



**CDC/ASPH**

**Institute for HIV Prevention Leadership**

**2011 Application Packet**

## CDC/ASPH Institute for HIV Prevention Leadership

### Introduction

The Centers for Disease Control and Prevention (CDC) and the Association for Schools of Public Health (ASPH) announce the 2011 CDC/ASPH Institute for HIV Prevention Leadership. The Institute is an intensive, four-week program designed to enhance the public health promotion/disease prevention and strategic management capacity of community-based organizations (CBOs).

The CDC/ASPH Institute for HIV Prevention Leadership was developed based on extensive assessment efforts with CBOs, health departments, and CDC partners, including the National Minority AIDS Council and National/Regional Minority Organizations. CDC and ASPH have collaborated over the past several years to develop this Institute in concert with experts from CBOs, Schools of Public Health, other academic programs, and private enterprises. The Institute is funded by the CDC through a cooperative agreement with ASPH and the University of South Carolina.

The mission of the CDC/ASPH Institute for HIV Prevention Leadership is:

*To enhance the HIV prevention capacity of CBOs that serve populations and/or communities affected by or at risk for HIV/AIDS. This mission is achieved through the provision of professional development and education programs specifically designed to enhance knowledge and skills in the principles of public health promotion/disease prevention and strategic planning and management.*

The CDC/ASPH Institute for HIV Prevention Leadership is designed to enhance CBO capacity in key areas, including but not limited to the following:

- Strategic planning and management
- Program assessment, implementation, and evaluation
- Application of behavioral and social theory
- Principles of health education and health promotion
- Leadership

### Who Can Apply?

The 2011 CDC/ASPH Institute for HIV Prevention Leadership invites applicants from two categories of HIV Prevention Program Managers in CBOs: A) those funded directly by the CDC; and B) those funded via a local health department and not funded directly by the CDC.

The Institute is specifically designed for HIV program managers. An HIV prevention program manager is an individual who works in an eligible CBO and who is primarily responsible for overseeing the development, implementation, and evaluation of HIV prevention programs. *Please note that only one person from each CBO can be accepted each year.*

To apply, you must meet the following criteria:

- Function as an HIV prevention program manager.
- Have some university or college experience.
- Have three or more years of paid work experience in HIV prevention.
- Work at a CBO that has been in existence for at least one full year as of October 2010.
- Work at a CBO that serves minority and/or underserved populations.
- Provide evidence of support for your participation from your supervisor and your organization's Executive Director, President or Board of Directors. (Letters of Support forms are included in the application packet.)

In addition to the above criteria, you must apply under either Category A or Category B described below.

**CATEGORY A: Directly funded by the CDC**

To be eligible under category A, in addition to the above criteria, you must:

- Function as an HIV prevention program manager working in a CBO which receives direct financial support from the CDC under Program Announcements 08803, 04064, 06618, 09906, or 101003.

**CATEGORY B: Funded via a state, city, or local health department**

To be eligible under category B, in addition to the above criteria, you must:

- Work for a CBO that is minority-based. To be considered minority-based, your organization must:
  - Serve minority populations as defined by the program announcement or contract under which the agency was funded
  - Have provided HIV prevention services in each of the last three years to minority populations
- Work for a CBO that has a documented history of stable funding, i.e. funding from a state, city, or local health department
- Submit the Supplemental Eligibility Form (included in this application packet) signed by an authorized official from your funding source documenting that your CBO meets the above criteria

**What Is Expected of Institute Participants?**

All participants in the Institute are referred to as “scholars.” Scholars attend four weeks of on-site instruction in Atlanta, GA (one week each in January, April, June, and September). Each Institute Week begins with a mandatory Orientation on Monday afternoon, and concludes on Friday afternoon. Classes are held Tuesday through Friday from 8:30 am until 5:30 pm. Scholars are expected to be present without interruption for all classroom instruction and activities. Scholars also attend occasional evening sessions. All scholars are expected to dedicate the time and effort necessary to complete the Institute successfully. This includes attending and actively participating in all sessions; completing all assignments in a timely, thorough, and professional manner; and completing all Institute evaluations as requested. The Institute is an intense experience and requires an extensive commitment from the scholar. The Institute provides all activities at no cost to the scholar or the scholar’s agency.

