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6) Applicant capacity for fundraising. (20 points)

## **2. CBO Monitoring and Evaluation Project**

If the applicant has applied to participate in the CBO Monitoring and Evaluation Project, the following area will also be evaluated during the PDSV. If the applicant has not requested funding for this additional project, this additional area will not be evaluated.

### **a. Capacity to Participate Successfully in this Project (100 points)**

The purpose of this section is to assess the applicant's capacity to effectively implement the proposed project. The score will be based on the following:

- 1) How extensive is the agency's experience conducting program monitoring and evaluation? (25 points)
- 2) Does the agency have the capacity to adequately staff the project? (25 points)
- 3) Does the agency have sufficient capacity to recruit members of the target population into this project? (25 points)
- 4) How adequate is the agency's capacity to maintain client records and manage program data? (25 points)

In conjunction with a PDSV, CDC's Procurement and Grants Office (PGO) will conduct a Recipient Capability Assessment (RCA) to evaluate the organization's ability to manage CDC funds. PGO staff will conduct this assessment.

## **V.2. Review and Selection Process**

Applications will be reviewed for completeness by the Procurement and Grants Office (PGO) staff and for responsiveness jointly by the Division of HIV/AIDS Prevention (DHAP), NCHHSTP, and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will

not advance through the review process. Applicants will be notified that the application did not meet submission requirements.

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

**Step One:** In the first step of the evaluation process, a panel of reviewers will evaluate complete and responsive applications according to the criteria listed in the V.1. Criteria section above. The applications will be evaluated by an independent external review panel assigned by CDC, known as a Special Emphasis Panel (SEP). The panel will assign the application a score using evaluation criteria as specified in *Section V. Application Review Information*. The score will be based on the applicant's responses to the questions in *Section IV. Application and Submission Information* starting with *A. Justification of Need*. For HIV Prevention Programs, applicants can receive a maximum of **1000** points. For the CBO Monitoring and Evaluation Project, applicants can receive a maximum of **100** points.

An applicant must score at least 600 of the 1000 possible points during the special emphasis panel review to receive a PDSV. To ensure that no application has an undue competitive advantage resulting from the selection of multiple categories and components, CDC has developed a mechanism that will appropriately adjust scores for each application. Applicants will be selected to receive a PDSV based on highest scores and application of the funding preferences included in this announcement.

**Step Two:** The second step of the review process is conducted via PDSV. For HIV Prevention Program proposals, applicants can receive a maximum PDSV score of **550** points. If the HIV Prevention Program proposal fails to score at least **425** points, the application will not be considered

for funding. Applicants applying for funding will be selected to receive a PDSV based on highest scores, geographic location, funding limitations and priority populations to be targeted.

If an applicant is requesting funding for the CBO Monitoring and Evaluation Project, additional criteria will be employed during the PDSV to produce a separate PDSV score; for the CBO Monitoring and Evaluation Project, applicants can receive a maximum PDSV score of **100** points. If the CBO Monitoring and Evaluation Project fails to score at least **75** points, the application for outcome monitoring will not be considered for funding; however, the HIV Prevention Program proposal may still be considered for funding if it received a PDSV score of at least 425 points.

During the PDSV process, CDC will be contacting the health department to verify data submitted by the applicant (e.g., target population data).

Final funding determinations will be based on application scores from the special emphasis panel review, PDSV, and application of CDC's funding preferences.

All applicants will receive an official written notification of their application funding status on or before July 1, 2010.

In addition, the following factors may affect the funding decision:

### **Funding Preferences**

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

### **HIV Prevention Program**

- Funded applicants are distributed approximately in proportion to the HIV epidemic 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 distributed approximately in proportion to the HIV epidemic 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 distributed approximately in proportion to the HIV epidemic in terms of geographic distribution. (Consideration will be given to both high- and lower-prevalence areas; the number of funded CBOs may be adjusted based on the burden of infection in the jurisdiction as measured by HIV or AIDS reporting.)
- Funded applicants are distributed approximately in proportion to the HIV epidemic in terms of targeted gender. (The number of funded CBOs serving each gender group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)
- Funding opportunities are balanced in terms of the concentration of available services by geographic area. (The number of CBOs serving rural areas, incarcerated individuals, or high- risk populations who do not currently have these types of services available in their geographic area may be adjusted based on the burden of infection in these areas/groups as measured by HIV or AIDS reporting.)

