

# Communicable Disease Prevention Program 2016 Funding Opportunity Application



Wyoming Department of Health  
Public Health Division  
Public Health Sciences Section  
6101 Yellowstone Rd., Suite 510  
Cheyenne, WY 82002

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The Wyoming Department of Health, Communicable Disease Unit, provides funding opportunities for HIV, STD, and Hepatitis prevention activities. The purpose of these funding opportunities is to increase the awareness and decrease the incidence of HIV/STD/Hepatitis in Wyoming. The Communicable Disease Unit offers funding for entities to conduct special projects that satisfy the four core components of HIV/STD/Hepatitis prevention. These components include:

- 1. Increasing risk-based HIV/STD/Hepatitis Testing**
- 2. Prevention with Positives**
- 3. Condom Distribution**
- 4. Policy Development relating to HIV/STD/Hepatitis Prevention**

All funded projects must target one or more high risk populations identified by the Wyoming Department of Health Communicable Disease Unit, which include: Men who have sex with men (MSM), Adolescents/young adults age 13-26, HIV/STD/Hepatitis positive individuals, Injection Drug users (IDUs), and under- and uninsured individuals at risk. Funding will be awarded for projects targeting other marginalized populations at a demonstrated increased risk for HIV/STD/Hepatitis infection if sufficiently justified within the application.

#### **Funding Details:**

Funding amount: \$100.00 - \$1,499.00

Application period: January 1, 2016 – December 1, 2016

Application deadline: December 1, 2016

#### **Funding Guidelines**

- Agencies may apply for more than one project per year
- To receive funding for special projects, entities will be awarded funds once the project evaluation has been completed and approved; all invoices for special projects must be billed to the Wyoming Department of Health no later than December 31, 2016
- Entities will be awarded funds prior to purchasing prevention supplies

#### **Funding Restrictions**

- Funds can be used for resources and activities that enhance HIV/STD/Hepatitis awareness, prevention, and testing
- Collaboration is welcome and encouraged; however, an agency able to accept reimbursement from the State of Wyoming must be identified as the lead for the project
- No funding will be given for food, salaries, stipends, or scholarships
- Only complete applications will be considered

#### **Examples of funded projects**

- Expanding risk-based HIV/STD/Hepatitis testing in outreach settings or events, particularly extra-genital screening
- Patient or provider education about HIV/STD/Hepatitis prevention
- Community workshops promoting prevention education and awareness
- Encouraging/coordinating changes in HIV/STD/Hepatitis policy within and agency or community
- Individual and group level evidence based interventions with HIV/STD/Hepatitis Positives *please see [effectiveinterventions.org](http://effectiveinterventions.org) for interventions*
- Increasing accessibility, acceptability, and availability of condoms in communities

## List of recommended supply distributors\*

- Condoms, Dental Dams, Lube, etc.
  - Global Protection Corporation: [www.globalprotection.com/store](http://www.globalprotection.com/store)
  - Total Access Group: [www.totalaccessgroup.com](http://www.totalaccessgroup.com)
- Educational Materials
  - Channing Bete Company: [www.channing-bete.com](http://www.channing-bete.com)
  - Total Access Group: [www.totalaccessgroup.com](http://www.totalaccessgroup.com)
  - ETR Associates: [www.etr.org](http://www.etr.org)
  - Journeyworks Publishing: [www.journeyworks.com](http://www.journeyworks.com)
  - American College Health Association: [www.acha.org](http://www.acha.org)

*\*Applicants are not required to use these distributors for purchasing materials. These distributors are establishments the Communicable Disease Unit has ordered supplies from in the past and recommends these products based on both pricing and quality of materials.*

## Reporting

A final report must be submitted no later than 15 days after event end date in order to receive funding. ***Applicants must clearly outline their own evaluation tool within the funding application. Evaluation plan and methods must be approved by the Communicable Disease Unit before the event.***

Funding for prevention materials (condoms, brochures, etc.) does not require further reporting. The information provided within the application is sufficient.