**What Is Expected of Scholars’ CBOs?**

Cooperation and participation of each scholar’s CBO is an integral part of the scholar’s successful completion of the Institute. Completion of the Integrative Learning Experience (see description below) requires cooperation of agency employees and staff as well as community stakeholders. Some flexibility may be required during work hours for the scholar to complete the Integrative Learning Experience. The scholar’s CBO is expected to continue salary payment for the scholar during Institute attendance. Authorized representatives of the CBO must also sign Letters of Support (included in this application packet on pages 16-17).

**Assignments – The Integrative Learning Experience**

As part of the Institute, scholars are required to complete a series of Integrative Learning Experience (ILE) activities. The ILE is an assignment that continues throughout the nine months of the Institute. Scholars are expected to spend a significant amount of time completing the ILE between Institute weeks. Completion of the ILE requires the cooperation of the scholar’s CBO and community stakeholders. Previous scholars have reported spending at least 20 hours between Institute weeks working on their ILEs.

The purposes of the Integrative Learning Experience (ILE) are as follows:

- To provide scholars with meaningful opportunities to apply what is learned at the Institute to actual strategic management and planning activities within their own CBOs
- To design plans to implement and evaluate an evidence-based HIV prevention intervention program within one’s own CBO

At the completion of the entire ILE project, scholars will have completed a strategic plan for a business/operational priority and an intervention plan for an HIV prevention program. During Week Four of the on-site Institute session, scholars orally present a summary of their completed ILE in a PowerPoint presentation. Some scholars have used information from their ILEs in grant applications to acquire more resources for their agencies.

## Equipment

The Institute provides each scholar with a laptop computer for use during the Institute year. Upon successful completion of the Institute, the laptop becomes the property of the scholar's CBO (not the property of the scholar). The Executive Director, President, or Board of Directors must sign an agreement to accept responsibility for the care of the laptop during the Institute year. This form is included in the Application Packet.

## Scholar Advisors

Upon acceptance, scholars are assigned a Scholar Advisor for the duration of the Institute. The Scholar Advisor meets with scholars at least once each week of the Institute and is available by e-mail and telephone between sessions. Scholar Advisors provide appropriate guidance and feedback during the completion of the ILE and review and evaluate the ILE. Scholar Advisors provide both educational and motivational support as scholars complete the Institute.

## Learning Community

The Institute experience creates a learning environment for HIV prevention professionals through:

- Developing a network of colleagues in HIV prevention
- Exploring new ideas
- Enhancing individual, organizational, and community capacity
- Bridging academia, research, and practice
- Developing skills to enhance the capacity of the CBO's HIV prevention programs
- Applying new knowledge and skills through completion of an Integrative Learning Experience
- Developing leadership in HIV prevention

Each learning module within the Institute has a didactic component, and is designed to be as interactive as possible (e.g. role play, case studies, and small group discussion). The Institute combines public health and strategic management approaches with the creation and development of leadership skills. Learning at the Institute is focused on six topics, and each Institute week includes a variety of sessions directly related to these topic areas. Curriculum topics are listed below, along with their corresponding sub-topics.

TOPIC	SUB-TOPIC	TOPIC	SUB-TOPIC
Social & Behavioral Sciences	Theory Program Planning Program Implementation Program Evaluation	Leadership	Communication Team Building Professionalism Coalition Building
Biostatistics & Epidemiology	Biostatistics Epidemiology	Health Policy & Management	Public Health Policy Human Resources Management Fiscal Management Strategic Planning
Diversity, Culture & Ethics	Health Disparities Ethical Practice	Technology & Informatics	Technology Informatics

## **E-Learning**

In addition to the four weeks of classroom instruction, the Institute maintains a website for additional materials and assistance ([www.ihpl.org](http://www.ihpl.org)). Scholars can find a variety of resources on the website to facilitate the sharing of information learned at the Institute with colleagues. These resources include online courseware designed for HIV prevention program managers in community-based organizations.

## **Institute Logistics**

The Institute will take place in Atlanta, Georgia during the following four weeks of 2011:

**Week 1:** January 24-28, 2011

**Week 2:** April 11-15, 2011

**Week 3:** June 6-10, 2011

**Week 4:** September 19-23, 2011

Travel and accommodations are arranged and paid for by the Institute. Scholars must arrive by 3:00 p.m. the Monday of each Institute week and remain until 5:30 p.m. on Friday of each Institute week. Scholars are required to stay at the training site during the Institute. Meals are provided to scholars each day.

The Institute or its funders do not cover medical care that scholars may need while attending the Institute. Local clinics and hospitals/emergency rooms are located near the Institute training site if scholars need medical attention.

