



HIV & HEPATITIS PREVENTION CONTRACTOR GUIDELINES

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VDH VIRGINIA
DEPARTMENT
OF HEALTH
Office of Epidemiology
Division of Disease Prevention

TABLE OF CONTENTS

Contacting HHP _____	3
What to Expect from Your Contract Administrator _____	4
Quarterly Progress Reports _____	5
HIV & Hepatitis Prevention Monitoring and Evaluation Requirements _____	6
Training, Technical Assistance (TA), and Capacity Building _____	7
DDP Resources _____	10
Expenditures Reimbursement _____	11
Electronic Reimbursement _____	15
Work Plan Revisions/Budget Reallocations _____	16
Other Contractual Information _____	17
DDP Policy on Use of Incentives _____	18
CDC AIDS Materials Review Panel _____	20
CDC Website Policy _____	21
CDC Policy on Youth Involvement in HIV Prevention _____	22
Attachments _____	24

CONTACTING HHP



VIRGINIA DISEASE PREVENTION HOTLINE
Educational materials, basic statistical information

(800) 533-4148

FAX LINE
Non-confidential line
General fax line for all staff

(804) 864-8053

CONFIDENTIAL FAX LINE
Use for HIV test forms
Please include the receiver's name

(804) 864-7970

All contract administrators are not listed below. If you do not know your contract administrator, please speak with your supervisor.



FELENCIA MCGEE
Director, HIV and Hepatitis Prevention Services
Policy issues and state/federal funding

(804) 864-7967

JENNY CALHOUN
Nurse Consultant
HIV/STD/viral hepatitis clinical consultation

(804) 864-7953



BETH MARSCHAK
HIV Prevention Specialist
Condom Distribution Program

(804) 864-8008

NICOLE BARRON
HIV Testing Program Coordinator
Statewide HIV testing initiatives

(804) 864-7978



BRUCE TAYLOR
Drug User Health Coordinator
Comprehensive harm reduction

(804) 584-3651

SARAH LANNON
Hotline Supervisor
Hotline, CDC MRP, Resource Connections

(804) 864-8009



ALYSON SCULLIN
Hepatitis Program
Viral hepatitis and Gilead FOCUS needs

(804) 864-8648

ERIC MAYES
PrEP/nPEP Coordinator
PrEP/nPEP questions or needs

(804) 864-7335



AIESHIA BROOKS
SNSN Program Coordinator
SNSN and CHW needs

(804) 864-7930

CHRIS BARNETT
Public Relations Coordinator
Social media or marketing needs

(804) 380-5986



WHAT TO EXPECT FROM YOUR CONTRACT ADMINISTRATOR

1. Your Contract Administrator (CA) is your first point of contact within the HIV and Hepatitis Prevention unit (HHP) for contractual matters. CAs will help with questions/concerns as quickly as possible. They will work with other HHP staff when appropriate to help you.
2. When a new contract or memorandum of agreement is signed, you will be provided with the following (as applicable):
 - an original signed agreement,
 - request for payment,
 - budget reallocation request form, and
 - salary spreadsheet.

Instructions on accessing electronic copies of the forms can be found here: [DDP Resources](#).

3. Your CA will conduct at least one site visit per year. A VDH fiscal/grants management representative may join them. This visit may be programmatic and/or administrative. During this visit, you may need to:

- provide program curriculum,
- attendance sheets,
- invoices along with proof of payment,
- quality assurance plans,
- grievance policies,
- incentive logs, and
- any other documentation related to the operation of your contract.



CAs may make announced or unannounced site visits. You will receive written feedback regarding the site visit within 15 calendar days.

4. Your CA will provide technical assistance or assist you in obtaining technical assistance from a national capacity building assistance (CBA) provider. Please see [Training, Technical Assistance, and Capacity Building](#) for more info.
5. Your CA will notify you when work plan revisions and budget reallocations have been approved. Once you have received approval you may incorporate all changes. Please see [Work Plan Revisions/Budget Reallocations](#) for more info.

QUARTERLY PROGRESS REPORTS

Quarterly reports are due on the 20th of the month following the end of the quarter. They should be emailed to your CA. **Felencia McGee**, Director, HIV and Hepatitis Prevention Services, at felencia.mcgee@vdh.virginia.gov, should be copied. Written feedback on your quarterly progress reports will be provided within 15 calendar days after receipt.

If your agency has multiple contracts requiring quarterly reports, please submit each quarterly report under a separate email. The subject line should read as follows:

- **Quarterly Report (specify Quarter 1, 2, 3, or 4 as appropriate) for Contract #XXXXXXXX.**

Each report should:

- identify the agency,
- the appropriate quarter number,
- correct contract number, and
- grant program for which it is being sent.

Format each quarterly report using the following headings (unless specified differently by your CA):

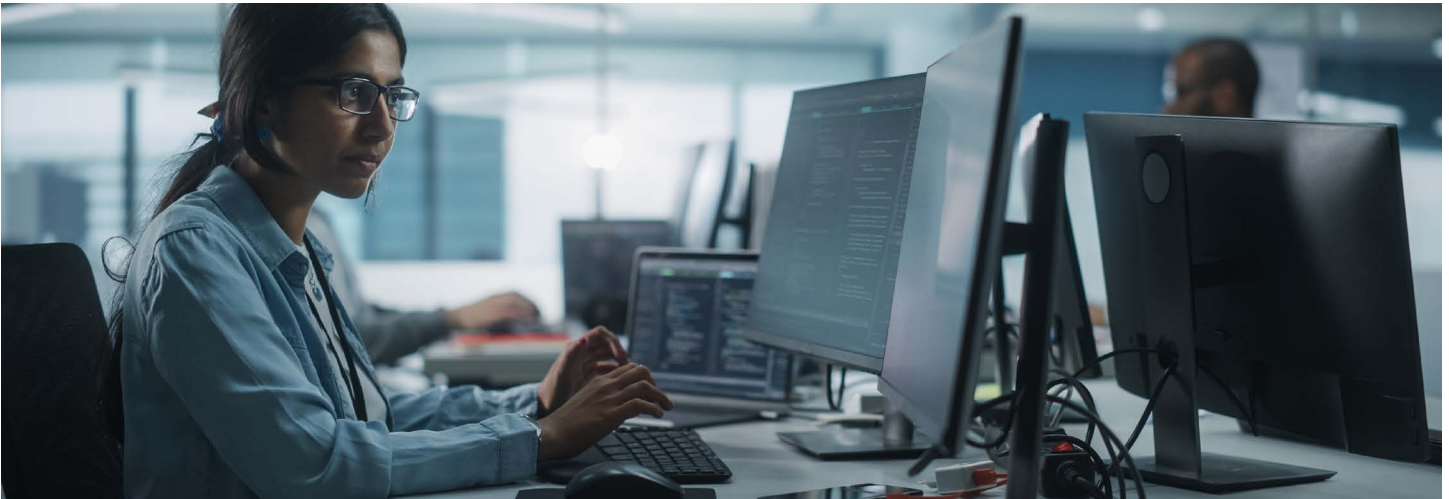
- Highlights (a maximum of one page).
- Restatement of each objective followed by activities undertaken to fulfill that objective.
- Problems and barriers encountered.
- If there were no barriers faced during the quarter, please state there were none.
- Other related activities.
- Other supporting documentation.

