

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

**Human Immunodeficiency Virus (HIV) Prevention Projects for
the Commonwealth of Puerto Rico and the United States Virgin Islands**

Announcement Type: New

Funding Opportunity Number: CDC-PS08-803

Catalog of Federal Domestic Assistance Number: 93.939

HIV Prevention Activities Non-Governmental Organization Based

Key Dates

Letter of Intent Deadline: February 12, 2008

Application Deadline: March 17, 2008

Executive Summary: The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year 2008 funds for a cooperative agreement program for community based organizations (CBOs) to develop and implement HIV prevention programs in the following two categories:

- **Category A:** The Commonwealth of Puerto Rico
- **Category B:** The United States Virgin Islands

Applicants will be asked to implement evidenced based behavioral interventions that support the HIV prevention priorities outlined in the comprehensive HIV prevention plans of the Commonwealth of Puerto Rico (Category A) and the U.S. Virgin Islands

(Category B); and promote collaboration and coordination of HIV prevention efforts among CBOs, health departments, and private agencies to increase the number of high risk persons who are both tested for HIV infection and informed of their results.

Applicants will be asked to adapt CDC program models, including Diffusion of Effective Behavioral Interventions (DEBIs), Public Health Strategies (PHS), and activities supporting CDC's Advancing HIV Prevention Initiative.

This program announcement (PA) is limited to nonprofit organizations (e.g., nonprofit, CBOs, faith-based organizations experienced in working with the target populations. In addition, the organization must be located and provide services in the area for which they apply the Commonwealth of Puerto Rico or the U.S. Virgin Islands.

Based on anticipated funds available, CDC expects to award up to 8 cooperative agreements under Categories A and B. The average award will be approximately \$250,000, with a minimum of \$200,000 and a maximum of \$300,000 (See *Section II. Award Information*). The funding period for Categories A and B is up to 5 years and is based on availability of funds.

Glossary: Definitions for terms and acronyms used frequently throughout the program announcement can be found in the Program Announcement Glossary ([Attachment I: Glossary of Terms](#)).

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I. Funding Opportunity Description

I.1 Authority: This program is authorized under Sections 317(k)(2) and 318 of the Public Health Service Act (42 U.S.C. Sections 247b(k)(2) and 247c), as amended.

I.2 Purpose: The purpose of the program is consistent with CDC’s Government Performance and Results Act (GPRA) performance plan and the CDC goal to reduce the number of new HIV infections in the United States. Funds are available under this announcement for HIV prevention projects for nonprofit organizations.

Goals: The specific goals of this announcement are to fund community based organizations the Commonwealth of Puerto Rico (Category A) and the U.S. Virgin Islands (Category B) to:

- Implement selected, standardized HIV prevention models to complement HIV prevention activities and interventions conducted by state and local health departments by addressing high priorities identified by the state or local Community Planning Group (CPG).
- Administer effective HIV prevention services to persons at high risk for HIV infection or transmission.
- Reduce barriers to early diagnosis of HIV infection and increase access to HIV testing and use of quality medical care, treatment, and ongoing prevention services.

Objectives: The specific objectives of this announcement are to:

- Reduce HIV transmission.
- Reduce barriers to early diagnosis of HIV infection.
- Increase the number of individuals at high risk for HIV infection who both become informed of their serostatus and who begin receiving appropriate HIV prevention services.
- Increase the use of evidenced based interventions for HIV prevention.
- Increase access to quality medical care and ongoing HIV prevention services for persons living with HIV.
- Complement HIV prevention activities and program models supported by state and local health departments.
- Increase outreach and education efforts to encourage persons at high risk for HIV infection or transmission to learn their HIV status.

Healthy People 2010: This PA addresses the *Healthy People 2010* focus area of HIV prevention.

CDC's Advancing HIV Prevention Initiative: This PA addresses CDC's Advancing HIV Prevention (AHP) initiative. The initiative emphasizes HIV testing, in both medical and non-medical settings and seeks to identify HIV infected persons who are not aware of their infection status and link them to treatment, care, and prevention services.

The AHP initiative consists of four priority strategies:

- **Strategy 1:** Make voluntary HIV testing a routine part of medical care.
- **Strategy 2:** Implement new models for diagnosing HIV infections outside of medical settings.
- **Strategy 3:** Prevent new infections by working with persons diagnosed with HIV and their partners.
- **Strategy 4:** Further decrease perinatal HIV transmission.

This PA seeks to address strategies 2 and 3.

Performance Goals: Measurable outcomes of the program will be in alignment with one or more of the following performance goals for CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP):

- Reduce the number of new HIV infections.
- Increase the number of persons living with HIV who know their status.

- Increase the number of persons living with HIV who are linked to appropriate prevention, care, and treatment services.

This announcement is only for nonresearch activities supported by CDC. If research is proposed, the application **will not** be reviewed. For the definition of research, please see the CDC Web site at the following address:

<http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm>.

1.3 Activities

Awardee Activities:

Awardee activities for this program are as follows:

Throughout the term of this program announcement, selected grantees will be required to implement a **maximum of two program models** (e.g., POL and CTR) for their proposed program. The CDC selected models, listed below, will be implemented with individuals at high risk for HIV infection or transmission in high risk settings.

The applicant **must** adapt and implement one CDC effective behavioral intervention and can select to implement up to one public health strategy. CDC **highly recommends that applicants consider** administering Counseling, Testing and Referral services.

Allowable program models for Categories A and B are as follows:

1. [Effective Behavioral Interventions \(EBIs\)](#): Applicants **must** select one of the following EBIs to implement with high risk individuals:
 - a. Community PROMISE

- b. Focus on Youth
- c. Healthy Relationships
- d. Many Men, Many Voices (3MV)
- e. Modelo de Intervención Psicomédica (MIP)
- f. MPowerment
- g. Partnership for Health (PfH)
- h. Popular Opinion Leader (POL)
- i. Real AIDS Prevention Project (RAPP)
- j. RESPECT
- k. Safety Counts
- l. Sisters Informing Sisters on Topics about AIDS (SISTA)
- m. Street Smart
- n. VOICES/VOCES

2. **Public Health Strategies (PHS):** Applicants may select one PHS.

- a. Counseling, Testing and Referral Services (CTR)
- b. Comprehensive Risk Counseling Services (CRCS)

All interventions must include promotion of abstinence, faithful monogamy and correct, consistent condom use (ABC).

Additional Required Activities: The following activities are **required:** (These items must be discussed in the project narrative but do not require a separate sub-budget.)

- 1. Implement a recruitment strategy to reach persons at greatest risk for acquiring or transmitting HIV (e.g., social networking component). The program must

seek input from the target population on selecting the recruitment strategy and determining how incentives will be used in the applicant's program.

2. Identify baseline, annual target levels, and 5 year goals of performance for each program performance indicator identified by CDC. The existing performance indicators are currently under review. CDC will provide final indicators and associated resources at a future date. If the applicant fails to achieve the target levels of performance, CDC will work with the organization to improve performance. If the performance fails to improve, CDC may reduce the award or defund the program.
3. Collect required data variables for national monitoring and process monitoring. Collect outcome monitoring data for local program monitoring and evaluation. Report required data variables to CDC through Program Evaluation and Monitoring System (PEMS) [[Attachment IV: Description of PEMS](#)].
4. Convene a local advisory board (e.g., focus group) of the target population(s), as appropriate, to assist the organization with programmatic decision making (e.g., test program materials, conduct needs assessments, and determine site/location of program activities). This advisory board must be used throughout the entire project period to ensure that services are responsive to the needs of the target population. (Please note: if the applicant selects to implement MPowerment, the core group can serve as their advisory board.)
5. Refer individuals living with HIV to prevention services, medical care, and Ryan White service providers (including screening for STDs, tuberculosis, and hepatitis) if the organization is unable to provide these services directly. (If the

program is for a SPOC intervention, such as POL, then applicants are exempt from this requirement.)

6. Refer and link high risk individuals to medical care and other relevant social services, including HIV testing, STD screening, housing programs, mental health services, legal services, and other venues as appropriate, if the organization is unable to provide these services directly. (If the program is for a “single point of contact” intervention, such as POL, then applicants are exempt from this requirement).
7. Refer individuals living with HIV infection to partner counseling and referral services (PCRS).
8. Collaborate and participate in the HIV prevention community planning process with the local health department.
9. Collaborate and coordinate HIV prevention services with local AIDS Service Organizations (ASO) and other relevant health care providers who provide care services to persons living with HIV/AIDS.
10. Within the first 6 months of funding, the applicant must develop a formal agreement, such as a Memorandum of Agreement (MOA), with each agency to which the organization intends to make referrals or with which they will collaborate to provide services to persons identified through the program.
11. Identify and address the capacity building needs (including organizational and programmatic infrastructure) of the program and participate in mandatory CDC sponsored training. Mandatory trainings consist of specific program model training requirements and PEMS related trainings.