## **Additional Benefits**

Scholars will receive continuing education units (CEUs) from the University of South Carolina upon successful completion of the Institute. These CEUs document the work in public health promotion/disease prevention and in strategic management. In many cases, scholars may use the CEUs towards professional credentialing and licensing.

Additionally, scholars will automatically become an Institute Fellow upon successful completion of the Institute. The Institute facilitates continued networking with other Fellows and an expanded electronic resource room via the website.

## Application Information

Please read the directions carefully. The necessary steps to complete this application are explained. No faxed application packets will be considered.

**Deadline: Applications must be postmarked by June 25, 2010**

## Mailing the Application Packet:

Applicants must submit one original completed application packet. The Letters of Support, Letters of Recommendation, and Supplemental Eligibility Form (if applicable) can be submitted along with your application, or they can be mailed separately to the address listed below. The Letters of Recommendation must be completed using the forms provided, and each should be submitted in a sealed envelope, with the recommender's signature across the seal. All completed application materials must be postmarked by **June 25, 2010**.

Mail the completed application materials to:

**CDC/ASPH Institute for HIV Prevention Leadership  
2221 Devine Street, Room 219  
Columbia, SC 29205  
ATTN: Jennifer Turner**

If you have any questions about this application or your eligibility, please contact:

Jennifer Turner  
Application Manager  
E-mail: Turnerj8@mailbox.sc.edu  
Phone: 803-734-1617

## Application Process

- Step 1 Completed application packets are submitted.
- Step 2 Project staff review all applications and separate those which do not meet minimum eligibility criteria.
- Step 3 Application reviewers numerically rate each eligible application based on standardized criteria. Each eligible application is reviewed by five independent readers and their scores are averaged.
- Step 4 A panel reviews, scores, and selects qualified applicants and alternates.
- Step 5 Project staff notifies selected applicants and invites them to participate.\*
- Step 6 Selected applicants respond to their invitation to participate in the Institute.
- Step 7 If space becomes available, alternates are contacted and invited to participate.

\* The application review process typically takes approximately 12 weeks.

## Selection Criteria:

Reviewers will rate applicants based on the criteria listed below. In addition, the Institute will accept only one applicant from any given CBO each year.

25 pts.	Meeting Eligibility Criteria
60 pts.	Essay Questions (30 pts. Each)
15 pts.	Letters of Recommendation (5 pts. Each)
100 pts.	<u>Total</u>

## Application Checklist

**All applicants must complete and submit all of the following items:**

- Informed Consent Form (submit 1 page and keep 1 page for your records)
- Application Form (2 pages)
- Essay Question 1 (2 pages)
- Essay Question 2 (2 pages)
- 2 Letters of Support from CBO (1 page each)
- 3 Letters of Recommendation (2 pages each)
- Institute Profile Tool (5 pages)

*If you are applying under Category B (funded by a state, city or local health department funded by the CDC), you must also include:*

- Supplemental Eligibility Form (2 pages)

University of South Carolina  
Arnold School of Public Health  
Informed Consent Form

Disclosure

The Institute for HIV Prevention Leadership is being sponsored by the Centers for Disease Control and Prevention and the Association of Schools of Public Health (ASPH). The goal of the Institute is to enhance the HIV prevention capacity of community-based organizations (CBOs) through the provision of public health prevention and strategic management training to HIV prevention program managers and other personnel and organizations with whom they work in planning, implementing, and evaluating HIV prevention programs. The evaluation of the Institute is being conducted by the University of South Carolina, Arnold School of Public Health.

If you apply to participate in the Institute, you must fill out the attached questionnaire on your background, knowledge of public health prevention and strategic management, and organizational learning. In addition, it is expected that you will complete other questionnaires related to the Institute that are sent to you. The questionnaire will be detached from your application to participate in the Institute for HIV Prevention Leadership and will be kept in a separate file. This informed consent form will be detached from the questionnaire upon receipt of your application packet in order to maintain confidentiality. The Institute staff will not identify you or your organization in any publications and all records will be kept strictly confidential. The information will be documented in a way that neither you nor your organization can be identified and only Institute staff will have access to the identifying information.

Consent

I understand that by applying to participate in the Institute for HIV Prevention Leadership I am also agreeing to participate fully in its evaluation. I understand that the evaluation will include the completion of multiple survey instruments and informal interviews with Institute staff. I also understand that, though complete, honest, and accurate information is important, I may refuse to answer some questions and may withdraw my consent at any time without prejudice.

