

*Notice of Availability of Funds for Fiscal Year (FY) 2008*

## **Program Announcement PS08-803**

### ***Frequently Asked Questions***

# **HIV Prevention Projects for the Commonwealth of Puerto Rico and the United States Virgin Islands**



**Centers for Disease Control and Prevention  
National Center for HIV/AIDS, Viral Hepatitis,  
STD, and TB Prevention  
Division of HIV/AIDS Prevention  
Prevention Program Branch**



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## PA PS08-803 Application Checklist

Use this checklist to be sure that you have included everything that is required in your application.

- Letter of Intent (February 12, 2008): Complete Attachment VII. To access and complete this form, go to <http://www.cdc.gov/hiv/topics/funding/PA08803/>.
  - **E-mail:** PA08803@cdc.gov
  - **Fax:** 404-639-5257 or 404-639-5258
  
- Application Form (March 17, 2008): Download a copy from [www.grants.gov](http://www.grants.gov) or request a hard copy from the CDC Procurement and Grants Office Technical Information Management Section (PGO-TIMS) staff at 770-488-2700.
  - **Electronic Submission:** Submit electronically at [www.grants.gov](http://www.grants.gov). E-mail submissions will not be accepted. **Note:** Visit Grants.gov at least **30 days** prior to filing your application to familiarize yourself with the registration and submission processes.
  - **Paper Submission:** Applicants should submit one signed original and two hard copies of the application and all appendices.
  
- DUNS number on your application form. To apply, go to <http://fedgov.dnb.com/webform/displayHomePage.do> or call 1-866-705-5711.

**NOTE:** *Your application will not be reviewed if it does not include the information listed below, as well as the required documents listed in parts A-I, depending on the services you plan to provide.*

- Application Cover Letter
- Application Table of Contents
- Project Abstract
- Project Narrative
  - Answers to the questions in sections A-I
- Appendix A: Budget and Budget Justification
  - Detailed line item budget and budget justification, along with a sub-budget provided for each program model (e.g., Many Men, Many Voices and CTR)

- Appendix B: Proof of Eligibility
  - Proof of service, location, and history (including client characteristics)
  - One copy of a progress report or letter from one of your funding organizations (if your agency is not currently funded by an outside source, 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 IRS or state proof of incorporation as a non-profit organization, e.g., 501(c)(3) status
  - Historical Data Table
  - Letter from the health department stating that you have discussed your plans for implementing CTR services, verifying that your organization will comply with all state and local laws and regulations pertaining to HIV CTR Services
  - Form 0.1113: Assurance of Compliance Form signed by your project director and authorized business officer and submitted with the Requirements for Contents of AIDS-Related Written Materials Form
  - PCRS Memorandum of Agreement (MOA) with Health Department
  
- Appendix C: Target Population Worksheet
  - Completed **Target Population Worksheet** (PA Attachment VI)
  
- Appendix D: Implementation Plan(s)
  - An implementation plan, including written process and outcome objectives along with a detailed implementation time line for each program model (e.g., from the beginning of hiring staff, staff training, project planning phase, implementation activities)
  
- Appendix E: Other Documentation
  - Letter of intent from a physician for HIV testing activities
  - Letter of support from laboratory or CLIA certificate of waiver
  - Curriculum vitae
  - Resumes
  - Organization charts
  - Additional letters of support
  - Other documentation

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## WHAT IS THE PURPOSE OF THIS PROGRAM ANNOUNCEMENT?

This program announcement (PA) 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 a cooperative agreement program for nonprofit organizations to develop and implement HIV prevention programs in the Commonwealth of Puerto Rico and the United States Virgin Islands.

The specific goals of this announcement are to:

- Fund community-based organizations 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.

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## WHAT ARE THE SPECIFIC OBJECTIVES OF THIS PROGRAM ANNOUNCEMENT?

- 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 evidence-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.

This program announcement also addresses the "Healthy People 2010" focus area of HIV prevention and the CDC's Advancing HIV Prevention (AHP) initiative.

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## WHAT ARE THE MEASURABLE OUTCOMES?

The measurable outcomes 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.

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## CAN THE PA BE USED TO SUPPORT RESEARCH?

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

<http://www.cdc.gov/od/science/iso/research.htm>.

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## WHERE CAN I VIEW THE PA?

Visit [www.grants.gov](http://www.grants.gov) to view and learn more about the PA, including all of the attachments and appendices. Definitions for terms used frequently throughout the FAQ can be found in *PA Attachment I: Glossary of Terms*.

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## WHERE CAN I GET THE LATEST PA RELATED UPDATES?

The PA website will be constantly updated with the latest information about the PA and all related technical assistance (TA) activities. Visit the site at:

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

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## IS TECHNICAL ASSISTANCE WITH WRITING MY APPLICATION AVAILABLE?

Technical assistance with your application (such as reviewing, editing, and feedback) is available through the PA website.

Capacity building assistance (CBA) in two focus areas can also be requested through the PA website:

- Organizational infrastructure (e.g., budget development, board development, fiscal management procedures and protocols, and developing information tracking systems)
- Strengthening behavioral interventions (e.g., adapting specific HIV prevention interventions for subpopulations, review of existing curricula, and strategic planning and program design)

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## HOW MUCH MONEY IS AVAILABLE?

The approximate current fiscal year funding is \$ 1.8 million:

- Category A (The Commonwealth of Puerto Rico): \$1.3 million
- Category B (The United States Virgin Islands): \$500,000

The approximate total project period funding is \$9 million.

**Note:** These amounts are estimates and are subject to availability of funds. The type of award is cooperative agreement.

