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Introduction

The Nebraska Department of Health and Human Services (NDHHS) HIV Prevention Program, in cooperation with the U.S. Centers for Disease Control and Prevention, issued a Request for Applications (RFA) in the summer of 2008 for grants for HIV prevention activities in Nebraska. Proposals were sought for activities that would reduce HIV transmission in Nebraska by directly impacting upon the risk practices and behaviors of individuals and communities at the greatest risk for HIV infection. Funds were available to support, expand, or build agency capacity to provide HIV prevention programs. Initial awards were granted for the funding period of January 1 – December 31, 2009.

Year-two awards will be for the funding period of January 1 – December 31, 2010 and year-three awards will be for the funding period of January 1 – December 31, 2011. All projects requesting year-two and year-three funding will be required to submit a revised Workplan and Budget/Budget Justification. Continuation of funding within the project period will be awarded on the basis of satisfactory progress, timely completion and submission of required reports, documentation, data, evaluation, cost effectiveness, review of the revised Workplan and Budget/Budget Justification, and availability of federal funds.

NDHHS HIV Prevention grant funds *should not be relied upon as a source of long-term support for a project.* Funds are obligated on a one-year basis, with year-two and year-three funding available to qualifying subgrantees. Funding is only assured for the amount of money and the length of time specified in the award letter and ***only upon the receipt of sufficient funds from the Federal government.***

Awards were made to projects targeting one of the five priority populations as defined in the *2009-2013 Nebraska HIV Comprehensive Care and Prevention Community Plan*. These populations include HIV+ persons, Men Who Have Sex With Men (MSM), Male Injecting Drug Users (IDU) Heterosexual Females at High Risk, and MSM IDU. *For further information on eligible target populations, see Appendix B of this manual.*

Structure and Use of This Manual

Outlined in this manual are the administrative guidelines and reporting requirements for projects that have been awarded HIV Prevention funds by the NDHHS. These guidelines and requirements are based on federal and state legislation, regulations, and policies. The Subgrant Terms and Assurances and information given in this manual govern the administration of HIV Prevention Program funded projects. Copies of the certification documents are included in Appendix A.

Additional resources can be found in Appendix B, C, D and E. This includes a selection of CDC Fact Sheets, a guidance document on developing and implementing referral networks, information on participant recruitment and retention, numerous contact listings, and space at the end of the Manual for Subgrantees to add miscellaneous

articles and/or handouts relevant to their programs.

Program Monitoring

Monitoring of HIV Prevention Program subgrants is accomplished through several methods, including review of written progress reports, telephone conferences, and formal and informal site visits. State staff will incorporate all or some of these methods in their review of subgrantee activities. Official records for each funded project are maintained by the NDHHS HIV Prevention Subgrant Manager. Complete files should also be kept by the subgrantee and be available to State staff at all times.

Progress Reports

All projects awarded HIV prevention funds from NDHHS are subject to specific reporting requirements. The purpose of these reporting requirements is to provide periodic updates on progress made towards meeting project objectives (as they are outlined in the approved workplan), financial accountability, and sharing of data and information. Copies of all reporting documents are kept on file at NDHHS. For further information regarding specific reporting requirements, see the section titled, *“Reporting Requirements”*.

Site Visits

The purpose of a site visit is to review project activities and progress made in reaching the objectives of the project. Site visits are also conducted to review project files, financial records, and documentation and to provide technical assistance to subgrantees in specific project areas (e.g., reporting, implementing activities, revising objectives, program evaluation, etc.). Site visits serve to foster better working relationships between the State Program and subgrant staff.

“It is the subgrant staff’s job to implement the approved workplan in an appropriate and effective manner. It is the State’s job to help the subgrant staff be successful in these efforts.”

A minimum of one official site visit will be conducted each grant year. Additional site visits will be conducted as needed. Subgrantees may request a site visit any time during the grant period.

Nebraska Department of Health and Human Services Finance and Support’s staff will provide on-site monitoring as needed to ensure that all funds received are spent in accordance with applicable laws and regulations.

Site visits usually last approximately two hours. The actual length of the visit will be dependent on the number and scope of the items to be discussed. All subgrant project staff should try to attend. *At a minimum*, the Project Coordinator and all project staff directly involved in program implementation and report writing should be present for the site visit. Following the site visit, the Subgrant Manager will forward a copy of the final

Site Visit Report to the subgrantee. This report will contain all findings, recommendations, and “tasks assigned” during the visit. A copy of this report will be kept on file at NDHHS.

In addition to the annual site visit described above, State staff may conduct an unannounced visit at any time during the grant period, taking advantage of opportunities to drop by your agency and visit about your project or answer questions you may have as they arise. Subgrantees are encouraged to invite State staff to their agencies to observe workshops, day-to-day activities or special events that may improve understanding of how projects function.

Telephone Conferences

Telephone conferences will be scheduled on an “as needed” basis and may be requested by State staff and/or Project staff. Telephone conferences may be needed for a variety of reasons including requests for technical assistance, clarification of information provided in a progress report, or requesting additional information. They may be scheduled at any time during the grant period. There is no limit on the number of telephone conferences that may be requested and/or scheduled.

Communication

All official written correspondence between the State and the subgrantee will be documented with copies kept on file at HHSS. **The individual designated as “Project Coordinator” for the subgrantee will be the only recipient of written correspondence. It is the responsibility of subgrant staff to assure that all information is forwarded to the appropriate parties within their agency.**

NDHHS HIV Prevention Program Website

The NDHHS HIV Prevention Program maintains a public website which serves as a resource for agencies and individuals in Nebraska working in the field of HIV prevention. Resources that can be found on the website include funding opportunities, a listing of HIV testing sites, educational materials available from NDHHS, and a calendar of events. All subgrant staff should visit this website to familiarize themselves with these resources. The website can be found at:

<http://www.hhs.state.ne.us/dpc/HIV.htm>

Subgrant Manual Website

A website has been developed to serve as a resource for subgrants. The site includes informative and functional documents as well as links to program-related resources. All subgrant staff should visit this website to familiarize themselves with the resources available. The website can be found at:

<http://www.hhs.state.ne.us/dpc/SubGrants.htm>

The website is updated as new resources become available. Suggestions for useful additions to the website are welcome!

Administrative Procedures

Workplan Revisions

Major activities can be added or deleted from the workplan *with prior approval from NDHHS*. A written request must be submitted to the Subgrant Manager outlining the requested revision. Include a thorough description of the requested change(s), along with a justification outlining the need for the change(s).

Subgrantees will receive written notification of approval/disapproval for revisions. Proposed changes that significantly alter the direction of the project may not be approved. Some changes may require budget and/or timeline revisions, in which case revised budgets and/or timelines must also be submitted for approval.

The Program will send a written determination regarding the request to the Subgrantee within 30 days of its receipt

Budget Revisions

The subgrantee is permitted to reassign funds from one *existing* line item to another *existing* line item within the approved budget. Prior approval by NHSS is not required *provided* the *cumulative annual transfers* do not exceed ten percent of the total approved budget, are for costs allocable to the subgrantee, do not add or eliminate a line item and do not result in programmatic changes.

Prior approval is required for cumulative budget transfers exceeding ten percent of the current total approved budget and/or for transfers to a *new* line item. Requests for transfers shall be addressed in writing to the Subgrant Manger. The Program will send a written determination regarding the request to the Subgrantee within 30 days of its receipt.

Technical Assistance Request

Subgrantees may request technical assistance from NDHHS at any time during the funding period. Technical assistance may come in the form of a formalized site visit, teleconference, or even a consultation with a third-party provider. State staff may also initiate technical assistance for a subgrantee if the need is identified.

To formally request technical assistance, the Project Coordinator needs to complete and submit a Technical Assistance Request Form. Completed forms should be sent to the Subgrant Manager. Please refer to the following sample form.

Sample Technical Assistance Request Form

**HIV Prevention Subgrant
Technical Assistance Request Form**

To receive technical assistance (TA) for your HIV prevention project, please complete and return this form to the Nebraska Department of Health and Human Services (NDHHS) HIV Prevention Program. A Program staff member will contact you to discuss your TA needs. If you have questions about your TA needs and/or completing this form, please contact Nancy Jo Hansen, Subgrant Manager, (402) 471-8701.

Agency Name _____ **Date** _____

Project Title _____

Contact Name _____ **Phone** _____

Address _____ **FAX** _____

City/Zip _____

Please provide a brief description of what your *specific* need is. _____

What *specific* type of TA are you requesting? _____

What is the purpose/goal for this TA? _____

What, if any, TA has been provided to your agency in the past by NDHHS?