I understand that there is no risk to my organization or to me if I participate. I may benefit from participation in this evaluation in that this and subsequent offerings of the Institute for HIV Prevention Leadership may be tailored to meet the needs and knowledge of participants. As a result, the HIV prevention capacity of community-based organizations may be enhanced. In addition, the populations-at-risk and those already infected with HIV may benefit from these improved HIV prevention services.

I understand that I may ask questions at any time and that if I have additional questions I may contact: Dr. Donna L. Richter, University of South Carolina, the Arnold School of Public Health, Columbia, SC 29208. Phone: (803) 734-4276. I also affirm that I have been given a copy of the informed consent form.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

University of South Carolina  
Arnold School of Public Health  
Informed Consent Form

Disclosure

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Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Application Form

Please read all instructions before completing this form. Type or print clearly in black or blue ink, answer ALL questions, using “None” or “N/A” if appropriate.

### Personal Information

Name: \_\_\_\_\_  
*First Middle Last*

Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City State Zip*

Home Telephone: (        ) \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

### Business Information

CBO: \_\_\_\_\_

Your Job Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_ *City State Zip*

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Your Business Email: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_

Executive Director's Name: \_\_\_\_\_

**I am applying under:**

- Category A: (Directly CDC funded)** Check the box beside the Program Announcement Number under which your CBO receives funding (check all that apply).
  - CDC Program Announcement 08803
  - CDC Program Announcement 04064
  - CDC Program Announcement 06618
  - CDC Program Announcement 09906
  - CDC Program Announcement 101003
  
- Category B: (not directly CDC funded)\***  
Specify the name of the Health Department under which you are funded:  

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*\*Please remember to include the Supplemental Eligibility Form along with your application.*

**If you are not directly or indirectly funded by the CDC, please indicate your CBO's funding source\* below:**

- Private funding (i.e., foundation or private company)
- No funding source

*\*If your CBO is not funded according to Category A or B above, then you do not meet our eligibility criteria (see pages 2-3).*

**Emergency Contact**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check yes or no:

**My CBO is minority-based.** [To be considered as a minority-based CBO, your organization must serve minority populations as defined by the program announcement or contract under which the agency was funded and have provided HIV prevention services in each of the last three years to minority populations.]

- Yes  No

How did you learn about the Institute for HIV Prevention Leadership. *Please check all that apply:*

- IHPL Fellow  IHPL Flyer  Local Health Dept.
- IHPL Website  IHPL Postcard  Other (specify \_\_\_\_\_)

The above information is correct to the best of my knowledge. By signing below, I agree to all terms and conditions as stipulated in this application packet and will agree to adhere to Institute policies. In the event that I am unable to complete the CDC/ASPH Institute for HIV Prevention Leadership, I will return the laptop computer to the Institute in working order.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The CDC/ASPH Institute for HIV Prevention Leadership has a non-discrimination policy and does not discriminate against any individual on the basis of personal characteristics such as race, color, religion, gender, national origin, age, disability, sexual orientation, or veteran status.



## Essay Question 1

Using this form, please write an essay, no longer than 2 typed pages (12 point font, double-spaced), which briefly describes one of the most challenging issues your CBO faces in HIV prevention and how participation in the CDC/ASPH Institute for HIV Prevention Leadership may help you address this issue.

**Essay 1 – Continued:**



## Essay Question 2

Using this form, please write an essay, no longer than 2 typed pages (12 point font, double-spaced), which briefly describes your leadership style and how participation in the Institute is relevant to your professional development goals.

**Essay 2 – Continued:**

## CDC/ASPH Institute for HIV Prevention Leadership Letter of Support from CBO

This form is to be completed by an **authorized representative** of the applicant's CBO, preferably the Executive Director or the President of the Board of Directors of the CBO.

Name of Applicant: \_\_\_\_\_

This applicant to the CDC/ASPH Institute for HIV Prevention Leadership has the full support of his/her CBO during his/her participation in this program. If this applicant is accepted as a scholar in the program, his/her CBO agrees to:

- Pay the Scholar's salary while he/she attends the Institute for HIV Prevention Leadership.
- Maintain and insure the laptop computer the scholar receives. This laptop is not to be upgraded or changed in any way during the Institute program year.
- Participate in the Integrative Learning Experience exercises, where appropriate.
- Reimburse the Institute for any unauthorized changes or cancellations to travel arrangements to the four on-site sessions of the Academy.

