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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.









Please visit [www.Grants.gov](http://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](http://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





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 unreduced
- 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.**



























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](http://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](http://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](http://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 7, 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 12, 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](http://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](http://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](http://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](http://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](mailto: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](http://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](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](http://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](mailto: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](mailto: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](mailto: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)