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## HOW WILL THE FUNDS BE DISTRIBUTED?

- Approximate Number of Awards: 8
- Approximate Average Award: \$250,000
- Floor of Individual Award Range: \$200,000
- Ceiling of Individual Award Range: \$300,000

The average, floor, and ceiling amounts are for the first 12-month budget period and include both direct and indirect costs.

**Notes:**

- Funding estimates may change based on the availability of funds.
- If a funding amount greater than the ceiling of the award range is requested, your application will be considered non-responsive and will not be entered into the review process. You will be notified that the application did not meet the submission requirements.

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## WHEN WILL THE FUNDS BE AVAILABLE?

Organizations that are selected will receive funding July 1, 2008. Funds may be used during the budget period length of 12 months.

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## HOW LONG CAN FUNDING FOR THE PROJECTS BE CONTINUED?

The project budget length is five 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. To be granted a continuation award, you must have:

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

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## ARE MATCHING FUNDS REQUIRED?

Matching funds are not required for this program.

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## WHO MAY APPLY FOR FUNDING?

The following types of organizations may apply:

- Nonprofit with 501(c)(3) IRS status (other than institution of higher education)
- Community-based
- Faith-based

**Note:** Health departments, for-profit agencies, and colleges/universities are **not** eligible to apply.

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## WHAT ARE THE SPECIAL REQUIREMENTS FOR ELIGIBILITY?

You must:

- 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 you are applying, either the Commonwealth of Puerto Rico or the U.S. Virgin Islands.
- Provide documentation that you have discussed the details of the proposed CTR program with your state/local health department and agree to follow its guidelines for these services. (See *PA Attachment V* for a list of CTR requirements.) You **must** share CTR service plans with the health department

and obtain a **letter of support** to be eligible for funding (See *PA Attachment X: Health Department Director Sample Letter*).

- Be able to show that you have provided HIV prevention or care services in your area for the past 24 months by submitting proof of service, location, and history (including client characteristics), e.g., process monitoring data, service utilization data, or a newspaper article.
- Submit one copy of a progress report or letter from one of your funding organizations (if your agency is not currently funded by an outside source, then this documentation is not required).
- Provide **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.
- Complete *PA Attachment IX: Historical Data Table* to show that the agency has provided HIV prevention or care services to your selected target population for the past 12 months. The table will illustrate the number of clients that your agency 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 you 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. (See the “What are the funding restrictions?” section 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.)

**Notes:**

- All information submitted with your application is subject to verification during predecisional site visits.
- You may not submit an application as the principle partner of another organization that does not meet the criteria above.
- If your application is incomplete or nonresponsive to the special requirements listed in this section, it will not be entered into the review process. Late submissions will be considered nonresponsive.

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## **IF WE ARE FUNDED, WHAT ACTIVITIES ARE WE REQUIRED TO DO?**

Throughout the term of this program announcement, you will be required to implement a **maximum of two program models** (e.g., POL and CTR) for your 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.

You **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): You **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): You may select one PHS:
  - a. Comprehensive Risk Counseling Services (CRCS)
  - b. Counseling, Testing and Referral Services (CTR)

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

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## ARE THERE ADDITIONAL REQUIRED ACTIVITIES?

The following activities are required. They 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 your 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. Final indicators and associated resources will be provided by CDC at a future date. If you fail to achieve your target levels of performance, CDC will work with you to improve your performance. If your performance fails to improve, CDC may reduce your award or defund your 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) (see *PA Attachment IV: Description of PEMS*).
4. Convene a local advisory board (e.g., focus group) of your target population(s), as appropriate, to assist you 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 your services are responsive to the needs of the target population. (Please note: if you select to implement MPowerment, the core group can serve as your 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 your 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 into 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 your organization is unable to provide these services directly. (If the program is for a single point of contact [SPOC] intervention, such as POL, then you 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 your 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 six months of funding, you must develop a formal agreement, such as a Memorandum of Agreement (MOA), with each agency to which you intend to make referrals or with which you 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 your 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 adequate funds in your budget for staff training so that newly hired staff can attend training on the program models you plan to implement (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 you plan to use CDC funding to hold a conference, you must send a copy of the agenda to CDC's Grants Management Office for approval.
16. If you plan to use materials and include the name or logo of either CDC or the Department of Health and Human Services (HHS), send a copy of the proposed material to CDC's Grants Management Office for approval.
17. Convene a local materials review panel or utilize your 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 (CDC Form 0.1113, see *PA Attachment XIII*). The current guidelines and the form may also be downloaded from the CDC website:  
[www.cdc.gov/od/pgo/forminfo.htm](http://www.cdc.gov/od/pgo/forminfo.htm).

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## **DOES THIS PA FUND PCRS ACTIVITIES?**

No, Partner Counseling Referral Services (PCRS) are not funded by this PA. If you apply to conduct CTR, PCRS activities must be addressed with clients through referrals to the health department.

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## **HOW WILL CDC ASSIST MY ORGANIZATION IF WE ARE FUNDED?**

In a cooperative agreement, CDC staff is substantially involved in program activities in addition to grant monitoring. CDC involvement will include:

- Providing 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.
- Working with you to assess and broker training needs and ensure that those needs are met.
  - Disseminating current information, including best practices and lessons learned, in all areas of HIV prevention.
  - Strengthening the capacity of your organization to implement evidence-based program models through CDC procedures, referrals for capacity-building assistance, workshops, conferences, and other written materials (e.g., adaptation of DEBIs).
  - Providing technical assistance and information on new rapid HIV testing technologies.
  - Helping you to establish partnerships with state and local health departments, community planning groups, and other groups who receive federal funding to support HIV/AIDS activities.
  - Ensuring that successful HIV prevention interventions, program models and lessons learned are shared among grantees through meetings, workshops, conferences, newsletter development, the Internet, Spanish language versions of intervention materials, and other avenues of communication.
  - Supporting and monitoring implementation of your programs and fiscal activities through direct observation of program models in action, site visits, technical assistance, budget review and approval, and ensuring that grantees maintain client confidentiality as well as compliance with other organizational requirements.
  - Developing program evaluation guidelines and procedures as well as program monitoring systems that include indicators and protocols.
  - Monitoring your 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.

