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| Public Health DivisionHIV & STD Prevention Programs | Description: oregon_health_authority_final_ all black |
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**HIV & STD Prevention Special Needs Funding Application**

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| Local Health Department or Tribal Government:       | Contact name and title:      Telephone: (    )      -       |
| Submission Date:       | E-mail:        |
| **GENERAL GUIDELINES AND REQUIREMENTS** |

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| Use of Funds | * HIV and STD Prevention Special Needs Funding may be used to support acute HIV and STD prevention interventions including but not limited to enhanced activities to address clusters, outbreaks, and large-scale contact investigations; short-term housing for high-priority pregnant HIV or syphilis cases; and incentives for engaging in STD/HIV care.
* Funds are for anticipated future expenses related to the event. They may not be used to reimburse past expenses.
* Funds used for HIV and STD Prevention Special Needs Funding may be federal, state, or a combination of both.
* *All funds will be paid through standard award amendment process.*
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| **Eligible Activities and Expenditures** | * Personnel (e.g. overtime, temporary staffing)
* Short-term housing and transportation for high-priority cases (e.g. pregnant cases with syphilis)
* Translation & interpretive services
* Testing, harm reduction, or other prevention supplies
* Incentives for engaging in STD/HIV care
* Other activities
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| **Non-Eligible Expenditures and Activities** | * Ongoing or routine HIV & STD prevention activities as outlined in program elements 7 & 10
* Medications to prevent (e.g. PrEP) and treat HIV
* Equipment purchases
* Conference attendance
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| **Reporting Requirements** | * Reporting requirements vary by funding source and will be detailed at the time requests are approved. By accepting additional funds for special needs, Recipients agree to complete all reporting requirements within the timeframe specified.
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| **Other Restrictions** | * The amount of available HIV & STD Prevention Special Needs Funding varies from year to year.
* Each approved HIV & STD Prevention Special Needs Funding request provides support for HIV and STD prevention activities lasting up to six months but may not exceed the end of the calendar year.
* Requests for short-term housing support should be for a maximum of one month.
* Please limit initial request to $10,000 or less.
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| **DESCRIPTION OF NEED** |

**Identify the acute, non-enduring activity prompting your request for funds:**

[ ]  Short-term housing for high-priority HIV/STD case (*provide a brief description below*)

[ ]  Cluster, outbreak, large-scale contact investigation, or other increase in cases (*provide a brief description below*)

[ ]  Other acute and non-enduring situation (*provide a brief description below*)

**What attempts have been made to find other sources of funds and/or payment?**

[ ]  HIV & STD program is unable to request additional county/city/tribal funds (*provide a brief description below*)

[ ]  HIV & STD program’s request for additional county/city/tribal funds was rejected (*provide a brief description below*)

[ ]  HIV & STD program requested and received additional county/city/tribal funds but funding provided is not sufficient to cover costs (provide a brief description below)

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| **IMPACT TO LOCAL HIV & STD PREVENTION EFFORTS**  |

Provide a brief description below of the anticipated benefit if this Special Needs Funding request is approved.

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| **DESCRIPTION OF HIV & STD PREVENTION SPECIAL NEEDS FUNDS REQUEST** |

**Identify the funding period for this request** (*may not exceed the end of the calendar year*):

From:       To:

# Identify the line items being requested in this Special Needs Funding request *(check all that apply*)

[ ]  Personnel (*e.g., salary, benefits, overtime*)

[ ]  Travel for staff

[ ]  Short-term housing

[ ]  Transportation for cases

[ ]  Translation/Interpretive Services

[ ]  Supplies

[ ]  Other Services; please list:

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| **REQUIRED HIV & STD PREVENTION SPECIAL NEEDS FUNDING DOCUMENTS** |

Your HIV & STD Prevention Special Needs Funding application should include this document and **budget** (*with line item justification*) that outlines anticipated expenditures.

Submit documents to:

Javier Saucedo

HIV/STD Prevention Interventions Coordinator

Email: javier.saucedo@dhsoha.state.or.us

Fax: 971-673-0178

Local Health Dept/Tribal Health Representative Signature

Local Health Dept/Tribal Health Authorizing Signature