



**State Opioid Response (SOR) Grant**

**Application Package for  
HIV/HCV Testing Project for  
Recovery Community Organizations (RCOs)**

**Overview**

**Project Summary**

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) State Opioid Response (SOR) Grant will provide $65,000.00 to fund approximately three single-year recovery community organization (RCO) sub-awards to RCOs that serve South Carolina communities in the counties of highest HIV and hepatitis C virus (HCV) prevalence. Only one level of funding is available. The purpose of the sub-awards is to support implementation of rapid HIV and HCV counseling, testing, and referral-to-care services within the awarded jurisdictional recovery communities.

Making rapid HIV/HCV testing available outside of a traditional medical facility will increase access to testing services and, subsequently, increase linkage to specialty care for those newly diagnosed with HIV and curative treatment for those newly diagnosed with HCV in South Carolina. Additionally, by helping individuals become of aware of their infectious disease status and linking them to care, they will be engaged in services that include risk-reduction education and can gain awareness of effective risk-reduction strategies to prevent the transmission of HIV and HCV to their sexual and/or drug-using partners. For those individuals living with HIV who have been out of care, perhaps due to a substance use disorder or homelessness, this project will support their reengagement into care. For individuals who have been previously diagnosed with HCV but have yet to engage in curative treatment, this project will support that linkage to treatment.

The planned sub-award period is **March 1, 2021, to September 29, 2021**.

**Funding Source**

The funding source is the Substance Abuse and Mental Health Services Administration (SAMHSA). The State Opioid Response (SOR) grant is administered by DAODAS. The CFDA number is 93.788.

**Eligibility for Funding**

Organizations eligible to apply for funding include: recovery community organizations (RCOs) serving the jurisdictions of Richland, Horry, or Charleston counties in South Carolina. Any questions concerning eligibility can be submitted to the contact person identified under “Question Period,” and DAODAS will respond to ensure your agency is eligible prior to submitting the application.

**Question Period**

Prospective applicants can propose any question to DAODAS concerning the application requirements. The question(s) should be e-mailed to the contact below. A complete summary of all questions and answers received by **January 8, 2021,** will be posted on the home page of the DAODAS website ([www.daodas.sc.gov](http://www.daodas.sc.gov)) no later than close of business on **January 12, 2021.** **DAODAS Contact:** Linda Brown ([lbrown@daodas.sc.gov](mailto:lbrown@daodas.sc.gov))

**Due Date**

Applications are due to DAODAS (see submission instructions below) **by close of business (5:00 p.m.) on February 5, 2021**. No late applications will be considered for inclusion in the review/scoring phase. Late applications are those that arrive via e-mail any time after 5:00 p.m. on February 5, 2021.

**Review Process**

Applications will be reviewed and scored using the following criteria:

* Technical Proposal (25 points)
* Qualifications and Experience (15 points)
* Budget (10 points)

**Scoring Criteria**

Technical Proposal (25 points)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outstanding** | **Very Good** | **Good** | **Marginal** | **Poor** |
| 25-20 | 19-15 | 14-10 | 9-5 | 4-0 |

Qualifications and Experience (15 points)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outstanding** | **Very Good** | **Good** | **Marginal** | **Poor** |
| 15-12 | 11-9 | 8-6 | 5-3 | 2-0 |

Budget (10 points)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Outstanding** | **Very Good** | **Good** | **Marginal** | **Poor** |
| 10-9 | 8-7 | 6-5 | 4-3 | 2-0 |

**Descriptors for Scoring Criteria**

**Outstanding:** The applicant organization explicitly addresses the criteria by providing comprehensive descriptions and thorough details. Relevant examples and data are included to support the information presented. The applicant organization demonstrates a strong and informed understanding of the topic, and the level of detail provided reinforces each response. The applicant organization effectively describes how the project will be implemented.

**Very Good:** The applicant organization provides significant descriptions and relevant and related detail in addressing the criteria, but the response is not entirely comprehensive. The applicant organization demonstrates a sound understanding of the topic and includes pertinent examples. It is possible to distinguish what makes the response better than “Good” but not up to the standard of “Outstanding.”

