City of Chicago Department of Public Health
Pre- Announcement of the HIV Prevention Request for Proposals (RFP)

Funding Opportunity Description
The mission of the Chicago Department of Public Health, Division of STI/HIV is to work in partnership with the community to use the best public health practices for the prevention and treatment of HIV and sexually transmitted infections (STIs) and to promote the highest quality services for the health and well-being of those living with and impacted by STIs, HIV and AIDS.

The purpose of this Request for Proposals (RFP) is to identify non-profit organizations that will provide HIV prevention services in the City of Chicago. Funding comes from the Centers for Disease Control and Prevention (CDC) and the City of Chicago. This RFP is aligned with CDC’s Cooperative Agreement for HIV Prevention Projects (PS12-1201) and the National HIV/AIDS Strategy (NHAS), which are focused on reducing new HIV infections, increasing access to care, improving health outcomes for people living with HIV, and promoting health equity. These goals are to be achieved by increasing HIV testing, referring and linking HIV positive persons to medical care and other essential services, and increasing program monitoring and accountability.

The National HIV/AIDS Strategy (NHAS - http://www.cdc.gov/hiv/policies/nhas.html ) guides the nation’s HIV prevention efforts. To advance the goals of NHAS, CDC pursues a High-Impact Prevention approach (http://www.cdc.gov/hiv/policies/hip.html ). This approach is designed to maximize the impact of prevention efforts for individuals most at risk for HIV infection, including men who have sex with men (MSM), communities of color, women, injection drug users, transgender women and men and youth. This RFP will fund projects that are consistent with CDC’s HIV prevention priorities, which emphasize the use of proven public health approaches to reduce the incidence and spread of HIV.

This RFP was also developed in alignment with the Chicago Area HIV Integrated Services Council (CAHISC) Chicago-Area Unified HIV Plan for Prevention, Care, Housing and Essential Services for 2014 – 2016. The Unified Plan is the first plan developed for the Chicago area that integrates HIV prevention, care, and housing and support services. The Plan describes an ideal continuum of care and provides direction for development and implementation of a more integrated approach to HIV prevention and care. The Plan includes a variety of recommendations for HIV prevention and early identification services, a number of which have been incorporated into this RFP (support for programs that expand availability of Pre-Exposure Prophylaxis - PrEP, expansion of holistic support services for high-risk negative populations, support for use of social network targeting strategies to recruit high-risk people for HIV testing, and emphasis on collaboration and coordination).

Finally, this RFP was developed to reflect the direction provided by CDC’s Funding Opportunity Announcement for Comprehensive High-Impact HIV Prevention Projects for Community-Based Organizations (PS15-1502) and support focus on targeted HIV testing, HIV prevention with HIV-positive persons, and HIV prevention for high-risk HIV negative persons.

Key Program Changes
This RFP includes a number of key changes and additions to HIV prevention programs since CDPH last issued an RFP for HIV prevention projects in 2011 (RFP #11-03). In brief, changes include the following:

- High-risk geographic regions composed of Chicago Community Areas have been updated based on the latest reported HIV incidence and prevalence rates as well as areas with a high number of cases among high-risk populations and are defined as follows:
**North Region:** 1-Rogers Park, 3–Uptown, 6–Lakeview, 8–Near North Side, 15 –Portage Park, 16-Irving Park, 19 Belmont Cragin, 20-Hermosa, 21-Avondale, 22-Logan Square, 77-Edgewater;

**West Region:** 23-Humboldt Park, 24-West Town, 25-Austin, 26-West Garfield Park, 27-East Garfield Park, 28-Near West Side, 29-North Lawndale, 30 South Lawndale, 31-Lower West Side, 58-Brighton Park; and


- CDPH had previously required all funded HIV prevention programs, except community level interventions, to provide a combination of services including a recruitment intervention (either outreach or health communication), a focused intervention (individual level intervention, group level intervention, or comprehensive risk counseling and services (CRCS), HIV counseling and testing, STI prevention, hepatitis prevention, linkage to care, and condom distribution. CDPH is no longer requiring all agencies to provide this combination of services. New service requirements have been established for new program categories.
- Funding is available for projects using evidence-based social network strategies (SNS) to conduct targeted HIV testing for MSM and Transgender populations.
- Funding is available for two types of demonstration projects for high-risk HIV negative populations. The first is a PrEP demonstration project. The second is a demonstration project for comprehensive services to high-risk negative HIV individuals that entails development and delivery of a holistic approach to primary HIV prevention.

