

Contractor Guidelines For HIV Prevention Projects

(Federal and CHAPP funded)



STI/HIV Section
April 2011



**Colorado Department
of Public Health
and Environment**

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Welcome

On behalf of the Colorado Department of Public Health and Environment (CDPHE), we would like to thank you for your commitment and dedication to the health and welfare of the people of Colorado. We look forward to continued collaboration with your agencies and your staff as you implement a variety of beneficial, innovative and interesting programs to help improve the health and lives of the people of Colorado.

History

The mission of the sexually transmitted infections and human immunodeficiency virus (STI/HIV) Section is to mobilize resources, technology, and minds to provide quality programs that address the STI/HIV prevention, care, treatment, and education needs of all persons in Colorado. The functions of the section include: surveillance of STIs and HIV infection; follow-up of persons diagnosed with an STI or HIV infection to ensure adequate treatment and partner notification; access to care and treatment for persons with HIV infection; development of comprehensive STI/HIV prevention programs; collaborations with at-risk communities, non-governmental organizations, and local health departments; training of medical providers and public health professionals; and conducting research to enhance STI/HIV epidemiology and prevention. This program is legislatively mandated by CRS Title 25 Article 1 Parts 107 and 122, CRS 18-1-et seq., and CRS 25-4-1401 et seq.

The STI/HIV Prevention Program, within CDPHE, conducts cross-programmatic functions supporting STI and HIV prevention activities for the STI/HIV Section. It works collaboratively with the Section's Resource Management Unit, which assures the timely purchase of quality goods and services, provides logistical support to the section, and contributes to resource allocation and policy decisions evaluated through data collection and analysis to ensure fiduciary compliance of contracted funds for the section.

The STI/HIV Prevention Program integrates work of the Capacity Building Unit (CBU) and the Planning/Research and Evaluation Unit into one program, STI/HIV Prevention. The STI/HIV Prevention Program's goals are to prevent sexually transmitted infections including HIV, evaluate services and contracted programs and initiatives, conduct planning around prevention and improve provider and system capacity in the provision of effective prevention services. These are accomplished specifically by:

- a. Assuring the capacity of providers to deliver effective STI/HIV prevention services;
- b. Monitoring and tracking the delivery of STI/HIV prevention and care and treatment services;
- c. Assessing the impact of STI/HIV services and interventions on target populations;
- d. Identifying factors that increase STI/HIV risk;
- e. Identifying best practices and evidence-based interventions that address factors associated with increased STI/HIV risk;
- f. Assuring the integration of STI/HIV prevention and care services and interventions through planning and partnership formation;
- g. Assessing the quality and effectiveness of STI/HIV prevention in achieving specific goals and objectives;

The STI/HIV Section contracts more than 78 percent of its annual budget to local health departments, community-based organizations, AIDS service organizations, clinicians, pharmacies, mental health and substance abuse treatment providers, and other organizations or entities like yours to provide prevention, surveillance, evaluation and care, and treatment services.

What You Can Expect as an HIV Prevention Contractor

As an HIV Prevention contractor, you will be working directly with a program consultant and a fiscal monitor from the STI/HIV Section. Please direct your programmatic questions to the program consultant and fiscal-related questions to the fiscal monitor (please access our website for a current list of names and contact information). We understand that sometimes questions cross fiscal and programmatic boundaries. You may contact, or include both your program consultant and fiscal monitor in these instances.

These guidelines, which will provide you with information regarding key contacts, fiscal monitoring, program consultation, reporting, evaluation, assistance, and reimbursement guidance, can be a useful tool. Please familiarize yourself with this resource to maximize the success in delivery of the services that you contracted to provide.

All updates to these guidelines will be posted on the STI/HIV Section Web site (please see Other Useful Resources on page 17). You will be notified when there are updates.

Thank you for your efforts to prevent and reduce the impact of HIV and AIDS in Colorado.

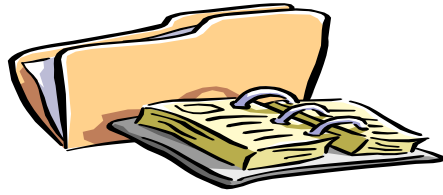
Contacts

Please access the state website for an updated list of staff and contact information.

<http://www.cdphe.state.co.us/dc/HIVandSTD/valuableresources.html>

Topic	Contact Person	Phone	E-mail
Capacity Building Unit <ul style="list-style-type: none"> • Training requests • Technical assistance • Behavioral intervention development, revision, or adaptation • Monthly reports 	Program Consultant	Refer to website for most current information	Refer to website for most current information
Resource Management Unit <ul style="list-style-type: none"> • Contracts • Budgets • Reallocations • Fiscal Reviews 	Fiscal Monitor	Refer to website for most current information	Refer to website for most current information
	Invoice submission	Fax: 303-782-0904	cdphe.dcdstihivrmu@state.co.us
Research and Evaluation Unit <ul style="list-style-type: none"> • Evaluation technical assistance • Formative evaluation • Data collection • Process and outcome monitoring • Data analysis/ reporting 	Unit Staff	Refer to website for most current information	Refer to website for most current information
Care and Treatment Program <ul style="list-style-type: none"> • Linkage to Care • AIDS Drugs Assistance Program 	Program Staff	Refer to website for most current information	Refer to website for most current information
Surveillance Program <ul style="list-style-type: none"> • Epidemiological data 	Program Staff	Refer to website for most current information	Refer to website for most current information
Client-Based Prevention (CBP) <ul style="list-style-type: none"> • Partner Services • Disease Investigation 	Program Staff	Refer to website for most current information	Refer to website for most current information

What To Expect From Your Fiscal Monitor



A fiscal monitor will be assigned to assist you and will be your point of contact for fiscal related concerns with your contract (invoicing, budget issues, budget reallocations or interpreting contract language) and fiscal reviews.