12. Hire staff who can demonstrate proven effectiveness in working with the target population for the past 12 months.
13. Include in the application budget, adequate funds for staff training so that newly hired staff can attend training on the program models planned to be implemented (e.g., DEBIs).
14. Submit any newly developed public information resources and materials to the CDC National Prevention Information Network (NPIN) so they can be added to the database and accessed by other organizations and agencies. NPIN can be accessed through the following link: <http://www.cdcnpin.org/scripts/index.asp>.
15. Adhere to CDC policies for securing prior approval for CDC sponsored conferences. If planning to use CDC funding to hold a conference, the applicant must send a copy of the agenda to CDC's Grants Management Office for approval.
16. If the applicant plans to use materials and include the name or logo of either CDC or the Department of Health and Human Services (HHS), a copy of the proposed material must be sent to CDC's Grants Management Office for approval.
17. Convene local materials review panel or utilize the local health department materials review panel to comply with CDC's Assurance of Compliance with the Requirements for Contents of AIDS Related Written Materials Form [[Attachment VIII: Sample Budget: CDC Form 0.1113: Assurance of Compliance with the Requirements for Contents of AIDS Related Written](#)

Materials Form]. The current guidelines and the form may also be downloaded from the CDC Web site: www.cdc.gov/od/pgo/forminfo.htm.

CDC Activities: In a cooperative agreement, CDC staff members are substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Provide technical assistance and consultation on program and administrative issues directly or through partnerships with health departments, national and regional minority organizations, contractors, and other national and local organizations.
2. Work with the organization to assess and broker training needs and ensure that those needs are met.
3. Disseminate current information, including best practices and lessons learned, in all areas of HIV prevention.
4. Strengthen the capacity of the organization to implement evidenced based program models through CDC procedures, referrals for capacity building assistance, workshops, conferences, and other written materials (e.g., adaptation of DEBI).
5. Provide technical assistance and information on new rapid HIV testing technologies.
6. Assist the organization with establishing partnerships with state and local health departments, community planning groups, and other groups that receive federal funding to support HIV/AIDS activities.

7. Ensure that successful HIV prevention program models and lessons learned are shared among grantees through the following activities: meetings, workshops, conferences, newsletter development, the Internet, sharing Spanish language versions of intervention materials, and other avenues of communication.
8. Support and monitor grantee implementation of their programs and fiscal activities through direct observation of program models in action, site visits, technical assistance, and budget review and approval and by ensuring that grantees maintain client confidentiality as well as compliance with other organizational requirements.
9. Develop program evaluation guidelines and procedures as well as program monitoring systems that include indicators and protocols.
10. Monitor the organization's progress toward achieving the target level of performance for each program performance indicator by working with the organization in support of achieving target levels of performance.
11. Ensure that effective training practices and implementation of policies and protocols occur within the first 6 months of funding.
12. Provide assistance with required program indicators.

II. Award Information

Type of Award: Cooperative Agreement.

CDC's involvement in this program is listed in the Activities Section above.

Award Mechanism: U65 - *Minority/Other Community Based Human Immunodeficiency Virus (HIV) Prevention Projects & Cooperative Agreements.*

In cooperation with non profit organizations based in communities most heavily affected by the HIV epidemic, to assist in achieving a reduction of the risk of HIV transmission through education programs.

Fiscal Year Funds: 2008

Approximate Current Fiscal Year Funding: \$ 1.8 million

Approximate Total Project Period Funding: \$ 9 million

(Category A: \$1.3 million; Category B: \$500,000; these amounts are estimates and are subject to availability of funds.)

Approximate Number of Awards: 8

Approximate Average Award: \$ 250,000 (This amount is for the first 12 month budget period and includes both direct and indirect costs.)

Floor of Individual Award Range: \$200,000

Ceiling of Individual Award Range: \$300,000 (This ceiling is for the first 12 month budget period for a single category award, which includes both direct and indirect costs.)

Anticipated Award Date: July 1, 2008

Budget Period Length: 12 months

Project Period Length: 5 years

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government.

Annual Continuation of Funding:

Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. To be granted a continuation award, the applicant must have:

- Completed all recipient requirements.
- Submitted appropriate data and programmatic reports on the annual target levels of performance for each program performance indicator.
- Demonstrated sufficient progress in programmatic activities.

III. Eligibility Information

III.1. Eligible Applicants

Eligible applicants that can apply for this funding opportunity are listed below:

- Nonprofit with 501C3 IRS status (other than institution of higher education)
- Community based organizations
- Faith based organizations

Applications for this program announcement are limited to CBOs, public nonprofit, private nonprofit and faith based organizations, because of their credibility for working among individuals living with HIV and those at high risk for HIV infection. Nonprofit organizations and CBOs have proven their ability to access hard to reach populations that have traditionally suffered exclusion from mainstream interventions and other agencies.

Health departments, for profit agencies and colleges/universities are **not** eligible to apply for this funding because it is congressionally earmarked for CBOs through the Minority AIDS Initiative (MAI). MAI funds must be used to enhance efforts to prevent the acquisition or transmission of HIV infections in racial and ethnic minority communities.

Eligible Funding Categories: Eligible applicants must be located and provide services in the Category for which they apply:

- **Category A:** The Commonwealth of Puerto Rico
- **Category B:** The United States Virgin Islands

Eligible Jurisdictions: Eligible applicants must be located in and provide services in the following areas

- **Category A:** The Commonwealth of Puerto Rico
- **Category B:** The United States Virgin Islands

III.2. Cost Sharing or Matching

Matching funds are not required for this program.

III.3. Other

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The applicant will be notified that the application did not meet the submission requirements.

Special Requirements:

If the application is incomplete or nonresponsive to the special requirements listed in this section, it will not be entered into the review process. The applicant will be notified the application did not meet submission requirements. The applicant must:

- Not submit a late application, as they will be considered nonresponsive. (See *Section IV.3. Submission Dates and Times* for more information on deadlines).
- Submit a project narrative that does **not** exceed the 40 page limit.
- Have current tax exempt status 501 (c)(3) or proof of incorporation as a not for profit organization.
- Submit an application for only one Category (A **or** B).
- Be located in and provide services within the area for which the applicant is applying, either the Commonwealth of Puerto Rico (Category A) or the U.S. Virgin Islands (Category B).
- Provide documentation that the applicant has discussed the details of the proposed CTR program with the state/local health department and agree to follow its guidelines for these services. ([Attachment V: List of CTR Requirements](#)) The applicant **must** share CTR service plans with the health department and obtain a **letter of support** to be eligible for funding ([Attachment X: Health Department Director Sample Letter for CTR.](#))
- **Proof of Service in Eligible Area:** Provide documentation to show that the applicant has provided HIV prevention or care services in the area for the past 24 months by submitting:

- Proof of service, location, and history (including client characteristics). (e.g., process monitoring data or service utilization data; a newspaper article)
 - One copy of a progress report or letter from one of the organization's funding organizations (if the organization is not currently funded by an outside source, then this documentation is not required).
 - At **least three letters of support** from civic (or nonprofit), business, or faith based organizations that are located in the community and also serve the proposed target population.
- **Proof of Experience with the Target Population:** ([Attachment IX: Historical Data Table](#)) to show that the agency has provided HIV prevention or care services to the selected **target population** for the past 12 months. The table will illustrate the number of clients that the organization has served for the past 12 months, broken out by race, ethnicity and age group.
- Provide a written statement (or letter) that within 6 months of being selected for funding the organization will develop formal agreements, such as a MOA, with each collaborating agency serving persons identified through the program.
- Not request funding greater than the ceiling of the award range, including indirect costs.
- Not be a government or municipal agency, private or public university or college, or private hospital (See *Section IV.5. Funding Restrictions* for more information on allowable subcontracting with these entities).

- Not be a 501(c)(4) organization. (**NOTE:** Title 2 of the U.S. Code section 1611 states that an organization described in section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive federal funds constituting a grant, loan, or award.)

All information submitted with the application is subject to verification during pre-decisional site visits.

IV. Application and Submission Information

IV.1. Address to Request Application Package

To apply for this funding opportunity, use the application forms package posted in Grants.gov.

Electronic Submission:

CDC strongly encourages the applicant to submit the application electronically by using the forms and instructions posted for this announcement on www.Grants.gov, the official federal agency wide Egrant Web site. Only applicants who apply online are permitted to forego paper copy submission of all application forms.

Registering the organization through www.Grants.gov is the first step in submitting applications online. Registration information is located in the “Get Registered” screen of www.Grants.gov. Although application submission through www.Grants.gov is optional, HHS/CDC strongly encourages the use of this online tool.

Please visit www.Grants.gov at least **30 days before** filing the application to familiarize the applicant with the registration and submission processes. **Under “Get Registered,” the one time registration process will take 3 to 5 days to complete;** however, as part of the Grants.gov registration process, registering the organization with the Central Contractor Registry (CCR) annually, could take an additional one to two days to complete. HHS/CDC suggests submitting electronic applications before the closing date so that if difficulties are encountered, the applicant can submit a hard copy of the application before the deadline.

