group facilitation.
5. Within 30 days of receipt of this review, the grantee will submit a budget narrative seeking TA/IBA on team building and group facilitation.
6. Within 30 days of receipt of this review, the grantee will submit a budget narrative seeking TA/IBA on team building and group facilitation.
7. Within 30 days of receipt of this review, the grantee will submit a budget narrative seeking TA/IBA on team building and group facilitation.
8. Within 30 days of receipt of this review, the grantee will submit a budget narrative seeking TA/IBA on team building and group facilitation.

Category B Summary
Not Applicable

Funding is Recommended:
With NO restrictions or conditions.
With the following Restriction(s) or Condition(s):

List the Restriction(s) or Condition(s) with amounts and issues in the table below.
(This includes issues found on the 22A form and/or the budget justification.)

<table>
<thead>
<tr>
<th>Funding Amount</th>
<th>Issues</th>
</tr>
</thead>
</table>

**Kentucky State Health Department PS21-1201**

**UB2 PS 2016 000946**

**BUDGET INFORMATION - Non-Construction Programs**

**SECTION A - BUDGET SUMMARY**

<table>
<thead>
<tr>
<th>Grant Program</th>
<th>Funding Activity</th>
<th>Estimated Federal Assistance</th>
<th>Examined Unobligated Funds</th>
<th>Issued or Revised Budget</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>1. 0071</td>
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<td>5.</td>
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<td><strong>Total</strong></td>
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Budget reviewed by project officer, approval pending.
Noted corrections and resubmission 9/12/2016.

Vivian Banks
### SECTION B: BUDGET CATEGORIES

<table>
<thead>
<tr>
<th>Class Categories</th>
<th>Grant Program</th>
<th>Operating Activity</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Personnel</td>
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<tr>
<td>b. Fringe Benefits</td>
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<td>c. Travel</td>
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<tr>
<td>d. Equipment</td>
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<tr>
<td>e. Supplies</td>
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<tr>
<td>f. Contractual</td>
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<tr>
<td>g. Construction</td>
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</tr>
<tr>
<td>h. Other</td>
<td></td>
<td></td>
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<tr>
<td>i. Total Direct Charges (sum of b-i)</td>
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<td></td>
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</tr>
<tr>
<td>j. Indirect Charges</td>
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<td></td>
<td></td>
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<tr>
<td>k. TOTALS (sum of i and j)</td>
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<tr>
<td>l. Program Income</td>
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### SECTION F: NON-FEDERAL RESOURCES

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<thead>
<tr>
<th>Code</th>
<th>Program</th>
<th>Non-Federal</th>
<th>Other Sources</th>
<th>Totals</th>
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### SECTION D: FORECASTED CASH FLOWS

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<th>Year</th>
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<th>4th Quarter</th>
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<td>6</td>
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</table>

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Executive Summary of Cabinet for Health and Family Services' HIV Prevention Application 2017

Funding in the amount of $1,370,833 is requested from the Centers for Disease Control and Prevention (CDC) to provide HIV prevention intervention and activities for calendar year 2017. The 2017 cooperative agreement funds are requested for the following activities and interventions (Items with an asterisk denote the required Core Elements at 87.1% of the budget):

- $221,672.14 State and Local Health Department Salaries*
- $162,370.72 State and Local Health Department Fringe*
- $ 19,664.00 State and Local Health Department Travel*
- $ 67,391.41 Indirect*
- $  1,000.00 DPH Other
- $60,126.00 Supplies for State Lab, HIV Prevention Staffing*
- $751,954.73 Prevention Programs and Contracts*
- $ 69,500.00 Capacity Building
- $ 17,754.00 Direct Assistance ??
- $1,370,833.00 TOTAL

Who is PI? Need to include in budget, even if in-kind or supported? HIV Excel

I. State and Local Health Department Salaries $221,672.14

A. Kentucky Department for Public Health Staff

- Continued funding is requested for five full-time and one part-time position to meet staffing needs for the KDPH HIV/AIDS Program.
  1. Program Coordinator (MSM, +)
  2. Program Coordinator (Minorities)
  3. Program Coordinator (Harm Reduction)
  4. Supervisor/Grant Administrator