The required format allows for ease of reading and helps CAs in providing prompt technical assistance.

Please see [Attachment 1](#) for an example of the quarterly reporting format.

HIV & HEPATITIS PREVENTION MONITORING AND EVALUATION REQUIREMENTS

As an HHP contractor, you must take part in monitoring and evaluation (M&E) activities for your funded grant programs. These requirements may differ by program. At minimum, they include client and aggregate-level data collection, maintenance, and analysis. Some programs require data collection into a specific data system. This could include RedCap, Provide, Access, EvaluationWeb, etc. In these cases, your CA or a data manager will help you access these systems.



- Contractors should attend required data-related trainings. HHP will notify contractors of upcoming training opportunities.
- Contractors must adhere to DDP's Security and Confidentiality Policies and Procedures. To review the policies and procedures, visit [DDP Security and Confidentiality Policies](#).
- Each Contractor should have no less than 2 persons trained and able to fully carry out their program's M&E requirements.

TRAINING, TECHNICAL ASSISTANCE (TA), AND CAPACITY BUILDING

There are many resources available for HHP contractors to receive technical assistance.

VDH TRAINING

VDH conducts trainings on various topics throughout the year. Trainings may include, but are not limited to:

- grant writing,
- high impact interventions,
- HIV prevention strategies (e. g. HIV Service Navigation, PrEP, motivational interviewing),
- counseling skills for non-professionals,
- fund development, and
- community health workers.

Training focusing on specific populations are sometimes offered. All training is generally offered at no cost. VDH training announcements are sent out via email to HHP Contractors. Most often, to the executive directors or program managers.

VIRGINIA HIV/AIDS RESOURCE AND CONSULTATION CENTERS (VHARCC)

VHARCC has offices in the central, northern, and eastern health regions of Virginia. They offer a variety of training across the state for HIV clinical and prevention providers. These sites also serve as part of the Mid-Atlantic AIDS Education and Training Center (MAAETC). MAAETC offers training and webinars throughout the year. Their core training programs include, but are not limited to:

- HIV Counseling
- Testing (HIV, HCV)
- Substance Abuse
- Mental Health
- Case Management
- Bloodborne Pathogens
- Sexually Transmitted Infections (STIs)
- Biomedical Interventions

For more information and a full list of current training, please visit the [VHARCC website](#).

EFFECTIVE INTERVENTIONS

Training resources may only be available for interventions, strategies, or approaches that have been proven to be the most scalable and cost-effective with the highest potential to reduce new infections. For more information about these interventions, visit the [Effective Interventions page](#).

For a complete listing of evidence-based (rigorously-tested) and evidence-informed interventions, view the [Compendium of Evidence-based Interventions and Best Practices for HIV Prevention](#). These interventions

are listed in one of five categories:

- PrEP,
- structural interventions,
- linkage to, retention in, and re-engagement in HIV Care,
- medication adherence, or
- risk reduction.

If you wish to use an intervention from the Compendium that is not designated by CDC as being most effective, etc., please talk with your CA before incorporating the intervention into your approved work plan.

Capacity building and effective intervention training is offered throughout the U.S. on a regular basis. These are in addition to what is offered by VDH. As a contractor, you may use your grant funds to send staff to these training opportunities with prior approval by your CA.

CAPACITY BUILDING ASSISTANCE (CBA)

CBA is designed to strengthen the HIV prevention workforce. VDH-funded CBOs providing HIV prevention interventions and strategies may access CBA from a national network of providers. This network is from CDC's Capacity Building Technical Assistance Services (CTS). For more information and a listing of the national CBA providers, visit the [CDC website](#). CTS for funded CBOs is offered via the following three components:

1. **National Training:** a standardized national training program. The program will increase the knowledge, skills, and competencies of HIV prevention staff. Virtual and in-person providers work together to deliver training that blends both online and classroom learning.



2. **Regional TA:** provides more personalized support and facilitate long-term working relationships. TA will be tailored and delivered to meet capacity building needs within the four CTS geographic regions: Northeast, South, Midwest, and West. CTS providers will work together to develop and implement jurisdictional CBA plans for CDC-funded health departments and CBOs in each region. Each region will have a team of three technical assistance providers – one for each of the following three tracks:

- Track A: Clinical HIV Testing and Prevention for Persons with HIV
- Track B: Nonclinical HIV Testing and Prevention for HIV Negative People
- Track C: Integrated HIV Activities and Structural Interventions

- 3. Continuous Quality Improvement and Sustainability for CBOs:** a new distance-learning program. Developed in response to input from CBOs, it helps senior and mid-level program managers at CDC-funded CBOs improve the quality of their programs and the sustainability of their organizations. The program includes expert instruction, mentoring, and resource sharing as well as peer-to-peer learning and support opportunities.

SUBMITTING A CTS REQUEST

All CTS requests must be made through your VDH CA. When submitting your request, please provide the following:

- Description of the specific assistance you are requesting
- Populations you are targeting (if applicable)
- Your agency address
- Names, phone numbers, and e-mail addresses of both a primary and secondary contact, and
- A statement indicating the anticipated outcomes of the CBA or TA. This statement should be specific.

If your agency requires training or TA/guidance implementing a specific CDC-supported intervention, notify your CA. HHP will work to arrange or connect you with the appropriate TA/CBA.

You may also view and register for many upcoming training events on the CDC-funded national provider's website.

1. Go to the [National HIV Classroom Learning Center](#). Click on the Training Calendar tab to view upcoming courses and registration deadlines.
2. Pre-register for your selected course via the link provided in the training calendar.
3. Complete your registration and follow the step-by-step instructions you receive via email.
4. If you have questions or need help registering, contact RequestCDCTraining@caiglobal.org.

To access eLearning modules, including classroom training prerequisite courses:

1. Log-in to [CDC TRAIN](#) and access the HIV CBA Training Plan
2. Select the module you wish to take.
3. Launch the module or save the module for later.
4. [Step-by-step instructions](#) are available.
5. If you have questions or need help with accessing eLearning modules, contact RequestCDCTraining@caiglobal.org.