1. Once a new contract is signed, you will be provided with information from your fiscal monitor (as applicable) on contract start dates, invoicing frequency, what forms to complete and how to complete them, and other related issues.
2. You will send your signed reimbursement request to the group email account at cdphe.dcdstihivrmu@state.co.us monthly or via U.S. Postal Service mail or fax. Please note that if you email an invoice it must include the signatory's signature. If you do not have email access, please fax the signed invoice to (303) 782-0904 addressed to "Fiscal Monitor".
3. Your fiscal monitor will review your invoices on a regular basis. He/she will review calculations for accuracy and completeness and verify that the expenses requested for reimbursement are allowable and directly related to the funded project. If there are questions about items on the invoice, your fiscal monitor will contact you for clarification. You may be asked to provide back-up documentation of your invoiced items. If you have questions about funding categories, please contact your fiscal monitor, he/she will provide direction regarding proper completion of invoices.
4. Budget reallocation requests (moving money from one line item category to another, such as from personnel to travel) **greater than 10 percent of the total contract amount** should be sent directly to your fiscal monitor on a budget reallocation form. If you wish to request budget reallocations less than 10 percent of the total contract amount, you may do so via email to your fiscal monitor. For more detail see the Work Plan and Budget Reallocation Section.
5. Your fiscal monitor will conduct at least one fiscal review with you per year. The purpose of these fiscal reviews is to ensure proper use of funds and maintain fiduciary accountability. During this time, your fiscal monitor will meet with you in person for a portion of a day and may request to review attendance sheets, fiscal invoices, back-up documentation, and other documentation as it related to the fulfillment of your contract. Written feedback regarding the fiscal review will be made within 30 calendar days.

What To Expect From Your Program Consultant



Program consultants support community based organizations and local health departments through capacity building activities to maximize and/or improve prevention services to the communities and populations they serve. These services are offered to contracting organizations free of charge and will reinforce the Capacity Building Unit's (CBU) continuing commitment to high-quality, effective, community-based HIV prevention. Your program consultant is your point of contact for anything related to interventions and prevention programming funded by federal funds.

1. Once a new contract is signed, you will be provided with information from your program consultant on reporting systems (monthly reports, important dates, etc.) and other specifics of your intervention.
2. Your program consultant may conduct one site visit per quarter, per program, or more depending on need. During this visit your program consultant may observe the delivery of services, request to review your program curriculum, or talk with you or your staff regarding programmatic issues. The site visit's purpose is to ensure that service delivery is consistent with the program curriculum/contract and to assist agencies in identifying opportunities for capacity building. After a site visit your program consultant will provide a letter documenting the visit, what was observed, what was discussed and any recommendations or follow up needed.
3. Your program consultant will set up a standing monthly teleconference with you to discuss project progress and address any questions. In addition, your program consultant will review your monthly progress reports within ten days of receipt and respond to you promptly with any questions. Your monthly report should be an accurate reflection of the progress your program has made toward the completion of your contract goals, as well as reflect concerns, technical assistance, and other needs that may have been identified that month. The information in these reports is used as an indicator of contract performance and is used by the program consultant to understand and convey program progress to other CDPHE staff. The reports should be received via email attachments (preferred), fax, hand delivery, or U.S. Postal Service mail by your program consultant within 30 calendar days of the reporting period.
4. Your program consultant will provide technical assistance, training and capacity building services, as appropriate.
5. Technical assistance from national capacity building assistance (CBA) providers may be available. Contact your program consultant for assistance.
6. The five core areas of capacity building will be addressed in a bi-annual assessment with your program consultant.

Core Area #1: Organizational Infrastructure, Effectiveness & Sustainability

This area addresses fundamental components of and ongoing support for your agency, as a whole.

Core Area #2: Program Planning

This area addresses the early, preparation stages of an HIV prevention program.

Core Area #3: Program Design & Development

This area addresses the building and/or creation stages an HIV prevention program.

Core Area #4: Program Implementation & Support

This area aids and enhances the on-going work of an HIV prevention program.

Core Area #5: Program Monitoring & Evaluation

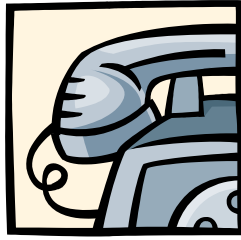
This area addresses the on-going and outcome monitoring/evaluation of an HIV prevention program or agency and how to use that information for growth.

Monthly Progress Reports



Monthly progress reports are **due 30 calendar days after the reporting month** (e.g. May 30 for the April progress report). The reports should be sent to your program consultant via email attachment but may also be sent via fax, hand delivery, or U.S. Postal Service mail. See **Attachment 1** for an example of the **monthly progress report template**. Your program consultant will work with you to customize your monthly report, if desired.