If the applicant experiences technical difficulties at the Grants.gov Web site contact **customer service** by email at www.Grants.gov/CustomerSupport or by phone at 1-800-518-4726 (1-800-518-GRANTS). The **Customer Support Center** is open from 7:00 a.m.-9:00 p.m. Eastern Time, Monday through Friday.

CDC recommends that organizations submit the application to Grants.gov early to resolve any unanticipated difficulties before the deadline. The applicant may also submit a back-up paper submission of the application. Any such paper submission must be received in accordance with the requirements for timely submission detailed in *Section IV.3.* of the grant announcement. The paper submission must be clearly marked: “BACK-UP FOR ELECTRONIC SUBMISSION.” The paper submission must conform to all requirements for nonelectronic submissions. If both electronic and back-up paper

submissions are received by the deadline, the electronic version will be considered the official submission.

NOTE: If the application has appendices that cannot be attached on www.Grants.gov, then the applicant must follow the instructions below for paper submission only.

IV.2. Content and Form of Submission

Letter of Intent (LOI):

Prospective applicants are asked to submit a letter of intent that includes the following information [[Attachment VII: Letter of Intent](#)]:

- Descriptive title of proposed project and the name of the proposed program(s) intended to be performed under this PA.
- Name, address, and telephone number of the Principal Investigator/Project Director.
- Names of other key personnel.
- Participating institutions.
- Number and title of this funding opportunity.
- In addition, the category under which the organization is applying (e.g., Category A or Category B)

Application:

Applicants are permitted to submit only one application per organization per eligible area. The following information must be included in the application [Attachment XIV:](#)

[Application Checklist](#). All application files must be uploaded in PDF file format when submitting the application on www.Grants.gov.

Cover Letter. A cover letter is required with the application. The cover letter must contain the following information:

- The organization's name, address, and the name of the executive director.
- A description of the organization's target population.
- A statement about the category under which the organization is applying (e.g., Category A **or** Category B) and the name of the proposed program(s) intended to be performed under this PA.

The application cover letter must be written in the following format:

- Maximum number of pages: 2
- Font size: 12 point unreduced
- Font type: Times New Roman
- Single spaced
- Paper size: 8.5 by 11 inches
- Page margin size: 1 inch
- Print only on one side of page
- Written in plain language (i.e., avoid jargon, unexplained acronyms, and confusing sentence structure)

Project Abstract. A project abstract must be submitted with the application forms. All electronic project abstracts must be uploaded in a PDF file format when submitting via

Grants.gov. The abstract must be submitted in the following format if submitting a paper application:

- Maximum of 2-3 paragraphs (no more than one page)
- Font size: 12 point unreduced
- Font type: Times New Roman
- Single spaced
- Paper size: 8.5 by 11 inches
- Page margin size: 1 inch

The Project Abstract **must** contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

Table of Contents. A table of contents must be included with the application. The table of contents **will not count toward the 40 page** limit of the project narrative. It must include a list of all application sections and appendices within the application package. It must include page numbers where each section starts ([Attachment XV: Sample Application Table of Contents](#)).

Project Narrative. A project narrative must be submitted with the application. All electronic narratives must be uploaded in a PDF file format when submitting via

Grants.gov. The narrative must address the activities that the organization will provide annually over the entire funding period (5 years for Categories A or B). The narrative must be submitted in the following format:

- Maximum number of pages: **40** (If the narrative exceeds this page limit, the application will be considered nonresponsive and will not be reviewed.)
- Font size: 12 point un-reduced
- Double spaced
- Paper size: 8.5 by 11 inches
- Page margin size: 1 inch
- Number all narrative pages (not to exceed the maximum number of pages).
- Print only on one side of page.
- Paper applications should be held together only by rubber bands or metal clips; do not bind in any other way.

The narrative should address activities to be conducted over the entire project period and must include the requested information in the order listed in sections A-J below. The budget and budget justification will be included as a separate attachment, not to be counted in the narrative page limit.

Answers to the questions in subsections A-J are critical to determining the applicant's eligibility and qualification for this funding opportunity. **If the applicant fails to provide any documents required in these subsections, the application will not be considered for review.**

A. Eligibility

Maximum length: 10 pages or less

This section **will not count toward the 40 page** limit of the narrative but will determine if the application meets the eligibility requirements to move to the next phase in the application review process. To be eligible, the application must meet all of the criteria listed in this section, as well as the criteria listed in the special requirements section of this announcement [see *Section III.3. Other*]. If the application fails to meet all of these requirements, the application will **not** be reviewed further. Place all documents requested in this subsection in the application's Appendix A, labeled *Proof of Eligibility*. The applicant must:

- Not submit a late application, as they will be considered nonresponsive. (See *Section IV.3. Submission Dates and Times* for more information on deadlines).
- Submit a project narrative that **does not exceed** the 40 page limit.
- Submit proof of current tax-exempt status 501 (c)(3) or proof of incorporation as a not for profit organization.
- Submit only one application for only one Category (A **or** B).
- Be located in and provide services within the area for which the applicant is applying, either the Commonwealth of Puerto Rico or the U.S. Virgin Islands.
- If the applicant plans to implement CTR services, provide a **letter of support** from the health department that the organization has discussed the details of the proposed CTR program with the state/local health department and agrees to follow its guidelines for these services. ([Attachment V: List of CTR](#))

[Requirements](#)). Also, ([Attachment X: Health Department Director Sample Letter for CTR](#)).

- **Proof of Service in Eligible Area:** Provide documentation to show that the applicant has provided HIV prevention or care services in the area for the past 24 months by submitting:
 - Proof of service, location, and history (including client characteristics). (e.g., process monitoring data or service utilization data; a newspaper article)
 - One copy of a progress report or letter from one of the organization's funding organizations (if the agency is not currently funded by an outside source, then this documentation is not required).
 - At **least three letters of support** from civic (or nonprofit), business, or faith based organizations that are located in the community and also serve the proposed target population.
- Submit a completed [Attachment IX: Historical Data Table](#) to show that the organization has provided HIV prevention or care services to the selected **target population** for the **past 12 months**.
- Provide a **written statement** that within 6 months of being selected for funding the organization will develop formal agreements, such as an MOA, with each collaborating agency serving persons identified through the program.
- Not request funding greater than the ceiling of the award range, including indirect costs.

- Not be a government or municipal agency, private or public university or college, or private hospital.
- Not be a 501(c)(4) organization. All information submitted with the application is subject to verification during pre-decisional site visits.

In addition, the application's narrative must address the following for this section:

1. Category under which the organization is applying.
2. Submit a valid IRS 501(c)(3) tax-exempt status or state proof of incorporation as a nonprofit organization. The applicant must submit a copy of the letter from the IRS or a copy of the state proof of incorporation. If the applicant does not have a valid IRS 501(c)(3) tax-exempt certificate or proof of incorporation, the organization is **not eligible** to apply for funding under this program announcement.
3. Proof of location, history, and service.

(NOTE: The application must include at least one copy of one of the following: progress report describing services provided to the population served, a letter from one of the funding organizations (local, state or federal), process monitoring data, **or** service utilization data (including client characteristics, or a newspaper article.)

The application must address the following questions:

- a. How many years has the agency been located or providing services in the area(s) where the proposed services will be provided?
- b. What evidence does the organization (or program) have that they have provided HIV prevention or care services to the identified target

population for the past 24 months? As documentation of proof, the application must include three letters of support from civic (or nonprofit), business, or faith based organizations that are located in the community and also serve the proposed target population.

- c. What proportion of individuals served by the program over the past 12 months was from the proposed target population(s)? The applicant must complete *Appendix B, Historical Data Table* to demonstrate HIV prevention or care services provided to the selected **target population** for the past 12 months.
 - d. What experience does the proposed staff have working with high risk members of the identified target population? If staff has not been hired, what steps will the organization take to ensure that staff has the required experience working with the proposed target population?
4. Is the organization a governmental or municipal agency, a government affiliated organization or agency (e.g., health department, school board, public hospital), or a private or public university or college? If the answer is **yes**, the organization is **not eligible** to apply for funding under this program announcement.
 5. Does the organization engage in lobbying activities as described in section 501(c)(4) of the Internal Revenue Code of 1986? If the answer is **yes**, the organization is **not eligible** to apply for funding under this program announcement.
 6. What is the total proposed budget, including indirect costs?

7. Does the organization plan to implement CTR services? If **no**, skip to the next question. If **yes**, has the organization discussed the proposed counseling and testing program with the health department? Has the organization agreed to follow the health department's guidelines for these services? The organization must provide a letter from the health department director addressing each item included in the sample letter. Complete and sign [Attachment X: Health Department Director Sample Letter for CTR](#).
8. Is the organization applying as a single organization¹ or as a lead organization in a collaborative contractual partnership²? Please indicate which, and if applicable, describe the collaborative partnership, including the distribution of work (list actual activities performed, percentage of work load, total budget amounts).
9. Provide a written statement that within 6 months of being selected for funding, the organization will develop formal agreements, such as an MOA, with each collaborating agency serving persons identified through the program.
10. Is the organization currently funded under CDC Program Announcement 04064, 06618, or 03003? If applicable, please indicate which announcement(s), and provide a description of CDC funded activities including program models and funding amounts.