<table>
<thead>
<tr>
<th>Position/Name/Position Description</th>
<th>Salary</th>
<th>FTE</th>
<th>Months</th>
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<tbody>
<tr>
<td>Program Coordinator (MSM, +) Telly Harris</td>
<td>$33,644.52</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Coordinates Comprehensive Prevention Program for Positives and efforts targeting Men who have Sex with Men.</td>
<td></td>
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</tr>
<tr>
<td>Program Coordinator (Minorities) Beverly Mitchell</td>
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</tr>
<tr>
<td>Coordinates HIV prevention efforts targeting minority populations, provides Fundamentals of HIV Prevention Counseling (FHPC) training, Targeted Testing and Condom Distribution Programs.</td>
<td></td>
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</tbody>
</table>

Condom Distribution Programs: $40,083.55 1 12

Data entry personnel?
Program Coordinator (Harm Reduction, SA) Vacant
Coordinates targeted substance abusing population
(including IDU), Targeted Testing and Condom Distribution
Programs, Co-Lead for Syringe Exchange Program
$32,042.40  1  12

Supv/Grant Administrator
$64,932.47  1  12

Provides oversight for HIV Prevention Program by assisting with formulating HIV prevention, education and testing public health policy, provides technical assistance, training and capacity building; assures program compliance; personnel management, co-chair HIV planning group; develops program goals and objectives with performance measures and ensures implementation.

Subtotal Kentucky Department for Public Health Staff $170,702.94

B. HIV/STD Counseling/Testing Staff

The following Sexually Transmitted Disease (STD)/HIV counseling and testing staff are assigned to conduct HIV partner notification services. The employees are assigned to the Lexington-Fayette County Health Department. There are additional positions in Jefferson County which are funded through state allocations. Positions less than 1.0 FTE are shared with the STD program.

<table>
<thead>
<tr>
<th>Position/Location</th>
<th>Name</th>
<th>Salary</th>
<th>Fed Amt</th>
<th>FTE</th>
<th>Months</th>
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<td>DIS Sup-Contractual</td>
<td>Julie Moon</td>
<td>$43,407.00</td>
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<td>DIS Contractual</td>
<td>L. McGarr</td>
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<td>DIS Contractual</td>
<td>Aaron Mosley</td>
<td>$35,412.00</td>
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Subtotal – Lexington $50,969.20

Subtotal for all federally funded DIS $50,969.20

Justification: Disease Intervention Specialist (DIS) staff is crucial in tracking those who test preliminarily positive with rapid HIV tests for follow-up confirmatory testing services. The DIS staff located in Fayette and Jefferson Counties provide disease intervention services to a number of surrounding counties. The DIS has sole authority to provide notification and referral of sexual and needle-sharing partners. Their responsibilities also include making initial medical appointments and arrangements for medical care for those who do not have access to their own medical care providers, and for referring all positive individuals to the Comprehensive Prevention Program.

Grand Total – State and Local Health Department Salaries $221,672.14

II. State and Local Health Department Fringe $162,370.72

A. Kentucky Department for Public Health Staff

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Fringe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Coordinator (MSM, +)</td>
<td>Telly Harris</td>
<td>$29,317.75</td>
</tr>
<tr>
<td>Program Coordinator (Minorities)</td>
<td>Beverly Mitchell</td>
<td>$32,955.72</td>
</tr>
<tr>
<td>Program Coordinator (Harm Reduction)</td>
<td>Vacant</td>
<td>$91,402.62</td>
</tr>
<tr>
<td>Supv/Grant Administrator</td>
<td>Gayle Yocum</td>
<td>$47,189.42</td>
</tr>
</tbody>
</table>

Total Fringe for all KDPH Staff: $137,905.51

Justification: Kentucky Department for Public Health Fringe Benefits, per FTE -
49.47% retirement, 7.65% FICA, $10,100 Life/Health.

B. HIV/STD Counseling/Testing Staff LHD

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Fringe</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIS Sup-Contractual</td>
<td>Lyndsey McGarr</td>
<td>$3,300.38</td>
</tr>
</tbody>
</table>

Kentucky Department for Public Health: Response to PSID-12-01030-CONT-16
2016 HIV Prevention Grant - Budget and Budget Justification
DIS Contractual: Julie Mooney $4,167.07
DIS Contractual: Aaron Mosley $16,957.76

Subtotal - Lexington $24,465.81

Justification: HIV/STD Counseling/Testing Staff Fringe Benefits per FTE = 48%

Total Fringe (KDPH and LHD DIS) $462,270.72

III. Travel $18,064.00

A. Kentucky Department for Public Health Staff Travel

In-State Travel

Justification: The Program Coordinators travel monthly to each contracting agency to monitor program performance, gather data information and provide technical assistance. Additional visits are scheduled as requested/needed. They also attend monthly peer meetings in Lexington and Louisville. HIV Prevention Program staff attends the African-American and Hispanic/Latino Leadership Conference on HIV/AIDS and the Kentucky HIV/AIDS Conference. Funds allow for staff to attend community planning group activities including meetings, orientation and special events. In-state travel budget provides for the HIV Prevention Program Supervisor to attend Legislative Contract Review Committee meetings, conferences and community planning group meetings.

