

**South Carolina Department of Health and Environmental Control
Community-Based HIV/STD/Viral Hepatitis Prevention Services
FY 2022 Grant Year**

REQUEST FOR GRANT APPLICATIONS (RFGA)

CFDA Numbers: 93.940 and 93.977

Posting Date: September 8, 2021

ATTENTION! IMPORTANT DETAIL!

Your application must be submitted in a sealed package. (Original + 6 copies marked as “Copy”) RFGA Number and Deadline/Closing Date (see below) must appear on package exterior.

Deadline/Closing Date for Applications:	October 12, 2021 - By 2:30 PM DST
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RFGA Number: FY2022-RFGA-HV-205

Submit your sealed package to either of the following addresses:

<p>MAILING ADDRESS: SC DHEC – Division of Contracts Bureau of Business Management 301 Gervais Street Columbia, SC 29201</p>	<p>PHYSICAL ADDRESS: SC DHEC – Public Health Contracts Bureau of Business Management Columbia Mills Building – 4th Floor 301 Gervais Street Columbia, SC 29201 See additional physical address information below.</p>
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Number of Copies to be Submitted: One (1) original and six (6) copies marked as “Copy”

The South Carolina (SC) Department of Health and Environmental Control (DHEC) offers this Request for Grant Applications (RFGA) for the funds administered by DHEC for the State of South Carolina from the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). Acceptable applications that will be considered as part of this grant program are those that support the activities, goals, and objectives in alignment with the following guidance documents, links to which can be found on page 5: the United States *National HIV/AIDS Strategy (NHAS), Updated to 2020*; *National Strategic Plan: A Roadmap to End the Epidemic for the United States: 2021-2025*, *Ending the HIV Epidemic: A Plan for America*; *S.C. DHEC’s HIV/AIDS Strategy, 2017-2021*; and *S.C. DHEC’s Ending the HIV Epidemic (EHE) Plan*. The use of these funds is subject to all federal and state requirements as outlined in the scope of work. Funds may not be used for any other purpose. DHEC reserves the right to determine whether a proposal falls within the scope of activities and is eligible under the stated guidelines. Applications are only accepted during the Request for Applications period and will be evaluated by independent evaluators based on the award criteria stated in the solicitation.

It is the intent of DHEC to accept grant applications to provide comprehensive community-based HIV prevention and associated integrated STD and viral hepatitis prevention services to persons at high-risk for becoming infected with HIV and for persons with HIV. The subrecipients shall use federal CDC funds, administered by DHEC, to provide services to eligible persons in the same or

substantially same manner as detailed in DHEC’s grant proposal to the CDC, or if different in the award, in the same or substantially similar manner as set forth therein rather than in the proposal. The anticipated amount of award* in each service area is as follows:

	Component A		Component B (Optional)		Component C (Optional)	Component D (Optional)
DHEC Public Health Region**	Core HIV/STD/Viral Hepatitis Prevention Programs	Capacity Building Services for Men Who Have Sex with Men (MSM) - specific, HIV prevention educational event (optional)	Targeted Syphilis Screening and Linkage to Medical Care Services (optional)	Capacity building services and administrative support for public health professionals’ periodic trainings, with particular emphasis on workforce trainings for Disease Intervention Specialists (optional)	Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE) Plan (optional)	Targeted Latinx Outreach and/or Mobile HIV testing (optional)
Midlands	\$300,000 - \$375,000					
Lowcountry (includes Edisto area)	\$180,000 - \$246,000					
Pee Dee	\$150,000 - \$210,000					
Upstate	\$150,000 - \$210,000					
Total Funds Available Statewide	Up to \$1,041,000 <i>Up to 10 awards</i>	Up to \$20,000 <i>1 award</i>	Up to \$54,000 <i>Up to 4 awards, ~\$13,500 per award</i>	Up to \$3,000 <i>1 award</i>	Total funds available \$965,000 <i>Up to 5 awards for mobile HIV testing, ~ up to \$94,000 per award Up to 9 awards for Comprehensive PrEP services ~up to \$55,000 per award</i>	Total funds available Up to \$180,000 <i>Up to 2 awards</i>

*ESTIMATE ONLY: FUNDING FOR THE APPLICANTS IS DEPENDENT UPON RECEIPT BY DHEC OF FEDERAL FUNDS. Awards may be increased or decreased due to amount and/or availability of funding at the time of the awards.

**A map of DHEC’s Public Health Regions can be found:

<https://scdhec.gov/sites/default/files/media/document/DIS%20FOM%20Health%20Regions%20Map.pdf>

Multiple awards may be made with individual awards ranging from \$27,500 to the full region-anticipated amount.

Eligibility: Organizations which are eligible to apply for funds must:

1. The applicant must have at least a three (3) year documented history (within the past three (3) years) of providing services to persons at high-risk for becoming infected with HIV and/or persons with HIV (PWH) as outlined in Section III, Scope of Services.
2. The applicant must have at least two training certificates to fully document the organization's ability to provide HIV testing services.
3. The applicant must have a current Clinical Laboratory Improvement Amendments (CLIA) waiver that indicates the organization's ability to provide HIV testing services. Applicants must submit a copy of current CLIA waiver.
4. The applicant must have documentation of a quality assurance protocol and service procedures manual for HIV testing.
5. The applicant must have the documented infrastructure capacity to operate on a cost reimbursement basis and have a system or systems in place to provide supporting documentation for reimbursements.
6. The applicant must have the documented organizational fiscal stability to maintain its agency's core services without the prevention funds provided in this grants process.
7. The applicant must submit a Certificate of Existence, also known as a Certificate of Good Standing, from the South Carolina Secretary of State. This certificate states that an entity is in good standing with the Secretary's Office, and has, to the best of the Secretary of State's knowledge, filed all tax returns with the SC Department of Revenue. The certificate can be requested via <https://web.sc.gov/SOSDocumentRetrieval/Welcome.aspx>
8. The applicant must have a physical office in South Carolina with an established history of providing HIV services in South Carolina for at least three years.
9. DHEC subrecipients in a probationary status with DHEC are not eligible to apply for additional federal funding or funds derived from federal funds.
10. A subrecipient previously terminated by DHEC must wait three (3) years before an application will be considered for funding from DHEC.
11. **Risk Assessment:** As noted in the Code of Federal Regulations 2 CFR 200.331(b), DHEC, as the passthrough entity of federal grant awards, is responsible for monitoring subrecipients for compliance with all requirements of the award and applicable federal, state, county and municipalities laws, ordinances, rules, and regulations.

Pre-award - DHEC has adapted a best practice approach of performing pre-award risk assessments before applicants receive Federal subawards. This best practice is consistent with 2 CFR 205. The pre-award risk assessment (see **Attachment A**) will be in the form of a questionnaire to be completed by the applicants/potential subrecipients. A completed pre-award risk assessment must be included with the application and will be reviewed by DHEC's Bureau of Financial Management and provided to the review panel members prior to making funding recommendations to the program.

Applicants should refer to Section V: Information for Applicants to Submit/Scoring Criteria, under Item B - Eligibility Determination Documentation to review eligibility documentation and submission requirements.

If applicant is deemed eligible to apply based on requirements above and in Section V, the applicant must also be able to fulfill the Scope of Services in Section III for each Component in which it is applying.

How to Apply: See the Request for Grant Applications (RFGA) for additional details regarding information to be included with your submission. A cover letter should be included and signed by an authorized agent or other official organization employee. Eligible applicants must submit the required documents to either the mailing address or physical address listed on page 1.

Deadline: The deadline for all applications is October 12, 2021, by 2:30 P.M. DST.

RFGA Webinar: DHEC will also hold an informational webinar providing details on this RFGA and related activities and requirements on September 13, 2021 at 1:00 P.M. Follow this [LINK](https://scdhec.webex.com/scdhec/j.php?MTID=mbb6056212d991ac9c197fa58d5d8a49d) - <https://scdhec.webex.com/scdhec/j.php?MTID=mbb6056212d991ac9c197fa58d5d8a49d>

Questions & Answers: Questions will be accepted until 5:00 P.M. EDT on September 15, 2021. All questions must be submitted in writing to Tony Price at priceae@dhec.sc.gov with a cc to preventionreports@dhec.sc.gov. Responses will be posted by September 20, 2021 by 5:00 PM EDT.

Available Funding Date: Final selection of all successful applicants is anticipated to be made and notifications released on or before October 29, 2021. Final Grant Agreements will be executed to be effective when signed by both the applicant and DHEC. January 1, 2022 is the anticipated start work date.

A draft copy of the Subaward Agreement is included **Attachment B**.

Budget Form for Proposals: Every application must be accompanied by a budget and budget narrative. A budget template with guidance, including allowable expenses, is included in **Attachment C**. Applications received without a budget and budget narrative will be rejected and not reviewed by the review panel.

For more information about this Request for Grant Application process, please visit our website at <https://scdhec.gov/health-professionals/clinical-guidance-resources/hiv-aids-std-resources/prevention>.

All vendors and contractors must have a state vendor number to receive reimbursement from DHEC. To obtain a state vendor number, visit www.procurement.sc.gov and select New Vendor Registration. (To determine if your business is already registered, go to “Vendor Search”). Upon registration, you will be assigned a state vendor number. Vendors and contractors must keep their vendor information current. If you are already registered, you can update your information by selecting Change Vendor Registration. (Please note that vendor registration does not substitute for any obligation to register with the S.C. Secretary of State or S.C. Department of Revenue. You can register with the agencies at <http://www.scbos.com/default.htm>.)

Additional Physical Address Information:

Visitors arriving at 301 Gervais Street will notice that this is also the location of the State Museum. Do not enter using the main museum entrance. To enter DHEC, visitors are to proceed

from the front of the building to the left side (canal side), following the signs to “Visitor Parking Garage.” Parking is available in the lower and upper deck of the two-level parking garage.

Adjacent to the first floor of the parking garage is a glass door with a DHEC logo. This entrance is locked at all times. Press the intercom button to request entrance into the building. The door will be opened by the DHEC receptionist. When you enter the building, you will be required to sign in. You will be escorted to the 4th floor receptionist for your application to be date/time stamped. If you have any issues with building access, please call DHEC’s procurement receptionist at (803) 898-3501.

It will take several minutes to obtain building access and have your application date/time stamped. Please allow at least thirty (30) minutes for this process of obtaining building access and getting your application stamped in. The deadline for applications is identified on page 1. Please plan accordingly as deadline times will not be adjusted.

Applicants may reference the following guidance documents listed on Page 1 of the RFGA:

The United States *National HIV/AIDS Strategy (NHAS), Updated to 2020*

<https://www.hiv.gov/sites/default/files/nhas-2020-action-plan.pdf>

The National Strategic Plan: A Roadmap to End the Epidemic for the United States: 2021-2025

<https://hivgov-prod-v3.s3.amazonaws.com/s3fs-public/HIV-National-Strategic-Plan-2021-2025.pdf>

Ending the HIV Epidemic: A Plan for America

<https://www.cdc.gov/endhiv/docs/ending-HIV-epidemic-overview-508.pdf>

S.C. DHEC’s HIV/AIDS Strategy, 2017-2021

https://scdhec.gov/sites/default/files/docs/Health/docs/stdhiv/SC%20HIVAIDS%20Strategy_2017-2021_FINAL_091916.pdf

S.C. DHEC’s Ending the HIV Epidemic (EHE) Plan

https://scdhec.gov/sites/default/files/media/document/SC-Ending-HIV-Epidemic-Plan-2021-2025_FINAL.pdf

Other reference guides:

HIV Testing in Nonclinical Settings and Clinical Laboratory Improvement Amendments (CLIA)

<https://www.cdc.gov/hiv/testing/nonclinical/index.html>

CDC Effective Interventions

<https://www.cdc.gov/hiv/effective-interventions/index.html>

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

I. BACKGROUND

The U.S. Department of Health and Human Services HIV and STD Prevention Program funding for the State of South Carolina is administered by the South Carolina Department of Health and Environmental Control (DHEC) through the STD/HIV Division of its Bureau of Communicable Disease Prevention and Control. DHEC distributes the funds to eligible non-profit organizations.

HIV Prevention funds are provided by the U.S. Centers for Disease Control and Prevention (CDC) to DHEC and are authorized under Sections 317K2 and 318 of the Public Health Service Act (42 U.S.C. §§ 247(k)(2) and 247c as amended). The Catalog of Federal Domestic Assistance number is 93.940. The funds are provided for activities in alignment with the following guidance documents: The United States *National HIV/AIDS Strategy (NHAS), Updated to 2020; Ending the HIV Epidemic: A Plan for America; National Strategic Plan: A Roadmap to End the Epidemic: 2021-2025, S.C. DHEC's HIV/AIDS Strategy, 2017-2021; and S.C. DHEC's Ending the HIV Epidemic (EHE) Plan*. STD Prevention funds are provided by the CDC to DHEC and are authorized under Section 318 of the Public Health Service Act; the CFDA number is 93.977.

Approximately \$2,263,000 annually is anticipated through this Request for Grant Applications (RFGA) to fund HIV/STD/Viral Hepatitis prevention awards to community-based organizations (CBOs). This total amount includes funds for four program components: 1) Core HIV/STD/Viral Hepatitis Prevention Programs (approximately \$1,041,000) and Capacity building services – Men who have Sex with Men (MSM)-specific, for an HIV prevention educational event (\$20,000); 2) Targeted Syphilis Screening and Linkage to Medical Care Services (approximately \$54,000) and Capacity Building Services for Public Health Professionals and Other Providers of HIV, STD and Viral Hepatitis Services (approximately \$3,000); 3) Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's *Ending the HIV Epidemic (EHE) Plan* (approximately \$965,000); and 4) Targeted Latinx Outreach and Mobile HIV/STD/Viral Hepatitis Testing (approximately \$180,000). The total anticipated funds (approximately \$2,263,000) may not be fully awarded in this RFGA process and may be held for allocation in a future funding process. Final award amounts will be negotiated depending on the number of providers awarded and funds available. The total of \$2,263,000 is based upon an annual 12-month award amount.

Priority consideration will be given to organizations with the capacity to deliver services as specified within this RFGA in geographic areas that have the highest number of HIV prevalent cases (based on DHEC surveillance data for persons diagnosed and living with HIV at the end of calendar year 2020) and HIV incident cases (HIV infections newly diagnosed and reported to DHEC within the two calendar years of 2019-2020). Applicants can reference HIV prevalence and incidence data on DHEC's HIV, AIDS, STD Data Reports webpage located at: <https://scdhec.gov/hiv-aids-std-data-reports>. Consideration will be given to CBOs that meet the qualifications and specifications as indicated in this RFGA, conditional upon the CBO being based within the state of South

Carolina.

Funds will be awarded for up to a five-year project period. Yearly continuation awards within an approved project period will be made based on satisfactory progress as evidenced by successfully implementing required subrecipient activities, submitting required reports in a timely manner and compliance with all other contractual obligations. Continuation awards are subject to funding availability from CDC to DHEC.

The use of funds should be consistent with the *SC HIV/AIDS Strategy*, including the *Integrated HIV Prevention and Care Plan 2017 – 2021*, and *South Carolina’s Ending the HIV Epidemic Plan*. Links to referenced plans can be found on Page 5. Funds may not be used to provide direct patient medical care, e.g., ongoing medical management and provision of medications. If funds are awarded for integrated (STD/viral hepatitis) services or capacity building activities, the funding awards will only be made to programs that are eligible for and awarded funds primarily for HIV prevention services. Funds cannot be carried over at the end of a budget year (the end of each calendar year of operation).

Through this RFGA, DHEC will make available grants to fund approximately five to ten subrecipients.

II. SCOPE OF GRANT PROPOSAL

It is the intent of DHEC to accept grant applications to provide comprehensive community-based HIV prevention and associated integrated STD and viral hepatitis prevention services to persons at high-risk for becoming infected with HIV and for persons with HIV (PWH). The subrecipients shall use federal CDC funds, administered by DHEC, to provide services to eligible persons in the same or substantially same manner as detailed in DHEC’s grant proposal to the CDC and as identified and listed in the *S.C. Integrated HIV Prevention and Care Plan 2017 – 2021*, which is part of the *S.C. HIV/AIDS Strategy*, and the *South Carolina Ending the HIV Epidemic Plan*.

III. SCOPE OF SERVICES

A. REQUIRED SERVICES BY FUNDING COMPONENT

There are four components (A, B, C, and D) in which applicants can apply for funds.

Component Letter	Component Name	Fundable Programs Under Component	Additional Information
Component A	Core HIV/STD/Viral Hepatitis Prevention Programs	<ul style="list-style-type: none"> • In-house and outreach HIV testing inclusive of HIV linkage to medical care, partner services, and essential support services • Risk reduction interventions for reaching persons most at risk for HIV infection and who are unaware of their HIV status** • Risk reduction interventions for persons with HIV (PWH)** • Interventions for Medication Adherence (MA) or 	<ul style="list-style-type: none"> • The minimum requirement for Component A is providing in house or outreach HIV testing inclusive of linkage to medical care, partner services, and essential support services.

		Linkage/Retention/Re-engagement (LRR) services for PWH** <ul style="list-style-type: none"> • Capacity-building services – MSM-specific, HIV prevention educational event** • Integrated STD/viral hepatitis screening services** 	
Component B	Targeted MSM syphilis screening and linkage to medical care services*	<ul style="list-style-type: none"> • Targeted MSM syphilis screening and linkage to medical care services • Capacity building services – Administrative support for periodic workforce trainings for public health professionals and other providers, with emphasis on Disease Intervention Specialists** 	<ul style="list-style-type: none"> • To be eligible for Component B activities, applicants must provide the minimum requirement of providing in house or outreach HIV testing under Component A.
Component C	Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's Ending the HIV Epidemic (EHE) Plan*	<ul style="list-style-type: none"> • Mobile HIV testing** • HIV self-testing (HIV home test kits)** • Comprehensive Pre -Exposure Prophylaxis (PrEP) Services** • Integrated STD/viral hepatitis screening services** 	<ul style="list-style-type: none"> • To be eligible for Component C activities, applicants must provide the minimum requirement of providing in house or outreach HIV testing under Component A.
Component D	Targeted Latinx Outreach and Mobile Testing*	<ul style="list-style-type: none"> • Outreach testing and/or mobile HIV testing with Latinx population • Integrated STD/viral hepatitis screening services** 	<ul style="list-style-type: none"> • Component D is a standalone category; applicants do not have to apply for Component A, B, or C to apply for funds under Component D.

*Indicates optional components in which applicants can apply for if able to fulfill scope of services.

**Indicates programs that are optional under corresponding component.

Component A – Core HIV/STD/Viral Hepatitis Prevention Programs

Core HIV/STD/Viral Hepatitis Prevention program includes: 1) HIV testing inclusive of linkage to medical care, partner services, and essential support services; 2) Risk reduction, effective interventions for reaching persons most at risk for HIV infection and who are unaware of their HIV status; 3) Risk reduction, effective interventions for persons with HIV (PWH); 4) Interventions for Medication Adherence (MA) or Linkage/Retention/Re-engagement (LRR) Services with Persons with HIV; and 5) Capacity building services for MSM-specific, HIV prevention educational event.

1. For HIV testing inclusive of linkage to medical care, partner services, and essential support services, applicants must:

- a. Maintain at least two paid staff with current HIV testing credentials (certificates, etc.).
- b. Have a current documentation of a CLIA waiver for conducting HIV testing.
- c. Have documentation of a quality assurance protocol and service procedures manual for HIV testing and provide annual review of policies and procedures within the HIV testing manual.

- d. Have the program aimed at reaching persons who are at greatest risk for HIV infection and who are unaware of their HIV status.
- e. Utilize local jurisdiction data or agency historical data to target priority populations for in-house and outreach HIV testing efforts.
- f. Have at least a three-year documented history (within the past three calendar years) of providing HIV testing services to one or more of South Carolina's priority populations.
- g. Maintain at least 1% HIV positivity rate annually.
- h. Collaborate with the local health department(s), specifically in regard to conducting HIV Testing and Linkage Services, STD screenings, Hepatitis B virus (HBV) and Hepatitis C virus (HCV) Testing and Linkage Services, and Hepatitis A/B vaccine service referrals.
- i. Link persons with newly diagnosed HIV to HIV medical care and ART within 30 days of HIV diagnosis.
- j. Refer 100% of persons newly diagnosed with HIV to Partner Services.
- k. Refer persons diagnosed with HIV (newly and previously diagnosed) to prevention and essential support services (e.g., health benefits and enrollment, evidence-based interventions, behavioral health services, social services, and housing).
- l. Provide educational materials for biomedical prevention (i.e., Pre-exposure Prophylaxis (PrEP)) to all clients tested or referred to the agency regardless of test results.
- m. To the extent practical, assist DHEC with HIV response efforts and other public health outbreaks if assistance is requested. Recipient organizations should be prepared to assist the state and local health departments in responding to HIV clusters and outbreaks. Such activities, may include, but are not limited to: tailoring other strategies and activities (e.g., HIV testing efforts, PrEP awareness, referral to Partner Services) to support local cluster response; supporting state and/or local health departments with Data-to-Care efforts, to include data sharing for improved program outcomes; support health department efforts with cluster response efforts for interrupting HIV transmission, as requested and practical; and establishing a MOA with health department(s) in support of HIV cluster response activities, including data sharing and Partner Services referrals.
- n. Have the ability to support Spanish speaking clients either through bilingual staff member(s) or translation service.
- o. DHEC encourages organization to examine status neutral service options provide comprehensive support and care to address social determinants of health that create disparities.
- p. DHEC encourages organization to have a diverse staff that includes staff representative of populations served.
- q. DHEC encourages organizations to have at minimum their HIV prevention staff be trained in TRANSFORM (Transforming from HIV Prevention Practice to Prevention Innovation): Comprehensive HIV Care Delivery for MSM of Color.

2. Optional - For risk reduction effective interventions for reaching persons most at the risk for HIV infection and who are unaware of their HIV status, applicants must:

- a. Implement health education and risk reduction effective interventions to support recruitment, outreach, and engagement in HIV services.

- b. Propose to implement one or more of the following risk reduction effective interventions for persons at risk for acquiring HIV: Many Men, Many Voices (3MV); Testing Together; and/or implement strategies from CDC’s Toolkit for Providing HIV Prevention Services to Transgender Women of Color and/or Couples HIV Interventions Program (CHIP).
- 3. Optional - For risk reduction effective interventions for persons with HIV (PWH), applicants must:**
- a. Propose to implement one or more of the following risk reduction effective interventions for persons with HIV: Healthy Relationships, HIV Navigation Services, and/or Transgender Women Involved in Strategies for Transformation (TWIST).
- 4. Optional – For interventions for Medication Adherence (MA) or Linkage/Retention/Re-engagement (LRR) Services with Persons with HIV, applicants must:**
- a. Opt to implement a CDC approved medication adherence strategy or enhance agency’s existing medication adherence support program.
 - b. Opt to implement a CDC approved linkage to HIV medical care strategy, strategies include: an agency’s existing program linkage to medical program or HIV Navigation Services – STEPS to Care.
- 5. Optional – For capacity building services for MSM-specific, HIV prevention educational event, applicants must:**
- a. Coordinate and provide overall management of a state-level, statewide, MSM-specific, HIV prevention educational event.

Optional - Component B – Targeted MSM Syphilis Screening and Linkage to Medical Care Services and Capacity Building Services supports targeted MSM syphilis screening and linkage to medical care services and capacity building services and administrative support for public health professionals’ periodic trainings, with particular emphasis on workforce trainings for Disease Intervention Specialists.

**As noted previously, the applicant must apply for the Core HIV/STD/Viral Hepatitis Prevention Programs listed under Component A program to be eligible for the programs supported under Ending the HIV Epidemic Services, Component C. An organization does not have to apply for each program under Component B. (i.e., applicant may apply for Targeted MSM Syphilis Screening and Linkage to Medical Care Services, but not Capacity Building).*

- 1. Optional – For targeted MSM syphilis screening and linkage to medical care services, applicants must:**
- a. Have at least three (3) years documented history (within the past three calendar years) of annually providing targeted syphilis testing services to at least 200 MSM, with greater than 50% of the MSM testing services being provided to African American MSM (AAMSM).
 - b. Be able to identify at least five new early syphilis cases per project year.
 - c. Budget \$1,500 for participant registration for the S.C. MSM HIV Conference.

2. Optional - Capacity building services and administrative support for public health professionals' periodic trainings, with particular emphasis on workforce trainings for Disease Intervention Specialists, applicants must:

- a. Provide administrative support for periodic trainings for public health professionals and other providers, with particular emphasis on workforce trainings for Disease Intervention Specialists.

Optional - Component C – Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's Ending the HIV Epidemic (EHE) Plan*

Component C includes the following programs: 1) mobile HIV testing, 2) HIV self-testing, 3) comprehensive Pre-Exposure Prophylaxis (PrEP) services, and 4) integrated STD services.

