

Minnesota Department of Health  
Community HIV Health Education and Risk Reduction Projects

Project Description Narrative

(75 point value)

**Instructions:**

LIMIT: **Ten (10) pages**, may be less depending on the number of proposed interventions.

REMEMBER: Applicants must write their proposal in a **12-point font** with one-inch margins and **single-spaced** lines on 8½ X 11-inch paper.

Criteria in *italics* are indicators of cultural competency.

**Agency name:** \_\_\_\_\_

**Project name:** \_\_\_\_\_

**Target population:** \_\_\_\_\_

**Intervention(s):**

**Check the box corresponding to the intervention(s) you are proposing for this project.**

**Note: Interventions are NOT listed in any ranked order.**

**Note: 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. See Principle #4 of Allocation and Funding Principles (Appendix F) and Appendix B for the definition of HC/PI and all other interventions.**

- A. Counseling Testing and Referral (CTR)  
(Note: Please read and understand Appendix E)  
(Also: If you propose CTR you MUST also propose ILI and describe how CTR will be conducted in the context of ILI.)
- B. Community Level Intervention (CLI)
- C. Health Communication/Public Information (HC/PI)
- D. Outreach Intervention
- E. Group Level Intervention (GLI)
- F. Individual Level Intervention (ILI)
- G. Comprehensive Risk Counseling and Services (CRCS)  
(Note: Contact Gary Novotny by e-mail at [gary.novotny@health.state.mn.us](mailto:gary.novotny@health.state.mn.us) or if you do not have e-mail access telephone him at 651-201-4029 if this intervention is chosen)

**1. Check the box(es) indicating the rationale(s) that serves as the foundation in the development for each of the checked intervention(s) that make up your proposed project and provide the information requested. Note: These are NOT listed in any ranked order.**

- A. Scientific, theoretical, or operational basis (e.g. social learning theory, evaluation of agency project, journal article).

For interventions based on a scientific theory or published journal article, describe how the theory or findings from the journal article will be reflected in intervention activities:

- B. Replication<sup>1</sup> of evidence-based project from Appendix D with documented evidence of effectiveness. If the intention is to replicate a DEBI project, then the interventions that make up the DEBI project must be defined. (Example: Many Men, Many Voices is a group level intervention)

Name of project/intervention to be replicated:

- C. Adaptation<sup>2</sup> of evidence-based project from Appendix D with documented evidence of effectiveness. If you intend to adapt a DEBI project, then you must define the interventions that make up the DEBI project. (Example: Many Men, Many Voices is a group level intervention)

Name of project/intervention to be adapted:

Describe the adaptations that will be made for use with your target population:

- D. CDC Guidelines (e.g. CTR, CRCS)

Describe how CDC Guidelines have or will be put into place:

- E. Program Outcome Monitoring

If your agency has conducted Outcome Monitoring in the past, describe the project, its findings, and how the findings support the proposed continuance of the project. Add if applicable, how findings informed any project improvements:

- F. Other rationale or experience

If none of the above apply, then describe why you believe the proposed interventions will be effective in reducing HIV risk behaviors in your target population:

---

<sup>1</sup> Replication means that you will implement the intervention EXACTLY as it was designed.

<sup>2</sup> Adaptation means that you will tailor the intervention for your target population but you will meet ALL core elements of the intervention. If you are adapting a DEBI but are not meeting ALL of its core elements, then it is not considered an adaptation and you must select another evidence basis option.