## Application Submissions

Applications may be submitted at any time prior to December 1, 2016. Funding approval will be at the discretion of the Communicable Disease Unit Funding Opportunity Review Committee and dependent on availability of funds. The review process takes 2 to 4 weeks. Applicants will be notified of approval, denial, concerns or correction via email within 4 weeks of verified submission.

**Applicants approved for funding must use the attached invoice as part of the final report.**

Communicable Disease Prevention Materials are provided through Cooperative Agreements 5U62PS003669-04 and 5H25PS004366-02 revised with the Centers for Disease Control and Prevention.

# Communicable Disease Prevention Program Funding Opportunity Application 2016

<b>Applicant and Primary Contact Information</b>	
Entity Name	
Entity Type	<input type="checkbox"/> Family Planning <input type="checkbox"/> Public Health Nursing <input type="checkbox"/> Private Clinic <input type="checkbox"/> Federally Qualified Health Center (FQHC) <input type="checkbox"/> Corrections <input type="checkbox"/> Community Based Organization (CBO) <input type="checkbox"/> Other <input style="width: 100%;" type="text"/>
Street Address	
City	
State	
Zip/Postal Code	
Primary Contact Name	
E-mail	
Phone	
Fax	
Target Population(s): select all that apply	<input type="checkbox"/> MSM <input type="checkbox"/> Adolescents <input type="checkbox"/> HIV/STD/Hepatitis Positives <input type="checkbox"/> IDUs <input type="checkbox"/> Young Adults <input type="checkbox"/> Under/Uninsured at risk <input type="checkbox"/> Other (specify in project outline)
Amount Requested	
Proposed date(s)	
Estimated number of people served	
<p>Authorized representatives assume the responsibility for the validity of this application. By selecting the box below, I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I also provide the required assurances and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)</p> <p style="text-align: center;"><input type="checkbox"/> I agree</p>	
<b>Authorized Representative</b>	
Name	
Title	
Phone number	
E-mail	
Date	

## PROJECT OUTLINE – SECTION 1

INSTRUCTIONS: WITHIN THIS OUTLINE, PROVIDE GOALS, OBJECTIVES, PROPOSED ACTIVITIES TO MEET THESE GOALS AND OBJECTIVES, HOW THIS PROJECT WILL INCREASE AWARENESS AND DECREASE THE INCIDENCE OF HIV/STD/HEPATITIS IN WYOMING. THIS SECTION MUST ALSO INCLUDE A PROPOSAL FOR PROJECT EVALUATION. DESCRIPTIONS OF WHAT DATA WILL BE CAPTURED, HOW IT WILL BE CAPTURED AND WHAT MEASURES WILL BE USED TO EVALUATE IMPACT/EFFECTIVENESS ARE SOME EXAMPLES OF INFORMATION TO INCLUDE IN THIS EVALUATION PROPOSAL.

DATA COLLECTION REQUIREMENTS FOR SPECIAL PROJECTS:

WHERE APPLICABLE, DATA MUST BE PROVIDED ON: NUMBER OF PARTICIPANTS, DEMOGRAPHICS OF PARTICIPANTS, PRE/POST TEST RESULTS, EVALUATION FORMS AND RESULTS, AND/OR FEEDBACK FROM PARTICIPANTS. **AGGREGATE DATA MUST BE PROVIDED ELECTRONICALLY VIA FINAL REPORT TEMPLATE.**

PATIENT DEMOGRAPHIC BREAKDOWN:

-RACE/ETHNICITY (ALLOW FOR MULTIPLE SELECTIONS):

- WHITE, NON-HISPANIC
- WHITE, HISPANIC
- AFRICAN AMERICAN, NON-HISPANIC
- ASIAN
- AMERICAN INDIAN/ALASKAN NATIVE
- PACIFIC ISLANDER/NATIVE HAWAIIAN
- OTHER
- PREFERS NOT TO ANSWER