### Eligible Program Activities and Priorities
CDPH plans on funding 10 categories of services under this RFP. Respondents applying to provide services in more than one Category must submit a separate and complete proposal for each Category.

<table>
<thead>
<tr>
<th>Category</th>
<th>Estimated Amount of Funding Annually</th>
<th>Estimated Number of Awards</th>
<th>Estimated Award Size (Annual)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Category A1: Targeted HIV Testing and Linkage to Care</td>
<td>$1,700,000</td>
<td>11-12</td>
<td>$125,000 - $175,000</td>
</tr>
<tr>
<td>Category A2. Use of Social Network Strategies (SNS) for Targeted HIV Testing and Linkage to Care</td>
<td>$300,000</td>
<td>1-2</td>
<td>$125,000 - $175,000</td>
</tr>
<tr>
<td>Category A3: HIV Testing and Linkage to Care in High Volume Clinical Settings Serving MSM and High-Risk Minority Male and Female Populations</td>
<td>$600,000</td>
<td>3</td>
<td>$200,000</td>
</tr>
<tr>
<td>Category B: Citywide HIV Prevention with Intravenous Drug Users (IDU)</td>
<td>$550,000</td>
<td>1-2</td>
<td>$200,000 - $300,000</td>
</tr>
<tr>
<td>Category C1: Prevention with Positives – CDC-Supported High-Impact Prevention (HIP) Behavioral Interventions</td>
<td>$350,000</td>
<td>3-5</td>
<td>$60,000-$100,000</td>
</tr>
<tr>
<td>Category C2: Prevention with Positives – Innovative or Locally Developed</td>
<td>$350,000</td>
<td>3-6</td>
<td>$60,000-$100,000</td>
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<tr>
<td>Interventions</td>
<td>Amount</td>
<td>Range</td>
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<td>--------------------------------------------------</td>
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<tr>
<td>Category D1: Prevention with Negatives - PrEP Demonstration Projects</td>
<td>$450,000</td>
<td>$125,000 - $175,000</td>
<td></td>
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<tr>
<td>Category D2. Prevention with Negatives - Comprehensive Services to High-Risk Negatives Demonstration Project</td>
<td>$200,000</td>
<td>$100,000 - $200,000</td>
<td></td>
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<tr>
<td>Category D3. Prevention with Negatives - Behavioral interventions for High-Risk HIV negative individuals</td>
<td>$350,000</td>
<td>$40,000 - $60,000</td>
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<tr>
<td>Category E: Evaluation</td>
<td>$150,000</td>
<td>$100,000 - $150,000</td>
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</tbody>
</table>

Respondents funded under any of these categories are encouraged to coordinate and collaborate, with other agencies, organizations and providers conducting HIV prevention activities in the city.

When appropriate and feasible, respondents are expected to explore opportunities for seeking third-party reimbursement of services. Organizations and partnering organizations with the capacity to bill and obtain reimbursement are expected to use all available mechanisms to obtain reimbursement for eligible services from third-party payers (e.g. Medicaid, Medicare, and private insurance). Program income must be documented and reprogrammed to support additional service costs not budgeted to CDPH.

A respondent receiving funding for HIV testing or other HIV prevention services through other CDPH funding announcements (directly or through a sub-agreement), CDC, the Illinois Department of Public Health (IDPH), or another funder is required to describe how proposed programming expands or enhances services supported through those other funding sources.