- Reviewing and monitoring your internal policies to ensure that they are in place and in compliance with local, state, and federal laws and reporting requirements.
- Ensuring that effective training practices and implementation of policies/protocols occur within the first six months of funding.
- Providing assistance with required program indicators.

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## DO I NEED TO SEND A LETTER OF INTENT, AND WHAT IS THE FORMAT?

### **CDC urges you to complete an LOI before you send in your application.**

Although the LOI is not required or 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. Please submit only one LOI per application.

The LOI must contain the following information (See *PA Attachment VII: Letter of Intent*):

- Your organization's name, address, and the name of the executive director.
- The category under which your organization is applying (e.g., Category A or Category B) and the name of the program(s) you propose to perform under this PA.

You can access this form online at:

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

**CDC strongly encourages you to submit the LOI by e-mail to PA08803@cdc.gov.**

If you cannot submit by e-mail, fax a paper copy of the completed form to:

Lisa Mackey  
Public Health Analyst  
CDC, NCHHSTP, DHAP  
Fax: 404-639-5257 or 404-639-5258

**LOI Deadline Date:**  
February 12, 2008

**Note:** Do not send your application with the letter of intent.

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## SHOULD MY ORGANIZATION APPLY ONLINE?

CDC **strongly encourages** you to submit your application online at [www.grants.gov](http://www.grants.gov), the official federal e-grant website. Grants.gov has all of the required forms and instructions posted for this announcement. You can complete the application offline and then upload and submit it.

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## WHAT FIRST STEPS SHOULD I TAKE TO APPLY ONLINE?

### Step One:

Visit Grants.gov at least **30 days** prior to filing your application to familiarize yourself with the registration and submission processes.

### Step Two:

Complete the one-time registration process under "Get Registered" (if you have not registered previously). The registration process will take **five days** to complete. Grants.gov provides checklists and all the information you need to register. Registration allows you to be credentialed electronically and safeguards the entire application process.

### Step Three:

Download PureEdge Viewer, a free software at grants.gov, in order to access,

complete, and submit your application securely.

### Step Four:

Make preparations to submit all documents for your application in a PDF format. Information about PDF software is available in the Tips and Tools section on the grants.gov Download Application page. Use of file formats other than PDF may result in the application's being unreadable by staff.

**Note:** If you have appendices that you cannot convert to PDF files, then you must follow the instructions below for paper submission only.

### Step Five:

Create a plan that allows you to submit your electronic application prior to the closing date, so that if you have any difficulties, you can submit a hard copy of the application prior to the deadline.

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## WHAT IF I NEED TECHNICAL ASSISTANCE WITH GRANTS.GOV?

If you have technical assistance questions/needs with Grants.gov, you can reach customer service by e-mail 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.

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## WHAT IS A DUNS NUMBER, AND HOW DO I GET ONE?

You are 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. You need a

DUNS number even if you are applying by paper submission.

There is no charge for a DUNS number. You can obtain a DUNS number by going to <http://fedgov.dnb.com/webform/displayHomePage.do> or calling 1-866-705-5711.

**Note:** It can take up to 30 business days to receive your DUNS number, so be sure to start the process early.

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## HOW DO I OBTAIN A PAPER APPLICATION FORM?

If you are submitting a paper application, use the application forms package posted in Grants.gov.

If you do not have Internet access, or if you have difficulty accessing the forms online, contact the CDC Procurement and Grants Office Technical Information Management Section (PGO-TIMS) staff at 770-488-2700 and the application forms can be mailed. You can also contact the grants.gov Customer Support Center by phone at 1-800-518-4726 (1-800-518-GRANTS), which is open from 7:00 a.m.-9:00 p.m. Eastern Time, Monday through Friday.

**You must submit three hard copies** (one original and two copies) of the application, including appendices.

CDC strongly recommends that you submit the paper application using Microsoft Office files (e.g., Word, Excel). Staff may not be able to open and read files in other formats.

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## WHAT IS INCLUDED IN AN APPLICATION?

Your application must be assembled in the following order:

- Cover letter
- Table of contents

- Application form (with DUNS number included)
- Project Abstract
- Project Narrative for Category
- Appendix A: Budget and Budget Justification
  - Detailed line item budget
  - Budget justification
  - Standard Form (SF) 424A
- Appendix B: Proof of Eligibility
  - Proof of service, location, and history (including client characteristics), e.g., process monitoring data, service utilization data, or a newspaper article
  - One copy of a progress report or letter from one of your funding organizations (if your agency is not currently funded by an outside source, 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 IRS or state proof of incorporation as a non-profit organization, e.g., 501(c)(3) status
  - Historical Data Table
  - Letter from the health department stating that you have discussed your plans for implementing CTR services, verifying that your organization will comply with all state and local laws and regulations pertaining to HIV CTR Services
  - Form 0.1113: Assurance of Compliance Form signed by your project director and authorized business officer and submitted with the Requirements for Contents of AIDS-Related Written Materials Form
  - PCRS Memorandum of Agreement (MOA) with Health Department
- Appendix C: Proposed Target Population Worksheet
  - Proposed Target Population Worksheet
- Appendix D: Implementation plan(s)
  - Implementation plan for each program model you propose (e.g., one for MPowerment and one for CTR), including tasks and activities, plans for completing each task, each staff person responsible

for the activity, and 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)

- Appendix E: Supporting Documentation
  - Letter of intent from a physician for HIV testing activities
  - Letter of support from laboratory or CLIA certificate of waiver
  - Curriculum vitae
  - Resumes
  - Organization charts
  - Additional letters of support
  - Other documentation

**Note:** You are permitted to submit only one application per organization per eligible area.

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## WHAT DO I INCLUDE IN THE TABLE OF CONTENTS?