**As noted previously, the applicant must apply for the Core HIV/STD/Viral Hepatitis Prevention Programs listed under Component program to be eligible for the programs supported under Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's Ending the HIV Epidemic (EHE) Plan, Component C. An organization does not have to apply for each program under Component C. (i.e., applicant may apply for Comprehensive PrEP Services, but not mobile HIV testing).*

1. Optional - Mobile HIV Testing, applicants must:

- a. Have program aimed at reaching persons who are at greatest risk for HIV infection and who are unaware of their HIV status.
- b. Primarily serve members of EHE identified priority populations.
- c. Utilize local jurisdiction data or agency historical data to target priority populations for outreach HIV testing efforts.
- d. Maintain at least two paid staff with current HIV testing credentials (certificates, etc.).
- e. Have a current documentation of a CLIA waiver for conducting HIV testing.
- f. Have documentation of a quality assurance protocol and service procedures manual for HIV testing and provide annual review of policies and procedures within HIV testing manual.
- g. Dedicate at least 0.5 FTE to oversee the HIV mobile testing program.
- h. Have an operational mobile unit or van or a formal partnership (i.e., current Memorandum of Agreement (MOA) within last 2 years) with an entity to provide mobile testing at minimum on a monthly basis; MOA must demonstrate that partnership is at least through the end of December 2022. HIV testing within the mobile unit should be compliant with the manufacturer instructions of the HIV test kit and controls, CLIA, and OSHA (Occupational Safety and Health Administration) standards.
- i. Be able to operate mobile unit or van either during and/or outside of traditional business hours.
- j. Provide DHEC with a monthly testing calendar by the 5th of each month for mobile HIV testing events.
- k. Provide at least three (3) mobile testing events a month.
- l. Identify new partnerships for mobile HIV testing and establish a monthly testing schedule for mobile operations.
- m. Link persons with newly diagnosed HIV to HIV medical care and ART within 30 days of HIV diagnosis.
- n. Refer 100% of persons newly diagnosed with HIV to Partner Services.
- o. Refer persons diagnosed with HIV (newly and previously diagnosed HIV

- prevention) to prevention and essential support services (e.g., health benefits and enrollment, evidence-based interventions, behavioral health services, social services, and housing).
- p. Collaborate with the local health department(s), specifically in regard to conducting HIV Testing and Linkage Services, STD screenings, Hepatitis B virus (HBV) and Hepatitis C virus (HCV) Testing and Linkage Services, and Hepatitis A/B vaccine service referrals.
 - q. Provide documentation of providing direct services or collaborating with local agencies to provide essential support services to all clients regardless of HIV status.
 - r. Conduct opioid risk assessment with DHEC's supported tool with each client tested for HIV.
 - s. Increase marketing and outreach to EHE priority populations, identified hot spots, and rural communities.
 - t. Provide educational information and harm reduction supplies to persons who inject drugs (PWIDs). DHEC will be able to provide some educational information and harm reduction materials, but organization may use funds to purchase additional supplies.
 - u. To the extent practical, assist DHEC with HIV response efforts and other public health outbreaks if assistance is requested. Recipient organizations should be prepared to assist the state and local health departments in responding to HIV clusters and outbreaks. Such activities, may include, but are not limited to: tailoring other strategies and activities (e.g., HIV testing efforts, PrEP awareness, referral to Partner Services) to support local cluster response; supporting state and/or local health departments with Data-to-Care efforts, to include data sharing for improved program outcomes; support health department efforts with cluster response efforts for interrupting HIV transmission, as requested and practical; establishing a MOU with health department(s) in support of HIV cluster response activities, including data sharing and Partner Services referrals.
 - v. Support Spanish speaking clients either through bilingual staff member(s) or translation service.
 - w. DHEC encourages organizations at minimum to have their HIV prevention staff be trained in TRANSFORM: Comprehensive HIV Care Delivery for MSM of Color.

2. Optional - If proposing to provide HIV self-testing, the applicant must:

Note – Applicants may propose to receive up to 100 self-test kits annually from DHEC.

- a. Have a program aimed at reaching persons who are at greatest risk for HIV infection and who are unaware of their HIV status.
- b. Have a written HIV self-testing/home testing policy and/or procedure based on manufacturer's instructions.
- c. Have a tracking system in place to track self-test kits distributed and self-test outcomes.
- d. Link persons with newly diagnosed HIV to HIV medical care and ART within 30 days of HIV diagnosis.
- e. Refer persons diagnosed with HIV (newly and previously diagnosed) to prevention and essential support services (e.g., health benefits and enrollment, evidence-based interventions, behavioral health services, social services, and housing).

- f. Ensure a mechanism is in place to report HIV self-testing (home test kit) data to DHEC. Based on CDC data tables, examples of data to be collected include the number of test kits distributed, number of persons who receive one or more HIV self-test kits, number of newly diagnosed HIV-positive persons confirmed in surveillance, number of newly diagnosed HIV-positive persons identified by self-report, number of previously diagnosed HIV infections and demographic data such as age, gender, race/ethnicity, and population group (risk).

3. Optional - If proposing to provide Comprehensive Pre-Exposure Prophylaxis (PrEP) services, the applicant must:

- a. Have at least a two-year documented history (within the past three calendar years) of providing PrEP screening, navigation, and linkage services for persons at risk for HIV.
- b. Have capacity to implement a comprehensive PrEP program inclusive of the following:
 - i. In-house provider (or a Memorandum of Agreement (MOA) with provider) to deliver provide PrEP services.
 - ii. Providing PrEP education to clients tested for HIV at your agency or referred from another organization.
 - iii. Screening for PrEP eligibility based on CDC or agency eligibility standards which includes client engagement, HIV risk assessment, and determining PrEP eligibility and interest.
 - iv. Providing PrEP navigation services including identifying and referring/linking persons requesting PrEP to provider, assisting with health insurance navigation and linkage (if applicable), identifying and reducing barriers to care, and tailoring education to the client to influence their health-related attitudes and behaviors.
 - v. Supporting adherence to PrEP (educating clients about medication, anticipating, and managing side effects, establishing dosing routines, providing reminder systems and tools, addressing client specific issues that may impede adherence, and facilitating social support).
 - vi. Ensuring required follow-up testing is scheduled and performed to support adherence (i.e., HIV, every 3 months; STD, every 3 to 6 months; Kidney function, every 6 months; Pregnancy and assess pregnancy intention every 3 months; and those with chronic hepatitis B infections, HBV DNA test every 6 to 12 months while prescribed PrEP).
- c. Dedicate at least 0.5 FTE to oversee comprehensive PrEP program. Applicants are encouraged to recruit job candidates for this program from communities and populations most impacted by HIV.
- d. Have PrEP policies/procedures in place. PrEP policies and procedures and case management documentation will be reviewed during annual site visits.
- e. Conduct opioid risk assessment provided by DHEC with each client tested.
- f. Ensure a mechanism is in place to report PrEP data to DHEC. Based on CDC data tables, examples of data to be collected include: the number of persons screened for PrEP need, eligible for PrEP referral, referred to PrEP provider, linked to a PrEP provider, and prescribed PrEP. Other data such as demographic data (age, gender, race/ethnicity, and population group (risk))

will be also be reported.

- g. Support Spanish speaking PrEP clients either through bilingual staff members(s) or translation service.

4. Optional - If proposing to provide Integrated STD/Viral Hepatitis Screening Services, the applicant:

- a. May utilize up to 5% of funds of the requested total funding amount to implement and/or strengthen and enhance screening activities with the agency (e.g., Chlamydia, Gonorrhea, Hepatitis B/C, Syphilis).
- b. Shall ensure that clients with positive screening results are linked to appropriate medical care and receive timely and appropriate evaluation and treatment. Positive syphilis screening results should be referred to Partner Services.
- c. Shall have STD/viral hepatitis testing procedures/policies in place. STD/viral hepatitis policies and procedures are subject to be reviewed during annual site visits.

Optional - Component D: Targeted Latinx Outreach and/or Mobile HIV Testing

**As noted previously, Component D is a stand-alone component, applicants are not required to apply for Component A, B, or C. However, applicants still must submit eligibility documentation, cover letter, and complete Application Narrative sections C-F if applying for Component D.*

1. If proposing to deliver targeted Latinx Outreach and/or mobile HIV testing, the applicant must:

- a. Deliver HIV testing and may deliver comprehensive PrEP and linkage services, and STD screenings for Syphilis, Gonorrhea, and Chlamydia as well as Hepatitis C testing.
- b. Utilize local jurisdiction data or agency historical data to target priority populations for outreach HIV testing efforts.
- c. Have the ability to provide outreach HIV testing services to the Latinx community and/or have an operational mobile unit or van or a formal partnership (i.e., partnership with an organization providing direct services with the Latinx community). For identified partnerships, partners should be in good standing with the South Carolina Secretary of State and have not been previously terminated with DHEC (within the last 3 years) with entity to provide mobile testing at minimum on a monthly basis; MOA must demonstrate that partnership is through at least the end of December 2022. HIV testing within the mobile unit should be compliant with HIV test manufacturer, CLIA and OSHA standards.
- d. Have at least two paid staff with current HIV testing credentials (certificates, etc.).
- e. Have current documentation of a CLIA waiver for conducting HIV testing.
- f. Have documentation of a quality assurance protocol and service procedures manual for HIV testing.
- g. Provide documentation of collaborating with the local health department(s), specifically in regard to conducting HIV Testing and Linkage Services, STD screenings, Hepatitis B virus (HBV) and Hepatitis C virus (HCV) Testing and Linkage Services, and Hepatitis A/B vaccine service referrals.
- h. Link persons with newly diagnosed HIV to HIV medical care and ART within 30 days of HIV diagnosis.

- i. Refer 100% of persons newly diagnosed with HIV to Partner Services.
- j. Refer persons diagnosed with HIV (newly and previously diagnosed HIV prevention) to prevention and essential support services (e.g., health benefits and enrollment, evidence-based interventions, behavioral health services, social services, and housing).
- k. Provide educational materials for biomedical prevention (i.e., Pre-exposure Prophylaxis, PrEP) to all clients tested or referred to the agency regardless of test results.
- l. Provide educational information and harm reduction supplies to Latinx persons who inject drugs (PWIDs). DHEC will be able to provide some educational information and harm reduction materials, but organization may use funds to purchase additional supplies.
- m. Provide condoms and other prevention tools to prevent the transmission of HIV along with maintaining distribution records and proper storage documentation in adherence with manufacturers guidance.
- n. To the extent practical, assist DHEC with HIV response efforts and other public health outbreaks if assistance is requested. Recipient organizations should be prepared to assist the state and local health departments in responding to HIV clusters and outbreaks. Such activities, may include, but are not limited to: tailoring other strategies and activities (e.g., HIV testing efforts, PrEP awareness, referral to Partner Services) to support local cluster response; supporting state and/or local health departments with Data-to-Care efforts, to include data sharing for improved program outcomes; support health department efforts with cluster response efforts for interrupting HIV transmission, as requested and practical; establishing a MOU with health department(s) in support of HIV cluster response activities, including data sharing and Partner Services referrals.
- o. Support Spanish speaking clients either through bilingual staff member(s) or translation service.
- p. DHEC encourages organizations to have at minimum their HIV prevention staff be trained in TRANSFORM: Comprehensive HIV Care Delivery for MSM of Color,

FUNDING FOR THESE APPLICANTS IS DEPENDENT UPON RECEIPT BY DHEC OF FEDERAL FUNDS. Complete lists of fundable prevention services for each RFGA component are provided as **Attachments D-F**.

B. REQUIRED ACTIVITIES

The applicant awarded under this grant application (subrecipient) shall:

1. Develop an annual program plan in a DHEC-required planning template by November 15 of each grant year based on the selected components and proposed programs and priority populations for the geographic area(s) proposed for service delivery. The program plan should be based on the service area's local epidemiology and local needs assessment information, including a resource inventory and gap analysis:

Component A – Core HIV/STD/Viral Hepatitis Prevention Programs:

- a. HIV, STD and viral hepatitis testing and linkage services;

- b. Medication adherence interventions for persons with HIV (PWH) (Optional); and
- c. Interventions for persons at high risk for acquiring HIV who have not been diagnosed as PWH (Optional) and who are from one of the priority populations noted in the table in **Attachment D** of this RFGA.

Component B - Targeted MSM syphilis screening and linkage to medical care services and capacity building service (Optional, if applicant is not submitting for Component B, the items listed below are not applicable):

- a. Targeted MSM syphilis screening and linkage to medical care services (if applicable)
- b. Capacity building services (if applicable)

Component C - Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's *Ending the HIV Epidemic (EHE) Plan* (Optional, if applicant is not submitting for programs under Component C, the items listed below are not applicable):

- a. Mobile HIV Testing (if applicable)
- b. HIV self-testing (home test kits) (if applicable)
- c. Comprehensive PrEP Services (if applicable)

Component D – Targeted Latinx Outreach and/or Mobile HIV Testing (Optional, if applicant is not submitting for programs under Component D, the item listed below is not applicable):

- a. HIV outreach and/or mobile testing and linkage services (if applicable)

Note: All four programs require inclusion of recruitment strategies and a condom distribution plan. Approval of the annual plan must be received from DHEC prior to implementation of the services.

- 2. Only conduct social marketing and media activities when they relate directly to recruiting participants into the planned priority interventions, notably HIV, STD, and hepatitis testing, and are related to one or more of the following events or observances: National Black HIV/AIDS Awareness Day, National STD Awareness Month, National Hepatitis Testing Day, National HIV Testing Day, National Latinx HIV/AIDS Awareness Day and World AIDS Day. DHEC will encourage use of CDC-developed and other national campaign materials when practical and appropriate. No more than 5% of the funding request may be allocated to social marketing and media activities.

C. GRANT REQUIREMENTS

1. If a subrecipient enters into contractual agreements with third parties to provide the services under this RFGA, the subrecipient is responsible for providing contractual oversight ensuring compliance with all CDC and DHEC contractual and reporting requirements. Subrecipient remains fully responsible for performance of all obligations under the grant award. DHEC must approve prevention service subgrant agreements in advance of the DHEC subrecipient making such agreements final.
2. The subrecipient will consult with DHEC's STD/HIV/VH Program in developing programs/services and policies in order to assure compliance with HHS/CDC and DHEC regulations. These include meeting all reportable disease requirements in South Carolina and supporting routine surveillance activities, including, but not limited to, case investigation and follow-up.
3. The subrecipient must: (a) adhere to CDC's Data Security and Confidentiality Guidelines (*Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action* (Atlanta, GA: U.S. DHHS, CDC; 2011) (<http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>) including any amendments; (b) submit annually a certification of compliance in the form attached (**Attachment G**) assuring compliance with the standards; and (c) ensure that staff members and contractors with access to public health data attend data security and confidentiality training annually and maintain training documentation in their personnel files.
4. The subrecipient must manage all breaches of protected health information (PHI) or personally identifiable information (PII) in compliance with applicable law. Subrecipient must notify DHEC immediately upon discovery of any breach. If the breach relates to CDC-funded services, subrecipient must also notify CDC within one hour of the discovery.
5. The subrecipient must use DHEC-approved reporting mechanisms for tracking and reporting program services.
6. The subrecipient must ensure new HIV testing staff are trained in HIV/STD Laws, HIV Testing in Nonclinical Settings, HIV 101, STIs 101, PrEP 101, and Ethics & Boundaries. All testing staff are required to take refresher trainings every three (3) years as specified by DHEC on an annual basis.
7. The subrecipient must allow CDC and DHEC on-site for site visits and make complete records available, upon request, for financial, programmatic and quality management visits.
8. The subrecipient must be prepared to provide, upon request by DHEC, specific documentation of expenditures included on submitted invoices. The following areas will be reviewed:
 - a. Financial Management: Financial records will be reviewed to assure compliance with the Office of Management and Budget (OMB) and DHEC's accounting

principles. The records should provide accurate, current, and complete disclosure of financial expenditures. They must identify the source and application of funds and must be supported by invoices and other supporting documentation required by DHEC. Requested expenditures should align with annual budget approved by DHEC. All invoices should contain agency name, agency address, agency phone number, contract number, SCEIS vendor number and purchase order number. Out-of-state travel and gift/incentive cards must receive DHEC approval prior to purchase.

- b. Program Progress: Review progress in providing prevention services and expending funds.
9. The subrecipient must adhere to the Subrecipient Representation and Conduct: Code of Conduct working with DHEC as a subrecipient (See **Attachment H**).

D. FUNDING-RELATED GRANT REQUIREMENTS

1. Administrative charges to the grant are limited to ten percent (10%) of the award.
2. Annual submission of a budget and budget narrative is required for each program and subprogram, if applicable. The budget narrative must include planned expenditure details on personnel (including each funded staff by title, name, salary and job duties), fringe, supplies, equipment, travel (with enough detail to show planned travel is within state rates), contractual, other, and administration (admin expenditures must be itemized). The budget narrative portion should include clear descriptions of the use of the funds. See **Attachment C** for guidance and a sample/template. Budget must be approved by the program prior to first invoice approval.
3. If throughout the course of a grant year a budget revision is necessary and exceeds ten percent (10%) of the amount allocated for a budget line item, the subrecipient must make a written request to DHEC for approval of the revision. The budget revision will not be authorized until the subrecipient receives written approval from DHEC. Budget revision template can be found in **Attachment O**.
4. No funds may be used to make cash payments to intended recipients of services.
5. All out-of-state travel requests must be preapproved by DHEC prior to initiation of travel plans.
6. All gift/incentive cards must be preapproved by DHEC program area and Office of Federal Grants Compliance prior to purchase.
7. Meals or food items for HIV prevention-related activities should be referenced as nutritional supplements.
8. Funds may not be used for:
 - a. Research; or
 - b. Clinical or direct patient medical care; or
 - c. Medications or treatment vaccinations; or
 - d. Sterile needles or syringes for drug injection; or

- e. Construction purposes; or
- f. Reimbursement of pre-award costs; or
- g. Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body; or
- h. Salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body; or
- i. Purchase of property.
- j. Generally, funds may not be used to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.

E. GRANT REPORTING REQUIREMENTS

The subrecipient will provide programmatic, demographic, and financial plans and reports as required by the STD/HIV/VH Division. These requirements are:

1. Annual submission of an interventions services planning worksheet.
2. Annual submission of proposed budget and budget narrative. The budget submission should also include position descriptions for positions supported by the funding.
3. Monthly submission of expenditures by the last day of the month, with a courtesy extension to the 15th of each month following. Submissions of expenditures should be sent to preventioninvoices@dhec.sc.gov. Submission of required supporting documentation in accordance with DHEC's Federal Grants Compliance Requirements for Subrecipients. For each funding year, timesheet information is required with submission of the first and last invoice. Timesheet information should be included for all positions supported on the grant and account for CDC funding and all other source of funds.
4. Collect and submit process-monitoring data on all interventions. Data must be entered into a DHEC-required data collection system by the last day of the month of intervention cycle completion, with a courtesy extension to the 10th of each month following.
5. Collect and submit required HIV testing and linkage, PrEP, and essential support services data in Evaluation Web by the last day of the month of service delivery, with a courtesy extension to the 15th of each month following.
6. Report all data in a timely manner. Failure to provide timely reporting and data entry may result in the withholding of invoice approval until such time all of the outstanding data are received by DHEC.

F. GRANT ACCOUNTABILITY MEASURES

The subrecipient will be expected to:

1. Attend, as required, DHEC-sponsored trainings to ensure the appropriate delivery of

interventions.

2. Ensure that all services are conducted as planned and ensure complete documentation.
3. Ensure all services are conducted in a quality manner by qualified staff and in accordance with CDC's procedural guidance for the selected interventions, and according to DHEC's guidelines for delivery of HIV testing and linkage services, and STD and viral hepatitis services.
4. Deliver all services in a culturally and linguistically appropriate manner.
5. Recruit clients and select implementation sites that contribute to the highest impact prevention services.
6. Achieve and maintain at least a 1% HIV positivity rate for newly diagnosed persons with HIV in Core HIV/STD/Viral Hepatitis Prevention Program.
7. Provide timely linkage to HIV medical care for newly diagnosed persons within thirty days or less of HIV diagnosis. *Note – DHEC may update linkage to medical care standards if CDC's linkage to medical care performance standard changes over the course of the 5-year subaward period.*
8. Ensure linkage to DHEC's STD/HIV partner services for persons newly identified as HIV positive in the subrecipient's HIV testing program.
9. Ensure linkage to essential support for status neutral persons, inclusive of health benefits, evidence-based risk reduction services, behavioral health services (i.e., mental health, substance abuse), social services (i.e., housing), at minimum.
10. Complete in a timely manner a quality improvement and corrective action plan as developed by DHEC and as needed to continue grant funding.
11. Attend Evaluation Web software and data collection training. Evaluation Web is an Internet browser-based HIV Prevention reporting system developed and maintained by Luther Consulting and mandated by CDC to collect HIV testing data.
12. Ensure that any HIV prevention educational materials purchased are linked to a specific program intervention, are necessary for the activity, and have been approved by the DHEC STD/HIV/VH Division's Federal Materials Review Committee prior to purchase.
13. Request reimbursement for expenditures at least once monthly to preventioninvoices@dhec.sc.gov, no later than the 15th of the following month. Reimbursement requests must include supporting documentation (e.g., invoices, canceled checks, receipts, travel logs, etc.) for expenses requested.
14. All incentive requests are submitted to DHEC 30-days prior to planned purchase date as incentives require pre-approval by the HIV prevention program and Federal Grants Compliance office. If organization is approved for incentives, organization must have an incentive tracking log that contains the following: the vendor's name, gift card number, person distributing the gift card, date client received gift card, and

client initials indicating receipt of gift card.

15. Attend all required subrecipient meetings including webinars and conference calls.
16. Participate in at least one annual site visit from DHEC. Site visits may be in-person or virtual. As needed, DHEC may require additional site visits throughout the year.
17. Collaborate with other subrecipients and stakeholders (e.g., HBCUs, FQHCs, CBOs, local health departments, local jails). DHEC encourages subrecipients to participate in and/or develop partnerships to recognize national observances (e.g., National HIV Testing Day) and, as feasible, to be engaged with partners on a regular and ongoing basis (e.g., SHAPE Initiatives or similar community collaborative groups).
18. Establish or continue Consumer Advisory Board (CAB) or Community Engagement Group (CEG) to guide HIV prevention-related activities and assist with programmatic decisions. CAG/CEG should meet at least semiannually.

G. GRANT BUDGET

Approximately \$2,263,000 is anticipated to fund CBO HIV Prevention subaward agreements starting on or about January 1, 2022. The final award amount is dependent upon the number of awards given, the strength of the program description, the strength of the narrative justification for the funds, the documented history of providing the services being proposed for future funding, and the impact on HIV/STD/hepatitis prevention to priority populations in the proposed services area(s). The total approximate amount anticipated of \$2,263,000 may not be awarded in this RFGA process and may be awarded in a future funding process. The total of \$2,263,000 is based upon an annual 12-month award amount.

Funds will be awarded for a five-year project period. Yearly continuation awards within an approved project period will be made based on satisfactory progress as evidenced by successfully implementing required recipient activities and submitting required reports.

If awarded, the applicant will submit a projected budget to DHEC at the beginning of each grant year. If throughout the course of a grant year a budget revision is necessary and exceeds ten percent (10%) of the amount allocated for a major budget category, the applicant must make a written request to DHEC for approval of the revision. The budget revision will not be authorized until the applicant receives written approval from DHEC. A copy of the requested Budget Revision Letter Template is referenced in **Appendix O**.

Separate budgets and budget narratives must be submitted with the application for the following programs and subprograms:

- 1) Core HIV/STD/Viral Hepatitis Prevention Programs (Component A)
- 2) Targeted MSM Syphilis Screening and Linkage to Medical Care Services and Capacity Building Services (Component B)*
- 3) Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's *Ending the HIV Epidemic (EHE) Plan* (Component C)
- 4) Targeted Latinx Outreach and/or mobile HIV testing (Component D)

The budget(s) submitted in this RFGA process should be for a 12-month period.

*Note that adequate resources (\$1,500) must be budgeted for staff and volunteers to attend the annual S.C. MSM HIV Prevention Institute, if applying for targeted MSM syphilis screening and linkage to medical services. The amount to be budgeted will be \$1,500 unless otherwise specified via an amendment. This budget line item should be included in the Targeted Syphilis and Linkage to Medical Care Services budget.

IV. INFORMATION FOR APPLICANTS TO SUBMIT/SCORING CRITERIA

NOTE: THE FOLLOWING INFORMATION MUST BE PROVIDED.

To be considered for an award, all proposals must include, at a minimum, responses to the information requested in this Section IV. Scoring points associated with each section are noted in parentheses. The proposal must contain all required information listed below, with exceptions noted for specific items. Applicants should restate each of the items listed below and provide their bid immediately thereafter. **All information should be presented in the listed order.**

The applicant is to submit ONE ORIGINAL AND SIX (6) copies including, but not limited, to the following information for consideration and evaluation. All attachments should be labeled, referenced accordingly within the application, and placed at the end of application.

DHEC reserves the right to request any information it deems necessary to make the final decision concerning the offeror's ability to provide the services requested herein before entering into a contract. DHEC also reserves the right to require a pre-decisional site visit to review any requested information prior to making a final decision on funding.

A. Cover Letter – to include the following:

1. Summary of the applicant's ability to perform the services described under Core HIV/STD/Viral Hepatitis Prevention Programs and proposed service areas. If the applicant is also applying for programs Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's *Ending the HIV Epidemic (EHE) Plan* and/or Targeted Latinx Outreach and/Mobile Testing, indicate this in the cover letter.
2. Statement that the applicant is willing to perform the services as stated in the RFGA and enter into a contract with DHEC.
3. Statement that the applicant is willing to comply with all requirements of the RFGA and the attached Subaward Agreement, if awarded.
4. Statement that the project(s) can be carried out for the amount requested.
5. The cover letter must be signed by a person having authority to commit the applicant to a subrecipient agreement.
6. The name and email address of the person to which the Intent to Award Notification should be sent.

B. Eligibility Determination Documentation (not scored; however, all components must be present for the application to be reviewed and the information may be used for award determination). Submit the following items:

Items B1-B11 must be responded to by all applicants.