**Category A1: Targeted HIV Testing and Linkage to Care**

Funds are available to provide targeted HIV testing and linkage to care for populations who engage in high-risk behaviors who are HIV negative or have unknown HIV status. Category A1 is for high-risk populations specified by race/ethnicity, age (young = 13-19, and 20-29; adult =30-49 and 50+), and gender based on surveillance data. Projects will be funded to serve these populations in three Community Area Regions — North, West, and South. CDPH preference is for a respondent to have a physical site location within the region that they propose to serve. Exceptions are for mobile outreach.

Category A1 is intended for provider and community-based organization partnerships that provide targeted HIV testing in clinical or non-clinical settings. A community-based organization that applies for Category A1 is expected to partner with one or more clinical providers to conduct some of the required services, including clinical care for persons identified as HIV positive through program testing efforts; testing for STI (syphilis, gonorrhea and chlamydia infection), viral hepatitis, and TB; and confirmatory HIV testing. A clinical provider may partner with one or more community-based organization to perform some key services, such as outreach and recruitment, HIV testing, linkage to care/patient navigation for persons identified as HIV positive, and assessments for and linkage to support services for persons identified as HIV negative. CDPH is encouraging collaboration among community-based organizations (faith-based organizations, advocacy organizations, social service providers with experience providing health education and HIV testing) in order to reach proposed target populations.

A clinical provider with capabilities to perform a large volume of HIV tests as part of routine clinical care and to provide partner services should consider applying under Category A3: HIV Testing and Linkage to Care in High Volume Clinical Settings Serving MSM and High-Risk Minority Male and Female Populations.
Respondents should indicate the region or regions that they propose to target, and also indicate the population (or populations). Target populations include the following:

- Non-Hispanic Black MSM 13-19
- Non-Hispanic Black MSM 20-29
- Non-Hispanic Black MSM 30-49
- Non-Hispanic Black MSM 50+
- Non-Hispanic Black Female Heterosexual 20-29
- Non-Hispanic Black Female Heterosexual 30-49
- Latino MSM 13-19
- Latino MSM 20-29
- Latino MSM 30-49
- Non-Hispanic White MSM 13-19
- Non-Hispanic White MSM 20-29
- Non-Hispanic White MSM 30-49
- Non-Hispanic White MSM 50+

Respondents should justify their selection of the target populations to be served. This justification should be based on: surveillance data, needs of target population, and prior experience serving the population.

Successful respondents will be funded at up to $175,000 (anticipated range is $125,000 - $175,000) and are expected to identify a minimum of 12 newly confirmed HIV positive persons annually. Organizations that do not have the capacity to perform this level of service are encouraged to subcontract with other organizations, or develop non-funded service agreements with organizations, in order to pool staffing, capacity, resources, and expertise to meet program requirements. Collaborations among community-based organizations are encouraged.

Category A1 also supports targeted HIV testing and linkage to care for Special Concerns Populations. Special Concerns Populations are considered to be at high risk for HIV infection, but are not identified through traditional HIV surveillance data. Special concerns populations include the following:

- Transgender Individuals
- Individuals involved in the Sex Trade
- Individuals with Physical & Developmental Disabilities
- Non-English/Non-Spanish-Speaking Individuals
- Homeless Individuals
- Post Incarcerated Individuals

A respondent applying for up to $175,000 in funding for Category A1 should indicate any special concerns population that they plan to target in addition to the populations identified by race/ethnicity, age, and gender. A respondent choosing to serve only a Special Concerns Population should indicate so in their application and must provide services citywide. These organizations may request up to $75,000 in funding and are expected to identify a minimum of six newly confirmed HIV positive persons annually.