**Good:** The applicant organization provides a basic response to the criteria. The applicant organization does not include significant detail or pertinent information. Key details and examples are limited. The applicant organization minimally translates the requirement of the application into practice.

**Marginal:** The applicant organization provides insufficient information, details, and/or descriptions that do not completely answer the criteria. The applicant may have answered part of the criteria but missed a key point, and/or there are major gaps in the information presented.

**Poor:** The applicant organization does not address the criteria. The applicant organization states the question but does not elaborate on the response. The applicant merely repeats information included in the application. The applicant organization skips or otherwise ignores the criteria or includes irrelevant information that does not meet the criteria elements.

*\*Information adapted from the Centers for Disease Control and Prevention (CDC) Application Field Review Process for NOFOs #CE20-2002 and CE20-2003*

**Notification of Awards**

Final awards will be posted on the home page of the DAODAS ([www.daodas.sc.gov](http://www.daodas.sc.gov)) on or before **February 24, 2021.** **All posted awards are considered final.** All non-funded applicants will receive a summary report with evaluative comments for the summited application no later than March 5, 2021.

**Reporting Requirement**

Sub-awardee will submit a requisite counseling, testing, and referral form to the S.C. Department of Health and Environmental Control (DHEC), as well as any disease reporting forms described in the training that will be provided to awardee staff. Additionally, the sub-awardee will submit grant activity information as directed by DAODAS through web-based reporting. Deliverables for DHEC will be due on the **fifth working day of the month** for all services and activities implemented during the previous month. **Monthly payment request forms and program implementation data must be reported. Accurate reporting of this testing and linkage-to-care data for both DHEC and DAODAS will be required for payment requests to be processed by DAODAS.**

**Financial Guidelines**

Funds will be available on a reimbursement basis upon completion of monthly deliverables. DAODAS will conduct quarterly reviews of budget spending. If budget is not spent in a timely manner, funds could be reduced by up to 10%.

**Unallowable Expenditures**

SAMHSA grant funds may not be used to:

* Pay for promotional items including, but not limited to, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, and conference bags, purchased solely for the purposes of marketing your organization or for general prevention messaging. All materials purchased must be linked directly to selected strategies.
* Make direct payments to individuals to enter treatment or continue to participate in prevention or services. **NOTE**: A recovery staff provider may give up to $10.00 in non-cash incentives to individuals to participate in testing services or to engage in linkage-to-care services. This cannot exceed a total of $30.00/person.
* Pay for meals, which are generally unallowable. However, grant funds may be used to pay for light snacks (not to exceed $3.00 per person per day).
* Purchase supplies, which are items costing less than $5,000.00 per unit, often having one-time use. **NOTE: Supplies needed for testing that are not provided by DHEC (e.g., adhesive bandages, alcohol pads, gloves) may be purchased with this grant.**

**Application Requirements**

All applications must meet the requirements listed below.

|  |  |
| --- | --- |
| **Requirements** | **Description** |
| Submit an application that addresses increasing access to HIV/HCV testing by conducting rapid HIV/HCV testing, both on- and off-site, to a targeted population. The application must be submitted by the due date and time stated in the “Due Date” section on Page 2. | * Submit an application to:  1. promote and conduct HIV/HCV rapid testing among the population that you serve; 2. ensure persons are made aware of their HIV/HCV status and, when indicated, navigated into specialty care for HIV and into curative treatment in the case of newly diagnosed HCV; 3. coordinate the reengagement into care for individuals who have been out of HIV care and/or did not previously complete HCV treatment; *and/or* 4. coordinate with the local AIDS Service Organization (ASO) in your jurisdiction to receive technical assistance from them and shadow them in the implementation of HIV/HCV rapid testing until such time that your staff can conduct testing on their own. |
| Complete the Application Cover Letter, Application Information, Technical Proposal, Qualifications and Experience, and Budget sections, and then **submit the documents as a single PDF** to the e-mail address provided on Page 6. | * Complete an Application Cover Letter to indicate your organization’s intent to apply for a sub-grant award. * Complete the Application Information as requested, to share important contact information and other details about your organization. * Complete the Technical Proposal and include the required content. * Complete the Qualifications and Experience section and include the required content. * Complete the Budget, using the template provided, and include the required content. |
| Adhere to the maximum page lengths where indicated. Include page numbers. | * The Technical Proposal must be no longer than six pages, Qualifications and Experience must be no longer than four pages, and the Budget must be no longer than four pages. |