1. Describe the three (3) years of established history providing services to persons at high-risk for becoming infected with HIV and/or persons with HIV as outlined in the Scope of Services.

For applicants who have not previously received CDC HIV prevention funding from DHEC: Indicate sources of funding and specific services supported. If grant funds, include start and end dates of grant funding. Provide one HIV testing data report from calendar years 2018, 2019 or 2020. Reports must include specific citation of testing services to the population(s) being proposed to be reached in this application. Reports must be from the funder of testing (CDC, DHEC, private foundation, etc.) and have this detail clearly identified. Reports may be in the form of either: 1) Summary data report; 2) Data within a site visit report; and/or 3) Data within a funder's technical review of the applicant's annual report, etc.

2. Provide a list of staff trained to perform HIV testing and submit two training certificates to fully document the organization's ability to provide HIV testing services.
3. Provide a copy of organization's current Clinical Laboratory Improvement Amendments (CLIA) waiver.
4. Provide a copy of organization's table of contents page(s) of an HIV testing quality assurance and services protocol/procedures manual which includes clear identification of the manual as being a document from the applicant organization.
5. Provide a statement indicating the applicant has the capacity to enter into a cost reimbursement subrecipient agreement without immediate reimbursement from DHEC.
6. Provide a statement indicating the applicant has documented organizational fiscal stability to maintain its organization's core services without the prevention funds provided in this grants process.
7. Submit a Certificate of Existence, also known as a Certificate of Good Standing from the South Carolina Secretary of State. This certificate states that an entity in good standing with the Secretary's Office, and has, to the best of the Secretary of State's knowledge, filed all tax returns with the SC Department of Revenue. The certificate can be requested via <https://web.sc.gov/SOSDocumentRetrieval/Welcome.aspx>
8. The applicant must have a physical office in South Carolina with an established history of providing HIV services in South Carolina. Applicant must provide a list of office locations giving physical address and phone numbers where funded services will be provided.
9. Determine if your organization currently has any DHEC subawards or contracts in a probationary status. If yes, provide a description of the circumstances including: DHEC Subaward or contract number, date of probation, reason for probation, and any changes within the applicant organization to ensure compliance with current and future contracts.

10. A subrecipient previously terminated by DHEC must wait three (3) years before an application will be considered for funding from DHEC. Applicant must provide a statement indicating whether organization has had a DHEC subaward or contract terminated for non-compliance in the last three years. If yes, provide a description of the circumstances of the terminated subaward or contract including: the DHEC subaward or contract number, date of termination, reason for termination, and any changes within the applicant organization to ensure compliance with current and future contracts.
11. Submit a completed Pre-Award Risk Assessment (**Attachment A**). (Although the risk assessment is not scored, the results of DHEC's Pre-Award Risk Assessment could impact the decision to award or the terms in which an award is made.)

Application Narrative

All applicants are required to complete Sections C through Sections F. Sections G, H, and I will be scored separately for applicants applying for those programs.

C. Organizational Capacity: Structure, History, Technological and Financial Capacity (23 points)

1. Provide an organizational chart reflecting the organizational structure of your organization, governance, programs/services and staffing.
2. List your Board of Directors with each member's name and title and provide the term requirement for a Board Member.
3. What are your major programs or organizational branches?
4. How many staff does your organization have? List all full-time/part-time staff by name and position.
5. List all of your offices or locations giving street addresses and telephone numbers.
6. What services does your organization provide?
7. To whom do you provide those services, i.e., what populations?
8. Please describe your agency's hours of operation. Does your agency have the ability to operate during non-traditional work hours? If so, please describe.
9. What is/are the operating system(s) on the computers your prevention staff use (i.e., Windows 10 for Office, etc.)?
10. What Internet services does your organization use?
11. How does your agency handle computer problems, including access to the Internet? What is the usual response time?
12. What are your agency's data security and confidentiality standards?

13. Who is your Chief Financial Officer?
14. Does your organization use an accrual or cash basis of accounting?
15. If applicable, has your organization received training or have staff familiar with the OMB Circulars A-122 Cost Principles for Non-Profit Organizations?
16. If applicable, has your organization received training on DHEC's Federal Grants Compliance Requirements for Subrecipients?
17. What insurance coverage does your organization have for your facilities, employees and Board/officers? Identify the policy name and coverage limits.
18. Provide a listing of all sources of funding/support and the specific programs supported. Each funding stream's start and ending dates must be included.
19. Who is responsible for your organization's written accounting, administrative, personnel, procurement/purchasing and/or operational policies and procedures?
20. How often are organizational policies and procedures reviewed?
21. Has your organization had a funder site visit, programmatic audit, or technical review in the past three years? If yes, please provide a copy of one of the following: 1) funder site visit report; 2) programmatic audit report; or 3) technical review. Report should be from a funding source that describes the level of quality service delivery and other successes in providing HIV Prevention services as are being proposed in this application. This document or documents may be from any year(s) within the past three calendar years (2018, 2019 or 2020).
22. Describe your organization's ability to provide services during a public health emergency or disease outbreak.
23. Describe your organization's capacity to serve non-English speaking clients.

D. Collaboration and Linkages (32 points)

1. In your HIV testing and linkage program, describe the method(s) by which persons testing preliminary positive receive confirmatory testing. If your program has the capacity to provide confirmatory testing, indicate the specific number of staff who deliver this testing.
2. In your HIV testing and linkage program, describe your referral process that links persons with newly diagnosed HIV to HIV medical care within 30 days of diagnosis and essential support services. How does your organization follow-up, including documentation, to assure that medical appointments are kept?
3. In your HIV testing program, describe the methods in which persons tested are educated, screened, and referred to PrEP services.
4. Describe your current partnership(s) with the local health department in your primary service area and future plans to coordinate with local health departments. Applicant should provide at least one Memorandum of Agreement (MOA), Letter

of Agreement (LOA), etc. from a local DHEC public health department representative that indicates an agreed-upon process for accepting referrals for: 1) HIV confirmatory testing (as applicable) for persons testing preliminary positive; 2) DIS-delivered Partner Services for persons testing HIV positive; 3) Social work linkage-to-care HIV case management services (as applicable) for new HIV positives; and 4) STD treatment and Partner Services as applicable if/when proposing STD screening services.

5. Describe your current partnership(s) with other HIV prevention and care providers and essential support services providers (e.g., benefits navigation, mental health, substance abuse, housing, etc.) in your primary service area as well as with other providers throughout South Carolina. Describe how you relate to each organization, including efforts to collaborate in providing services to various populations. Indicate if staff or volunteers participate in formal, community-based collaborative efforts, such as the Sexual Health Awareness, Prevention and Elimination (SHAPE) initiative.
6. If you are not currently providing HIV care services funded by Ryan White Part B or C, how does your organization collaborate with the Ryan White care providers in your primary service area? Is there some form of routine communication and meetings?
7. Describe your organization's involvement with the S.C. HIV Planning Council and/or SC's Ending the HIV Epidemic planning process.
8. Describe in-kind services that build the capacity to deliver the services most efficiently and effectively being proposed in this application.

E. HIV/STD/Hepatitis Prevention Program Description (35 points)

1. Please provide documentation of your organization's newly diagnosed positivity rate among all HIV tests conducted over the past three calendar years (2018, 2019, 2020). Information to be provided includes: the number of HIV tests performed, the number of newly diagnosed persons with HIV, and the newly diagnosed positivity rate. Information can be provided in the form of a funder report and/or table or chart. Any bidder who is currently (in CY 2021) receiving CDC HIV/STD prevention funds from DHEC's STD/HIV/VH Division is not required to submit documentation, as applicable. This exception applies if the performance data reports currently on file with DHEC provide the documentation as noted below. If not, then the DHEC-funded applicant should submit the required documentation from a non-DHEC funder.
2. Describe the priority populations in your current and proposed prevention services area and any of their unmet needs for HIV/STD/Viral Hepatitis Prevention services.
3. List the specific priority population(s) that you are intending to reach and briefly describe your experience delivering the proposed programs and/or intervention(s) to the population(s).

4. How does your organization use local jurisdiction data or agency historical data to target priority populations for in-house, outreach, and/or mobile (if applicable) HIV testing efforts?
5. Please describe your recruiting and marketing plans for reaching priority populations in your current and proposed prevention service areas.
6. Please describe how your organization strategically provides condoms to its clients and local community.
7. Complete **Attachment I**, the “HIV Prevention Program Services Worksheet for Core HIV/STD/Viral Hepatitis Prevention Programs” worksheet.

For *each* priority population you plan to reach, provide the annual numbers being proposed to be reached for each of the fundable interventions. Note the following planning parameters for interventions and the associated populations:

- For HIV testing: A minimum of 25 persons annually from the priority population should be planned, with allowed increments of an additional 10 persons per population.
- For couples testing/Testing Together (Optional): A minimum of 10 couples annually from the priority population should be planned, with allowed increments of an additional 10 persons per population.
- For Many Men, Many Voices (3MV): A minimum of 10 persons annually from the priority population should be planned, with allowed increments of an additional 10 couples per population.
- For CHIP (Optional): A minimum of 5 couples. CHIP focuses on transgender women and their primary cisgender male partners. Currently CDC does not have an intervention package available, however, when package and/or training is available, DHEC will ensure applicants can implement CHIP if interested.
- For strategies from CDC’s Toolkit for Providing HIV Prevention Services to Transgender Women of Color (Optional): A minimum of three (3) strategies should be implemented by applicant organization.
- For Healthy Relationships: A minimum of 10 persons annually from the priority population should be planned, with allowed increments of an additional 10 persons per population.
- For TWIST (Optional): A minimum of 10 persons annually from the priority population should be planned, with allowed increments of an additional 10 persons per population.
- For HIV Navigation – Steps to Care (Optional): A minimum of 10 persons annually from the priority population should be planned, with allowed increments of an additional 10 persons per population.
- Medication Adherence (MA) or Linkage/ Retention/Re-engagement (LRR)

Services with Persons with HIV (Optional): A minimum of 10 persons annually from the priority population should be planned, with allowed increments of an additional 10 persons per population.

- For Capacity Building Services for MSM-specific, HIV prevention educational event, answer specific capacity building question on Attachment I (Optional).

F. Reporting and Evaluation (10 Points Total)

1. The subrecipient must agree to use the CDC's browser-based system, Evaluation Web, for reporting of required HIV testing variables, linkage to medical care variables, PrEP variables, and essential support services variables.
2. Describe how you propose to use CDC's browser-based system, Evaluation Web, to report all required prevention services data. Explain who will be responsible for ensuring all new staff will complete the identification proofing process (e-authentication) and who will train new users in the system.
3. Describe the process the organization will use to collect demographic and service level data.
4. Describe how the organization will evaluate its services to ensure program deliverables are met.
5. Describe how your organization receives feedback from clients. In what ways are clients engaged in planning or supporting programs?

If funded, DHEC will require final approval of the selected intervention sites/venues in order to avoid duplication of services and ensure the most efficient, comprehensive impact for the priority populations in need of services throughout the state. Also, if funded, planned numbers should be considered as targets; they are not end-points in service delivery. DHEC expects subrecipients funded through this RFGA to deliver funded services throughout the entire calendar year project period, regardless of having reached the planned numbers for that year, and without any expectation of additional compensation beyond the awarded contract funds. All services delivered, including those in excess of planned numbers, must be reported in the appropriate data system.

- G. Optional - Targeted MSM Syphilis Screening and Linkage to Medical Care Services and/or Capacity Building Services (Scored separately from the Core HIV/STD/Viral Hepatitis Prevention Programs, please see scoring criteria below). Targeted MSM syphilis screening and linkage to medical care services is available for up to four awards at approximately \$13,500 per award. Capacity building services and administrative support for public health professionals' periodic workforce trainings, with particular emphasis on trainings for Disease Intervention Specialists, is available for one award at approximately \$3,000.

Section G: Targeted MSM Syphilis Screening and Linkage to Medical Care Services and/or Capacity Building Services – SCORING CRITERIA		
Question(s)	Services	Point Value
Question 1	Indicate proposed services	Not Scored
Question 2-7	Targeted MSM Syphilis Screening and Linkage to Medical Care Services	Up to 10 points for Questions 2 and 6 Up to 5 points for Questions 3, 4, 5, 7 = up to 40 points (max)
Questions 8-10	Capacity building services and administrative support for public health professionals' periodic workforce trainings, with particular emphasis on trainings for Disease Intervention Specialists	Up to 10 points for Question 8 Up to 5 points for Questions 9-10 = up to 20 points (max)

1. Please indicate which program(s) your organization will provide as part of Component B's Targeted MSM Syphilis Screening and Linkage to Medical Care Services and/or Capacity Building Services.

Targeted MSM Syphilis Screening and Linkage to Medical Care Services

Capacity building services for administrative support for periodic workforce trainings for public health professionals and other providers, with particular emphasis on trainings for Disease Intervention Specialists

2. Describe your organization's history in providing targeted MSM syphilis screening and linkage to medical care. Please provide at least one annual data report (CY2018, CY2019, or CY2020) that documents providing targeted syphilis screening services to at least 200 MSM, with greater than 50% of the MSM screening services being provided to African American MSM (AAMSM).

3. Describe how syphilis screening is implemented within your program.

4. What recruitment strategies (e.g., outreach, internet outreach, social networking, social marketing) will be used to recruit MSM for syphilis screening?

5. How does your organization ensure clients with diagnosed syphilis are referred and linked to medical?

6. Check this box to confirm that, if funded, at least 200 men who have sex with men (MSM) will be annually provided syphilis screenings, of which greater than 50% will be African American MSM. Please document planned numbers for targeted MSM syphilis screening and linkage to medical care in **Appendix J**.

7. Check this box to confirm that, if funded, applicant will establish a goal of identifying at least five new early syphilis cases per project year.

8. Describe (in one page of narrative) your agency's history and ability to plan, implement and provide administrative support for public health professionals and

other providers, with particular emphasis on Disease Intervention Specialists. The narrative should consist of a brief description of the past experiences in conducting this type of event. For training events for public health professionals, particularly for DIS: please submit at least one agenda, program, or other document that indicates the specific support for the event within each of the past two years.

9. Describe the type of administrative support and/or trainings that your organization could provide for public health professionals and other providers, with particular emphasis on workforce trainings for Disease Intervention Specialists, and the planned services to be provided in CY2022-2025 and subsequent years, if funded.
10. What type of resources and/or technology can be used for administrative support and/or trainings in the event of a public health emergency or outbreak?

H. Optional - Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE) Plan (Score Separately). (95 Points). A breakdown of scoring for Section H, is listed below:

Question(s)	Services	Point Value
Question 1	Indicate proposed services	Not Scored
Question 2	Completion of “HIV Prevention Program Services Worksheet for Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s <i>Ending the HIV Epidemic (EHE) Plan</i> ” worksheet. (Attachment K)	Up to 5 Points
Questions 3-8	Mobile HIV testing	Up to 5 points per question, 6 questions = up to 30 points
Questions 9-11	HIV self-testing (home test kits)	Up to 5 points per question, 3 questions = up to 15 points
Questions 12-16	Comprehensive PrEP services	Up to 5 points per question, 5 questions = up to 25 points
Questions 17-20	Integrated STD/viral hepatitis screening	Up to 5 points per question, 4 questions = up to 20 points

1. Please indicate which program(s) your organization will provide as part of Component C’s Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s Ending the HIV Epidemic (EHE) Plan.

- Mobile HIV testing
- HIV self-testing
- Comprehensive PrEP services
- Integrated STD/viral hepatitis screening

2. Complete **Attachment K**, the “HIV Prevention Program Services Worksheet for Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s *Ending*

the HIV Epidemic (EHE) Plan” worksheet. For **each** priority population you plan to reach, provide the annual numbers being proposed to be reached for each of the fundable interventions. Note the following planning parameters for interventions and the associated populations:

- For mobile HIV testing: A minimum of 50 persons monthly should be planned, with an estimated 600 clients to be reached annually.
 - For HIV self-testing: Up to 100 tests should be planned annually.
 - For Comprehensive PrEP Services: A minimum of 40 persons annually should be planned, with allowed increments of an additional 10 persons annually.
 - For integrated STD/viral hepatitis screening: Up to 5% of annual budget may be used for supporting integrated screening.
3. Does your organization have a documented history of providing mobile HIV testing services to one or more of South Carolina’s priority populations? If yes, please indicate if your organization operates the HIV mobile unit or if your organization has a formal partnership with another organization to implement mobile testing. If working in a partnership, applicant must submit a Memorandum of Agreement (MOA) demonstrating that partnership is through at least the end of December 2022.
 4. Describe how the organization intends to aim the program(s) at reaching persons who are at greatest risk for HIV infection and who are unaware of their HIV status. How will your organization increase awareness and advertise mobile HIV testing?
 5. Describe how mobile HIV testing sites are selected. Please submit MOAs for two mobile testing sites. MOAs should include: a description of site name, site location and frequency in which mobile testing occurs.
 6. Please indicate if your organization has the capacity to do the following: dedicate 0.5 FTE to mobile HIV testing program, perform at least 50 HIV tests per month, host up to three mobile events per month, develop a monthly mobile testing calendar, and operate mobile HIV testing during and/or outside of traditional business hours.
 7. How will your organization identify new partnerships for mobile HIV testing sites and/or events?
 8. Does your organization have the ability to collect data and report on client demographics and outcomes of mobile HIV testing program? If so, please describe.
 9. If proposing to implement HIV self-testing (HIV home test kits), describe your agency’s capacity to implement the program. Submit a copy of the organization’s policy and/or procedure for HIV self-testing.
 10. Describe the process in which HIV self-testing kits will be distributed.

11. Describe how your organization will collect, track, and report HIV self-test kits data to DHEC.
12. Does your organization have a documented history of providing PrEP screening, navigation, and linkage services for persons at risk for HIV? If yes, please describe.
13. Describe your organization's capacity to implement comprehensive PrEP services (i.e. in-house provider or MOA, screening, eligibility determination, navigation, supporting adherence, etc.) If organization refers clients and links clients to PrEP providers outside of your organization, please provide MOA.
14. Please indicate if your organization has the capacity to dedicate 0.5 FTE to oversee the comprehensive PrEP program.
15. Check this box to confirm that, if funded, applicant will provide comprehensive PrEP services to at least 40 clients per project year.
16. Please identify successes and challenges related to your organization's PrEP services.
17. Describe your organization's capacity to implement integrated STD/viral hepatitis screening. If proposing to deliver HBV or HCV testing and linkage services, or Hepatitis A/B vaccine referrals, an MOA and/or LOA must be submitted from at least one non-DHEC provider who is willing to accept client referrals for HBV and HCV treatment education, and/or treatment services and/or vaccine provision.
18. Check this box to confirm that, if funded, applicant plans to utilize up to 5% of annual funds to implement and/or strengthen screening activities.
19. Please describe how integrated STD/viral hepatitis screening occurs within your organization. Applicant may provide a copy of policy and procedure.
20. Describe how the organization will collect, track, and report STD/viral hepatitis screening results to DHEC.

I. Optional - Targeted Latinx Outreach and/or Mobile HIV Testing (Scored separately).
(55 Points) Each question is worth 5 points.

1. Describe briefly the relevant background information (socioeconomic, educational levels, housing, subpopulations) on Latinx men and women in your proposed service area(s) and any of their unmet needs for HIV Prevention services.
2. Please describe your organization's history of providing HIV testing services to the Latinx population in South Carolina.
3. Please provide the average number of Latinx clients tested for HIV and newly HIV diagnosed positivity rate for the past three (3) calendar years (CY 2018, CY 2019, and CY 2020). This may be accomplished through providing funder reports or submission of chart/table.

4. Please describe how your organization supports Spanish speaking clients.
5. Please indicate if your organization intends to implement outreach HIV testing, mobile HIV testing, or both services.
6. Indicate if your organization will provide services directly to the Latinx community or will the organization partner with another organization that provides services directly to the Latinx community. If a partnership will be utilized to reach the Latinx community, please provide a copy of MOA outlining scope of services. *Please note - partners should be in good standing with the Secretary of State and should not have been previously terminated by DHEC within the last 3 years.*
7. Complete **Attachment L**, the “HIV Prevention Program Services Worksheet for Targeted Latinx Outreach and/or Mobile HIV Testing.” For *each* priority population you plan to reach, provide the annual numbers being proposed to be reached for each of the fundable interventions. Note the following planning parameters for interventions and the associated populations:
8. How will your organization identify new partnerships for outreach and/or mobile HIV testing sites and/or events?
9. Please describe recruitment and marketing strategies for reaching the Latinx population.
10. How will your organization ensure HIV-positive Latinx clients are linked to HIV medical care, partner services, and essential support services?
11. Describe how your organization will collect, track, and report HIV testing results to DHEC.

J. Budget and Budget Justification Narrative (Not Scored)

All applicants must complete a proposal budget and budget narrative using the budget format in **Attachment C**. Multiple budgets must be submitted if applying for funding in multiple components:

- Core HIV/STD/Viral Hepatitis Prevention Programs
- Targeted MSM Syphilis Screening and Linkage to Medical Care Services and/or Capacity Building Services
- Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC’s *Ending the HIV Epidemic (EHE) Plan*
- Targeted Latinx Outreach and Mobile HIV testing

The budget should be for a calendar year, 12-month period. A detailed justification is required for each component of the program budget (i.e. personnel, travel, supplies, contractual services, etc.). Include a list of all proposed subcontractors (if any) and the amount of funds to be paid to each sub-contractor. For travel, notate any anticipated out-of-state travel and in-state travel. Administrative costs are capped at

10% of the overall budget. *Note: if applicant is submitting for integrated STD/viral hepatitis services under Core HIV/STD/Viral Hepatitis Prevention Programs (Component A), Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's Ending the HIV Epidemic (EHE) Plan (Component C), and/or Targeted Latinx Outreach and/or Mobile HIV testing (Component D), no more than 5% of the overall budget can be allocated for these services.*

DHEC is obligated by CDC to direct resources to geographic areas and populations most in need of prevention services, as defined by South Carolina's HIV epidemiological data. As such, the approximate range of funds available within its Public Health Regions for the one major funding category, Core HIV/STD/Viral Hepatitis Prevention Programs (Component A) is listed in the following chart. For Targeted Syphilis Screening and Linkage to Medical Care Services and Capacity Building Services, Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's Ending the HIV Epidemic (EHE) Plan, and Targeted Latinx Outreach and/or Mobile HIV testing, funds may be distributed to regional applicants, but the funds are listed based on the number of awards available statewide.

	Component A		Component B (Optional)		Component C (Optional)	Component D (Optional)
DHEC Public Health Region	Core HIV/STD/Viral Hepatitis Prevention Programs	Capacity Building Services for MSM-specific, HIV prevention educational event (optional)	Targeted Syphilis Screening and Linkage to Medical Care Services (optional)	Capacity building services and administrative support for public health professionals' periodic trainings, with particular emphasis on workforce trainings for Disease Intervention Specialists (optional)	Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's Ending the HIV Epidemic (EHE) Plan (optional)	Targeted Latinx Outreach and/or Mobile HIV testing (optional)
Midlands	\$300,000 - \$375,000					
Lowcountry (includes Edisto area)	\$180,000 - \$246,000					
Pee Dee	\$150,000 - \$210,000					
Upstate	\$150,000 - \$210,000					
Total Funds Available Statewide	Up to \$1,041,000 <i>Up to 10 awards</i>	Up to \$20,000 <i>1 award</i>	Up to \$48,000 <i>Up to 4 awards, ~\$12,000 per award</i>	Up to \$3,000 <i>1 award</i>	Total funds available \$965,000 <i>Up to 5 awards for mobile HIV testing, ~ up to \$94,000 per award; Up to 9 awards for Comprehensive PrEP services ~up to \$55,000 per award</i>	Total funds available \$180,000 <i>Up to 2 awards</i>

Note: If no qualified applicants apply or are awarded funds for the major categories of programs or services in a particular Public Health Region, DHEC reserves the right to award NO funds in this RFGA process or to award funds as available for one Region to qualified applicant(s) in another Region.