Please send this completed form to: **Nancy Jo Hansen, Subgrant Manager**
Nebr. Dept. of Health and Human Services
PO Box 95044
Lincoln, NE 68509-5044

Publications and Educational Materials

All materials developed and/or supported with grant funds must be reviewed and approved by the Nebraska Materials Review Committee *prior* to use/dissemination. This includes brochures, curriculums, videos, websites, etc. Materials must acknowledge support for the HIV Prevention Grant through the NDHHS and the Centers for Disease Control and Prevention, unless otherwise directed by NDHHS staff. A copy of the Materials Review Form can be found on the NDHHS Subgrant Website at <http://www.hhs.state.ne.us/dpc/SubGrants.htm>.

Controlling the spread of HIV infection and AIDS requires the promotion of individual behaviors that eliminate or reduce the risk of acquiring and spreading the virus. Messages must be provided to the public that emphasizes the ways by which individuals can fully protect themselves from acquiring the virus. These methods include abstinence from the illegal use of IV drugs and from sexual intercourse except in a mutually monogamous relationship with an uninfected partner.

For those individuals who do not or cannot cease risky behavior, methods of reducing their risk of acquiring or spreading the virus must also be communicated. Such messages can be controversial. The Materials Review Panel has been established to provide guidance for the development and use of educational materials, and to consider the appropriateness of messages designed to communicate with various groups.

Materials should be submitted to: Ann Chambers
HHS HIV Prevention Program
PO Box 95044
Lincoln, NE 68509-5044

Questions regarding the material review requirements should be directed to Ann Chambers at (402) 471-9098.

Late Reports

Subgrantees must submit all required reports on or prior to their due date. If a subgrantee is unable to submit a required report by the due date, they must notify the Subgrant Manager prior to the due date to negotiate an extension. Failure to submit required reports by the revised deadline might result in a status of non-compliance and/or suspension of the subgrant award.

Grant Closeout

All required documentation and reports must be submitted within 30 days following the

end of the grant period. Requests for reimbursement received more than 45 days after the end of the grant period will not be paid. A list of equipment purchased with grant funds must be submitted with the final expenditure report.

Non-Compliance Status

Projects that fail to comply with the requirements of this grant may be placed on a Non-Compliance Status. Projects with a non-compliance status are *not eligible for reimbursement of expenses* until the issue(s) in question is satisfactorily resolved.

A Project may be placed on a status of non-compliance for failing to meet any grant requirement. The most common cause for being placed on a status of non-compliance is a failure to submit required documentation, such as Progress and Budget Reimbursement Reports.

Projects in jeopardy of being placed on a status of non-compliance will receive written notification from the Subgrant Manager. This notification will detail the issue in question and the necessary steps to remedy the situation. The notification will also include a deadline for meeting the requirements. Failure to respond and/or meet the deadline may then result in a status of non-compliance.

Termination and Suspension

Termination and suspension of a subgrant occur pursuant to the terms and conditions of the Subgrant Terms and Assurances (See Appendix A). A copy of the signed Subgrant Terms and Assurances will be kept on file at NDHHS.

Personnel Policies

All subgrantees are required to have personnel policies and procedures in place for project staff. Personnel policies and procedures must be in compliance with all signed certifications on file with NDHHS. The Program can be contacted for assistance in developing policies as needed.

Current job descriptions, as well as time and activity records, must also be kept on file for all project staff. These records need to include the amount of time spent on grant activities because only costs allocable to the project may be allowed as reimbursable expenses. This documentation must be kept on file in case of an audit or program financial review. Submission of a complete accounting of project expenses, including copies of timesheets and all receipts, may be required at any by HHS.

Copies of time and activity records (timesheets) should be submitted on a quarterly basis as part of the progress reporting process.

Financial Management

Record Keeping

Fiscal control and accounting procedures must be sufficient to allow preparation of required reports and permit the tracking and documentation of expenditures. The system must provide for:

1. Accurate, current and completed disclosure of expenditures;
2. Accounting records that adequately identify source of funds (federal, cash match, in-kind) and purpose of expenditures;
3. Effective internal controls to safeguard all cash, real and personal property, and other assets and assure that all such property is used for authorized purposes; and
4. Budget controls that compare budgeted amounts with actual revenues and expenditures.

Office of Management and Budget (OMB) cost principles will be used to determine if costs are allowable. Accounting records must be supported by source documentation such as canceled checks, paid bills, payroll, time and attendance records, and similar documents that would verify the nature of revenue and costs associated with the project. See the Administrative and Audit Guidance (Appendix A) to determine the appropriate cost principles for your agency.

Advance Request

Cash advances may be requested in writing with justification of anticipated expenses. Subgrantees are allowed to request an advance of up to twenty percent (20%) of their total award. Generally, advance requests are made when subgrantees need funds to cover start-up costs and/or when grant funds are needed to cover on-going operating expenses.

Only one Advance Request is allowed per grant funding year.

The following steps detail the process for requesting an advance:

1. Submit the Cash Advance Request Form (attached) utilizing the instructions provided;
2. The Program Coordinator and/or Financial Officer must sign the form. Advance requests made to the Program must include an original signature.

Following are specific instructions for completing the Advance Request form, along with a sample copy.

Cash Advance Request Instructions

Questions? Call Nancy Jo Hansen, (402) 471-8701

- Complete all sections at the top of the form including the Agency Name, Federal Tax #, and title of the grant project.
- **In line #1**, enter the total amount of the HIV prevention grant award for the project.
- **In line #2**, multiply the total award amount (line #1) *by twenty percent (20%)* or .20 and record the result.
- **In line #3**, enter the amount of your request. Remember, this amount *can not exceed* the amount entered on line #2.
- **In line #4**, provide a brief justification for requesting the advance. An example might be, "Advance is needed to cover the start-up costs of purchasing the curriculum, *Be Proud, Be Responsible.*"
- Complete the bottom portion of the form and return it to the address listed.
- You may wish to include a cover letter detailing the reason for the advance request (optional).

Note: Advance payments are usually made to cover "start-up" costs. In those cases, the amount of the advance payment should be deducted from the amount requested for reimbursement on the 1st Quarter Reimbursement Report. For example, if a project spent \$1,000 the first quarter, and received a \$400 advance for start-up costs, the amount that would be reimbursed that quarter would only be \$600 (\$1,000 expenses - \$400 advance = \$600 left to be reimbursed).

On rare occasions, authorization is given to advance monies to a project to assist with operating costs on an "on-going" basis. This usually occurs with smaller agencies that may not have large operating budgets to cover expenses until reimbursement can be made. In these cases, the agency will be allowed to "carry" the advance throughout the grant year, with settlement of the account to occur at the time of the final reimbursement report. Any unspent funds must be returned to the State. NDHHS reserves the right to adjust payments if the dollars are not being spent in a timely and/or appropriate manner.

Sample Cash Advance Form

Cash Advance Request Form

Nebraska Health and Human Services
HIV Prevention Program

HHSS recognizes that some agencies may have need to access their awarded funds in advance to meet fiscal obligations. Agencies awarded HIV Prevention funds may request *up to 20% of their total award*. **Requests must include justification for the Advance Request.**

Complete all sections below:

Agency Name: _____ Fed. Tax #: _____

Title of Grant Project: _____

Advance Request Formula:

1. Total project funds awarded: \$ _____

X__% (.XX) =

2. Total funds eligible for Advance: \$ _____
(up to 20% of total award)

3. Amount of advance requested: \$ _____

4. Justification for Advance Request: _____

Please sign and date request below:

Name: _____

Signature: _____

Title: _____

Date: _____

Return to: Nebraska Health and Human Services, HIV Prevention Program,
P.O. Box 95044, Lincoln, Nebraska, 68509-5044, ATTN: Nancy Jo Hansen.

Reporting Requirements

All projects awarded HIV prevention funds from the NDHHS are subject to specific reporting requirements. The purpose of these reporting requirements is to provide periodic updates on progress made towards meeting project goals (as they are outlined in the approved workplan), financial accountability, and sharing of data and information. **All reporting documents must include original signatures of an authorized official within the funded agency.**

All progress reports *must* be submitted utilizing the required form/format to be approved and processed.

Due dates for submission of required reporting documentation is as follows:

- **Narrative Progress Reports**
- **Evaluation Progress Reports**
- **Budget Reimbursement Reporting Forms**
- **Data Reports**

<u>Covered Project Period</u>	<u>Report Due Date</u>
January 1 – March 31 (First Quarter)	April 30
April 1 – June 30 (Second Quarter)	July 31
July 1 – September 30 (Third Quarter)	October 31
October 1 – December 31 (Final Report)	January 31

The recording and reporting of this information is mandatory for all subgrants.

