

NEW JERSEY DEPARTMENT OF HEALTH (NJDOH)
Division of HIV, STD and TB Services (DHSTS)

Requests for Applications for Sexually Transmitted Disease Services:

Re-Post for DIS/expanded clinical services covering counties/municipalities NOT awarded during the first RFA

Important:

DIS Eligible Applications must propose serving areas not already awarded/supported with DIS services via NJDOH funding. Those eligible under this re-post must include applications that support residents within: **Atlantic, Cape May, Cumberland, Gloucester, Hudson, Hunterdon, Middlesex, Morris, Ocean, Salem, Somerset, Sussex, Union, Warren**

Expanded STD Services Applications must propose serving areas not already awarded/supported with NJDOH funding. Those eligible under this re-post must include applications for **STD clinics connected to local health departments** serving: **Atlantic, Bergen, Cape May, Camden, Cumberland, Gloucester, Hunterdon, Middlesex, Monmouth, Morris, Ocean, Passaic, Salem, Somerset, Sussex, Warren**

Note: Agencies that submitted applications for DIS in the previous RFA are not eligible for DIS funding under this opportunity. Agencies that submitted applications for expanded STD clinical services in the previous RFA are not eligible for expanded STD clinical services funding under this opportunity.

I Summary

The DHSTS announces the availability of state fiscal year 2023 funds for improving Sexually Transmitted Disease (STD) services for New Jersey. Applicants are able to request:

- 1) funds to support Disease Intervention Specialist (DIS) staff to conduct disease investigation and intervention activities, also known as Partner Services **AND/OR**
- 2) request funds to expand availability of STD Clinic services for local health department run STD clinics. This may include increasing STD clinic hours, and/or expand services to additional populations/areas not currently served by the clinic (e.g. expanding services to patients outside the immediate jurisdiction, providing specialty clinics for adolescents, MSM or other underserved populations.)

For DIS only services, based on anticipated availability of funds, DHSTS expects 6-7 awards with an average award of approximately \$71,000. 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. If the applicant is proposing multiple jurisdictions to support DIS services, letters of support from the proposed local Health Officer(s) are required with your application.

Contingent upon availability of funding, DHSTS anticipates 2 awards for expansion of STD services with an average award of \$333,000.

Except for statewide safety net coverage of STD testing and expansion of STD clinical services, 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 and treatment 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 nearly 45,000 cases reported in 2020 despite major care interruption due to COVID-19 pandemic. 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, testing 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 original interview completed within 10 days of DIS assignment
 - Ensure 75% of all syphilis cases diagnosed among men 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 in-person Passport to Partner Services training.*

- Collaborate with NJDOH assigned Front Line Supervisor for case assignments, direction, review and closure of assigned cases and contacts

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. DIS in New Jersey work minimally at a municipality level, but ideally at a county level to ensure an interruption in the spread of STDs.

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 NJDOH: <https://www.cdc.gov/std/training/passport-partner-services.htm>. This course is required for all DIS funded through this RFA. This course includes online modules and a 1 week, in-person training held at 55 N Willow, Trenton, NJ on a regular basis. 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 more of the following, however **separate applications must be submitted as PDF attachments for each proposal**:

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.
3. Applicants that currently operate an STD clinic under the umbrella of a local health department may request funding to expand existing STD clinical services. Applicant must include baseline available services, and intention to expand within 4 months of award.

