

# Office of Minority Health Resource Center

## Regional Resource & Training Center Award Application

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### Funding Title

Office of Minority Health Resource Center (OMHRC)  
Pacific Regional Resource & Training Center Award

### Funding Source

Minority AIDS Initiative

### Award Amount

\$80,000

### Application Deadline

Tuesday, August 31, 2012, 5 pm PST

### Project Period

September 1, 2012 – August 31, 2013

Funds may be utilized within any given month during the project period, or the project may be implemented over the entire project period. Upon completion, a final report must be submitted to the Office of Minority Health Resource Center. The format for the final report will be forwarded shortly after receipt of the award letter.

### Background

The Pacific Project is a capacity building, training, and technical assistance project of the OMHRC, funded by the Minority AIDS Initiative. The Pacific Project aims to improve coordination between health providers, increase the number of community partnerships in addressing HIV/AIDS, and increase the collaboration efforts and information sharing between agencies and organizations within the U.S. Associated Pacific Island Jurisdictions (USAPIs).

OMHRC was established by the U.S. Department of Health and Human Services, Office of Minority Health in 1987. OMHRC serves as a national resource and referral service on minority health issues. The center collects and distributes information on a wide variety of health topics, including substance abuse, cancer, heart disease, violence, diabetes, HIV/AIDS and infant mortality. OMHRC also facilitates the exchange of information on minority health issues.

### Summary and Purpose

The project goal is to fund a Pacific Regional Resource & Training Center, which will provide information and training on HIV/AIDS, Sexually Transmitted Diseases (STDs) and Tuberculosis (TB).

The specific objectives of this announcement are to:

- Collect information on HIV/AIDS, STDs, and TB in the USAPIs
- Disseminate information on HIV/AIDS, STDs, and TB in the USAPIs
- Provide trainings on HIV/AIDS, STDs, and TB in the USAPIs
- Develop a Pacific Regional Capacity Building Program

The area for this particular announcement is limited to the U.S. Associated Pacific Islands (American Samoa, Commonwealth of Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Marshall Islands and the Republic of Palau).

### Funding Availability

Only 1 Resource Center Award will be made during this fiscal year. Funds awarded are to establish a Pacific Regional Resource and Training Center located within the USAPIs.

### Eligibility Requirements

Only non-profit/non-governmental agencies located in the U.S. Associated Pacific Territories and Freely Associated States are eligible to apply: American Samoa, Commonwealth of the Northern Mariana Islands, Federated States of Micronesia, Guam, Republic of Marshall Islands and the Republic of Palau.

To be eligible for the Regional Resource and Training Center Award, agencies:

1. Must have been in existence for longer than 6 months;

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2. Must possess an agency-specific 501(c)3 federal tax status and/or state/country incorporation for these organizations in the Freely Associated States (Applicant name and 501(c)3 agency name must be the same);
3. Must currently provide HIV/AIDS services to the USAPIs;
4. Provide at least 3 letters of support from Health Departments, Health Ministries, or other community health organizations with at least 2 located in another Pacific Island jurisdiction from your own.

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### Application Review

#### 1. Criteria

The technical review of the Pacific Regional Resource & Training Center applications will consider the following four generic factors listed, in descending order of weight:

- A. Factor 1: Background and Need (20%)
- Demonstrated knowledge of the problem at the local and regional level.
  - Significance and prevalence of HIV/STD/TB in the Pacific region
  - Extent to which the applicant demonstrates access to the target community(ies), and whether it is well positioned and accepted within the community(ies) to be served.
  - Extent and documented outcome of past efforts and activities with the target population.
- B. Factor 2: Program Proposal (35%)
- Appropriateness and merit of proposed approach and specific activities for each objective.
  - The degree to which the project design, proposed activities and products to be developed are culturally appropriate.
  - Logic and sequencing of the planned approaches as they relate to the statement of need and to the objectives.
  - Soundness of the established partnership and roles of partnership members in the program.
  - Degree to which the objectives are stated in measurable terms.
  - Attainability of the objectives in the stated time frames.
- C. Factor 3: Evaluation (25%)
- The degree to which expected results are appropriate for objectives and activities.
  - Appropriateness of the proposed data collection plan (including demographic data to be collected on project participants), analysis and reporting procedures.
- Suitability of process, outcome, and impact measures.
  - Potential for the proposed project to impact the HIV/STD/TB health status of the Pacific Jurisdiction populations.
  - Soundness of the plan to disseminate project results.
- D. Factor 4: Capacity Building and Sustainability (20%)
- Extent to which the applicant demonstrates ability to build capacity for the Pacific Region
  - Degree to which agency has plans to sustain operation after the one time Regional Resource and Training Center Award has been awarded

#### 2. Review and Selection Process

Accepted applications will be reviewed for technical merit. Applications will be evaluated by an external Review Committee. Committee members are chosen for their expertise in minority health and their understanding of HIV/STD/TB.