To review DHEC’s Public Health Regions, go to:

<http://www.scdhec.gov/Health/PublicHealthClinics/LocationsHoursContactInfo/>

Approximate Allocation Cost Per Intervention to Consider When Developing Proposal Budget

Fundable Programs under Core HIV/STD/Viral Hepatitis Prevention Programs COMPONENT A	
Intervention	Approximate Unit Cost Per Intervention Cycle
Targeted HIV testing & linkage to care, including opioid assessment	\$100/test, all populations except AAMSM and PWIDs; \$110/test/AAMSM/PWIDs
Testing Together/Couples Testing*	\$220 per couple
Strategic Condom Distribution*	Funded agencies will be allowed to order condoms semiannually from DHEC.
Many Men, Many Voices (3MV)*	\$4,000 - \$5,000 per cycle of 10 clients
Couples HIV Intervention Program (CHIP)	\$250 - \$350 per couple; prices may negotiable once intervention materials are available
Toolkit for Providing HIV Prevention Services to Transgender Women of Color*	TBD during funding negotiation conference call
TWIST**	\$4,500 - \$5,500 per cycle of 10 clients
Healthy Relationships**	\$4,500 - \$5,500 per cycle of 10 clients
HIV Navigation Services – STEPS to Care**	\$500 - \$750 per client
Agency supported medication adherence program	TBD during funding negotiation conference call.
HBCU campus-based HIV testing	\$600 - \$800 per event with 4 events projected annually
Integrated STD and viral hepatitis screening	No more than 5% of overall proposed budget

* CDC effective interventions for Preventing New HIV Infections, <https://www.cdc.gov/hiv/effective-interventions/prevent/index.html>

** CDC effective interventions for Treating HIV, <https://www.cdc.gov/hiv/effective-interventions/treat/index.html>

Fundable Programs under Targeted MSM Syphilis Screening and Linkage to Medical Care Services and Capacity Building Services COMPONENT B	
Intervention	Approximate Unit Cost Per Intervention Cycle
Targeted MSM Syphilis Screening	\$60/screening
Capacity building services and administrative support for public health professionals’ periodic trainings, with particular emphasis on workforce trainings for Disease Intervention Specialists	\$3,000 annually

Fundable Program under Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's <i>Ending the HIV Epidemic (EHE) Plan</i> COMPONENT C	
Intervention	Approximate Unit Cost Per Intervention Cycle
Mobile HIV testing & linkage to care including opioid assessment	\$100/test, all populations except AAMSM and PWIDs; \$110/test/AAMSM/PWIDs 600 tests required annually
Strategic Condom Distribution	Funded agencies will be allowed to order condoms semiannually from DHEC.
HIV Testing – Self Testing (Home Test Kits)	Up to 100 tests can be requested from DHEC Public Health Laboratory annually
Comprehensive PrEP Services	\$887 per client, minimum of 40 clients annually
PrEP labs for proposed reach	PrEP labs for 40 clients inclusive of the following can be sent to DHEC Public Health Laboratory for processing
Integrated STD and viral hepatitis screening	No more than 5% of overall proposed budget

**Educational materials and harm reduction supplies are allowable expenses for Component C.*

Fundable Programs under Targeted Latinx Outreach and Mobile HIV testing COMPONENT D	
Intervention	Approximate Unit Cost Per Intervention Cycle
Outreach and mobile HIV testing & linkage to care including opioid assessment	\$100/test, for Latinas (women) \$200/test, for Latinos (men)
Strategic Condom Distribution	Funded agencies will be allowed to order condoms semiannually from DHEC.
Integrated STD and viral hepatitis screening	No more than 5% of overall proposed budget

**Educational materials and harm reduction supplies are allowable expenses for Component D.*

K. APPLICATION SUBMISSION

Proposals will be evaluated by a review panel on the basis of the following criteria. Eligibility as indicated in:

- A. The cover letter (not scored)
- B. Eligibility Determination Documentation (not scored)

*The above two sections of the application will be reviewed to determine if you are eligible for funding. Please ensure eligibility requirements are addressed in order and numbered as listed in the eligibility requirement sections.

- C. Organizational Capacity (23 points)
- D. Collaboration and Linkages (32 points)
- E. HIV/STD/Hepatitis Prevention Program (35 points)
- F. Reporting and Evaluation (10 points)
- G. Targeted MSM Syphilis Screening and Linkage to Medical Care Services (40 points) and/or Capacity Building Services (20 points) points, optional, only scored if applicant applies)
- H. Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's Ending the HIV Epidemic (EHE) Plan (up to 100 points, optional, only scored if applicant applies)
- I. Targeted Latinx Outreach and/or Mobile HIV Testing (55 points, optional, only scored if applicant applies)
- J. Budget (not scored)

Your application's budget will be reviewed to ensure you have a clear and understandable explanation of all costs in the narrative budget justification and a demonstration of strong linkages to the programs being proposed.

Attachment A – SC DHEC Subrecipient Risk Assessment

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL SUBRECIPIENT RISK ASSESSMENT FY2022

Date:

Subrecipient Name:

Address:

Address:

1. Please indicate your financial fiscal year: Start Date: _____ End Date: _____

2. Did your organization expend more than \$750,000 in federal grant awards during your last fiscal year?
Yes _____ No _____

(a) If yes, has your 2 CFR 200 single audit been completed? Yes _____ No _____

(b) If no, please provide the reason why your 2 CFR 200 single audit has not been completed and/or a target date for completion.

3. Were there any findings as a result of your most recently completed audit of federal funds?
Yes _____ No _____

(a) If yes, please attach a copy of the finding(s) or supply the published and a copy of your formal response/corrective action plan to all audit findings.

4. Has your organization ever been deemed high risk by another passthrough entity?
Yes _____ No _____

5. What type of financial management system does your organization use? (i.e. Spreadsheet, accounting software package, accounting system, etc.) _____

(a) If you use an accounting package or system, please provide the name of the software.

6. Does your organization segregate duties between authorization, recording, and custody functions related to procurement, cash management, and payment processes?
Yes _____ No _____

7. Do you have controls in place to prevent duplicate payments to vendors?
Yes _____ No _____

Briefly describe or list controls: _____

8. Does your organization have a time and attendance system supporting payroll?
Yes _____ No _____

9. Does your organization allocate costs across multiple grant programs?
 Yes _____ No _____
- (a) If yes, please describe the methodology used to allocate costs. _____

10. Does your accounting and financial management system follow Generally Accepted Accounting Principles?
 Yes _____ No _____
11. Does your organization charge indirect cost to federal grants? Yes _____ No _____
- (a) If yes, please describe how it is allocated (base vs pool, deminimis-MTDC).

12. Does your organization currently have a federally approved negotiated indirect cost allocation plan?
 Yes _____ No _____
- (a) If No, have you ever had one? Yes _____ / When? _____ No _____
13. Does your financial management system allow you to segregate indirect vs. direct costs, and define and manage existing or planned indirect cost rates?
 Yes _____ No _____ N/A _____
14. Does your financial management system account for and segregate grant funds?
 Yes _____ No _____
15. Does your financial management system allow you to compare actual expenditures or outlays to budgeted amounts for each grant?
 Yes _____ No _____
16. Does your organization have a policy addressing who is authorized to request payment from the grantor (passthrough entity), what procedures are used to ensure that requests are accurate, and when drawdown of funds will occur?
 Yes _____ No _____
17. Does your financial management system provide for effective control over and accountability for all funds, property, and other assets?
 Yes _____ No _____
18. Does your organization have an active Federal System and Award Management (SAM) Registration?
 Yes _____ No _____
19. Is your organization:
 Individual _____ Government _____ For profit _____ Not for Profit _____

20. In addition to being a subrecipient of federal grant funds, is your organization also a primary recipient of federal grant funds?
Yes _____ No _____
21. Are your board members or trustees paid from federal grant funds?
Yes _____ No _____
22. Do employees who work on federal grant programs have specific references in their current position descriptions regarding their grant responsibilities?
Yes _____ No _____
23. Does your organization charge fees for services concurrent with the award?
Yes _____ No _____
24. Does your organization use loans to meet cash needs associated with the subaward?
Yes _____ No _____
25. Is your organization new to operating or managing state or federal funds?
Yes _____ No _____
26. How many employees does your organization employ? _____
What is your organization's employee turnover rate percentage for the past twelve months?
_____ %
To calculate turnover: Add the number of employees at the beginning of the period to the number at the end of the period. Divide by two to find the average number of employees; divide the number of employees separated during the period by the average number of employees = employee turnover rate.
27. Has your organization experienced turnover in management personnel during the last twelve months?
Yes _____ No _____
(a) If yes, what management positions have experienced turnover? (i.e. CFO, Budgets Manager, etc.)

28. During the last twelve months, has your organization converted to a new financial system, or made substantial changes to an existing system? Yes _____ No _____
(a) If yes, please explain. _____

29. Are policies, procedures, and processes regularly reviewed, updated and created to ensure that the organization effectively carries out its programs and activities, including updates that may be needed for grant funds?
Yes _____ No _____
30. Does management periodically review all reports, deliverables, expenditures, and other requirements related to grant programs to ensure that guidelines and requirements are being met?
Yes _____ No _____

31. Do key personnel assigned to this grant have experience in managing grants and an understanding of the relevant regulations?
Yes _____ No _____
32. Does your organization maintain a written code of conduct governing the performance of your employees, specifically those employees engaged in the award and administration of contracts?
Yes _____ No _____
33. Does the code of conduct encompass conflicts of interest?
Yes _____ No _____
(a) If no, what document addresses conflicts of interest? _____

34. Does your organization have a personnel system which has the capability to create monthly reports of the activities and time of each employee whose compensation is charged to each project that the employee works on including all grant programs?
Yes _____ No _____
35. Is training and supervisory oversight provided to all employees to ensure that the organization effectively carries out its programs and activities, including employees working on grant programs?
Yes _____ No _____
36. Have any key personnel listed in the application/subaward agreement ever been debarred or suspended from participation in Federal Assistance programs?
Yes _____ No _____
(a) If yes, please attach a list indicating who, when and for what reasons.
37. Does your organization have procedures in place to address breaches of ethics policy and/or instances of fraud or other criminal activity?
Yes _____ No _____
(a) If yes, do these procedures include required procedures and/or remedial actions to prevent future violations?
Yes _____ No _____
(b) If yes, do these procedures include a means to notify the appropriate agency in cases of confirmed fraud related to grant funds?
Yes _____ No _____
38. Are there formal policies and procedures in place for employees to confidentially report suspected violations of policies and or suspected instances of fraud or other criminal activity, including specifically those related to grant programs (e.g. a Whistleblower Policy)?
Yes _____ No _____
39. Does your organization manage or support a website or publicly accessible social media account such as but not limited to Facebook, Twitter, Google+, LinkedIn, Tumblr? Yes _____ No _____
(a) If yes, please provide the appropriate URL or other access/navigation information.

40. Has your organization operated under another name in the past 10 years? This would include name changes and registered d.b.a. names.

Yes _____ No _____

If yes, please provide a list of all other names: _____

41. Has your organization done business with a vendor who has ever been disbarred or suspended?

Yes _____ No _____

42. Does your organization maintain written procurement policies and procedures which provide reasonable assurance that procurement of goods and services are made in compliance with the provisions of 2 CFR Part 200?

Yes _____ No _____

43. Does your organization have written procurement procedures to ensure transactions (as defined in the suspension and debarment common rule (2 CFR Part 180)) are not made with a debarred or suspended party?

Yes _____ No _____

44. Has your organization ever been disbarred or suspended?

Yes _____ No _____

45. Does your property management system maintain formal inventory records of all equipment acquired with federal funds?

Yes _____ No _____

46. Does your organization conduct a physical inventory and reconciliation of property at least every two years?

Yes _____ No _____

47. Does your property management system account for adequate maintenance, disposition or encumbrance of the property according to federal requirements?

Yes _____ No _____

Signature

Date

Printed Name

Title

Email Address

Telephone Number

Contact Person's Name for Future Requests if different from above: _____

Please return completed document to the attention of:
Federal Grants Compliance Division - Bureau of Financial Management
South Carolina Department of Health and Environmental Control
2600 Bull Street
Columbia, South Carolina 29201-1708

Attachment B

Draft Subrecipient Agreement

**FEDERAL SUBAWARD
BETWEEN
SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL
CONTROL
AND**

Insert the Subrecipient's Full Legal Name as specified on W-9/SCEIS

This Subrecipient Agreement (Agreement) shall be between the South Carolina Department of Health and Environmental Control (DHEC also known as Passthrough Entity) and **Insert the subrecipient's Full Legal Name as specified on W-9/SCEIS** (also known as Subrecipient).

PURPOSE:

This Agreement between DHEC and Subrecipient is for the purpose of providing comprehensive community-based HIV prevention and associated integrated STD and viral hepatitis prevention services to persons at high-risk for becoming infected with HIV and for persons living with HIV/AIDS as outlined in DHEC's Agency Funding Opportunity Number FY2022-RFGA-HV-###. The Subrecipient shall use federal Centers for Disease Control and Prevention (CDC) funds, administered by DHEC, to provide services to eligible persons in the same or substantially same manner as detailed in DHEC's grant proposal to the CDC and as identified and listed in the S.C. Integrated HIV Prevention and Care Plan 2017 – 2021, which is part of the *S.C. HIV/AIDS Strategy*, and the *South Carolina Ending the HIV Epidemic Plan*.

A. SCOPE OF SERVICES:

The Subrecipient agrees to provide HIV, STD, VH prevention and linkage to medical care services for persons at high-risk for becoming infected with HIV and for persons living with HIV/AIDS as outlined the scope of services funded through FY2022-RFGA-HV-205.

1. Subrecipient Shall:
 - a. Develop an annual program plan in a DHEC-required planning template by November 15 of each grant year based on the selected components and proposed programs and priority populations for the geographic area(s) proposed for service delivery. The program plan should be based on the service area's local epidemiology and local needs assessment information, including a resource inventory and gap analysis.
 - b. Only conduct social marketing and media activities when they relate directly to recruiting participants into the planned priority interventions, notably HIV, STD, and hepatitis testing, and are related to one or more of the following events or observances: National Black HIV/AIDS Awareness Day, National STD Awareness Month, National Hepatitis Testing Day, National HIV Testing Day, National Latinx HIV/AIDS Awareness Day and World AIDS Day. DHEC will encourage use of CDC-developed and other national campaign materials when practical and appropriate. No more than 5% of the funding request may be allocated to social marketing and media activities.

For Grant Requirements:

The subrecipient shall:

- c. Enter into contractual agreements to provide the services, the applicant is responsible for providing contractual oversight ensuring the subgrantee is in compliance with all CDC and DHEC contractual and reporting requirements. DHEC must approve prevention service subgrant agreements in advance of the DHEC grantee making such agreements final.
- d. Consult with DHEC's STD/HIV/VH Program in developing programs/services and policies in order to assure compliance with HHS/CDC and DHEC regulations. These include meeting all reportable disease requirements in South Carolina and supporting routine surveillance activities, including, but not limited to, case investigation and follow-up.
- e. (a) adhere to CDC's Data Security and Confidentiality Guidelines (Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action (Atlanta, GA: U.S. DHHS, CDC; 2011) (<http://www.cdc.gov/nchstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>) including any amendments; (b) submit annually a certification of compliance assuring compliance with the standards; and (c) ensure that staff members and contractors with access to public health data attend data security and confidentiality training annually and maintain training documentation in their personnel files.
- f. Manage all breaches of protected health information (PHI) or personally identifiable information (PII) in compliance with applicable law. Subrecipient must notify DHEC immediately upon discovery of any breach. If the breach relates to CDC-funded services, subrecipient must also notify CDC within one hour of the discovery.
- g. Use DHEC-approved reporting mechanisms for tracking and reporting program services.
- h. Ensure new HIV testing staff are trained in HIV/STD Laws, HIV Testing in Nonclinical Settings, HIV 101, STIs 101, PrEP 101, and Ethics & Boundaries. All testing staff are required to take refresher trainings every three (3) years as specified by DHEC on an annual basis.
- i. Allow CDC and DHEC on-site for site visits and make complete records available, upon request, for financial, programmatic and quality management visits.
- j. Be prepared to provide, upon request by DHEC, specific documentation of expenditures included on submitted invoices. The following areas will be reviewed:
 - a. Financial Management: Financial records will be reviewed to assure compliance with OMB and DHEC's accounting principles. The records should provide accurate, current, and complete disclosure of financial expenditures. They must identify the source and application of funds and must be supported by invoices and other supporting documentation required by DHEC. Requested expenditures should align with annual budget approved by DHEC. All invoices should contain agency name, agency address, agency phone number, contract number, SCEIS vendor number and purchase order number. Out of state travel and gift/incentive cards must receive DHEC approval prior to purchase.
 - b. Program Progress: Review progress in providing prevention services and expending funds.
- k. Adhere to the Subrecipient Representation and Conduct.

For Funding Related Grant Requirements

The subrecipient shall:

- l. Ensure administrative charges to the grant are limited to ten percent (10%) of the award.
- m. Provide annual submission of a budget and budget narrative is required for each program and subprogram, if applicable. The budget narrative must include planned expenditure details on personnel (including each funded staff by title, name, salary and job duties), fringe, supplies, equipment, travel (with enough detail to show planned travel is within state rates), contractual, other, and administration (admin expenditures must be itemized). The budget narrative portion should include clear descriptions of the use of the funds. Budget must be approved by the program prior to first invoice approval.
- n. If throughout the course of a grant year a budget revision is necessary and exceeds ten percent (10%) of the amount allocated for a budget line item, the subrecipient must make a written request to DHEC for approval of the revision. The budget revision will not be authorized until the subrecipient receives written approval from DHEC.
- o. No funds may be used to make cash payments to intended recipients of services.
- p. Submit out of state travel plan to DHEC. All out of state travel requests must be preapproved by DHEC prior to initiation of travel plans.
- q. Submit gift and incentive requests to DHEC. All gift/incentive cards must be preapproved by DHEC program area and Office of Federal Grants Compliance prior to purchase.
- r. Ensure meals or food items for HIV prevention related activities are referenced as nutritional supplements.
- s. Ensure funds are not misused. Reference Prohibited items under Section E. Compensation, Item 5.

For Grant Reporting Requirements:

The Subrecipient will: provide programmatic, demographic and financial plans and reports as required by the STD/HIV/VH Division. These requirements are:

- t. Annual submission of an interventions services planning worksheet is required.
- u. Annual submission of proposed budget and budget narrative. The budget submission should also include position descriptions for positions supported by the funding.
- v. Monthly submission of expenditures by the last day of the month, with a courtesy extension to the 15th of each month following. Submissions of expenditures should be sent to preventioninvoices@dhec.sc.gov. Submission of required supporting documentation in accordance with DHEC's Federal Grants Compliance Requirements for Subrecipients. For each funding year, timesheet information is required with submission of the first and last invoice. Timesheet information should be included for all positions supported on the grant and account CDC funding and all other source of funds.
- w. Collect and submit process-monitoring data on all interventions. Data must be

entered into a DHEC-required data collection system by the last day of the month of intervention cycle completion, with a courtesy extension to the 10th of each month following.

- x. Collect and submit required HIV testing and linkage, PrEP, and essential support services data in Evaluation Web by the last day of the month of service delivery, with a courtesy extension to the 15th of each month following.
- y. Report all data in a timely manner. Failure to provide timely reporting and data entry may result in the withholding of invoice approval until such time all of the outstanding data are received by DHEC.

For Grant Accountability Measures

Subrecipient shall:

- aa. Attend, as required, DHEC-sponsored trainings to ensure the appropriate delivery of interventions.
- bb. Ensure that all services are conducted as planned and ensure complete documentation.
- cc. Ensure all services are conducted in a quality manner by qualified staff and in accordance with CDC's procedural guidance for the selected interventions, and according to DHEC's guidelines for delivery of HIV testing and linkage services, and STD and viral hepatitis services.
- dd. Deliver all services in a culturally and linguistically appropriate manner.
- ee. Recruit clients and select implementation sites that contribute to the highest impact prevention services.
- ff. Achieve and maintain at least a 1% HIV positivity rate for newly diagnosed persons with HIV in Core HIV/STD/Viral Hepatitis Prevention Program.
- gg. Provide timely linkage to HIV medical care for newly diagnosed persons within thirty days or less of HIV diagnosis. *Note – DHEC may update linkage to medical care standards if CDC's linkage to medical care performance standard changes over the course of the 5-year subaward period.*
- hh. Ensure linkage to DHEC's STD/HIV partner services for persons newly identified as HIV positive in the applicant's HIV testing program.
- ii. Ensure linkage to essential support for status neutral persons, inclusive of health benefits, evidence-based risk reduction services, behavioral health services (i.e. mental health, substance abuse), social services (i.e. housing), at minimum.
- jj. Complete in a timely manner a quality improvement and corrective action plan as developed by DHEC and as needed to continue grant funding.
- kk. Attend Evaluation Web software and data collection training. Evaluation Web is an Internet browser-based HIV Prevention reporting system developed and maintained by Luther Consulting and mandated by CDC to collect HIV testing data.

- ll. Ensure that any HIV prevention educational materials purchased are linked to a specific program intervention, are necessary for the activity, and have been approved by the DHEC STD/HIV/VH Division’s Federal Materials Review Committee prior to purchase.
- mm. Request reimbursement for expenditures at least once monthly to preventioninvoices@dhec.sc.gov, no later than the 15th of the following month. Reimbursement requests must include supporting documentation (i.e., invoices, canceled checks, receipts, travel logs, etc.) for expenses requested.
- nn. All incentive requests are submitted to DHEC 30-days prior to planned purchase date as incentives require pre-approval by the HIV prevention program and Federal Grants Compliance office. If organization is approved for incentives, organization must have an incentive tracking log that contains the following: the vendor’s name, gift card number, person distributing the gift card, date client received gift card, and client initials indicating receipt of gift card.
- oo. Attend all required subrecipient meetings including webinars and conference calls.
- pp. Participate in at least one annual site visit from DHEC. Site visits may be in-person or virtual. As needed, DHEC may require additional site visits throughout the year.
- qq. Collaborate with other subrecipients and stakeholders (e.g., HBCUs, FQHCs, CBOs, local health departments, local jails). DHEC encourages subrecipients to participate in and/or develop partnerships to recognize national observances (e.g., National HIV Testing Day) and, as feasible, to be engaged with partners on a regular and ongoing basis (e.g., SHAPE Initiatives or similar community collaborative groups).
- rr. Establish or continue Consumer Advisory Board (CAB) or Community Engagement Board (CEG) to guide HIV prevention related activities and assist with programmatic decisions. CAG/CEG should meet at least semiannually.

B. SOURCE OF FUNDING and AMOUNT:

The current amount of funding per this subaward is \$ Enter dollar value from the following sources:

SOF1 “Integrated HIV Surveillance and Prevention Programs for Health Departments” \$ Enter dollar value

SOF2 “Strengthening STD Prevention and Control for Health Departments” \$ Enter dollar value

SOF3 “Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States \$ Enter dollar value

Attachment(s) SOF1 thru SOF3 contains the federal award identification information as required by 2 CFR §200.331 (a) (1) and is incorporated into this subaward.

In no event will the total amount to be paid under the Agreement exceed \$ **Enter total dollar value** including travel without prior written approval from the DHEC Division of Procurement Services.

C. PROJECT PERIOD:

The project period for SOF1 “Integrated HIV Surveillance and Prevention Programs for Health Departments” begins on January 1, 2022 and ends on December 31, 2022.

The project period for SOF2 “Strengthening STD Prevention and Control for Health Departments” begins on January 1, 2022 and ends on December 31, 2023.

The project period for SOF3 “Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States” begins on January 1, 2022 and ends on July 31, 2025.

D. PERIOD OF PERFORMANCE:

This Agreement shall become effective on January 1, 2022 or whenever the last party has signed, whichever is later and ends on December 31, 2022.

This Agreement is renewable for up to four (4) additional one-year periods. At the end of the initial term, and at the end of each renewal term, this Agreement shall automatically renew for a period of one year, unless Subrecipient receives notice that DHEC elects not to renew the Agreement at least thirty (30) days prior to the date of renewal. Regardless, this Agreement expires no later than the last date of the maximum Agreement period, which is December 31, 2026. Only work done in accordance with the effective dates of this Agreement will be compensated.

E. COMPENSATION:

1. **Budget:** Compensation will only be made for allowable costs consistent with the approved budget incorporated into this Agreement.
2. **Equipment:** Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the \$5,000 capitalization level. DHEC retains title to all equipment purchased under this Amendment. To the greatest extent possible, all equipment and products purchased with CDC funds should be American-made.
3. **Indirect Cost:** If Subrecipient utilizes an approved federally negotiated indirect cost rate, Subrecipient must provide a copy of the approved indirect cost rate letter from its federal cognizant agency. Any Subrecipient that has never received and does not have a current negotiated indirect cost rate, may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely. If chosen, this methodology once elected must be used consistently for all Federal awards until such time as the Subrecipient chooses to negotiate/re-negotiate a rate, which the non-Federal entity may do at any time. If chosen, the Subrecipient must submit the breakdown of the MTDC to DHEC.
4. **Prior Approvals:** Subrecipient must obtain prior approval before obligating or expending Subaward funds for equipment, permanent improvements or any purchase above the simplified acquisition threshold. The simplified acquisition threshold is adjusted periodically for inflation. The current amount is \$150,000. Please refer to the applicable Federal Acquisition Regulations (FAR) found at

<https://www.acquisition.gov/sites/default/files/current/far/pdf/FAR.pdf>.

No revisions over 10% per line item (either operating line item or service category line item) to the approved budget may be made without prior written approval from DHEC.

Subrecipient shall not subcontract any of the work or services covered by this Agreement without DHEC's prior written approval.

Subrecipient must obtain approval prior to the sale or replacement of any equipment purchased under this Agreement.

Out-of-state travel may be eligible for reimbursement only if approved in advance in writing.

Gift cards/Incentives are eligible for reimbursement only if approved in advance in writing.

5. Prohibited Items:

Funds may not be used for:

- a. Research; or
- b. Clinical or direct patient medical care; or
- c. Medications or treatment vaccinations; or
- d. Sterile needles or syringes for drug injection; or
- e. Construction purposes; or
- f. Reimbursement of pre-award costs; or
- g. Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body; or
- h. Salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body; or
- i. Purchase of property.
- j. Generally, funds may not be used to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.

6. **Travel:** Travel costs are allowable when the travel will provide a direct benefit to the program. Reimbursement of Subrecipient's travel expenses, including mileage and subsistence (meals), incurred in connection with the services under this Agreement will be limited to the standard rates for State employee travel in effect during the period of this Agreement and will be included within the maximum amount of the subaward. The standard rates for mileage and subsistence can be found at <https://cg.sc.gov/guidance-and-forms-state-agencies/travel-forms-and-mileage-rate>. All rates are subject to the Office of

the Comptroller General's policies and procedures in effect for the calendar year and are subject to change.