Program Evaluation



Your agency will be assigned an evaluation consultant. The evaluation consultant will conduct one or more site visits per year depending upon specific evaluation needs. During these site visits, topics that may be discussed include data collection issues, technical assistance needs, logic model development, and activities related to outcome monitoring. They provide evaluation-related technical assistance services which may include technical assistance: designing and carrying out formative evaluation activities, designing instruments and procedures for collecting CDC-required Program Evaluation and Monitoring System (PEMS) data (if federally funded), implementing outcome monitoring activities, analyzing and reporting data, and providing other technical assistance.

After your agency's contract with CDPHE is signed, the evaluation consultant will contact you to discuss evaluation activities that are pertinent to your agency's HIV prevention service activities. You will receive a protocol notebook for your site containing updated PEMS data collection templates and detailed documentation describing PEMS variables and their data collection requirements. Your agency will receive reports on a quarterly and annual basis describing progress meeting stated objectives for each funded intervention. Your agency may be contacted to participate in evaluation activities that monitor behavioral changes following participants' completion of a prevention intervention.

All program evaluation questions, including questions about data that agencies collect and submit to document the delivery of funded HIV prevention services, will be addressed by the evaluation consultants. If you are unsure which evaluation consultant has been assigned to your agency, please contact Anne Marlow-Geter at 303-692-2736 or anne.marlow-geter@state.co.us

Data Collection and Submission Requirements

STI/HIV Section staff enters PEMS evaluation data into EvaluationWeb, a web-based data system used to collect, report, and analyze CDC-required National HIV Prevention Program Monitoring and Evaluation (NHME) data. The EvaluationWeb system stores and compiles process evaluation data that describes participants and activities conducted as part of behavioral and other HIV prevention interventions delivered by funded agencies. These data include participant demographics, risk information, session activities, and referrals made as a result of an intervention session. Funded agencies must submit process data to the STI/HIV Section within 30 calendar days after the end of the month in which the session or activity occurred.

The Planning and Evaluation Unit anticipates enrolling some agencies in outcome-monitoring activities in 2011. Specifically, selected agencies will be asked to administer pre- and post-intervention surveys to people participating in certain HIV prevention interventions. Agencies participating in the pilot project will work with evaluation consultants to identify overall goals of the program, target populations, formative evaluation methods if appropriate, intervention focus areas, data collection templates, and data collection, submission, analysis, and reporting protocols.

Contract Monitoring System (CMS)

Each contract is reviewed monthly on five categories and their respective factors (see Attachment 6) in a contract designation meeting that includes the CDPHE program consultants, fiscal monitors and evaluation staff. In these monthly contract reviews, each staff person provides specific input on the categories and the specific factors comprising the categories that apply to their work. The results of the monthly reviews inform the quarterly evaluations. The information included in the four quarterly CMS ratings will be considered in assigning the annual performance rating that will be available for viewing online.

Training, Technical Assistance and Capacity Building



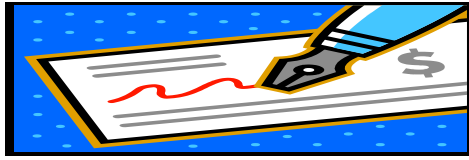
There are many resources available for HIV Prevention contractors to receive technical assistance. This list describes resources currently available:

1. **Capacity Building Unit Trainings** – The STI/HIV Section holds trainings on various topics throughout the year. Trainings are designed to develop and support the skills used in STI/HIV prevention. For a complete list of trainings please visit www.stdhivco.org or www.cdph.state.co.us/dc/HIVandSTD. All trainings are free of charge. Training announcements are usually sent out via email to all contractors.
2. **Capacity Building Assistance (CBA)** – CBA is designed to assist in delivering and sustaining culturally appropriate, scientifically accurate, evidence-based behavioral HIV Prevention interventions/program models and HIV Prevention strategies.

Capacity Building Assistance includes:

- **Technology transfer** – the process by which innovations are diffused among HIV Prevention providers to improve how intervention effectiveness and scientific research is translated into programs and practice.
 - **Technical assistance** – the provision and/or facilitation of culturally relevant and expert programmatic, scientific, and technical advice (mentoring/coaching) and support. Capacity Building Unit members provide assistance to contractors in areas, such as organizational infrastructure development, program implementation, adaptation and tailoring of behavioral interventions.
 - **Training** – curricula development, delivery of curricula and coordination of training activities to increase the knowledge, skills and abilities of trainers, educators and service providers. Training focuses on the delivery of effective HIV Prevention interventions and strategies.
 - **Information dissemination** – distribution and sharing of relevant and current HIV Prevention information (reviewed by peer materials review committees prior to dissemination) through print materials, presentations, Web sites, and mass media.
3. **DEBI (Diffusion of Effective Behavioral Interventions) Trainings** – For a full list of DEBIs and scheduled national training opportunities, please visit www.effectiveinterventions.org.

Reimbursement for Contractual Expenditures (Invoicing)



Contractors are funded through a line item cost reimbursement contract with the state of Colorado. Contractor project expenses will be reimbursed monthly for expenses incurred in the previous month by submitting a Contract Reimbursement Statement, sometimes referred to as an invoice, to the STI/HIV Section fiscal staff. The Contract Reimbursement Statement must include the budget line item, a description of the expenditure, and the amount of funds requested. The state will not reimburse any cost incurred by the contractor prior to the issuance of a legally executed contract, task order, purchase order or other authorized document.