A table of contents must be included with your application. The table of contents **will not count toward the 40-page limit** of your project narrative.

See *PA Attachment XV: Sample PS08-803 Application Table of Contents* for a template.

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## WHAT DO I INCLUDE IN THE COVER LETTER?

Your cover letter must contain:

- Your organization name, address, executive director
- A description of your target population
- A statement about the category or categories under which you are applying (Category A or Category B), and the name of the program(s) you propose to perform under this PA.

Your cover letter must follow this format:

- Maximum number of pages: 2

- Font size: 12-point unreduced
- Font type: Times New Roman
- Spacing: Single-spaced
- Paper size: 8.5 by 11 inches
- Page margin size: 1 inch
- Printed only on one side of page
- Written in “plain language” (e.g., not using jargon, unexplained acronyms, and confusing sentence structure)

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## DO I NEED TO INCLUDE A PROJECT ABSTRACT?

A project abstract must be submitted with the application. The abstract **must** contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of your 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.

The abstract must follow this format:

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

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## HOW LONG SHOULD THE NARRATIVE BE?

There is a maximum limit of 40 double-spaced pages for each category narrative. If the narrative exceeds this page limit, the application will not be reviewed. The 40-page limit applies to the program narrative and does not include attachments.

The narrative must be submitted in the following format:

- Font size: 12-point unreduced
- Spacing: 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 40 pages).
- Print only on one side of the page.
- Bind together only by rubber bands or metal clips; do not bind in any other way.

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## WHAT INFORMATION MUST I INCLUDE IN THE PROJECT NARRATIVE?

The narrative should address activities to be conducted over the entire five-year project period. Answers to the questions in subsections A through I are critical to determining your eligibility and qualification for this funding opportunity.

Follow the outline of the project narrative and answer questions in order, sections A through I. Use the abbreviation N/A (not applicable), if a question or subsection does not apply to your application. **If you fail to provide any documents required in these subsections, the application will not be considered for review.**

In your narrative, be sure to indicate each time supporting materials have been added to an appendix. Include name of appendix and page number (e.g., See Appendix B, p. 51.)

**Note:** Section length suggestions are recommendations, not requirements.

### A. Eligibility

*Maximum length: 10 pages or less*

**Note:** This section **will not count toward the 40-page limit** of your narrative, but it

will determine if you meet the eligibility requirements to move to the next phase in the application review process. Place all documents requested in this subsection in Appendix B: Proof of Eligibility.

In your application, you must address the following:

1. Under which category are you applying?
2. Does your organization have a valid Internal Revenue Service (IRS) 501(c)(3) tax-exempt status or state proof of incorporation as a nonprofit organization? If you answer yes, you must attach a copy of the letter from the IRS or a copy of your state proof of incorporation. **If you answer no, you are not eligible to apply for funding under this program announcement.**
3. Submit proof of location, history, and service. **Note:** You 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 your funding organizations (local, state or federal), e.g., process monitoring data, service utilization data, **or** a newspaper article. One document is sufficient if it provides proof of history, location, and service.

You must also answer the following questions:

- a) How many years has your agency been located or providing services in the area(s) where the proposed services will be provided?
- b) What evidence do you have that your organization (or program) has provided HIV prevention or care services to your identified target population for the past 24 months? As documentation of proof, you must provide 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 your program over the past 12 months was from your proposed target population(s)? You must complete *PA Attachment IX: Historical Data Table* to demonstrate HIV prevention or care services provided to your selected **target population** for the past 12 months.
- d) What experience does the proposed staff have working with high-risk members of your identified target population? If staff have not been hired, what steps will you take to ensure that staff have the required experience working with the proposed target population?
4. Is your 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 you answer yes, you are not eligible to apply for funding under this program announcement.**
  5. Does your organization engage in lobbying activities as described in section 501(c)(4) of the Internal Revenue Code of 1986. **If you answer yes, you are not eligible to apply for funding under this program announcement.**
  6. What is your total proposed budget, including indirect costs?
  7. Have you discussed your proposed counseling and testing program with the health department? Have you agreed to follow the health department's guidelines for these services? You must provide a letter from the health department director addressing each item included in the sample letter. Complete and sign *PA Attachment X: Health Department Sample Letter*.
  8. Is your organization applying as a single organization or as a lead organization in a collaborative contractual partnership? 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 (or letter) that within six months of being selected for funding you will develop formal agreements, such as an MOA, with each collaborating agency serving persons identified through the program.
  10. Is your 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.

## B. Justification of Need

*Suggested length: 6 pages or less*

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

In your application, you must address the following:

1. What kind of services does your agency currently provide?
2. Describe how your agency measures programmatic effectiveness. How does your agency define a successful program?
3. How effective are your current HIV prevention programs? Please describe the successes and challenges of your current programs.
4. Which organizations provide similar services in your area?
5. How does the proposed program model meet the needs of your jurisdiction's comprehensive HIV prevention plan?