Eligible agencies for DIS staff include: Local health departments, community-based organizations (CBOs), or other community agencies in the following counties are permitted to apply for full or partial DIS funding based on the number of Syphilis cases from 2020 within the jurisdiction(s) they are **proposing to serve residents within the following counties (See Table 1): Atlantic, Cape May, Cumberland, Gloucester, Hudson, Hunterdon, Middlesex, Morris, Ocean, Salem, Somerset, Sussex, Union, Warren.**

Syphilis includes: primary, secondary, early non-primary, non-secondary syphilis (early latent), and late latent. 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 syphilis cases reported in 2020, they can apply for 0.5 FTE DIS staff (salary, fringe, and indirect) to ensure that half time staff employee would have ~6 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 syphilis cases reported in 2020

Syphilis Cases per year		Max DIS for expected work	Minimum Cases per month	Maximum Cases per month	Approx. Average Award
Minimum	Maximum				
25	74	0.25	2 cases	6 cases	\$25K-\$30K
75	125	0.5	6 cases	10 cases	\$50K-65K
125	250	1	10 cases	21 cases	\$100K-\$115K
251	400	1.5	21 cases	33 cases	\$150K-\$175K

County	NJSHAD 2020 Syphilis Cases	DIS FTE
Hudson	329	1.5
<i>Jersey City only</i>	167	1
<i>remaining Hudson municipalities</i>	162	1
Union	194	1
<i>Elizabeth</i>	95	0.5
<i>remaining Union municipalities</i>	99	0.5
Middlesex	147	1
Atlantic	70	0.25
Morris	58	0.25
Gloucester	48	0.25
Ocean	46	0.25
Somerset	35	0.25
Cumberland	29	0.25
Sussex	14	*
Salem	13	*
Warren	11	*
Cape May	<10	*
Hunterdon	<10	*

*Requires collaboration with additional counties/municipalities to reach the minimum 25 cases per year.

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.

Letters of support are required **at the time of application** from partnering Health Departments/Health Officers with the stated intent of entering Interlocal Agreement (ILA) within 6 months of the award date for DIS services.

Note: Failure to provide letters of support at application 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 syphilis cases (i.e. primary, secondary, early latent less than one-year duration, late latent (especially among younger aged patients that may be early syphilis), 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 expansion of STD clinical services at local health departments:

Publicly funded STD Specialty Clinic settings play an important role in addressing STDs by offering same-day, culturally sensitive, safety net, confidential STD evaluation and treatment services for patients and sexual contacts and serving as a community resource for both patients and providers. STD Clinics should utilize all available resources to expand to providing comprehensive sexual health services – collaborating with HIV testers to provide testing via self-collected CT/GC testing, phlebotomy services for syphilis testing and collaborating with HIV care/PrEP clinics to ensure same day ART/PrEP start. **This funding is limited to STD clinics connected to local health departments, excluding STD Clinics in Essex, Hudson, Burlington, Mercer and Union Counties.** In addition, applicants must include a letter of support from the local health officer for application. In the letter, the local health officer must attest to onboarding relevant staff within 4 months of award start, list any barriers they anticipate to this timeline, and proposed level of expansion (service area, new days of service, expanded hours, including night and weekend, if possible).

Agencies providing STD clinical care should seek to follow the CDC's recommendations for Providing Quality STD Clinical Services (STD QCS): <https://www.cdc.gov/std/qcs/default.htm> including, but not limited, to:

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 asymptotically 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;
8. Active PrEP clinic or relationship with PrEP clinic that accepts patient referrals.
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 .

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 nine (9) months 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 October 1, 2022 until June 30, 2023.

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 Disease Intervention Specialist (DIS) who are investigating syphilis cases;
- 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

Expansion of STD clinic services:

- Salary and fringe benefits for 3 FTE staff: an Advance Practice Nurse, a Medical Assistant and a registration clerk/support staff;
- 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 June 15, 2022 with a submission due date of July 1, 2022 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 thirty (30) 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.

