

*California Department of Public Health  
Center for Infectious Diseases*

**Office of AIDS  
HIV Prevention Program  
Budget Guidance**

*for Cooperative Agreement Contracts  
Effective January 1, 2014*



Office of AIDS  
Center for Infectious Diseases  
California Department of Public Health  
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## ***I. INTRODUCTION***

The California Department of Public Health, Center for Infectious Diseases, Office of AIDS (OA) allocates HIV prevention funds to local health jurisdictions (LHJs) via a formula that uses the percentage of people living with HIV/AIDS (PLWH/A), excluding prison cases, percentage of African Americans, Hispanics, and people living below poverty. The weight of the criteria is as follows:

- 75% Percentage of PLWH/A, excluding prison cases (2011 Surveillance data);
- 15% Percentage of African Americans (2010 Census data);
- 5% Percentage of Hispanics (2010 Census data); and
- 5% Percentage of people living below poverty (2010 Census data).

[Click here](#) for detailed information regarding LHJ HIV Prevention Program allocations for the budget period of January 1, 2014 through December 31, 2014.

## ***II. ADMINISTRATIVE CHANGES***

### **1. HIV Prevention Program Budget Period**

Beginning January 1, 2014, OA's HIV Prevention Program budget cycle for contracts will be the 12-month calendar year (CY) January through December. OA has changed the budget cycle to mirror that of the Centers for Disease Control and Prevention (CDC) federal grant "PS12-1201, Comprehensive HIV Prevention Programs." OA allocates PS12-1201 contract funds within the California Project Area (CPA), which consists of all LHJs in the state outside of the San Francisco and Los Angeles metropolitan statistical areas (MSAs), which are directly funded by CDC 2014 is the third year of the five-year project period of PS12-1201.

OA provides funding to the 18 LHJs in the CPA that represent 90 percent of living HIV/AIDS cases outside of the San Francisco and Los Angeles MSAs. Through an agreement with Los Angeles County and the City of Long Beach, OA also administers the funds for the Long Beach HIV prevention program.

### **2. HIV Prevention Program Contract Amendments**

Current LHJ contracts for the OA HIV Prevention Program funding, scheduled to expire December 31, 2013, will be amended to extend the contracts by 24 months.

The amended contracts will be in effect July 1, 2013 through December 31, 2015, and will include three budget periods:

July 1, 2013	to	December 31, 2013
January 1, 2014	to	December 31, 2014
January 1, 2015	to	December 31, 2015

See "Required Documents" section below for additional contract amendment information and further instructions.

### **3. Change to HIV Prevention Partner Services (PS) Funding**

Effective January 1, 2014, PS funding will be included in the total allocation of funding awarded to the LHJs and will be distributed among funded LHJs according to the HIV Prevention Program formula described above.

PS is a core service, along with HIV testing and linkage to care (LTC). However, OA will no longer provide separate funding for PS. Instead, LHJs will be allowed to determine how to best apportion these funds in their local HIV Prevention Program plans.

## **III. PROGRAMMATIC CHANGES**

All LHJs funded by OA for HIV Prevention are currently required to provide three Tier I Core Services:

1. Targeted HIV testing when positivity yield is sufficient to warrant it;
2. PS; and
3. LTC.

Additionally, funded LHJs must:

4. Meet monitoring and evaluation requirements set by OA;
  5. Offer HIV testing through an alternative test site;
  6. Assign a staff member to attend to health care reform issues; and
  7. Meet the subsidiary requirements that support HIV testing, PS and LTC services.
1. Programmatic changes to OA's HIV Prevention Program are described in detail in the November 2013 version of the [Prevention Program Guidance January-December 2014](#). The changes outlined below and include; 1) Lower Prevalence LHJs; and 2) Required 75 Percent Allocation for Tier I Services should be considered when completing the "Required Documents" for your LHJ contract amendment.

## 2. Lower Prevalence LHJs

For the five lower-prevalence LHJs, OA will no longer require that they provide the “targeted HIV testing” Tier I Core Service.

Instead, these five LHJs will be given the option of using their resources to work with local health care providers to support LTC and PS. These LHJs are:

- Monterey;
- Santa Barbara;
- Santa Cruz;
- Stanislaus; and
- Ventura.

## 3. Required 75 Percent Allocation to Tier I Services

In accordance with the CDC grant PS12-1201, approximately 75 percent of funding must be allocated to Tier I activities. No more than 25 percent of the OA Prevention Program allocation may be used for Tier II activities.