All reporting documentation should be sent to:

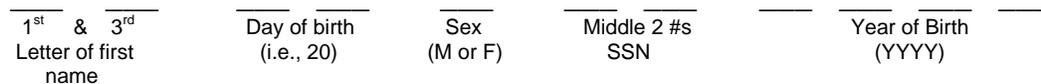
Nancy Jo Hansen, Subgrant Manager
Nebraska Department of Health and Human Services
 PO Box 95044
 Lincoln, NE 68509-5044

Data Collection

Program Evaluation Monitoring System - All subgrantees are required to utilize the Program Evaluation Monitoring System (PEMS) to record and report all client- and event-level data associated with funded programs. PEMS is a program that captures information through secure Internet Explorer browser-based software for data entry and reporting. PEMS was designed by the Centers for Disease Control and Prevention (CDC) as a confidential data collection tool geared toward evaluating and monitoring public health programs for and by Health Departments, Community Based Organizations and CDC.

PEMS contains a comprehensive and standardized set of variables for monitoring HIV prevention programs. These data variables are based on federal program guidance mandates. These standardized data variables facilitate improvement in data collection, reporting, analysis, interpretation, and program delivery.

Unique client IDs – All clients receiving services via funded programs must be assigned a unique **local** client ID. The formula for assigning these IDs is as follows;



Reporting Data – Reporting of all data will take place on a quarterly basis as part of the quarterly progress reporting process.

How will CDC use PEMS data? Primarily, CDC will be looking at these data from a national level to determine the extent to which HIV prevention efforts nationwide have contributed to a reduction in HIV transmission, to help programs better meet that goal, to focus technical assistance and support, and to be accountable to stakeholders by informing them of progress made in HIV prevention nationwide.

At the local level - PEMS data can be used by Health departments and CBOs to monitor program activities. The data will be used to help determine progress made in reaching program objectives and to evaluate overall effectiveness of the program.

The information provided here is meant as an overview only. All necessary training to utilize the system will be directly supplied by the Subgrant Manager. In addition, a comprehensive PEMS User Manual is available on the Subgrant Website at <http://www.hhs.state.ne.us/dpc/SubGrants.htm>.

Narrative Progress Report

The Narrative Progress Report is due on a quarterly basis. The Report is based directly on the approved Workplan on file with NDHHS. Quarterly progress must be reported for *each* Primary Activity on *each* of the quarterly reports. When completing the Narrative

Progress Reports, include all activity for that quarter.

Upon review of all Narrative Progress Reports, the Subgrant Manager will forward a list of comments to the Project Coordinator. A copy of these comments will be kept on file at NDHHS. Project staff are *strongly encouraged* to review this information on a regular basis to ensure that issues raised have been addressed and are not repeated in subsequent reports.

Following are specific instructions for completing the Narrative Progress Report form, along with a sample copy.

Narrative Progress Report - INSTRUCTIONS FOR COMPLETION

Questions? Call Nancy Jo Hansen, (402) 471-8701

Each quarter, a Narrative Progress Report must be completed and submitted to the Subgrant Manager at HHSS. The following are instructions for completing the Narrative Progress Report.

Period Covered by this Report – Write in the appropriate quarter that the Narrative Progress Report covers (i.e., “1st Quarter= January – March, 2009”).

Priority Population – Write in the priority population targeted by this intervention.

Intervention – Write in the name of the intervention as it appears in your Workplan.

List Primary Activities – List all primary activities as they appear in the approved Workplan.

People Actually Reached – Write in the number of unduplicated contacts made during this reporting period.

Completion Target Date – Write in the Target Completion Date as it appears in the approved Workplan.

Progress this Quarter – In narrative format, document the progress made towards completing the activity during this quarter. If the activity has been completed, or was completed in a previous quarter, note this (i.e. “Activity completed during the first quarter.”).

Number of Actual Volunteers – Your Workplan gives an estimate for the number of volunteers who will work on this project. Record how many volunteers *actually* contributed to this project during the current quarterly reporting period.

Number of Actual Volunteer Hours – Record how many actual hours were clocked by the volunteers working with this project during the current quarterly reporting period.

Problems Identified – Note any barriers or challenges to the successful

implementation of this project encountered during the current quarterly reporting period. If no barriers or challenges were experienced, note this by writing, "None."

Plan to Resolve Problems – Document the strategies utilized to overcome the barriers/challenges noted above.

Additional Comments – This area is for you to note other pertinent information not covered above. This would include anecdotal information that helps to illustrate the impact the project is having on the target population. *Use this section to "brag" about your program and educate others about your experiences.*

Sample Narrative Progress Report

Page: _____

AGENCY: _____ **PERIOD COVERED BY THIS REPORT:** _____

PRIORITY POPULATION: _____ **INTERVENTION:** _____

List Primary Activities (Workplan)	# People Actually Reached?	Completion Target Date	Progress this Quarter

Number of Actual Volunteers: _____

Number of Actual Volunteer Hours: _____

Problem(s) Identified:

Plan to Resolve Problem(s):

Additional Comments:

Evaluation Progress Report

The Evaluation Progress Report is due on a quarterly basis. The Report is based directly on the approved Evaluation Plan on file with NDHHS. Quarterly progress must be reported for *each* Behavior/Knowledge Objectives on *each* of the quarterly reports. When completing the Evaluation Progress Reports, include all activity for that quarter.

The exception to this is the fourth quarter (or final) progress report. This report should provide progress for the fourth quarter *and* a cumulative summary for the entire year.

A summary of all evaluation results should be included with the Evaluation Report. This includes surveys, questionnaires, pre- and post-tests, etc.

Following are specific instructions for completing the Evaluation Progress Report form, along with a sample copy.

Evaluation Progress Report - INSTRUCTIONS FOR COMPLETION

Questions? Call Nancy Jo Hansen, (402) 471-8701

Period Covered by this Report – Write in the appropriate quarter that the Evaluation Progress Report Covers (i.e., “1st” Quarter = January – March, 2001”).

Agency – Write in the name of the funded agency.

Page – Enter the appropriate page number on *all* pages of the Evaluation Progress Report.

Priority Population – Write in the priority population targeted by this intervention.

Intervention – Write in the name of the intervention as it appears in your Workplan.

Behavior/Knowledge Objectives – List the behavior/knowledge Objective as it appears in your approved Evaluation Plan.

Tool – List the name/type of tool used to gather data for the corresponding behavior/knowledge objective. If this information is different than what appears in your Evaluation Plan, provide an explanation for the change, along with sample copies of all revised forms.

Problems Encountered – Note any barriers or challenges encountered in implementing this evaluation activity during the reporting period. If no barriers or challenges were experienced, note this by writing, “None.”

Plans to Resolve Problem Areas – Document the strategies utilized to overcome the barriers/challenges noted above.

Summarize Progress this Quarter – Provide a brief summary of the status of this evaluation

activity, along with a synopsis of the results (*What is the data telling you?*). Answer the question, "What progress has been made to meet your behavior/knowledge objectives. What is the **numerical value** of your progress?"

Sample Evaluation Progress Report

Period Covered by this Report: _____ Agency: _____ Page: _____

Priority Population: _____ Intervention: _____

Behavior Change/Knowledge Objective	Tool	Problems Encountered	Plans to Resolve Problem Areas

Summarize Progress this Quarter:

Behavior Change/Knowledge Objective	Tool	Problems Encountered	Plans to Resolve Problem Areas
-------------------------------------	------	----------------------	--------------------------------

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Summarize Progress this Quarter:

Behavior Change/Knowledge Objective	Tool	Problems Encountered	Plans to Resolve Problem Areas
-------------------------------------	------	----------------------	--------------------------------

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Summarize Progress this Quarter:

Budget Reimbursement Reporting Form

The Budget Reimbursement Report is due on a quarterly basis. The Report is based directly on the approved Budget and Budget Justification on file with NDHHS. Each quarterly Budget Reimbursement Report should include *actual* expenditures for that quarter, as well as expenditures for all proceeding quarters when applicable. As an example, this means that the Fourth Quarter Report (or Final Report) will include expenses for the fourth quarter as well as expenditures for the previous three quarters.

Note: Before funds will be released, subgrantees must have submitted all progress reports due to NDHHS HIV Prevention Program.

Following are specific instructions for completing the Budget Reimbursement Report form, along with a sample copy.

Budget Reimbursement Reporting Form - INSTRUCTIONS FOR COMPLETION

Questions? Call Nancy Jo Hansen, (402) 471-8701

Each quarter, a Budget Reimbursement Reporting Form must be completed and submitted for *each funded intervention* to the HIV Prevention Subgrant Manager at HHSS.

No reimbursements will be made until an accurate Budget Reimbursement Reporting Form has been submitted.

