I Summary

The DHSTS announces the availability of state fiscal year 2020 funds for improving Sexually Transmitted Disease (STD) services for New Jersey. Applicants are able to request 1) Disease Intervention Specialist (DIS) staff to conduct disease investigation and intervention activities, also known as Partner Services AND/OR 2) request funds to provide statewide safety net coverage of STD testing for women under 30 years of age that do not have insurance or other means to obtain STD testing. For DIS only services, based on anticipated availability of funds, DHSTS expects 8-10 awards with an average award of approximately $64,000, with a maximum award of approximately $105,000 if applying to serve high STD morbidity and/or entire counties/multiple municipalities. Statewide safety net STD screening funding is only for Chlamydia, Gonorrhea, and Syphilis testing. DHSTS anticipants 1 award with an approximate maximum award of $350,000 (anticipated to provide ~25,000 tests annually to uninsured women under 30 years of age).

Applicants requesting DIS staff and proposing to provide services to multiple jurisdictions/areas through partnerships or agreements with other entities, as specified in their applications will be given preference. Except for statewide safety net coverage of STD testing, no other clinical services are eligible under this grant. The funding period is for one year, and continuation is based on continued availability of funds and year-to-year performance.

II Overview

Purpose

The purpose of this RFA is to increase STD disease investigation and intervention, also known as Partner Services, in all New Jersey counties and jurisdictions and ensure access to STD testing across the state. The purpose of Partner Services is to rapidly identify individuals who are unknowingly infected, assure timely treatment, and stop STD transmission and prevent adverse sequelae. While DIS currently focus on syphilis activities, the grantor reserves the right to amend activities to include additional STD activities/priorities (e.g., drug resistant gonorrhea) if a public health emergency occurs.

Background

Sexually transmitted diseases (STDs) result in considerable economic cost and health consequences in this country. For syphilis, health consequences in the infected individual can include irreversible damage to the central nervous system (manifested as dementia, blindness or paralysis), as well as damage to other organs and death. The fetus of an infected mother may be stillborn, or born with mental retardation, blindness or severe musculoskeletal deformities. STDs are the most commonly reported communicable infections in New Jersey with over 45,000 cases reported in 2017. Control of STD infections presents a challenge quite
different from other infections because of the stigma attached to a disease linked to sexuality and reproduction. While most people have access to STD screening, work is needed to ensure at-risk populations, especially women of childbearing age, are able to access testing when needed. Prompt testing and treatment of infections may lead to decreased spread of disease.

A key strategy for the prevention of STDs is disease investigation and intervention. Staff trained in disease investigation, commonly known as Disease Intervention Specialists (DIS), are critical to the STD workforce. Disease investigation and intervention are needed to ensure rapid, coordinated detection and response to address, control, and prevent the spread of disease. While health departments have primary responsibility to detect STD outbreaks and respond to them in a timely and effective way, it is essential that health departments and other community agencies develop and maintain strong capacity and partnerships to rapidly detect and respond to outbreaks or other significant changes in STD epidemiology.

STD investigation includes patient follow-up as well as Partner Services, whereby patients refer partners for treatment and refer other partners to health departments or other identified providers for assessment, linkage to care, and treatment.

Given the disease burden for early syphilis in New Jersey, the current RFA encourages collaboration among local health departments and other agencies to support DIS services including comprehensive syphilis investigation and Partner Services in multiple municipalities and/or counties.

Objectives and Outcomes
The Specific objectives of this RFA are to:

FOR DIS STAFF:
- Provide comprehensive syphilis and other priority investigative activities including, but not limited to:
  - Patient interviews and partner elicitation
  - Partner notification and referral
  - Risk reduction education and counseling
  - Referral to pre-exposure prophylaxis (PrEP) for HIV prevention
  - Case analysis and documentation
  - Referral to additional community and support services, as appropriate

- Provide support in meeting the following objectives for the NJDOH, STD Program:
  - Ensure that, at a minimum, 90% of all reported Primary and Secondary (P&S) syphilis cases have treatment, gender of sex partner(s), and HIV status documented in the Communicable Disease Registry Surveillance System (CDRSS)
  - Ensure 75% of females of childbearing age with a new syphilis diagnosis have a Partner Services initial interview completed within 14 days of DIS assignment
  - Ensure 75% of all P&S syphilis cases in men who have sex with women have Partner Services offered within 14 days of DIS assignment
Note: All applicants with existing DIS staff must include baseline data for the three (3) above objectives with their application. Applicants proposing DIS for the first time, must affirm intent to send the DIS to the next scheduled Passport to Partner Services training.

