

Minnesota Department of Health
Community HIV Health Education and Risk Reduction Projects
Project Information Sheet

Agency Name:	Project Name (if appropriate):
Target Population:	
Selected Intervention(s): <input type="checkbox"/> Counseling Testing and Referral (CTR) (Note: Please read and understand Appendix E) <input type="checkbox"/> Community Level Intervention <input type="checkbox"/> Health Communication/Public Information <input type="checkbox"/> Outreach Intervention <input type="checkbox"/> Group Level Intervention <input type="checkbox"/> Individual Level Intervention <input type="checkbox"/> Comprehensive Risk Counseling and Services (CRCS) (Note: Contact Gary Novotny at (651) 201- 4029 if this intervention is chosen)	Selected Co-factors: (Refer to Appendix C then list your selected co-factors)
Total Requested Funding (4 year): \$	12-month Project Budget Estimate: \$
Service Area (city or cities, county, or counties):	

Instructions:

Please type or print all items on the Project Information Sheet.

If there are questions, or assistance is needed in completing this form, please contact Gary Novotny by e-mail at gary.novotny@health.state.mn.us or if you do not have e-mail access telephone him at 651-201-4029.

Agency Name

Legal name of the agency authorized to enter into a grant agreement with the Minnesota Department of Health, (e.g., Northwoods County Community Health Service, I.M. Healthy Community Clinic, or OutReachers Community-based Organization).

Project Name

List if appropriate (or if you have one) the name of the proposed HIV HERR Project (e.g., Healthy Hotties Project).

Target Population

List the selected target population (one of the eleven) that this proposed project intends to serve (see page 9 of the Application and Proposal Packet).

Selected Intervention(s)

Check the box corresponding to the intervention(s) being proposed for this project. See “HIV Prevention Intervention Comparison Guide” within Appendix D for definitions of all interventions and required core elements for each of these interventions. See Appendix E for details regarding Counseling Testing and Referral (CTR) and requirements for this intervention. If a DEBI project is going to be replicated or adapted, then check off the box(es) for the interventions that make up the DEBI project (example: Many Men, Many Voices is a group level intervention). Due to restricted available funds, it is the intent of this RFP to fund only HC/PI activities for the Native American High Risks Heterosexual and Asian Pacific Islander High Risk Heterosexual target populations.

Selected Co-factors

After reviewing Appendix C and selecting the co-factors that best fit the capacity of the agency and the proposed project; list these co-factors in the space provided.

Total Requested Funding (4 year)

The total requested funding amount for the project proposed for the four (4) year grant period (1/1/09 – 12/31/12). Consider planning for competitive salaries, cost of living increases, fringe rate increases, and inflation. Agencies may need to complete Forms G and H prior to providing this information.

12-month Project Budget Estimate

The total 12-month project budget estimate as described in Forms G and H. Proposed projects must be within the range of \$39,000-\$156,000 per project (except the Native American High Risk Heterosexual and Asian Pacific Islander High Risk Heterosexual target populations). No project over \$156,000 will be considered. See Principle #4 of Allocation and Funding Principles (Appendix F). Agencies may need to complete Forms G and H prior to providing this information.

Service Area (city or cities, county, or counties)

List the geographic area where the proposed project will be delivered. If the project will have multiple delivery sites list all sites. If the proposed project is state wide state so.