2. *Describe how ongoing input from the target population will be gathered, documented, and used for the development, implementation, and evaluation of this project.*
  
3. **Describe how high-risk individuals will be recruited and reached to participate in the project.**
  
4. *Describe how you will ensure that the project is culturally and developmentally appropriate to the target population. Explain why the activities proposed will work for that target population.*
  
5. **a. For EACH intervention, use a table like the one below to describe where it will take place (the location/setting), the activities that will be conducted, and the estimated number of people from the target population who will be served by the intervention(s).**

**(Note: If you propose CTR you MUST also propose ILI and describe how CTR will be conducted in the context of ILI.)**

Intervention	Location/setting (be specific)	Intervention activities	Estimated number of people reached for a 12-month period

- b. If two or more interventions are proposed, describe how the interventions knit together to create a whole.**
  
6. **Describe the specific and measurable changes that are expected in the target population as a result of the intervention activities and explain how these changes would be measured (e.g. changes in participant knowledge, attitudes, behavioral intentions, beliefs, and skills). Be S.M.A.R.T. – specific, measurable, achievable, relevant/realistic, and time-bound.**
  
7. **Describe the types and methods of referrals that will be made during the intervention(s) (both internally and externally).**
  
8. *Describe the cultural factors that create barriers to delivering prevention messages to and implementing prevention interventions with the target population.*

**9. *Given the barriers described in your answer to #8 above, describe your plan to deliver your programming in light of the described barriers.***

**10. Describe how this project will address the core HIV risk factors and the co-factor(s) you selected for this target population (selected from listings in Appendix C). Note: you must refer to Appendix C prior to completing 10. b. and c. below.**

- a. How will the core HIV risk factors (see Appendix B) be addressed through the delivery of the intervention(s)?
- b. *How will the risk co-factor(s) selected for this target population be addressed (see Appendix C) through the delivery of the intervention(s)?*
- c. Briefly describe other resources that address the co-factor(s) selected for this target population and how partnerships will be established with these resources to prevent the duplication of services.

**11. Describe how the proposed project will integrate health education and risk reduction regarding STDs and hepatitis A, B, and C into intervention delivery.**

**12. Describe staffing needs and staff recruitment.**

- a. *Describe the types of staff needed, the number of staff needed, and the duties of each staff person involved in project administration and delivery (e.g. who will be responsible for delivering intervention services, who will attend required training, who will collect and report project data, etc.).*
- b. *Be sure to include the desired qualifications/requirements of staff hired to deliver these interventions. If you currently have an HIV prevention project that is the same or similar to the proposed project, describe the qualifications and skills of current staff. (Do not attach resumes or CVs.)*
- c. *If not currently in place, how will staff be recruited?*

**13. Describe how the agency will monitor the planning, implementation and evaluation of the proposed project.**

**Criteria for Scoring Proposals: The Project Description Narrative section of the application will be reviewed and scored according to the following criteria (75 Points):**

- Strong rationale(s) and support for the intervention(s) that make up the project are provided.
- *Methods to gather, document, and use input from the target population for the development, implementation, and evaluation of the project are fully described.*
- Strategies to recruit high-risk individuals are fully described.
- *Methods to ensure cultural and developmental appropriateness for the target population are fully described and are workable for the target population.*
- Settings and activities for each intervention are appropriate and feasible.
- If two or more interventions are proposed, how the interventions work together to create the proposed project is fully described.
- Expected outcomes (i.e., changes in knowledge, attitudes, behavioral intentions, beliefs, and skills) relate to the proposed activities and are measurable indicators of success.
- Types and methods of client referrals within or between agencies are fully described and are feasible.
- *Cultural factors that create barriers to delivering prevention messages to and implementing prevention interventions with the target population are fully described.*
- *Strategies to deliver programming in light of described cultural factors and barriers are fully described and are feasible.*
- Strategies to address core HIV risk factors are fully described and are feasible.
- *Between one (1) and four (4) co-factors are selected, the selections are realistic and consistent with the resources available, and the identified co-factors are fully described and non-duplicative with other service providers. (Note: Projects will not be evaluated based on the number of co-factors selected; rather, they will be evaluated based on how well the proposed intervention(s) will address the co-factor(s).*
- Integration of STD and hepatitis (A, B, and C) prevention into programming is fully described.
- *The type and number of staff needed and the duties of each staff member are stated and appropriate.*
- *Staff qualifications/requirements (and recruitment strategies, if needed) are stated and appropriate.*
- The description of monitoring the planning, implementation and evaluation of the proposed project is fully described and feasible.