FOR STD SCREENING (CHLAMYDIA, GONORRHEA, SYPHILIS)

- Ensure that 95% of women <30 years of age have a screening test for STDs in the last year
  - Note: All applicants must include baseline data for the one (1) above objective with their application.

Overall intended outcomes:
- Increase the number of STD partners identified and brought in for testing and treatment
- Ensure access to safety net STD testing for women <30 years
- Decrease the length of time between original patient diagnosis and partner referral
- Decrease the number of new STD cases reported to the NJDOH

Disease Intervention Specialist Responsibilities

A DIS is responsible for a variety of specific activities that contribute to the control of sexually transmitted diseases (STDs) and the prevention of complications due to untreated STDs. The duties of a DIS are primarily performed in the field in various areas including high-risk urban areas or rural areas. Often work requires variable hours, including early mornings, nights, and weekends.

This position is responsible for counseling patients with STDs and conducting field investigative activities to locate and refer for examination people who are suspected of having an STD. Proficiency in languages other than English may be helpful. DIS are required to perform field investigative activities in areas where STDs are prevalent, which are often areas with extreme poverty and high crime rates. A DIS provides management and analysis of syphilis cases to determine the source and spread of infection. DIS may also staff a mobile testing unit, and provide STD information and presentations at health fairs, schools and community-based organizations. DIS may also provide phlebotomy activities to test for syphilis or other infections.

DIS staff listed on the budget must have the date they completed Passport to Partner Services or state the intention of completing Passport to Partner Services and/or investigating cases within 4 months of the award date.

Support from NJDOH, DHSTS

Training and Technical Assistance (TA) for new DIS will be provided by the DHSTS, STD Program. NJDOH, DHSTS will provide on-the-job-training as well as coordinate registration for all new DIS into Track D of the Centers for Disease Control and Prevention (CDC) developed DIS training course, Passport to Partner Services, provided by the New York State STD/HIV Prevention Training Center: https://www.cdc.gov/std/training/passport-partner-services.htm. This course is required for all DIS funded through this RFA. There is no registration or materials fee for this course. All efforts will be made to schedule at least annual trainings in New Jersey.
Additionally, the NJDOH. DHSTS will provide on-going support through regular case reviews and regular meetings/updates designed to enhance DIS knowledge and skills.

NJDOH, DHSTS will also assist with routine performance measure analyses to ensure grantees are on track to meet their objectives by providing quarterly report outs from CDRSS data including case listings when items are missing in order to aid in improving measures over time.

III Eligibility and Requirements

The awarding of grants is on a competitive basis and is contingent on proposals deemed fundable according to a review of public health officials and compliance with:

- The NJDOH Terms and Conditions for Administration of Grants
- Applicable Federal Cost Principles – Addendum to Terms and Conditions for Administration of Grants
- General and Specific Compliance

Applicants are eligible to apply for one or both of the following:

1. The provision of syphilis (and other potential emerging STD needs) field investigation and follow-up. Funding is intended to cover DIS staff salary, fringe and related DIS expenses.
2. Applicants that do not have an in-kind services agreement for STD testing through the NJ DOH Public Health and Environmental Laboratory (PHEL) may request funding to cover laboratory testing through a private lab if they are able to show statewide safety net coverage of STD testing for women under 30 years of age that do not have insurance or other means to obtain STD testing.

Eligible agencies for DIS staff include: Local health departments, community-based organizations (CBOs), or other community agencies are permitted to apply for full or partial DIS funding based on the number of Early Syphilis cases from 2017 within the jurisdiction(s) they are proposing to serve. See Table 1. Early syphilis includes: primary, secondary and/or early non-primary, non-secondary syphilis. Data on reported STD cases for each county and municipality can be found on the New Jersey State Health Assessment Data (NJSHAD) web site at https://www-doh.state.nj.us/doh-shad/query/builder/std/STD/Count.html. For example, if jurisdiction A proposes that they will service jurisdiction A, B, C, and D who have a combined total of 76 Early syphilis cases reported in 2017, they can apply for 0.5 FTE DIS staff (salary, fringe, and indirect) to ensure that half time staff employee would have ~6 Early Syphilis cases per month from A, B, C and D that they would be responsible for interviewing for partners and following until STD investigation was completed.

