

PROJECT REQUEST

Project Stage

Choose one by selecting a checkbox:

- New:** Fill out entire form, even if a protocol is attached (approval is for work by CDC/NCHHSTP employees).
- Continuation:** For projects expected to continue beyond NCHHSTP approved date; include brief description of changes and attach clean and marked copies of approved determination (approval is for continued work by CDC/NCHHSTP employees).
- Amendment:** Include brief description of changes and attach clean and marked copies of approved determination (approval is for continued work by CDC/NCHHSTP employees).

Project Information:

Project Title: Health Department Demonstration Projects for Comprehensive Prevention, Care, Behavioral Health, and Social Services for Men Who Have Sex with Men of Color at Risk for and Living with HIV Infection

NCHHSTP Project Number: Click to add your answer.
The space will expand as you type.

Division: Division of HIV/AIDS Prevention (DHAP)

Telephone: David (Cal) Ham-404-639-2038; Kashif Iqbal-404-718-8556

Project Location/Country(ies):

New York City Dept. of Health and Mental Hygiene New York–White Plains–Wayne Division; City of Philadelphia Public Health Dept. Philadelphia Division; Baltimore Dept. of Health Baltimore-Towson, MD; Alabama Dept. of Public Health Birmingham–Hoover, AL; Louisiana Dept. of Health New Orleans–Metairie, LA; Virginia State Dept. of Health Virginia Beach–Norfolk–Newport News, VA; District of Columbia Dept. of Health Washington Division

Project Dates:

Start 9/1/2015

End 9/30/2019

CDC Project Officer or CDC Co-Leads: David (Cal) Ham, Kashif Iqbal

Laboratory Branch Submission:

If applicable, select the checkbox:

Project Categories

Select the corresponding checkbox to choose the category and subcategory.

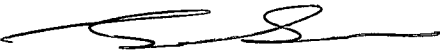
- I. Activity is not human subject research.** The primary intent of the project is public health practice or a disease control activity.
 - A. Epidemic or endemic disease control activity;** collected data directly relate to disease control. If this project is an Epi-AID; provide the Epi-AID number and documentation of the request for assistance, per division policy. Epi-AID no.

Date Information was received: Click to add date information received.

Approval must be granted by the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Associate Director for Science (ADS), Acting ADS, or Deputy ADS, or for laboratory-associated projects, by the Associate Director for Laboratory Science (ADLS) or Acting ADLS.

Project Title: Click to add your answer. The space will expand as you type.

Selam Seman

X 

X

NCHHSTP ADS, Acting ADS, or Deputy ADS

NCHHSTP ADLS or Designee

Feb 4, 2016

Or

Project Title: Health Department Demonstration Projects for Comprehensive Prevention Programs, Behavioral Health, and Social Services for Men Who Have Sex with Men of Color at Risk for an Infection with HIV Infection

12/04/2015

PROJECT APPROVAL

Choose one of the following options (Division or Center/OD Project):

DIVISION PROJECT

NCHHSTP BRANCH AND DIVISION ADS REVIEW AND APPROVAL (Sign electronically by clicking next to the X and following the prompts)

1/8, 2016

X Ann Do, ACS Epi Branch

Branch Chief or Branch Science Officer
Signed by: Ann Do -A3

X

Division ADS, Attrib ADS, or Design ADS

CENTER/OD PROJECT

NCHHSTP OD OFFICE REVIEWS AND APPROVALS (Sign electronically by clicking next to the X and following the prompts)

X LA Valley 1/22/16
Office Associate Director or Designee

X

NCHHSTP ADS or Designee