**Program Goals**

**Desired Results (Performance Outcomes)**

1. Increase access to rapid HIV/HCV testing by conducting testing on at least 200 individuals.
2. Link 90% of persons newly diagnosed with HIV into specialty HIV care and support services.
3. Reengage 90% of persons previously diagnosed with HIV but out of care back into specialty HIV care.
4. Link 60% of persons newly diagnosed with HCV to curative treatment.
5. Refer 90% of individuals to the local health department or federally qualified health care center for hepatitis A and B vaccination as indicated.

**Note: Linkage to care will be measured by confirmation of first medical appointment kept.**

**Deliverables**

DAODAS will partner with DHEC on this grant to provide **rapid HIV/HCV testing** **training and technical assistance** for disease reporting to all awardee staff working on the project. All awardee staff will be expected – after completing all DHEC and DAODAS training – to have the capacity to conduct the following requisite deliverables:

* Meet all performance indicators developed by DAODAS throughout the project period and report to DAODAS as directed.
* Maintain at least two staff trained to conduct HIV/HCV counseling, testing, and referral-to-care services and submit requisite reporting to both DHEC and DAODAS. To prepare for possible staff turnover, it is recommended that additional staff – who will not be implementing activities on a daily basis – also be trained to deliver services until such time that a new hire can be trained by DHEC, as trainings by DHEC must be scheduled and might not meet needs immediately.
* Abide by all DHEC regulations and South Carolina laws regarding communicable disease requirements by submitting appropriate disease reporting forms to DHEC within the legal time period.
* Submit the requisite forms to DHEC. These forms include a counseling, testing, and referral form that will be created on each patient for whom a rapid HIV/HCV test is conducted, as well as a disease reporting form in the case of a new HIV/HCV-positive test result. Instructions on all requisite forms and reporting will be provided by DHEC and DAODAS staff.
* In partnership with the Ryan White Regional Services Coordinator in the service area, link persons identified as newly positive for HIV into HIV specialty care and reengage those who are identified as previously positive, but out of care, back into specialty care.
* Ensure that patients with a positive HCV test result are reflexed to an HCV RNA test to distinguish between current infection and previous exposure.
* Ensure that patients who were previously diagnosed with HCV but never engaged in curative treatment are linked to treatment.
* Coordinate with the local AIDS Service Organization to facilitate shadowing opportunities for HIV/HCV testing until such time that sub-awardee staff can conduct testing on their own.
* Ensure that clients who report no prior vaccination for hepatitis A and B are referred for appropriate immunization services.

**Contract Period**

Contracts for funded applicants will be issued by DAODAS on **February 26, 2021.** The payment requests will be processed on a monthly basis contingent upon meeting the reporting requirements outlined below.  **Final payment request must be made no later than October 17, 2021. All services must be rendered – and all goods purchased must be received – by this date.**

**Reporting Requirements**

# Grantee will submit all grant activity information as directed by DAODAS through web-based reporting. Deliverables will be due the fifth working day of the month for all services and activities implemented during the previous month. Monthly finance and program implementation data must be reported. Accurate reporting of this data will be required for reimbursement requests to be processed by DAODAS.

**Financial Guidelines**

Funds will be available on a reimbursement basis upon submission of monthly deliverables to DAODAS. Agencies are welcome to supplement the federal funding with other appropriate agency funds. DAODAS will conduct quarterly reviews of budget spending. If budget is not spent in a timely manner, funds could be reduced by up to 10%.

## Defining “Supplement” and “Supplant”

“Supplement” means to “build upon” or “add to”; “supplant” means to “replace” or “take the place of.” Federal law prohibits recipients of federal funds from replacing state, local, or agency funds with federal funds. Existing funds for a project and its activities may not be displaced by federal funds and reallocated for other organizational expenses. This is illegal. On the other hand, federal agencies encourage supplementing (i.e., adding federal funds to what is available through state, local, or agency funds).