It is also understood that:

- The laptop computer will become the property of this CBO upon the scholar's successful completion of the Institute. Should the scholar not complete the Institute, the laptop computer will be returned in good working order to the Institute immediately.
- Use of the laptop computer will be restricted to the scholar only during the Institute year.
- The Scholar's supervisor will be informed of the Scholar's performance during the Institute program year.
- Approximately 20 hours of time between each Institute week will be needed to complete the Integrative Learning Experience assignments in addition to the 4 weeks of classroom time.

As an **authorized representative** of the applicant's CBO, I fully understand and agree to the above. This applicant has the support of this CBO to participate in the CDC/ASPH Institute for HIV Prevention Leadership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## CDC/ASPH Institute for HIV Prevention Leadership Letter of Support from Supervisor

This form is to be completed by the applicant's *immediate supervisor*. If the applicant's immediate supervisor is the Executive Director or President of the Board of Directors, and has signed the Letter of Support from CBO, then it is not necessary to complete this form.

Name of Applicant: \_\_\_\_\_

This applicant to the CDC/ASPH Institute for HIV Prevention Leadership has the full support of his/her Supervisor during his/her participation in this program. If this applicant is accepted as a scholar in the program, his/her Supervisor agrees to:

- Allow the Scholar to attend the Institute for HIV Prevention Leadership.
- Participate in the Integrative Learning Experience exercises, where appropriate.

It is also understood that:

- The laptop computer will become the property of this CBO upon the scholar's successful completion of the Institute. Should the scholar not complete the Institute, the laptop computer will be returned in good working order to the Institute immediately.
- Use of the laptop computer will be restricted to the scholar only during the Institute year.
- The Scholar's supervisor will be informed of the Scholar's performance during the Institute program year.
- Approximately 20 hours of time between each Institute week will be needed to complete the Integrative Learning Experience assignments in addition to the 4 weeks of classroom time.

As the applicant's **supervisor**, I fully understand and agree to the above. This applicant has my support to participate in the CDC/ASPH Institute for HIV Prevention Leadership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Institute for HIV Prevention Leadership  
Letter of Recommendation Form**

**Section 1: To be completed by the applicant.**

Name of Applicant: \_\_\_\_\_

***Waiver of Access:***

I, the undersigned, waive the right of personal access to the reference. (If signed, this document becomes confidential.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2: To be completed by the person making the recommendation.**

You have been asked to recommend this person for admission to the Institute for HIV Prevention Leadership. We would greatly appreciate your completing this form at your earliest convenience and returning it to the address listed below. Please submit this form in a sealed envelope, with your signature across the seal. If you wish, you may supplement this form with a written letter.

Upon request, the applicant may view this form unless the above waiver has been signed.

Please send the completed form to:

**Institute for HIV Prevention Leadership  
2221 Devine Street, Room 219  
Columbia, SC 29205  
Attn: Jennifer Turner**

Name of Recommender: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. In what capacity do you know the applicant, and how well do you know the applicant?

2. How long have you known the applicant?

3. Give your opinion of the applicant's qualification in the following areas to work in HIV prevention programs.

	Highly Qualified	Qualified	Marginally Qualified	Unqualified
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General knowledge of HIV prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please provide any comments about the applicant that may be useful in evaluating his/her application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Institute for HIV Prevention Leadership  
Letter of Recommendation Form**

**Section 1: To be completed by the applicant.**

Name of Applicant: \_\_\_\_\_

***Waiver of Access:***

I, the undersigned, waive the right of personal access to the reference. (If signed, this document becomes confidential.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2: To be completed by the person making the recommendation.**

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2221 Devine Street, Room 219  
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Attn: Jennifer Turner**

Name of Recommender: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. In what capacity do you know the applicant, and how well do you know the applicant?

2. How long have you known the applicant?

3. Give your opinion of the applicant's qualification in the following areas to work in HIV prevention programs.

	Highly Qualified	Qualified	Marginally Qualified	Unqualified
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General knowledge of HIV prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please provide any comments about the applicant that may be useful in evaluating his/her application.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Institute for HIV Prevention Leadership  
Letter of Recommendation Form**

**Section 1: To be completed by the applicant.**

Name of Applicant: \_\_\_\_\_

***Waiver of Access:***

I, the undersigned, waive the right of personal access to the reference. (If signed, this document becomes confidential.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2: To be completed by the person making the recommendation.**

You have been asked to recommend this person for admission to the Institute for HIV Prevention Leadership. We would greatly appreciate your completing this form at your earliest convenience and returning it to the address listed below. Please submit this form in a sealed envelope, with your signature across the seal. If you wish, you may supplement this form with a written letter.