Distribution of resources and implementation of the activities should be based on the balance of resources, epidemiologic data and OA’s priority populations. LHJs using OA prevention funds for Tier II activities must document that all Tier I activities are being conducted in the jurisdiction, either by OA-funded initiatives or through other sources. Required documentation is described in the [Prevention Program Guidance](#).

# IV. COMPLETING BUDGET DOCUMENTS

## 1. In order to complete the budget documents:

- a. Work closely with your Operations Advisor to ensure the budget forms are accurate and will require minimal changes when the final budget is submitted.
- b. Complete all budget forms, including filling out all check boxes. Provide an explanation on the “Document Checklist” for any forms not submitted.
- c. Include the LHJ and subcontractor Data Universal Numbering System (DUNS) number where indicated.
- d. Round all figures to the nearest whole dollar.
- e. For questions about completing the budget worksheets, please contact your assigned Operations Advisor in advance of the due date for submission.
- f. Submit budget forms to your Operations Advisor on or before December 31, 2013.
- g. Refer to the instructions below to complete the budget documents identified in the corresponding tab on the Excel spreadsheet.

## 1. **REQUIRED DOCUMENTS**

In order to process the HIV Prevention Program cooperative agreement contract amendments, please return the "Required Documents" below to your assigned Operations Advisor by close of business December 31, 2013:

1. Document Checklist
2. LHJ Contact Information
3. Five Line-Item Budget only for CY 2014 and CY 2015:
  - a. January 1, 2014 to December 31, 2014
  - b. January 1, 2015 to December 31, 2015
4. Budget Detail for 2014
5. Personnel Detail for 2014
6. Subcontractor Budget Detail for 2014 (if *applicable*)
7. Subcontractor Personnel Detail for 2014 (if *applicable*)
8. Service Category Summary for 2014

"Required Documents" are [available here](#) in a fillable Microsoft Excel file.

1. Documents/forms must be prepared by only using this file.
2. Excel file consists of multiple tabs/worksheets.
3. All worksheets contain built-in formulas.
  - a. Cells containing formulas are shaded in green.
  - b. Some information input into these cells automatically populates other tab/worksheet cells/computations.

### **Instructions for completing each "Required Document" are below.**

#### **1. Document Checklist**

The Document Checklist must be completed and signed by the LHJ to certify that all "Required Documents" have been accurately and thoroughly completed.

Any required documents that are not submitted require an explanation/justification. Failure to accurately/completely return all required documents by the due date may result in a delay of your LHJ's fully executed contract amendment.

#### **2. LHJ Contact Information**

In addition to your LHJ DUNS number, the Contact Information form must include your LHJ's key personnel:

- a. HIV/AIDS Director
- b. HIV Prevention Program Coordinator

c. HIV Prevention Program Fiscal Contact

OA uses this information to keep our records up-to-date, so the information must be completed for each position. In addition, a revised LHJ Contact Information form must be sent to your Operations Advisor if there is a staffing change at any time.

For the HIV Prevention Program Coordinator, please list the individual that our office will work with on a day-to-day basis.

**3. Five Line-Item budget**

LHJs are required to submit a five line-item budget for CY 2014 and CY 2015 that includes the total for Personnel, Operating Expenses, Capital Expenditures, Other Costs and Indirect Costs (limited to to15 percent of the total Personnel Costs including benefits).

**4. Budget Detail**

LHJs are required to submit a detailed budget for CY 2014. The detailed budget must include the same totals for each line-item as indicated in the five line-item budget. As with the five line-item budget, the detailed budget includes Personnel, Operating Expenses, Capital Expenditures, Other Costs and Indirect Costs.

LHJs are required to **complete the Operating Expenses line-item in its entirety by filling in every blank space that is provided and adding a brief justification for each item requested.** Additional pages have been added to this detailed budget so that you have space to provide a justification for each item that is listed under Operating Expenses. If an item that is listed doesn't apply, include N/A under the "Detailed Information and Justification" column. If you need to add an item that is not listed, additional rows are available so that you may list the item(s) and provide a justification for each item(s). If the exact cost of an item is unknown, an estimate that is closely aligned with the actual costs is acceptable.

When you fill out an item under Operating Expenses, consideration should be given to local needs and how this item will enhance your local prevention program. For example, when choosing a specific conference to attend it is important to identify the most appropriate staff to send to the conference and assess how the subject matter and topic of the conference will enhance and build capacity for your local prevention program.

The total in the Budget Detail must match the total of the five line-item budget.