DDP RESOURCES

DDP COMMUNITY PARTNER RESOURCES

Resources and information specific to DDP partner agencies and community partners can be found on the DDP [Community Partners](#) webpage. You are encouraged to click on the various links and tabs to familiarize yourself with these resources. The General Partner Agencies Resources section has many contractor resources such as:

- the request for payment form,
- the budget reallocation form, and
- the CDC materials review approval form.

If you cannot find a resource you need or find an outdated item, please contact **Chris Barnett**, PR Coordinator, at christopher.barnett@vdh.virginia.gov.

You can find communication resources such as DDP Ebulletins and social media toolkits on the [Comms Resources page](#). If you are looking for resources specific to healthcare providers visit the [Health Professionals page](#).

VIRGINIA INTEGRATED HIV SERVICES PLAN

The Virginia Integrated HIV Services Plan is developed in conjunction with the Virginia Community HIV Planning Group (CHPG). It describes both the priority populations and menu of interventions selected by the DDP and the CHPG. VDH must use the Integrated HIV Services Plan in preparing its annual grant application to CDC. Agencies should use the Integrated HIV Services Plan when responding to Requests for Proposals. Contractors should be familiar with the plan and use it in developing programs and work plans. You can find most recent plan on the [integrated plan webpage](#).

RESOURCE CONNECTIONS

Resource Connections is a comprehensive, online directory to help the community connect to services they need, and that you provide. It also provides you with potential referral resources. Each agency must manage their own provider profile to keep everything up to date. An annual update is required per your contract agreement. We encourage you to update your profile as needed throughout the year. [Visit Resource Connections](#) to navigate the directory or to log in to your profile.

Training resources for Resource Connections are available on the [Community Partners page](#). These will help you create a profile or update your profile when necessary.



Resource Connections
Find the services you need

EXPENDITURES REIMBURSEMENT

DDP HIV prevention services are funded through cost-reimbursement contracts. This means that agencies must expend funds prior to being paid. Invoices will be paid within 30 days of receipt unless there is a discrepancy. Payment due date is governed by state law and policies set by the Department of Accounts. For further information, see [Attachment 2](#).

Monthly invoices with supporting documentation are due by the 20th of the following month but may be earlier (see exception to the due date under the Additional Notes section below). Please use the DDP Contract Line Item Categories ([Attachment 3](#)) when submitting invoices. These categories are provided to ensure appropriate ordering of budget categories and placement of line items. This document also describes what each line item entails. The invoice template may be accessed on the [Community Partners page](#). With each invoice, contractors are required to provide supporting documentation to justify expenses for each budget line item. At the top of each piece of supporting documentation, contractors must identify the line item to be charged and for what intervention/activity, as applicable.

Contractors should provide copies of invoices, vendor receipts, or other reasonable forms of proof to document expenses incurred. VDH cannot reimburse for late charges, interest on unpaid bills or loans, or data overage fees. If contractors are submitting expenses for payment from a prior billing cycle, the invoice showing the first time the charge was billed must be included rather than the invoice showing the prior unpaid balance.

Examples of supporting documentation may include, but are not limited to:

- Salary and fringe categories (required) - a single spreadsheet or Word document that includes an employee name (as it appears on the payroll- no nicknames), annual salary, amount of salary and fringe being charged to the contract for the current billing cycle. If the salary/fringe is allocated to numerous grants, add the appropriate number of columns for each funding source and key the amount charged for each grant impacted. Be sure to label columns appropriately. **Do not submit documentation of payroll taxes, health insurance premiums, or other documents which include personal employee information.**



- See an example of a salary/fringe spreadsheet below:

January 2022										
Employee		Annual Salary	Grant #1 (Enter Grant Title)		Grant #2 (Enter Grant Title)		Other Funding Streams		Total	
Last Name	First Name		Salary	Fringe	Salary	Fringe	Salary	Fringe	Salary Reimbursed	Fringe Reimbursed
Baer	Peter	\$6,480.00	\$180.00	\$21.60	\$180.00	\$21.60	\$180.00	\$21.60	\$540.00	\$64.80
Bush	Taylor	\$4,212.00	\$117.00	\$14.04	\$117.00	\$14.04	\$117.00	\$14.04	\$351.00	\$42.12
Hall	Alan	\$8,820.00	\$245.00	\$29.40	\$245.00	\$29.40	\$245.00	\$29.40	\$735.00	\$88.20
Total			\$542.00	\$65.04	\$542.00	\$65.04	\$542.00	\$65.04	\$1,626.00	\$192.12

- Travel
 - Copy of travel reimbursement request, mileage logs with amount requested, etc.
 - Copy of the agenda for a training or conference that includes the name and location. If your agency travel policy provides for a daily per diem for overnight travel, **please state the daily per diem amount but do not include meal receipts**. If your agency reimburses for actual meals and other expenses, please include copies of the receipts. Do not submit both. Please also submit a copy of your travel policy.
 - **Travel, meal, or mileage reimbursement amounts may be less than, but may not exceed the federal per diem guidelines.** Current rates may be accessed at gsa.gov. More information on state travel regulations can be found in the [CAPP manual](#) (Topic# 20335).
 - Meals provided at trainings must be deducted from the per diem amount.
 - Effort should be made to ensure the most cost-effective mode of transportation is used (e.g., train vs. plane, cab vs. rental car).
 - Transportation to restaurants for meals will not be reimbursed.
 - Reimbursement for meals is generally associated with overnight travel. You may be granted a fixed amount overtime meal allowance if you work longer than your normally scheduled work hours. You must meet specific criteria identified on pages 27-28 of the [CAPP manual](#).
- Copy of original receipt for equipment, supplies, or other expenses.
- Copy of the contractual agreement or contractor’s invoice for services rendered.
- Rent: Copy of bill/invoice. **If a copy of the lease is provided during the first month of your contract year, it does not need to be included in subsequent months.**
- Supplies
 - Food expenditures - **specify on the receipt** the event where the food was served or distributed (e.g., name of intervention, workshop, or committee meeting)
 - Office supplies - **specify on the receipt** the event supported by the supplies (e.g., intervention, workshop, committee meeting or general office supplies)
 - Gift cards/incentives – specify on the receipt the intervention supported. Do not include names of individual incentive recipients. Submit a summary and retain the names of individuals receiving incentives on a log at your agency. **The recipient is required to sign a receipt indicating that they received an incentive; but for the purposes of confidentiality, they should not sign the actual incentive distribution log.**
 - Copy of purchase order: specify on the document the intervention supported by the purchase.

Proof of payment is not required with submission of monthly requests for payment. You are required to keep all proof of payment on site for auditing and administrative site visits. Proof of payment should have the following elements: the items/services/goods purchased, the amount paid, the date, and to whom it was paid.