**Submission Information**

**What to Submit**

Applicants should submit the following documents via email to [daodasapplication@daodas.sc.gov](mailto:daodasapplication@daodas.sc.gov) attached as a single PDF file:

* Application Cover letter
* Applicant Information
* Technical Proposal
* Qualifications and Experience
* Budget

Text must be legible. Pages must be typed in black, single-spaced, using a font of Times New Roman 12, with all margins (left, right, top, bottom) at least one inch each.

You may use Times New Roman 10 for charts and tables *only*.

You must submit your application and all attached documents in Adobe PDF format as one file.

**Application Package for Submission**

**Applicant Information**

**Agency Name:** Click or tap here to enter text.

**Agency Mailing Address:** Click or tap here to enter text.

**Application Contact:** Click or tap here to enter text.

**Application Contact E-mail Address:** Click or tap here to enter text.

**Application Contact Phone Number:** Click or tap here to enter text.

**Technical Proposal (maximum of 6 pages)**

**Include the following information:**

|  |  |
| --- | --- |
| **Technical Proposal Sections** | **Required Content** |
| 1. **Statement of Need** | * Your county has been designated as a high-burden county for HIV and HCV prevalence. However, please describe how *your* patients are at risk for HIV/HCV infection and could benefit from increased access to the free HIV/HCV testing services. * Explain the inability to fund the proposed program without federal assistance. |
| 1. **Plan to Implement the HIV/HCV Testing Program** | * Describe which population that you serve would be targeted as a priority population to receive HIV/HCV testing and why. * Describe how you would reach your priority population (e.g., on-site or a combination of on-site testing and outreach, marketing strategies, etc.). * Describe your capacity to either train existing staff or use funds to hire new staff to implement a testing program. * Describe your willingness to coordinate with the local AIDS Service Organization in your area to facilitate shadowing of rapid HIV/HCV testing until such time that you can test on your own. * Describe any potential barriers (other than training, because that will be provided) to program implementation and a plan to overcome the barriers. |
| 1. **Data Collection and Reporting Plan** | * Although DHEC staff will provide training on both testing mechanics and required reporting and DAODAS staff will provide training on DAODAS deliverables for SAMHSA, please describe the following: * Who will be responsible for submitting monthly counseling, testing, and linkage-to-care forms and disease reporting forms to DHEC * Who will be responsible for submitting testing deliverables into Box Enterprise for DAODAS * Describe how the benchmark for testing during the funding cycle will be monitored and measured to ensure that you are meeting your deliverables. |

**Qualifications and Experience (maximum of 4 pages)**

**Include the following information:**

|  |  |
| --- | --- |
| **Qualifications and Experience Sections** | **Required Content** |
| **Capacity and Competencies** | * Description of the agency’s structure and staffing plan for testing implementation. * The key person or people responsible for implementation of the strategies. * Description of the experience of your organization with similar projects and providing services to the population(s) of focus for this application. * Discussion of any previous collaboration that occurred that will help to achieve the objectives. |

**Budget/Budget Narrative (maximum of 4 pages)**

All test kits and controls will be provided free to awardees. The only items that you will need to purchase are small supplies such as adhesive bandages, gauze pads, gloves, face masks, etc.

Submit a budget that is complete, cost effective, and allowable (e.g., reasonable, allocable, and necessary for project activities). **You must not allocate more than 80% for personnel or more than 5% for administrative costs.**

You must provide a narrative justification for the items included in your proposed budget, as well as a description of existing resources and other support you expect to receive for the proposed project. “Other support” is defined as funds or resources – whether federal, non-federal, or institutional – in direct support of activities through fellowships, gifts, prizes, in-kind contributions, or non-federal means. Other sources of funds may be used for unallowable costs (e.g., meals, sporting events, entertainment).

See sample budget and budget narrative in Attachment 1 for additional information.