Reimbursement for room and board will be at the established federal General Services Administration (GSA) rate or below for the area of travel. The standard GSA rates for hotels can be found at <https://www.gsa.gov/travel/plan-book/per-diem-rates>. All rates are updated and published each federal fiscal year and are subject to seasonal fluctuations. GSA rates must be verified prior to making each reservation.

Subrecipient must submit itemized lodging receipts showing a zero balance when seeking reimbursement. Out-of-state travel may be eligible for reimbursement only if approved in advance in writing. The request for approval must include a breakdown of all proposed travel expenses including, but not limited to, airfare, registration, and lodging and an explanation of how the travel is related to the activities described in the Scope of Services.

DHEC can provide a letter to Subrecipient stating that Subrecipient is performing work on behalf of DHEC under Subaward No. **subaward number** and that Subrecipient is eligible and authorized to receive government rates or discounts as provided to State employees. However, this letter does not guarantee that the hotel/motel will honor the government rate.

7. **Method of Payment:** Subrecipient shall submit a monthly request for payment (invoice) for services rendered as outlined in the Scope of Services and approved budget. Reimbursement will be for actual allowable costs incurred and must be consistent with the approved budget incorporated into this subaward. Only expenditures obligated during the Subaward period of performance can be submitted for reimbursement. The invoice should be received by DHEC within fifteen (15) business days after the end of each month. Please refer to the attachment "SUBAWARD INVOICES AND SUPPORTING DOCUMENTATION" for details on invoice submission and supporting documentation.

The invoice must include the name and address of the Subrecipient, the phone number of the Subrecipient, the Subrecipient Agreement Number, a brief description of the Scope of Services provided, the purchase order number, the time period covered, an itemized listing of expenses incurred with categorical break-out as required by the DHEC program, the total amount of the reimbursement, and supporting documentation for expenditures as required by DHEC.

Email requests for payment should be sent to preventioninvoices@dhec.sc.gov.

8. **No Interest or Late Fees:** - No interest or late payment charges will be paid except as provided by S.C. Code Section 11-34-45, which provides Contractor's exclusive means of recovering any type of interest from DHEC. Contractor waives imposition of an interest penalty unless the invoice submitted specifies that the late penalty is applicable. DHEC shall not otherwise be liable for the payment of interest on any debt or claim arising out of or related to this Contract for any reason.

F. ACCESS TO RECORDS:

Subrecipient must permit DHEC and auditors to have access to Subrecipient's records and financial statements in order to meet the requirements of the Agreement. Subrecipient must allow DHEC and auditors to attend activities and events paid for or sponsored from this Agreement. Subrecipient must allow DHEC to inspect or monitor in person, activities

performed in accordance with the Scope of Services and paid for or sponsored from this Agreement.

G. CLOSEOUT OF SUBAWARD:

Subrecipient is responsible for implementing the necessary administrative actions to close-out the subaward. Administrative actions may include but are not limited to:

- liquidate all obligations
- expenditure adjustments +/-
- refunding unobligated cash balances
- financial reporting
- program performance reporting
- accounting for real and personal property if applicable
- patent and invention certifications if applicable
- records retention
- perform audits

H. SUBRECIPIENT AUDIT REQUIREMENTS:

Subrecipients, unless a for-profit entity, must submit a certification of total federal grant expenditures upon request from DHEC. If Subrecipient expends \$750,000 or more in federal awards from all sources during the fiscal year, Subrecipient must have a single or program-specific audit conducted for that fiscal year, in accordance with the provisions of 2 CFR Part 200, Subpart F. Subrecipient is responsible for initiating the process to implement the audit.

Entities which are audited as part of the State of South Carolina Statewide Single Audit are required to furnish the auditor's report on findings and Subrecipient's corrective action plan. Subrecipient shall complete and submit the audit within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period. Subrecipient agrees to send one copy of any audit conducted under the provisions of 2 CFR Part 200, Subpart F, to:

SC Department of Health and Environmental Control
Grant Compliance Division
Bureau of Financial Management
2600 Bull Street
Columbia, SC 29201

Or, Email to: GrantsMgt@dhec.sc.gov

Non-federal entities that expend less than \$750,000 a year in total federal awards, from all sources, are exempt from the Federal audit requirements of 2 CFR Part 200, Subpart F for that year, but records must be available for review or audit by appropriate officials of the federal agency, pass-through entity, and General Accounting Office (GAO).

Subrecipient is prohibited from charging the cost of an audit to federal awards if Subrecipient expended less than \$750,000 from all sources of federal funding in Subrecipient's fiscal year. If Subrecipient expends less than \$750,000 in federal funding from all sources in Subrecipient's fiscal year, but obtains an audit paid for by non-federal funding, then DHEC to the following address or email:

SC Department of Health and Environmental Control
Grant Compliance Division
Bureau of Financial Management

2600 Bull Street
Columbia, SC 29201

Or, Email to: GrantsMgt@dhec.sc.gov

For Profit Subrecipients are exempt from the audit requirements set forth in 2 CFR §200.501 Audit Requirements. In all such cases DHEC requires submission of an audited financial statement. DHEC reserves the right to request pre-award audits and post-award audits in addition to monitoring during the agreement.

In all cases Subrecipient is required to promptly address audit findings through a corrective action plan. Failure to follow up or make corrective action can lead to a delay in payments, disallowed costs, suspension of the subaward, prohibition from future awards.

I. TERMS AND CONDITIONS:

Subrecipient is responsible for the efficient and effective administration of the federal subaward through the application of sound management practices. Subrecipient is responsible for administering federal funds in a manner consistent with the underlying agreements, program objectives, and the terms and conditions of the federal award. Subrecipient is responsible for understanding and maintaining compliance with the 2 CFR 200 “Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards.”

1. **ASSIGNMENT:** Subrecipient cannot assign nor transfer the subaward or any of its provisions without DHEC's written consent. Any attempted assignment or transfer not in compliance with this provision is null and void. A change in ownership of Subrecipient is considered an assignment.
2. **REPORTING REQUIREMENTS:**
 - a. Annual Risk Assessment Survey
On an annual basis, Subrecipient will be required to complete and return a risk assessment survey.
 - b. Audit Verification
On an annual basis, Subrecipient will be required to complete and return a statement verifying Subrecipient’s status as to the single audit requirement.
 - c. Audit Results
If a single audit, program specific audit, or agreed upon procedures engagement is conducted, Subrecipient will be required to submit the full text of the Schedule of Findings and Questioned Costs or the Auditors Report with the Corrective Action Plan.
 - d. Cost Allocation
If Subrecipient manages multiple funding sources, Subrecipient’s cost allocation plan must be submitted upon request. Sufficient detail must be provided to address the different categories of expenditure in the approved budget.
 - e. FFATA
Funding for this Agreement may be subject to the Federal Funding Accountability and Transparency Act (FFATA).

If the annual value of the subaward is equal to or greater than \$25,000 at any time during this Agreement's period of performance, Subrecipient is required to complete and return the attached Subaward FFATA checklist. The completed FFATA checklist (if applicable) must be returned to DHEC prior to submitting the first invoice for payment.

If Subrecipient is required to complete the FFATA checklist, DO NOT enter this information into the Federal Reporting database. DHEC maintains that responsibility.

f. Financial Reporting

List Financial reporting requirements.

g. Matching Funds

List matching funds reporting requirements.

h. Program Income

List Program income reporting requirements.

i. Programmatic Reporting

Monthly process reports (i.e., comprehensive HIV prevention reports: reports for CTR, mobile CTR, PrEP, condom distribution, and effective interventions.): Monthly comprehensive HIV prevention reports on the required templates are due 10 days after the end of each month.

EvaluationWeb Reporting: HIV testing and linkage to medical care (in-house, outreach, and mobile testing), PrEP services, and essential support services must be entered into EvaluationWeb.

3. **SAM (System for Award Management):**

On an annual basis, Subrecipient is required to maintain an active registration in SAM. Failure to comply may result in a suspension of payments and possibly a termination of the subaward.

4. **MINORITY BUSINESS:**

Subrecipient must make positive efforts to utilize small and minority owned businesses and individuals.

5. **AMENDMENTS:** This Subaward may only be amended by written agreement of all parties, which must be executed in the same manner as the Agreement.

6. **RECORD KEEPING, AUDITS, & INSPECTIONS:** Subrecipient shall create and maintain adequate records to document all matters covered by this Agreement. Subrecipient shall retain all such records for six (6) years (three years for federal subrecipients) or other longer period required by law after termination, cancellation, or expiration of the Agreement, and make records available for inspection and copying and audit at any time DHEC deems necessary. If any litigation, claim, or audit has begun but is not completed or if audit findings have not been resolved at the end of the six-year or other period, the records shall be retained until all litigation, claims, or audit findings involving the records have been resolved and final action taken. Subrecipient shall allow DHEC to inspect facilities and locations where activities under this Agreement are to be

performed on reasonable notice. Unjustified failure to produce any records or materials required under this Agreement may result in immediate termination of this Agreement with no further obligation on the part of DHEC.

Subrecipient must dispose of records containing DHEC confidential information in a secure manner such as shredding or incineration once the required retention period has ended. Confidential information means information known or maintained in any form, whether recorded or not, consisting of protected health information, other health information, personal information, personal identifying information, confidential business information, and any other information required by law to be treated as confidential, designated as confidential by DHEC, or known or believed by Subrecipient or Subrecipient's employee or agent to be claimed as confidential or entitled to confidential treatment.

Subrecipient is responsible for the creation and maintenance of its own records in accordance with professional standards and for compliance with HIPAA, the South Carolina Physicians' Patient Records Act, and other laws. DHEC assumes no responsibility for the creation, maintenance, completeness, or accuracy of Subrecipient's records, or for compliance of any person or entity other than DHEC with HIPAA, the South Carolina Physicians' Patient Records Act, or other laws.

7. TERMINATION:

- a. Either party may terminate this Subaward by providing thirty (30) calendar days written notice of termination to the other party.
- b. DHEC funds for this Subaward are payable from federal sources. If funds are not granted or otherwise available to DHEC to pay the charges or fund activities under this Subaward, it shall terminate upon written notice to Subrecipient without any further obligation by DHEC, except the obligation to pay for allowable expenses already incurred. Unavailability of funds will be determined in DHEC's sole discretion. DHEC has no duty to reallocate funds from other programs or funds not granted specifically for the purposes of this Subaward.
- c. DHEC may terminate this Subaward for cause, default, or negligence on Subrecipient's part at any time without thirty days advance written notice. Failure to comply with the terms and conditions of this Subaward may result in a delay in payment, request for additional documentation, audit, termination of the Subaward and prohibition of receiving additional awards from DHEC. DHEC may, at its option, allow Subrecipient a reasonable time to cure the default before termination.

8. NON-DISCRIMINATION: No person shall be excluded from participation in, be denied the benefits of, or be subjected to discrimination in relation to activities carried out under this Subaward on the grounds of race, religion, color, sex, age, national origin, disability, gender identity, sexual orientation, pregnancy, veterans status, or any other basis prohibited by law. This includes the provision of language assistance services to individuals of limited English proficiency eligible for services provided by DHEC.

9. INSURANCE: During the term of this Subaward, Subrecipient will purchase and maintain from a company or companies lawfully authorized to do business in South Carolina, such

insurance as will protect Subrecipient from the types of claims which may arise out of or result from Subrecipient's activities under the Subaward and for which Subrecipient may be legally liable. The insurance required by this provision must be in a sufficient and reasonable amount of coverage and include, at a minimum, professional liability and/or malpractice insurance covering any professional services to be performed under the Subaward, and general liability insurance. If coverage is claims-based, Subrecipient must maintain in force and effect any "claims made" coverage for a minimum of two years after the completion of all work or services to be provided under the Subaward. Subrecipient may be required to name DHEC on its insurance policies as an additional insured and to provide DHEC with satisfactory evidence of coverage. If Subrecipient is a South Carolina governmental body, it may satisfy this requirement by maintaining insurance through the S.C. Insurance Reserve Fund as provided by South Carolina law. If Subrecipient is a South Carolina governmental body, it may satisfy this requirement by maintaining insurance through the S.C. Insurance Reserve Fund as provided by South Carolina law. Neither party will provide individual coverage for the other party's employees, with each party being responsible for coverage of its own employees.

10. **DRUG FREE WORKPLACE:** By signing this Subaward, Subrecipient certifies that it will comply with all applicable provisions of The Drug-free Workplace Act, S. C. Code of Laws, Section 44-107-10 et seq., as amended.
11. **STANDARD OF CARE:** Subrecipient will perform all services under this Agreement in a good and workmanlike manner and with at least the ordinary care and skill customary in the profession or trade. To the extent Subrecipient will be providing health services, Subrecipient agrees to perform all health services in accordance with the applicable standard of care, exercising that degree of knowledge, care, and skill ordinarily possessed by members of the profession in good standing. Subrecipient and Subrecipient's employees will comply with all professional rules of conduct applicable to the provision of services under the Agreement.
12. **NON-INDEMNIFICATION; LIMITATION ON TORT LIABILITY:** Any term or condition of this Subaward or any related agreements is void to the extent it: (1) requires DHEC to indemnify, defend, or pay attorney's fees to anyone for any reason; or (2) would have the purpose or effect of increasing or expanding any liability of the State or its agencies or employees for any act, error, or omission subject to the South Carolina Tort Claims Act, whether characterized as tort, contract, equitable indemnification, or any other theory or claim.
13. **RELATIONSHIP OF THE PARTIES:** Neither party is an employee, agent, partner, or joint venturer of the other. Neither party has the right or authority to control or direct the activities of the other or of the other's employees, or the right or authority to bind the other to any agreement with a third party or to incur any obligation or liability on behalf of the other party, unless expressly authorized in this Subaward. Neither party assumes any liability for any claims, demands, expenses, liabilities, or losses that may arise out of any acts or failures to act by the other party, its employees or agents, in connection with the performance of services under this Subaward. Subrecipients employees are not and shall not be considered DHEC employees.
14. **CHOICE OF LAW:** The Subaward, any dispute, claim, or controversy relating to the Subaward and all the rights and obligations of the Parties shall, in all respects, be interpreted, construed, enforced and governed by and under the laws of the State of South

Carolina, except its choice of law rules.

15. **DISPUTES:** All disputes, claims, or controversies relating to the Subaward must be brought only in the South Carolina Court of Common Pleas for Richland County or in the United States District Court for the District of South Carolina, Columbia Division. By signing this Subaward, Subrecipient consents to jurisdiction in South Carolina and to venue pursuant to this Subaward. Subrecipient agrees that any act by DHEC regarding the Subaward is not a waiver of either sovereign immunity or immunity under the Eleventh Amendment of the United States Constitution and is not a consent to the jurisdiction of any court or agency of any other state.
16. **DEBARMENT:** Subrecipient certifies that it has not been debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any state, federal or local agency. This certification is a material representation of fact upon which reliance was placed when entering into this Subaward. If it is later determined that Subrecipient knowingly or in bad faith rendered an erroneous certification, DHEC may terminate the Subaward for cause in addition to other remedies available.
17. **SERVICE OF PROCESS:** Subrecipient consents to service of process by certified mail (return receipt requested) to the address provided as Subrecipient's Notice Address herein, or by personal service or by any other manner that is permitted by law, in or outside South Carolina. Notice by certified mail is deemed effective when received.
18. **NOTICE:** All notices under this Subaward may be given by personal delivery, fax or email (with confirmed receipt), or express, registered, or certified mail, FedEx or other common express delivery service, return receipt requested, postage prepaid, and addressed as indicated below (or to such other persons, addresses and fax numbers as a party may designate by notice to the other parties). Notice shall be effective when received or, if delivery by mail or other delivery service is refused, then upon deposit in the mail or other delivery service.

SUBRECIPIENT:

Name
Address
Telephone
Fax
Email

DHEC PROGRAM:

Tony Price
Prevention Program Manager
STD/HIV/VH Division
SCDHEC
2600 Bull Street
Columbia, SC 29201
Phone: (803) 898-0338
Fax: (803) 898-0573
priceae@dhec.sc.gov

If any individual named above is no longer employed by the party in the same position at the time notice is to be given, and the party has failed to designate another person to be

notified, then notice may be given to the named person's successor, if known, at the same address.

19. **COMPLIANCE WITH LAWS:** Subrecipient shall comply with all applicable laws and regulations in the performance of this Agreement.
20. **THIRD PARTY BENEFICIARY:** This Agreement is made solely and specifically among and for the benefit of the Parties, and their successors and assigns, and no other person will have any rights, interest, or claims or be entitled to any benefits under or on account of this Subaward as a third party beneficiary or otherwise.
21. **INSOLVENCY, BANKRUPTCY, DISSOLUTION:** (a) Notice. Subrecipient shall notify DHEC in writing within five (5) business days of the initiation of insolvency, receivership, or bankruptcy proceedings, whether voluntary or involuntary, and not less than thirty (30) calendar days before dissolution or termination of business. Notification shall include, as applicable, the date the petition was filed, anticipated date of dissolution or closure of business, identity of the court in which the petition was filed, a copy of the petition, and a listing of all State contracts and grants against which final payment has not been made. This obligation remains in effect until completion of performance and final payment under this Agreement.

(b) Termination. This Agreement is voidable and subject to immediate termination by DHEC upon Subrecipient's insolvency, appointment of a receiver, filing of bankruptcy proceedings, making an assignment for the benefit of creditors, dissolution (if an organization), death (if an individual), or ceasing to do business.
22. **SEVERABILITY:** The invalidity or unenforceability of any provision of this Amendment shall not affect the validity or enforceability of any other provision, which shall remain in full force and effect.
23. **WAIVER:** DHEC does not waive any prior or subsequent breach of the terms of this Amendment by making payments on the Amendment, by failing to terminate the Amendment for lack of performance, or by failing to enforce any term of the Amendment. Only the DHEC Federal Grant Compliance Director has actual authority to waive any of DHEC's rights under this Amendment. Any waiver must be in writing.
24. **PLACE OF CONTRACTING:** This Amendment is deemed to be negotiated, made, and performed in the State of South Carolina.
25. **ATTACHMENTS/ADDENDA:** Attachments, addenda or other materials attached to the Amendment are specifically incorporated into and made part of this Amendment. Attachments include:
 - Attachment I: FY2022-RFGA_HV-205
 - Attachment II: Subaward Source of Funding (SOF)
 - Attachment III: FFATA Data Checklist for Source of Funding
 - Attachment IV: DHEC Overview of State SC Travel Reimbursement Policies for Vendors and Subrecipients
 - Attachment V: Subaward Invoices and Supporting Documentation
 - Attachment VI: Subrecipient Certification of Compliance
26. **CONFLICT OF INTEREST:** Subrecipient, as a non-Federal entity, must comply with 2

CFR §200.112 and §200.318 (c) (1). Subrecipient must comply with conflict of interest policies of the federal awarding agency and must disclose in writing any potential conflicts of interest to DHEC in accordance with applicable federal awarding agency policy. Subrecipient must maintain written standards of conduct covering conflicts of interest and governing the actions of its employees engaged in the selection, award and administration of contracts. No employee, officer, or agent may participate in the selection, award, or administration of a contract supported by a Federal award if he or she. has a real or apparent conflict of interest. Such a conflict of interest would arise when the employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a financial or other interest in or a tangible personal benefit from a firm considered for a contract. Subrecipient's officers, employees, and agents may neither solicit nor accept gratuities, favors, or anything of monetary value from contractors or parties to subcontracts. However, Subrecipient may set standards for situations in which the financial interest is not substantial, or the gift is an unsolicited item of nominal value. The standards of conduct must provide for disciplinary actions to be applied for violations of such standards by Subrecipient's officers, employees, or agents.

If Subrecipient has a parent, affiliate, or subsidiary organization that is not a state, local government, or Indian tribe, Subrecipient must also maintain written standards of conduct covering organizational conflicts of interest. Organizational conflicts of interest mean that because of relationships with a parent company, affiliate, or subsidiary organization, Subrecipient is unable or appears to be unable to be impartial in conducting a procurement action involving a related organization.

The non-Federal entity may not earn nor keep any profit resulting from Federal financial assistance.

27. **PREVENTING AND REPORTING, FRAUD, WASTE AND ABUSE:** DHEC has procedures and policies concerning the prevention and reporting of fraud, waste and abuse (FWA) in agency-funded programs, including but not limited to those funded by federal grants such as Medicaid. No agency employee, agent, grantee or contractor shall direct, participate in, approve, or tolerate any violation of federal or state laws regarding FWA in government programs.

Federal law prohibits any person or company from knowingly submitting false or fraudulent claims or statements to a federally funded program, including false claims for payment or conspiracy to get such a claim approved or paid. The False Claims Act, 31 U.S.C. §3729-3733, and other "whistleblower" statutes include remedies for employees who are retaliated against in their employment for reporting violations of the Act or for reporting fraud, waste, abuse, or violations of law in connection with federal contracts or grants, or danger to public health or safety. Under State law, persons may be criminally prosecuted for false claims made for health care benefits, for Medicaid fraud, for insurance fraud, or for using a computer in a fraud scheme or to obtain money or services by false representations. Additional information regarding the Federal and State laws prohibiting false claims and DHEC's policies and procedures regarding false claims may be obtained from DHEC's Grant Compliance Director or Bureau of Business Management.

Any employee, agent, subrecipient or contractor of DHEC who submits a false claim in violation of federal or State laws will be reported to appropriate authorities.

If Subrecipient or Subrecipient's agents, grantee or employees have reason to suspect FWA in DHEC programs, this information should be reported in confidence to DHEC. A report may be made by writing to the Office of Internal Audits, DHEC, 2600 Bull Street, Columbia, SC 29201; or by calling the DHEC Fraud, Waste and Abuse Hotline at 803-896-0650 or toll-free at 1-866-206-5202. Subrecipient is required to inform Subrecipient's employees of the existence of DHEC's policy prohibiting FWA and the procedures for reporting FWA to the agency. Subrecipient must also inform Subrecipient's employees, in writing, of their rights and remedies under 41 U.S.C. §4712 concerning reporting FWA or violations of law in connection with federal contracts or grants, or danger to public health or safety, in the predominant native language of the workforce.

28. **OTHER REPRESENTATIONS OF CONTRACTOR:** Subrecipient represents, warrants, and covenants:
- (a) Subrecipient has and will maintain the professional, technical, logistical, financial, and other ability to perform its obligations under this Agreement.
 - (b) Subrecipient's execution and performance of this Agreement do not and will not violate or conflict with any other obligation of Subrecipient.
 - (c) Subrecipient has no conflict of interest with its obligations under this Agreement.
 - (d) Subrecipient has not initiated or been the subject of insolvency, receivership, or bankruptcy proceedings, whether voluntary or involuntary, within the last seven years.
 - (e) Subrecipient has not previously been found in breach or default of any government contract or grant and is not the subject of any investigation (to its knowledge) or pending litigation for breach or default of any government contract, grant, or subaward, except as disclosed in Exhibit _____.
 - (f) Subrecipient is a **Select: Corporation, Limited Liability Company, or Other** duly organized, validly existing and in good standing under the laws of **Enter location** and authorized to transact business in South Carolina, with full power and authority to execute and perform its obligations under this Subaward.
29. **COUNTERPARTS AND FACSIMILE SIGNATURES:** This Agreement may be executed in two or more counterparts, each of which shall be deemed an original and all of which, taken together, shall constitute one agreement. A facsimile, scanned, or electronically entered handwritten signature to this Agreement shall be deemed an original and binding upon the signing party.
30. **SURVIVAL:** Clauses which by their nature require performance or forbearance after the Agreement period will survive termination, cancellation, or expiration of the Agreement unless expressly provided otherwise in the Agreement or an amendment.
31. **TIME:** Unless specified otherwise: (a) "days" in this Agreement means calendar days; (b) in computing any period of time prescribed or allowed by this Agreement, the day of the event from which the designated period of time begins to run is not included; (c) if the final day of the designated period falls on a Saturday, Sunday or legal holiday for the state or federal government, then the period shall run to the end of the next business day.
32. **NO ENDORSEMENT:** Nothing in this agreement may be interpreted to imply that the

State of South Carolina or DHEC endorses any product, service, or policy of Subrecipient. Subrecipient will not take any action or make any statement, or request DHEC take any action or make any statement, that suggests or implies such an endorsement. Subrecipient shall not publish any comments or quotes by State employees, or include the State in either news releases or a published list of customers, without the prior written approval of the Contracts Manager.

33. **LOBBYING:** Contractors and Grantees, including subcontractors, sub grantees, and subrecipients who receive federal funds pursuant to this Agreement, are prohibited from using any of the federal funds to engage in lobbying activities, and must adhere to applicable statutes and regulations as a condition of receiving the federal funds. These prohibited activities include both direct and "grass roots" lobbying at the federal, state, and local levels, legislative and executive functions.

No part of any grant or contract funds will be used to pay the salary or expenses of any person related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than for normal and recognized executive-legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government. This prohibition shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

31 U.S.C. § 1352 certification (45 CFR Part 93).

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

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.

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.

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. NOTE: These amounts are adjusted annually for inflation at 45 CFR part 102. 2020 amounts are \$20,489 and \$204,892.

The parties to the Agreement hereby agree to any and all provisions of the Agreement as stipulated herein.