6. Who is your proposed target population for this program announcement?  
Complete *Attachment VI: Proposed Target Population Worksheet* and include it in your application as *Appendix C*.
  7. How has your proposed target population been affected by the HIV/AIDS epidemic in your community (e.g., HIV incidence or prevalence, AIDS incidence or prevalence, AIDS mortality)?
  8. What are the risk factors that place your target population at high risk for HIV infection or for transmitting the virus?
  9. Describe your agency's history and service with the proposed target population. Please respond to the following points:
    - What history do you have in serving this population?
    - How long you have provided services to this population?
    - Describe the outcomes of the services you provided.
    - Describe your agency's relationship with the community.
  10. Describe how you 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.
3. How will you ensure that program services reach high-risk members of your selected target population and their partners?
  4. How will you ensure that program services reach members of your 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. How will your program address any additional personal factors the target population may have, that may act as barriers to adoption of HIV risk reduction strategies and behavior change?
  6. What is/are your recruitment strategy/strategies? How did you involve the target population in selecting the recruitment strategy/strategies and determining the use of incentives for your program? List and describe how incentives will be used throughout your program.
  7. Where will you provide HIV prevention services? Please describe the setting (describe all, if more than one).
    - a) How did you determine this setting was appropriate for and appealing to the target population (e.g., youth drop-in center, mental health and support services, bars/clubs, and other non-conventional settings)?
    - b) How will you ensure that your service delivery location is located in an area that is safe and easily accessible for the target population?
  8. How will you recruit and retain individuals in your HIV prevention program model?
  9. How will you coordinate HIV prevention services with other case management and/or treatment providers for individuals living with HIV?
  10. How will you ensure that your HIV prevention services do not duplicate services already provided under the Ryan White CARE Act?
  11. How will you ensure client linkage to PCRS and address barriers related to clients accessing PCRS? (See *PA*

### **C. Prevention Program**

*Suggested length: 9 pages or less*

**Note:** Program models are listed in the "What activities must my organization perform?" section.

For the program model you wish to implement, please answer the following questions:

1. What program model did you select? Explain why this model was chosen for the target population.
2. How will you adapt and implement this program model?

*Attachment XI: PCRS MOA with the Health Department.)*

12. What qualifications will you require of staff providing HIV prevention services?
13. How will you train, support, and retain staff to provide these program models?
14. Describe your plans to run and manage a local advisory board. How will you staff and maintain this board? (Plans for establishing and maintaining this advisory board should be included in your implementation plan.)
15. How will you involve the target population when planning and implementing your proposed services? What role will the local advisory board play in your program? How will you ensure that services continue to be responsive to the needs of the target population?
16. What are your quality assurance strategies?
17. How will you ensure services are culturally sensitive and relevant?
18. How will you ensure client confidentiality?
19. How will you collect and report required data variables and program performance indicators, as specified by CDC? How will you collect process and outcome monitoring data for your program models?

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

*Suggested length: 6 pages or less*

**Note:** CTR is an essential part of HIV prevention programs. If you do not intend to provide CTR services as part of your program, you **must** explain how you will link and refer individuals to CTR services and then answer the questions in this section. The MOA with the organization(s) that will provide the services must be responsive to the questions raised in this section.

Your organization must follow CDC procedures (described in *PA 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.

Your 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 *PA Attachment XII: LOI from a Physician*.) Although funding may be used to cover testing-related costs, you must share your plans with the health department and obtain a letter of support to be eligible for funding.

In addition, if you will be using a waived rapid HIV test, you must establish a formal agreement 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 your application's *Appendix E: Other Documentation*.

In your application, you must address the following:

1. Provide a description of your CTR program and your plans to ensure that CTR is an essential part of HIV prevention program model(s). How will you incorporate CTR into your program model?
2. Provide a description of your steps taken to ensure that your CTR program meets all local, state, and federal requirements for HIV prevention

counseling, testing, and referral services.

3. How will you ensure that your services are culturally sensitive and relevant?
4. How will you involve the target population when planning and implementing CTR services?
5. How will you train, support, and retain counseling and testing staff?
6. What agency policies or procedures do you anticipate developing (or revising) prior to implementation of CTR in order to be compliant with local, state, and federal requirements for CTR?
7. How will you ensure client confidentiality?
8. How will you ensure that CTR activities will reach high-risk members of your target population who have not tested in the last six months or do not know their HIV serostatus?
9. How will you implement strategies to reduce your target population's barriers to accessing HIV counseling, testing, and referral services?
10. How will you ensure that clients receive their test results, particularly clients who test positive?
11. How will you ensure that post-test counseling is provided for persons whose HIV test results are positive and ensure that they are referred to the health department for PCRS?
12. How will you ensure 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?
13. How will you ensure that individuals with initial HIV-positive test results receive confirmatory tests?
14. How will you report confirmed HIV-positive tests to state and local health departments, following all rules and regulations regarding HIV and AIDS surveillance?
15. How will you collect and report counseling and testing required data variables and program performance indicators? How will you ensure that you

follow required health department reporting procedures?

16. What are your quality assurance strategies?

### **E. Comprehensive Risk Counseling Services (CRCS)**

*Suggested length: 4 pages or less*

**Note:** If you do not intend to provide CRCS services as one of your program models, please indicate this section as "Not Applicable" and move to Section F.