**Include the following information:**

* Organization name
* Overall requested amount by category for personnel, fringe, travel, supplies/materials, “other,” and administrative costs  
  **NOTE:** Administrative costs cannot exceed more than 5% of the total award.
* Narrative/justification for each item, to include a breakdown of costs to demonstrate the calculations for each item

**Attachment 1 – Sample Budget and Budget Narrative**

**CATEGORY DEFINITIONS**

**Personnel:** Toinclude salary and fringe amounts. Provide the following information for the budget narrative and justification:

1. **Position** – Provide the title of the position and an explanation of the roles and responsibilities of the position as it relates to the objectives of the project.
2. The position must be relevant and allowable under the project.
3. The salaries of facilities and administrative (F&A) and clerical staff are normally treated as indirect costs.
4. **Name** – The name of the individual to serve in the position. If the position is vacant, identify the anticipated hire date.
5. If the position is being performed by someone other than a full-time, part-time, or temporary employee of the applicant organization (e.g., consultant or contractor), the grant-supported position should be listed under the contracts category.
6. **Salary/Rate** – The estimated annual salary or rate. If providing a rate, specify the time basis (e.g., hourly, weekly).
7. Salaries should be comparable to those within your organization.
8. **Total Salary** – The total salary/amount each position is paid based on their contribution to the project.

**Fringe Benefits:** Fringe benefits are allowances and services provided to employees as compensation in addition to regular salaries and wages. Fringe benefits charged to an award must comply with HHS regulations at 45 CFR §75.431 ([https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.ecfr.gov%2Fcgi-bin%2Ftext-idx%3Fnode%3Dpt45.1.75&data=04%7C01%7Clbrown%40daodas.sc.gov%7C7ef48b63c9f5434d5d2808d8a2a75a95%7Ce9f8d01480d84f27b0d6c3d6c085fcdd%7C1%7C0%7C637438186940450859%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=vSVKkepBVMnoIdK4rcFj1DDSXqewFXZBodEIvgOG7kQ%3D&reserved=0)). Provide the following information for the narrative and justification:

1. **Position** – The title of the position being charged to the award to which the fringe rate is being applied.
2. **Name** – The name of the individual associated with the position (note if the position is vacant.)
3. **Rate** –The total fringe benefit rate used and a clear description of how the computation of fringe benefits was done.
4. The justification must detail the elements that comprise the fringe benefits (e.g., FICA, worker’s compensation). If a fringe benefit rate is not used, you should explain how the fringe benefits were computed for each position.
5. **Total Salary Charged to Award** – Use the amount provided under Section A: Personnel.
6. **Total Fringe Charged to Award −** Provide total fringe amount based on the rate applied to the total salary charted to the award.
7. Fringe benefits charged to the award can only reflect the percentage of time devoted to the project.
8. Do not combine the fringe benefit costs with direct salaries and wages in the personnel category.

**Travel and Training:** Funds requested in this category should be only for training related to project implementation. If your organization does not have documented travel policies, the S.C. State rates must be used (<https://cg.sc.gov/guidance-and-forms-state-agencies/travel-forms-and-mileage-rate>).

Provide the following information for the narrative and justification:

1. **Purpose** – Briefly note the purpose of the travel/training for strategy implementation.

a. The justification must identify the need for the travel.

b. The narrative description should include the purpose, why it is necessary and directly relates to the scope of work, number of trips planned, staff who will be making the trip, and approximate dates.

1. **Location** – Specify the start and end locations of the trip.
2. **Item** – Specify the costs associated with travel (e.g., mode of transportation, accommodations, per diem).
3. **Rate Calculation** – Specify the basis for the travel costs.
4. For mileage, specify the number of miles and the cost per mile. For air transportation, specify the cost. For per diem, specify the number of days and daily cost. For lodging, specify the number of nights and daily cost.
5. Costs for contingencies and miscellaneous costs are not allowable.
6. **Travel Cost Charged to Award** – Provide the total cost of the travel to be charged to the award during the budget period.

**Supplies and Materials:** Supplies are items costing less than $5,000 per unit (federal definition), often having one-time use. Provide the following information for the narrative and justification:

* 1. **Items** – List supplies by type (e.g., office supplies, postage, laptop computers). The justification must include an explanation of the type of supplies to be purchased and how it relates back to meeting the project objectives.

1. **Calculation** – Describe the basis for the cost, specifically the unit cost of each item, number needed, and total amount.
2. **Supply Cost Charged to the Award** − Provide the total cost of the supply items to be charged to the award during the budget period.