Subrecipient must submit claims for reimbursement for actual, allowable, allocable and reasonable expenditures in accordance with the approved budget. Payment for future expenses is not allowable.

You are permitted to reassign funds from one line item to another line item within the approved budget. Prior approval by HHSS is not required **provided** the cumulative annual transfers do not exceed ten percent of the total approved budget, are for an allowable cost allocable to the Subgrant, do not add or eliminate a line item and do not result in programmatic changes. A justification detailing these changes should be included in the next Budget Reimbursement Report. Prior approval is **required** for cumulative budget transfers exceeding ten percent of the current total approved budget or if the change involves the addition of a new line item. Requests for these transfers shall be addressed in writing to HHSS.

Instructions for completing the Budget Reimbursement Reporting Form follow.

Agency Name – This is the agency listed as the fiscal agent for this subgrant.

Reporting Period – Write in the months and quarter for which reimbursement is being requested (i.e., “January – March, 2009, 1st Quarter”).

Intervention – List the name of the intervention as it appears in the approved workplan.

Line Item – In this column, list **all line items** as they appear in the approved workplan budget.

Budgeted Amount – In this column list the total budget amount for **each line item** as it appears in the approved workplan budget (these figures will **not** change from one quarter to the next).

1st, 2nd, 3rd, & 4th Quarter Actual – In the appropriate column, record the actual expenses incurred for the appropriate reporting period (i.e., for the 1st Quarter, record actual expenses in the column titled, “1st Quarter Actual”).

YTD Expenses – In this column record the **cumulative** expenses incurred to date. This will give you your “year-to-date” (YTD) expenses. To arrive at this figure add together the expenses listed for each line item in the 1st, 2nd, 3rd, & 4th Quarter Actual columns, as appropriate.

Balance – Record the remaining balance for each line item. To arrive at this figure deduct the amount recorded in the YTD expenses column for *each* line item from the corresponding figure listed in the Budgeted Amount column.

TOTALS – Record the total for **each** column.

Funds Expended to Date – This is the sum of all actual expenses incurred to date. Arrive at this number by totaling the **YTD Expenses** column.

Funds Received to Date – This is the sum of all reimbursements and advances received from HHSS to date.

Requested Reimbursement Amount – This is the amount that you are asking to be paid to your agency. Arrive at this figure by subtracting the **Funds Received to Date** from the **Funds Expended to Date**.

Signature Lines - All Budget Reimbursement Reporting Forms must be signed by both the Program Officer (this is usually the Project Coordinator) and a Financial Officer. **It is the responsibility of the Program Officer to assure that the reported expenditures are accurate and appropriate based on the approved budget for the program and actual program activity expenses incurred during the reporting period.**

HHSS Approval – Leave these lines blank. They will be signed by the HHSS HIV Prevention Subgrant Manager and Program Administrator upon approval of the reimbursement request.

Poster Presentation

All subgrantees are required to provide a *Poster Presentation* for the Nebraska HIV Care and Prevention Consortia (NHPC). Actual date, location and time for the presentation will be forwarded directly to all subgrantees. As a general rule, poster presentations will occur in conjunction with the fall meeting of the NHPC, which usually occurs in Lincoln during the month of October.

The purpose of the Poster Presentation is:

1. Provide the NHPC with information regarding prevention activities taking place in Nebraska.
2. Provide the NHPC and subgrantees a networking opportunity.
3. Foster communication and collaboration between agencies and/or individuals.
4. Sharing of lessons learned.

The poster presentation will be a placard-type exhibit containing information directly related to the HIV Prevention funded program at your agency. Posters may be accompanied by written handouts and/or other materials and will be displayed during the fall meeting of the NHPC.

Each poster presentation should be staffed with project personnel who can answer questions and discuss the project with NHPC members and other subgrantee staff.

Ample time will be allotted specifically to the poster presentation to allow NHPC members and subgrantees an opportunity to view materials and visit with project staff.

Appendix A - Certifications

EXHIBIT A-1
(HHS)

ADMINISTRATIVE AND AUDIT GUIDANCE

HHS SUBGRANTS

Recipient	Administrative	Cost Principles	Audit Policy*(1)
Nonprofit Organization Including Nonprofit Hospital not Affiliated with an Educational Institution or government	45 CFR Part 74	A-122	A-133 & G.A.S.*(2)
College/University	45 CFR Part 74	A-21	A-133 & G.A.S.*(2)
State, Local or Tribal Government	45 CFR Part 92	A-87	A-133 & G.A.S.*(2)

****(1) Sign attached Audit Requirement Certification.***

(2) G.A.S. = Government Auditing Standards Issued by the U.S. Comptroller General.

**OTHER FEDERAL GRANTS ADMINISTRATION REGULATIONS
FOR ALL RECIPIENTS**

"Government-wide Debarment and Suspension (Non-procurement)"	45 CFR Part 76, Subparts A-E <i>(Sign attached certification)</i>
"New Restrictions on Lobbying"	45 CFR Part 93 <i>(Sign attached certification)</i>
"Pro-children Act of 1994"	<i>(Sign attached certification)</i>

07/97

CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds in Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the applicant/subgrantee certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

Signature of authorized official signing on
behalf of applicant/subgrantee

Date

Organization

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, A Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization Name

Name and Title of Official Signing for Organization

Signature of Official / Date

03/96

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms *covered transaction*, *debarred*, *suspended*, *ineligible*, *lower tier covered transaction*, *participant*, *person*, *primary covered transaction*, *principal*, *proposal*, and *voluntarily excluded*, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled *A Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction*,[≡] without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, INELIGIBILITY AND
VOLUNTARY EXCLUSION

LOWER TIER COVERED TRANSACTIONS

BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative

Organization

Signature

Date

**NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
FINANCE AND SUPPORT
AUDIT REQUIREMENT CERTIFICATION
Applies to awards after June 30, 2000**

Subgrantees receiving funds from the Nebraska Health and Human Services System are required to complete this document's sections which are non-italic and in boldface. Reference to the Office of Management and Budget Circular A-133, Audits of States, Local Governments and Non-Profit Organizations, in this document is "Circular A-133".

Subgrantee _____
Grant No. _____ **CFDA* #** 93.940

* Catalog of Federal Domestic Assistance

FTIN** _____
Subgrantee's Fiscal Year _____,20__ to _____,20__

**Federal Tax Identification Number

PART I

Check either #1 or #2:

#1. __ As the subgrantee named above, we will expend less than \$300,000 from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. Therefore, we are not subject to the audit requirements of Circular A-133.

We are, however, responsible for engaging a licensed Certified Public Accountant (CPA) to conduct and prepare an audit of our organization's financial statements. We acknowledge the audit must be completed no later than nine months after the end of our organization's current fiscal year and a copy of the audit report must be submitted to the Nebraska Department of Health and Human Services Finance and Support address as shown at the end of Part I.

Proceed to PART II.

#2. __ As the subgrantee named above, we will expend \$300,000 or more from all Federal Financial Assistance sources, not just the grant named above, and including commodities in our current fiscal year. Therefore we are subject to the single audit requirements of Circular A-133.

We will engage a licensed Certified Public Accountant to conduct and prepare the audit of our organization's financial statements and components of the single audit pertaining to those financial statements. We acknowledge the audit must be completed no later than nine months after the end of our current fiscal year.

We further acknowledge, as the subgrantee, that a single audit performed in accordance with Circular A-133 must be submitted to the Federal Audit Clearinghouse. The reporting package, as evidence the audit was completed must

contain:

- The subgrantee’s financial statements,
- a schedule of Expenditure of Federal Awards,
- a Summary Schedule of Prior Audit Findings (if applicable),
- a corrective action plan (if applicable) and
- the auditor’s report(s) which includes an opinion on this subgrantee’s financial statements and Schedule of Expenditures of Federal Awards, a report on this subgrantee’s internal control, a report on this subgrantee’s compliance and a Schedule of Findings and Questioned Costs.

We further acknowledge the auditor and this subgrantee must complete and submit with the reporting package a *Data Collection Form for Reporting on Audits of States, Local Governments and Non-Profit Organizations* (SF-SAC).

We further acknowledge a copy of this subgrantee’s financial statements, auditor’s report and SF-SAC must be submitted, at the time these documents are submitted to the Federal Audit Clearinghouse, to the:

Nebraska Department of Health and Human Services Finance and Support
 Financial Services Division
 Grants Management Unit
 P.O. Box 95026
 Lincoln, NE 68509-5026

PART II

Certification by Subgrantee’s Director or Authorized Representative:

I hereby certify the information furnished is correct to the best of my knowledge and belief and this subgrantee will comply with the requirements as stated in this certification.

Signature	Title
Date	Telephone Number

Mail the original of this certification to the Nebraska Department of Health and Human Services Finance and Support address as shown above in Part I.