Contract reimbursement requests must be directly related to the project and contained in the approved budget. If there is a need to add or delete staff or goods to or from the budget, a revised budget may be submitted to the fiscal monitor for consideration.

Fiscal Monitoring

Your fiscal monitor will review the requests for payment for accuracy, completeness, how it relates to the funded project, and forward it to the department's accounting office within three business days of receipt, if there are no discrepancies.

Refer to the **Budget Category Form (Attachment 2)** when submitting requests for payments. These categories are being provided to ensure appropriate placement of budget categories and line items. This document also describes what each line item includes.

Please see the **Example Invoice (Attachment 3)** for an example of the request for reimbursement format. An example of a completed invoice follows in **Attachment 3.1**. Under the description section you must include some general information about the costs being invoiced. For example, office supplies: \$36; monthly phone costs: \$50.

You may be asked to submit additional documentation when necessary.

If you need assistance tracking the balance of your contract please contact your fiscal monitor.

All awarded monies must be obligated or spent by the last day of the funding year. Money may not be carried over to the next funding year unless your contract has been extended. This does not include contract renewals.

The contractor shall be paid on the basis of invoices submitted, completion of work related to activities, and submission of required reports and data. CDPHE may elect to withhold payment if contractual obligations are not met.

Where to Send Invoices

The STI/HIV Section requests that you fax your signed invoices to 303-782-0904. You may email a copy of the invoice to cdphe.dcdstihivrmu@state.co.us; however, **the copy must contain the signature of the authorized individual.**

Please put the grant program model name and **full** federal ID number on every request for payment so that they will be routed to the correct monitor. Use of any other name for grant programs can delay processing. If you are requesting the final payment in your contract cycle, please indicate this by marking the box on the invoice under Final Bill section.

Work Plan Revisions and Budget Reallocations



Work Plan Revision

Agencies should make every effort to accurately reflect achievable goals when applying for funds as requested revisions are not guaranteed. Agencies which consistently request revisions in their work plans may jeopardize future funding opportunities with CDPHE.

Changes to work plans are possible in cases where unforeseen circumstances have been encountered that impact stated goals. Your program consultant will be the first point of contact for any work plan revision request. The written request can be sent via email attachment or U.S. Postal Service mail and should include a detailed explanation of why the current plan is not working (discuss barriers, attempts to overcome those barriers) and the proposed change. Clearly indicate the changes to be made and how they will impact staffing, actual prevention programming, timelines, target indicators and evaluation materials such as PEMS. Your program consultant will pass on the work plan revision request to the prevention team (program consultant, evaluation consultant and fiscal monitor) for review and approval/denial. Following the team's review, there may be a need for further clarification/information on proposed changes.

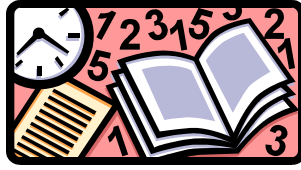
Budget Reallocation

A completed budget reallocation form should be submitted for **budget request changes of more than 10 percent of the total contract budget**. Please direct these to your fiscal monitor for approval. The contractor should provide all information requested on the form. Do not assume that submission of a request means the budget modification is approved. New expenditures should not be made until the reallocation is approved; therefore, the budget should not be changed on the request for payment form until approved by the fiscal monitor. The budget reallocation form is available on the STI/HIV Web site at, <http://www.stdhivco.org/> or www.cdphe.state.co.us/dc/HIVandSTD and is also included as **Attachment 4**.

Budget reallocations must be submitted **45 days prior** to the end of the contractual year. Budget reallocations may be submitted by email with a fax for the signature page, or scanned, to your fiscal monitor.

Please do not make changes to the request for payment until a budget reallocation request has been approved.

Contract Renewals



Most contracts are awarded for multiple years with an annual re-application renewal process. The contracts may be renewed at the discretion of the STI/HIV Section, based on availability of funding, continued need for the service, and adequate performance.

The contractor is responsible for submitting a work plan and budget for the new contractual period upon request, typically four to five months before the start date of the renewal contract. The work plan should include process and outcome objectives. Action steps/activities should be included under each process objective. Once all steps have been completed for the renewal process, an original contract will be forwarded to you for signature. You are not authorized to begin work on the new project until you have received a signed final version of the contract from CDPHE indicating the project start date. You will not be reimbursed for work performed outside of the contractual project period.

Financial Audits

You may be asked to submit a copy of your agency's most recent financial audit during the contract renewal process or as necessary. Please note that if a contractor receives \$500,000 or more in federal funds (may be a combination of several awards), a Circular A-133 audit of the organization's entire budget is required. Audits of any individual funding year are due into this office one year following the grant period. If a contractor receives less than \$500,000 in federal dollars, an audit is not required but may be requested by the STI/HIV Section.

Fiscal Reviews

The STI/HIV fiscal monitors will perform an annual site visit /fiscal review. All records, state or federal, must be maintained for a period of five years.