In your application, you must address the following:

1. Describe the proposed CRCS program. How will your organization ensure that your CRCS program includes providing ongoing, multiple-session, intensive HIV risk and behavior change counseling? Describe the plan.
2. Describe how your 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 your organization will ensure that staff has adequate training and ongoing support for CRCS.
4. Describe the caseload limitations and requirements. Describe how your organization will ensure that your CRCS program includes time for intensive recruitment and engagement activities and more frequent and intensive risk reduction sessions.
5. Describe your organization's plan to develop and implement a strategy to recruit and engage high-risk clients. Which incentives will be used, and how will they be used throughout this program model to promote retention? How did your organization identify the incentives planned for use in this program?
6. Describe how your organization will screen clients to identify those who are at highest risk and appropriate for

- CRCS, enroll clients in CRCS, and assess enrolled clients to determine specific risk and psychosocial needs.
7. Describe how your organization will develop an individualized prevention plan with measurable objectives. Describe how your organization will coordinate client support with other case management programs and provide referrals as needed.
  8. Describe how your 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 your 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*

In your application, you must address the following:

1. Describe your plans to develop a referral network to ensure that clients identified through your 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. Provide documentation of any agreements with providers and other agencies where your clients may be referred. Funded organizations must develop a formal agreement such as an MOA with each collaborating agency within six months of funding.

3. Explain how you will track referral activities and their outcomes. You 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. Describe how you will collect and report required data variables and program performance indicators on referrals, 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*

In your application, describe your plans to:

1. Participate, collaborate, and coordinate activities with the HIV prevention community planning group (CPG) and local health departments. Collaboration activities may include participating in the needs assessment process, reviewing and commenting on plans, presenting an overview of your 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 your 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 agencies must:

1. Collect and report required data variables and program performance indicators on CDC-funded HIV prevention services using PEMS or another appropriate data collection and reporting system.
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.

In your application, describe your:

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, one-year target, and five-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 your programmatic success to ensure that your program continues to be responsive to the needs of your target population. Discuss your plans to continually incorporate programmatic monitoring and evaluation data into your program activities.

## I. Capacity Building

*Suggested length: 4 pages or less*

**Note:** This section, even though it is not scored, **will count toward the 40-page limit** of your narrative.

In your application, you must:

1. Describe your 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. What are your plans to address these needs?
3. How do you plan to share with your 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, found at <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.

Within your budget, include the following:

- a) A detailed line-item budget and justification (also known as a “budget narrative”) with the application. You must also provide a separate sub-budget for each program model you propose (See *PA 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
  - (2) Period of performance
  - (3) Method of selection (e.g., competitive or sole source)
  - (4) Description of activities
  - (5) Target population
  - (6) Itemized budget

**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 a key program staff person leaves your agency, his/her replacement must attend training within six months. You must set aside funds within your detailed line-item budget to allow staff to attend required trainings and annual conferences.

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## WHAT ITEMS BELONG IN THE APPENDIX?

Your application’s attachments and appendices 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 attachment and appendix sections of your application**. If you include additional documents to support your narrative, you must indicate where the supporting documentation is located within your application’s attachments and appendix.

There are five main appendix sections:

### Appendix A: Budget and Budget Justification

- Detailed line item budget
- Budget justification
- Standard form 424A

### Appendix B: Proof of Eligibility

You must provide all of the following required documentation for the Eligibility Criteria section:

- Proof of service, location, and history (including client characteristics), e.g., process monitoring data, service utilization data, or a newspaper article
- One copy of a progress report or letter from one of your funding organizations (if your 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
- 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 (See *PA Attachment IX: Historical Data Table*)
- Letter from the health department stating that you have discussed your plans for implementing CTR services, verifying that your organization will comply with all state and local laws and regulations pertaining to HIV CTR Services (see *PA Attachment X: Sample Letter: Health Department Director*)

- CDC Form 0.1113: Assurance of Compliance Form. This form must be signed by your project director and authorized business officer. Submit the completed Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials Form (CDC Form 0.1113, see *PA Attachment XIII*). The current guidelines and the form may also be downloaded from the CDC website: <http://www.cdc.gov/od/pgo/forminfo.htm>
- PCRS Memorandum of Agreement (MOA) with Health Department (see *PA Attachment XI: Sample PCRS MOA with Health Department*)

### **Appendix C: Proposed Target Population Worksheet**

Proposed Target Population Worksheet  
(See *PA Attachment VI*)

### **Appendix D: Implementation Plan(s)**

Include a written implementation plan for each program model for which you propose (e.g., one for MPowerment and one for CTR). The plan must include 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 (See *Attachment II*) or go online [www.effectiveinterventions.org](http://www.effectiveinterventions.org) to obtain an electronic copy.

CDC understands that in some instances, planning, adaptation, and startup (before implementation actually occurs) can take more than six months; CDC must approve extended timeframes, beyond the six-month period, on a case-by-case basis.

### **Appendix E: All Other Documentation**

Include all other documentation needed to support your project narrative under this heading. Write out the additional items

under *Appendix E* of your application's Table of Contents and include page numbers for each item. (See *PA Attachment XV: Sample Table of Contents*.)

- Letter of intent from a physician for HIV testing activities
- Letter of support from laboratory or CLIA certificate of waiver
- Curriculum vitae
- Resumes
- Organization charts
- Additional letters of support
- Other documentation

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## **HOW SHOULD APPENDICES AND ATTACHMENTS BE NAMED?**

Electronic files of attachments or appendices submitted via Grants.gov should be 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: Resumes
  - 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 application. No more than 50 attachments per application should be included in paper copy submission.

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## WHERE DO I FIND GUIDANCE ON BUDGET PREPARATION?

Budget guidelines and samples can be found at:

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

Submit a detailed line item budget and budget justification, with a sub-budget for each proposed program model. This item should be placed in your application's *Appendix A: Budget and Budget Justification*.