**5. Personnel Detail Form**

This form identifies the LHJ personnel charged to the HIV Prevention Program cooperative agreement contract. The total for this form(s) must match the amount

entered in the total personnel line of the Five Line-Item Budget form and the Budget Detail form.

List each position funded under this contract and include the name of the staff person occupying each of the positions listed. If a position is vacant, include the estimated date that the position will be filled. Include a description for each position's major responsibilities. Please identify and include in the description of duties the staff member(s) that will be overseeing the responsibilities for health care reform planning, LTC, PS, the condom distribution program and LEO data entry activities.

Indicate the salary for each staff member occupying a specific position. In the case of an employee(s) that receives an hourly rate, indicate the total number of hours for the year instead of percent of time. Include the percentage for each staff member's benefit rate.

Personnel classifications and/or professional disciplines must be appropriate for the major responsibilities outlined in the description of duties, and for the management and oversight of the specific HIV prevention programs that OA funds. The administrative staff funded under this contract must perform duties that are necessary to support local HIV prevention program activities. This funding may be used for staff time dedicated to entering data into LEO, in order to meet the OA requirement that data be entered within 5 days of an encounter.

Duty statements must be available for all project personnel and must be maintained by the LHJ for review by OA's HIV Prevention staff upon request. Subtotal all personnel costs.

## **6. Subcontractor Budget Detail Form**

This form is required for each subcontractor and/or consultant funded by the HIV Prevention Program cooperative agreement. It is in the same format as the Budget Detail form but displays the subcontractor costs instead of the LHJ costs. LHJs must submit this form for each of their OA-funded subcontractors or consultants.

Additionally, each subcontractor is required to provide a DUNS number on the Subcontractor Budget Detail page.

Both sections 1 and 2 must be completed. Section 1 includes subcontractor information. Section 2 includes Personnel Costs, Operating Expenses, Capital Expenditures, Other Costs and Indirect Costs for the subcontractor.

## **7. Subcontractor Personnel Detail Form**

This form is required for each subcontractor and/or consultant funded by LHJ through this contract. This form follows the same format as the Personnel Detail form, but includes the subcontractor(s) personnel instead of the LHJs personnel.

## 8. Service Category Summary

CDC requires its PS12-1201-funded grantees to spend no more than 25 percent of the grant on “Recommended” (Tier II) services. Beginning in 2014, OA requires the same of our prevention-funded LHJs. For some LHJs this will mean decreasing or discontinuing health education and risk reduction efforts with HIV-negative individuals, as well as shifting participant recruitment efforts away from community-based sites to HIV patient care sites. It may also mean negotiating changes to contracts with local community-based and other providers of HIV services. The CDC has refined their list of Effective Behavioral Interventions (EBIs) recommended for different target populations. The list of CDC-supported interventions is available on the OA [web page for HIV Prevention providers](#), on the “Program and Policy Letters” page.

The programmatic requirements for OA’s HIV Prevention contract with LHJs are detailed in the [Prevention Program Guidance](#).

The following information provides a short description of key budgetary requirements for each service category.

### **HIV Testing**

HIV testing (with or without counseling) includes HIV testing activities targeting high-risk individuals in non-health care settings and health care settings. It also includes LTC service costs for newly-diagnosed HIV-positive individuals. If you are using Ryan White or other funding sources, do not include that funding in this category. Additionally, if your LHJ receives Category B Expanded Routine opt-out HIV Testing funding, do not include these funds in this category. Do not list PS funding in the HIV testing category.

### **Hepatitis C Virus (HCV) Antibody Testing**

Include the estimated number of individuals planned to be tested and the associated costs, such as staff time and HCV test kits, if supported with OA HIV Prevention funding.

### **Health Education/Risk Reduction (HE/RR) Activities**

HE/RR is now separated into Tier I and Tier II activities. No more than 25 percent of your budget may be spent on Tier II activities. Tier I should include the activities related to prevention with positives, retention/re-engagement in care, and treatment adherence that you will conduct with OA prevention funding. Enter syringe services program activities in

the distinct line for that activity. If you are conducting Tier II HE/RR activities (maximum of 25 percent of your budget), include all activities for high-risk negatives and social marketing activities.

### **Syringe Services Program Activities**

Allowable activities with OA prevention funding include supporting syringe disposal for IDUs, providing support for nonprescription sale of syringes in pharmacies and policy work.

### **Partner Services**

Include the amount that you will allocate for PS. Do not include funding from sources other than your OA Prevention contract. The estimated number of clients to be served in PS includes offers made to both newly-diagnosed individuals and previously-diagnosed HIV-positive individuals.