¹ Single organization is defined as one organization that is the only applicant in a cooperative agreement program, who will be the sole provider of activities in their proposed program.

² A lead organization in a collaborative contractual partnership is defined as: one organization that is the direct and primary applicant in a cooperative agreement program, but intends to formally collaborate through a contractual agreement with one or more additional organizations who will share in the proposed program activities. The lead organization must perform a substantial role (no less than 51%) in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

B. Justification of Need

Suggested length: 6 pages or less

Applicants must contact their health department to obtain HIV/AIDS statistics and HIV needs assessment data developed for the community planning process.

Applicants will need this information to answer the questions in this section. In addition, data may also be used from research studies and other valid data sources. Any data from sources other than a health department should be used as secondary sources to complement data obtained from the health department.

This section should include the following information:

1. Discussion of the services the agency currently provides.
2. Description of how the agency measures programmatic effectiveness and how the agency defines a successful program.
3. Discussion of the effectiveness of the agency's current HIV prevention programs. Should describe the successes and challenges of the current programs.
4. Identification of other organizations that provide similar services in the proposed area.
5. Description of how the proposed program model meets the needs of the jurisdiction's comprehensive HIV prevention plan.
6. Description of the proposed target population to be reached for this program announcement. Complete [Attachment VI: Proposed Target Population Worksheet](#) and include it in the application as *Appendix B*.

7. Description of how the proposed target population been affected by the HIV/AIDS epidemic in the community (e.g., HIV incidence or prevalence, AIDS incidence or prevalence, AIDS mortality).
8. Description of the risk factors that place the target population at high risk for HIV infection or for transmitting the virus.
9. Description of the organization's history and service with the proposed target population. Please respond to the following points:
 - What history does the organization have in serving this population?
 - How long has the organization provided services to this population?
 - Describe the outcomes of the services provided.
 - Describe the organization's relationship with the community.
10. Description of how the organization will ensure that staff members have a history of experience and can demonstrate proven effectiveness in working with the target population for the past 12 months.

C. Prevention Program

Suggested length: 9 pages or less

NOTE: The program models for this section are listed under *Section I.3. Activities*.

Please include the following information for the program model the organization will implement:

1. Description of the program model and explanation of why this model was chosen for the target population.

2. Description of how the organization will adapt and implement this program model.
3. Description of how the organization will ensure that program services reach high risk members of the selected target population and their partners.
4. Description of how the organization will ensure that program services reach members of the population who are living with HIV and provide services to their high risk partners who are HIV negative or who do not know their HIV status.
5. Description of how the program will address additional personal factors the target population may have, that may act as barriers to adoption of HIV risk reduction strategies and behavior change.
6. Explanation of the recruitment strategy/strategies. The organization should describe how the target population will be involved in selecting the recruitment strategy/strategies and determining the use of incentives for the program. List and describe how incentives will be used throughout the program.
7. Indicate where HIV prevention services will be provided. Please describe the setting (describe all, if more than one) and provide the following information:
 - (a) How the organization will determine if the setting is appropriate for and appealing to the target population (e.g., youth drop in center, mental health and support services, bars/clubs, and other unconventional settings)?
 - (b) How the organization will ensure that the service delivery location is located in an area that is safe and easily accessible for the target population?

8. Description of how the organization will recruit and retain individuals in the HIV prevention program model.
9. Description of how the organization will coordinate HIV prevention services with other case management and/or treatment providers for individuals living with HIV.
10. Indicate how the organization will ensure that the HIV prevention services do not duplicate services already provided under the Ryan White CARE Act.
11. Description of how the organization will ensure client linkage to PCRS and address barriers related to clients accessing PCRS. [[Attachment XI: PCRS MOA with the Health Department Sample Letter](#)].
12. Provide the required qualifications of staff providing HIV prevention services.
13. Provide a plan to train, support, and retain staff to provide these program models.
14. Description of the organization's plans to run and manage a local advisory board. Indicate how the board will be staffed and maintained. (Plans for establishing and maintaining this advisory board must be included in the implementation plan.)
15. Description of the involvement of the target population in the planning and implementation of the proposed services. Indicate the role the local advisory board will play in the program. Demonstrate how the organization will ensure that services continue to be responsive to the needs of the target population.
16. Provide a discussion of the quality assurance strategies of the organization.

17. Description of how the organization will ensure that services are culturally sensitive and relevant.
18. Description of how the client confidentiality will be addressed and managed.
19. Description of how the organization will collect, process and monitor data for the program models, including program performance indicators, as specified by CDC.

D. Counseling, Testing, and Referral Services (CTR)

Suggested length: 6 pages or less

Note: CTR is an essential part of HIV prevention programs. If the applicant does not intend to provide CTR services as part of their program, they must explain how the organization will link and refer individuals to CTR services and then answer the questions in this section. Submit a Memorandum of Agreement (MOA) with the organization(s) that will provide CTR services. The MOA must be responsive to the questions raised in this section.

The applicant must follow CDC procedures (described in [Attachment II: Procedural Guidance](#)) to provide counseling and voluntary HIV testing services to the target population. CDC encourages recipients to use a Clinical Laboratory Improvement Amendments (CLIA) waived rapid test when appropriate and to process confirmatory tests at the state or local health department laboratory.

The proposed activities must meet all local, state, and federal requirements for HIV prevention counseling, testing, and referral services. If required by state regulations, provide a letter of intent from a qualified physician as determined by local regulations, stating his/her involvement in HIV testing activities. This letter must address each item included in the sample letter [see [Attachment VII: Letter of Intent](#)]. Although funding may be used to cover testing related costs, the applicant must share their plans with the health department and obtain a letter of support to be eligible for funding.

In addition, if the applicant will be using a waived rapid HIV test, a formal agreement must establish with a laboratory or provide a plan for ensuring training, oversight, quality assurance, and compliance with CLIA requirements and relevant state and local regulations applicable to waived testing. Obtain a CLIA Certificate of Waiver or approval to operate under a cooperating public health laboratory's CLIA certificate. Submit a letter of support from the laboratory in the application's *Appendix E, Other Documentation*.

The application must include the following information:

1. Description of the CTR program and plans to ensure that CTR is an essential part of HIV prevention program model(s). Describe how the organization will incorporate CTR into the program model.
2. Description of the steps taken to ensure that the CTR program meets all local, state, and federal requirements for HIV prevention counseling, testing, and referral services.

3. Discussion of how the organization will ensure that the services are culturally sensitive and relevant.
4. Discussion of how the organization will involve the target population in the planning and implementation of the CTR services.
5. Descriptions of a plan to train, support, and retain counseling and testing staff.
6. Description of the policies or procedures that the agency will need to develop (or revise) prior to implementation of CTR in order to be compliant with local, state, and federal requirements for CTR.
7. Description of a plan to ensure client confidentiality.
8. Description of a plan to reach high risk members of the target population who have not tested in the last 6 months or do not know their HIV serostatus.
9. Description of the organization's strategy to reduce the target population's barriers to accessing HIV counseling, testing, and referral services.
10. A plan to ensure that clients receive their test results, particularly clients who test positive. The plan should include a discussion of how the organization will ensure that post-test counseling is provided for persons whose HIV test results are positive and referrals to the health department for PCRS. In addition, the plan should address how the organization will ensure that post-test HIV prevention counseling services are provided for persons whose HIV test results are negative but who are at ongoing high risk for HIV infection.
11. Description of how the organization will ensure that individuals with initial HIV positive test results receive confirmatory tests.

12. A plan to report confirmed HIV positive tests to state and local health departments, following all rules and regulations regarding HIV and AIDS surveillance.
13. Discussion of how the organization will collect counseling and testing data, including program performance indicators, and follow required health department reporting procedures.
14. Description of the quality assurance strategies of the organization.

E. Comprehensive Risk Counseling Services (CRCS)

Suggested length: 4 pages or less

Note: If applicants do not intend to provide CRCS services as one of the applicant's program models, please indicate this section as "Not Applicable" and move to Section F.

The applicant must address the following:

1. Describe the proposed CRCS program. How will the organization ensure that the CRCS program includes providing ongoing, multiple session, intensive HIV risk and behavior change counseling? Describe the plan.
2. Describe how the organization has considered programmatic integration of CRCS, staffing, and environmental issues when designing the CRCS program. Describe the plan for these activities.
3. Discuss how will the organization will ensure that staff has adequate training and ongoing support for CRCS.