The following are examples of proof of payment but do not represent an exhaustive listing:

1. Purchase receipt (e.g., store receipt, receipt from a contractor/vendor, rental office, e-mail confirmation). Confirmation numbers received by phone **will not be accepted**.
2. Copy of a canceled check (check processed by the bank).
3. Copy of credit card or bank statements with the relevant expense highlighted and other non-related information redacted.
4. Invoice reflecting amount and date of automatic draft.
5. Auto-generated accounting disbursement report which includes the elements of proof of payment identified above. The report cannot be an accounting ledger, such as QuickBook, where the contractor has manually entered information.

INDIRECT COSTS/DE MINIMIS

Contractors may request indirect costs if they have a federally negotiated indirect cost rate agreement. A copy of this agreement must be provided to DDP prior to finalizing the budget **for the initial contract and for subsequent renewals**. Although no receipts are required for indirect costs, the negotiated percentage **must** be noted when submitting requests for payment.

Non-federal agencies that have never received a negotiated indirect cost rate agreement and received new grant awards after December 26, 2014, may elect to charge a de minimis rate of 10% of modified total direct costs.

You cannot request indirect or use the de minimis rate and bill for charges such as rent, phones, internet, etc. under the “other” line item category on the VDH request for payment form unless you specify that these expenses are direct program charges. For example, if you offer testing at a facility/building that you rent, and it is only used for that purpose then you may bill for rent in addition to indirect or de minimis costs.

Indirect charges or de minimis rate charges must not be divided into equal payments but based on the direct charges for each month. Charges should be exact and not rounded to the nearest dollar.

ADDITIONAL NOTES

HHP will reimburse cell phone charges up to \$100 per staff person per month. If you are billing for indirect or de minimis, you can only bill for a portion of the cell phone charges if the phone is used directly for HIV prevention programs provided as part of your contract/MOA. If staff use their agency-provided cell phone for personal use, the amount charged to VDH grants should be prorated. Agencies must not request both land line and cell phone reimbursement for staff who are primarily working in the office setting, with little or no time spent in the field.

Contractors that divide costs for specific line items across multiple funding sources should indicate on the documentation what portion or amount is being charged to the request submitted. If the supporting documentation does not match the total requested for reimbursement, it will not be processed until the discrepancy is resolved.

Prior to the close of a state fiscal year which runs from July 1 to June 30 of the following year (i.e., July 1, 2021 – June 30, 2022), **exceptions to the monthly invoice due date may apply**. You will be notified by your CA of these end of the year exceptions. Generally, if you are a higher education institution or have a contract with DDP that operates on a state fiscal year, you must submit invoices for the month of June by the end of the first week of June so that invoices may be approved and processed out of your current year’s contract. Again, your

CA will inform you when your June/final request for payment needs to be submitted.

All contractual funds must be obligated or spent by the last day of the contract. “Obligated” means there is written documentation between you and a vendor/provider for the service or products; however, the actual bill or invoice has not been received. Money may not be carried over to the next funding cycle unless the contract has been extended. This does not include contract renewals.

Reimbursement for federal funds obligated but not paid in full by the end of the contract period will require the same applicable supporting documentation as described above. For example, Agency X orders a computer on December 21, the purchase order or confirmation of order may be submitted at the time the request for payment is submitted to show proof of obligation. **Final payments for items obligated with federal funds must be paid by the 31st of the month following the end of the contract.**

The contractor shall be paid based on invoices and supporting documentation submitted, completion of objectives, and submission of required reports. **VDH may elect to withhold full or partial payment if contractual obligations are not met.**

If you are providing service navigation under the SNSN grant program, it is critical that you adhere to the SNSN transportation guidelines when arranging transportation for clients. Review the guidelines ([Attachment 4](#)) and please ask questions of your CA when in doubt. If you provide transportation that is not allowable, your agency will not be reimbursed.

ELECTRONIC REQUEST FOR PAYMENT SUBMISSION

HHP does not accept faxed invoices. Invoices must be submitted electronically using the steps below. You may download a copy of the DDP monthly invoice form on the [Community Partners webpage](#).

1. Contractors must ensure that all information contained on the monthly invoice is accurate. Be sure your agency’s mailing address on the invoice is the same address that is used in [eVA \(the Virginia online electronic procurement system\)](#).
2. Contractors must submit invoices for each month by the 20th of the following month to the designated email address, sbs-pophealthAP@vdh.virginia.gov.
3. The email subject line must read as follows: Agency name, contract #, invoice month and number, and the amount of the invoice. The contractor’s email must contain this statement (Attached is Agency XXX original invoice for contract #xxxx in the amount of \$xxxx). **Additionally, include the name, phone number, and e-mail address of the individual to contact if there are any questions regarding the request.**
4. Supporting documentation must be submitted with your invoice.
5. Contractors must not submit client names, client-level data, or any other identifiable and/or personal information with the invoice. **If you must submit client-level data, talk with your CA to make appropriate arrangements.**
6. Only one invoice should be attached to each email. **If your agency has multiple contracts, you must send a separate email for each contract.**
7. Contractors should alert the assigned CA if the invoice is going to be late, providing an approximate date of submission.

ELECTRONIC REIMBURSEMENT

All contractors/vendors are required to use electronic reimbursement through the Electronic Data Interchange (EDI). To enroll, please follow the instructions below:

1. The EDI enrollment form is on the [Department of Accounts' website](#).
2. At the home page, click the Electronic Data Interchange button under Suppliers.
3. Scroll down to the Trading Partner EDI Agreement for Vendors and Enrollment form.
4. Print, complete, and submit (submission instructions are on the third page of the document).
5. If you have questions or need technical assistance, call the EDI Hotline at (804) 692-0473.



WORK PLAN REVISIONS/ BUDGET REALLOCATIONS

WORK PLAN REVISIONS

Contractors should submit any revised work plan to their CA. Any letters or emails detailing requested revisions and rationale/circumstances should be attached. Your CA may contact you to discuss or negotiate proposed changes. You will receive approval or denial via email. Following approval, you will need to make changes to your program plan, if applicable, in the Monitoring and Evaluation data system.

All work plan modification requests must be submitted by October 31 for calendar year contracts (January-December) and by March 30 for fiscal year contracts (July 1-June 30).

BUDGET REALLOCATIONS

A signed budget reallocation form should be submitted to your CA for approval. Budget reallocations may be submitted by fax or by e-mail with electronic signature. All information requested on the form should be provided.

Do not assume that submission of a request means the budget reallocation is approved. Expenditures based on the new budget **should not** be made until the reallocation is approved.

The budget reallocation request will be reviewed and signed by the CA and the HHP Director/designee. Following approval, a copy will be sent to the contracting agency. Please do not make changes to the Invoice form until you receive a copy of the approved budget reallocation request.