### **Non-Client Services**

In this line item include the total budgeted amount of OA Prevention funding used for activities such as health care reform planning, STD/HIV integration and/or activities that work toward prevention and care service integration. The estimated number of clients to be served is not applicable (N/A).

### **Administrative Costs**

This category should include costs such as personnel costs not related to interventions, appropriate operating expense costs, training, and indirect costs. The estimated number of clients to be served is N/A.

### **The following information includes instructions for each service category section:**

The Service Category Summary worksheet includes direct service costs, non-client service costs and administrative costs. As you complete the Program Service Category Summary tables, **please incorporate direct service costs, non-client service costs and administrative costs into the budget amounts for each category.** Each of these is described below. By incorporating direct service costs, non-client service costs and administrative costs, you will be able to account for your total award amount. **Only include your OA Prevention contract funding.** Do not include budgeted amounts from other funding sources such as from Ryan White or county funding.

**Section 1** is a summary of services that the health department will provide. For each direct service activity, provide the estimated number of clients to be served for each service category and the budgeted amount for each of these services.

**Section 2** is a summary of services provided by each of your subcontractors. Complete one table for each of your subcontractors; including a list of the direct services they will provide, the estimated number of clients to be served and budgeted amount the subcontractor will spend on each service activity. The subcontractor's Service Category Summary Form should also include administrative cost and non-client service costs.

**The total of budgeted amounts for all your subcontractors in Section 2 should match the amount listed under “Other Costs” in the LHJ’s budget.**

**Section 3** summarizes the combined totals from Sections 1 and 2. It contains the total for *all* services and costs related to the prevention contract. **The total for Section 3 must equal your total allocation.** Your allocation is listed below the Section 3 Total.

## **VI. REPORTING REQUIREMENTS**

### **1. Progress Reports**

Progress reports are required on a semi-annual basis, and must be submitted to your assigned Operations Advisor via e-mail.

The progress reports for CY 2014 will cover the first six months of the contract, from January 1, 2014 to June 30, 2014, and the second six-month period, from July 1, 2014 to December 31, 2014. The two six-month progress reports for activities conducted in CY 2014 will be due on August 15, 2014 and February 15, 2015.

The progress reports for CY 2015 will cover the first six months of the contract, from January 1, 2015 to June 30, 2015, and the second six-month period, from July 1, 2015 to December 31, 2015. The two six-month progress reports for activities conducted in CY 2015 will be due on August 15, 2015 and February 15, 2016.

The progress reports should address, 1) all applicable services performed in Tier I and/or Tier II; 2) required information as outlined in the [Prevention Program Guidance](#); and 3) follow-up items outlined in the feedback provided from the previous progress report.

Please report on all activities implemented by your LHJ, and include the activities of all your subcontracted agencies.

The progress report should follow the guidance instructions that will be provided in the progress report template prior to the reporting period.

## **VII. INVOICING AND LINE-ITEM BUDGET REVISION**

### **1. Invoicing**

LHJs must submit invoices for reimbursement of expenses incurred on a monthly or quarterly basis. Invoices must be based on actual expenses incurred within the month/quarter specified, and the expenses claimed must be within the dollar amounts indicated for each of the five line-items in your approved budget.

Signed electronic copies of invoices must be submitted **forty-five days** following the end of each billing period to [OOAInvoicedesk@cdph.ca.gov](mailto:OOAInvoicedesk@cdph.ca.gov). When submitting invoices to OA, contractors must ensure that the invoice includes the name of LHJ, OA contract number and authorized signature.

Beginning in January 2014, Prevention contractors will be required to submit supporting information in a detailed invoice. The detailed invoice will follow the five line-item format and include a breakdown of additional information for the LHJ to complete. OA will provide LHJs with an invoice template.

## **2. Line-Item Budget Revision**

Contractors should continuously assess their budgets and shift funding based on expenditures and need. Line Item Budget Revisions can be submitted quarterly or as needed to assist contractors in moving funds to accommodate the service needs of their LHJs.

Contractors are allowed line-item shifts up to **fifteen percent** per line-item. Prior approval by the Operations Advisor is required. The LHJ must submit a justification, and once the justification is approved, the LHJ will be provided with a form to complete and submit to your assigned Operations Advisor. The LHJ's approved annual budget total may not be increased.