4. Describe the caseload limitations and requirements. Describe how the organization will ensure that the CRCS program includes time for intensive recruitment and engagement activities and more frequent and intensive risk reduction sessions.
5. Describe the organization's plan to develop and implement a strategy to recruit and engage high risk clients. What incentives will be used and how will they be used throughout this program model to promote retention? How did the organization identify the incentives that plan for use in this program?
6. Describe how the organization will screen clients to identify those who are at highest risk and appropriate for CRCS, enroll in CRCS, and assess enrolled clients to determine specific risk and psychosocial needs.
7. Describe how the organization will develop an individualized prevention plan with measurable objectives.
8. Describe how the organization will coordinate client support with other case management programs and provide referrals as needed. Describe how the organization will ensure that case management efforts/services are not duplicated (e.g., Ryan White case management).
9. Describe the plan to conduct ongoing monitoring and reassessment of client needs and progress.
10. Describe the discharge plan for clients when they attain and can maintain behavior change goals. Describe the organization's protocols to classify clients as "active," "inactive," or "discharged," and outline the minimum active effort

required to retain clients. What guidelines will be used to readmit clients who need new or additional risk reduction support?

F. Referral Activities

Suggested length: 4 pages or less

The application must address the following:

1. Description of the organization's plans to develop a referral network to ensure that clients identified through the program have access to comprehensive services, including primary care, life prolonging medications, and essential support services (substance abuse treatment, mental health counseling, housing, etc.) that will maintain HIV positive individuals in systems of care.
2. Documentation of any agreements with providers and other agencies where the clients may be referred. Funded organizations must develop a formal agreement such as an MOA with each collaborating agency within 6 months of funding.
3. Description of the organization's plans to track referral activities and their outcomes. The applicant must document the type of referral (e.g., mental health, housing), date of referral, and outcome of referral (such as completion of first appointment).
4. Description of how the organization will collect data on referrals, including program performance indicators, as specified by CDC.

G. Collaboration and Coordination with the HIV Prevention Community Planning Process and Local Health Departments.

Suggested length: 3 pages or less

The application should describe the organization's plans to:

1. Participate, collaborate, and coordinate activities with the HIV prevention CPG and local health departments. Collaboration activities may include participating in the needs assessment process, reviewing and commenting on plans, presenting an overview of the project activities to the CPG, or making clients available for focus groups and other planning activities. Coordination activities may include sharing progress reports, program plans, and monthly calendars with state and local health departments, CPGs, and other organizations and agencies involved in HIV prevention activities serving the target population.
2. Participate in the HIV prevention community planning process. Participation may include involvement in workshops, attending meetings, serving as a member of the CPG, and becoming familiar with and utilizing information from the community planning process, such as the epidemiologic profile, needs assessment data, and program model strategies. **NOTE: Membership in the CPG is not required and is determined by the group's bylaws and selection criteria.**

H. Evaluating and Monitoring Program Model Activities

Suggested length: 4 pages or less

Funded organizations must:

1. Collect, enter, and report data on CDC funded HIV prevention services using the CDC's required mechanisms (e.g., PEMS).

2. Collect, maintain, and report data consistent with CDC requirements, including assuring client confidentiality and adherence to policies and practices for data security and Web based reporting (e.g., PEMS).
3. Sign and follow requirements of security documents related to PEMS (e.g., Memorandum of Understanding and Rules of Behavior).
4. Collaborate with CDC to assess the impact of HIV prevention activities and participate in special projects upon request.
5. Identify plans to incorporate ongoing programmatic monitoring and evaluation into program activities.

The application should include a detailed description of the following:

1. Current system of data collection and methods for reporting HIV prevention activities including data system specifications and data management information systems.
2. Capacity to collect and report client level data for HIV prevention services and the effect of those services on client HIV risks and health service utilization.
3. Plans to identify and address barriers and facilitators to the collection of client level demographic and behavioral characteristics.
4. Plans to ensure that data quality and security are consistent with CDC requirements and guidelines.
5. Willingness to collaborate with CDC in the design and implementation of other evaluation projects.
6. Technical assistance needs to meet evaluation and monitoring requirements.
7. Ability to submit baseline, 1 year target, and 5 year goal measures and goals of

performance for the required program performance indicators, upon their being finalized by CDC.

8. Plans to monitor and evaluate the programmatic success to ensure that it continues to be responsive to the needs of the target population. Discuss the organization's plans to continually and systematically incorporate programmatic monitoring and evaluation data into the program activities.

I. Capacity Building

Suggested length: 4 pages or less

This section, even though it is not scored, **will** count toward the 40 page limit of the application narrative. The application must:

1. Description of the anticipated Capacity Building Assistance (CBA) needs for the following:
 - (a) Agency infrastructure (e.g., policies and procedures, capital purchases).
 - (b) Planning the delivery of the program model.
 - (c) Resource or materials development and replication of materials.
 - (d) Staff training and ongoing staff development.
 - (e) Recruitment of the target population.
 - (f) Implementing the program model.
 - (g) Adaptation to the target audience.
2. Description of the applicant's plans to address these needs.
3. Discussion of the plans of the organization to share with the CDC project officer any new CBA needs that develop during the project period.

J. Budget and Justification

The budget justification **will not be counted** in the stated page limit. In accordance with Form CDC 0.1246E (www.cdc.gov/od/pgo/forms/01246.pdf), applicants are required to provide a line item budget and narrative justification for all requested costs that are consistent with the purpose, objectives, and proposed program activities. The budget and budget justification should be placed in the application's attachments named as *Appendix A: Budget and Budget Justification*.

Within the budget, include the following:

- a. A detailed line item budget and justification (also known as a “budget narrative”) with the application. Applicants must also provide a separate sub-budget for each program model proposed ([Attachment VIII: Sample Budget](#)).
- b. A line item breakdown and justification for all personnel (i.e. name, position title, annual salary, percentage of time and effort, and amount requested).
- c. Line item breakdown and justification for all contracts, including:
 - (1) Name of contractor and/or consultants
 - (2) Organizational Affiliation (if applicable)
 - (3) Nature of Services to be rendered
 - (4) Relevance of service to the project/justification for use of consultant
 - (5) The number of days of consultation (basis for fees) or Period of performance (dates)
 - (6) Method of selection (e.g., competitive or sole source)
 - (7) Description of activities

(8) Target population

(9) Itemized budget and expected rate of compensation (e.g., travel, per diem, other related expenses) list a subtotal for each consultant in this category

If the above information is unknown for any contractor/consultant at the time the application is submitted, the information may be submitted at a later date as a revision to the budget if the applicant is selected for funding.

NOTE: CDC encourages funded organizations to allow administrative and program staff to participate in any mandatory training conducted or sponsored by CDC, including grantee orientation. If key program staff leaves the organization, his/her replacement must attend training within 6 months. Applicants must set aside funds within the detailed line item budget to allow staff to attend required trainings and annual conferences.

Appendix Items Required. The application's appendices (or attached documents) will not be counted toward the narrative page limit but **may not exceed 50 additional pages.**

This section outlines the items that **must be included in the Appendix sections of the application.** If the applicant includes additional documents to support the narrative, the applicant must indicate the title/name of the attachment and where the supporting documentation is located within the application's appendix.

The following are the primary sections that **must** be included in the application's appendices:

1. ***Appendix A, Budget and Budget Justification.*** Submit a detailed line item budget and budget justification, with a sub-budget for each proposed program model. This

item should be placed in the application's attachments and titled *Appendix A: Budget and Budget Justification*.

2. **Appendix B, Proof of Eligibility.** Place all documents requested in this subsection in the application's *Appendix B*, labeled *Proof of Eligibility*. Applicants must provide all of the following required documentation for the Eligibility Criteria section:

- **Proof of Service in Eligible Area:** Provide documentation to show that the organization has provided HIV prevention or care services in the area for the past 24 months by submitting:
 - Proof of service, location, and history (including client characteristics). (e.g., process monitoring data or service utilization data; a newspaper article)
 - One copy of a progress report or letter from one of the applicant's funding organizations (if the organization is not currently funded by an outside source, then this documentation is not required).
 - At **least three letters of support** from civic (or nonprofit), business, or faith based organizations that are located in the community and also serve the proposed target population.
- Letter from the Internal Revenue Service (IRS) or state proof of incorporation as a nonprofit organization (e.g., 501(c)(3) status).
- Historical Data Table [[Attachment IX: Historical Data Table](#)].
- Letter from the health department stating that the applicant has discussed plans for implementing CTR services, verifying that the organization will comply

with all state and local laws and regulations pertaining to HIV CTR Services
[[Attachment X: Health Department Director Sample Letter for CTR](#)].