Budget reallocations after the end of the contract year may be requested only to adjust line items to cover approved operating expenses or shortfalls within approved budget categories. **Budget reallocations may not be submitted after the end of the contract year to pay for additional purchases, supplies, services, or equipment that were not previously approved by DDP.**

You may download a copy of the DDP budget reallocation on the DDP [Community Partners web page](#).

OTHER CONTRACTUAL INFORMATION

CONTRACTOR MEETINGS

Contractors are required to attend all quarterly contractor meetings. Policy updates, contractual information, capacity building and best practices are shared during these meetings. Contractors should arrive on time, sign in, and remain for the duration of the meeting. Please speak with your CA if you cannot meet these requirements.

SECURITY AND CONFIDENTIALITY POLICIES AND PROCEDURES

DDP requires both VDH staff and its contractors to review and sign the Security and Confidentiality Policies and Procedures document each year. VDH will contact your agency annually to ensure each staff member has a current, signed Security and Confidentiality agreement on file. VDH will ask your designated agency representative to submit an electronic verification form. You can find a copy of the [DDP Security and Confidentiality Policies and Procedures](#) online.

CONTRACT RENEWALS

Most contracts allow for three or four renewals. Contracts are renewed at the discretion of VDH, based on performance. Your CA will notify you by e-mail of DDP's intent to renew your contract. At that time, your CA will also give you information on the deadline for submission of your work plan, budget and budget justification. **If you plan to revise or modify your work plan during the renewal process, it is vital to submit the required documents as soon as possible. This allows time for discussion and recommendations by your CA, if needed.** If your contract renewal is not fully signed by the date of expiration, the contract will be invalidated and cannot be renewed.



AUDITS

Sub-recipients/Contractors receiving more than \$750,000 in federal funds, during the sub-recipient's/contractor's fiscal year, from all sources are required to have a single audit performed in accordance with 2CFR 200.501. The most recent copy of the audit must be provided to the assigned CA within 30 days of the effective date of the Agreement.

Contractors that receive less than \$750,000 in federal funds are not required to submit an audit; however, VDH or its auditors may ask to review your records at any time. All records, state or federal, must be maintained for a period of five years.

DDP POLICY ON USE OF INCENTIVES

Incentive: Something that encourages a person to do something; something that incites or tends to incite determination or action.

Incentives may be used to support recruitment and retention of clients, particularly for multiple-session interventions and participation in surveys and questionnaires. Incentives should be of value to the recipients and considered a motivation, a thank-you, or to offset costs incurred by participants. The value of incentives should not be so great as to be coercive. The size of the incentive should be in proportion to the time or effort of the participants. For example, an incentive for a two-session intervention should not be as large as the incentive for a six-session intervention. **Payments for transportation, meals, and childcare should be included in the total value of incentives** being provided for an intervention.

DDP must approve the use, amount, and type of incentives to be used by either staff or contractors. The type, quantity, and amount of the incentives must be listed in the supply line item of contractors' budget justifications and a description of their use should be referenced in the work plans.

Non-cash incentives are preferred over cash incentives. Lottery tickets, alcohol, and cigarettes/vapes may not be used as incentives. When possible, non-monetary incentives for food should allow for healthy eating choices to be made.

In some cases, monetary incentives can be used but must be strictly monitored. Pre-paid debit cards can be purchased from major credit card companies, which may alleviate the need to use cash in some cases. These cards often have fees associated with them. **Efforts to use gift cards to stores or for services needed by the clients are preferred.** Gift cards are considered prepayments by the Commonwealth of Virginia. Prepayments cannot be done for more than 90 days in advance. Therefore, when purchasing gift cards, agencies must receive prior approval from their contract administrator and can only purchase what will be reasonably used within 90 days. The contract administrator will approve the quantity to be purchased by the agency.

Incentives must be stored in a secured, locked location known only to staff persons who need access.

An incentive distribution log must be maintained. The log should include the date the incentive was provided, the grant program, and who provided and received each incentive. The log should be reviewed monthly by a supervisor or management and checked against the number of participants for the intervention/program and the current inventory of incentives. To protect the confidentiality of clients, clients should not sign the incentive log directly, but should be asked to sign a receipt for the incentive which can later be reconciled against the logbook.

Gift card serial numbers must be recorded when the cards are purchased and must be tracked during distribution. Additionally, the list of serial numbers must be submitted as supporting documentation with the monthly invoice. Supervisors and contractors must establish a checks and balances system to ensure

that gift cards are not being distributed inappropriately to staff or friends, etc.

Staff should avoid carrying large amounts of incentives with them.

HIV AND VIRAL HEPATITIS TESTING

In general, the use of incentives for HIV and viral hepatitis testing is not allowed. This is due, in part, to the large volume of HIV and viral hepatitis testing that takes place as well as the need to avoid coercion in the decision to test.

Exceptions are made for Social Networking Strategies in which recruiters are given incentives for referring or bringing in their network associates. Network associates are also given incentives for coming in. It should be noted that the network associates who come in should be given incentives whether they decide to test or not.

Incentives for testing may be used for special events such as National HIV Testing Day, World AIDS Day, etc., or special/collaborative community screening events as approved by your contract administrator. In these circumstances, incentives must be provided to people who receive their test results.

The incentive amount for HIV and viral hepatitis testing shall not exceed \$10.

AUTHORIZED COMPREHENSIVE HARM REDUCTION SITES

Incentives may be used by authorized Comprehensive Harm Reduction (CHR) sites for HIV and hepatitis C testing as part of the CHR program. The incentives must be provided to people who receive their test results, and the incentive amount shall not exceed \$10. Authorized CHR sites must follow the incentive policy, including prior approval from the contract administrator. The type, quantity, and amount of the incentives must be listed in the supply line item of the contractors' budget justifications and a description of their use should be referenced in the work plans.

RESEARCH STUDIES/SURVEYS/QUESTIONNAIRES/INTERVENTIONS

Incentives may be used to recruit individuals for participation in studies, surveys, or questionnaires being conducted as part of needs assessment, surveillance, program evaluation, research, or to assess client satisfaction. Again, the amount of the incentive should be proportionate to the amount of time being requested of the individual and the difficulty in accessing the population to be reached.

The use of incentives is an approved and CDC-recommended component of programmatic and other research protocols. Because the interview component may be lengthy, CDC's protocols may require that each person be offered a gift card as an incentive. A client can only receive one gift card, and all incentives (gift cards) are strictly monitored to ensure appropriate use and distribution.

Incentives may be used to encourage continued participation in multiple-session or variable length interventions; however, incentives should not be provided at every session. They may be provided at periodic intervals as clients adhere to agreed-upon appointments or as otherwise negotiated with clients during the initiation of the intervention.