File:audcer7c

**STATE OF NEBRASKA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
SUBGRANT TERMS and ASSURANCES**

This is a subgrant of federal financial assistance. By accepting this subgrant, the Subrecipient agrees to comply with the terms and conditions described herein.

A. Programs. Subrecipient must operate the program(s) in compliance with the documents governing the award. The following documents and any revisions made during the program period govern the Subgrant and are hereby incorporated by this reference as though fully set forth herein.

- 1) The Department's Request for Application;
- 2) Subrecipient Project(s) Application;
- 3) Department's letter of award which includes the award period, amount of funds awarded, and any contingencies to the Subgrant award.
- 4) Subrecipient Reporting Requirements as outlined in the Award Letter.
- 5) Program Specific Requirements as outlined in the Award Letter.
- 6) Nebraska Health and Human Services Administrative and Audit Guidance for Subgrants (Exhibit A-1) and the attached certifications; and

B. Reports. Subrecipient must submit data, program, and financial reports according to the reporting requirements as outlined in the Award Letter and in the Subgrant Manual. Extensions for the submission of reports and reimbursement **must be submitted in writing** to the Department for approval to prevent withholding of payment.

C. Administrative Requirements. Subrecipient must perform Subgrant activities, expend funds, and report financial and program activities in accordance with Federal grants administration regulations, U.S. Office of Management and Budget Circulars governing cost principles and audits listed on Exhibit (A-1), and comply with, complete, and return the certifications attached hereto.

D. Program Specific Requirements. Subgrant activities must comply with any program specific requirements included in the Department's Request for Application and Award Letter.

E. Nondiscrimination. The Subrecipient acknowledges that the Subgrant activities must be operated in compliance with civil rights laws and any implementing regulations, and makes the following assurances.

The Subrecipient warrants and assures that it complies as applicable to it with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, the Americans with Disabilities Act of 1990, to the effect that no person shall, on the grounds of race, color, national origin, sex, age, handicap or disability, be excluded from participation in, denied benefits of, or otherwise be subjected to discrimination under any program or activity for which the Subrecipient receives federal financial assistance.

The Subrecipient and any of its subcontractors shall not discriminate against any employee or applicant for employment, to be employed in the performance of this Subgrant with respect to hire, tenure, terms, conditions or privileges of employment because of the race, color, religion, sex, disability or national origin of the employee or applicant.

F. Reimbursement. Subrecipient must submit claims for reimbursement for actual, allowable, allocable and reasonable expenditures in accordance with the approved budget. The Department will make reimbursement, subject to the following conditions:

- 1) Subrecipient=s submission of reports according to the reporting requirements described in the Award Letter and Subgrant Manual.
- 2) Availability of governmental funds to support this project. In the event funds cease to be available, this Subgrant shall be terminated, or the activities shall be suspended until such funds become available, in the sole discretion of the Department.
- 3) Pursuant to the Nebraska Prompt Payment Act.
- 4) Suspension or termination for cause or convenience as described in the federal grants administration regulations applicable to the Subrecipient.
- 5) Cash advances may be requested in writing with justification of anticipated expenses.

G. Budget Changes. The Subrecipient is permitted to reassign funds from one line item to another line item within the approved budget. Prior approval by the Department is not required **provided** the **cumulative** annual transfers do not exceed ten percent of the total approved budget, are for an allowable cost allocable to the Subgrant, do not add or eliminate a line item and do not result in programmatic changes.

Prior approval **is required** for cumulative budget transfers exceeding a cumulative annual transfer of ten percent of the current total approved budget and/or if the transfer would add or eliminate a line item or if the transfer would result in programmatic changes. Requests for transfers shall be addressed in writing to the Department. The Department shall approve or disapprove requests in writing within 30 days of receipt.

H. Programmatic changes. The Subrecipient shall request in writing Department approval for programmatic changes. The Department shall send a written determination regarding the request to the Subrecipient within 30 days of its receipt.

I. Technical Assistance. The Department will provide training and materials, procedures, assistance with quality assurance procedures, evaluation and site visits by representatives of the Department and the federal granting agency in order to review program accomplishments, evaluate management control systems and other technical assistance as needed or requested.

J. Subrecipient Procurement. Subrecipient shall be the responsible authority regarding the settlement and satisfaction of all contractual and administrative issues, without recourse to Department, arising out of procurement entered into by it in connection with the subgrant. Such issues include, but are not limited to, disputes, claims, protests of award, source evaluation and other matters of a contractual nature.

K. Subgrant Close-out. Upon the expiration or notice of termination of this Subgrant, the following procedures shall apply for close-out of the subgrant:

1. Upon request from Subrecipient, allowable reimbursable costs not covered by previous payments shall be paid by Department.
2. Subrecipient shall make no further disbursement of funds paid to Subrecipient, except to meet expenses incurred on or prior to the termination or expiration date, and shall cancel as many outstanding obligations as possible. Department shall give full credit to Subrecipient for the federal share of non-cancelable obligations properly incurred by Subrecipient prior to termination.

3. Subrecipient shall immediately return to Department any unobligated balance of cash advanced or shall manage such balance in accordance with Department instructions.
4. Within a maximum of 90 days following the date of expiration or termination, Subrecipient shall submit all financial, performance, and related reports required by the terms of the Agreement to Department. Department reserves the right to extend the due date for any report and may waive, in writing, any report it considers to be unnecessary.
5. Department shall make any necessary adjustments upward or downward in the federal share of costs.
6. The Subrecipient shall assist and cooperate in the orderly transition and transfer of subgrant activities and operations with the objective of preventing disruption of services .
7. Close-out of this Subgrant shall not affect the retention period for, or state or federal rights of access to, Subrecipient records. Nor shall close-out of this Subgrant affect the Subrecipient=s responsibilities regarding property or with respect to any program income for which Subrecipient is still accountable under this Subgrant. If no final audit is conducted prior to close-out, the Department reserves the right to disallow and recover an appropriate amount after fully considering any recommended disallowances resulting from an audit which may be conducted at a later time.

L. Documents Incorporated by Reference. All laws, rules, regulations, guidelines, directives and documents, attachments, appendices, and exhibits referred to in these terms and assurances shall be deemed incorporated by this reference and made a part of this Subgrant as though fully set forth herein.

M Independent Contractor. The Subrecipient is an independent contractor and neither it nor any of its employees shall be deemed employees of the Department for any purpose. The Subrecipient shall employ and direct such personnel as it requires to perform its obligations under this Subgrant, shall exercise full authority over its personnel, and shall comply with all worker's compensation, employer's liability, and other federal, state, county, and municipal laws, ordinances, rules, and regulations required of an employer providing services as contemplated by this Subgrant.

N. Subcontracts. In the event the Subrecipient should contract with another agency and/or individual for services under this award, the contracting agency shall include in such subcontract a provision that the subcontractor shall be subject to all the conditions of this award.

O. Release and Indemnity. The Subrecipient shall assume all risk of loss and hold the Department, its employees, agents, assignees and legal representatives harmless from all liabilities, demands, claims, suits, losses, damages, causes of action, fines or judgments and all expenses incident thereto, for injuries to persons and for loss of, damage to, or destruction of property arising out of or in connection with this Subgrant, and proximately caused by the negligent or intentional acts or omissions of the Subrecipient, its officers, employees or agents; for any losses caused by failure by the Subrecipient to comply with terms and conditions of the Subgrant; and, for any losses caused by other parties which have entered into agreements with the Subrecipient.

P. Drug-Free Work-Place Policy. The Subrecipient assures the Department that it has established and does maintain a drug-free work-place policy.

Q. Acknowledgment of Support. Publications by the Subrecipient, including news releases and articles, shall acknowledge the financial support of the Department and the federal granting agency by including a statement therein that, **"This project is supported in part by Centers for Disease Control and Prevention funds awarded to the (Subrecipient) by the Nebraska Department of Health and Human Services."**

R. Copyright. The Subrecipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under an award. The federal awarding agency and the Department reserve a royalty-free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal and State purposes, and to authorize others to do so.

S. Notices. All notices given under the terms of this Subgrant shall be sent by United States mail, postage prepaid, addressed to the respective party at the address set forth on the signature page hereof, or to such other addresses as the parties shall designate in writing from time to time.

T. Authorized Official. The person accepting this award as evidenced by the signature below is an official of the Subrecipient who has the authority to bind the Subrecipient to the terms and assurances of this Subgrant of federal financial assistance.