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
<th>QTY</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mileage</td>
<td>$0.50</td>
<td>11,000</td>
<td>$5,500.00</td>
</tr>
<tr>
<td>Hotel</td>
<td>$90.00</td>
<td>10</td>
<td>$900.00</td>
</tr>
<tr>
<td>Meals (per diem)</td>
<td>$35.00</td>
<td>10</td>
<td>$350.00</td>
</tr>
<tr>
<td>Registration Fees</td>
<td>$100.00</td>
<td>3</td>
<td>$300.00</td>
</tr>
<tr>
<td>Subtotal KDPH Staff In-State Travel</td>
<td>$7,060.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Out-Of-State Travel

Kentucky Department for Public Health
Response to RFP 12-0105/016
2016 HIV Prevention Grant - Budget and Budget Justification

Justification: The out-of-state travel budget provides for the HIV Prevention Program Supervisor, Program Coordinators, and the HIV/AIDS Continuing Education Director to attend conferences and meetings including but not limited to: United States Conference on AIDS, National HIV Prevention Conference, National Harm Reduction Conference, National MSM Conference, National AIDS Education Services for Minorities and the Community Leadership Planning Conference.

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
<th>QTY</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of State Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hotel</td>
<td>$140.00</td>
<td>20</td>
<td>$2,800.00</td>
</tr>
<tr>
<td>Air Fare/Ground Transportation</td>
<td>$550.00</td>
<td>6</td>
<td>$3,300.00</td>
</tr>
<tr>
<td>Meals (per diem)</td>
<td>$36.00</td>
<td>54</td>
<td>$1,944.00</td>
</tr>
<tr>
<td>Registration Fees</td>
<td>$650.00</td>
<td>6</td>
<td>$3,900.00</td>
</tr>
<tr>
<td>Incidents</td>
<td>$10.00</td>
<td>6</td>
<td>$60.00</td>
</tr>
<tr>
<td>Sub-total Travel out-state</td>
<td></td>
<td></td>
<td>$12,004.00</td>
</tr>
</tbody>
</table>

V. Indirect $87,391.41

Administrative Fees

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indirect fees for KDPH staff</td>
<td>$59,748.03</td>
</tr>
<tr>
<td>Justification: Indirect for state personnel is 35%.</td>
<td></td>
</tr>
<tr>
<td>Indirect fees, Contracted (LHD DIS)</td>
<td>$7,645.38</td>
</tr>
<tr>
<td>Justification: Indirect rates are set at 15% of the LHD salaries/fringe.</td>
<td></td>
</tr>
<tr>
<td>Total LHD Indirect</td>
<td>$67,391.41</td>
</tr>
</tbody>
</table>

V. DPH Other $1,000.00

Kentucky Department for Public Health Memberships
Kentucky Department for Public Health
Response to RFP 12-0105/016
2016 HIV Prevention Grant - Budget and Budget Justification

Page 7
<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Minorities AIDS Council</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Total DPH Other</td>
<td>$1,000.00</td>
</tr>
</tbody>
</table>

**VII. Supplies for State Lab and HIV Prevention Staff** $60,126.00

- **KDPH Staff**
  - Copier paper: $500.00
  - Copier toner: $4,500.00
  - General office supplies and postage: $6,000.00
  - **Sub-Total:** $11,000.00

**State lab supplies for HIV**

<table>
<thead>
<tr>
<th>Item</th>
<th>Price</th>
<th>Qty</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV Combo AG/AM/1IA</td>
<td>$4,800.00</td>
<td>6</td>
<td>$38,600.00</td>
</tr>
<tr>
<td>HIV 2 Positive Control</td>
<td>$105.00</td>
<td>6</td>
<td>$630.00</td>
</tr>
<tr>
<td>HIV-1 Positive Control</td>
<td>$1,050.00</td>
<td>6</td>
<td>$6,300.00</td>
</tr>
<tr>
<td>HIV 1/2 Negative Control</td>
<td>$212.00</td>
<td>8</td>
<td>$1,696.00</td>
</tr>
<tr>
<td>HIV Multiport 1/2</td>
<td>$920.00</td>
<td>12</td>
<td>$11,040.00</td>
</tr>
<tr>
<td>CAP proficiency rapid anti-HIV</td>
<td>$396.00</td>
<td>1</td>
<td>$396.00</td>
</tr>
<tr>
<td>Geneus Controls</td>
<td>$44.00</td>
<td>6</td>
<td>$264.00</td>
</tr>
</tbody>
</table>