Last reviewed: November 2023

CDC AIDS MATERIALS REVIEW PANEL

All educational materials supported with CDC funds must be approved in advance by the AIDS Materials Review Panel, mandated by the CDC. Contractors are also responsible for materials used by their subcontractors. Educational materials include brochures, flyers, posters, video and audio tapes, questionnaires, surveys, curricula or outlines for educational sessions, public services announcements, web pages, etc. Approval needs to be obtained prior to purchasing and/or distribution.

Also, any adaptations or tailoring of EBIs must be submitted to the panel for approval. If you have questions on whether a material needs to be reviewed, please contact your CA.

To submit materials to the panel, please complete the AIDS Materials Review Panel form ([Attachment 5](#)) and submit it with a copy of the material to be reviewed. This form will assist you in describing the purpose and audience for your materials and should reduce the likelihood that the panel will have questions or not approve the material due to a misunderstanding about its use.

Items should be submitted electronically for faster response. Seven (7) copies of documents are needed for any items submitted on paper. Response time for emailed items is approximately one week. Response time for mailed items is approximately two weeks. If materials are approved, agencies may use the materials immediately upon notification by VDH. If materials are not approved, agencies will receive feedback explaining why materials were not accepted for dissemination in Virginia. Agencies will be asked to address these issues if they wish to adapt the materials for additional review. Questions about the review panel should be directed to **Sarah Lannon** at sarah.lannon@vdh.virginia.gov or (804) 864-8009.

CDC WEBSITE POLICY

CDC requires its funded recipients that maintain websites post a web page notice to alert individuals about the content of the site. CDC states that “the web page notice requirement will apply to (1) those recipient websites funded in whole or in part with CDC funds that contain HIV educational information subject to the CDC guidelines; and (2) those recipient websites containing HIV/AIDS education information subject to the CDC guidelines even if the website is not funded by the CDC”. VDH HIV Prevention contractors that receive federal funds must comply with this directive. You must complete and submit the Certification of Compliance form ([Attachment 6](#)) to your CA.

SAMPLE NOTICES:

- This site contains HIV prevention messages that may not be appropriate for all audiences.
- This site contains HIV prevention messages that may not be appropriate for all audiences. If you are not seeking such information or may be offended by such materials, please exit this website.
- This site contains HIV prevention messages that may not be appropriate for all audiences. Since HIV infection is spread primarily through sexual practices or by sharing needles, prevention messages and programs may address these topics. If you are not seeking such information or may be offended by such materials, please exit this website.
- Since HIV is spread primarily through sexual practices or by sharing needles, prevention messages on this site may address these topics. HIV prevention materials funded by CDC must be approved by local program review panels. However, the materials may be considered controversial by some viewers.
- This language may be customized based on the content of your website.

Note: Your notice should be displayed prominently on the website or applicable web page(s) that are most likely to be encountered by viewers of the HIV/AIDS content. This could be the site’s homepage, other high-level entry pages, or portal pages most used to navigate or find the HIV/AIDS related content. An alternative to displaying the notice in its entirety on the main page is to instead display a link that reads “HIV/AIDS Content Notice,” which would take the user to a separate web page displaying the HIV/AIDS content notice in its entirety.

Last reviewed: November 2022

CDC POLICY ON YOUTH INVOLVEMENT IN HIV PREVENTION

For CDC-funded (directly or indirectly) agencies using youth (either paid or volunteer) in program outreach activities, it is important to use caution and judgment in the venues/situations where youth workers are placed. Agencies should give careful consideration to the “age appropriateness” of the activity or venue. Additionally, Contractors should comply with all relevant laws and regulations regarding entrance into adult establishments/environments. Laws and curfews should be clearly outlined in required safety protocols developed and implemented by agencies directly and indirectly funded by CDC.

Please submit the CDC Policy on Youth Involvement in HIV Prevention Contractor Agreement ([Attachment 7](#)) to your CA at the time of the initial contractual agreement and subsequently with contract renewals.

Each agency that employs youth outreach workers/volunteers should ensure that its outreach safety protocols address the following issues by specific venue:

- Agency supervision of youth outreach worker/volunteers during outreach
- Dates and start/end times that the activity will be conducted
- Key contact at the site and plans to develop/enhance the collaborative relationship
- Site name, address, phone number
- How outreach is to be conducted (single, pairs, or groups)
- Clearly describe the specific population(s) to be targeted (specific consideration must be given to the age appropriateness of the activity and the venue).
- Demographic and risk data to be collected
- Appropriate materials to be distributed
- Any special accommodations for confidentiality/privacy
- Identify police precincts in the area and address describe efforts to keep in contact
- Whether individual or group approaches will be used

Furthermore, the general policy of the safety protocol shall address the following:

- What safety precautions and equipment must be carried during the activity
- That drug and alcohol consumption during the activity is prohibited
- What to do and whom to contact in case of emergency
- Whether the outreach/volunteers will arrive or leave together
- What to do in case of threats/violence
- Reporting of incidents

- Address all applicable laws and regulations (e.g., curfews)
- Address appropriate attire
- Provide examples of how to approach target populations
- Address how youth workers/volunteers will be debriefed on experiences and problems encountered
- Delineate the process for filing incident reports
- Assure that each youth worker/volunteer has signed a copy of the protocol that has been placed in their personnel folder.

Last reviewed: November 2022



ATTACHMENTS

ATTACHMENT 1: EXAMPLE OF QUARTERLY REPORT FORMAT

Target population: African American Men

Intervention/Strategy: Basic Street Outreach (for recruitment only)

Process Objective 1: Two outreach specialists will provide basic street outreach three times a week in the Dumbarton neighborhood and Northside of Richmond City reaching 1,000 people by the end of the grant year (approximately 250 per quarter).

Quarterly Attainment: For the third quarter, 170 people were reached through basic street outreach. One-hundred seventy (170) pieces of literature, 90 safer sex kits and 78 bleach kits were distributed.

Barriers: Adverse weather reduced outreach activity during the month of October.

Cumulative Attainment: For the year, 1,000 people were reached through basic street outreach. One thousand (1,000) pieces of literature, 280 safer sex kits, and 316 bleach kits were distributed.

Target population: Persons living with HIV/AIDS

Intervention/Strategy: CLEAR

Process Objective 1: The case manager will conduct the individual-level CLEAR intervention (consisting of a minimum of the five core sessions) on a schedule conducive for each individual reaching at least 10 persons living with HIV by the end of the grant period.

Quarterly Attainment: For the third quarter, a total of three persons completed the required core sessions of the CLEAR training of which two completed two additional CLEAR menu options.

Barriers: Individuals have a difficult time committing to the completion of the five required sessions because of competing priorities.

Cumulative Attainment: For the year, six persons have completed CLEAR of which four have completed one or more menu options.