**Contractual Services (Personnel):** List the budgets for each contract. Provide the following information for the narrative and justification:

* 1. **Name** – Provide the name of the entity and identify if it is a contractor.
  2. **Service** – Identify the key tasks the contract will be providing.

1. As part of the justification, provide a summary of the scope of work, the specific tasks to be performed, and the necessity of the task for each contract as it relates to the Project Narrative. Include the dates/length for the performance period.  
   **NOTE:** Costs that are outside the period of performance of the award cannot be charged to the award.
2. **Rate** – Provide an itemized line-item breakdown.
3. **Contract Costs Charged to the Award** − Provide the total of the consultant or contract costs to be charged to the award during the budget period.

**Other:** This category includes costs for participant incentives.

**Administrative Costs:** Cannot exceed 5% of total award. This cost is to cover the costs incurred by the agency to administer the grant.

**Example Budget**

|  |  |
| --- | --- |
| **Organization Name:** Sunny County Recovery Partners | |
| **Funding Amount:** $64,999.61 | |
| **Strategies to Be Implemented:** HIV/HCV testing and referral services. | |
| **Personnel** | | **Position** | **Name** | **Annual Salary/Rate** | **Total Salary Charged to Award** | | --- | --- | --- | --- | | (1) HIV Testing Coordinator | Vacant, to be hired within 30 days of anticipated award date | $30,000.00 | $30,000.00 | | (2) Testing Assistant | Vacant, to be hired within 30 days of anticipated award date | $12,500.00 | $12,500.00 | | **Total Personnel Request** | | | $42,500.00 | |
| **Fringe** | | **Position** | **Name** | **Rate** | **Total Salary Charged to Award** | **Total Fringe Charged to Award** | | --- | --- | --- | --- | --- | | HIV Testing Coordinator | Vacant, to be hired within 30 days of anticipated award date | 29.65% | $30,000.00 | $8,895.00 | | **Total Fringe Request** | | | | $8,895.00 | |
| **Travel and Training** | Travel to testing sites throughout the county  1,000 miles (average trip 50 miles roundtrip x 20 trips) x 0.575 (state rate) = $575.00 |
| **Supplies and Materials** | Gloves for testing – 10 boxes of 100 gloves x $9.99/box = $99.99  Masks for testing – 2 boxes of 50 disposable 3-ply masks x $12.99/box = $25.98  Hand sanitizer (12 oz. bottles) for testing (15/case) – 3 cases x $139.99/case = $419.97  Adhesive bandages (1 inch x 3 inch) for testing (100/box) – 5 boxes x $5.80/case = $29.00  Non-contact forehead thermometer for testing – $33.49 x 2 = $66.98  Gauze for testing (50/box) – $3.85 x 2 boxes = $7.70  Lancets (FORA Sterile Safety Lancet, 1.8mm depth, 30 gauge, lancing device not required) for testing (100 count) = $14.99  Timer (digital) for testing = $9.97  Sterile mats for testing (30/case) – $59.63 x 4 cases = $238.52  Medical transport cooler for testing = $104.00  Thermometer for cooler = $9.80  Laptop computer for two positions supported by the grant – $1,429.48 x 2 = $2,858.96  General office supplies for 2 positions supported by the grant ($20.00/month x 7 months x 2 employees) = $280.00  Apple iPhone SE – $500.00 x 2 = $1,000.00  Printed materials (posters, brochures, flyers) to market testing to patients = $513.75 |
| **Contractual Services** | Business Unlimited Pro Verizon Wireless cell phone contract for 2 positions supported by the grant – $80.00/month per line x 7 months = $550.00 x 2 lines = $1,100.00  Social media marketing to boost agency Facebook posts to market testing to patients – $500.00 x 4 months = $2,000.00 |
| **Other** | Non-cash incentives for patients tested and referred for follow-up services – $10.00 non-cash incentive (gift card) x 50 patients x 2 incentives per patient (one after testing and one after linkage to services {first medical appointment kept}) = $1,000.00 |
| **Administrative Costs** | Administrative costs for Sunny County Recovery Partners to support the implementation of the grant through staff support – 5% of total award = $3,250.00 |

**Sample Budget Narrative**

**Personnel:**

HIV Testing Coordinator: This employee will provide daily oversight of the grant. This position is responsible for overseeing the implementation of project activities (i.e., HIV/HCV testing and submission of required reporting to DHEC). This will be a full-time position (40 hours/week).