**Sub-Total:** $49,126.00

---

**Kentucky Department for Public Health Staff Supplies**

Justification: Professional periodicals, printing, postage, copying and office supplies for prevention staff of six (including Prevention Supervisor/Grant Administrator and Continuing Education Director).

**VII. Prevention Program and Contracts** $751,354.73

Kentucky will continue to fund scalable programs that include staff salaries for program deliverables. Contractors include AIDS Volunteers, Inc. (Lexington), Bluegrass Care Clinic (Lexington), and Volunteers of America-Kentucky (Louisville). Contractors will provide weekly itineraries indicating date, time and location of all intervention on the state SharePoint. Program Coordinators will use this information to monitor activity as part of the evaluative process and conduct unannounced site visits in addition to monthly site visits. Ethnicity, gender and racial diversity are considered for staff to fill these positions. Mandatory quarterly meetings are held for all contractors for the purpose of education, training, and networking. The meeting budget is covered through federal and state funds. Staff and volunteers at non-governmental Community-Based Organizations (CBOs), Part C Clinics, and AIDS Service Organizations (ASOs) are invited to attend. Peer meetings are scheduled monthly for CBO, Local Health Departments (LHD), and Program Coordinators to foster collaboration, plan community events, discuss literature on new HIV work and problem solve as needed.

**Comprehensive Prevention for Positives**

The Comprehensive Prevention Program for Positives is an effort to engage individuals with HIV/AIDS in individual and small-group interventions to reduce risk and to help ensure they do not transmit the virus to others. **Healthy Relationships** is a five-session, small-group intervention for men and women living with HIV/AIDS. It is based on Social Cognitive Theory and focuses on developing skills and building self-efficacy and positive expectations about new behaviors through modeling behaviors and practicing new skills. Funds are included for staff travel, supplies and materials, advertising and participant costs, as well as salary for a group facilitator and/or a program manager. **Comprehensive Risk Counseling and Services (CRCS)** is designed to provide intensive, client-centered risk reduction counseling to persons for whom risk reduction is difficult to achieve or maintain who are willing to address these issues. These clients...
may not benefit from less intensive risk reduction interventions until after psychosocial needs, mental health, substance abuse, or housing that interfere with risk reduction are addressed.

Healthy Relationships-Comprehensive Prevention Programs for Positives

<table>
<thead>
<tr>
<th>Location</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lexington (Fayette)</td>
<td>$5,988.00</td>
</tr>
<tr>
<td>Louisville (Jefferson)</td>
<td>$61,425.00</td>
</tr>
<tr>
<td>Covington (Kenton)</td>
<td>$47,285.80</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$165,699.80</strong></td>
</tr>
</tbody>
</table>

Targeted Testing/Condom Distribution

Targeted Testing/Condom Distribution Program (TCDP) units are small. The total TCDP for the state consists of 19.5 "units." Small units were devised to make the program scalable, meaning agencies can bid on multiple units to create positions. Each unit provides for 40 rapid tests, condoms for distribution, and pay for 40 hours of testing, 40 hours of condom distribution, and 20 hours for a program manager to assist in coordination and evaluation of the venues selected. Contractors build their program and staff by adding together multiple units to their bids. Each program is to yield at least 1% positivity.

Testing and condom distribution is open to the entire county in which the agency is located with a focus on targeted zip codes which identify areas with highest prevalence.

<table>
<thead>
<tr>
<th>Location</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lexington (Fayette)</td>
<td>$141,499.85</td>
</tr>
<tr>
<td>Louisville (Jefferson)</td>
<td>$264,455.79</td>
</tr>
<tr>
<td>Covington (Kenton)</td>
<td>$7,016.84</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$313,122.48</strong></td>
</tr>
</tbody>
</table>

Brown Bag Programs

Brown Bag Programs are a cooperative effort of the HIV/AIDS Branch in the Public Health Department and the Sexually Transmitted Disease clinics. The "Brown Bag Program" is an anonymous condom distribution program developed primarily to overcome the barriers of condom usage such as cost, embarrassment and misunderstanding by adolescents of their right regarding condom purchase. Condoms are placed in a brown bag, along with the

