



## **Directive Submission Instructions**

The Planning Council may decide to provide “Directives” to the Grantee – the Denver Office of HIV (DOHR) - on how best to meet the service priorities it has identified. It may direct DOHR to fund services in particular parts of the EMA or TGA (such as outlying counties), or to use specific service models. It may direct the grantee to take specific steps to increase access to care (for example, require that Medical Case Management providers have bilingual staff or that primary care facilities be open one evening or weekend a month).

### **How to Submit a Directive:**

Submitting a directive to the Denver HIV Resources Planning Council (DHRPC) requires that the applicant proposing a new directive complete the Directive Submission Application Form. **The Leadership Committee of the Planning Council will convene to review all submitted directives, and shall provide the submitter with a written response regarding the directive within one (1) month of submission.**

1. The Issue or Need necessitating this Directive
2. How it may be used to impact a specific service model
3. Present the Data that validates the Need for this Directive
4. Outline and define outcomes of Directive
5. Monetary amount of application

*This form is available online, or by contacting the Planning Council at (720) 865-5503.*

### **Disclaimer**

The Planning Council **cannot** pick specific agencies to fund, or make its directives so narrow that only one agency will qualify. The Planning Council **cannot** be involved in any aspect of contractor selection (procurement) or in managing or monitoring Part A contracts. Please note that directive submission does not mean approval, the Planning Council will review all submissions and then formally vote on recommendations.

**Click the link to learn more about the [Directives Process](#).**



## Directive Submission Application Form

### Applicant Information

<b>Name of Applicant:</b>		
Telephone: (    )	Fax: (    )	
E-mail:		
Address:		
City:	State:	Zip Code:

**Directive Information:** Please answer the following:

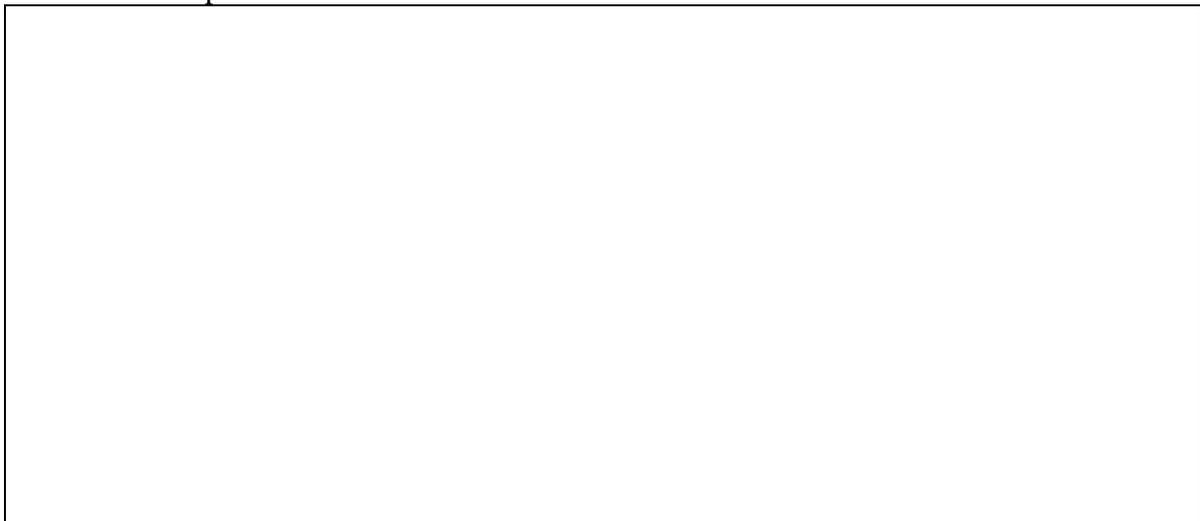
**Directive Title:** \_\_\_\_\_

1. Please identify the "issue" or "need" necessitating the consideration of this Directive:

2. Please describe how this directive may impact specific service delivery or model:



3. Please present and describe the data that validates the need for this Directive:



4. Please outline and define the outcomes of the Directive:



5. Please list the monetary amount needed to address this Directive:

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