U. Public Counsel. In the event the Subrecipient provides health and human services to individuals on behalf of the Department under the terms of this Subgrant, Subrecipient shall submit to the jurisdiction of the Public Counsel under Neb. Rev. Stat. §§81-8,240 to 81-8,254 with respect to the provision of services under this subgrant. This clause shall not apply to grants or contracts between the Department and long-term care facilities subject to the jurisdiction of the state long-term care ombudsman pursuant to the Long-Term Care Ombudsman Act.

V. Nebraska Technology Access Standards. LB352 (2000) requires the Commission for the Blind and Visually Impaired, Nebraska Information Technology Commission, and the Chief Information Officer, in consultation with other state agencies and after at least one public hearing, to develop a technology access clause to be included in all contracts entered into by state agencies on or after January 1, 2001. The technology access standards are in response to this Legislation. *When development, procurement, maintenance, or use of electronic and information technology does not meet these standards, individuals with disabilities will be provided with the information and data involved by an alternative means of access.* The complete Nebraska Technology Access Standards can be found on the internet at: <http://www.nitc.state.ne.us/standards/accessibility/tacfinal.htm>.

10/06

I, _____, as an authorized official for _____
_____, do hereby agree to abide by all terms and conditions of this award as set forth by this document and all referenced materials and attachments cited therein.

Signature: _____ Date: _____

Name: _____

Title: _____

Address: _____

Phone: _____

Appendix B - Resources

NDHHS STAFF LISTING

HIV PREVENTION PROGRAM

Sandy Klocke, Program Administrator

(402) 471-0193

Responsible for oversight of the HIV Prevention, Ryan White Title II, Hepatitis C and HAPWA programs.

Amy Turek, Staff Assistant

(402) 471-9098

Nancy Jo Hansen, Subgrant Manager

(402) 471-8701

Provides oversight and technical assistance to HIV prevention subgrantees.

Ann Chambers, Communications Coordinator

(402) 471-3725

Contact for materials review process and educational materials including brochures and videos.

Heather Younger, CTR/PCRS

(402) 471-0362

Provides oversight for the HIV antibody testing functions in Nebraska.

Cheryl Bullard, Community Planning

(402) 471-0361

Provides direct oversight to the Nebraska HIV Care and Prevention Consortium as well as technical assistance for local planning groups.

Judy Anderson, HOPWA, Accounting, Computer Support

(402) 471-0937

Provides oversight for the Housing Opportunities for People with AIDS (HOPWA) Program.

RYAN WHITE

Steve Jackson, Program Manager

(402) 471-2504

Provides oversight for the Ryan White Title II Program including case management, support services, and access to the AIDS Drug Assistance Program (ADAP).

Lois Versaw, Case Management

(402) 471-0164

Coordinates the state-wide case management services provided through Ryan White Title II.

HEPATITIS PROGRAM

Kathy White, Coordinator

(402) 471-8252
Coordinates the Hepatitis Prevention Program.

HIV/AIDS SURVEILLANCE

Tina Brubaker, Program Manager
(402) 471-0360

FAMILY HEALTH

Julie Reno, Program Manager
(402) 471-471-0163

Jennifer Feldt, Health Educator
(402) 471-0159

WIC

Peggy Trouba, Program Manager
(402) 471-2781

STD

Phil Medina
(402) 471-2937

OFFICE OF MINORITY HEALTH

Administrator
(402) 471-0161

DRUG/ALCOHOL PREVENTION

Nebraska Alcohol and Drug Information Clearinghouse
1-800-648-4444

NEBRASKA DEPARTMENT OF EDUCATION

Gayle Grauer, HIV Prevention Coordinator
(402) 471-4490

Materials Review Policy

**CONTENT OF AIDS-RELATED WRITTEN MATERIALS,
PICTORIALS, AUDIOVISUALS, QUESTIONNAIRES,
INSTRUMENTS, WEBSITES, AND EDUCATIONAL SESSIONS
IN CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)
ASSISTANCE PROGRAMS**

Basic Principles: Controlling the spread of HIV infection and AIDS requires the promotion of individual behaviors that eliminate or reduce the risk of acquiring and spreading the virus. Messages must be provided to the public that emphasize the ways by which individuals can fully protect themselves from acquiring the virus. These methods include abstinence from the illegal use of IV drugs and from sexual intercourse except in a mutually monogamous relationship with an uninfected partner.

For those individuals who do not or cannot cease risky behavior, methods of reducing their risk of acquiring or spreading the virus must also be communicated. Such messages can be controversial. The Materials Review Panel has been established to provide guidance for the development and use of educational materials, and to consider the appropriateness of messages designed to communicate with various groups.

All programs of education and information receiving these HIV prevention funds shall participate in the material review process prior to distributing and/or publishing any materials (e.g. pamphlets, brochures, fliers, curriculums, websites, videos, etc.).

Materials should be submitted to: Ann Chambers
HHS HIV Prevention Program
PO Box 95044
Lincoln, NE 68509-5044

Questions regarding the material review requirements should be directed to Charles Housman at (402) 471-9098.

Condom Policy

2005 CONDOM DISTRIBUTION POLICY for SUBGRANTEES

PURPOSE:

Nebraska Health and Human Services System (NDHHSS) provides funding for prophylactics (condoms) to eligible public or non-profit community based organizations (CBOs) who contract for funds with NDHHSS to provide HIV counseling, training, referral - partner counseling referral services (CTR-PCRS) activities, as well as to subgrants with NDHHSS actively providing human immunodeficiency virus (HIV) and sexually transmitted disease (STD) education and outreach.

HOW TO PURCHASE:

Contracted CBOs and local health departments actively providing HIV/STD education and outreach may dedicate a portion of their budgets to purchase condoms, lubricants, dams and female condoms. These products should be purchased at the non-profit price most condom distributors provide. Information about some of these condom distributors, including one that sells in very small quantities, is included with this policy as an attachment. Technical assistance regarding condom supply purchases will be available from NDHHSS.

CONDOM STYLES:

No one condom fulfills everyone's needs. This policy is designed to allow contracted CBOs and local health departments free choice in deciding what brands and styles of condoms to purchase. That said, the current recommendations set forth by the CDC state that nonoxynol-9 should not be used for disease prevention. N-9's ability to prevent HIV infection is questionable, and the fact that it can cause irritation to the mucous membranes may increase one's risk for infection. Therefore, it is a requirement to purchase only lubricants and condoms that do not contain spermicides.

CRITERIA FOR REQUESTS:

HHS will no longer fill condom requests. Eligible local health departments and contracted CBOs must make their purchases directly with the condom distributors.

REPORTING REQUIREMENTS:

Reports describing the distribution of condoms are required. Contracted CBOs and local health departments actively providing HIV/STD education and outreach shall report on condom distribution with their regular required reports. These reports shall include: how many condoms were distributed; where they were distributed, when they were distributed, and what education was included with the condoms.

This document is two-sided.

HIV PREVENTION

CRITERIA FOR DISTRIBUTION:

All agencies using NDHHSS funded condoms must adhere to the following distribution guidelines:

- Distribution in elementary or secondary school environments is strictly prohibited.
- Distribution will be made available only to identified high-risk groups and not to the general public.
- Distribution must be accompanied by safer sex messages that explain how to use condoms properly and consistently. Such messages may be delivered through counseling sessions or safer sex sessions.
- Distribution of education packets to at-risk individuals must not contain more than six (6) condoms, including female condoms, per packet.
- Distribution at health fairs/exhibits is prohibited.
- Self-serve distribution containers are prohibited.
- Condoms should not be included in packets/folders for health care professionals during workshops or courses.
- Condoms purchased with NDHHSS funds cannot be used for resale purposes.

NDHHSS reserves the right to investigate all alleged violations of this policy that may involve state-funded condoms purchases. NDHHSS will formally request the return of all condoms purchased under this policy from any agency for which the alleged violations may be substantiated. Such violations may also trigger the review of any funds granted to agencies for education and/or counseling and testing services.

ACCEPTANCE

Print Name/Title of Authorized Agency Representative:

Person's Name: _____ **Title:** _____

Agency: _____

By signature, applicant certifies that the agency listed above has received a copy of NDHHSS HIV Prevention 2004 Condom Distribution Policy, and that the applicant understands and agrees to abide by the rules governing distribution of state funded condoms as stated therein.

Signature: _____ **Date:** _____

Two copies of this document are included, please sign them and return one (1) of them to the HIV Prevention program. Retain the second copy for your own records.

Appendix: CONDOM/LUBE/DAM SUPPLIERS

Be sure to ask for their "non-profit/clinic/public agency" catalog/price list!

Global Protection

Global's distribution services make available the full range of safer-sex products from all the major manufacturers, through a single source. Global's partnerships with other companies allow them to offer distributed products at manufacturers' direct prices. You don't pay a premium for the convenience of one-stop shopping at Global. They are also good for purchases in small quantities of less than a full case.