<table>
<thead>
<tr>
<th>Project Location</th>
<th>Percentage</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brown Bag Programs</td>
<td>Jefferson</td>
<td>19%</td>
</tr>
<tr>
<td>(condom only)</td>
<td>Fayette</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>Kenton</td>
<td>2%</td>
</tr>
<tr>
<td></td>
<td>Statewide</td>
<td>28%</td>
</tr>
<tr>
<td>Female Condoms</td>
<td>Statewide</td>
<td></td>
</tr>
<tr>
<td>Lubricants / brochures</td>
<td>Statewide</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>$11,301.73</strong></td>
</tr>
</tbody>
</table>

Rapid HIV Testing for LHDs and Community Events

In order to increase the number of people receiving an HIV antibody test and knowledge of their status, efforts have been taken to expand testing using OraQuick and ChemiLum tests. Kentucky will continue to provide rapid HIV test kits to non-traditional partners, health departments, and for special events targeting those at highest risk of HIV. Tests described in this section do not include staffing time, which is included in-kind. Geographic areas with high prevalence rates will be targeted for offsite testing using these modalities. Additional efforts will be made to ensure that at least 50% of these testing modalities will be provided to minorities. Rapid HIV test controls are included in this section to avoid over-purchasing controls via the Targeted Testing/Condom distribution program.

Goals:

- Increase number of HIV antibody tests performed among targeted populations and;
- Increase number of individuals receiving results and post-test counseling.

Rapid Tests for LHDs and Community Events
Need more information

Why isn't this under supplies?

<table>
<thead>
<tr>
<th>Item</th>
<th>Number</th>
<th>Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Quick Tests (box=100)</td>
<td>80</td>
<td>$900.00</td>
<td>$72,000.00</td>
</tr>
<tr>
<td>Oral Quick controls (Events, Sites, TCCDP)</td>
<td>300</td>
<td>$25.00</td>
<td>$7,500.00</td>
</tr>
<tr>
<td>Oral Sure Rapid Kits SQ/box (for confirmation)</td>
<td>2</td>
<td>$341.91</td>
<td>$683.82</td>
</tr>
<tr>
<td>Oral Sure Lab Processing</td>
<td>100</td>
<td>$75.00</td>
<td>$7,500.00</td>
</tr>
<tr>
<td>Cleanview Rapid Tests (box=25)</td>
<td>342</td>
<td>$200.00</td>
<td>$68,400.00</td>
</tr>
<tr>
<td>Cleanview controls (Events, Sites, TCCDP)</td>
<td>44</td>
<td>$30.00</td>
<td>$1,320.00</td>
</tr>
<tr>
<td><strong>Subtotal Rapid Tests for Community</strong></td>
<td></td>
<td></td>
<td><strong>$157,403.82</strong></td>
</tr>
</tbody>
</table>

Rapid Tests for LHD's & Community Events

<table>
<thead>
<tr>
<th>Item</th>
<th>Number</th>
<th>Price</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Quick Rapid HCV Tests (box=100)</td>
<td>34</td>
<td>$1,900.00</td>
<td>$64,600.00</td>
</tr>
<tr>
<td>Oral Quick HCV controls</td>
<td>50</td>
<td>$35.00</td>
<td>$1,750.00</td>
</tr>
<tr>
<td>HCV Visual Reference Panel</td>
<td>27</td>
<td>$75.00</td>
<td>$2,025.00</td>
</tr>
<tr>
<td><strong>Subtotal Rapid HCV Tests</strong></td>
<td></td>
<td></td>
<td><strong>$68,375.00</strong></td>
</tr>
</tbody>
</table>

**Fundamentals of HIV Prevention Counseling**

"Fundamentals of HIV Prevention Counseling" (FHPC) is required for anyone providing HIV testing in Kentucky. The CDC is developing a revised curriculum which will incorporate a revised in Kentucky's online modules and one-day skills building session. During 2017, Kentucky will introduce the minimum of 3 FHPC trainings which can accommodate up to 30 HIV testers.

**Community Mobilization (Health Communication/Public Information)**

Projects are based upon the theory of diffusion of innovations and involve social and community activities. They have demonstrated to be effective in decreasing risk-taking behaviors. Four basic core objectives can be adopted in the development of programs that target any at-risk population.

Objectives:
- Relate HIV prevention to the satisfaction of other compelling needs;
- Utilize peers to communicate prevention messages;
- Mobilize and empower the community and;
- Use the theory of diffusion of innovations to make safer sex a mutually accepted community norm.