Table 1: Number of FTE DIS expected in budget based on Early Syphilis cases reported in 2017

<table>
<thead>
<tr>
<th>Early Syphilis Cases per year</th>
<th>Max DIS for expected work</th>
<th>Minimum Cases per month</th>
<th>Maximum Cases per month</th>
<th>Approx. Average Award</th>
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</thead>
<tbody>
<tr>
<td>Minimum</td>
<td>Maximum</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>74</td>
<td>0.25</td>
<td>2 cases</td>
<td>$25K-$30K</td>
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<tr>
<td>75</td>
<td>130</td>
<td>0.5</td>
<td>6 cases</td>
<td>$50K-65K</td>
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<tr>
<td>130</td>
<td>250</td>
<td>1</td>
<td>11 cases</td>
<td>$100K-$115K</td>
</tr>
</tbody>
</table>
Applicant agency must demonstrate that it currently provides, or has the capacity to provide, extensive quality STD services for which funding is sought. The agency must be located in or serve the proposed area(s) where services will be provided and be able to ensure STD screening and treatment services either by direct provision or formal partnership. Preference will be given to agencies that serve an entire county OR service surrounding/multiple municipalities for STD DIS investigation in addition to their “home” municipality. Agencies providing STD clinical care should seek to follow the CDC’s strategies for the prevention and control of STDs https://www.cdc.gov/std/tg2015/clinical.htm

1. Accurate risk assessment and education and counseling of persons at risk on ways to avoid STDs through changes in sexual behaviors and use of recommended prevention services;

2. Ability to assess and test at all sites of exposure.

3. Pre-exposure vaccination of persons at risk for vaccine-preventable STDs;

4. Ability to provide Immunizations for HPV/Hepatitis/Meningitis.

5. Identification of asymptomatically infected persons and persons with symptoms associated with STDs;

6. Ability to provide preventative treatment for persons exposed to STDs and recognizing when preventative treatment is necessary.

7. Effective diagnosis, treatment, counseling, and follow up of infected persons using current STD treatment guidelines;


9. Evaluation, treatment, and counseling of sex partners of persons who are infected with an STD; and

10. See sex partners of their patients who are diagnosed and treated for any STD (in order to test and treat) regardless of where the sex partner resides.

11. Have a safe environment for patients to be seen.

12. Willingness to provide services regardless of patient’s ability to pay. Billing is strongly encouraged for all clinics, but STD clinics should always provide safety net services when this is not possible. o Ability to have “non-traditional” hours (either late afternoon/early evening, etc.) to allow patients to be seen. *

13. Assurance provided to community that they are a judgment free zone open to all people regardless of sex, religion, legal status, gender of sex partners, etc.
Note: *Applicants that are not currently offering evening and weekend hours on a weekly basis, should consider being able to offer scheduled evening and weekend hours.

Letters of support are required from partnering Health Departments/Health Officers with the stated intent of entering Interlocal Agreement (ILA) within 6 months of the award date.

*Note: Failure to provide letters of support or an ILA within 6 months of the funding period start date may result in reduced or discontinued funding.*

Applicant agencies must be able to ensure the following:

- Information (e.g., treatment, demographic, HIV status, risk, etc.) regarding patients seen by DIS at their home clinic are updated into CDRSS within 24 hours of receipt.
- 90% of cases interviewed for partner notification are closed within 30 days of original interview.
- In-depth interviewing and partner notification are provided to all early syphilis cases (i.e., primary, secondary, early latent less than one-year duration), as directed by the NJDOH, STD Program.
- Examination of all partners to syphilis cases.
- Partners to syphilis exposed to a known positive within the last 90 days will receive prophylactic therapy for syphilis exposure in addition to testing.

NJDOH STD Services will work with awardees to compile data for the above measures from CDRSS data to be shared with individual grantees to ensure they are on track to meet their DIS measures.