Material Review for Federal and State Funded Programs



Your contract is funded with state or federal, or both sources of HIV prevention funds. Therefore, two separate review panels must review and approve all educational materials purchased or developed under this contract prior to the materials distribution. For federally funded projects, CDPHE has an HIV Prevention Materials Review Panel comprised of staff members and community volunteers to review submitted materials. The panel reviews materials as needed and the process typically takes 3-4 weeks. Materials developed or used by your agency or a subcontractor include brochures, flyers, posters, video and audio tapes, questionnaires, surveys, curricula or outlines for educational sessions, public service announcements, Web pages, etc. This approval needs to be obtained **prior** to purchasing and/or distribution of any materials.

Materials previously approved by CDPHE HIV Prevention Materials Review Panel or materials developed by Centers for Disease Control and Prevention such as Diffusion of Effective Behavioral Interventions (DEBIs) or educational brochures that have not been adapted, edited, or otherwise revised **do not** need to be reviewed again once approved. If, however, these materials have been adapted or tailored for your intervention or target population, they will need to be reviewed. Please contact your program consultant for guidance.

See **Attachment 5** for a copy of the **HIV Prevention Materials Review Panel** submission form. To submit materials for review please contact your program consultant who can assist you with the process.

For CHAPP (state) funded projects, any item that is to be used or disseminated in conjunction with CHAPP funding that has not been approved by the CHAPP Program Review Panel must be submitted for review with the appropriate form accompanied by **seven copies**. Please submit each un-reviewed item to your assigned program consultant. See **Attachment 6** for the CHAPP project material review form and directions.

Other Useful Resources



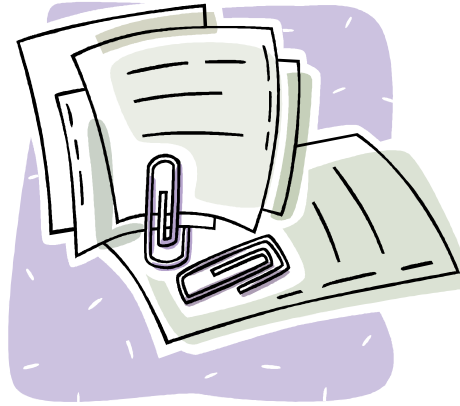
Web sites for CDPHE STI/HIV Section

- CDPHE STI/HIV Section Web site: www.stdhivco.org or www.cdphe.state.co.us/dc/HIVandSTD

Training

- CDPHE Capacity Building Unit trainings: www.peopleware.net/1885b
- Denver Prevention Training Center behavioral and clinical trainings: <http://www.denverptc.org/>
- CDC EBI curricula info, training schedules and fact sheets: <http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm> or www.effectiveinterventions.org

Attachments



Attachment 1 Monthly Progress Report Form

Colorado STI/HIV Prevention Initiatives Monthly Progress Report Form

(Agency Name)

(Program Name)

(Service Month)

(Date Submitted)

(Person(s) Completing Report)

(Funding Source)

Narrative

- 1. Describe/list significant grant-related activities that occurred during the reporting month.**
(For example, these may include staffing changes, dates/locations of services, trainings for staff, overviews of public information, outreach, group and individual level sessions, curricula revisions, administrative changes, etc. that help to document progress in implementing the project)
- 2. What challenges/barriers did you experience while implementing programs/services?**
- 3. Describe how these challenges/barriers were addressed or explain what you will do to overcome them.**
- 4. What additional accomplishments would you like to share?**
(For example, these may include rewards/recognition, integration, linkage, new collaborations, etc.)
- 5. What technical assistance and/or training would be helpful for your agency?**

6. Additional comments or issues?

7. Please explain what steps you have taken to resolve PEMS-related data challenges from previous month.

CDPHE Follow-up Notes:

1.

<p align="center">Colorado STI/HIV Prevention Initiatives Monthly Progress Report Form</p>

Goals & Objectives	A	B	C	Difference (+/-) (Column A) and (Column C)	% Complete Year-to-Date (Column C ÷ Column A x 100)
	Goal Service Delivery (Year- End Totals)	Actual Service Delivery (for Month Reporting)	Totals Year-to-Date (Actual Service Delivery)		

Please explain the circumstances related to any goals/objectives that had:

1. **Limited or no** activity and how do you plan to achieve the goal/objective by the end of the year?

2. **Exceptional** activity:

CDPHE Follow-up Notes:

1.

Colorado STI/HIV Prevention Initiatives Monthly Progress Report Form

Goals & Objectives	<u>Progress Made During Reporting Month</u>	Next Step(s)

Please explain the circumstances related to any goals/objectives that had:

1. **Limited or no** activity and how do you plan to achieve the goal/objective by the end of the year?

2. **Exceptional** activity:

CDPHE Follow-up Notes:

1.

Colorado STI/HIV Prevention Initiatives Monthly Progress Report Form

Completed by CDPHE staff only

Reconciliation of PEMS Data

Information on Service Delivery from (month)

Data Completeness by Intervention	Forms Received	Forms Entered	Unique Clients YTD	Total Contacts YTD	Notes	Agency Action Required

Progress Recorded Towards Objectives	Previous YTD Total	Total-Monthly Report	Total Entered	Total YTD	Notes	Agency Action Required

Attachment 2 Budget Description Categories

Budget Description Categories

These categories and this format are being provided to ensure appropriate placement of budget categories and line items. The descriptions under each are examples of allowable costs but may not be approved/included in every contract. Specific line items and costs are negotiated in your initial contract with any modifications requiring approval. Expenses must occur within the budget period. If you have any questions, please contact your fiscal monitor.

