PS11-1113

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

Attachment XIII: Historical Data Table

AGENCY CONTACT INFORMATION:	
DUNS Number:	
EIN Number:	
Agency Name:	
Mailing Address:	
City:	
State/Province:	
Zip Code:	
Agency Website:	
Executive Director:	
E-mail:	
Phone:	
Fax:	
Board President/Chair:	
E-mail:	
Phone:	
Fax:	

Is your agency a Faith-based Organization? 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.	☐ Yes ☐ No

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.	
Target Population: *Must have provided HIV prevention or care services to the target population in accordance with the specific requirements for Category A and/or B: for the past 24 months).*	American Indian/Alaskan Native: Asian: Black/African American: Native Hawaiian/Pacific Islander: Legacy Asian/Pacific Islander: Multi-race: Unknown: Other (specify) : Other (specify) : **TOTAL Percentage of clients served:** _____	Heterosexual: MSM: Intravenous Drug Use (IDU): IDU/MSM: IDU/ Heterosexual: Non-IDU Drug Use: Other (specify) : Other (specify) : **TOTAL Percentage of clients served:** _____	
Type of Data: The data and information used to report the Organization's <u>previous/past</u> experience is based on: (Select ONE)	☐ Combined data from All programs in the organization (Overall)	☐ Data from a single program within the organization (Single Program) Program Name: _____ Service Type (e.g., GLI, CTR): _____	

PURPOSE: The purpose of this worksheet is for the applicant to provide client-level data to support their HIV prevention experience serving the target population over the past 24 months.

Target Population:

What is the **Primary Target Population** that your agency has served for the past 24 months? Please list by ethnicity, race, targeted risk behavior, gender, age, and HIV status.

Description of Primary Target Population:

Examples: *White, IDU, Men, 18-29, who are HIV+* ***or*** *Non-Hispanic, Black, Heterosexual, Women,30-34 who are HIV-*

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)
☐ 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

Past Program Model(s): Select the **program models** (e.g., POL and CTR) that you have experience implementing.

Effective Behavioral Interventions (EBIs):

☐ CLEAR
☐ Community PROMISE
☐ CONNECT
☐ D-UP
☐ Focus on Youth +ImPACT
☐ Healthy Relationships
☐ Many Men, Many Voices (3MV)
☐ Modelo de Intervención Psicomédica (MIP)
☐ Mpowerment
☐ Nia
☐ Partnership for Health (PfH)
☐ Popular Opinion Leader (POL)
☐ Real AIDS Prevention Project (RAPP)
☐ RESPECT
☐ Safety Counts
☐ Self-Help in Eliminating Life-Threate Disease (SHIELD)
☐ SiHLE
☐ Sisters Informing Sisters on Topics about AIDS (SISTA)
☐ Sister to Sister
☐ START
☐ Street Smart
☐ VOICES/VOCES
☐ WILLOW

Health Education Risk Reduction (HERR) Activity:
☐ Comprehensive Risk Counseling Services (CRCS)

Public Health Strategy (PHS):
☐ 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

If your agency has prior experience implementing PHS, how long has your agency been implementing the PHS? _____

What is your organization's HIV seropositivity rate for the past 24 months? _____
Ex: *Example of Seropositivity Rate Calculation: 900 OraQuick rapid tests were conducted, and 11 tests were newly-identified clients testing positive, then the seropositivity rate would equal 1.2%* ***(11/900 = 0.012 x 100 = 1.2%).***

Instructions: Please provide the ACTUAL NUMBER of clients the agency has served for the **past 24 months**. Complete the data tables below illustrating the agency's previous experience with the specific target population for that time period, broken out by ethnicity, race, risk behavior, gender, and age group and HIV status. **Please list the top 6 target populations you have served.**

***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** you served for the **past 24 months**. Please refer to the example below.

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

	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)
Ex:	☐ 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**	**25**

	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	☐ 13-17 years ☐ 18-29 years ☐ 30-34 years ☐ 35-44 years ☐ 45+ years	☐ Negative ☐ Positive ☐ Unknown	
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 ☐ 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	
3.	☐ Hispanic/Latino ☐ Non-Hispanic	☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African	☐ Heterosexual ☐ Men who have sex with men (MSM) ☐ Intravenous Drug Use (IDU)	☐ Male ☐ Female Transgender ☐ M>F ☐ F>M	☐ 13-17 years ☐ 18-29 years ☐ 30-34 years ☐ 35-44 years ☐ 45+ years	☐ Negative ☐ Positive ☐ Unknown	

		American ☐ Native Hawaiian/Pacific Islander ☐ Legacy Asian/Pacific Islander ☐ White ☐ Multi-race ☐ Unknown ☐ Other (specify):_____	☐ IDU/MSM ☐ IDU/ Heterosexual ☐ Non-IDU Drug Use ☐ Other (specify):_____				
4.	☐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	
5.	☐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):_____					
6.	☐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	☐ 13-17years ☐ 18-29 years ☐ 30-34 years ☐ 35-44 years ☐ 45+ years	☐ Negative ☐ Positive ☐ Unknown	

TOTAL NUMBER OF CLIENTS SERVED:	
This number is the <u>combined total number</u> (<u>all</u> races, ethnicities, age groups and risk categories) of clients your agency served for HIV prevention services over the <u>past</u> **24 months**: ➔ ➔	**Total Clients Served** _____