Upon availability of funds, Community Based Organizations (CBOs) and local health departments (LHDs) submit proposals using the above core objectives of KDH to consider. Other factors considered are geographical area and HIV prevalence. Additional consideration is given to projects that address disparate populations.

**Proposed Community Mobilization Projects**

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Networking Projects</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Misc. National Testing Days (MSM, Latinos, Women, etc.)</td>
<td>$14,000.00</td>
</tr>
<tr>
<td>National Black HIV/AIDS Awareness Activities</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>World AIDS Day Activities</td>
<td>$4,000.00</td>
</tr>
<tr>
<td>National HIV Testing Month Activities</td>
<td>$5,000.00</td>
</tr>
<tr>
<td><strong>Subtotal Community Mobilization (pass-through LFCHD)</strong></td>
<td><strong>$32,000.00</strong></td>
</tr>
<tr>
<td><strong>Total Prevention Programs and Contracts</strong></td>
<td><strong>$751,954.73</strong></td>
</tr>
</tbody>
</table>
IX. Capacity Building

$89,500

Capacity building creates the opportunity for projects to be implemented for underserved populations in areas with highest incidence. Funds will be utilized to continue Project Appalachia in Eastern Kentucky where individuals are testing late into the progression of the HIV disease. Project Appalachia’s focus will be to implement the Empowerment and Education module which is designed to empower high-risk individuals in Appalachian Kentucky to make informed, health decisions related to sexual health. The project will build an initial infrastructure of engaged volunteers as network gatekeepers as well as peer-to-peer educators that would efficiently make HIV prevention, education, and testing more readily available throughout Eastern Kentucky. The family linkages to sharing hepatitis C rates, Austin, Indiana, and the increase in abuse of substances, especially injecting drug use in high-risk populations, warrant an intensive outreach effort in this area.

The OraSure Quick Rapid HIV and HCV tests will be utilized with the OraSure confirmatory test to provide timely results. This project will work collaboratively with care coordinators to link individuals to services as needed.

<table>
<thead>
<tr>
<th>Capacity Building Activities</th>
<th>Fund Location</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Kentucky Project</td>
<td>Pass-through LFCHD</td>
<td>$50,000.00</td>
</tr>
<tr>
<td>Community Technical Assistance</td>
<td></td>
<td>$6,000.00</td>
</tr>
<tr>
<td>HIVPC Reframing</td>
<td></td>
<td>$2,000.00</td>
</tr>
<tr>
<td>MSM</td>
<td></td>
<td>$3,000.00</td>
</tr>
<tr>
<td>Injecting Drug Use</td>
<td></td>
<td>$5,000.00</td>
</tr>
<tr>
<td>Minorities Initiatives</td>
<td></td>
<td>$2,300.00</td>
</tr>
<tr>
<td>Staff Skill Training</td>
<td></td>
<td>$1,500.00</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$69,500.00</td>
</tr>
</tbody>
</table>

X. Prevention Planning

$0.00

Prevention Planning Goals (PPG) activities are accomplished by the Kentucky HIV/AIDS Planning and Advisory Council (KHAPAC). Meetings are scheduled at least quarterly with special meetingscalled as needed. The HIV Services (Ryan White) fully funds KHAPAC. Kentucky has a Joint Prevention and Services Planning Council.

Prevention Planning

<table>
<thead>
<tr>
<th>Expense</th>
<th>Number</th>
<th>Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>KHAPAC (PPG) Meetings</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Orientation</td>
<td>1</td>
<td>20</td>
</tr>
<tr>
<td>State Conference</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>PPG TA</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

Justification: Mileage reimbursement @ $0.46 per mile / $1,325.00 per meeting, lunch @ $250.00, hotel meeting room @ $150. KHAPAC has an annual New Member Orientation/Membership Refresher meeting to acquaint new members with the mission, member roles/duties and work products and to reacquaint current members to enhance the overall development of KHAPAC members. The Capacity Building Assistance Branch within CDC’s Division of HIV/AIDS Prevention assists in the arrangements for a meeting facilitator.

It is essential to keep KHAPAC chairs, committee chairs, and members abreast of prevention and planning issues. State conferences provide an opportunity to prevent/prevent programs.

XI. Direct Assistance

$17,754.00

Justification: Direct Assistance is provided for Chang Lee, Federally-assigned CDC employee, to manage the Kentucky Sexually Transmitted Disease Program.