1. Personnel:

This category includes costs for staff paid under the contract that are employees of your agency. Please specify staff names and the percentage of time they are being paid during the invoiced period. This may include administrative, programmatic, evaluation, accounting staff, etc. Reimbursement may only be requested for staff associated with the project.

2. Fringe:

Fringe benefits include costs for taxes, insurance, and benefits for project related employees.

3. Equipment:

Equipment is represented by single items of equipment greater than or equal to a cost of \$5,000 that is directly related to the project. A piece of equipment with a unit cost of less than \$5,000 is considered a supply. Items such as desktop or laptop computers shall not be considered equipment and should be placed in the supply category.

4. Supplies:

This category should include programmatic supplies directly related to the provision of the service including office supplies, pamphlets, posters, video tapes, CDs, condoms, lubricants, computers, software, bleach kits, and general office supplies such as envelopes, or paper, pens, pencils. When completing the invoice, please specify how many supplies and the types of supplies that are being purchased. Be prepared to supply documentation of these expenses.

5. Travel:

This category may include mileage to provide services and costs to attend staff development events related to the approved scope of work, such as workshops. This may include mileage rate, car rental, parking expenses. The mileage rate cannot exceed the established rate for the State of Colorado, which is \$0.45 per mile beginning January 1, 2010. Out-of-state/national travel and conference registrations will be funded on a case-by-case basis (and must be part of the larger intervention(s) delivered by the project). International travel and conference registrations will not be funded.

6. Other:

This category may include items not listed in the above categories such as project related expenses including stipends, incentives, telephone services, room rental, audiovisual equipment rental, maintenance fees, Internet provider services, printing, registration fees, etc.

Please specify the description of items and cost of items when requesting reimbursement (e.g. Internet: \$50/month).

7. Contractual:

This category includes details of any subcontractors as well as funds paid to consultants, outside trainers, maintenance of equipment or for bookkeeping/accounting services that are outsourced rather than provided in-house.

Please specify the sub-contractor name and type of work requesting reimbursement (e.g. ABC Company performing _____ work at 15 hours x \$50/hour).

8. Indirect costs:

The indirect cost rate requested shall be based on the vendor's existing negotiated rate with CDPHE. If a vendor does not have an established negotiated rate with CDPHE, then **the indirect cost rate will be calculated at 10 percent of the requested staff personnel expense, excluding fringe benefit costs.**

This indirect cost rate is applicable to any subcontractor(s) as well. The indirect rate consists of expenses not directly charged to the program, e.g., facility rent/lease, postage, telephone, utilities, etc.

Attachment 3 Reimbursement Request Form (invoice)

Invoice Example- Blank

INVOICE NUMBER:			
REIMBURSEMENT STATEMENT			
TO:	STI/HIV Resource Mangement Unit STD-A3/Attention: Fiscal Monitor 4300 Cherry Creek Drive S., Denver, CO 80246 Cdphe.dcdSTIHIVRMU@state.co.us	FROM:	
FAX:	(303) 782-0904	DATES OF EXPENDITURES: FROM: _____ TO: _____	
PROGRAM MODEL:			
FEDERAL ID NUMBER:			
		Final Bill? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Line Item	Description of Expenditure	Reimbursement Amount Requested	
PERSONNEL			
FRINGE			
EQUIPMENT			
SUPPLIES			
TRAVEL			
OTHER			
CONTRACTUAL			
TOTAL DIRECT		\$0.00	
INDIRECT			
GRAND TOTAL		\$0.00	
This is to certify that the above expenses were incurred per Contract _____ and we are requesting reimbursement for same.			
SIGNATURE (CONTRACTOR):		DATE:	
Print Name:			
I hereby certify that all contract requirements have been met and the amounts are correct. Payment is authorized.			
AUTHORIZED DESIGNEE 1 (STATE):		DATE:	
AUTHORIZED DESIGNEE 2 (STATE):		DATE:	

Attachment 3.1 Example of Completed Reimbursement Request

Example Completed Invoice

INVOICE NUMBER:

REIMBURSEMENT STATEMENT

TO: STI/HIV Resource Mangement Unit
STD-A3/Attention: Fiscal Monitor
4300 Cherry Creek Drive S., Denver, CO 80246
Cdphe.dcdSTIHIVRMU@cdphe.state.co.us

FAX: (303) 782-0904

PROGRAM MODEL: Here to Help You

FEDERAL ID NUMBER: xxxxxx

FROM: Resource Management Unit
4300 Cherry Creek Drive South
Denver CO 80246-1530

DATES OF EXPENDITURES:	Final Bill?
	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
FROM:	5/1/2009
TO:	5/30/2009

Line Item	Description of Expenditure	Reimbursement Amount Requested
PERSONNEL	PLEASE LIST OUT STAFF ON PROJECT (example- M. Snowstorm, X. Superman, P. Wonderwoman)	8500
FRINGE	THIS IS CALCULATED BASED ON YOUR RATE	1200
EQUIPMENT	ENTER, IF APPROPRIATE BASED ON BUDGET NEGOTIATIONS	
SUPPLIES	Office supplies (Paper, pens)	20
TRAVEL	travel to work related meeting M. Snowstorm 20 miles @.50/mile	10
OTHER	Incentives for meeting participants - King Soopers gift cards @ \$5 x 5	25
CONTRACTUAL	Transcription services for May community meeting - @\$50/hr x 1.5 hours	75
TOTAL DIRECT		\$9,830.00
INDIRECT	CALCULATED BASED ON 10% OF PERSONNEL ONLY (OR NEG. RATE)	850
GRAND TOTAL		\$10,680.00

This is to certify that the above expenses were incurred per Contract (contract # PO EPI) and we are requesting reimbursement for same.