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## WHAT ARE THE FUNDING RESTRICTIONS?

You must take the following funding restrictions into account when you are completing your budget:

- Funds may not be used for research.
- Funds may not be used for clinical care.
- Funds may only be expended for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Generally, HHS/CDC/ATSDR funding may not be used 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.

- Funds may be used for client incentives to encourage their participation in program models or CTR services awarded under this announcement.

**Note:** If you are requesting indirect costs in your 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.

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## WHEN IS MY APPLICATION DUE?

Application Deadline Date:  
March 17, 2008

**Applications must be received in the CDC Procurement and Grants Office by 4:00 p.m. eastern time on the deadline date.** If your application does not meet the submission deadline, it will not be eligible for review and will be discarded. You will be notified that you did not meet the submission requirements.

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## HOW DO I SUBMIT MY APPLICATION ELECTRONICALLY?

CDC **strongly urges** you to submit your application electronically at [www.Grants.gov](http://www.Grants.gov), where you can download an application package. E-mail submissions will not be accepted.

Online applications are considered formally submitted when your organization's authorizing official electronically submits the application to Grants.gov. Electronic applications will be considered as having met the deadline if the application has been

submitted electronically by your authorizing official to Grants.gov on or before the deadline date and time. Applications are electronically time/date stamped, which will serve as receipt of submission. You will receive an e-mail notice of receipt when CDC receives the application.

CDC recommends that you submit your application to Grants.gov as early as possible to resolve any unanticipated difficulties prior to the deadline. You may also submit a back-up paper copy, in accordance with the paper submission requirements. Mark the paper copy: "BACKUP FOR ELECTRONIC SUBMISSION." If both electronic and backup paper submissions are received by the deadline, the electronic version will be considered the official submission.

**Note:** If you have appendices that cannot be attached on [www.Grants.gov](http://www.Grants.gov), then you must follow the instructions below for paper submission only.

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## SHOULD I SUBMIT THROUGH THE ELECTRONIC RESEARCH ADMINISTRATION SYSTEM?

The Electronic Research Administration System (eRA Commons) is used for research grants. PA PS08-803 is for non-research activities, so you should use Grants.gov.

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## HOW DO I SUBMIT A PAPER COPY OF MY APPLICATION?

Submit your original application and two copies by mail or express delivery service to:

Technical Information Management – PS08-803  
CDC Procurement and Grants Office  
2920 Brandywine Road  
Atlanta, GA 30341

If you submit the application through the United States Postal Service or a commercial delivery service, you must ensure that the carrier will be able to guarantee delivery by the closing date and time. If CDC receives the submission after the closing date due to: (1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or (2) significant weather delays or natural disasters, you will be given the opportunity to submit documentation of the carrier's guarantee. If the documentation verifies a carrier problem, CDC will consider the submission as having been received by the deadline.

If you submit a paper application, CDC will not notify you upon receipt of the submission. If questions arise on the receipt of the application, you should first contact the carrier. If you still have questions, contact the PGO-TIMS staff at 770-488-2700. Wait two to three days after the submission deadline before calling to allow time for submissions to be processed and logged.

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## IS THE APPLICATION SUBJECT TO INTERGOVERNMENTAL REVIEW?

Your 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.

For the current SPOC list, go to: <http://www.whitehouse.gov/omb/grants/spoc.html>.

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## HOW ARE MEASURES OF EFFECTIVENESS USED?

You 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 the "What is the purpose of this program announcement?" section. 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.

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## HOW DOES THE CDC REVIEW AND SELECTION PROCESS WORK?

Applications will be reviewed for completeness by 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. You will be notified the application did not meet submission requirements.

There are **two steps** to the evaluation process for complete and responsive applications:

**Step One:** In the first step of the evaluation process, your application will be evaluated by an independent external review panel assigned by CDC, known as a special emphasis panel (SEP). The panel will assign your application a score using scored evaluation criteria as specified below. This portion of the application evaluation is worth 1000 points. To be considered for a pre-decisional site visit (PDSV), you 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. These visits are worth 400 points. To be considered for funding, you must score at least 280 points during this process. If you fail to score at least 280 points, you 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.

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## HOW IS THE WRITTEN APPLICATION SCORED?

Your written application will be evaluated on the following criteria:

### A. Eligibility (not scored)

This section of your application will be reviewed to determine if you are eligible for funding. If you do not meet the criteria for eligibility, your application will not be reviewed further. A letter will be sent to you explaining that you did not meet the eligibility criteria.

### B. Justification of Need (175 points)

This section of your application will be scored based on your description of:

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

### C. Prevention Program (200 points)

This section of your application will be scored based on your proposed program and your plans to:

- Develop and implement your program (e.g., your 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 status.
- 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.
- Identify and address barriers to recruiting and retaining persons in your program.
- Meet all local, state, and federal requirements for HIV prevention services (e.g., CTR, CRCS, community planning).
- Involve your target population when planning and implementing your program.
- Adapt relevant CDC procedures (including DEBIs and PHS) to your 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 your 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 programs. If you do not intend to provide CTR services as part of your program, you **must** explain how you will link and refer individuals to CTR services.

This section of your application will be scored based on your proposed program and your plans to:

- Incorporate CTR into your 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 your program models.
- Involve your target population when planning and implementing your CTR program(s).
- Develop (or revise) internal policies and procedures related to CTR.
- Ensure client confidentiality.
- Identify high-risk individuals in your target population who have not tested within the past six months or do not know their HIV serostatus for voluntary counseling and testing.
- Identify and address your target population's barriers to accessing counseling and testing services.
- Ensure that clients receive their test results and post- test counseling and have access to PCRS.