**Eligible agencies for safety net STD testing include:** Agencies with the ability to provide STD (Chlamydia, Gonorrhea, Syphilis) testing for women under 30 years who can demonstrate the ability to provide statewide safety net coverage to women that do not have insurance or other means to obtain STD testing. Funding from this RFA should be considered as “payer of last resort” so successful applicants must document successful billing programs to ensure they are not using safety net funding for persons with health insurance. While we understand that many adolescents covered by their parent’s insurance are unable to access it for STD testing, every effort should be made to use their insurance before using this funding as a last resort.

Applicant agencies must be able to ensure the following:

- Provide evidence of clinical services available for STD testing in, at minimum, 16 of 21 New Jersey Counties.
- Evidence of robust billing system.
- Ability/Willingness to directly update CDRSS for all positive STD test results reported by the agencies to NJDOH with the following data fields:
  - Demographic data (e.g., Address, DOB, race/ethnicity, gender, etc.)
  - Date of treatment, drugs given
  - HIV status
  - Gender of sex partners
  - Pregnancy status (for females)
- Must be able to provide statistics regarding:
  - the total number of women served under 30 years of age,
  - the total number tested for Chlamydia/Gonorrhea at least annually, and
the total number of uninsured women tested because of the availability of these funds.

- Provide STD positivity rates by age groups (15-19 years, 20-24 years, 25-29 years) semi-annually via SAGE.

All applicants must adhere to all New Jersey Department of Health reporting requirements for STDs and HIV/AIDS infections (N.J.A.C.8:57-1 and N.J.A.C.8:57-2). In addition, approved applicants must adhere to the program and administrative specifications outlined within the Attachment C (document will be provided during TA session).

**NOTE:** All information submitted with your application is subject to verification during pre-decisional site visits. Verifications may include, but are not limited to, review of client records without identifiers, credentials of staff, progress reports submitted to funders, fiscal policies, procedural policies (including cultural competency policy) and procedures, etc. Submission of unverifiable information in this proposal may result in an agency not receiving an award despite the score received on its application.

**IV Funding Information**

Awards will be made based on the quality of the applicant proposal(s) and pending the availability of funds. Funding decisions will be made to ensure the broadest possible coverage, in terms of both geography and ensuring services for as many STD-infected individuals as possible.

The overall project period will be for one (1) year for projects supported by this funding. Funding in the first and future years is expressly dependent upon the availability of funds to the Department appropriated by the State Legislature from state revenues or such funding sources as may be applicable. The Department shall not be held liable for any breach of any award because of the absence of available funding appropriations.

The project period is July 1, 2019 until June 30, 2020.

Annual budgets will be funded on an advanced payment or cost-reimbursement basis. Funding requests for grant operating budgets may include the following:

**For DIS staff:**
- Salary and fringe benefits for qualified staff participating in the administration and delivery of DIS services;
- Staff training and education cost (including week-long Passport to Partner Services training (date TBD) and quarterly Chalk Talk meetings hosted by NJDOH);
- Equipment used for DIS field work (i.e., computers, cell phones, etc.); and
- Indirect Cost – If using indirect cost, the grantee must submit a copy and keep on file an HHS-negotiated, federally approved Certificate of Cost Allocation Plan or Certificate of Indirect Costs.

**For safety net lab services:**
- Salary and fringe benefits for qualified data entry staff reporting required elements into CDRSS for positive reportable case reports;
- Laboratory costs (if lab service not provided by NJDOH Public Health Labs (PHEL)).
• Indirect Cost – If using indirect cost, the grantee must submit a copy and keep on file an HHS-negotiated, federally approved Certificate of Cost Allocation Plan or Certificate of Indirect Costs

Approved grantees will be required to submit, on a quarterly basis, an electronic progress report (document will be provided during TA session), and expense reports (document will be provided during TA session), invoices, and other reports as required by NJDOH/DHSTS. Grants will be monitored through NJDOH/DHSTS Grants Monitoring and Evaluation Unit, and Financial Services.

All relevant federal and New Jersey state laws and regulations must be observed. These include, but are not limited to, statutes pertaining to confidentiality, safety and health standards, drug paraphernalia, equal opportunity in recruitment and salary standards, procurement, affirmative action, and the Hatch Act.