SIGNATURE (CONTRACTOR): DATE:

Print Name:

I hereby certify that all contract requirements have been met and the amounts are correct. Payment is authorized.

AUTHORIZED DESIGNEE 1 (STATE): DATE:

AUTHORIZED DESIGNEE 2 (STATE): DATE:

Contracted Agency: _____ **Term:** _____ through _____

Contract number: _____ **Program:** _____

Date Submitted: _____

Line Items	Current Approved Budget	Changed Requested (+/-)	New or Revised Budget
Personnel			\$0.00
Fringe			\$0.00
Supplies			\$0.00
Contract			\$0.00
Travel			\$0.00
Equipment			\$0.00
Other			\$0.00
Indirect			\$0.00
Total w/o incentive	\$0.00	\$0.00	\$0.00

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Attachment 5 HIV Prevention Material Review Form

System Id# _____ Material Review Panel Documentation Form

Name of agency submitting the item for review: _____

Name of contact person: _____

Contacts address: _____

City: _____ State: _____ ZIP _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Date of submittal: _____ Title: _____ Title # _____

Production date _____ Name of producer: _____

Type of material: _____ Target audience: _____

In regard to any item in the table above that has not been approved by the Program Review Panel, you must ship this form accompanied by **seven copies** of each un-reviewed item to your program consultant at DCEED STI /HIV Section, CDPHE, 4300 Cherry Creek Drive South, Denver CO 80246. If it is not feasible to include seven copies (as in the case of a copyrighted video), please submit one copy with an explanation. We will return the items after review if you so request.

By signing below, I assert that this form accurately reflects the status of all written materials, audiovisual material, and pictorials currently used as part of our HIV prevention effort. - I understand that failure to completely and accurately complete this form could be considered a violation of our contract with The Colorado Department of Public Health and Environment and could result in the cancellation of our contract or other penalties.

Printed Name _____

Signature _____

Date _____

To be completed by Program Consultant/Technical Reviewer

Program Consultant (please print) _____

Technical Reviewer (please print) _____

Prior to your review today, this item underwent a technical review by staff of Colorado Department of Public Health and Environment (CDPHE) and the following determinations were made (if checked below):

- ☐ The item accurately uses terms, descriptors, or displays necessary for the intended audience to understand dangerous behaviors and explain less risky practices concerning HIV transmission.
- ☐ The item specifically covers the harmful effects of promiscuous sexual activity and intravenous substance abuse, and the benefits of abstaining from such activities.
- ☐ Though this item does not specifically mention the harmful effects of promiscuous sexual activity or intravenous substance use and the benefits of abstinence, this item is part of an overall program that does address these issues.
- ☐ The intended audience is youth, and the item appears to be guided by the principles contained in "Guidelines for Effective School Health Education to Prevent the Spread of AIDS."

If you, as a review panelist, require more details on how these determinations were made, you may request them from CDPHE prior to approving this item.

In your opinion, are the following statements true of this item you are reviewing?

1. This item encourages, directly, homosexual or heterosexual sexual activity or intravenous substance abuse. (Note:- Merely mentioning behavior is not considered to be "encouraging behavior" so long as the underlying intent is to	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<i>provide accurate information about various means to reduce an individual's risk of exposure to, or the transmission of, HIV).</i>	
2. Given community standards, as you understand them, this item is obscene.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. This item involves an educational session (e.g., a curriculum) in which attendees participate in sexually suggestive physical contact or actual sexual practices.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Material: ☐ Approved, ☐ Not Approved, or ☐ Approved with contingencies listed below:

Panelist Name: _____ Date: _____
(Please Print Clearly)

Panelist Signature: _____

To be completed by Coordinator, Program Review Panel:

Final approval ☐ Yes ☐ No Approval with contingencies ☐ Yes ☐ No Date: _____

Date contingencies received: _____ Verification contingencies were met: _____
Initials

Attachment 6 CHAPP Material Review Form

CHAPP Program Review Panel Documentation Form

Name of agency submitting the item for review: _____

Name of contact person: _____

Contact Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Material Title: _____

Type of material: _____ Target audience: _____

In regard to any item that is to be used or disseminated in conjunction with CHAPP funding that has not been approved by the CHAPP Program Review Panel, you must ship this form accompanied by **seven copies** of each un-reviewed item to your program consultant at DCEED STI /HIV Section, CDPHE, 4300 Cherry Creek Drive South, Denver CO 80246. If it is not feasible to include seven copies (as in the case of a copyrighted video), please submit one copy with an explanation. We will return the items after review if you so request. If the materials you intend to use were previously approved by CDPHE within the past five years, then you do not need to submit them for review (ask your program consultant for a list of previously approved materials).