Successful respondents funded under this Category are required to provide the following services:

- Outreach and Recruitment
- HIV Testing
- Linkage to Care for HIV Positive Persons
- Prevention and Support Services for High-risk Negatives
• Condom Distribution

Category A2: Use Social Network Strategies (SNS) for Targeted HIV Testing and Linkage to Care
CDPH plans to support one or two projects that utilize a Social Network Strategy to target MSM and/or transgender individuals for HIV Testing. Social Networking Strategy (SNS) is an evidence-supported approach to recruiting high-risk people for HIV Testing. See effectiveinterventions.org for more information. SNS enlists HIV-positive or high-risk HIV-negative persons (i.e. recruiters) to encourage people in their network (i.e. network associates) to be tested for HIV. The strategy is based on the concept that individuals are linked together to form large social networks and that infectious diseases often spread through these networks.

A community-based organization that applies for Category A2 is expected to partner with one or more clinical providers to conduct some of the required services, including clinical care for persons identified as HIV positive through program testing efforts; testing for STI (syphilis, gonorrhea and chlamydia infection), viral hepatitis, and TB; and confirmatory HIV testing. Successful respondents funded under this category are required to provide the following services:
- Outreach and Recruitment
- HIV Testing
- Linkage to Care for HIV Positive Persons
- Prevention and Support Services for Negatives
- Condom Distribution

Category A3: HIV Testing and Linkage to Care in High Volume Clinical Settings Serving MSM and High-Risk Minority Male and Female Populations
Category A3 is limited to respondents that meet all of the following requirements: 1) health care provider site that operates in a clinical setting, 2) site is able to perform at least 4,500 HIV Tests annually, 3) site can meet expectation to identify 24 newly conformed HIV positive persons annually, 4) site has the capacity to provide Partner Services. Category A3 is intended to expand routine HIV testing in clinical settings and to provide linkage to care, including Partner Services, for persons identified as HIV positive.

CDPH plans to support expanded HIV testing efforts in clinical health care settings for populations disproportionately affected by HIV, namely, African Americans, Hispanics, men who have sex with men (MSM) and injection drug users (IDU). The goal of projects in Category A3 is to increase the number of persons who receive HIV testing and the number and proportion of HIV-infected persons who are aware of their infection among populations disproportionately affected by HIV – primarily (1) African American and Hispanic adolescents and adults, and (2) MSM and IDUs, regardless of race or ethnicity – through routine HIV screening in healthcare settings serving these populations. Projects funded under this Category will provide routine opt-out HIV testing; integrated testing for sexually transmitted infections (STIs), viral Hepatitis, and tuberculosis (TB); and linkage to care for persons who test HIV positive. Projects will also be required to provide Partner Services.

Successful respondents funded under this Category are required to provide the following services:
- Recruitment. The successful respondent will be required to describe the target populations that they intend to reach with HIV testing in clinical settings, provide a rationale for selection of the target population, and provide a description of how they intend to increase HIV testing within their general clinical operations. The respondent will be required to describe the type(s) of

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consent procedure(s) that will be used in healthcare settings, and the rationale and effectiveness of this approach to increase routine HIV testing. A focus of the program is to encourage the use of opt-out consent procedures, where allowable and appropriate

- Opt-Out HIV Testing in Clinical Settings
- Linkage to Care for HIV Positive Persons
- Partner Services: Partner Services (PS) are a systematic approach to notifying sex and needle-sharing partners of HIV-infected persons of their possible exposure to HIV so they can be offered HIV testing and learn their status, or, if already infected, prevent transmission to others.
- Prevention and Support Services for Negatives
- Condom Distribution

Category B: Citywide HIV Prevention for Intravenous Drug Users (IDU)
Funds are available for one or more citywide projects targeting people who engage in injection drug use (IDU). CDPH plans on funding 1-2 awards in this Category. Respondents for this funding Category should provide a comprehensive HIV prevention package for IDU. This comprehensive package includes: access to syringe exchange; substance abuse treatment, including medication-assisted therapy; HIV testing; antiretroviral therapy for those who are HIV-infected; STI prevention and treatment; condom distribution; health education for IDU and their partners; hepatitis diagnosis and treatment or vaccination; and TB diagnosis and treatment. Additionally, the awardee is encouraged to conduct the following:

- Provide information on prevention and transmission of infectious diseases and on safer sex and injection practices,
- Conduct assessment of personal risk,
- Provide training on how to use condoms correctly and the importance of using condoms consistently,
- Provide counseling to address emotional or practical issues in practicing safe sex,
- Provide training in safer sex negotiation,
- Provide active referral to substance abuse treatment and social services (e.g., housing),
- Offer or provide active referral for psychosocial support,
- For those who test positive for an HIV or STD, notify CDPH to provide partner services to needle-sharing or sex partners,
- Active referrals to relevant mental health and family planning services, and
- Training in overdose prevention and provision of naloxone.

Required service components include:

- Outreach and Syringe Exchange
- HIV Testing
- Linkage to Care for HIV Positive Persons
- Prevention and Support Services for Negatives
- Condom Distribution

A community-based organization that applies for Category B is expected to partner with one or more clinical providers to conduct some of the required services, including clinical care for persons identified as HIV positive through program testing efforts; testing for STI (syphilis, gonorrhea and chlamydia infection), viral hepatitis, and TB; and confirmatory HIV testing.

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2 This category of services will be supported with City of Chicago Corporate funds, and not any federal funds.
3 Additional information on Syringe exchange programs may be found at: http://www.cdc.gov/ido/facts/aed_idu_syr.pdf
C: Prevention with Positives Projects
A priority of this funding opportunity is to support Prevention with Positives (PWP). The goal of PWP is to improve the health of, and prevent ongoing HIV transmission from, both adults and adolescents infected with HIV. PWP services funded under Category C may include the following: high-impact prevention (HIP) behavioral intervention currently supported by CDC or other PWP interventions or services developed and proposed by the respondent based on the needs of the target population and demonstrated HIV prevention service gaps.

Category C can be used as a supplement by respondents that applied for Category A or subcontracted partners of respondents to expand prevention activities for positives. Respondents can also apply for Category C as a stand-alone service, without having to apply for Category A.

C1 Prevention with Positives – CDC-Supported High-Impact Prevention (HIP) Behavioral Interventions: CDC-supported HIP behavioral interventions for newly diagnosed HIV-positive persons include: PROMISE, d-Up!, Mpowerment, Popular Opinion Leader, CLEAR, WILLOW, Healthy Relationships, CONNECT, Partnership for Health (Safer sex), and START. See Effectiveinterventions.org for more information.

A respondent proposing to provide one of these interventions is required to provide their justification for choosing the intervention based on their target population’s needs. The respondent should describe the evidence-base for the program. The respondent is also required to describe the training that staff members have received to deliver the intervention. Staff should already be trained to deliver the intervention as planned. Finally, the respondent must describe their ability to maintain fidelity to the intervention as developed, as well as any plans to potentially adapt the intervention to meet the needs of their target population.

All respondents funded under Category C1 are required to work with CDPH and an evaluation partner identified by CDPH to finalize their program monitoring and evaluation plan.

C2 Prevention with Positives – Innovative or Locally Developed Interventions: CDPH will fund up to six proposals to implement innovative HIV prevention demonstration projects targeted to people living with HIV. The proposed intervention should be evidence-informed whether it be from data collected in past interventions or supported by the literature. Proposed projects should have the potential for reducing HIV infections. The strength of the data used to develop the demonstration project and the feasibility of implementation will be prioritized in the evaluation of proposals. The use of technology is encouraged.

The respondent should develop a timeline for project implementation, including the three month start-up period when they will work with an external evaluator, identified by CDPH, to finalize logic model, implementation and evaluation plan. Additionally, the respondent should describe the size of the population participating in the intervention and estimated size of those affected; and the feasibility of implementation within the time frame of the contract term (i.e., significant change achieved in year 1 of the contract, with maintenance and impact evaluation in year 2).