Applications for activities and funding that supplant existing agency activities and funding are ineligible under this RFA.

V Availability of Funds

The RFA will be available via the System for Administering Grants Electronically (SAGE) on March 18, 2019 with a submission due date of April 1, 2019 11:59 PM. The amount of funding provided in this grant award is contingent upon the availability of funds to the Department of Health appropriated by the State of New Jersey Legislature or such other funding sources as may be applicable.

Other Requirements

Progress and expenditure reports addressing work plan activities to be submitted are located in the NJSAGE system:

- Progress Reports must be submitted within ten (10) business days of the end of the program period quarter.
- Expenditure Reports are due at the end of each quarter based on advanced payment schedules.
- Budget revisions can be submitted until forty-five (45) days prior to the end of the program period.
- A narrative of the final summary report on the agency’s activities under the grant and Final Expenditure Reports are due thirty (30) days after the end of the budget period.

<table>
<thead>
<tr>
<th>October 10, 2019</th>
<th>January 10, 2020</th>
<th>April 10, 2020</th>
<th>July 10, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expenditure Report 1</td>
<td>Expenditure Report 2</td>
<td>Expenditure Report 3</td>
<td>Expenditure Report 4</td>
</tr>
<tr>
<td>Narrative Report 1</td>
<td>Narrative Report 2</td>
<td>Narrative Report 3</td>
<td>Narrative Report 4</td>
</tr>
</tbody>
</table>
VI Required Format for Proposal Program Narrative

All proposals must include a program narrative. Program narratives must include the following: a documented and detailed program plan including organizational capacity, an assessment of need, program methods, program evaluation plan, staffing/management plan, and a line-item budget with full justification on forms provided and supporting documents attached as appendices. Materials in the appendices are limited to required attachments and supporting documentation for statements made in the narrative. Information that should be part of the basic program plan will not be considered for review if placed in the appendices rather than in the program narrative.

Application Content

Applications will only be scored if they are seeking funding for DIS staff and related expenses OR statewide safety net STD screening coverage. Any additional expenses on the budget that are not related to the above two (2) criteria may result in your application being considered ineligible.

All applications requesting DIS staff must contain the following sections:

1. Abstract (not scored): Summary of the activities/programs described in the application. Not to exceed 1/2 page.

2. Agency capacity (20 points): Describe the organizations capacity and ability to provide STD Partner Services to individuals within their proposed service jurisdiction(s). This section should include information about agency history/successes in providing STD Partner Services and/or other STD services, organizational structure, programs and services, staffing etc. Describe formal and informal agreements that exist, or that will be established with other health departments, providers, other agencies, and/or community-based organizations to further the accomplishments of the objectives of the program, including relationships with local government agencies, local public and private health care providers and other clinics/agencies serving the needs of those most affected by STDs. Describe the current capacity to follow the CDC’s strategies for the prevention and control of STDs. Demonstrate ability to promptly connect STD populations served with free or low-cost STD medications and vaccinations.

3. Needs assessment (25 points): Describe the needs of the areas, communities, and populations the organization plans to serve as part of this application. Provide data on trends and existing incidence of reportable STDs within the organization’s service jurisdiction with emphasis on early syphilis cases. (County/municipality STD data can be found on the NJSHAD web site at https://www-doh.state.nj.us/doh-shad/query/selection/std/STDSelection.html.) Describe the characteristics and demographics of populations served and current services available to these populations. Identify the gaps in services. Explain why the data presented justify the funding of the applicant’s program in the target area.

4. Methods (15 points): Describe the activities you will engage in to accomplish each of the following objectives, as previously outlined under “Eligibility”:
   • Information (e.g., treatment, demographic, HIV status, risk, etc.) regarding patients seen by DIS at their home clinic are updated into CDRSS within 24 hours of receipt.
90% of cases interviewed for partner notification are closed within 30 days of original interview.
In depth interviewing and partner notification are provided to all early syphilis cases (i.e. primary, secondary, early latent less than one-year duration), as directed by the NJDOH, STD Program.
Examination of all partners to syphilis cases.
Partners to syphilis exposed to a known positive within the last 90 days will receive prophylactic therapy for syphilis exposure in additional to testing.