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL SUBRECIPIENT

BY: _____

BY: _____

DATE: _____

DATE: _____

MAILING ADDRESS:
SC DHEC - Public Health Contracts
Anndrea Thomas-Cloud
Bureau of Communicable Disease Prevention and Control
2100 Bull Street
Columbia, SC 29201
803-898-1188

MAILING ADDRESS:

REMITTANCE ADDRESS: (if different from mailing address)

TAX/EMPLOYER ID#: _____
DUNS # _____

- TYPE OF ENTITY (check one):
- Corporation
 - LLC
 - Partnership
 - Nonprofit organization
 - Government agency or political subdivision - specify state if not SC: _____
 - Other Governmental body (specify) _____
 - Individual/sole proprietor
 - Other (specify) _____

If a corporation or LLC, or nonprofit organization:
State of incorporation/organization:

Registered agent and address in South Carolina:

SCDLLR or other license # _____

SUBAWARD SOURCE OF FUNDING (SOF) # 1

- (1) Subaward # System Generated (2) Subaward Amendment # System Generated
- (3) Subrecipient Name Program
- (4) Subrecipient's Unique Entity Identifier (DUNS #) Program
- (5) Grant Award Title Integrated HIV Surveillance and Prevention Programs for Health Departments
- (6) Federal Award Identification Number (FAIN) NU62PS924531 (7) FAIN Date 12/17/2020
- (8) Primary Grant Project Period Start Date January 1, 2018 End Date December 31, 2022
- (9) Subaward Project Period Start Date January 1, 2022 End Date December 31, 2026
- (10) Current Subaward Period of Performance Start Date January 1, 2022 End Date December 31, 2022
- (11) Amount of Federal Funds Obligated by this Action \$ Program
- (12) Prior Periods Obligated \$ 0 (13) Obligated Total \$ Finance or Program
- (14) Total Amount of Federal Award Committed to the Subrecipient \$ Finance of Program

(15) Federal Award Project Description

CDC announces the availability of fiscal year 2018 funds for a cooperative agreement for health departments to implement an integrated HIV surveillance and prevention program. The purpose of this funding opportunity announcement (FOA) is to implement a comprehensive HIV surveillance and prevention program to prevent new HIV infections and achieve viral suppression among persons living with HIV. Promote and support improving health outcomes for persons living with HIV through achieving and sustaining viral suppression, and reducing health-related disparities by using quality, timely, and complete surveillance and program data to guide HIV prevention efforts. These goals are in accordance with the national prevention goals, HIV Care Continuum, and CDC's High-Impact HIV Prevention (HIP) approach. The integration of these programs allows each jurisdiction to operate in unison and maximize the impact of federal HIV prevention funding. An integrated FOA strengthens implementation of HIP by further allowing health departments to align resources to better match the geographic burden of HIV infections within their jurisdictions and improve data collection and use for public health action.

- (16) Federal Awarding Agency Department of Health and Human Services, Centers for Disease Control and Prevention
- (17) Passthrough Entity South Carolina Department of Health and Environmental Control
- (18) CFDA # 93.940 (19) CFDA Title HIV Prevention Activities Health Department Based
- (20) Is the Subaward Research and Development? Yes _____ No X

(21) DHEC's Federally Negotiated Rate at time of Grant Award 17.43 % (NOT TO BE USED BY SUBRECIPIENT)

(22) Subrecipient's Indirect Cost: Federally Negotiated Rate* Program-> % **Deminimis
 No Indirect

*A copy of the approved federally negotiated rate agreement must be submitted to DHEC prior to 1st payment.

** A detailed breakdown of the various cost elements that constitute the MTDC must be submitted to DHEC prior to 1st payment

SUBAWARD SOURCE OF FUNDING (SOF) # 1

(23) Passthrough Entity (DHEC) Contact Information

NAME	ADDRESS	EMAIL	PHONE NUMBER
Finance Director	2600 Bull Street Columbia, SC 29201-1708	GrantsMgt@dhec.sc.gov	N/A
Program			
Program			
Program			
Program			

Prepared by _____ Date _____
 (Program Signature)

Prepared by _____ Date _____
 (Finance Signature)

FFATA DATA CHECKLIST FOR SOURCE OF FUNDING (SOF)# 1

Primary Grant Award / Passthrough Entity Data

- (1) Subaward System Generated (2) Subaward Amendment System Generated
- (2) CFDA # and Title 93.940, HIV Prevention Activities Health Department Based
- (3) Federal Awarding Agency Department of Health and Human Services, Centers for Disease Control and Prevention
- (4) Grant Award Title Integrated HIV Surveillance and Prevention Programs for Health Departments
- (5) Grant Award Date 03/08/2021 (6) Federal Award Identification Number (FAIN) NU62PS924531
- (7) Total Grant Award Amount \$ 4,587,315.00 (8) DHEC Unique Entity Identifier (DUNS #) 80 8385892
- (9) DHEC Principal Place of Performance 2600 Bull Street, Columbia, SC 29201-1708

(10) Federal Award Project Description

CDC announces the availability of fiscal year 2018 funds for a cooperative agreement for health departments to implement an integrated HIV surveillance and prevention program. The purpose of this funding opportunity announcement (FOA) is to implement a comprehensive HIV surveillance and prevention program to prevent new HIV infections and achieve viral suppression among persons living with HIV. Promote and support improving health outcomes for persons living with HIV through achieving and sustaining viral suppression, and reducing health-related disparities by using quality, timely, and complete surveillance and program data to guide HIV prevention efforts. These goals are in accordance with the national prevention goals, HIV Care Continuum, and CDC's High-Impact HIV Prevention (HIP) approach. The integration of these programs allows each jurisdiction to operate in unison and maximize the impact of federal HIV prevention funding. An integrated FOA strengthens implementation of HIP by further allowing health departments to align resources to better match the geographic burden of HIV infections within their jurisdictions and improve data collection and use for public health action.

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Subaward / Subrecipient Data

- (11) Subrecipient Name Subrecipient
- (12) Subrecipient DBA Name Subrecipient
- (13) Subrecipient Unique Entity Identifier (DUNS #) Subrecipient

(14) Subrecipient Address (include zip +4 digits) Subrecipient

(15) Subaward Date System Generated (16) Subaward Amount (must be >=\$25,000) \$
Copy from SOF

(17) Subaward Principal place of Performance
Subrecipient

(18) Subaward Area of Benefit (congressional districts)
Subrecipient

(19) Subrecipient Parent Unique Entity Identifier (DUNS#)
Subrecipient

FFATA DATA CHECKLIST: EXECUTIVE COMPENSATION

(20) Did the Subrecipient organization (including parent organization, all branches, and all affiliates worldwide) receive in the previous fiscal year: 80% or more of its annual gross revenues in U.S. Federal Contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? Yes ___ No ___

(21) Did the Subrecipient organization (including parent organization, all branches, and all affiliates worldwide) receive in the previous fiscal year: \$25 million or more in annual gross revenues from U.S. Federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? Yes ___ No ___ If the answer to question 1 and question 2 are both NO, this questionnaire is complete, otherwise continue to question 3.

(22) Does the public have access to information about the compensation of senior executives of the subrecipient organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under the Securities Exchange Act of 1934 or the Internal Revenue Code of 1986? Yes ___ No ___. If yes, questionnaire is complete, otherwise list the names and compensation of the Subrecipient's five most highly compensated officers.

List the names and total compensation of the five most highly compensated officers of the subrecipient/contractor as listed in the subrecipient's System for Award Management profile, as applicable.

(23)

NAME	TOTAL COMPENSATION
1.	
2.	
3.	
4.	
5.	

Subrecipient Completed by: Subrecipient

SUBAWARD SOURCE OF FUNDING (SOF) # 2

- (1) Subaward # System Generated (2) Subaward Amendment # System Generated
- (3) Subrecipient Name Program
- (4) Subrecipient's Unique Entity Identifier (DUNS #) Program
- (5) Grant Award Title Strengthening STD Prevention and Control for Health Departments Integrated
- (6) Federal Award Identification Number (FAIN) NH25PS005150 (7) FAIN Date 12/18/2020
- (8) Primary Grant Project Period Start Date January 1, 2019 End Date December 31, 2023
- (9) Subaward Project Period Start Date January 1, 2022 End Date December 31, 2026
- (10) Current Subaward Period of Performance Start Date January 1, 2022 End Date December 31, 2022
- (11) Amount of Federal Funds Obligated by this Action \$ Program
- (12) Prior Periods Obligated \$ 0 (13) Obligated Total \$ Finance or Program
- (14) Total Amount of Federal Award Committed to the Subrecipient \$ Finance of Program

(15) Federal Award Project Description

The purpose of PS19-1906 is to fund eligible health departments to conduct a rapid planning process that engages the community, HIV planning bodies, HIV prevention and care providers, and other partners in aligning resources and activities to develop jurisdictional End the HIV Epidemic plans. Subrecipients will perform Targeted MSM Syphilis testing.

- (16) Federal Awarding Agency Department of Health and Human Services, Centers for Disease Control and Prevention
- (17) Passthrough Entity South Carolina Department of Health and Environmental Control
- (18) CFDA # 93.977 (19) CFDA Title Prevention Health Services Sexually Transmitted Diseases Control Grants

(20) Is the Subaward Research and Development? Yes _____ No X

(21) DHEC's Federally Negotiated Rate at time of Grant Award 17.43 % (NOT TO BE USED BY SUBRECIPIENT)

(22) Subrecipient's Indirect Cost: Federally Negotiated Rate* Program-> % **Deminimis
_____ No Indirect _____

*A copy of the approved federally negotiated rate agreement must be submitted to DHEC prior to 1st payment.

** A detailed breakdown of the various cost elements that constitute the MTDC must be submitted to DHEC prior to 1st payment

SUBAWARD SOURCE OF FUNDING (SOF) # 2

(23) Passthrough Entity (DHEC) Contact Information

NAME	ADDRESS	EMAIL	PHONE NUMBER
Finance Director	2600 Bull Street Columbia, SC 29201-1708	GrantsMgt@dhec.sc.gov	N/A
Program			
Program			
Program			
Program			

Prepared by _____ Date _____
(Program Signature)

Prepared by _____ Date _____
(Finance Signature)

FFATA DATA CHECKLIST FOR SOURCE OF FUNDING (SOF)# 2

Primary Grant Award / Passthrough Entity Data

- (1) Subaward System Generated (2) Subaward Amendment System Generated
- (2) CFDA # and Title 93.977, Prevention Health Services Sexually Transmitted Diseases Control Grants
- (3) Federal Awarding Agency Department of Health and Human Services, Centers for Disease Control and Prevention
- (4) Grant Award Title Strengthening STD Prevention and Control for Health Departments (STD PCHD)
- (5) Grant Award Date 03/29/2021 (6) Federal Award Identification Number (FAIN) NH25PS005150
- (7) Total Grant Award Amount \$ 1,526,303.00 (8) DHEC Unique Entity Identifier (DUNS #) 80 8385892
- (9) DHEC Principal Place of Performance 2600 Bull Street, Columbia, SC 29201-1708

(10) Federal Award Project Description

The purpose of PS19-1906 is to fund eligible health departments to conduct a rapid planning process that engages the community, HIV planning bodies, HIV prevention and care providers, and other partners in aligning resources and activities to develop jurisdictional End the HIV Epidemic plans. Subrecipients will perform Targeted MSM Syphilis testing.

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Subaward / Subrecipient Data

- (11) Subrecipient Name Subrecipient
- (12) Subrecipient DBA Name Subrecipient
- (13) Subrecipient Unique Entity Identifier (DUNS #) Subrecipient

(14) Subrecipient Address (include zip +4 digits) Subrecipient

(15) Subaward Date System Generated (16) Subaward Amount (must be >=\$25,000) \$ Copy from SOF

(17) Subaward Principal place of Performance
Subrecipient

(18) Subaward Area of Benefit (congressional districts)
Subrecipient

(19) Subrecipient Parent Unique Entity Identifier (DUNS #)
Subrecipient

FFATA DATA CHECKLIST: EXECUTIVE COMPENSATION

(20) Did the Subrecipient organization (including parent organization, all branches, and all affiliates worldwide) receive in the previous fiscal year: 80% or more of its annual gross revenues in U.S. Federal Contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? Yes ___ No ___

(21) Did the Subrecipient organization (including parent organization, all branches, and all affiliates worldwide) receive in the previous fiscal year: \$25 million or more in annual gross revenues from U.S. Federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? Yes ___ No ___ If the answer to question 1 and question 2 are both NO, this questionnaire is complete, otherwise continue to question 3.

(22) Does the public have access to information about the compensation of senior executives of the subrecipient organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under the Securities Exchange Act of 1934 or the Internal Revenue Code of 1986? Yes ___ No ___. If yes, questionnaire is complete, otherwise list the names and compensation of the Subrecipient's five most highly compensated officers.

List the names and total compensation of the five most highly compensated officers of the subrecipient/contractor as listed in the subrecipient's System for Award Management profile, as applicable.

(23)

NAME	TOTAL COMPENSATION
1.	
2.	
3.	
4.	

5.	
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Subrecipient Completed by: Subrecipient

SUBAWARD SOURCE OF FUNDING (SOF) # 3

- (1) Subaward # System Generated (2) Subaward Amendment # System Generated
- (3) Subrecipient Name Program
- (4) Subrecipient's Unique Entity Identifier (DUNS #) Program
- (5) Grant Award Title Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States
- (6) Federal Award Identification Number (FAIN) NU62PS924641 (7) FAIN Date 7/20/2021
- (8) Primary Grant Project Period Start Date August 1, 2020 End Date July 31, 2025
- (9) Subaward Project Period Start Date January 1, 2022 End Date December 31, 2026
- (10) Current Subaward Period of Performance Start Date January 1, 2022 End Date December 31, 2022
- (11) Amount of Federal Funds Obligated by this Action \$ Program
- (12) Prior Periods Obligated \$ 0 (13) Obligated Total \$ Finance or Program
- (14) Total Amount of Federal Award Committed to the Subrecipient \$ Finance of Program
- (15) Federal Award Project Description

The purpose of PS20-2010 is to implement comprehensive HIV programs, that complement programs, such as the Ryan White program and other HHS programs, designed to support ending the HIV epidemic in America by leveraging powerful data, tools and resources to reduce new HIV infections by 75% in 5 years.

- (16) Federal Awarding Agency Department of Health and Human Services, Centers for Disease Control and Prevention
- (17) Passthrough Entity South Carolina Department of Health and Environmental Control
- (18) CFDA # 93.940 (19) CFDA Title HIV Prevention Activities Health Department Based
- (20) Is the Subaward Research and Development? Yes _____ No X

(21) DHEC's Federally Negotiated Rate at time of Grant Award 17.43 % (NOT TO BE USED BY SUBRECIPIENT)

(22) Subrecipient's Indirect Cost: Federally Negotiated Rate* Program-> % **Deminimis
 ___ No Indirect ___

*A copy of the approved federally negotiated rate agreement must be submitted to DHEC prior to 1st payment.

** A detailed breakdown of the various cost elements that constitute the MTDC must be submitted to DHEC prior to 1st payment

SUBAWARD SOURCE OF FUNDING (SOF) # 3

(23) Passthrough Entity (DHEC) Contact Information

NAME	ADDRESS	EMAIL	PHONE NUMBER
Finance Director	2600 Bull Street Columbia, SC 29201-1708	GrantsMgt@dhec.sc.gov	N/A
Program			
Program			
Program			
Program			

Prepared by _____ Date _____
 (Program Signature)

Prepared by _____ Date _____
 (Finance Signature)

FFATA DATA CHECKLIST FOR SOURCE OF FUNDING (SOF)# 3

Primary Grant Award / Passthrough Entity Data

- (1) Subaward System Generated (2) Subaward Amendment System Generated
- (2) CFDA # and Title 93.940, HIV Prevention Activities Health Department Based
- (3) Federal Awarding Agency Department of Health and Human Services, Centers for Disease Control and Prevention
- (4) Grant Award Title Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States
- (5) Grant Award Date 07/20/2021 (6) Federal Award Identification Number (FAIN) NU62PS924641
- (7) Total Grant Award Amount \$ 2,785,979.00 (8) DHEC Unique Entity Identifier (DUNS #) 80 8385892
- (9) DHEC Principal Place of Performance 2600 Bull Street, Columbia, SC 29201-1708

(10) Federal Award Project Description

The purpose of PS20-2010 is to implement comprehensive HIV programs, that complement programs, such as the Ryan White program and other HHS programs, designed to support ending the HIV epidemic in America by leveraging powerful data, tools and resources to reduce new HIV infections by 75% in 5 years.

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Subaward / Subrecipient Data

- (11) Subrecipient Name Subrecipient
- (12) Subrecipient DBA Name Subrecipient
- (13) Subrecipient Unique Entity Identifier (DUNS #) Subrecipient

(14) Subrecipient Address (include zip +4 digits) Subrecipient

(15) Subaward Date System Generated (16) Subaward Amount (must be >=\$25,000) \$
Copy from SOF

(17) Subaward Principal place of Performance
Subrecipient

(18) Subaward Area of Benefit (congressional districts)
Subrecipient

(19) Subrecipient Parent Unique Entity Identifier (DUNS
#) Subrecipient

FFATA DATA CHECKLIST: EXECUTIVE COMPENSATION

(20) Did the Subrecipient organization (including parent organization, all branches, and all affiliates worldwide) receive in the previous fiscal year: 80% or more of its annual gross revenues in U.S. Federal Contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? Yes ___ No ___

(21) Did the Subrecipient organization (including parent organization, all branches, and all affiliates worldwide) receive in the previous fiscal year: \$25 million or more in annual gross revenues from U.S. Federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements? Yes ___ No ___ If the answer to question 1 and question 2 are both NO, this questionnaire is complete, otherwise continue to question 3.

(22) Does the public have access to information about the compensation of senior executives of the subrecipient organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under the Securities Exchange Act of 1934 or the Internal Revenue Code of 1986? Yes ___ No ___. If yes, questionnaire is complete, otherwise list the names and compensation of the Subrecipient's five most highly compensated officers.

List the names and total compensation of the five most highly compensated officers of the subrecipient/contractor as listed in the subrecipient's System for Award Management profile, as applicable.

(23)

NAME	TOTAL COMPENSATION
1.	
2.	
3.	
4.	
5.	

Subrecipient Completed by: Subrecipient

SUBAWARD INVOICES AND SUPPORTING DOCUMENTATION

PREFACE

The Subrecipient is responsible for the efficient and effective administration of the federal subaward through the application of sound management practices. The Subrecipient is responsible for administering federal funds in manner consistent with the underlying agreements, program objectives, and the terms and conditions of the federal award. The Subrecipient is responsible for understanding and maintaining compliance with 2 CFR 200 “Uniform Administrative Requirements, Cost Principles and Audit Requirements for Federal Awards.”

SUPPORTING DOCUMENTATION REQUIREMENTS

This document is intended as a guide to the appropriate supporting documentation for subrecipient expenditures. This document applies to all federal subawards. Federal grantors often impose more specific, detailed and/or restrictive documentation requirements on the Agency. Based on the funding source of the subaward, DHEC may require additional documentation that is not addressed in this guide. Please refer to the “Method of Payment” section of your subaward for additional details if applicable.

All expenditures and financial transactions must be supported by documentation that supports why the transaction is allowable for grant purposes. Accounting records must trace back to source documentation. Subrecipients should design a system to organize, group, submit and retain the related information for each grant and activity. DHEC can and will audit records at any time.

Documentation must demonstrate that costs are:

- Reasonable, allocable, and allowable
- Within grant limits
- Treated consistently
- Determined in accordance with Generally Accepted Accounting Principles (GAAP) and the applicable OMB cost principles.

Retention and Availability

Supporting documentation must be retained by the Subrecipient for the entire retention period indicated in the Agreement.

Supporting documentation is required as an attachment to the invoice dependent upon the individual circumstances of the Subrecipient, the category of expenditure or other condition(s) cited in the subaward.

Additional supporting documentation may be requested by DHEC at any time during the Agreement period of performance and retention period as a whole. **Documentation must be readily available upon request.**

Examples of Supporting Documentation

Supporting documentation includes but is not limited to the following:

- Paid receipts
- Canceled checks or check & payment registers from Subrecipient’s financial management system
- Travel logs

- Hotel/motel folios
- Journal entries
- Training or other event attendance rosters
- Time and attendance activity reports
- Payroll time sheets completed by employee and signed by supervisor
- Performance reports
- Payroll registers indicating the employee's name, dates, hours and costs charged to the grant
- Credit Card Statements
- Depreciation/amortization schedules
- Cost allocation plans
- Detailed audit reports including auditor's comments and corrective action plans
- 2nd tier subawards
- Contracts with and invoices from vendors or other service providers
- Policies and procedures
- Personnel position descriptions

PROCEDURES FOR SUBMITTING INVOICES

Reimbursement will be for actual allowable costs incurred and must be consistent with the approved budget incorporated into the Agreement. Only expenditures obligated during the Agreement period of performance can be submitted for reimbursement. Depending on the unique nature of services for a particular subrecipient, payments to individuals must be in the form of a check or direct deposit. No cash transactions to individuals will be reimbursed.

The invoice and any required supporting documentation should be submitted by funding source. The preferred method of submission is via email as a PDF or similar formatted attachment. The invoice must be clean and readable with all protected health information redacted.

The invoice must include:

- Agreement document number
- Subrecipient name and remittance address
- Billing period
- Funding source for which reimbursement is being requested
- If the Agreement contains multiple sources of funding a separate invoice for each funding source must be submitted.
- A brief description of the Scope of Services
- An itemized listing of expenses incurred by budget category with the total amount clearly stated
- If salary or fringe benefit reimbursement is being requested, please specify the payroll periodicity such as "1st thru 16th" or "once every two weeks".

Instructions for Specific Budget Categories

The level of detailed documentation may vary based on your risk assessment and past history.

Salaries

All salaries must be supported by a time and attendance system which accurately reflects the time employees spend on federal grant activities. At the beginning of your grant period, the first invoice for reimbursement of salary expenses must demonstrate how the expense was calculated. Subsequent invoices may not require this demonstration unless specifically requested.

Example: Employee #1 has an annual salary \$72,000 and is paid semi-monthly (twice a month

or 24 times a year)

Employee #1 works full time for the federal program with no other funding

Monthly Invoice: Employee #1 payroll $\$72,000/24 = \$3,000$ paid on 1st and 16th = \$6,000

Employee #2 has an annual salary \$72,000 and is paid semi-monthly (twice a month or 24 times a year)

Employee #2 works part of the time (40%) for the federal program and is split funded

Monthly Invoice: Employee #2 payroll $\$72,000/24 = \$3,000 * 40\% = \$1,200$ paid on 1st and 16th = \$2,400

The Subrecipient must monitor each employee's time spent on federal grant activities to ensure all final expenses are within the limits of the approved budget. By the end of the federal subaward period of availability, the value of the time must be reconciled with the invoiced expenses and approved budget. If an employee's final federal payroll exceeds the value of the time reported, the difference MUST be returned to DHEC.

Fringe Benefits, Payroll Taxes, etc.

The Subrecipient is responsible for maintaining cost documentation related to health insurance, state and federal withholdings and any other benefits paid. At the beginning of your Agreement, the first invoice for reimbursement of fringe benefit expenses must demonstrate how the expense was calculated. Subsequent invoices may not require this demonstration unless specifically requested.

Example: Employee #1 monthly payroll = \$6,000, FICA = 6.2% of payroll + Medicare = 1.45%
for a total of 7.65%
Employee #1 works full time on the federal program with no other split funding

Monthly Invoice: Employee #1 payroll $\$6,000 * 7.65\% = \459

Example: Employee #2 is split funded and only works 40% for the federal program
Health Insurance premium per employee per month = \$600

Monthly Invoice: Employee #2 $\$600 * 40\% = \240

The Subrecipient must monitor each employee's time spent on federal grant activities to ensure all final expenses are within the limits of the approved budget. By the end of the federal subaward period of availability, the value of the time must be reconciled with the invoiced expenses and approved budget. If an employee's final federal payroll exceeds the value of the time reported, the pro-rata share of fringe benefits MUST be returned to DHEC.

Travel

Reimbursement of travel expenses, including mileage and subsistence (meals), will be limited to the standard rates for State employee travel in effect during the period of availability for the Agreement. All rates are subject to the Office of the Comptroller General's policies and procedures in effect for the calendar year and are subject to change. The standard rates for mileage and subsistence can be found on the following website.

<https://www.cg.sc.gov/guidance-and-forms-state-agencies/travel-forms-and-mileage-rate>.

All requests for travel mileage reimbursement must include the following documentation with the invoice.

- Employee name
- Employee headquarters (work address)
- Date(s) of the travel
- Destination (address)
- Reason for the visit
- Parking fees if applicable
- Miles traveled
- Mileage reimbursement rate (must not exceed SC State employee reimbursement rate)
- Total reimbursement requested

All requests for travel subsistence (food) reimbursement must include the following documentation with the invoice.

- Employee name
- Employee headquarters (address)
- Destination (address)
- Date and time of departure from official headquarters or home
- Date and time of arrival to destination
- Date and time of return to official headquarters or home
- Total reimbursement requested

Reimbursement for room and board will be at the established federal General Services Administration (GSA) rate (before taxes are applied) or below for the area of travel. All rates are subject to seasonal fluctuations and must be verified prior to making each reservation. The standard GSA rates for hotels can be found on the following website.

<https://www.gsa.gov/travel/plan-book/per-diem-rates>.

All requests for travel lodging reimbursement must include the following documentation with the invoice.

- Employee name
- Employee headquarters (address)
- Destination (address)
- Date(s) of the travel
- Hotel/Motel folio showing zero balance owed
- Total "Paid" reimbursement requested

All Other Operating Expenditures

For all other operating expenses, please submit a copy of the appropriate source document with the invoice. Refer to the "Examples of Supporting Documentation" listed above.