January 30, 2023	April 30, 2023	July 30, 2023
Expenditure Report 1	Expenditure Report 2	Expenditure Report 3
Narrative Report 1	Narrative Report 2	Narrative Report 3

VI Required Format for Proposal Program Narrative

All proposals must include a program narrative included as a PDF attachment. Program narratives must include all of the following sections labeled accordingly: organizational/agency capacity, needs assessment, program methods, program management and staffing plan, program evaluation and quality assurance plan, and a budget justification. Each section of the grant (DIS, Expansion of STD clinic services) should be a **separate program narrative with each section labeled and submitted as one PDF attachment in SAGE**. A second attachment in SAGE should be a line-item budget with full justification on forms provided and supporting documents attached as appendices. For example, **if your organization is applying for DIS and Expansion of STD Clinic Services, you should have 2 program narratives: one for DIS and one for Expansion of STD Clinic Services and 2 budget narratives, one for DIS and one for Expansion of STD Clinic Services**. 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 OR expansion of STD Clinic Services. Any additional expenses on the budget that are not related to the above two (2) criteria may result in your application being considered ineligible. Each agency should have 1 application submitted in SAGE, but separate attachments included if you are proposing multiple activities.

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 addition 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 10 days of DIS assignment
 - Ensure 75% of all syphilis cases diagnosed among men 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 expansion of STD clinic services 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 current capacity and ability to provide STD clinical services including: partnerships providing services, hours of operation, standing orders to provide Ceftriaxone and Bicillin treatments in a timely manner. In addition to location, provide details regarding accessibility (e.g., hours, ease of access for patients, parking/public transportation, # of existing staff available for clinic hours, etc.). Provide demographics of existing patients by gender, age (15-19 years, 20-24 years, 25-29 years), and insurance status. Describe partnerships with other programs for referral such

as HIV care and PrEP services including letters of support and number of referrals made to these sites in the past 12 months.

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. Include the number of patients served each year by your STD clinic.
4. Methods (15 points): Describe the activities you will engage in to accomplish each of the following:
 - Proposed timeline and expansion of STD clinic services, including # of additional hours proposed, additional days proposed, including night/weekend days, if possible
 - Anticipated expansion of the number of patient served
 - Ability/Willingness hire staff within 4 months of award date
 - Must be able to provide statistics regarding:
 - a. the total number of visits by month,
 - Ensure protocols are in place to allow APN ability to prescribe medications in accordance with standing orders or joint protocols developed in agreement between a collaborating physician and the APN, or pursuant to the specific direction of a physician
(<https://www.njconsumeraffairs.gov/statutes/nursinglaw.pdf>)
 - Proposal to increase knowledge of expanded clinical services to community
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 availability of quality STD clinical services. Attest that these funds will not be used to supplant existing funding that supports the applicant's STD Clinic.
7. Budget justification (10 points): Describe and justify the necessity and reasonableness of all funds requested including salary, fringe and indirect costs for an Advanced Practice Nurse (APN), medical assistant (MA) and clerical support to see patients. DIS are not to be scheduled for STD clinic, expect to do partner services interviews for patients being treated for syphilis or newly diagnosed with HIV. Other positions will be considered with justification and assurances that expansion of services can be offered via other means.
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 may be 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. Expansion of STD clinical services should not include DIS staff.
- 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.
 - a. Sign a **hard copy** of the **New Applicant: SAGE Registration Request Form (Instructions)** and submit it as an email attachment to: njdoh.grants@doh.nj.gov

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:

May 25, 2022: RFA posting on NJSAGE

Technical Assistance Meetings (interested agencies must attend this meeting date below)

June 6, 2022: Technical Assistance Webinar for all interested applicants

Please register for Technical Assistance Meeting: Improving Sexually Transmitted Disease (STD) Services, 2023 RFA on June 6, 2022 2:00 PM EST at:

<https://attendee.gotowebinar.com/register/476297865172593678>

This is a one-hour webinar is the required technical Assistance meeting for fiscal year 2023 Sexually Transmitted Disease Services funding awards.

Speakers: Greta Anschuetz, MPH

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

June 15, 2022: SAGE opens for applications

July 1, 2022: Sage closes for applications. All applications due: 7/1/2022 at 11:59 PM

October 1, 2022: Grant begins. Notification of Intent to Fund will be issued approximately 30 days before the award date of October 1, 2022.