5. Management and staffing plan (15 points): Describe how the proposed project will be managed and staffed to best achieve desired goals and objectives. Applications with strong justification for one (1) FTE DIS will receive preferential ranking compared to applications proposing less than one (1) FTE DIS.

6. Evaluation and quality assurance (15 points): Describe how you will use data provided by NJDOH STD Services to improve/ensure the outcomes of disease investigation services/activities. Describe how the timeliness and completeness of required data submitted to DHSTS through CDRSS or other means will be ensured. Describe how the success of the proposed outcomes will be achieved, including:

- Ensure that, at a minimum, 90% of all reported Primary and Secondary (P&S) syphilis cases have treatment, gender of sex partner(s), and HIV status documented in the Communicable Disease Registry Surveillance System (CDRSS).
- Ensure 75% of females of childbearing age with a new syphilis diagnosis have a Partner Services original interview completed within 14 days of DIS assignment
- Ensure 75% of all P&S syphilis cases in men who have sex women have Partner Services offered within 14 days of DIS assignment

Note: Applicants with existing DIS staff are encouraged to provide baseline data for the above measures.

7. Budget justification (10 points): Provide the justification of all funds requested for DIS staff and supplies needed to complete their work.

8. Attachments (not scored)

All applications requesting safety net STD testing must contain the following sections:

1. Abstract (not scored): Summary of the activities/programs described in the application. Not to exceed 1/2 page.

2. Agency capacity (25 points): Describe the organizations capacity and ability to provide STD testing to women under 30 years who are uninsured/underinsured and other STD related services that you are able to provide to patients seen. Provide details of service
locations ensuring at least 16 counties in New Jersey have services available. In addition to location, provide details regarding accessibility (e.g., hours, ease of access for patients, parking/public transportation, ability to see patients in a timely manner, etc.). Provide demographics of existing patients by gender, age (15-19 years, 20-24 years, 25-29 years), and insurance status. Describe ability to bill for services and enroll patients in health insurance programs and establish medical homes for patients.

3. Needs assessment (25 points): Describe the needs of the areas, communities, and populations the organization plans to serve as part of this application. Provide data on trends and existing incidence of reportable STDs within the organization's service jurisdiction with emphasis on early syphilis cases. (County/municipality STD data can be found on the NJSHAD web site at https://www-doh.state.nj.us/doh-shad/query/selection/std/STDSelection.html.) Describe the characteristics and demographics of populations served and current services available to these populations. Identify the gaps in services. Explain why the data presented justify the funding of the applicant's program in the target area.

4. Methods (15 points): Describe the activities you will engage in to accomplish each of the following, as previously outlined under “Eligibility”:

- Provide evidence of clinical services available for STD testing in, at minimum, 16 of 21 New Jersey Counties.
- Evidence of robust billing system
- Ability/Willingness to directly update CDRSS for all positive STD test results reported to NJDOH with the following data fields:
  a. Demographic data (e.g., Address, DOB, race/ethnicity, gender, etc.)
  b. Date of treatment, drugs given
  c. HIV status
  d. Gender of sex partners
  e. Pregnancy status (for females)
- Must be able to provide statistics regarding:
  a. the total number of women served under 30 years of age,
  b. the total number tested for Chlamydia/Gonorhea at least annually, and
  c. the total number of uninsured women tested because of the availability of these funds.
- Provide STD positivity rates by age groups (15-19 years, 20-24 years, 25-29 years) semi-annually via SAGE.

5. Management and staffing plan (10 points): Describe how the proposed project will be managed and staffed to best achieve desired goals and objectives.

6. Evaluation and quality assurance (15 points): Describe how your agency will improve/ensure annual STD testing for women under 30 years. Describe how the timeliness and completeness of required data submitted to DHSTS through CDRSS or other means will be ensured.
7. Budget justification (10 points): Describe and justify the necessity and reasonableness of all funds requested for STD laboratory costs needed to complete their work. Costs should be comparable to existing PHEL services: $9.50 for Chlamydia/Gonorrhea testing regardless of specimen source and $6.00 for routine syphilis screen (RPR). Salary costs are allowed for data entry in CDRSS for required variables listed above.

8. Attachments (not scored)

Applications not adhering to the above guidelines will be deemed ineligible and will not be reviewed.