Indirect Cost

In the event the Subrecipient charges indirect cost, the following must be submitted:

- For federally approved negotiated rates, a copy of the indirect cost rate agreement must be submitted to DHEC upon execution of the Agreement. If a copy has not been received, reimbursement cannot be completed. At the beginning of your Agreement period, the first invoice for reimbursement of indirect cost must demonstrate how the expense was calculated. Subsequent invoices may not require this demonstration unless specifically requested.

Example: Labor base monthly payroll = \$6,000, indirect cost rate = 19.75%

Monthly Invoice: Payroll \$6,000 * 19.75% = \$1,185

- For Subrecipients using the 10% de minimis rate, at the beginning of your Agreement period, the first invoice for reimbursement of indirect cost must demonstrate how the expense was calculated. Subsequent invoices do not require this demonstration.

Example: Monthly Invoice: De minimis MTDC * 10% = \$59,200

MODIFIED TOTAL DIRECT COST (MTDC)			
BUDGET LINE ITEM	MONTHLY		MTDC ELIGIBLE
	DIRECT COST	UNALLOWABLE COST	
Direct Salaries	450,000		450,000
Fringe Benefits	60,000		60,000
Travel	15,000		15,000
Equipment (non capitalized)	7,000		7,000
Equipment (capitalized)	12,000	-12,000 *1	0
Subawards	65,000	-40,000 *2	25,000
Supplies	35,000		35,000
Capital Expenditures	150,000	-150,000 *3	0
Rent	5,500	-5,500 *4	0
	799,500	-207,500	MTDC = 592,000
		Deminimis 10%	59,200
*1 Capitalized equipment >= \$5,000 is unallowable for purposes of indirect cost			
*2 Only the first \$25,000 is eligible for purposes of indirect cost			
*3 Rent is unallowable for purposes of indirect cost			
*4 Capital expenditures are unallowable for purposes of indirect cost			

Journal Entries

In the event the Subrecipient’s accounting records must be adjusted via journal entry, DHEC requires a written explanation as to the reason why it was done and a reconciliation with previously paid expenses if applicable.

For any journal entry that reduces the cost of a previously reimbursed expenditure, the resulting cash balance must be returned to DHEC. The return amount cannot be not used to offset other expenditures.

For any journal entry that transfers previously posted cost to the federal subaward, the journal entry must be included on the monthly invoice.

Overview of State of SC/DHEC Travel Reimbursement Policies for Vendors & Subrecipients

Updated February 2021

Non-state employees, including sub-recipients, who are on official, approved travel status for DHEC related-business AND whose contract with DHEC states specifically that they follow the State travel reimbursement policies follow the same State/DHEC travel reimbursement policies that State employees follow. And they must provide the same documentation and receipts that a state employee would provide.

DHEC and the State Comptroller General's Office have the authority to deny any travel reimbursement requests that do not follow the State and DHEC travel reimbursement policies. This overview is not a substitute for reading and understanding the full travel reimbursement policies in the DHEC Travel Manual. Please see the manual for more detailed information.

Note that if a non-state employee is traveling from out-of-state to SC while on official, approved travel status for DHEC related-business, all of the trip's reimbursable expenses are processed as in-state and the meals follow the State of SC's in-state rates. If a non-state employee travels from SC to out-of-state while on official, approved travel status for DHEC related-business, all of the trip's reimbursable expenses are processed as out-of-state and the meals follow the State of SC's out-of-state rates.

TRAVEL REIMBURSEMENT DOCUMENTATION REQUIREMENTS:

1. **DHEC 103 Manual Travel Expense Report.** A DHEC manual travel expense report is available upon request in PDF and Excel format. The vendor must complete a DHEC 103 Manual Travel Expense Report or comparable form and must include the following information:
 - the itemized expenses for each day
 - the departure time from home or office for the first day of their trip
 - the arrival time to home or office for the last day of their trip
 - signature for the vendor's traveling employee
 - signature for the DHEC supervisor involved with the vendor's project
2. **DHEC 104 Out-of-State Travel Form.** This form is required to be completed if DHEC is reimbursing or paying travel expenses for DHEC related-business conducted outside of the state of South Carolina.
3. **DHEC 178 Travel Log.** Optional, available tool for the traveler to keep track of their travel expenses.
4. **Receipts.**
 - Itemized, paid receipts are required for the following types of expenses:
 - **Lodging.** Must show hotel name, hotel address, name of room occupant, dates of stay, amount charged for nightly rate, taxes and fees, and total amount due. When reimbursing the employee, the hotel invoice must show a zero balance to support reimbursing the employee.
 - **Airfare.** Must show airfare rate/charges and flight itinerary. Airline baggage fees are reimbursable and require receipt.
 - **Other transportation** such as major buses, Amtrak and rental cars. Taxis, subways, metro, etc., do not require receipt; however, please explain amounts on travel form.

- **Miscellaneous expenses**, such as the following, purchased for DHEC-related business use while on travel status:
 - parking,
 - telephone calls,
 - internet/wi-fi access,
 - gasoline for rental or State cars. Receipt must include vehicle tag number. (Considered Misc Travel Expense but uses 5031530000 Gasoline GL code),
 - faxes,
 - maps, and other supplies
- **Registration fees**. Must include paid registration receipt showing event name, dates, amount paid, and an agenda showing if meals are included in fee or not.
- Receipts are NOT required for the following reimbursable travel expenses:
 - **Regular meal receipts at or below State allowances and not included in registration fees.**
 - **Tolls, taxi, subway, airport shuttle, metro, and portage (mandatory charge for carrying bags in/out of hotel, NOT a tip).**

OVERVIEW OF MOST COMMON TRAVEL EXPENSES:

MILEAGE:

- Mileage is only reimbursed when driving your own car. Mileage is not reimbursed for using a rental car.
- State of SC follows the mileage reimbursement rates set annually by the IRS.

MILEAGE TYPE	Reimbursement Rate* for travel dates...	
	1/1/2020 TO 12/31/2020	1/1/2021 TO 12/31/2021
REGULAR MILES	\$0.575 per mile	\$0.56 per mile
REDUCED MILES	\$0.535 per mile	\$0.52 per mile

*Rate published by the Office of the Comptroller General. Rate may change annually on Jan 1.

MEALS:

- Must be at least 10 miles from your assigned headquarters and residence on official, approved travel status for DHEC related-business for DHEC to reimburse for meals.
- DHEC follows the State of SC meal reimbursement rates, NOT the Federal GSA meal and incidental rates.
- Meals for non-state employees who are on official, approved travel status for DHEC-related business are reimbursable ONLY at the State daily allowable meal amounts.
- DAILY MEAL ALLOWANCE RATES

	<u>TRIP DATES ON OR BEFORE JUNE 30, 2019</u>		<u>TRIP DATES ON OR AFTER JULY 1, 2019</u>		Departure from home or HQ...	Arrival back to home or HQ...
	In-State	Out-of-State	In-State	Out-of-State		
DAILY						
Breakfast	\$6.00	\$7.00	\$8.00	\$10.00	prior to 6:30 am	after 11:00 am*
Lunch	\$7.00	\$9.00	\$10.00	\$15.00	prior to 11:00 am	after 1:30 pm
Dinner	\$12.00	\$16.00	\$17.00	\$25.00	prior to 5:15 pm	after 8:30 pm
Maximum	\$25.00	\$32.00	\$35.00	\$50.00	prior to 6:30 am	after 8:30 pm

*The time limitation for breakfast will not apply for overnight trips with early morning returns.

- The travel expense report must include the departure time from home or headquarters for

the first day of the trip and the arrival time back to home or headquarters for the last day of the trip.

- For the first day of the trip, you would use the Departure column in the table above to decide which meals you are eligible for based on their departure time. For example, you must depart home or HQ before 6:30am on the first day to be eligible for breakfast reimbursement.
- For the middle days of the trip, times are not required, and you receive the maximum in-state or out-of-state daily amount for meals, if meals are not included already in a registration or hotel stay.
- For the last day of the trip, you would use the Arrival column in the table above to decide which meals they are eligible for based on their arrival time. For example, they must arrive back at home or HQ after 8:30pm on the last day to be eligible for dinner reimbursement.
- Meals for one-day trips (no overnight stay) follow the same daily allowable amounts listed above but they follow special rules for reimbursement eligibility.
 - One Day Trip (No Overnight Stay and Meal NOT Included with Registration). In most cases, one-day meals are NOT reimbursable. If the employee has a one-day trip with no overnight stay, meals are not reimbursable unless they are at least 10 miles from headquarters and residence AND meet these other requirements:
 - Dinner is reimbursable only if the employee leaves headquarters before 5:15 pm and returns after 10:00 pm.
 - Breakfast and lunch are not reimbursable for one-day trips unless the employee has written Bureau Director approval AND follows the departure and arrival times for both meals.
 - Meals already paid as part of a registration fee are not reimbursable to the employee.
 - Any meals claimed for a one-day trip are subject to income tax, except for non-optional meals included in registration fees. Please talk with your tax consultant regarding any reporting requirements.
- If the non-state employee attends a conference or meeting where the registration fee includes a meal, then the non-state employee is not reimbursed for that meal, unless a valid, written justification is provided to explain why they couldn't participate in the meal.
 - Meals Included with Registrations:
 - If an employee is requesting reimbursement for a registration fee they paid that includes a meal(s) (breakfast, lunch, or dinner; NOT a continental breakfast or "reception"), State policy requires that meals included in registration fees at no option be separated from the total amount of the registration fee and claimed as a meal at the State rate on the travel document. This does not result in any loss of reimbursement to the employee, but is simply a matter of accounting.
 - If a meal is included in a direct bill registration fee or lodging fee, the employee should not claim additional reimbursement unless the employee is unable to eat the included meal and pays for a substitute meal out-of-pocket. The claim will be restricted to the same rates as any other meal reimbursement.
- If the hotel provides a hot breakfast (including a hot protein like eggs, bacon, etc.; does not include a "continental" breakfast) as part of the hotel rate, they do not receive a separate breakfast reimbursement. They only receive a breakfast reimbursement if they pay for breakfast out of their own pocket and it meets the time-of-day restrictions for the meal reimbursements.

LODGING:

- Must be at least 50 miles from your assigned headquarters and residence on official,

approved travel status for DHEC related-business for DHEC to reimburse or pay hotel direct bill for overnight accommodations.

- Paid lodging "folio" receipt showing nightly rate is required for reimbursement.
- **State of SC agencies follow the official GSA maximum lodging rates, available at GSA.gov.** The nightly rate before taxes charged by the hotel must be at or below the GSA max lodging rate. The GSA max lodging rate is before taxes. Taxes on the GSA max lodging rate are reimbursable.
- Be aware that some hotels may say they have a "government" or "special" rate, but it may still be higher than the official GSA max lodging rate. State of SC only acknowledges the official GSA max rate.

AIRFARE: When making airline reservations, whoever makes the reservation should secure the most cost-efficient flight, taking advantage of any cost savings that may be available at the time of travel. In accordance with State policy, "State agencies and employees shall select air carriers based on cost and time criteria, not on whether frequent flyer premiums are given. First class and business class airlines tickets are not allowed." The employee must fly at the lowest rate available and any extras will be at the employee's cost.

- Itemized airfare receipt is required showing entire itinerary.
- Baggage fee is reimbursable and baggage receipts must be included with travel reimbursement claim.
- Any charges for flight changes must include an explanation/justification. Charges for flight changes can only be reimbursed if there is a cost benefit to the organization to change the flight.

RENTAL CAR: If the non-state employee drives a RENTAL CAR while on official, approved travel status for DHEC related-business, then the mandatory, non-optional expenses on the rental company's invoice can be paid.

- Requires paid receipt.
- In addition to the fee to rent the car, the rental company may also charge for mileage used while the car is rented, where they check the rental car's odometer before and after the trip. If that is on the rental company's bill, DHEC can pay that.
- Optional items can NOT be paid or reimbursed by DHEC.
- DHEC can NOT reimburse the non-state employee for personal-car mileage at the current IRS mileage rates when a rental car is used instead of a personal car.
- DHEC can reimburse the non-state employee for gasoline for the rental car during the rental period. The gas receipt or credit card statement showing the expense must be provided WITH the rental car's license plate number written on the receipt. Note that the rental car license plate often appears on the rental car receipt or contract. Gas for a rental or State car is considered a Misc. Travel Expense but uses 5031530000 Gasoline GL code.

TAXI, AIRPORT SHUTTLE, AND METRO: These three types of "other transportation" do NOT require receipts but are reimbursable. If they do have the paid receipt, it is nice to see it with the travel reimbursement, but again, the receipt is not required for these. Tips are NOT reimbursable.

TOLL ROADS: Reimbursable but receipts are NOT required.

TIPS VS. PORTERAGE: Tips are NOT reimbursable. Porterage, a mandatory charge for carrying bags in/out of a hotel, is reimbursable and does NOT require a receipt.

MISCELLANEOUS TRAVEL EXPENSES:

- Reimbursed with a paid receipt:
 - parking fees,
 - gas for rental or State car (with car license plate number written on receipt) (considered a Misc. Travel Expense but uses 5031530000 Gasoline GL code),
 - internet/wifi access for business use,
 - hotel safe fees for business use,
 - phone calls for business use.
- Reimbursed but do not require a receipt:
 - tolls,
 - portorage (charge for carrying bags in/out of hotel-- NOT A TIP).

DRAFT

Attachment C

SC DHEC HIV/STD/VIRAL HEPATITIS PREVENTION FUNDS CY 2022 INSTRUCTIONS FOR COMPLETING BUDGET AND JUSTIFICATION NARRATIVE ALL ALLOWABLE COSTS

NOTE: UNALLOWABLE COSTS INDICATED AS SUCH BELOW

General Information

For each cost category listed in the budget, provide a detailed narrative justification for all requested costs that is consistent with the purpose, objectives and proposed program activities in your plan. Be specific about the costs under each broad category. *Note that if applicant is submitting for integrated STD/viral hepatitis services, no more than 5% of the overall budget can be allocated for these services.*

Cost Sharing: Costs benefiting two (2) or more activities funded with more than one (1) federal grant program and/or other state or local funding should be shared based on the proportional benefit. For any budget category/item, if your HIV Prevention costs are shared with other federal, state, or other funding sources, you should show what portion or percentage is for the HIV Prevention Program contract and what portion benefits other program funding. The total annual projected costs for your organization for an item, e.g., rent, utilities, should be shown to validate the portion shown for the HIV Prevention Program effort. For example, XYZ Organization's annual rent is \$30,000 and there are 10 staff and 10 office spaces. One staff conducts HIV Prevention services; nine staff conduct other unrelated programs. Therefore, 10% (\$3,000) is charged for rent cost for HIV Prevention services, 40% for Ryan White services, and 50% for other programs.

Administrative Costs: Administrative costs (capped at 10%) include operating and maintaining facilities; general administration and general expenses, such as the salaries and expenses of executive officers, personnel administration and accounting; depreciation or use allowances on buildings and equipment; cost of audits if required; management and oversight activities of specific programs under this contract; development and establishment of reimbursement and accounting systems; and overhead and indirect costs (including indirect cost rates). Administrative costs may be reflected in several of the budget categories, e.g., personnel, supplies, other, and indirect, and should be identified in the budget description for any specific item.

Unallowable Costs: These are costs of your organization that are not allowed because of contract/RFGA, State and/or Federal laws and regulations. Examples are administrative costs in excess of the 10% allowed in the contract, fines/penalties, late fees, fund raising costs, lobbying costs, bad debts, alcoholic beverages, bonuses, construction, meals for staff within 50 miles of headquarters and not associated with conference/meeting.

Specific Budget Categories

Personnel: List each person(s) by name, title, annual and/or hourly salary, amount of time on program (i.e. percent of time such as 100% or 50% and number of days); include staff proposed to be hired if position is vacant or new.

Provide a summary description of the employee's job duties related to HIV Prevention under this contract. If partial funding is requested for a position, then indicate the other sources of funding for this position, the amount, and responsibilities under these funding sources. Separate personnel costs for program/direct service providers and administrative positions.

Fringe Benefit/Employer Contributions: List each type of fringe benefit and how it is calculated (such as FICA, Medicare, unemployment, workmen’s compensation and other payroll taxes, health and dental insurance, life insurance, retirement and pension plans, annual leave etc.) If a composite percentage rate is used for all benefits provided, sufficient documentation should be provided to justify the composite rate. Employer contributions for each staff person should be equal to the percent of the FTE allocated for a particular staff, e.g., if a person is funded 75% from HIV Prevention funds, then employer contributions from HIV Prevention funds should equal 75%.

Travel: List all in-state and out-of-state travel costs. The costs, including room and board, must directly benefit and be specific to the work in connection with the services or activities described in Scope of Work of the RFGA. All travel must be limited to: 1) local and direct prevention services, and 2) training/conferences that directly relate to the delivery of planned interventions. Travel will be included within the maximum amount of the Agreement.

Equipment: List each type of equipment, who will use it, purpose for the equipment purchase, the vendor and price/quote. Cost sharing must be applied if equipment will be used for other than HIV Prevention activities. Equipment should be identified as office, educational/training or other.

Supplies: Supplies are items that cost under \$500 and have a “life” of less than a year. These include educational materials, incentives, condoms, newsprint, office supplies, janitorial, etc.

Contracted Services: These are *services* you are buying from somewhere else. The cost may fluctuate from month-to-month depending on the service. Contract services include consulting fees (evaluation, needs assessment, trainer) and subcontractors. Specify if the contracted service is for administration or prevention program services. Subcontractors should be listed separately. All subcontractors must be approved by DHEC. Provide the following for each subcontractor:

- a. How the contract was obtained (competitive bid process, etc.)
- b. Target audience, as applicable
- c. Period of contract performance
- d. Type of contract (fixed, ongoing, etc.)
- e. Type of organizations solicited
- f. Description of activities to be provided
- g. Detailed budget justification for broad categories

Other: Describe each item listed in this category in terms of what it is, who will benefit, and why it is necessary. If the item will be shared with other programs or administrative/overhead expenses, then cost sharing must be applied and the proportion of the cost for HIV Prevention must be indicated. This category should include items such as rent; printing (offset) of brochures/materials; photocopying/duplication, e.g., QuickCopy, Staples, etc.; telephone; Internet service; postage; utilities (gas/electric, water/sewer); security system; pest control; training and/or meeting expenses (detail all costs including room expenses, AV equipment rental, speaker fees, refreshments); insurance; accounting/bookkeeping; data processing; bank charges; dues and subscriptions; registrations (in-state meetings only); and equipment maintenance (if not included in equipment category and not included in the base for the indirect cost rate).

***Indirect Costs (Overhead/General and Administrative) – if applicable:** Indirect costs may only be reflected if your organization has a Federal approved indirect cost rate. If your organization has an established indirect cost rate, give the rate, the base or basis against which the rate is applied, and the costs included in the rate. Examples of indirect costs include bookkeeping, office furniture, and administrative oversight. If your organization uses an indirect cost rate, then the items included should not be listed under other budget categories. Provide the source for your indirect cost rate if one is used.

*Note: If your organization does not have a Federal approved indirect cost rate, then this category should be \$0.00. Administrative costs should be clearly reflected in the appropriate budget categories above.

**S.C. DHEC HIV/STD/VIRAL HEPATITIS PREVENTION FUNDS
Annual, Proposed 12-month Budget Example/Template**

PROPOSAL BUDGET FOR SUBRECIPIENT (NAME): _____

Category (Specify/Identify Each Planned Expenditure As a Line Item Within Its Category. Add More Lines As Needed.)	Line Item Budget Amount	Subtotal, By Category
<u>I. Personnel</u>		<u>I. Personnel</u>
A.	\$	
B.	\$	
C.	\$	
		\$
<u>II. Fringe Benefit/Employer Contributions</u>		<u>II. Fringe Benefit/ Employer Contributions</u>
A.	\$	
B.	\$	
C.	\$	
		\$
<u>III. Travel</u>		<u>III. Travel</u>
A.	\$	
B.	\$	
		\$
<u>IV. Equipment</u>		<u>IV. Equipment</u>
A.	\$	
B.	\$	
		\$
<u>V. Supplies</u>		<u>V. Supplies</u>
A.	\$	
B.	\$	
		\$
<u>VI. Contracted Services</u>		<u>VI. Contracted Services</u>
A.	\$	
B.	\$	
		\$
<u>VII. Other</u>		<u>VII. Other</u>
A.	\$	
B.	\$	
		\$
<u>VIII. Administrative or Indirect Costs</u>		<u>VIII. Admin/Indirect Costs</u>
A.	\$	
B.	\$	
		\$
TOTALS (“Line Item” Total Column & “Subtotal, By Category” Total Column Should Be The Same)	\$	\$

Attachment D: Fundable Core HIV/STD/Viral Hepatitis Prevention Programs

Component A - Core HIV/STD/Viral Hepatitis Prevention Programs	
Priority Populations	Fundable HIV Prevention Interventions*
All Priority Populations (listed below)	<ul style="list-style-type: none"> ▪ Condom distribution ▪ Social marketing for HIV testing, mobile testing, and comprehensive PrEP services ▪ Basic PrEP education ▪ Couples Testing ▪ Syphilis, GC, Chlamydia, Viral Hepatitis screenings and linkage to medical care (Up to 5% of annual budget)
Persons with HIV (PWH)	<ul style="list-style-type: none"> ▪ Healthy Relationships ▪ Medication Adherence Interventions <ul style="list-style-type: none"> ○ Agency supported adherence strategy ▪ Enhanced linkage to, retention and re-engagement in HIV medical care <ul style="list-style-type: none"> ○ HIV Navigation Services – STEPS to Care
African American Men who Have Sex with Men	<ul style="list-style-type: none"> ▪ Targeted (in-house and outreach) HIV testing and linkage* ▪ Many Men, Many Voices (3MV) ▪ Social Networking Strategies ▪ Capacity Building Services ▪ TRANSFORM: Comprehensive HIV Care Delivery for MSM of Color program ▪ Capacity Building services for MSM-specific, HIV prevention educational event
High-Risk Heterosexual African American Men and Women	<ul style="list-style-type: none"> ▪ Targeted (in-house and outreach) HIV testing and linkage*
White Men who Have Sex with Men	<ul style="list-style-type: none"> ▪ Targeted (in-house and outreach) HIV testing and linkage* ▪ Capacity Building services for MSM- specific, HIV prevention educational event
Transgender Persons	<ul style="list-style-type: none"> ▪ Targeted (in-house and outreach) HIV testing and linkage* ▪ Implementation of strategies from CDC’s Toolkit for Providing Prevention Services to Transgender Women of Color ▪ Couples HIV Intervention Program (CHIP) ▪ TWIST (Transgender Women Involved Strategies for Transformation)
Persons Who Inject Drugs (PWID)	<ul style="list-style-type: none"> ▪ Targeted (in-house and outreach) HIV testing and linkage*
Latinx	<ul style="list-style-type: none"> ▪ Targeted (in-house and outreach) HIV testing and linkage*
HBCU campuses’ students**	<ul style="list-style-type: none"> ▪ HIV testing and linkage ▪ Social marketing for HIV testing

*Interventions and Other Guidance:

National HIV/AIDS Strategy (NHAS): <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>

S.C. HIV/AIDS Strategy: http://www.scdhec.gov/Health/docs/stdhiv/SC%20HIVAIDS%20Strategy_2017-2021_FINAL_091916.pdf

Effective Interventions: <http://www.effectiveinterventions.org/>

Ending the HIV Epidemic (EHE): A Plan for America, <https://www.cdc.gov/endinghiv/index.html>

Ending the HIV Epidemic Plan – South Carolina: https://scdhec.gov/sites/default/files/media/document/SC-Ending-HIV-Epidemic-Plan-2021-2025_FINAL.pdf

**These services will only be provided in Richland and Orangeburg counties. Applicants must have a physical office located in the county of the HBCU being proposed in the application to be eligible to apply.