- CDC Form 0.1113: Assurance of Compliance Form. This form must be signed by the organization's project director and authorized business officer. Submit the completed Assurance of Compliance with the Requirements for Contents of AIDS Related Written Materials Form [[Attachment XIII: CDC Form 0.1113 Assurance of Compliance for Contents of AIDS Related Materials Form](#)]. The current guidelines and the form may also be downloaded from the CDC Web site: www.cdc.gov/od/pgo/forminfo.htm
 - PCRS Memorandum of Agreement (MOA) with Health Department
[[Attachment XI: PCRS MOA with the Health Department Sample Letter](#)].
3. **Appendix C, Proposed Target Population Worksheet.** Complete the Proposed Target Population Worksheet [[Attachment VI: Proposed Target Population Worksheet](#)] from the Justification of Need. This item should be placed in the application's appendices and titled *Appendix C: Proposed Target Population Worksheet*.
 4. **Appendix D, Implementation Plan(s).** Include a written Implementation Plan for each program model for which the applicant proposes (e.g., one for MPowerment and one for CTR). The plan must include SMART goals and objectives, tasks and activities, plans for completing each task, each staff person responsible for the activity, along with a detailed timeline for completing each item (e.g., from the beginning of hiring staff, staff training, pre-implementation project planning phase and implementation activities). To obtain copies of the Implementation Planning Tools for each of the DEBIs, refer to the Procedural Guidance [[Attachment II:](#)

[Procedural Guidance](#)] or go online www.effectiveinterventions.org to obtain an electronic copy. Place the requested written Implementation Plan in the application's *Appendix D, Implementation Plan*. CDC understands that in some instances, planning, adaptation, and startup (before implementation actually occurs) can take more than 6 months; CDC must approve extended timeframes, beyond the 6 month period, on a case by case basis.

5. **Appendix E: Supporting Documentation.** Include all other documentation needed to support the project narrative under this heading. Write out the additional items under *Appendix E* of the application's Table of Contents, and include page numbers for each item [[Attachment XV: Sample Application Table of Contents](#)].

Naming Electronic Files. Electronic files of Attachments or Appendices submitted via Grants.gov should be uploaded in PDF file format and electronically named (or labeled) as follows:

- *Appendix A: Budget and Budget Justification*
- *Appendix B: Proof of Eligibility*
 - *Appendix B.1: Proof of service, location, and history*
 - *Appendix B.2: Progress Report or Letter from funding Organization*
 - *Appendix B.3: Three Letters of Support*
 - *Appendix B.4: Letter from IRS (or state proof of incorporation as a nonprofit organization [e.g., 501(c)(3) status])*
 - *Appendix B.5: Historical Data Table*
 - *Appendix B.6: Health Department Letter*

- *Appendix B.7: Assurance of Compliance Form*
- *Appendix B.8: PCRS Memorandum of Agreement*
- *Appendix C: Proposed Target Population Worksheet*
- *Appendix D: Implementation Plan(s)*
- *Appendix E: Other Documentation*
 - *Appendix E.1: Letter of Intent from a Physician*
 - *Appendix E.2: Letter of Support from Laboratory or CLIA Certificate*
 - *Appendix E.3: Curriculum Vitae*
 - *Appendix E.4: Résumés*
 - *Appendix E.5: Organizational Charts*
 - *Appendix E.6: Additional Letters of Support*
 - *Appendix E.7: Other Documentation*

NOTE: No more than 50 electronic attachments should be uploaded per electronically submitted application. No more than 50 attachments per application should be included in paper copy submission.

DUNS Requirement: The agency or organization is required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the federal government. The DUNS number is a nine digit identification number, which uniquely identifies business entities. Obtaining a DUNS number is easy, and there is no charge. To obtain a DUNS number, access the [Dun and Bradstreet website http://fedgov.dnb.com/webform/displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do) or call 1-866-705-5711.

Additional requirements that may request submission of additional documentation with the application are listed in section “VI.2. Administrative and National Policy Requirements.”

IV.3. Submission Dates and Times

Letter of Intent (LOI) Deadline Date: February 12, 2008

CDC requests that applicants submit an LOI if they intend to submit an application for this funding opportunity. Although the LOI is not required, not binding, and does not enter into the review of the subsequent application, it will be used to gauge the level of interest in this program and to allow CDC to plan the application review.

Application Deadline Date: March 17, 2008

Explanation of Deadlines: Applications must be received in the CDC Procurement and Grants Office by 4:00 p.m. Eastern Time on the deadline date.

Applications may be submitted electronically at www.Grants.gov. Applications completed online through Grants.gov are considered formally submitted when the applicant’s authorizing official electronically submits the application to www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been submitted electronically by the applicant’s authorizing official to Grants.gov on or before the deadline date and time.

When submitting the application electronically through Grants.gov (<http://www.grants.gov>), the application will be electronically time/date stamped, which will serve as receipt of submission. Applicants will receive an email notice of receipt when HHS/CDC receives the application.

This announcement is the definitive guide on LOI and application content, submission address, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline above, it will not be eligible for review and will be discarded by HHS/CDC. Applicants will be notified the application did not meet the submission requirements.

IV.4. Intergovernmental Review of Applications

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications and to receive instructions on the state's process. Visit the following Web address to get the current SPOC list: <http://www.whitehouse.gov/omb/grants/spoc.html>.

IV.5. Funding Restrictions

Restrictions, which must be taken into account while writing the budget and budget narrative, are as follows:

- Recipients may not use funds for research.

- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role (no less than 51%) in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Reimbursement of pre-award costs is not allowed.
- Funds may be used to hire contractors to strengthen program activities. CDC encourages applicants to develop collaborative relationships with other HIV prevention providers, medical providers, and health departments to implement proposed program. However, the eligible nonprofit organization, not the contract organization(s) or collaborative partner(s), must conduct the largest portion of the activities (including managing the program and activities) funded by this award.
- Funds cannot be used to provide medical or substance abuse treatment.
- Applicants must set aside funds within their detailed line-item budget to allow program staff to attend required trainings and meetings.

If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than

12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with “Other Attachment Forms” when submitting via Grants.gov.

The recommended guidance for completing a detailed justified budget can be found on the CDC Web site, at the following Internet address:

<http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

IV.6. Other Submission Requirements

LOI Submission Address: Submit the LOI by express mail, delivery service, fax, or

Email ([Attachment VII: Letter of Intent](#)) to:

Lisa Mackey, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

1600 Clifton Road, MS E-58

Atlanta, GA 30333

Telephone: 866-505-9346

Email: PA08803@cdc.gov

PA Web site: <http://www.cdc.gov/hiv/topics/funding/PA08803/>

Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CDC Program staff to estimate the potential review workload and plan the review.

The letter of intent is to be sent by the date listed in Section IV.3.A.

Application Submission Address

Electronic Submission:

Applications **may** be submitted electronically at www.Grants.gov. Applications completed online through Grants.gov are considered formally submitted when the applicant organization's Authorizing Organization Representative (AOR) electronically submits the application to www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully submitted electronically by the applicant organization's AOR to Grants.gov on or before the deadline date and time.

When submission of the application is done electronically through Grants.gov (<http://www.grants.gov>), the application will be electronically time/date stamped and a tracking number will be assigned, which will serve as receipt of submission. The AOR will receive an email notice of receipt when HHS/CDC receives the application. Email submissions will not be accepted. If applicants have technical difficulties in Grants.gov, customer service can be reached by email at support@grants.gov or by phone at 1-800-518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00 a.m. to 9:00 p.m. Eastern Time, Monday through Friday.

HHS/CDC recommends that submittal of the application to Grants.gov should be prior to the closing date to resolve any unanticipated difficulties before the deadline. Applicants may also submit a back-up paper submission of the application. Any such paper

submission must be received in accordance with the requirements for timely submission detailed in *Section IV.3.* of the grant announcement. The paper submission must be clearly marked: “BACK-UP FOR ELECTRONIC SUBMISSION.” The paper submission must conform to all requirements for nonelectronic submissions. If both electronic and back-up paper submissions are received by the deadline, the electronic version will be considered the official submission.

Submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

This announcement is the definitive guide on LOI and application content, submission address, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline above, it will not be eligible for review. The application face page will be returned by HHS/CDC with a written explanation of the reason for non-acceptance. The applicant will be notified the application did not meet the submission requirements.

V. Application Review Information

V.1. Criteria

Applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated *in Section I.2.*

Purpose of this announcement. Measures must be objective and quantitative and must measure the intended outcome. The measures of effectiveness must be submitted with the application and will be an element of evaluation.

There are **two steps** to the evaluation process.

Step One: In the first step of the evaluation process, the application will be evaluated on the basis of each item referenced in *Section IV. Application and Submission Information*.

The application will be evaluated by an independent external review panel assigned by CDC, known as a special emphasis panel (SEP). The panel will assign the application a score using scored evaluation criteria as specified in *Section V. Application Review Information*. The score will be based on the applicant's responses to the questions in *Section IV. Application and Submission Information* starting with *B. Justification of Need*. This portion of the application evaluation is worth 1000 points. To be considered for a pre-decisional site visit, the applicant must score at least 600 points during this process. The highest ranked applications will be considered for a pre-decisional site visit.

Step Two: The second step of the review process is conducted via pre-decisional site visits (PDSV). These visits are worth 400 points. To be considered for funding, the applicants must score at least 280 points during this process. If the application fails to score at least 280 points, the application will be disqualified. CDC will invite local health department staff (and state health department staff where applicable) to participate in the site visit. (**NOTE:** If both the local and state health departments provide a review, their scores will be combined and averaged.)