ATTACHMENT 2: DEPT. OF ACCOUNTS PROMPT PAY & PAYMENT DUE DATE

The following are important elements of the prompt pay laws and payment due date requirements:

Prompt Pay:

§ 2.2-4350. Prompt payment of bills by state agencies.

- A. Every state agency that acquires goods or services, or conducts any other type of contractual business with nongovernmental, privately owned enterprises shall promptly pay for the completely delivered goods or services by the required payment date.

Payment shall be deemed to have been made when offset proceedings have been instituted, as authorized under the Virginia Debt Collection Act (§ 2.2-4800 et seq.).

- B. Separate payment dates may be specified for contracts under which goods or services are provided in a series of partial deliveries or executions to the extent that such contract provides for separate payment for such partial delivery or execution.

§ 2.2-4351. Defect or impropriety in the invoice or goods and/or services received.

In instances where there is a defect or impropriety in an invoice or in the goods or services received, the state agency shall notify the supplier of the defect or impropriety, if the defect or impropriety would prevent payment by the payment date. The notice shall be sent within fifteen days after receipt of the invoice or the goods or services.

§ 2.2-4353. Date of postmark deemed to be date payment is made.

In those cases where payment is made by mail, the date of postmark shall be deemed to be the date payment is made for purposes of this chapter.

§ 2.2-4354. Payment clauses to be included in contracts.

Any contract awarded by any state agency, or any contract awarded by any agency of local government in accordance with § 2.2-4354 shall include:

1. A payment clause that obligates the contractor to take one of the two following actions within seven days after receipt of amounts paid to the contractor by the state agency or local government for work performed by the subcontractor under that contract:
 - a. Pay the subcontractor for the proportionate share of the total payment received from the agency attributable to the work performed by the subcontractor under that contract; or
 - b. Notify the agency and subcontractor, in writing, of his intention to withhold all or a part of the subcontractor's payment with the reason for nonpayment.

2. A payment clause that requires (i) individual contractors to provide their social security numbers and (ii) proprietorships, partnerships, and corporations to provide their federal employer identification numbers.
3. An interest clause that obligates the contractor to pay interest to the subcontractor on all amounts owed by the contractor that remain unpaid after seven days following receipt by the contractor of payment from the state agency or agency of local government for work performed by the subcontractor under that contract, except for amounts withheld as allowed in subdivision 1.
4. An interest rate clause stating, “Unless otherwise provided under the terms of this contract, interest shall accrue at the rate of one percent per month.”

Any such contract awarded shall further require the contractor to include in each of its subcontracts a provision requiring each subcontractor to include or otherwise be subject to the same payment and interest requirements with respect to each lower-tier subcontractor.

A contractor’s obligation to pay an interest charge to a subcontractor pursuant to the payment clause in this section shall not be construed to be an obligation of the state agency or agency of local government. A contract modification shall not be made for the purpose of providing reimbursement for the interest charge. A cost reimbursement claim shall not include any amount for reimbursement for the interest charge.

Payment Due Date Requirements:

All payments to non-governmental and privately owned businesses for the purchase of goods and services must be due dated. **Agencies should assign a payment due date of 30 calendar days after the receipt of the goods, services, or invoice whichever is later, or the due date specified in the vendor’s contract.**

Generally, in cases involving disputed invoices, agencies assign a due date of 30 calendar days following the date the payment dispute is resolved with the vendor. However, in circumstances where an invoice has already been delayed more than 30 calendar days, and a contractual agreement exists with the vendor, or vendor relations are in jeopardy, an earlier due date may be assigned to expedite the payment.

In the event an original invoice has not been received, the agency should contact the vendor and request a copy of the original invoice. The agency should stamp the invoice copy as “Certified Copy.” The “required” payment date should be calculated from the date the invoice copy is received from the vendor.

ATTACHMENT 3: BUDGET LINE CATEGORIES

These categories and format are being provided to ensure appropriate ordering of budget categories and placement of line items. The descriptions under each are examples of allowable costs. Specific line items and costs are negotiated in your initial contract with any modifications requiring approval.

PERSONNEL

This includes costs for staff paid under the grant that are employees of your agency. This may include administrative, programmatic, evaluation, accounting staff, etc.

FRINGE

Fringe benefits include costs for FICA and other payroll taxes, health and life insurance for employees, etc.

TRAVEL

This category includes mileage to provide services and costs to attend staff development events such as workshops and training. This category also includes short-term vehicle rentals and gas purchased for the rental vehicle. If an agency establishes a long-term contract with a vehicle rental agency, then the cost for such vehicle should be included in the contractual line item.

EQUIPMENT

The equipment line item is rarely used in HHP contracts. Equipment must have an individual unit value of \$5,000 or more with an anticipated life of more than one year. Items designated as equipment must be tracked across the life of the grant and reported to the federal government. Equipment under \$5,000 (typically computers, printers, refrigerators for test kit storage etc.) should be placed in the Supply line. Furniture is disallowed in several federal contracts. Please check with your CA before purchasing furniture with federal funds.

SUPPLIES

This category should include programmatic and office supplies, including educational materials, incentives, condoms, bleach kits, printing or purchase of brochures and posters, envelopes, and paper. Equipment under \$5,000 should be included in this category.

CONTRACTUAL

This should include detail of any subcontractors as well as funds paid to consultants, outside trainers, maintenance of equipment, or for bookkeeping/accounting services that are outsourced rather than provided in-house.

OTHER

This may include items not listed in the above categories such as rent, insurance, utilities, or postage.

INDIRECT COSTS/DE MINIMIS

Indirect costs may be budgeted only if the agency has a negotiated and approved indirect cost rate agreement with a cognizant federal agency. Contractors without a cost rate agreement with a cognizant federal agency may elect to charge a de minimis rate of 10% of total modified direct costs, which may be used indefinitely. If a contractor elects to use the de minimis rate, it must do so across all federal awards until such time it chooses to negotiate a rate.

See [Indirect Costs/De Minimis](#) for more information.

ATTACHMENT 4: STATUS NEUTRAL SERVICE NAVIGATION (SNSN) TRANSPORTATION GUIDANCE

Providing transportation is one way to help clients stay in HIV health care or prevention services. Due to limited funding or funding restrictions, it is not always possible to do so. Below you will find basic guidance, but you are encouraged to check with your contract monitor for additional information.

SERVING RYAN WHITE (RW) CLIENTS

You may provide transportation service if it meets the criteria as outlined in the [VDH RWB Medical Transportation Service Standards](#). If a client has Medicaid, check to see if the transportation can be provided by Medicaid first. There may be exceptions to this rule. All exceptions must be documented in the client's file before using RW funding.

If you have questions about the RWB Transportation Standards, contact your contract administrator.