Phone: (888) 714-2200
 Fax: (888) 717-2200
 E-mail: info@globalprotection.com
 Mail: Global Protection
 12 Channel Street
 Boston, MA 02210-2323
 Website: www.globalprotection.com

Total Access Group

Total Access is similar to Global Protection, offering a full range of safer-sex products, including condoms and manufacturers that Global doesn't stock such as: Preventor, InSpiral, and Trustex flavors. Purchases here must be made in cases (1,000 condoms) but they do have a couple of brands that they sell in gross (144) shipments.

Phone: (800) 320-3716
 Fax: (949) 855-0810
 E-mail: service@totalaccessgroup.com
 Mail: Total Access Group
 20322 Valencia Circle
 Lake Forest, CA 92630
 Website: www.totalaccessgroup.com

IBI Synergy, Inc.

Suppliers of "Trust" and "Premium" condoms and dams. The company is a joint venture with a California Corporation and a Malaysian producer. The dams they produce are packaged in a size similar to condoms, but are sold in large quantities only.

Phone: (510) 249-1370
 Fax: (510) 249-1378
 E-mail: support@ibisynergy.com
 Mail: IBI Synergy, Inc
 4057 Clipper Court
 Fremont, CA 94538
 Website: www.ibisynergy.com

Durex

Durex Consumer Products, makers of Durex condoms. Both Global Protection and Total Access usually meet Durex's prices, but Durex does have occasional sales and you might want to be on their mailing list.

Phone: (888) 266-3660
 Fax: (800) 786-45664
 E-mail: customer.orders@ssl-americas.com
 Mail: Durex Consumer Products, Special Markets Division
 3585 Engineering Drive, Suite 200
 Norcross, GA 30092
 Website: www.durex.com

Female Health Company

Makers of the FC Female Condom (formerly Reality), they also sell instructions in English and Spanish, lubricants, a training video and a Train-the-Trainer video. Female condoms are sold only in cases of 1,000 here.

Phone: (800) 884-1601
 Fax: (312) 280-9360
 E-mail: femalecondominfo@aol.com
 Mail: The Female Health Co. (UK) plc
 PO Box 2953
 Bedford Park, IL 60499-2953
 Website: www.femalehealth.com

Others

<p>Mayer Laboratories (Kimono) Phone: (800) 426-6366 Fax: (510) 536-9912 E-mail: MLcustserv@aol.com Mail: Mayer Laboratories, Inc 646 Kennedy St., Bldg. C Oakland, CA 94606 Website: www.MayerLabs.com</p>	<p>Ansell (LifeStyles) Phone: (732) 345-5400 Fax: (732) 219-5114 E-mail: psinfo@ansell.com Mail: Ansell Public Sector 200 Schulz Drive Red Bank, NJ 07701 Website: www.ansell.com</p>
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All of the above suppliers accept purchase orders with terms of net 30 days, date of invoice.

Carter Products (Trojans) accept purchase orders with terms of 2% 30 days, date of invoice.

<p>Carter Products (Trojans): Phone: (800) 828-9032 Fax: (800) 306-9347 Mail: Carter Products PO Box 1001 Cranbury, NY 08512</p>	<p>Trimensa Pharmaceuticals (flavored lubes) Phone: (800) 554-1313 Fax: (805) 499-4366 Mail: Trimensa Pharmaceuticals 1050 Lawrence Drive Newbury Park, CA 91320</p>
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GLOSSARY

Behavioral Intervention – Behavioral interventions aim to change individual behaviors only, without explicit or direct attempts to change the norms (social or peer) of the community, e.g., geographically defined area, or the target population; e.g., drug users or men having sex with men. Typical example of these interventions includes health education, risk reduction counseling, and other individual level interventions.

Capacity Building – One or more activities that contribute to an increase in the quality, quantity, and efficiency of program services and the infrastructure and organizational systems that support these program services. In the case of HIV prevention capacity building, the activities are associated with the core competencies of an organization that contribute to its ability to develop and implement an effective HIV prevention intervention and to sustain the infrastructure and resource base necessary to support and maintain the intervention.

Client-Centered Counseling – Client-centered counseling refers to counseling conducted in an interactive manner responsive to individual client needs. The focus is on developing prevention objectives and strategies with the client rather than simply providing information. An understanding of the unique circumstances of the client is required – behaviors, sexual identity, race/ethnicity, culture, knowledge, and social/economic status.

Community-Level Interventions (CLI) – Programs designed to reach a defined community (geographic or identified subgroup) to increase community support of behaviors known to reduce the risk for HIV infection/transmission by working with social norms or shared beliefs/ values held by members of the community. CLI aim to reduce risky behaviors by changing attitudes, norms, and practices through community mobilization and organization, and community-wide events.

Culture – The learned patterns of behavior, thought, and traits characteristic of large, autonomous or semi-autonomous, human social groups. These patterns prescribe the acceptable values, norms, attitudes, social roles and statuses, etiquette, interpersonal and familial relationships, and personal conduct of the members of the culture. They also define the behavior expected of other people. Culture is expressed and reinforced through shared language, group identity, religion/belief system, folklore, social and legal institutions, customs, history, and arts.

Cultural Competence – Services provided in a style and format respectful of cultural norms, values, and traditions endorsed by community leaders and accepted by the target populations.

Data – Specific information or facts that are collected. A data element is usually a discrete or single measure. Examples of client-level data are sex, race/ethnicity, age, and neighborhood.

General Population – Interventions do not target any specific group whose behavior puts them at high risk for HIV infection. These interventions may be aimed at enhancing awareness of HIV transmission modes and prevention, supporting prevention-enhancing social norms, and providing information or education.

Group-level Interventions (GLI) – Health education and risk-reduction counseling that shifts the delivery of service from the individual to groups of varying sizes. GLIs use peer and non-peer models involving a wide range of skills, information, education, and support.

Health Communications/Public Information (HC/PI) – The delivery of planned HIV/AIDS

prevention messages which target audiences and are designed to build general support for safe behavior, support personal risk-reduction efforts, and/or inform persons at risk for infection on how to obtain specific services. Examples include: electronic media, print media, hotline, clearinghouse, and presentations/lectures.

Health Education and Risk Reduction Interventions (HE/RR) – Organized efforts to reach persons at increased risk of becoming HIV-infected or, if already infected, of transmitting the virus to others, with the goal of reducing the risk of these events occurring. Activities range from individual case management to broad community-based interventions.

Heterosexual Contact – Intervention will address the HIV prevention needs of persons who report specific heterosexual contact with a person of the opposite sex (e.g., man to woman contact) with, or at increased risk for, HIV infection (e.g., sex with an injection drug user, a bisexual male, or a person known to be HIV-Positive or to have AIDS).

IDU – Intervention will address the HIV prevention needs of people who are at risk for HIV infection through the use of equipment to inject drugs (e.g., syringes, needles, cookers, spoons, etc.).

Incidence – The number of new cases of a disease that occur in a specified population during a specified time period.

Individual-Level Interventions (ILI)– Health education and risk-reduction counseling provided to one individual at a time. ILI assists clients in making plans for individual behavior change and ongoing appraisals of their own behavior. These interventions also facilitate linkages to services in both clinic and community settings (e.g., substance abuse treatment settings) in support of behaviors and practices that prevent transmission of HIV and help clients make plans to obtain these services.

Intervention – An intervention is a specific activity (or set of related activities) intended to bring about HIV risk reduction in a particular target population using a common strategy of delivering the prevention message. An intervention has distinct process and outcomes and a protocol outlining the steps for implementation.

Justification – A judgement about whether the intervention plan does or does not explain how the intervention will lead to the specified outcomes.

Monitoring – Routine documentation of characteristics of the people surveyed, the services that were provided, and the resources used to provide those services.

Mother With/At Risk For HIV – Intervention addresses prevention needs of women who have HIV or at risk of becoming infected *and* are pregnant, thus at risk of transmitting HIV to their infant.

MSM – Intervention will address the HIV prevention needs of men who report sexual contact with other men or with both men and women.

MSM/IDU – Intervention will address the HIV prevention needs of men who report *both* sexual contact with other men *and* injection drug use.

Needs Assessment – The process of obtaining and analyzing information from a variety of sources in order to determine the needs of a particular client, population, or community.

Outcome Monitoring - Outcome monitoring refers to procedures for assessing whether providers are meeting the outcome objectives they set for themselves and efforts to track the progress of clients in a program based upon outcome measures set forth in program goals. In many cases – especially for individual and group level counseling interventions – this may simply require administering a brief questionnaire before the intervention begins and then again after it's finished.

Outcome Objectives – The overall intended effects of the intervention, specifying its purpose and mission. These might include increasing knowledge about HIV, changing risk-related behaviors, promoting community norms for safer sex, or reducing HIV transmission.