- Ensure that persons whose HIV test results are positive receive post-test counseling and have access to PCRS.
- 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 you do not intend to provide CRCS services as one of the program models and did not complete a section on CRCS in the project narrative, you will not be penalized in the scoring.

This section of your application will be scored on the basis of your proposed program and your 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 ongoing monitoring and reassessment of client needs and progress.
- Discharge clients when they attain and can maintain behavior change goals; establish protocols to classify clients as

“active,” “inactive,” or “discharged;” 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 your application will be scored based on your proposed program and your 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 your 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 your application will be scored based on your proposed program and your 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 Intervention Activities (100 Points)**

This section of your application will be scored on the basis of your proposed program and your agency'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 your application will not be scored. However, the information you provide about your 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, found at <http://www.cdc.gov/od/pgo/forms/01246.pdf>, you 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.

Within your budget, include the following:

- a) A detailed line item budget and justification (also known as a “budget narrative”) with the application. You must also provide a separate sub-budget for each program model you propose (See *PA 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
  - (2) Period of performance
  - (3) Method of selection (e.g., competitive or sole source)
  - (4) Description of activities
  - (5) Target population
  - (6) Itemized budget

**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 a key program staff person leaves your agency, his/her replacement must attend training within six months. You must set aside funds within your detailed line-item budget to allow staff to attend required trainings and annual conferences.

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## HOW IS THE PREDECISIONAL SITE VISIT SCORED?

The second step of the review process is conducted via a predecisional site visit (PDSV).

The following areas will be evaluated during the PDSV:

### A. Proposed Program (100 Points)

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

- Your implementation of CDC protocols and procedures, including DEBIs and PHS.

- Your submission of a draft of your five-year proposed baseline, annual target levels, and goals of performance for each program performance indicator identified by CDC.
- How your target population reflects the priorities identified in your jurisdiction's comprehensive HIV prevention plan.
- How your program reflects the needs identified in your jurisdiction's HIV prevention comprehensive plan.

### B. Programmatic Infrastructure (100 points)

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

Your score will be based on your agency's:

- Organizational structure and planned collaborations.
- Experience in developing and implementing effective and efficient HIV prevention strategies and activities.
- Experience with governmental and non-governmental 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 may include cultural, gender, sexual orientation, race/ethnicity, age, environmental, social, and linguistic characteristics.)
- Ability to adequately staff your 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 your organization's ability to effectively and efficiently sustain your proposed program. Your score will be based on your agency's:

- Organizational bylaws, mission, and vision.
- Composition, role, experience, and involvement of the board of directors in administering the agency.
- Current fiscal systems 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 your proposed program plan from the health department. **Note:** If both the local and state health department provide a review, their scores will be combined and averaged. The final score will not exceed 100 points.

Your score will be based on the health department's review of your:

- Program plan (e.g., proposed target population, proposed program model[s], number of persons to be served, and service location) and your 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.

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## **WHAT IS A RECIPIENT CAPABILITY ASSESSMENT?**

In conjunction with the site visit, CDC's Procurement and Grants Office (PGO) will conduct a Recipient Capability Assessment (RCA) to evaluate your organization's ability to manage CDC funds. Either PGO staff or another selected agency will conduct this assessment.

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## **WHAT OTHER FACTORS AFFECT THE FUNDING DECISION?**

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

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.

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## HOW WILL MY ORGANIZATION BE NOTIFIED IF WE ARE SELECTED FOR FUNDING?

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 you and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to your program director, and a hard copy will be mailed to your fiscal officer identified in the application.

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

The anticipated announcement award date is July 1, 2008.

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## WHAT ARE OUR REPORTING REQUIREMENTS?

An interim progress report (IPR) is submitted via Grants.gov:

- The 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 three 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 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 your non-competing continuation application.)

- g) Additional requested information.

The following reports may be submitted either by e-mail or hard copy (one original and two copies):

- 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 three 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.
- A financial status report is due no more than 90 days **after** the end of the budget period.
- Final performance and financial status reports are due no more than 90 days **after** the end of the project period.

The reports must be mailed to the Grants Management Specialist listed in the contact section below.

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## WHAT OTHER REQUIREMENTS APPLY TO THIS PROGRAM ANNOUNCEMENT?

If you are funded, you must comply with the administrative requirements outlined in parts 74 and 92 in Title 45 of the US Code of Federal Regulations.

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 Non-Profit Status
- AR-20 Conference Support
- AR-23 States and Faith-Based Organizations

Additional information on the requirements can be found on the CDC website at: <http://www.cdc.gov/od/pgo/funding/AddtlReqmnts.htm>.

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>.

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## WHO MAY I CONTACT FOR MORE INFORMATION?

### General questions:

Technical Information Management Section  
CDC Procurement and Grants Office  
2920 Brandywine Road  
Atlanta, GA 30341  
770-488-2700

### Program technical assistance:

Lisa Mackey, Project Officer  
CDC, NCHHSTP, DHAP, IRS  
1600 Clifton Road, Mail Stop E58  
Atlanta, GA 30333  
Toll-free: 1-866-505-9346

<http://www.cdc.gov/nchstp/PA08803/>

### Financial, grants management, or budget assistance:

Arthur Lusby, Grants Management Specialist  
CDC Procurement and Grants Office  
2920 Brandywine Road, Mail Stop E15  
Atlanta, GA 30341  
404-639-8010  
[ALusby@cdc.gov](mailto:ALusby@cdc.gov)

### Hearing impairment assistance:

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

### Grants.gov assistance:

If you have technical difficulties with grants.gov, customer service can be reached by e-mail 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.