-GENDER:

- MALE
- FEMALE
- TRANSGENDER
- OTHER
- PREFERS NOT TO ANSWER

-HIGH RISK POPULATIONS (PROJECT MUST ADDRESS ONE OR MORE OF THESE TARGET GROUPS)

- MSM
- ADOLESCENTS/TEENS: 13-17 YEARS
- YOUNG ADULTS: 18-26 YEARS
- HIV POSITIVES
- IDUs
- UNDER- OR UNINSURED INDIVIDUALS AT RISK

**GOALS AND OBJECTIVES**

**ACTIVITIES PROPOSED & ASSOCIATED COSTS (PLEASE PUT PROPOSED ITEMIZED BUDGET IN THIS SECTION)**

**Impact Statement**

**PROPOSED EVALUATION OF FUNDING OPPORTUNITY**

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# PROJECT BUDGET AND BUDGET NARRATIVE – SECTION 4

INSTRUCTIONS: COMPLETE THE BUDGET EXPENSE FORM FOR ALL APPLICATIONS SUBMITTED. PROVIDE FURTHER PERTINENT INFORMATION REGARDING THE BUDGET IN THE PROVIDED FIELD.

<b>Budget Expense Report Form</b>		
<b>Line Item</b>	<b>Proposed Budget</b>	<b>Actual Expenses</b>
1. Equipment:		
Rental		
Booth Fees		
2. Supplies:		
Condoms/Lube		
Other Educational		
Office		
Laboratory		
Other		
3. Travel		
4. Communication		
Telephone		
Postage		
Subscriptions		
Advertising		
Photocopying		
5. Marketing		
6. Staff Education/Training		
7. Other (specify)		
<b>Total</b>	<b>\$</b>	<b>\$</b>

Laboratory Fee Reimbursement:

HIV Rapid Test: \$15

Chlamydia Test: \$12

Gonorrhea Test: \$12

Chlamydia and Gonorrhea: \$14

Hepatitis B Markers: \$45

Hepatitis C Ab: \$20

Hepatitis C RNA: \$55

**KNOWYO Event Kit**

Please indicate which items you need for your event:

Knowyo.org backdrop \_\_\_\_\_

Knowyo.org ping pong table \_\_\_\_\_

**BILL TO:****Wyoming Department of Health**

Public Health Sciences Section  
 Communicable Disease Unit

6101 Yellowstone Rd. Ste. 510

Cheyenne, WY 82002

Phone 307-777-8939 Fax 307-777-5279

**INVOICE****From:**

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**Invoice # [100]**

**Date: [Click to select a date]**

Please complete the invoice below to denote spending based off approved budget for the HIV Funding Opportunity. Section A will be completed for any expenses. Section B will need to be completed for all testing. For questions please contact Molly Adami at 307-777-8939 or molly.admai@wyo.gov

**BUDGET EXPENSE REPORT FORM****WYOMING DEPARTMENT OF HEALTH**

Line Item	Proposed Budget	Actual Budget
1. Equipment		
2. Supplies		
3. Travel		
4. Communication		
5. Marketing		
6. Staff Education/Training		
7. Other: _____		
<b>Total</b>		

**Laboratory Fee Reimbursement:**

**HIV Rapid Test: \$15**

**Chlamydia (CT) Test: \$12**

**Gonorrhea (GC) Test: \$12**

**CT/GC: \$14**

**Hepatitis B Markers: \$45**

**Hepatitis C Ab: \$20**

**Hepatitis C RNA: \$55**

Lab Test	Amount	Total
HIV Rapid Test		
CT		
GC		
CT/GC		
Hep B HBsAb, HBcIgM, HBsAg		
Hep C Ab		
Hep C RNA		
<b>Total</b>		

Section	Proposed Budget	Actual Budget
Section A		
Section B		
<b>Totals</b>		