

Board of Commissioners Grant Fact Sheet

Committee Name:

Date of Committee:

1. Grant Name:	HIV Prevention Pre-Exposure Prophylaxis (PrEP) Grant
2. Grantor:	State of Tennessee Department of Health
3. Submitted by:	Jennifer Pepper
4. Amount:	\$1,209,300.00
5. Funding Period:	July 1, 2016- September 30, 2017
6. Deadline: (if applicable)	N/A
7. Target Population:	Individuals at-risk for HIV Infection
8. Grant Funding:	<input checked="" type="checkbox"/> New <input type="checkbox"/> Single Year <input type="checkbox"/> Continuation <input type="checkbox"/> Multi-Year Renewable

<p>9. What are the specific goals of the grant? (The final grant proposal should include the goals and the measurable objectives.)</p>	<p>The specific goals of this grant are to:</p> <ol style="list-style-type: none"> 1) increase awareness of PrEP for HIV prevention among at-risk populations; 2) increase the capacity of health departments and CBOs to identify persons at high-risk for HIV infection and implement PrEP support activities for these populations; 3) increase the number of providers trained to offer PrEP to persons at high-risk for HIV infection; 4) establish policies, procedures and protocols supporting the scale-up of PrEP; and 5) increase the number of persons who are prescribed PrEP.
<p>10. How will the project be evaluated to determine that the goals are being met?</p>	<p>Ryan White staff will monitor program and financial performance for all partners (sub-recipients). This monitoring will be done on a quarterly basis.</p>
<p>11. What bench marks will be utilized to determine that the goals are being met?</p>	<p>Once partners (sub-recipients) are selected, bench marks for each service category will be developed.</p>

Board of Commissioners Grant Fact Sheet

Committee Name:

Date of Committee:

12. Who will conduct the evaluation?	Evaluation activities will be a part of the responsibilities of staff assigned and paid through the grant.
13. What will happen to the program after it ends?	This program will end at the end of the grant period.
14. List the partners (faith-based, business community, foundations, etc.) that will be sub-recipients of grants funds.	No partners (sub-recipients) have been selected at this time.
15. If this is a continuation of previous grant funding and sub-recipients have been awarded funds in the past, list accomplishments/benchmarks met with past grant funds.	N/A
16. What are the criteria for selecting partners? (if applicable)	All partners (sub-recipients) will be selected through the guidelines set forth in the Shelby County Purchasing RFP process.
17. What type of reporting is required?	<input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Other
18. Will Shelby County Government be the fiscal agent?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, who will serve as the fiscal agent?
19. What budget categories will be included? (Check all that apply)	<input checked="" type="checkbox"/> Personnel <input checked="" type="checkbox"/> Fringe Benefits <input type="checkbox"/> Equipment <input type="checkbox"/> Books <input checked="" type="checkbox"/> Supplies <input checked="" type="checkbox"/> Indirect Costs <input type="checkbox"/> Resources <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Sub-grants <input type="checkbox"/> Travel <input type="checkbox"/> Professional Development <input type="checkbox"/> Others (list)
20. What new personnel will be hired? (if applicable)	Fiscal Specialist (1.0 FTE)
21. If equipment purchases will exceed \$50,000 or 25% of the total grant funding, list the type of equipment specified in the grant application.	N/A

Board of Commissioners Grant Fact Sheet

Committee Name:

Date of Committee:

22. How much money is allocated for evaluation?	No funding is directly budgeted for evaluation, although evaluation activities will be a part of the responsibilities of staff assigned and paid through the grant.
23. Does the grant require a match?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, designate the source of the match.
24. Who will provide accounting for the grant?	The Division of Community Services and Ryan White department staff, with support from Shelby County Finance Department, will provide accounting for this grant.
25. Does the grant require the signature of the Mayor and/or County Commission Chairman?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

26. INTERNAL VERIFICATION

To be verified by the Shelby County Board of Commissioners prior to grant acceptance.