Outreach – HIV/AIDS educational interventions generally conducted by peer or paraprofessional educators face-to-face with high-risk individuals in the clients' neighborhoods or other areas where clients typically congregate. Outreach usually includes distribution of condoms, bleach, sexual responsibility kits, and educational materials. Includes peer opinion leader models.

Partner Counseling and Referral Services (PCRS) – Systematic approach to notifying sex and needle-sharing partners of HIV+ persons of possible exposure so they can avoid infection or, if already infected, can prevent transmission to others. PCRS helps partners gain earlier access to individualized counseling, testing, medical evaluation, treatment, and other prevention services.

Prevalence – The total number of persons living with a specific disease or condition during a given time period.

Prevention Case Management (PCM) – Client-centered HIV prevention activity with the fundamental goal of promoting the adoption of HIV risk-reduction behaviors by clients with multiple, complex problems and risk-reduction needs. PCM provides intensive, ongoing, and individualized prevention counseling, support, and service brokerage.

PCM is intended for persons at greatest risk of transmitting HIV whose needs are not being effectively served and whose behavior is not influenced by less intensive HIV prevention interventions, such as street outreach, group-level strategies, or HIV counseling and testing. Priority should be given to HIV seropositive persons having or likely to have difficulty initiating or sustaining practices that reduce or prevent HIV transmission and reinfection.

Program Evaluation – The systematic assessment of the means and ends of some or all of the action program stages including program planning, implementation, and outcomes, in order to determine the value of and to improve the program.

Referral – A process by which an individual or client who has a need is connected with a provider who can serve that need (usually in a different agency). For example, individuals with high risk behaviors and those infected with HIV are guided towards prevention, psychosocial, and medical resources needed to meet their primary and secondary HIV prevention needs.

Relevance – The extent to which an intervention plan addresses the needs of affected populations in the jurisdiction and of other community stakeholders. As described in the CDC Guidance, relevance is the extent to which the population targeted in the intervention plan is consistent with the target population in the comprehensive HIV prevention plan.

Risk Behavior – Behavior or other factor that places a person at risk for disease. In regards to

HIV/AIDS, these include sharing of injection drug use equipment, unprotected male-to-male sexual contact, and commercial sex work without the use of condoms.

Seroprevalence – HIV seroprevalence refers to the number of persons in a population who test HIV+ based on serology (blood serum) specimens. Often presented as a percent of the total specimens tested or as a ratio per 1,000 persons tested.

Street Outreach – HIV/AIDS educational interventions generally conducted by peer or paraprofessional educators face-to-face with high-risk individuals in the clients' neighborhoods or other areas where clients typically congregate. Usually includes distribution of condoms, bleach, sexual responsibility kits, and educational materials.

Structured Survey/Questionnaire – Refers to questionnaires or surveys that are predetermined and standardized. These include close-ended responses that are easily quantifiable and typically pre-coded to facilitate the transfer of data to the computer.

Target Populations – Groups of people who are to be reached through some action or intervention. In HIV prevention community planning, this refers to populations that are the focus of HIV prevention efforts due to high rates of HIV infection, usually defined based on a review of the HIV epidemiologic profile and high levels of risky behavior. Groups are often defined based on a combination of characteristics such as a race or ethnicity, age, gender, risk factor/behavior, and geographic location.

Technical Assistance – The delivery of expert programmatic, scientific and technical support to organizations and communities in the design, implementation and evaluation of HIV prevention interventions and programs.

Youth At Risk – Interventions will target youth, ages 12-24, who are in situations that may place them at high risk for HIV infection. *Youth at risk include:

- | | |
|--|------------------------------|
| Homeless youth | Runaway youth |
| Youth not in school and unemployed | Medically indigent youth |
| Youth requiring drug or alcohol rehabilitation | Youth in foster homes |
| Youth requiring mental health services | Migrant farm worker youth |
| Youth who interface with the juvenile corrections system | Gay or lesbian youth |
| Youth with a history of STDs | Sexually abused youth |
| Sexually active youth | Pregnant youth |
| Youth seeking counseling and testing for HIV infection | Youth who barter or sell sex |
| Youth with signs and symptoms of HIV infection or AIDS without alternative diagnosis | |
| Youth who use illegal injected drugs | |

**From CDC, "Report of the Fourth Meeting of the CDC Advisory Committee on the Prevention of HIV Infection," November 7-8, 1990.*

Women at Risk – Interventions will target women who are in situations that may place them at high risk for HIV infection. Women at risk include:

- | | |
|--|--|
| Homeless women | Medically indigent women |
| Women requiring drug or alcohol rehabilitation | Women requiring mental health services |
| Partners of men who have sex with men | Women with a history of STDs |
| Sexually abused women | Women who barter or sell sex |
| Women seeking counseling and testing for HIV infection | Women who use illegal injected drugs |
| Women who interface with the corrections system | Partners of IDUs |
| Women with multiple sex partners | Women participating in unprotected sex |

2009-2013 Priority Populations and Interventions

The Nebraska HIV Care and Prevention Consortium (NHPC) has identified four priority populations determined to be at greatest risk for HIV infection in Nebraska. For each of the priority populations, the HHSS HIV Prevention Program, with guidance from the NHPC, has prioritized several interventions deemed appropriate for reaching these populations. The four priority populations and their respective interventions are as follows:

Priority Populations	Interventions
#1 HIV+ Persons	<ul style="list-style-type: none"> <input type="checkbox"/> Comprehensive Risk Counseling Services <input type="checkbox"/> Safety Counts <input type="checkbox"/> Holistic Harm Reduction Program <input type="checkbox"/> Choosing Life: Empowerment, Actions, Results (CLEAR) <input type="checkbox"/> Counseling and Testing <input type="checkbox"/> Internet Outreach
#2 MSM	<ul style="list-style-type: none"> <input type="checkbox"/> Popular Opinion Leader <input type="checkbox"/> Mpowerment <input type="checkbox"/> Counseling and Testing <input type="checkbox"/> Internet Outreach <p>Many Men, Many Voices</p>
#3 Male IDU	<ul style="list-style-type: none"> <input type="checkbox"/> Safety Counts <input type="checkbox"/> RESPECT <input type="checkbox"/> Voices/Voces <input type="checkbox"/> Holistic Health Recovery Program <input type="checkbox"/> Choosing Life: Empowerment, Actions, Results (CLEAR) <input type="checkbox"/> Internet Outreach <input type="checkbox"/> Counseling and Testing
#4 HRH Female	<ul style="list-style-type: none"> <input type="checkbox"/> Communal Effectance AIDS Prevention <input type="checkbox"/> Real AIDS Prevention Project (RAPP) <input type="checkbox"/> Sisters Informing Sistas on Topics About AIDS (SISTA) <input type="checkbox"/> Voices/Voces <input type="checkbox"/> Women's Co-Op <input type="checkbox"/> Internet Outreach <input type="checkbox"/> Counseling and Testing
#5 MSM IDU	<ul style="list-style-type: none"> <input type="checkbox"/> Safety Counts <input type="checkbox"/> RESPECT <input type="checkbox"/> Voices/Voces <input type="checkbox"/> Holistic Health Recovery Program <input type="checkbox"/> Choosing Life: Empowerment, Actions, Results (CLEAR) <input type="checkbox"/> Internet Outreach <input type="checkbox"/> Counseling and Testing

Appendix C – CDC Fact Sheets

HIV/AIDS in the United States

HIV and Its Transmission

Human Immunodeficiency Virus Type 2

Surveillance of Occupationally Acquired HIV/AIDS In Healthcare

Drug-Associated HIV Transmission Continues in US

Coinfection with HIV and Hepatitis C Virus

TB and HIV

Male Latex Condoms and STDs

Preventing Sexual Transmission – Oral Sex

Trials of Pre-Exposure Prophylaxis

Mother-to-Child Transmission and Prevention

Male Circumcision

HIV/AIDS Among Women

HIV/AIDS Among Women Who Have Sex with Women

HIV/AIDS Among Youth

HIV/AIDS Among Persons 50 and Older

HIV/AIDS Among MSM

Meth Use and Risk for HIV/AIDS

HIV/AIDS Among Hispanics/Latinos

HIV/AIDS Among Asians and Pacific Islanders

HIV/AIDS Among American Indians and Alaska Natives

HIV/AIDS Among African Americans

Global AIDS Program

Appendix D - Referral Guidance

Appendix E - Recruitment and Retention

Appendix F – Miscellaneous Articles and Handouts

This is your section to customize as you wish. Add articles, handouts, resources, etc. that you may come across that you want to save for future reference. Periodically, HHSS will send you reference materials as well.