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Attn: Jennifer Turner**

Name of Recommender: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1. In what capacity do you know the applicant, and how well do you know the applicant?

2. How long have you known the applicant?

3. Give your opinion of the applicant's qualification in the following areas to work in HIV prevention programs.

	Highly Qualified	Qualified	Marginally Qualified	Unqualified
Oral communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work in teams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General knowledge of HIV prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Willingness to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Please provide any comments about the applicant that may be useful in evaluating his/her application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Institute for HIV Prevention Leadership Supplemental Eligibility Form

This form is for applicants from CBOs funded by a state, city, or local health department via a CDC cooperative agreement, and not funded directly by CDC. This form should be completed by an authorized official in the state, city, or local health department from which the CBO receives funding.

Please send the completed form to:

**Institute for HIV Prevention Leadership**  
**2221 Devine Street, Room 219**  
**Columbia, SC 29205**  
**Attn: Jennifer Turner**

The purpose of this form is to verify the funding source of the applicant's CBO, the stability of the CBO, and that the CBO is minority-based. To be considered as a minority-based CBO, the organization must serve minority populations as defined by the program announcement or contract under which the agency was funded and have provided HIV prevention services in each of the last three years to minority populations.

### Section 1: Applicant Information

To be completed by the applicant (please type or print).

Name of Applicant: \_\_\_\_\_  
*First Middle Last*

Name of CBO: \_\_\_\_\_

### Section 2: Funding Source Information

To be completed by an authorized official of the funding source (please type or print).

Name of Health Department: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Name of Authorized Official Completing this form: \_\_\_\_\_

Title of Authorized Official: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

### Section 3: Verification of Eligibility

To be completed by an authorized official of the funding source (please type or print).

1. Is the applying CBO **currently** funded by your agency?

Yes \_\_\_\_\_ No \_\_\_\_\_ I Don't Know \_\_\_\_\_

2. Has the applying CBO received financial support directly from your agency for **at least one year**?

Yes \_\_\_\_\_ No \_\_\_\_\_ I Don't Know \_\_\_\_\_

3. Has the applying CBO received financial support directly from your agency through a CDC cooperative agreement for at least one year?

Yes \_\_\_\_\_ No \_\_\_\_\_ (go to #4) I Don't Know \_\_\_\_\_ (go to #4)

a. If yes, please indicate below the most current year that the applying CBO has received this type of funding, the amount of the award, and the duration of the award (number of years the funding covers):

Year \_\_\_\_\_ Amount \_\_\_\_\_ Duration (number of years) \_\_\_\_\_

4. Does the applying CBO currently provide HIV prevention programs to minority and/or underserved populations?

Yes \_\_\_\_\_ No \_\_\_\_\_ I Don't Know \_\_\_\_\_

5. Is the applying CBO currently a minority-based CBO?

Yes \_\_\_\_\_ No \_\_\_\_\_ I Don't Know \_\_\_\_\_

6. Do you have good reason to believe that the applying CBO is stable and will continue to provide HIV prevention programs for the **next five years**?

Yes \_\_\_\_\_ No \_\_\_\_\_ I Don't Know \_\_\_\_\_

### Section 4: Signature

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Institute for HIV Prevention Leadership

## Year 2011 Institute Profile Tool

Please complete this profile tool and return it with your application.

### Section I: Demographic Information

For each of the following, please respond by circling the letter of the most appropriate response, or by writing a response where required.

1. What is your gender?

- A. Female
- B. Male

C. Transgender

2. Which category best describes your age?

- A. Under 25 years
- B. 25 to 34 years
- C. 35 to 44 years

- D. 45 to 54 years
- E. 55 to 64 years
- F. 65 years and older

3. Which category best describes your race?

- A. American Indian/Alaskan Native
- B. Asian
- C. Native Hawaiian or Other Pacific Islander

- D. Black or African American
- E. White
- F. Other (specify) \_\_\_\_\_

4. Which category best describes your ethnicity?

A. Hispanic or Latino/a

B. Not Hispanic or Latino/a

5. What is your highest level of educational attainment?

- A. Less than a high school diploma/G.E.D.
- B. High school diploma/G.E.D.
- C. Some college, but no degree
- D. Associate degree
- E. Bachelor degree

- F. Some graduate study, but no graduate degree
- G. Masters degree
- H. Study beyond Masters
- I. Doctorate

6. List your major area(s) of study.

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7. List any current certifications that you hold in the area of public health or HIV prevention (i.e., Red Cross HIV Instructor, CHES, LMSW).