HIV Testing Assistant: This employee will play a secondary role, assisting the Testing Coordinator as needed in implementing tasks related to the implementation of project activities. This will be a part-time position (20 hours/week). No benefits will be provided for this position.

**Total Personnel: $42,500.00**

**Fringe:**

Sunny County Recovery Partner’s fringe benefits are comprised of:

|  |  |
| --- | --- |
| **Fringe Category** | **Rate** |
| Retirement | 10% |
| FICA | 7.65% |
| Insurance | 6% |
| Social Security | 6% |
| **TOTAL** | **29.65%** |

The fringe benefit rate for full-time employees is calculated at 29.65%.

**Total Fringe: $8,895.00**

**Travel and Training:**

This covers travel throughout Sunny County for mobile testing as needed. Estimate 20 trips (5 trips per month x 4 months of testing) at state mileage reimbursement rate. Average trip is 50 miles roundtrip.

1,000 miles (average trip 50 miles roundtrip x 20 trips) x 0.575 (state rate) = $575.00

**Total Travel and Training: $575.00**

**Supplies and Materials:**

Supplies for testing to ensure safety and adherence to testing guidelines:

* Gloves for testing – box of 100 gloves ($9.99/box) x 10 boxes = $99.99
* Masks for testing (50/box) – disposable 3-ply face masks ($12.99/box) x 2 boxes = $25.98
* Hand sanitizer for testing (15 12-oz. bottles/case) – $139.99/case x 3 cases = $419.97
* Adhesive bandages (100 1-inch-x-3-inch bandages/box) – $5.80/box x 5 boxes = $29.00
* Non-contact forehead thermometer – $33.49 x 2 = $66.98
* Gauze (50/box) – $3.85/box x 2 boxes = $7.70
* FORA Sterile Safety Lancet (1.8 mm depth, 30 gauge) – 100 count = $14.99
* Timer (digital) = $9.97
* Sterile mats for testing (30/case) – $59.63/case x 4 cases = $238.52
* Medical transport cooler = $104.00
* Thermometer for cooler = $9.80

*Total Testing Supplies = $1,026.90*

Supplies for personnel needed to perform job tasks:

* Laptop computer for two positions supported by the grant – $1,429.48 x 2 = $2,858.96
* General office supplies for two positions supported by the grant ($20.00/month x 7 months x 2 employees) = $280.00
* Apple iPhone SE – $500.00 x 2 = $1,000.00

*Total Personnel Supplies = $4,138.96*

Supplies for marketing the availability of testing to patients:

* Printed materials (posters, brochures, flyers)
* 500 brochures x .20/brochure = $100.00
* 1,000 8½-x-11 flyers x .10/flyer = $100.00
* 125 posters x $2.51 = $313.75

*Total Marketing Supplies = $513.75*

**Total Supplies and Materials: $5,679.61**

**Contractual Services:**

Cell phone and contract for two positions supported by the grant, as well as paid placement of social media messages:

* Business Unlimited Pro Verizon Wireless Cell phone contract for two positions supported by the grant – $80.00/month per line x 7 months = $550.00 x 2 lines = $1,100.00 (Business plan includes: 120GB Premium Network Access, 5G Nationwide/4G LTE, 5G Ultra Wideband, and Unlimited Mobile Hotspot)
* Paid social media to boost agency Facebook posts and Instagram feeds to market testing to patients – $500.00/month x 4 months = $2,000.00

**Total Contractual Services: $3,100.00**

**Other:**

Non-cash incentives for patients tested and referred for follow-up services. Each patient can receive up to two non-cash incentives – one for completing testing and one for keeping the first medical appointment as a part of the linkage to services.

$10.00 non-cash incentive (gift card) x 50 patients x 2 incentives per patient = $1,000.00

**Total Other: $1,000.00**

**Administrative Costs:**

$3,250.00 (5% as allowed) will be allocated to cover administration of the grant through Sunny County Recovery Partners.

**Total Administrative Costs: $3,250.00**

**Total Amount Requested: $64,999.61**