Criteria for Step One: Application Review

The application will be evaluated on the following criteria:

A. Eligibility

This section of the application will be reviewed to determine if the organization is eligible for funding. Applicants must meet all the criteria listed in this section. If the application fails to meet the criteria for eligibility, it will not be reviewed further. A letter will be sent to the applicant explaining that the organization did not meet the eligibility criteria.

B. Justification of Need (175 points)

This section of the application will be scored on the basis of the organization's description of:

- The effectiveness of their current HIV prevention programs.
- The target population's needs.
- How the proposed program model meets the needs of the jurisdiction's comprehensive HIV prevention plan.
- The organization's experience and credibility in working with the proposed target population.

C. Prevention Program (200 Points)

This section of the application will be scored based on the proposed program and the applicant's organization's plans to:

- Develop and implement the program (e.g., the program plan and implementation plan).
- Identify and offer prevention program services to individuals living with HIV or high risk partners who are HIV negative, or who do not know their HIV serostatus.
- Identify and offer services to individuals at high risk for HIV infection.
- Coordinate HIV prevention services with other case management and/or treatment providers for individuals living with HIV.
- Ensure that HIV prevention services do not duplicate services provided under the Ryan White CARE Act or other locally funded services.
- Identify and address barriers to recruiting and retaining persons in the program.
- Meet all local, state, and federal requirements for HIV prevention services (e.g., CTR, CRCS, community planning).
- Involve the applicant's target population when planning and implementing the program.
- Adapt relevant CDC procedures (including DEBIs and PHS) to the existing services or proposed program.
- Develop, implement, and maintain quality assurance strategies for HIV prevention program models.
- Train, support, and retain staff.

- Ensure client confidentiality.
- Ensure that service location is appropriate, appealing, safe, and easily accessible to the target population.
- Ensure that the target population has access to PCRS.
- Ensure cultural sensitivity and relevance of the program models.
- Ensure compliance with national monitoring and evaluation reporting requirements (required data variables and program performance indicators).

D. Counseling, Testing, and Referral Services (CTR) (175 Points)

Note: CTR is an essential part of HIV prevention program models. If the applicant does not intend to provide CTR services as one of their program models, applicants must explain in the applicant’s application how the organization will link and refer individuals to CTR services.

This section will be scored on the basis of the applicant’s proposed program and the organization’s plans to:

- Incorporate CTR into the proposed prevention program.
- Ensure compliance with all CTR local, state and federal rules and regulations, including collection and reporting requirements.
- Train, support, and retain staff.
- Ensure cultural sensitivity and relevance of the program models.
- Involve the target population when planning and implementing the CTR program(s).
- Develop (or revise) internal policies and procedures related to CTR.

- Ensure client confidentiality.
- Identify high risk individuals in the target population who have not been tested within the past 6 months or do not know their HIV serostatus for voluntary counseling and testing.
- Identify and address the target population’s barriers to accessing counseling and testing services.
- Ensure that clients receive test results and post test counseling and have access to PCRCS.
- Ensure that persons whose HIV test results are positive receive post test counseling and have access to PCRCS.
- Develop, implement, and maintain quality assurance strategies for CTR.
- Ensure compliance with national monitoring and evaluation reporting requirements (required data variables and program performance indicators).

E. Comprehensive Risk Counseling Services (CRCS) (125 Points)

Note: If the applicant does not intend to provide CRCS services as one of the program models and did not complete a section on CRCS in the project narrative, the applicant will not be penalized in the scoring.

This section of the applicant’s application will be scored based on the applicant’s proposed program and the applicant’s plans to:

- Integrate CRCS staffing and environmental issues when designing the program.
- Address staff training needs and ongoing support for CRCS.
- Address caseload limitations and requirements.

- Develop and implement a strategy to recruit and engage high risk clients.
- Screen clients to identify those who are at highest risk and appropriate for CRCS, enroll in CRCS, and assess enrolled clients to determine specific risk and psychosocial needs.
- Develop an individualized prevention plan with measurable objectives.
- Provide ongoing, multiple session intensive HIV risk and behavior change counseling.
- Coordinate client support with other case management programs and provide referrals, as needed.
- Conduct on-going monitoring and reassessment of client needs and progress.
- Discharge clients when they attain and can maintain behavior change goals; and establish protocols to classify clients as “active,” “inactive,” or “discharged”; and outline the minimum active effort required to retain clients and be willing to readmit clients who need new or additional risk reduction support.

F. Referral Activities (125 Points)

This section of the application will be scored on the basis of the proposed program and the applicant organization’s plans to:

- Identify and collaborate with other agencies to ensure access to comprehensive services, including access to primary care, life prolonging medications, and essential support services that will maintain HIV positive individuals in systems of care.
- Track referral activities and outcomes of these activities.

- Develop formal agreements with the organization's network of providers.
- Collect and report data on referrals (including performance indicators) as directed by CDC through required mechanisms (e.g., PEMS and Evaluation Guidance).

G. Collaboration and Coordination with the HIV Prevention Community Planning Process and Local Health Department (100 Points)

This section of the application will be scored on the basis of the proposed program and the applicant's plans to:

- Collaborate and coordinate activities with the HIV prevention CPG.
- Collaborate and coordinate activities with the health department.
- Participate in the HIV prevention community planning process.

H. Evaluation and Monitoring Program Model Activities (100 Points)

This section of the application will be scored on the basis of the proposed program and the applicant's:

- Current data collection and reporting systems.
- Capacity to collect and report client level required data variables.
- Plans to identify and address barriers to client level data.
- Plans to ensure data quality and security.
- Willingness to collaborate with CDC in special evaluation and monitoring projects.
- Technical assistance needs to meet evaluation and monitoring requirements.

- Plans to incorporate ongoing programmatic monitoring and evaluation for the purpose of maintaining programmatic integrity.
- Plans to ensure compliance with national monitoring and evaluation reporting requirements (required data variables and program performance indicators).

I. Capacity Building (Not scored)

This section of the application will **not** be scored. However, the information provided about the organization's anticipated CBA needs for implementation of this program announcement will help CDC plan for future CBA activities.

J. Budget and Justification (Reviewed, but not scored)

The budget justification will not be counted in the stated page limit. In accordance with Form CDC 0.1246E (www.cdc.gov/od/pgo/forms/01246.pdf), applicants are required to provide a line item budget and narrative justification for all requested costs that are consistent with the purpose, objectives, and proposed program activities.

Criteria for Step Two: Pre-decisional Site Visit

In conjunction with the Pre-Decisional Site Visit described below, CDC's PGO will conduct a Recipient Capability Assessment (RCA) to evaluate the organization's ability to manage CDC funds. Either PGO staff or another selected agency will conduct this assessment.

The following programmatic areas will be evaluated during the visit:

A. Proposed Program (100 Points)

The purpose of this section is to assess the organization's ability to effectively implement the proposed HIV prevention program models. The score will be based on:

- The organization's implementation of CDC protocols and procedures, including DEBIs and PHS.
- The organization's submission of a draft of the 5 year proposed baseline, annual target levels and goals of performance for each program performance indicator identified by CDC.
- How the target population reflects the priorities identified in the jurisdiction's comprehensive HIV prevention plan.
- How the program reflects the needs identified in the jurisdiction's HIV prevention comprehensive plan.

B. Programmatic Infrastructure (100 points)

The purpose of this section is to assess the organization's experience and ability to identify and address the needs of the proposed target population. This section will also assess the applicant's ability to effectively and efficiently implement the proposed activities. The score will be based on the applicant's:

- Organizational structure and planned collaborations.
- Experience in developing and implementing effective and efficient HIV prevention strategies and activities.
- Experience with governmental and nongovernmental organizations, including other national agencies or organizations, state and local health departments,

CPGs, and state and local non-governmental organizations that provide HIV prevention services.

- Ability to secure meaningful input and representation from members of the target population(s).
- Ability to provide culturally competent and appropriate services that respond effectively to the characteristics of the target population (characteristics can include cultural, gender, sexual orientation, HIV serostatus, race/ethnicity, age, environmental, social, and linguistic characteristics).
- Ability to adequately staff the proposed program.
- Ability to collect and report process and monitoring data on services provided and use them to plan future program models and improve available services.

C. Organizational Infrastructure (100 points)

The purpose of this section is to assess the organization's ability to effectively and efficiently sustain the proposed program. The applicant's score will be based on the applicant's:

- Organizational bylaws, mission, and vision.
- Composition, role, experience, and involvement of the board of directors in administering the agency.
- Current fiscal system in place to track and separate out available funding.
- Personnel process and procedures.
- Organizational protocols and procedures (e.g., security, confidentiality, and grievances).

- Organizational capacity for fundraising.

D. Health Department Review (100 points)

The purpose of this section is to gather feedback on the applicant's proposed program plan from the health department. (**NOTE:** If both the local and state health departments provide a review, their scores will be combined and averaged. The final score will not exceed 100 points.) The score will be based on the health department's review of the applicant's:

- Program plan (e.g., proposed target population, proposed program model[s], number of persons to be served, and service location) and consistency with the HIV prevention comprehensive plan.
- Rating of past experience with state or city-funded programs.
- Letter of support or nonsupport for funding from the health department, addressed to CDC.