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8. How many years have you worked in a *paid position* in HIV prevention?

- |                   |                       |
|-------------------|-----------------------|
| A. 1 year or less | E. 5 years            |
| B. 2 years        | F. 6-10 years         |
| C. 3 years        | G. More than 10 years |
| D. 4 years        |                       |

9. How many years have you worked in a *volunteer position* in HIV prevention?

- |                      |                       |
|----------------------|-----------------------|
| A. No volunteer work | E. 4 years            |
| B. 1 year or less    | F. 5 years            |
| C. 2 years           | G. 6-10 years         |
| D. 3 years           | H. More than 10 years |

10. How many years have you worked with your *current CBO* in a paid position?

- |                   |                       |
|-------------------|-----------------------|
| A. 1 year or less | E. 5 years            |
| B. 2 years        | F. 6-10 years         |
| C. 3 years        | G. More than 10 years |
| D. 4 years        |                       |

11. How many years have you functioned as a paid *HIV prevention program manager* at your current CBO?

*HIV prevention program managers are defined as the individuals who are primarily responsible for overseeing the development, implementation, and evaluation of HIV Prevention Programs.*

- |                   |                               |
|-------------------|-------------------------------|
| A. 1 year or less | E. 5 years                    |
| B. 2 years        | F. 6-10 years                 |
| C. 3 years        | G. More than 10 years         |
| D. 4 years        | H. I am not a program manager |

12. On average, what amount of time per week do you spend performing the functions of the *Executive Director* of your CBO?

- |           |            |
|-----------|------------|
| A. 0-24%  | C. 50-74%  |
| B. 25-49% | D. 75-100% |

13. On average, what amount of time per week do you spend performing the functions of a *Program Manager* at your CBO?

- A. 0-24%
- B. 25-49%

- C. 50-74%
- D. 75-100%

14. For how many years has your CBO actually provided HIV prevention programs?

- A. Less than one year
- B. 1-3 years
- C. 4-6 years

- D. 7-10 years
- E. More than 10 years

15. How many people live in the geographic area served by your CBO?

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16. In the blank spaces below, write the letter of the category that best describes the *primary and secondary racial/ethnic populations* served by your CBO's HIV prevention programs.

Primary racial/ethnic population \_\_\_\_\_

Secondary racial/ethnic population \_\_\_\_\_

- A. African American or Black
- B. Asian/Pacific Islander
- C. Caucasian (non-Hispanic)
- D. Hispanic/Latino
- E. Native American/American Indian
- F. No specific racial/ethnic population served
- G. Other (specify) \_\_\_\_\_

17. In the blank spaces below, write the letter of the category that best describes your *primary and secondary priority populations* for **most** of your HIV prevention programs? (*Please review the entire list before making your selections.*)

Primary priority population \_\_\_\_\_

Secondary priority population \_\_\_\_\_

- A. Gay-identified men who have sex with men
- B. Non gay-identified men who have sex with men
- C. Injecting drug users (IDUs)
- D. Non-injecting drug users
- E. Sex or needle sharing partners of persons at risk
- F. Youth in general (ages 13-19 years)
- G. Youth with same sex partner(s)
- H. Women who have sex with men
- I. Persons living with HIV/AIDS
- J. Pregnant women
- K. Children
- L. Sex industry workers
- M. Homeless youth
- N. Homeless adults
- O. Incarcerated adults
- P. Incarcerated youth
- Q. Community-at-large
- R. Transgendered/transsexual persons
- S. Other (specify) \_\_\_\_\_

18. Is your agency considered to be a “minority-based” CBO?

*A CBO is considered minority-based if it serves minority populations as defined by the program announcement or contract under which the agency was funded and has provided HIV prevention services for at least three years to minority populations.*

A. Yes

B. No

19. Is your agency considered to be a “faith-based” CBO?

*A CBO is considered faith-based if it is affiliated with or sponsored by a church or other religious organization.*