Attachment E: Fundable Targeted MSM Syphilis Screening and Linkage to Medical Care Services and/or Capacity Building Services

Component B - Targeted MSM Syphilis Screening and Linkage to Medical Care Services and/or Capacity Building Services	
Priority Populations	Fundable Targeted Syphilis Screening Activities
<p align="center">MSM *At least 50% should be among AAMSM</p>	<p align="center">Targeted syphilis screening and linkage to medical care services Expected annual reach of 200 MSM screened for syphilis</p>
<p align="center">Public health professionals and other providers, with particular emphasis on workforce trainings for Disease Intervention Specialists</p>	<p align="center">Administrative support for periodic trainings</p>

Attachment F: Fundable Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's *Ending the HIV Epidemic (EHE) Plan*

Component C - Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's <i>Ending the HIV Epidemic (EHE) Plan</i>	
Priority Populations	Fundable HIV Prevention Interventions*
All Priority Populations (listed below)	<ul style="list-style-type: none"> ▪ Strategic condom distribution ▪ Social marketing for HIV testing, mobile testing, and comprehensive PrEP services ▪ Conduct opioid screening on all clients tested and PrEP clients ▪ Syphilis, GC, Chlamydia, viral hepatitis screenings and linkage to medical care (Up to 5% of annual budget)
Persons with HIV (PWH)	<ul style="list-style-type: none"> ▪ Enhanced linkage to, retention and re-engagement in HIV medical care
African American Men who Have Sex with Men	<ul style="list-style-type: none"> ▪ Targeted outreach HIV testing and linkage* ▪ Mobile HIV Testing ▪ HIV self-testing (HIV home test kits) ▪ Comprehensive PrEP services
High-Risk Heterosexual African American Men and Women	<ul style="list-style-type: none"> ▪ Targeted outreach HIV testing and linkage* ▪ Mobile HIV Testing ▪ HIV self-testing (HIV home test kits) ▪ Comprehensive PrEP services
White Men who Have Sex with Men	<ul style="list-style-type: none"> ▪ Targeted outreach HIV testing and linkage* ▪ Mobile HIV Testing ▪ HIV self-testing (HIV home test kits) ▪ Comprehensive PrEP services
Transgender Persons	<ul style="list-style-type: none"> ▪ Targeted outreach HIV testing and linkage* ▪ Mobile HIV Testing ▪ HIV self-testing (HIV home test kits) ▪ Comprehensive PrEP services
Persons Who Inject Drugs (PWID)	<ul style="list-style-type: none"> ▪ Targeted outreach HIV testing and linkage* ▪ Mobile HIV Testing ▪ HIV self-testing (HIV home test kits) ▪ Comprehensive PrEP services ▪ Educational materials and harm reduction supplies
Latinx	<ul style="list-style-type: none"> ▪ Targeted outreach HIV testing and linkage* ▪ Mobile HIV Testing ▪ HIV self-testing (HIV home test kits) ▪ Comprehensive PrEP services

*Interventions and Other Guidance:

National HIV/AIDS Strategy (NHAS): <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>

S.C. HIV/AIDS Strategy: http://www.scdhec.gov/Health/docs/stdhiv/SC%20HIVAIDS%20Strategy_2017-2021_FINAL_091916.pdf

Effective Interventions: <http://www.effectiveinterventions.org/>

Ending the HIV Epidemic (EHE): A Plan for America, <https://www.cdc.gov/endhiv/index.html>

Ending the HIV Epidemic Plan – South Carolina: https://scdhec.gov/sites/default/files/media/document/SC-Ending-HIV-Epidemic-Plan-2021-2025_FINAL.pdf

Attachment G - Certification of Compliance

CERTIFICATION OF COMPLIANCE WITH THE “SECURITY AND CONFIDENTIALITY STANDARDS FOR PUBLIC HEALTH DATA AND DESIGNATION OF OVERALL RESPONSIBLE PARTY (ORP)”

By signing and submitting this form, we certify our compliance with CDC’s National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention’s *Data Security and Confidentiality Guidelines*. We acknowledge that all standards included in the guidelines have been implemented unless otherwise justified in an attachment to this statement. We agree to apply the standards to all staff and contractors funded through CDC HIV/AIDS Prevention or HRSA’s Ryan White Care programs that have access to or maintain confidential health data. We ensure all sites where applicable public health data are maintained are informed about the standards. Documentation of required local data policies and procedures is on file with the persons listed below and available upon request.

Name(s), title(s), & phone number(s) of the proposed Overall Responsible Party (ORP) or ORP Panel.

Name	Title	Telephone

Organization

Signature: Executive Director

Signature: Authorized Business Official

Date

Date

Attachment H

Code of Conduct

This code of conduct governs the environment of DHEC's STD/HIV/HV Division and contracted subrecipients. This is created in response to the findings from the NASTAD site visit in March 2020 as we have learned that articulating values and obligations to one another reinforces the level of respect needed among the team and because having a code provides us with clear avenues to correct our culture should it ever stray from that course.

- **Be friendly and patient.**
- **Be welcoming.** We strive to be a community that welcomes and supports people of all backgrounds and identities. This includes, but is not limited to, members of any race, ethnicity, culture, national origin, color, immigration status, social and economic class, educational level, sex, sexual orientation, gender identity and expression, age, size, family status, political belief, religion, and mental and physical ability.
- **Be considerate.** Your work will be used by other people, and you in turn will depend on the work of others. Any decision you make will affect colleagues and others across multiple organizations, you should take those consequences into account when making decisions. Remember that we're a world-wide community, so you might not be communicating in someone else's primary language. Be polite and friendly in all forms of communication, especially remote communication, where opportunities for misunderstanding are greater. Use sarcasm carefully. Tone is hard to decipher online; make judicious use of all available tools to aid in communication.
- **Be respectful.** Not all of us will agree all the time, but disagreement is no excuse for poor behavior and poor manners. We might all experience some frustration now and then, but we cannot allow that frustration to turn into a personal attack. It's important to remember that a community where people feel uncomfortable or threatened is not a productive one. We should be respectful when dealing with others.
- **Be generous and kind in both giving and accepting critique.** Critique is a natural and important part of improving. Good critiques are kind, respectful, clear, and constructive, focused on goals and requirements rather than personal preferences. You are expected to give and receive criticism with grace.
- **Be careful in the words that you choose.** We are a community of professionals, and we conduct ourselves professionally. Be kind to others. Do not insult or put down other participants. Harassment and other exclusionary behavior aren't acceptable. This includes, but is not limited to:
 - Violent threats or language directed against another person.
 - Discriminatory jokes and language.
 - Posting sexually explicit or violent material.
 - Personal insults, especially those using racist or sexist terms.
 - Unwelcome sexual attention.
 - Advocating for, or encouraging, any of the above behavior.
 - Repeated harassment of others. In general, if someone asks you to stop, then stop.
- **When we disagree, try to understand why.** Disagreements, both social and technical, happen all the time. It is important that we resolve disagreements and differing views constructively. Remember that we're different. The strength of our network comes from its varied community, people from a wide range of backgrounds. Different people have different perspectives on issues. Being unable to understand why someone holds a viewpoint doesn't mean that they're wrong. Don't forget that it is human to err and blaming each other doesn't get us anywhere. Instead, focus on helping to resolve issues and learning from mistakes.

Unacceptable behaviors

DHEC's HIV/STD/VH Division is committed to providing a welcoming and safe environment for people of all races, gender identities, gender expressions, sexual orientations, physical abilities, physical appearances, socioeconomic backgrounds, life experiences, nationalities, ages, religions, and beliefs. Discrimination and harassment are expressly prohibited. Harassment may include, but is not limited to, intimidation; stalking; unwanted recording or photography; inappropriate physical contact; use of sexual or discriminatory imagery, comments, or jokes; intentional or repeated misgendering; sexist, racist, ableist, or otherwise discriminatory or derogatory language; and unwelcome sexual attention.

In order to provide a welcoming environment, we commit to being considerate in our language use. Any behavior or language which is unwelcoming—whether or not it rises to the level of harassment—is also strongly discouraged. Much exclusionary behavior takes the form of microaggression - subtle put-downs which may be unconsciously delivered. Regardless of intent, microaggressions can have a significant negative impact on victims and have no place on our team.

Addressing Violations and Challenges

These guidelines are ambitious, and we're not always going to succeed in meeting them. When something goes wrong—whether it's a microaggression or an instance of harassment—there are a number of things you can do to address the situation. We know that we'll do our best work if we're happy and comfortable in our surroundings, so we take concerns about this stuff seriously. Depending on your comfort level and the severity of the situation, here are some things you can do to address it:

- **Address it directly.** If you're comfortable bringing up the incident with the person who instigated it, pull them aside to discuss how it affected you. Be sure to approach these conversations in a forgiving spirit: an angry or tense conversation will not do either of you any good. If the exchange occurred in a digital format, it may be best to reach out and speak to those involved to determine if language was misconstrued.

If you're too frustrated to have a direct conversation, there are a number of alternate routes you can take.

- **Talk to a peer or mentor.** Your colleagues are likely to have personal and professional experience on which to draw that could be of use to you. If you have someone you're comfortable approaching, reach out and discuss the situation with them. They may be able to advise on how they would handle it or direct you to someone who can. The flip side of this, of course, is that you should also be available when others reach out to you.
- **Reach out to a member of the management team.** DHEC management is happy to talk to you about the problem and hopes you are willing to do the same. We aim to be good at listening to concerns about small violations, but also be able to help in situations where more drastic action needs to be taken. In all cases, we will make every effort to stay in clear communication with anyone who reports a problem, maintaining confidentiality whenever possible. Depending on the severity and urgency of a particular issue, the member of the management team you've spoken to may need to escalate a report to include others, whether higher level supervisors or our legal team. We expect the same from our subrecipients. Where this is necessary, you can expect to be kept in the loop about the progress of your report.

Attachment I: HIV Prevention Program Services Worksheet for Core HIV/STD/Viral Hepatitis Prevention Programs

Agency Name _____

Populations to be Served with Indicated Interventions

Complete the following worksheet(s) as applicable to the interventions you are proposing to deliver per each population with funds provided through this RFGA. Proposed numbers should reflect an annual number to be reached.

If funded, DHEC will require, per calendar year, a minimum total of 200 persons tested from one or more of the state’s priority populations. Organizations must plan to target no less than 25 persons from a particular population in order to include that population in proposed activities. Organizations may plan to reach a total in excess of 200 but must do so in increments of 10 for each of one or more populations.

DHEC will also require a minimum of an overall 1% HIV positivity rate (among all populations served) to be achieved and maintained on a calendar-year annual basis. The rate applies to persons newly identified as HIV positive, not testing and identifying persons who were previously diagnosed as HIV positive.

Component A: Activities under Core HIV/STD/Viral Hepatitis Prevention Programs											
Intervention	PWH	AAMSM	AAWSM	AAMSW	WMSM	TWomen	TMen	PWID	AOD	Latinx	HBCU
HIV Testing inclusive of linkage to medical care and referral and linkage to essential services and partner services											
Couples Testing/Testing Together											
Risk Reduction Strategies for Persons at risk for acquiring HIV											
3MV											
Risk Reduction Strategies for Persons with HIV											
Healthy Relationships											
TWIST											

Note: PWH – Persons with HIV; AAMSM – African American MSM, AAWSM - African American Heterosexual Women, African American Heterosexual Men, WMSM - White MSM, TWomen = Transgender Women, TMen = Transgender Men, PWID – persons who inject drugs, AOD – alcohol and drug abuse clients, Latinx – Latin/Hispanic, HBCU – Historically Black College or University

Attachment I: HIV Prevention Program Services Worksheet for Core HIV/STD/Viral Hepatitis Prevention Programs,
continued

Medication Adherence Strategies											
Intervention	PWH	AAMSM	AAWSM	AAMSW	WMSM	TWomen	TMen	PWID	AOD	Latinx	HBCU
Agency Supported Medication Adherence Program											
Linkage to Medical Care Strategies											
Agency Supported Linkage to Medical Care Program											
HIV Navigation Services – STEPS to Care											

Optional – Only required if applying for Capacity Building Services Program Description for MSM-specific, HIV prevention educational event
Component A: Capacity Building Services Program Description for MSM-specific, HIV prevention educational event (If applicable). Describe (in one to two pages of narrative) your agency’s history and ability to plan, implement, and evaluate a state level, statewide HIV prevention educational event targeted to men who have sex with men and their providers. The narrative should consist of a brief description of the past experiences in conducting this type of event and the planned services to be provided in CY2022-2026 and subsequent years, if funded. Both the service history and future plans should include details on the event itself as well as supportive educational resources that are developed in advance of and following the conclusion of the educational event. Applicants should also submit at least two printed programs within the past four years from a state-level, statewide, MSM-specific, HIV prevention educational event for which the applicant organization has provided overall management and coordination. The applicant organization’s name should be clearly indicated as the event coordinator.

Attachment J: Worksheet for Targeted MSM Syphilis Screening and Linkage to Medical Services and/or Capacity Building Services for public health professionals and other providers, with particular emphasis on workforce trainings for Disease Intervention Specialists

Agency Name _____

Component B: Activities under Fundable Targeted Syphilis Screening and Linkage to Medical Services											
Intervention	PWH	AAMSM	AAWSM	AAMSW	WMSM	TWomen	TMen	PWID	AOD	Latin MSM	HBCU
Targeted syphilis screening and linkage to medical care											

Note: PWH – Persons with HIV; AAMSM – African American MSM, AAWSM - African American Heterosexual Women, African American Heterosexual Men, WMSM - White MSM, TWomen = Transgender Women, TMen = Transgender Men, PWID – persons who inject drugs, AOD – alcohol and drug abuse clients, Latinx – Latin/Hispanic, HBCU – Historically Black College or University

Attachment K: HIV Prevention Program Services Worksheet for Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's *Ending the HIV Epidemic (EHE) Plan*

Agency Name _____

Component C: Activities under Fundable Priority HIV/STD/Viral Hepatitis Prevention Programs Supporting SC's <i>Ending the HIV Epidemic (EHE) Plan</i>											
Intervention	PWH	AAMSM	AAWSM	AAMSW	WMSM	TWomen	TMen	PWID	AOD	Latinx	HBCU
Mobile HIV Testing inclusive of linkage to medical care and referral and linkage to essential services and partner services											
HIV Self-Testing (Home Test Kits)	100 HIV self-test kits provided to each agency										
Comprehensive PrEP Services		A minimum of 40 PrEP clients annually									
Integrated STD/viral hepatitis screening	Up to 5% of annual budget										

Note: PWH – Persons with HIV; AAMSM – African American MSM, AAWSM - African American Heterosexual Women, African American Heterosexual Men, WMSM - White MSM, TWomen = Transgender Women, TMen = Transgender Men, PWID – persons who inject drugs, AOD – alcohol and drug abuse clients, Latinx – Latin/Hispanic, HBCU – Historically Black College or University

Attachment L: HIV Prevention Program Services Worksheet for Targeted Latinx Outreach and/or Mobile HIV Testing

Agency Name _____

Component D: Activities under Fundable Targeted Latinx Outreach and/or mobile HIV testing:												
Intervention	PWH	AAMSM	AAWSM	AAMSW	WMSM	Latina TWomen	Latin TMen	PWID	AOD	Latin Men	Latina Women	HBCU
In-house/Outreach Testing inclusive of linkage to medical care and referral and linkage to essential services and partner services												
Mobile HIV Testing inclusive of linkage to medical care and referral and linkage to essential services and partner services												
Comprehensive PrEP Services												
Integrated STD/viral hepatitis screening												

Note: PWH – Persons with HIV; AAMSM – African American MSM, AAWSM - African American Heterosexual Women, African American Heterosexual Men, WMSM - White MSM, TWomen = Transgender Women, TMen = Transgender Men, PWID – persons who inject drugs, AOD – alcohol and drug abuse clients, Latinx – Latin/Hispanic, HBCU – Historically Black College or University

Attachment M

PrEP Program Guidance – CY 2022

Guiding Principles for PrEP-related activities:

- PrEP-related activities to support prevention services must be implemented as part of a comprehensive HIV prevention program that includes, as appropriate, linkage and referral to prevention and treatment services for sexually transmitted diseases (STD) and viral hepatitis, substance abuse and mental health, and other prevention essential support services.
- To minimize duplication of effort, subrecipients should coordinate and collaborate with other agencies, organizations, and providers involved in PrEP-related activities, STD, viral hepatitis, and substance abuse prevention and treatment, and HIV prevention activities.
- Funds for PrEP-related activities should ensure that referral and linkage to existing HIV prevention and treatment services are maintained.

Funds may be used for, but are not limited to, the following:

- Planning for how to most effectively incorporate comprehensive PrEP services into prevention education and services, including evaluating what collaborations will be needed.
- Educational materials about how to use PrEP in conjunction with other HIV prevention and care services, as well as STD, viral hepatitis, mental health and substance abuse treatment.
- Development and delivery of the HIV risk-reduction counseling and behavioral interventions that must be provided with PrEP.
- Adoption of one of CDC's best practices or agency supported application for PrEP services.
- Communication activities related to PrEP.
- Evaluation activities for PrEP-related activities.
- Personnel (e.g., program staff) conducting the above PrEP-related activities.
- Laboratory testing for 40 PrEP clients with no ability to pay for services.

Funds may *not* be used for:

- PrEP medications (antiretrovirals).
- Personnel costs for the provision of PrEP medication and recommended clinical care associated with PrEP.

Attachment N: Letter of Agreement

This Letter of Agreement (LOA) shall be between the _____
(Name of CBO applicant) and _____ (Name of partner site).

The purpose of this LOA is to confirm an agreement to provide HIV prevention services through collaborative efforts.

The parties to this agreement agree as follows:

SCOPE OF SERVICES

1. The CBO agrees to:

- a. _____.
- b. _____.
- c. _____.
- d. _____.

2. The site for service delivery agrees to:

- a. _____.
- b. _____.
- c. _____.
- d. _____.

The term of the Letter of Agreement begins on _____ (date) and ends upon 30 day written notice by either party or on _____ (date).

_____ CBO Authorized Signature

_____ Service Delivery Site Authorized Signature

Attachment O

2022 DHEC Ryan White, HOPWA and Prevention Contract or Grant Budget Revision Letter Template

(Please submit on Agency letterhead)

Click on or type the date.

Mr. Tony Price
SC DHEC, STD/HIV Division
Mills Jarrett Complex
2100 Bull Street
Columbia, South Carolina 29201

RE: **Choose or type an item.**

Dear Tony:

Choose or type an item., **Click here to enter text.**, requests to move **Click here to enter text.** from the **Choose or type an item.** budget category to the **Choose or type an item.** budget category and move **Click here to enter text.** from the **Choose or type an item.** budget category to the **Choose or type an item.** budget category. This revision is required due to **Click here to enter text.**

Category	Budgets	
	Original Budget	Revised Budget
a. Personnel		
b. Employer Contributions		
c. Travel		
d. Equipment		
e. Supplies		
f. Contracted Services		
g. Fixed Charges		
h. Miscellaneous		
i. Other		
TOTAL		

In an effort to maintain compliance with the grant and contract, it is necessary to modify these budget categories by **Click on or type date.** to reflect our current operations.

Sincerely,

Click here to enter text.

Click here to enter text.

Budget Revision Template Instructions

(Please print instruction page before you begin the template)

1. **‘Click on or type the date’** listed at the **top left** of the template. A drop down box will appear. Click on the arrow down tab and select the date you are preparing the request.
2. Next click on the **‘Choose or type an item’** by the **RE:**. This will give you the option to select the grant pertaining to this request.
3. At the beginning of the paragraph **‘Choose or type an item’** will allow you to select or type the Contracted Agency.
4. Next click on the **‘Click here to enter text’** field. This will allow you to freely type in the DHEC PO and/or Grant Agreement Number.
5. After the text **‘request to move’ phrase**, the **‘Click here to enter text’** field will allow you to freely enter the dollar amount you are requesting to move. (Note: dollar sign will not appear unless it is manually typed).
6. Next **‘Choose or type an item’** allow you to select or type a budget category to move the funds from. (Note: The list is **not** in alphabetical order. Ryan White budget categories are first, HOPWA categories are next, then general categories are listed, i.e. Personnel, Fringes, etc.)
7. Immediately following, the next **‘Choose or type an item’** provides the same options stipulated in #6 to move the fund to.
8. The process from #5 through #7 continues until all request changes are complete. (Note: If you are shifting funds from more than two budget categories, the template will allow you to highlight and copy the text (**Click here to enter text.** from the **Choose or type an item.** the category to the **Choose or type an item.** budget category.). Then paste the copied information as the next part of the request sentence.
9. Within the last sentence of the first paragraph the **‘Click here to enter text’** control allow you to freely enter a reason or explanation for the budget revision.
10. **‘Click on or type the date’** in the last paragraph allows selection of a date in the calendar drop down box. Please advise when the current budget will be modified and reflected in your agency’s current operations.
11. A text box has been provided for the person completing the document to enter their name and job title.
12. If you have questions on template utilization, please contact Tony Price at (803) 898-0338.

Attachment P

Procedures for Dispute Resolution

I. DISPUTE PROCEDURES FOR GRANT PROGRAM APPLICATIONS DURING THE APPLICATION PROCESS

The following dispute procedures are available to any community-based organization, local or county program or any other applicant that objects to any requirement(s) as outlined in a Request for Grant Applications (RFGA), amendment to RFGA or does not receive a distribution of funding as a subrecipient under a federal, state, or combined federal/state grant program. An applicant or subrecipient that disagrees with any element of the grant requirements or with the distribution of funding is also referred to herein as a “requestor.”

- A. **Request or Application for Funding.** Subject to conditions set forth in these procedures, any prospective applicant desiring to file a dispute concerning DHEC’s proposed evaluation of applications or proposed manner of distribution of funds (as outlined in the RFGA) shall e-mail or fax a Notification of Appeal to the DHEC Grant Program Manager* within ***three (3) business days*** of the posting date of the RFGA or any amendment thereto. The Notification of Appeal must clearly specify the grounds of the dispute and the relief requested. Within ***three (3) business days*** of receipt of the Notification of Appeal, the Grant Program Manager shall render a decision as to the disposition of the dispute and will e-mail or fax written notification of this decision to the prospective applicant. If the prospective applicant is not satisfied with the decision rendered by the Grant Program Manager, the applicant shall e-mail or fax written notification to the DHEC Program Area Director* within ***two (2) business days*** of the date of the written notification of decision from the Grant Program Manager. The Program Area Director will conduct a review and e-mail or fax a written decision to the prospective applicant within ***three (3) business days***. The written decision will be final and may not be further appealed by the requestor.
- B. **Award to an Applicant.** A requestor with a dispute regarding the Notification of Award shall e-mail, fax or mail a Notification of Appeal to the Grant Program Manager within ***three (3) business days*** of the date of posting of the Notification of Award. The Notification of Appeal must clearly specify the grounds of the dispute and the relief requested. Within ***three (3) business days*** of receipt of the Notification of Appeal, the Grant Program Manager shall render a decision as to the disposition of the dispute and will e-mail or fax written notification of this decision to the requestor. If the requestor is not satisfied with the decision rendered by the Grant Program Manager, the requestor shall e-mail or fax written notification to the Program Area Director within ***three (3) business days*** of the date of the written response from the Grant Program Manager. The Program Area Director will conduct a review and e-mail or fax a written decision to the requestor within ***three (3) business days***. The written decision will be final and may not be further appealed by the requestor.

C. **Notice of Decision.** A copy of all correspondence or decisions under this dispute resolution procedure shall be mailed or otherwise furnished immediately to the requestor and any other party intervening.

II. PROCEDURES FOR GRANT DISPUTES OR CONTROVERSIES REGARDING DHEC'S EVALUATION OF A SUBRECIPIENT'S EXPENDITURES IN THE POST-AWARD PHASE

A. **Applicability.** These procedures shall apply to controversies between DHEC and a subrecipient when the subrecipient disagrees with DHEC's evaluation of an expenditure by the subrecipient as "not allowed" under the grant program requirements. These procedures constitute the exclusive means of resolving a controversy between DHEC and a subrecipient of an awarded grant.

B. **Complaint against Grant Program Management.** No later than *thirty (30) calendar days* after receiving notice that the agency's grant program area has denied an expenditure, a subrecipient must e-mail or fax written notice identifying any dispute or controversy to the Grant Program Manager. The Grant Program Manager will, *within thirty (30) calendar days* thereafter, review and attempt to informally resolve the dispute or controversy. If the dispute cannot be mutually resolved within that timeframe, a subrecipient wishing to continue pursuit of the dispute must e-mail or fax written notice of the dispute to the Program Area Director within *five (5) business days* following the 30-day review period. The Program Area Director or his/her designee will, within *ten (10) business days* of receipt of a written notice of the dispute, meet or hold a conference call with the subrecipient. Within *ten (10) business days* after such consultation with the subrecipient, the Program Area Director will e-mail or fax the subrecipient with a written determination as to his/her decision regarding the disposition of the expenditure. The decision of the Program Area Director will be final and may not be further appealed by the subrecipient.

** Contacts are listed below:*

Grant Program Manager:

Tony Price
Prevention Program Manager
STD/HIV/VH Division
SCDHEC
2600 Bull Street
Columbia, SC 29201
Phone: (803) 898-0338
Fax: (803) 898-0573
priceae@dhec.sc.gov

Program Area Director:

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Attachment Q Acronym Glossary

AAWSM	African American Heterosexual Women
AAMSW	African American Heterosexual Men
AAMSM	African American Men who have Sex with Men
AOD	Alcohol and drug abuse clients
CAB	Consumer Advisory Board
CDC	Centers for Disease Control and Prevention
CEG	Community Engagement Group
CHIP	Couples HIV Interventions Program
CLIA	Clinical Laboratory Improvement Amendments
CBOs	Community Based Organizations
DHEC	Department of Health and Environmental Control
EHE	Ending the HIV Epidemic
FQHCs	Federally Qualified Health Centers
HBCUs	Historically Black Universities and Colleges
HBV	Hepatitis B virus
HCV	Hepatitis C virus
LOA	Letter of Agreement
LLR	Linkage/Retention/Re-engagement services
3MV	Many Men, Many Voices
MA	Medication Adherence
MOA	Memorandum of Agreement
MSM	Men who have Sex with Men
NHAS	National HIV/AIDS Strategy
OSHA	Occupational Safety and Health Administration
OMB	Office of Management and Budget
PWIDs	Persons who Inject Drugs
PWH	Persons with HIV
PrEP	Pre-Exposure Prophylaxis
RFGA	Request for Grant Applications
STD	Sexually Transmitted Disease
TMen	Transgender Men
TWomen	Transgender Women
TWIST	Transgender Women Involved in Strategies for Transformation
WMSM	White Men who have Sex with Men

ADDENDUM
To
SUBAWARD

**SC DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
Community-Based HIV/STD/Viral Hepatitis Prevention Services FY2022**

RFGA Number: FY2022-RFGA-HV-205

<https://scdhec.gov/health-professionals/clinical-guidance-resources/hiv-aids-std-resources/prevention>