PS11-1113

Human Immunodeficiency Virus (HIV) Prevention Projects for YMSM of color and YTG persons of color

ATTACHMENT XIV: PROPOSED TARGET POPULATION WORKSHEET

AGENCY CONTACT INFORMATION:

DUNS Number:		**EIN Number:**			
Agency Name:					
Mailing Address:					
City:		**State/Province:**		**Zip Code:**	
Agency Website:					
Executive Director:		**E-mail:**			
Phone:	**Ext:**	**Fax:**			
Board President/Chair		**E-mail:**			
Phone:	**Ext:**	**Fax:**			
Is your agency a Faith-based Organization?	☐ Yes ☐ No				

NOTE: A faith-based agency is a non-government agency owned by religiously affiliated entities such as (1) individual churches, synagogues, temples, or other places of worship; or (2) a network or coalition of churches, mosques, synagogues, temples, or other places of worship.

Category Applying Under: *(Select the category for which you intend to apply. (Applicants may apply for Category A and/or B).*	☐ **Category A:** HIV prevention services for high risk Young Men of color Who Have Sex with Men (YMSM of color) and their partners regardless of age, gender, or race/ethnicity.	☐ **Category B:** HIV prevention services for high risk Young Transgender (YTG) persons of color and their partners regardless of age, gender, or race/ethnicity.

PURPOSE: The purpose of this worksheet is for the applicant to provide the ESTIMATED NUMBER of clients the agency intends to serve for **Year 1 (future), if selected for funding**.

Target Population:

If you are selected for funding, what is the Primary Target Population that you plan to serve under PS11-1113? Please list by ethnicity, race, targeted risk behavior, gender, age, and HIV status.

Description of Primary Target Population:
Examples: Hispanic, *White, IDU, Men, 18-24, who are HIV+* ***OR***
Non-Hispanic, Black, Heterosexual, Women,25-34 who are HIV-

Ethnicity	Race	Risk Behavior	Gender	Age Group	HIV Status
☐ Hispanic/Latino ☐ Non-Hispanic	☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ Legacy Asian/Pacific Islander ☐ White ☐ Multi-race ☐ Unknown ☐ Other (specify): _____	☐ Heterosexual ☐ Men who have sex with men (MSM) ☐ Intravenous Drug Use (IDU) ☐ IDU/MSM ☐ IDU/ Heterosexual ☐ Non-IDU Drug Use ☐ Other (specify): _____	☐ Male ☐ Female Transgender ☐ M>F ☐ F>M	☐ 13-17 years ☐ 18-29 years	☐ Negative ☐ Positive ☐ Unknown

Proposed Program Model(s):

If you are selected for funding, what Program Models are you proposing to implement? Select a maximum of one program model per category.

Risk Reduction Interventions and Services:

For High-Risk Negative Individuals only	For HIV Positive Individuals only	For High-Risk Negative and HIV Positive Individuals
☐ Community PROMISE ☐ d-up: Defend Yourself! ☐ Many Men, Many Voices (3MV) ☐ MPowerment ☐ Popular Opinion Leader (POL) ☐ Sisters Informing Sisters on Topics about AIDS (SISTA) (for YTG only)	☐ Healthy Relationships ☐ Partnership for Health (PfH) ☐ Willow (for YTG only)	☐ Comprehensive Risk Counseling Services (CRCS) with CLEAR ☐ Theory-based, Locally-Developed Intervention

HIV Testing:

☐ Enhanced HIV Testing
- ☐ Personalized Cognitive Counseling (PCC)
- ☐ Other: _____

Public Health Strategy:

☐ Counseling, Testing and Referral Services (CTR)

If CTR, what type of testing do you provide:
- ☐ Conventional (blood)
- ☐ Rapid Testing
- ☐ Not Applicable

If Rapid Testing, what brands do you use:
- ☐ UniGold
- ☐ OraQuick
- ☐ OraSure
- ☐ Clearview Stat Pack
- ☐ Other _____
- ☐ Not Applicable

Instructions: Please provide the ESTIMATED NUMBER of clients the agency intends to serve for **Year 1 (future), if selected for funding**. Complete the data tables below illustrating your agency's specific target population for **Year 1 (future)**, broken out by ethnicity, race, risk behavior, gender age group and HIV status. Please identify at least **one** full target population **for each program model**, you plan to serve under this funding. Complete one row for each distinct population group.

***NOTE:** Do NOT use PERCENTAGES when providing your client level data. Please only use whole numbers.

Within each row, **check only one box within each column subheading** to identify one complete target population (e.g., Non-Hispanic, Black/African American, IDU/Heterosexuals, Female, 35-44 years, HIV negative). In addition, in the final column of that row you will type in the total number of clients within **this population** that you will plan to serve for Year 1 (future) of your project.

Example: MPowerment, targeting 25 African American Males, with a risk of IDU/Heterosexuals, and of negative HIV serostatus between the ages of 35-44.