## **VIII. HOW, WHEN, AND WHERE TO SUBMIT REQUIRED BUDGET DOCUMENTS**

Please e-mail the completed budget documents (*Excel file*) **to your assigned Operations Advisor by December 31, 2013.**

## HIV PREVENTION PROGRAM CONTACTS

<b><i>HIV Prevention Program</i></b>		
HIV Prevention Branch Interim Chief	<a href="mailto:Alessandra.Ross@cdph.ca.gov">Alessandra.Ross@cdph.ca.gov</a>	(916) 449-5796
HIV Prevention Operations Section Chief	<a href="mailto:Sandy.Simms@cdph.ca.gov">Sandy.Simms@cdph.ca.gov</a>	(916) 449-5538
HIV Prevention Program Section Chief	<a href="mailto:Amy.Kile-Puente@cdph.ca.gov">Amy.Kile-Puente@cdph.ca.gov</a>	(916) 449-5805

<b><i>HIV Prevention Operations Advisors</i></b>	<b><i>Assigned LHJ's</i></b>
Cheryl Austin (916) 449-5810 <a href="mailto:Cheryl.Austin@cdph.ca.gov">Cheryl.Austin@cdph.ca.gov</a>	<ul style="list-style-type: none"> <li>• Alameda</li> <li>• Monterey</li> <li>• Orange</li> <li>• Santa Barbara</li> <li>• Santa Cruz</li> </ul>
Clar Rohde (916) 445-4346 <a href="mailto:Clar.Rohde@cdph.ca.gov">Clar.Rohde@cdph.ca.gov</a>	<ul style="list-style-type: none"> <li>• Contra Costa</li> <li>• Fresno</li> <li>• Kern</li> <li>• Santa Clara</li> <li>• Sonoma</li> </ul>
Jill Harden (916) 445-2561 <a href="mailto:Jill.Harden@cdph.ca.gov">Jill.Harden@cdph.ca.gov</a>	<ul style="list-style-type: none"> <li>• Riverside</li> <li>• San Bernardino</li> <li>• San Diego</li> <li>• Stanislaus</li> <li>• Ventura</li> </ul>
Jessica Brown (916) 449-5835 <a href="mailto:Jessica.Brown@cdph.ca.gov">Jessica.Brown@cdph.ca.gov</a>	<ul style="list-style-type: none"> <li>• Long Beach</li> <li>• Sacramento</li> <li>• San Joaquin</li> <li>• Solano</li> </ul>

### Other HIV Prevention Branch Contacts

The following prevention program specialists at OA are available to provide LHJ's with technical assistance when developing the local HIV prevention program that will be represented in the CY 2014 budget documents:

<b><i>Program Specialists</i></b>	<b><i>Service Area</i></b>
Matthew Willis (916) 449-5797 <a href="mailto:Matthew.Willis@cdph.ca.gov">Matthew.Willis@cdph.ca.gov</a>	Targeted Testing and HCV Testing
Clark Marshall (916) 650-6752 <a href="mailto:Clark.Marshall@cdph.ca.gov">Clark.Marshall@cdph.ca.gov</a>	Routine Opt-Out Testing in Medical Settings
Dennese Neal (916) 440-7744 <a href="mailto:Dennese.Neal@cdph.ca.gov">Dennese.Neal@cdph.ca.gov</a>	Linkage to Care, Comprehensive Prevention with Positives
Kevin Sitter (916) 449-5814 <a href="mailto:Kevin.Sitter@cdph.ca.gov">Kevin.Sitter@cdph.ca.gov</a>	Comprehensive Prevention with Positives, HE/RR Interventions
Amy Kile-Puente (916) 449-5805 <a href="mailto:Amy.Kile-Puente@cdph.ca.gov">Amy.Kile-Puente@cdph.ca.gov</a>	Partner Services
Alessandra Ross (916) 449-5796 <a href="mailto:Alessandra.Ross@cdph.ca.gov">Alessandra.Ross@cdph.ca.gov</a>	Injection Drug Using Target Population, Syringe Services Programs
Carol Crump (916) 449-5965 <a href="mailto:Carol.Crump@cdph.ca.gov">Carol.Crump@cdph.ca.gov</a>	Comprehensive Prevention with Positives, Re-engagement in Care
Kama Brockmann (916) 449-5964 <a href="mailto:Kama.Brockmann@cdph.ca.gov">Kama.Brockmann@cdph.ca.gov</a>	Use of Surveillance Data in High-Impact HIV Prevention Programming
Karin Hill (916) 319-9461 <a href="mailto:Karin.Hill@cdph.ca.gov">Karin.Hill@cdph.ca.gov</a>	HIV Test Counselor Training