A. Yes

B. No

20. Is your agency funded by the CDC to provide capacity building assistance (CBA)?

A. Yes

B. No

21. How many *paid* full-time equivalent employees (FTEs) are there working in your *entire* CBO?

A. 0.0 – 9.9 FTEs

B. 10.0 – 19.9 FTEs

C. 20.0 – 29.9 FTEs

D. 30.0 – 39.9 FTEs

E. 40.0 – 49.9 FTEs

F. More than 50.0 FTEs

22. How many *paid* full-time equivalent employees (FTEs) are there working in your CBO’s HIV prevention program(s)?

A. 0.0 – 1.9 FTEs

B. 2.0 – 3.9 FTEs

C. 4.0 – 6.0 FTEs

D. More than 6.0 FTEs

23. Of the total *paid* employees in the HIV prevention program in your CBO, how many are program managers or program manager equivalents?

A. 1 program manager

B. 2-3 program managers

C. 4-6 program managers

D. More than 6 program managers

24. For your **HIV prevention activities only**, what were your total operating expenditures (actual dollars spent) for the last year (FY 2009)?

A. Less than or equal to \$99,000

B. \$100,000 to \$299,999

C. \$300,000 to \$499,999

D. \$500,000 to \$699,999

E. \$700,000 to \$999,999

F. \$1,000,000 or more

25. Which of the following best describes your CBO's HIV prevention service area? **Choose only one response.**

- |  |                                     |
|--|-------------------------------------|
| A. City/neighborhood                           | E. Entire county                    |
| B. Suburban                                    | F. Multiple counties (number _____) |
| C. Entire metropolitan area (city and suburbs) | G. Entire state                     |
| D. Rural areas                                 | H. Other (specify _____)            |

26. List the primary state and zip code in which your health department is located.

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**SECTION II: Professional Development**

For each of the following, please respond by writing in the letter of the most appropriate response in the space provided.

27. How often do you read an article in a scientific publication or academic journal?

- |                           |            |
|---------------------------|------------|
| A. Never                  | D. Monthly |
| B. One time per year      | E. Weekly  |
| C. Several times per year | F. Daily   |

28. How useful is the information found on the **Internet** in planning your HIV prevention programs?

- |                    |                               |
|--------------------|-------------------------------|
| A. Very useful     | D. Not at all useful          |
| B. Useful          | E. Don't have Internet access |
| C. Somewhat useful |                               |

29. How useful is the information found in **scientific publications or academic journals** in planning your HIV prevention programs?

- |                |                      |
|----------------|----------------------|
| A. Very useful | D. Somewhat useful   |
| B. Useful      | E. Not at all useful |

30. How many HIV prevention **conferences** (featuring multiple workshops or sessions over one or more days) did you attend in the last 12 months?

- |        |                |
|--------|----------------|
| A. 0   | D. 4-6         |
| B. 1   | E. More than 6 |
| C. 2-3 |                |

31. How many HIV prevention **workshops or training programs** (*not conferences*) did you attend in the last 12 months?

- A. 0
- B. 1
- C. 2-3
- D. 4-6
- E. More than 6

32. How many staff do you currently supervise?

- A. 0
- B. 1-3
- C. 4-6
- D. 7-10
- E. More than 10

**SECTION III: Computer Use**

For each of the following, please answer by circling in the number that represents the most appropriate response.

In terms of your HIV prevention work, how often do you...					How confident are you in your ability to...				
Never	Annually	Monthly	Weekly	Daily		Not At All Confident	Somewhat Not Confident	Somewhat Confident	Completely Confident
1	2	3	4	5	33. Use MS Word to prepare documents and/or reports.	1	2	3	4
1	2	3	4	5	34. Use MS Excel to prepare budgets.	1	2	3	4
1	2	3	4	5	35. Use MS Excel to analyze data.	1	2	3	4
1	2	3	4	5	36. Use MS Excel to prepare graphs and charts from data.	1	2	3	4
1	2	3	4	5	37. Use MS PowerPoint to present information.	1	2	3	4

In terms of your HIV prevention work, how often do you...					How confident are you in your ability to...				
Never	Annually	Monthly	Weekly	Daily		Not At All Confident	Somewhat Not Confident	Somewhat Confident	Completely Confident
1	2	3	4	5	38. Search the Internet for information.	1	2	3	4
1	2	3	4	5	39. Send and receive email.	1	2	3	4
1	2	3	4	5	40. Attach files to emails or open email attachments.	1	2	3	4
1	2	3	4	5	41. Use Internet-based discussion boards.	1	2	3	4
1	2	3	4	5	42. Troubleshoot problems with your computer.	1	2	3	4