VII Review Criteria
An RFA Review Committee will review proposals according to the criteria described above. The DHSTS reserves the right to render final decisions on the awarding of Health Service Grants under this RFA.

Review Procedures
Applications will be screened for completeness. The checklist that will be used to evaluate completeness will be provided during the TA session. Only those proposals deemed to be complete and in compliance will be sent to the RFA review committee.

An RFA review committee is comprised of representatives of several different divisions of state government. Outside reviewers may be utilized as requested or as deemed appropriate. Proposals will be rated on criteria, which appear in the “Review Criteria” section of this document. The DHSTS reserves the right to render final decisions on the awarding of state funds under this RFA.

Allowable Expenses
- Funding is restricted to DIS FTE salary and relatable expenses for DIS work OR providing safety net testing statewide. For DIS applications, only DIS staff should be present on the budget.
- Expenses not included in the original budget must be pre-approved by the NJDOH DHSTS Program Management Officer (PMO)(see Terms and Conditions).

Last date to initiate a Grant Revision/Amendment in SAGE is 45 days before the end of the budget year.

Grant Amendment & Budget Revision Requests
Grantee may request in writing through email to revise or amendment application or budget. Upon acknowledgement of the request by the PMO and GMO, the grantee can submit a request through SAGE as per the details outlined by the PMO. Once request is received a decision on whether to grant will be made which will be communicated through email and uploaded in SAGE. At that time, the grantee will complete the requested and approved changes.
VIII Submission of Applications

If you are a first-time applicant whose organization has never registered in NJSAGE, you must contact the Grants Management Officer, complete a New Agency form, and submit it to NJDOH. NJDOH will verify certain information to ensure you satisfy NJDOH requirements. When the requirements are met, the organization will be validated in NJSAGE. In order to initiate an application after agency approval, you must have permission to access the application: please contact the Grant Management Officer for access.

Instructions for New Agency:

1. Complete the New Applicant: SAGE Registration Request Form (Instructions) found at: https://nj.gov/health/grants/resources/
2. Identify your validated Authorized Official, or if none, have the Authorized Official register as a new user. The new user (Authorized Official) will be validated when the organization is validated and assigned to the organization.
3. Sign a hard copy of the New Applicant: SAGE Registration Request Form (Instructions) and submit it as an email attachment to Chelsea Betlow
   a. Email: chelsea.betlow@doh.nj.gov
   b. If needed, please fax to 609-292-6009 but email Chelsea to alert her to your faxed copy.

NOTE - If you have previously applied in NJSAGE, please do not reapply. Your Organization information has already been established.

IX Dates and Contacts

The following is the list of dates that will affect the grant process:

February 4, 2019: RFA posting on NJSAGE
Technical Assistance Meetings (interested agencies must attend this meeting date below)

February 28, 2019: Technical Assistance Webinar for all interested applicants

Please register for Technical Assistance Meeting: Improving Sexually Transmitted Disease (STD) Services, 2020 RFA on Feb 28, 2019 2:00 PM EST at:

https://attendee.gotowebinar.com/register/5684129165775397633

This is a one-hour webinar is the required technical Assistance meeting for fiscal year 2020 Sexually Transmitted Disease Services funding awards.

Speakers: Greta Anschuetz, MPH and Amelia Hamarman, MS, MEd

After registering, you will receive a confirmation email containing information about joining the webinar.

March 18, 2019: Applications open in NJSAGE at 12:01 AM
April 1, 2019: Applications close in NJSAGE at 11:59 PM
July 1, 2019: Grant begins. Notification of Intent to Fund will be issued approximately 30 days before the award date of July 1, 2019.

Please contact the appropriate Grant Management Officer and Program Management Officer for additional information if you cannot reach them contact the following supervisors.

Chelsea Betlow, DHSTS Grant Monitoring Unit Supervisor at 609-984-5874 or chelsea.betlow@doh.nj.gov or Dave Herzfeld, Fiscal Director at 609-984-5874 or David.herzfeld@doh.nj.gov.

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<thead>
<tr>
<th>GMO</th>
<th>Phone</th>
<th>Email</th>
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<tbody>
<tr>
<td>H. Jeff Garvin</td>
<td>609-341-3424</td>
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