Program Model Name : MPowerment

Proposed Budget Amount for Program Model #1: $100,000

	Ethnicity (Select only one)	Race (Select only one)	Risk Behavior (Select only one)	Gender (Select only one)	Age Group (Select only one)	HIV Status (Select only one)	Number of Clients (Do not use percentages)
1.	☐ Hispanic/Latino ☒ **Non-Hispanic**	☐ American Indian/Alaskan Native ☐ Asian ☒ **Black/African American** ☐ Native Hawaiian/Pacific Islander ☐ Legacy Asian/Pacific Islander ☐ White ☐ Multi-race ☐ Unknown ☐ Other (specify):_____	☐ Heterosexual ☐ Men who have sex with men (MSM) ☐ Intravenous Drug Use (IDU) ☐ IDU/MSM ☒ **IDU/ Heterosexual** ☐ Non-IDU Drug Use ☐ Other (specify):_____	☒ Male ☐ **Female** Transgender ☐ M>F ☐ F>M	☐ 17 & under (Youth) ☐ 18-24 years ☐ 25-34 years ☒ **35-44 years** ☐ 45+ years	☐ Negative ☐ Positive ☒ **Unknown**	**25**

Program Model #1

Program Model Name (e.g., MPowerment, CRCS): _____
Proposed Budget Amount for Program Model #1: $_____

	Ethnicity (Select only one)	Race (Select only one)	Risk Behavior (Select only one)	Gender (Select only one)	Age Group (Select only one)	HIV Status (Select only one)	Number (Do not use percentages)
1.	☐ Hispanic/Latino ☐ Non-Hispanic	☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ Legacy Asian/Pacific Islander ☐ White ☐ Multi-race ☐ Unknown ☐ Other (specify):_____	☐ Heterosexual ☐ Men who have sex with men (MSM) ☐ Intravenous Drug Use (IDU) ☐ IDU/MSM ☐ IDU/ Heterosexual ☐ Non-IDU Drug Use ☐ Other (specify):_____	☐ Male ☐ Female Transgender ☐ M>F ☐ F>M	☐ 13-17 years ☐ 18-24 years ☐ 25-34 years ☐ 35-44 years ☐ 45+ years	☐ Negative ☐ Positive ☐ Unknown	
	Ethnicity (Select only one)	**Race (Select only one)**	**Risk Behavior (Select only one)**	**Gender (Select only one)**	**Age Group (Select only one)**	**HIV Status (Select only one)**	**Number (Do not use percentages)**
2.	☐ Hispanic/Latino ☐ Non-Hispanic	☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ Legacy Asian/Pacific Islander ☐ White ☐ Multi-race ☐ Unknown	☐ Heterosexual ☐ Men who have sex with men (MSM) ☐ Intravenous Drug Use (IDU) ☐ IDU/MSM ☐ IDU/ Heterosexual ☐ Non-IDU Drug Use ☐ Other (specify):_____	☐ Male ☐ Female Transgender ☐ M>F ☐ F>M	☐ 13-17 years ☐ 18-29 years ☐ 30-34 years ☐ 35-44 years ☐ 45+ years	☐ Negative ☐ Positive ☐ Unknown	

		☐ Other (specify):_____					

Program Model #2

Program Model Name (e.g., MPowerment, CRCS): _____
Proposed Budget Amount for Program Model #1: $_____

	Ethnicity (Select only one)	Race (Select only one)	Risk Behavior (Select only one)	Gender (Select only one)	Age Group (Select only one)	HIV Status (Select only one)	Number (Do not use percentages)
1.	☐ Hispanic/Latino ☐ Non-Hispanic	☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander ☐ Legacy Asian/Pacific Islander ☐ White ☐ Multi-race ☐ Unknown ☐ Other (specify):_____	☐ Heterosexual ☐ Men who have sex with men (MSM) ☐ Intravenous Drug Use (IDU) ☐ IDU/MSM ☐ IDU/ Heterosexual ☐ Non-IDU Drug Use ☐ Other (specify):_____	☐ Male ☐ Female Transgender ☐ M>F ☐ F>M	☐ 13-17 years ☐ 18-29 years ☐ 30-34 years ☐ 35-44 years ☐ 45+ years	☐ Negative ☐ Positive ☐ Unknown	
	Ethnicity (Select only one)	**Race (Select only one)**	**Risk Behavior (Select only one)**	**Gender (Select only one)**	**Age Group (Select only one)**	**HIV Status (Select only one)**	**Number (Do not use percentages)**
2.	☐ Hispanic/Latino ☐ Non-Hispanic	☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Pacific Islander	☐ Heterosexual ☐ Men who have sex with men (MSM) ☐ Intravenous Drug Use (IDU) ☐ IDU/MSM ☐ IDU/ Heterosexual	☐ Male ☐ Female Transgender ☐ M>F ☐ F>M	☐ 13-17 years ☐ 18-29 years ☐ 30-34 years ☐ 35-44 years ☐ 45+ years	☐ Negative ☐ Positive ☐ Unknown	

		☐ Legacy Asian/Pacific Islander ☐ White ☐ Multi-race ☐ Unknown ☐ Other (specify):_____	☐ Non-IDU Drug Use ☐ Other (specify):_____				