### Application and Submission Information

#### 1. List Contact Information

Provide name of agency, name of executive director/board of directors, agency address, phone number, fax number, e-mail address and Web site. If the contact person is different than the executive director, list that person's name and contact information.

#### 2. Background (3 pages maximum)

State your agency's mission, describe your agency's organizational history and outline your agency's services delivered.

#### 3. Need (3 pages maximum)

Explain the justification for the Regional Resource & Training Center proposal. Please note that, funds may NOT be used for the following purposes:

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support grant writing or support needle exchange programs.

#### 4. **Proposal** (6 pages maximum)

Describe the proposed program or project. Describe the project goals, objectives, and program plan.

#### 5. **Capacity Building** (1 page maximum)

Discuss how your HIV/AIDS project will help to build capacity for your agency to provide HIV/AIDS services to your target populations.

#### 6. **Sustainability** (1 page maximum)

Discuss how your agency plans to sustain operation after the one time Regional Resource & Training Center has been awarded.

#### 7. **Monitoring and Evaluations** (2 pages maximum)

Describe how this Regional Resource & Training Center Award will be monitored and evaluated.

#### 8. **Timeline**

Submit a timeline for your proposed Regional Resource & Training Center project. Your agency has up to August 31, 2013, to complete the project. State all activities associated with your Regional Resource & Training Center project on a monthly basis. If the duration of your project is shorter than one year, submit a timeline for that particular time period.

#### 9. **Budgets**

Submit a line item budget attachment for your proposed project. Include a budget narrative, which describes the necessity, reasonableness, and allocation of the proposed costs. Also, submit an overall agency budget describing your most recent fiscal year. Federal funds cannot be used for food or refreshments.

#### 10. **Accompanying Documents**

Attach a copy of the Internal Revenue Service (IRS) letter documenting applicant agency holding the 501(c)3 federal tax status. Or attach a copy of your

state or country Letter of Incorporation. Also include a copy of the agency's annual operating budget.

#### 11. **Affirmative Statements Regarding Eligibility**

Please state affirmatively that you meet all eligibility requirements on Page 1 under eligibility.

#### **Application Instructions**

- Completely fill out Agency Contact
- Sign Certification to be mailed to the address below
- Attachments
  - o Copy of 501(c)3 federal tax status OR
  - o Copy of your State or Country Letter of Incorporation
  - o Copy of your agency's annual operating budget
  - o Copy of relevant staffs' resumes
  - o 3 Letters of Support
- E-mail completed and signed application to [hocampo@minorityhealth.hhs.gov](mailto:hocampo@minorityhealth.hhs.gov)

#### **Contact Information:**

Henry Ocampo  
Senior Program Analyst  
Office of Minority Health Resource Center  
35111 F Newark Blvd., #256  
Newark, CA 94560  
USA  
510-797-7682  
301-251-2160 Fax  
E-mail: [hocampo@minorityhealth.hhs.gov](mailto:hocampo@minorityhealth.hhs.gov)

#### **Report Dates:**

In accepting the Regional Resource & Training Center Award, applicant organization agrees to provide Quarterly Progress Reports and Final Report to OMHRC. Report forms and due dates will be provided with award letter.

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### Agency Contact

|                             |  |
|-----------------------------|--|
| Date:                       |  |
| Pacific Island Jurisdiction |  |
| Contact Name:               |  |
| Job Title:                  |  |
| Agency Name:                |  |
| Mailing Address:            |  |
| Work phone:                 |  |
| Fax:                        |  |
| E-mail Address:             |  |
| Web site:                   |  |

Would you like to receive information via email? Yes  No

|                           |  |
|---------------------------|--|
| Board President Name::    |  |
| Executive Director Name:: |  |
| Financial Officer Name    |  |

|  |  |
|--|--|
| When was the organization founded? (please enter month and year) |  |
| Does the agency have a 501(c) 3 status?                          |  |
| Does the agency have a Letter of Incorporation?                  |  |
| What is the agency's Employer Identification Number (EIN)?       |  |
| What is the agency's current HIV/ AIDS budget?                   |  |
| What is the agency's current annual operating budget?            |  |
| Does the agency currently receive funding from OMH?              |  |

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**BOARD OF DIRECTORS** – Please list the current Board of Directors for your agency

| Position | Name |
|----------|------|
|          |      |
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### CERTIFICATION

The information contained in this application, including all attachments and support materials, is true and accurate to the best of my knowledge. I understand that if I am awarded and accept the Regional Resource and Training Center Award that my acceptance of the award requires a commitment to complete the project as stated in the application and to abide by the administrative requirements set by Office of Minority Health Resource Center.