V.2. Review and Selection Process

Applications will be reviewed for completeness by the PGO staff and for responsiveness jointly by NCHHSTP and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process.

Applicants will be notified the application did not meet submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in *Section V.1. Criteria* above.

In addition to the application content score and the outcome of the pre-decisional site visit, the following factors may affect the funding decision:

Funding Preferences:

In making awards, preference for funding will be given to ensure that:

- Funded applicants are balanced in terms of **targeted racial/ethnic minority groups**. (The number of funded applicants serving each racial/ethnic minority group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)
- Funded applicants are balanced in terms of **targeted risk behaviors and HIV serostatus**. (The number of funded applicants serving each risk group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)
- Funded applicants are balanced in **terms of geographic distribution**. (The number of funded applicants may be adjusted based on the burden of infection in the jurisdiction as measured by HIV or AIDS reporting.)

CDC will provide justification for any decision to fund out of rank order.

V.3. Anticipated Announcement Award Dates: July 1, 2008

VI. Award Administration Information

VI.1. Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC Procurement and Grants Office. The NoA shall be the only binding, authorizing document between the organization and CDC. The NoA will be signed by an authorized Grants Management Officer and emailed to the organization's program director, and a hard copy will be mailed to the organization's fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

VI.2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 CFR Part 74 and Part 92, as appropriate. The following additional requirements apply to this project:

- AR-4 HIV/AIDS Confidentiality Provisions
- AR-5 HIV Program Review Panel Requirements
- AR-7 Executive Order 12372
- AR-8 Public Health System Reporting Requirements
- AR-9 Paperwork Reduction Act Requirements
- AR-10 Smoke Free Workplace Requirements
- AR-11 Healthy People 2010
- AR-12 Lobbying Restrictions
- AR-14 Accounting System Requirements
- AR-15 Proof of Nonprofit Status

- AR-20 Conference Support
- AR-23 States and Faith Based Organizations

Additional information on the requirements can be found on the CDC Web site at:

http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

CDC Assurances and Certifications can be found on the CDC Web site at the following

Internet address: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

For more information on the Code of Federal Regulations, see the National Archives and

Records Administration at: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

VI.3. Reporting Requirements

Applicants must provide CDC with an interim progress report via www.grants.gov:

1. The Interim progress report (IPR) is due no less than 90 days **before** the end of the budget period. Additional guidance on what to include in this report may be provided by CDC approximately 3 months before the due date. The progress report will serve as the noncompeting continuation application and must contain the following elements:
 - a. Standard Form (“SF”) 424S Form.
 - b. SF-424A Budget Information Non Construction Programs.
 - c. Budget and Budget Narrative.
 - d. Indirect Cost Rate Agreement.
 - e. Project Narrative, to include measures of program effectiveness.

- f. Baseline and target levels of program performance indicators for both core and optional items. (**NOTE:** The existing performance indicators are currently under review and will be made available at a future date. The organization will be required to provide the baseline, annual target levels, and goals of performance [5-year] for each performance indicator identified by CDC. When submitting the IPR, grantees will have the opportunity to revise their baseline, annual target levels, and goals of performance, as specified in the guidance for completing the grantee's non-competing continuation application.)
- g. Additional requested information.

Additionally, funded grantees must provide CDC with an original, plus two hard copies of the following reports:

- 2. An Annual progress report is due 90 days **after** the end of the budget period. Additional guidance on what to include in this report may be provided by CDC approximately 3 months before the due date. It must include:
 - a. Baseline and actual level of program performance indicators for both core and optional items. Grantees will report on the progress the organization has made toward achieving the target levels and goals of performance for each program performance indicator.
 - b. Current budget period financial progress.
 - c. Additional requested information.
- 3. A financial status report is due no more than 90 days **after** the end of the budget period.

4. A final performance and financial status reports are due no more than 90 days **after** the end of the project period.

These reports must be submitted to the attention of the Grants Management Specialist listed in the “*VII. Agency Contacts*” section of this announcement.

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For general questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700

For program technical assistance, contact:

Lisa Mackey, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Road, MS E-58
Atlanta, GA 30333
Toll Free Telephone: 866-505-9346
Email: PA08803@cdc.gov

PA Web site: <http://www.cdc.gov/hiv/topics/funding/PA08803/>

For financial, grants management, or budget assistance, contact:

Arthur Lusby, Grants Management Specialist

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-15

Atlanta, GA 30341

Telephone: 404-639-8010

Email: ALusby@cdc.gov

CDC Telecommunications for persons with hearing impairment or other disabilities are available at TTY 770-488-2783.

VIII. Other Information

Other CDC funding opportunity announcements can be found on the CDC Web site, <http://www.cdc.gov/od/pgo/funding/FOAs.htm>.

To view CDC procedures, program announcement attachments, and available technical assistance activities for this announcement, visit the programmatic Web site at

<http://www.cdc.gov/hiv/topics/funding/PA08803/>

Applicants may access the application process and other awarding documents using the Electronic Research Administration System (eRA Commons). A one time registration is

required for interested institutions/organizations at

<http://era.nih.gov/ElectronicReceipt/preparing.htm>

Program Directors/Principal Investigators (PD/PIs) should work with their institutions/organizations to make sure they are registered in the eRA Commons.

1. [Organizational/Institutional Registration in the eRA Commons](#) (Hyperlink)
 - To find out if an organization is already eRA Commons registered, see the "[List of Grantee Organizations Registered in eRA Commons.](#)" (Hyperlink)
 - Direct questions regarding the eRA Commons registration to:
eRA Commons Help Desk
Phone: 301-402-7469 or 866-504-9552 (Toll Free)
TTY: 301-451-5939
Business hours M-F 7:00 a.m. – 8:00 p.m. Eastern Time
Email commons@od.nih.gov
2. Project Director/Principal Investigator (PD/PI) Registration in the eRA Commons:
Refer to the [NIH eRA Commons System \(COM\) Users Guide](#). (Hyperlink)
 - The individual designated as the PD/PI on the application must also be registered in the eRA Commons. It is not necessary for PDs/PIs to register with Grants.gov.
 - The PD/PI must hold a PD/PI account in the eRA Commons and must be affiliated with the applicant organization. This account cannot have any other role attached to it other than the PD/PI.

- This registration/affiliation must be done by the Authorized Organization Representative/Signing Official (AOR/SO) or their designee who is already registered in the eRA Commons.
- Both the PD/PI and AOR/SO need separate accounts in the eRA Commons since both hold different roles for authorization and to view the application process.

Note: If a PD/PI is also an HHS peer reviewer with an Individual DUNS and CCR registration, that particular DUNS number and CCR registration are for the individual reviewer only. These are different than any DUNS number and CCR registration used by an applicant organization. Individual DUNS and CCR registration should be used only for the purposes of personal reimbursement and should not be used on any grant applications submitted to the Federal Government.

Several of the steps of the registration process could take four weeks or more. Therefore, applicants should check with their business official to determine whether their organization/institution is already registered in the eRA [Commons](#) (hyperlink).

HHS/CDC strongly encourages applicants to register to utilize these helpful online tools when applying for funding opportunities.

List of Attachments to PS08-803

Attachments.

- I. Glossary of Terms - [Attachment I: Glossary of Terms](#) (hyperlink)
- II. Procedural Guidance - [Attachment II: Procedural Guidance](#) (hyperlink)

- III. CRCS Implementation Manual - [Attachment III: CRCS Implementation Manual](#) (hyperlink)
- IV. Description of PEMS - [Attachment IV: Description of PEMS](#) (hyperlink)
- V. List of CTR requirements - [Attachment V: List of CTR Requirements](#) (hyperlink)
- VI. Proposed Target Population Worksheet - [Attachment VI: Proposed Target Population Worksheet](#) (hyperlink)
- VII. Letter of Intent - [Attachment VII: Letter of Intent](#) (hyperlink)
- VIII. Sample Budget - [Attachment VIII: Sample Budget](#) (hyperlink)
- IX. Historical Data Table - [Attachment IX: Historical Data Table](#) (hyperlink)
- X. Sample Letter: Health Department Director - [Attachment X: Health Department Director Sample Letter for CTR](#) (hyperlink)
- XI. Sample Letter: PCRS MOA with Health Department - [Attachment XI: PCRS MOA with the Health Department Sample Letter](#) (hyperlink)
- XII. Sample Letter: LOI from a Physician for HIV testing activities - [Attachment XII: LOI from a Physician for HIV Testing Activities](#) (hyperlink)
- XIII. CDC Form 0.1113: Assurance of Compliance with the Requirements for Contents of AIDS Related Written Materials Form - [Attachment XIII: CDC Form 0.1113 Assurance of Compliance for Contents of AIDS Related Materials Form](#) (hyperlink)
- XIV. Application Checklist - [Attachment XIV: Application Checklist](#) (hyperlink)
- XV. Sample Application Table of Contents - [Attachment XV: Sample Application Table of Contents](#) (hyperlink)