SERVING NON-RW CLIENTS LIVING WITH HIV OR CLIENTS WITH HIV NEGATIVE STATUS

You may provide transportation to HIV care, prevention and supportive services that have a direct impact your clients' health and as related to your work plan. This may include services such as mental health, HIV prevention activities and job readiness trainings. Refer to your SNSN manual for a list of services that may be provided.

You should look for the most cost effective, safe method of transportation (i.e. public transportation) before using private carriers such as Lyft, Uber, or taxis.

Transportation should never be considered a permanent service for the client. A client should be made aware of this before starting transportation and it should be documented in his/her file. Staff should work with the client to identify other methods of transportation.

GENERAL TRANSPORTATION INFORMATION REGARDLESS OF CLIENT'S HIV STATUS

- To provide transportation service with funding from the Division of Disease Prevention (DDP), the service must be a part of your approved work plan, budget and budget justification. Transportation is usually included in the travel or incentive line items and must adhere to the terms of the respective line item for which it was approved. If at some point your budget requires a change to incorporate transportation, this will need to be discussed with your contract administrator and approved by DDP before providing this service.
- In general, transportation services **should not** be used to transport a client to and from work, banks, child's day care/school, etc. If you are unsure as to whether transportation should be provided in a particular situation, please discuss with your contract administrator. **Do not proceed without approval.** If approval was not granted, your agency **may not be reimbursed** for transportation outside the scope of your work plan, budget and budget justification.

ATTACHMENT 5: CDC MATERIALS REVIEW PANEL APPROVAL FORM

Any subrecipients (contract agencies) using pass through funding from the Centers for Disease Control and Prevention, must submit their materials to the CDC Materials Review Panel (MRP). This includes: written materials, audio visual materials, and pictorials, including social marketing and advertising materials, educational materials, social media communications and other electronic communications, such as internet/webpages. This is to ensure the content is consistent with the provisions of Section 2500 (bd) of the Public Health Service Act, 42 U.S.C. Section 300ee(b-d). For additional information on the CDC MRP guidance visit the [CDC website](#).

The expected response time from the MRP is one week for e-mailed items. The expected response time for a mailed item is approximately two weeks from the MRP. Please submit seven copies of materials submitted by mail. Submissions should be sent to:

Sarah Lannon, Virginia Department of Health, Division of Disease Prevention, 3rd floor, Richmond, VA 23218-2448

Phone: 804-864-8009

Fax: 804-864-8053

E-mail: sarah.lannon@vdh.virginia.gov

SUBMISSION INFORMATION

Date Submitted: _____ Item is enclosed, or item is attached. Please select one.

Partner/Funded Agency: _____ Agency Contact: _____

Phone Number: _____ Email: _____

Priority audience(s) the content was developed for: _____

The purpose and use of the content (for more space, please attach an additional page labeled appropriately):

.....

FOR MATERIALS REVIEW PANEL MEMBERS ONLY:

To: Review Panel Members

From: Sarah Lannon, Panel Chair

Date: _____

In accordance with the "Requirements for Contents of AIDS -Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in CDC Assistance Programs", as revised June 15, 1992, 57 Federal Register 26742, my signature indicates that I have reviewed this material and determined it to be in compliance with the guidance. This material is communicated in a way which would be understood by the specified targeted audience, and should not be offensive to any reasonable person. I have indicated the audience or situation for which I believe the materials to be appropriate (i.e., general, youth, sexually active adults, street outreach, etc.)

Intended Audience(s): _____

Approved, or Not Approved.

Signature: _____ Date: _____

Comments (add additional pages and label accordingly for more space):

ATTACHMENT 6: CERTIFICATION OF COMPLIANCE

Requirement: Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments and Educational Sessions – Recipient Web Site Notices

Grantee Name: _____

_____ I certify that this organization has complied with the terms and conditions of the above referenced requirement.

_____ I certify that the requirement for a web notice is not applicable to this organization. If the requirement is not applicable, please state why.

Please list below the primary web address (es) (URLs) impacted by this requirement:

By: _____
Signature

Title: _____

Date: _____

ATTACHMENT 7: CDC POLICY ON YOUTH INVOLVEMENT AGREEMENT

Please mark the appropriate space below:

- Agency does not employ youth or utilize youth as volunteers.
- Agency does employ or utilize youth as volunteers. Current guidelines and protocols adequately address the topics listed in CDC's Youth Policy.
- Agency does employ or utilize youth as volunteers. Guidelines and protocols will be developed or revised to address the topics listed in CDC's Youth Policy within 30 days of signing of new contract. If an agency previously indicated youth are not utilized as paid or volunteers but elects to utilize services of youth, a CDC Youth Policy needs to be submitted within 30 days.

Signature

Printed Name

Title

Agency

Date

Please return this form to:

Felencia McGee, HHP Director
Virginia Department of Health
109 Governor Street, 3rd Floor
Richmond, VA 23219
FAX (804) 864-8053

ATTACHMENT 8: GLOSSARY OF ACRONYMS/TERMS USED

Find a glossary of terms and acronyms below. These terms may be used in the manual or used by your CA. This list is not extensive or all-encompassing.

CA – Contract Administrator	QA – Quality Assurance
CAPP – Commonwealth Accounting Policies and Procedures	RWB – Ryan White, Part B
CBA – Capacity Building Assistance	SNSN – Status Neutral Service Navigation
CBO – Community-Based Organization	SPS – STD Prevention and Surveillance
CDC – Centers for Disease Control and Prevention	STD – Sexually Transmitted Disease
CHPG – Community HIV Planning Group	STI – Sexually Transmitted Infection
CHR – Comprehensive Harm Reduction	TA – Technical Assistance
CHW – Community Health Worker	VDH – Virginia Department of Health
CTS – Capacity Building Technical Assistance Services	VHARCC – Virginia HIV/AIDS Resource and Consultation Centers
DDP – Division of Disease Prevention	
DOA – Department of Accounts	
EBI – Effective Behavioral Intervention	
EDI – Electronic Data Interchange	
EHE – Ending the HIV Epidemic	
Epi – Epidemiology	
eVA – Virginia’s Electronic Procurement Portal	
HCS – HIV Care Services	
HCV – Hepatitis C Virus	
HHP – HIV and Hepatitis Prevention	
HIV – Human Immunodeficiency Virus	
HHS – Health and Human Services	
M&E – Monitoring and Evaluation	
MAAETC – Mid-Atlantic AIDS Education and Training Centers	
MRP – Materials Review Panel	
nPEP – Non-Occupational Post-Exposure Prophylaxis	
OEpi – Office of Epidemiology	
PEP – Post-Exposure Prophylaxis	
PR – Public Relations	
PrEP – Pre-Exposure Prophylaxis	