



Program Announcement 04064

HIV Prevention Projects for Community-Based Organizations

Quick Facts



Program Announcement 04064

- Consolidates six previous cooperative agreements (99091, HIV Prevention Among Gay Men of Color; 99092, Community-Based HIV Prevention Projects for African Americans; 99096, HIV Prevention Projects for African-American Faith-Based Organizations; 00023, HIV Prevention Projects for Community-Based Organizations; 00100, Community-Based Strategies to Increase HIV Testing of Persons at High Risk in Communities of Color; and 01033, Community Coalition Development Projects for African-American Communities) into one comprehensive program announcement
- Incorporates 2 of CDC's "Advancing HIV Prevention" strategies:
 - Implementation of new models for diagnosing HIV infections outside medical settings
 - Prevention of new infections by working with persons diagnosed with HIV and their partners

Application Process

- 6 communication tools used to provide information and/or technical assistance to applicants:
 - blast fax to more than 2,000 health departments and community-based organizations (CBOs)
 - national satellite broadcast (simultaneously transmitted via Dish Network, Internet, and teleconference)
 - web conferences and postings
 - pre-application workshops
 - interactive informational DVDs
 - toll-free telephone help line
- 4 regional CBO consultations held (Spring 2003) in Chicago, New York, San Francisco, and Miami
- 876 Letters of Intent received and 572 applications
- 539 applicants met eligibility requirements (15 were late and 18 were ineligible)
- Of 190 previously funded CBOs: 165 applied, 73 received pre-decisional site visits (PDSVs), and 64 selected for funding; 47% of CBOs selected for funding were previously funded
- PA 04064 funding decisions were based on a highly competitive national process (See table for step-by-step process description)

Awards Made

- 174 PDSVs were made
- May 21, 2004: Awards announced to the public
- 5-year project period funded: July 1, 2004 through June 30, 2009 (budget periods are 12 months)
- \$49 million awarded (approximately):
 - \$30 million under Category A (serving high-risk racial/ethnic minority communities)
 - \$19 million under Category B (serving high-risk groups, regardless of race/ethnicity)
- \$345,000, average award per CBO
- 141 CBOs funded: 91 under Category A, organizations serving high-risk racial and ethnic minority communities; 50 under Category B, organizations serving high-risk groups regardless of race/ethnicity



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- 48 CBOs target youth
- 54 CBOs target men who have sex with men (MSM) primary
- 23 CBOs target Injecting drug users (IDUs)
- 41 CBOs target heterosexuals
- More than one risk group targeted by most CBOs: 110 target MSM, 96 target IDUs, and 116 target heterosexuals

Application Review Process

Step 1	CDC reviewed the applications to ensure that they met all eligibility requirements, as outlined in the program announcement.
Step 2	<ul style="list-style-type: none"> ○ The applications were reviewed by Special Emphasis Panels (SEP). ○ SEP members are external experts not affiliated with CDC. The federal government employs this method of grant review because it offers an independent, balanced and objective perspective in the review of grant applications. ○ The SEP is granted the authority to review and score each application. ○ A total of 156 external reviewers were recruited to serve on 60 review panels. Each panel was composed of a behavioral scientist, an epidemiologist or evaluator, and a community member with HIV prevention experience. All reviewers had at least three years of relevant experience. ○ Each application was reviewed by a primary and secondary reviewer and the panel then discussed the review noting strengths and weaknesses that were recorded for the summary statement. ○ The applications were scored by the panel and applications were rank ordered by CDC based on numeric scores from these panels.
Step 3	<ul style="list-style-type: none"> ○ Once CDC completed the ranking, CDC systematically applied funding caps to ensure that the number of grantees corresponded to regional AIDS incidence, and to other funding preferences as stated in the program announcement. Our intent was to ensure reasonable representation among at-risk populations, risk behaviors, and race/ethnicity. For example, the highest scoring organizations in the western region were included for funding up to the point that the cap (15%) for the western region was achieved. ○ The rationale for these adjustments is to ensure the best match between funding decisions and HIV/AIDS epidemiology on a regional basis.
Step 4	<ul style="list-style-type: none"> ○ Site visits were performed by CDC staff to ensure that the applicant has accurately characterized its administrative and technical ability to perform the proposed activities. ○ This process resulted in a small number of organizations being eliminated from further consideration