

# Form E: Program Activities Narrative for Mpox Prevention Funding

MAXIMUM 25 POINTS

**Agency Name:**

**Program Name:**

## Instructions

LIMIT: **Five (5) pages** but may be less than five pages. Applicants must write their proposal in a **12-point font** with one-inch margins and **single-spaced** lines on 8.5 X 11-inch single side paper. Separate paragraphs with a blank line in between.

Check the priority population(s) you are proposing to serve. Also include the number of vaccines/outreach contacts you are proposing to conduct.

### Mpox Programs for People at Greatest Risk

☐ Gay, bisexual and other men who have sex with men

☐ Transgender people living in MN

☐ People living with HIV living in MN

Number of vaccines per year:

Projected outreach contacts per year:

## Program Activities Narrative

1. Provide a summary of the proposed program (250 words).
2. Describe how you will conduct the required mpox activities. Please reference 2.2 Eligible Projects: Purpose and Goal of Mpox Prevention Funding in the RFP for a more detailed outline of these required activities.
	1. For each required mpox program activity, describe how it will be conducted and include specific action steps:
		1. Targeted mpox vaccinations.
		2. Active referral services.
		3. Access and rapid linkage to mpox medical care.
		4. Outreach and Health Education/Risk Reduction related to mpox diagnosis.
3. Identify the priority population you plan to serve. Describe how you will ensure that the program is culturally, linguistically, and developmentally appropriate to the priority population. Explain why the activities proposed will work for that priority population.
4. Describe or identify current or potential partners and collaborators for this program, both formal and informal, and describe the roles and responsibilities they will have in this program.
5. Describe how you will integrate health education, screening, risk reduction and referrals for other infections including STIs and hepatitis A, B, and C as relevant and appropriate.