All successful respondents funded under Category C2 are required to participate in an evaluation with a research partner identified by CDPH. Successful respondents will be allowed a three-month planning period to work with the research partner on planning the project before service delivery begins.

D: Prevention with High-Risk Negatives Programs
CDPH plans to support three categories of projects for prevention with high-risk HIV negative persons
Category D1: Prevention with Negatives - PrEP Demonstration Projects

Funds are available to support projects that will expand the use of PrEP in Chicago. CDPH plans to fund up to three PrEP demonstration projects, one serving each geographic region. Each project must consist of a collaboration between a non-clinical community-based organization (CBO) and one or more clinical providers. The purpose of the demonstration projects will be to facilitate access to and adherence to PrEP for high-risk HIV negative populations. An expectation is that the funded organization will conduct outreach to both potential PrEP candidates and providers in their proposed geographic region.

CDPH preference is for both the CBO and collaborating clinic(s) providing services to be physically located within the geographic region proposed by the respondent. If either the CBO or collaborating clinic(s) are not located within the proposed geographic region to be served, the respondent must describe how they will facilitate access to on-site services.

The intent of funding these projects is to expand the availability and use of PrEP. Funds are not intended to supplant organizations’ current funding or to pay for clinical services that are supported through other payment or funding sources. Respondents must describe how the project will enable them to increase the number of persons served with PrEP. Each project will be required to describe current number of persons supported with PrEP and how the number will expand under the proposed project. Each project will need to propose eligibility criteria for the population(s) they intend to target. Funds are not intended to support purchase of medication, but rather to support staff that conduct outreach to identify PrEP candidates, screen persons as candidates for PrEP, provide PrEP navigation or casework type services (scheduling appointments, appointment reminders, assistance with adherence), provide assistance with insurance/payment issues (not actual cash assistance or payment of medications, but assistance accessing insurance options or programs that pay for medication), and provide other support services based on participant needs.

All successful respondents funded under this Category are required to participate in an evaluation with a research partner identified by CDPH. Successful respondents will be allowed a three-month planning period to work with the research partner on planning the project before service delivery begins.

D2: Prevention with Negatives – Comprehensive Services to High-Risk Negatives Demonstration Project

Funds are available to support up to two demonstration projects that entail development and delivery of a holistic approach to primary HIV prevention. Projects will provide prevention case management and access to wrap-around services that address an array of clients’ health and other needs. The purpose of the project is to help high-risk negative individuals navigate a comprehensive system of services with the goal of keeping them HIV negative. This type of service model is recommended in the Chicago-Area Unified HIV Plan for Prevention, Care, Housing and Essential Services for 2014 – 2016.4

Suggested services include, but are not limited to: HIV and STI testing and treatment; education about HIV prevention and risk reduction; mental health and substance abuse screening treatment and services; case management; active referrals for primary care and other needed medical care; assistance accessing stable housing; education resources, insurance, and public benefits as indicted by the needs of the program participant; and help accessing other essential social services and supports.

The respondent will also be required to define the length of time participants are anticipated to be enrolled in the program, process for exiting participants from the program, anticipated outcomes of the program, and methods for collecting and reporting on outcomes. All respondents funded under this Category are required to participate in an evaluation with a research partner identified by CDPH. Successful

4 http://www.cahisc.org/ literature_125681/2014_CAHISC_Unified_Plan See test on pages 30-31 and double helix graphic developed by the Treatment Action Group on p. 78.
respondents will be allowed a three-month planning period to work with the research partner on planning the project before service delivery begins.

**D3. Prevention with Negatives - Behavioral interventions for high-risk HIV negative individuals**

Funds are available to support behavioral interventions for high-risk negative individuals. Category D3 can be used as a supplement to fund a respondent organization, or subcontracted partners of a respondent, that applied for Category A. Respondents may propose to provide a high-impact prevention (HIP) behavioral intervention currently supported by CDC or another behavioral intervention or service developed and proposed by the respondent based on the needs of the target population.