By signing below, I assert that this form accurately reflects the status of all written materials, audiovisual material, and pictorials currently used as part of our HIV prevention effort. I understand that according to State Board of Health Rules regarding the Colorado HIV and AIDS Prevention Grant Program (CHAPP), prior to implementation, the grantee must provide documentation that HIV prevention messages, images, and materials developed or purchased by the grantee for distribution in the context of the funded prevention activity have been reviewed and approved by an expert panel designated by the Advisory Committee. Review criteria include, but are not limited to, consistency with department policy, medically accurate, and are appropriate and acceptable to the target population.

Printed Name

Signature Date

To be completed by CDPHE and CHAPP Program Review Panel

CDPHE Technical Reviewer /
(please print) Date of receipt

CHAPP Reviewer /
(please print) Date of receipt

A CDPHE technical review has been conducted, and the following determinations were made (if checked below):

- ☐ The item is consistent with Colorado Department of Public Health and Environment Policy.
- ☐ The item is medically accurate.
- ☐ The item is appropriate and acceptable to the targeted risk population for which it was created.

If you, as a CHAPP panelist, require more details on how these determinations were made, you may request them from CDPHE prior to approving this item.

Material: ☐ Approved, ☐ Not Approved, ☐ Conflict of Interest, or ☐ Approved with contingencies listed below:

Panelist Name: _____ Date: _____

Panelist Signature: _____

To be completed by CHAPP Program Coordinator:

Final approval ☐ Yes ☐ No Approval with contingencies ☐ Yes ☐ No Date: _____

Date contingencies received: _____ Verification contingencies were met: _____
Initials

Attachment 7 Contract Monitoring System Definitions and Weights

Prevention Program Contract Monitoring System (CMS) Evaluation Category Definitions and Factors February 19, 2010

Contractor performance will be evaluated on quality, timeliness, price/budget, business relations/customer service, and deliverables/requirements. Each evaluation category is defined and assigned an overall weight. Each evaluation category is further broken down into factors that have been assigned a point value. The total number of points will determine the overall rating, below standard, standard and above standard, as depicted in the table below.

CMS Contractor Performance Designation	Overall Score
Below Standard	≤62 Points
Standard	63 to 89 Points
Above Standard	≥90 Points

Quality (25 possible points): The contractor achieved desired outcomes with a minimum of avoidable errors and problems. Work met the requirements, expectations or desired outcomes as set forth in the contract/scope of work. The work was accurate and complete. The work was done in an efficient manner.

Factors:

- The contractor complied with the terms and conditions of the contract/scope of work. (5 points)
- The contractor delivered services in compliance with recommended/required standards of practice and guidelines. (5 points)
- The service was delivered with fidelity to a written curriculum and/or in accordance with written policies and procedures. - If written curriculum or policies and procedures were not available, the contractor made a good faith effort to develop the curriculum and/or policies and procedures. (5 points)
- The contractor ensured that qualified and properly trained personnel delivered services. (5 points)
- Services delivered by the contractor were of such high quality that they served as models of excellence for other contractors providing similar services. (5 points)

Timeliness (15 possible points): The contractor performs work within the time frames identified/specified in the contract/scope of work and keeps the project on schedule.

Factors

- The contractor delivered products, services, data, reports, plans, by dates specified in contracts and other guiding documents. (5 points)
- The contractor responded to requests for information or assistance in a timely manner. (5 points)

- c. The contractor consistently delivered high quality services, data, and products before dates specified in contracts or other guiding documents. (5 points)

Price/Budget (20 possible points): The contractor effectively manages costs and the value of the product and/or services received supported the costs. The contractor adhered to budget as specified in the contract/scope of work.

Factors:

- a. The contractor's invoices were accurate with a low number of variances from budgeted items. (3 points)
- b. The contractor's representative(s) attempted to resolve problems in a timely manner and followed up with a status report. (3 points)-business relations-
- c. The contractor maintained complete and accurate information to justify invoice requests. (3 points)
- d. Invoiced items were reflective of allowable budget items as found in the contract, scope of work, or proposal. (3 points)
- e. The contractor delivered invoices by dates specified in contracts and other guiding documents. (3 points)-timeliness-
- f. The contractor implemented a fiscal tracking and monitoring system that could serve as models for other contractors. (5 points)

Business Relations (10 possible points): The degree to which the contractor is professional and respectful in its business approach and interactions with CDPHE.

Factors:

- a. The contractor's representative(s) was courteous, cooperative, and professional in all communications. (2 points)
- b. The contractor's representative(s) attempted to resolve problems in a timely manner and followed up with a status report. (2 points)
- c. The contractor kept the STI/HIV Section informed of circumstances that might negatively affect service delivery or product development. (2 points)
- d. The contractor was recognized for superior customer service or went to extraordinary lengths to meet customers' needs. (4 points)

Deliverables (30 possible points): The degree to which the contractor is compliant in meeting the standards of contract requirements and deliverables.

Factors:

- a. Submitted deliverables (e.g., progress reports, curricula, software, etc.) were complete, and accurate and submitted using the correct format. (8 points)
- b. The contractor collected and submitted clear, accurate, and complete data that documented service delivery. (PEMS, CTRNet entries or OMNI data shells) (8 points)
- c. Deliverables met the specifications described in the contract/scope of work. (8 points)
- d. The contractor's deliverable(s) significantly enhanced or improved the funded STI/HIV prevention system. (6 points)