Print Name of Official: \_\_\_\_\_

Signature of Official: \_\_\_\_\_

Date: \_\_\_\_\_

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**BACKGROUND (3 pages maximum)**

Agency Mission:

|                 |  |
|-----------------|--|
| Agency Mission: |  |
|-----------------|--|

Agency Organizational History:

|                                |  |
|--------------------------------|--|
| Agency Organizational History: |  |
|--------------------------------|--|

Agency's capacity to implement the program:

|   |  |
|---|--|
| Agency's capacity to implement the program: |  |
|---|--|

Outline of current services delivered:

|  |  |
|--|--|
| Outline of current services delivered: |  |
|--|--|

**NEED:** Explain the justification for the proposed Regional Resource & Training Center project in your community, and identify the target ethnic or racial minority population to benefit from your proposed project. Please note that, funds may **NOT** be used for the following purposes: support grant writing or support needle exchange programs. **(3 pages maximum)**

|      |  |
|------|--|
| Need |  |
|------|--|

**PROPOSAL:** Describe the proposed program of the project. Describe the project goals, objectives, and the program plan. Address both information dissemination of HIV/STD/TB, as well as, providing trainings on HIV/STD/TB in the USAPIs. State each goal and objective in measurable terms. The specific objectives of this announcement are to:

- Collect information on HIV/AIDS, STDs, and TB in the USAPIs
- Disseminate information on HIV/AIDS, STDs, and TB in the USAPIs.
- Provide trainings on HIV/AIDS, STDs, and TB in the USAPIs
- Develop a Pacific Regional Capacity Building Program

**(6 pages maximum)**

|           |  |
|-----------|--|
| Proposal: |  |
|-----------|--|

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**CAPACITY BUILDING:** Discuss how your Regional Resource & Training Center proposal will help to build capacity for the Pacific Region to provide HIV/STD/TB services. **(1 page maximum)**

|                    |  |
|--------------------|--|
| Capacity Building: |  |
|--------------------|--|

**SUSTAINABILITY:** Discuss how your agency plans to sustain operation after the one time Regional Resource and Training Center Award has been awarded. **(1 page maximum)**

|                |  |
|----------------|--|
| Sustainability |  |
|----------------|--|

**MONITORING and EVALUATION:** Describe how this Regional Resource and Training Center Award will be monitored and evaluated. In addressing the evaluation of results, state how you will determine the extent to which the accomplishment of objectives can be attributed to the program. Discuss the criteria to be used to evaluate results and successes; explain the methodology that will be used to determine if the needs identified and discussed are being met and if the results and benefits identified are being achieved. Define the procedures you will employ to determine whether the program is being conducted in a manner consistent with the plan you presented and discuss the impact of the program's various activities upon the program's effectiveness. Please refer to the measurable objectives as stated in the proposal section to be the basis of the evaluation. **(2 pages maximum)**

|                             |  |
|-----------------------------|--|
| Monitoring and Evaluations: |  |
|-----------------------------|--|

**TIMELINE:** Submit a timeline for your Regional Resource & Training Center proposal. Your agency has up to August 31, 2013, to complete the project. State all activities associated with your proposal on a **monthly** basis. If the duration of your project is shorter than one year submit a timeline for that particular time period.

|          |  |
|----------|--|
| Timeline |  |
|----------|--|

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**BUDGET:** Submit a line item budget attachment for your proposal. Also, submit an overall agency budget describing your most recent fiscal year.

| Sample Budget  | Proposed Budget                            |
|--|--|
| <p><b>Personnel</b></p> <p>Graphics Designer           \$3,000<br/>           Translation Services       \$2,000</p> <p><b>Supplies</b></p> <p>Printing Costs               \$6,000<br/>           Radio/TV/Newspaper time   \$3,000</p> <p><b>Community Incentives</b>    \$1,500</p> <p>Incentives for community members to participate in focus group</p> <p>\$30 per person x 10 people = \$300</p><br><p>Incentives for models to be campaign</p> <p>\$50 per person x 5 people = \$250</p> <p style="text-align: right;"><b>TOTAL \$14,550</b></p> | This area is currently blank in the sample |

**BUDGET NARRATIVE:** Provide a narrative budget justification, which describes how the categorical costs are derived. Discuss the necessity, reasonableness, and allocation of the proposed costs. Only the direct costs requested in this application need to be justified. Describe the specific functions of the personnel, consultants, and collaborators. Explain and justify any unusual items such as major equipment, foreign travel, alterations, and renovations.

|                  |  |
|------------------|--|
| Budget Narrative |  |
|------------------|--|

**BUDGET:** Submit an overall agency budget describing your most recent fiscal year.

|        |  |
|--------|--|
| Budget |  |
|--------|--|

Regional