**High Impact Prevention (HIP) Behavioral Interventions for HIV Negative Persons:** CDC-supported HIP behavioral interventions for high-risk HIV-negative persons include: PROMISE, Popular Opinion, Leader, Sister to Sister, Personalized Cognitive Counseling, d-up!, VOICES/VOCES, Mpowerment, Safe in the City, and Many Men, Many Voices.

Up to four proposals will be funded to implement HIP behavioral interventions. An respondent proposing to provide one of these interventions is required to provide their justification for choosing the intervention based on their target population’s needs. The respondent should describe the evidence-base for the program. The respondent is also required to describe the training that staff members have received to deliver the intervention. Staff should already be trained to deliver the intervention as planned. Finally, the respondent must describe their ability to maintain fidelity to the intervention as developed, as well as any plans to potentially adapt the intervention to meet the needs of their target population. The successful respondent will collaborate with CDPH and the funded research partner to finalize their program monitoring and evaluation plan.

**Innovative or locally developed behavioral interventions for high-risk HIV negative persons:** CDPH will fund up to two proposals from successful respondents proposing to implement innovative interventions (demonstrations) for HIV prevention that are evidence-informed whether it be from data collected in past interventions or supported by the literature. Proposed projects should have the potential for reducing HIV infections. The strength of the data used to develop the demonstration project and the feasibility of implementation will be prioritized in the evaluation of proposals. The use of advanced technology is encouraged.

The respondent should develop a timeline for project implementation, including the three month start-up period when they will work with an external evaluator to finalize logic model, implementation and evaluation plan. Additionally, the respondent should describe the size of the population participating in the intervention and estimated size of those affected; and the feasibility of implementation within the time frame of the contract term (i.e., significant change achieved in year 1 of the contract, with maintenance and impact evaluation in year 2).

All successful respondents funded for demonstration projects are required to participate in an evaluation with a research partner identified by CDPH. Successful respondents will be allowed a three-month planning period to work with the research partner on planning the project before service delivery begins.

**Category E: HIV Prevention Program Evaluator**

The purpose of this funding Category is to identify one academic institution to work directly with the delegate agencies that are funded through this RFP for demonstration projects (for Categories C2, D1, D2, and D3 of this RFP). The successful respondent to Category E will assist the delegate agencies funded for these demonstration projects to develop and evaluate their programs. Categories C2, D1, D2, and D3 of this RFP will fund eight to seventeen demonstration projects in an effort to increase Chicago’s HIV
prevention portfolio with effective prevention interventions that are designed to impact the HIV epidemic. The primary goal of Category E is to support the accumulation of credible evidence on what aspects of the demonstration projects work and do not work to avert HIV infections in order to be better able to apply lessons learned in program practice.

The successful Respondent to Category E is expected to support delegate agencies funded for demonstration projects under Categories C2, D1, D2 and D3. In collaboration with these agencies and CDPH, the successful Respondent will help further refine the demonstration projects’ implementation plans and logic models, as well as, develop and execute comprehensive evaluation plans. The primary goals of Category E are to:

- inform and support final development of implementation plan;
- develop comprehensive process and outcome evaluation plans;
- develop program instruments to support regular program monitoring as well as evaluation data collection;
- collect data for process and outcome evaluations; and
- analyze data and write interim and final evaluation reports.

During the three-month planning period, the successful Respondent must collaborate with demonstration programs and CDPH to: 1) identify and invite consultants with content expertise in each of the demonstration project areas to advise and help inform the intervention and implementation plan; and 2) further develop and incorporate program monitoring and evaluation into the intervention design.

The successful Respondent will also work with CDPH to assist agencies funded to implement CDC Evidence-based Interventions (Categories C1 and D3), develop tools to monitor implementation process and outcomes to ensure the implementation is consistent with the design of the intervention and that the same outcomes are achieved.