### **CBO Monitoring and Evaluation Project**

- Funding for the outcome monitoring on any specific intervention will only be considered if (1) at least three agencies have applied for outcome monitoring funds for that specific intervention and (2) at least three eligible agencies scored high enough to be awarded funds to conduct outcome monitoring of that specific intervention. Funding preference will be given to an agency implementing one of the 9 qualifying interventions when it is one of at least three agencies that receive CBO Monitoring and Evaluation Project funding for a specific intervention.

- For outcome monitoring applicants, funding preference will be given to agencies implementing EBIs designed or adapted for men who have sex with men at high risk for HIV transmission or acquisition; secondary funding preference will be given to agencies implementing EBIs designed or adapted for African Americans and/or Latinos at high risk for HIV transmission or acquisition.
- The maximum number of agencies funded per intervention for the outcome monitoring project will not exceed six agencies.

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

### **V.3. Anticipated Announcement Award Dates**

Awards will be made by July 1, 2010.

## **VI. Award Administration Information**

### **VI.1. Award Notices**

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

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

### **VI.2. Administrative and National Policy Requirements**

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

- AR - 4 HIV/AIDS Confidentiality Provisions
- AR - 5 HIV Program Review Panel Requirements
- AR - 7 Executive Order 12372 Review
- AR - 8 Public Health System Reporting Requirements
- AR - 9 Paperwork Reduction Act Requirements
- AR - 10 Smoke-Free Workplace Requirements
- AR - 11 Healthy People 2010
- AR - 12 Lobbying Restrictions
- AR - 14 Accounting System Requirements
- AR - 15 Proof of Nonprofit Status
- AR - 20 Conference Support
- AR - 23 Compliance with 45 CFR Part 87

Additional information on the requirements can be found on the CDC website at the following

Internet address: <http://www.cdc.gov/od/pgo/funding/Addtl'Reqmnts.htm>.

CDC Assurances and Certifications can be found on the CDC website at the following Internet

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

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

Administration website at the following Internet address: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

### **VI.3. Reporting Requirements**

1. Funded applicants (grantees) must provide HHS/CDC with an annual interim progress (IPR) report via Grants.gov, 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 well in advance of the due date. The progress report will serve as the non-competing continuation application and must contain the following elements:
  - a. Standard Form (SF) 424S
  - b. SF-424A Budget Information Non-construction Programs
  - c. Budget and Budget Narrative
  - d. Indirect Cost Rate Agreement
  - e. Project Narrative, to include measures of program effectiveness
  - f. Additional requested information

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

2. An annual progress report (APR) is due no more than 30 days after the end of the budget period. Additional guidance on what to include in this report may be provided by CDC well in advance of the due date. It must include:
  - a. Progress the grantee has made toward achieving the target levels and goals of performance for each objective
  - b. Current budget period financial progress
  - c. Additional requested information
3. Financial status report (FSR), due no more than 90 days after the end of the budget period. The FSR short form (SF-269) should be completed electronically utilizing the form found at:  
[http://www.whitehouse.gov/omb/grants\\_forms/](http://www.whitehouse.gov/omb/grants_forms/)
4. Final financial status report, due no more than 90 days after the end of the project period.

5. Final progress report, due no more than 90 days after the end of the project period.

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

## **VII. Agency Contacts**

CDC encourages inquiries concerning this announcement.

For general questions, contact:

Technical Information Management Section

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: PGOTIM@cdc.gov

For program technical assistance, contact:

Amy Stuckey, Deputy Branch Chief

Department of Health and Human Services

Centers for Disease Control and Prevention

Division of HIV/AIDS Prevention, Prevention Program Branch

1600 Clifton Rd. MS D-21

Atlanta, GA 30333

Telephone: 404-639-8330

Email: CBOFOA@cdc.gov

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

Angie Tuttle, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-15

Atlanta, GA 30341

Telephone: (770) 488-2863

Email: PGO10-1003@cdc.gov

Arthur Lusby, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-15

Atlanta, GA 30341

Telephone: (770) 488-2865

Email: PGO10-1003@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at TTY 770-488-2783.

### **VIII. Other Information**

Other CDC funding opportunity announcements can be found on the CDC website at:

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

Applicants may access the application process and other awarding documents using the Electronic Research Administration System (eRA Commons). A one-time registration is required for interested institutions/applicants at <http://era.nih.gov/ElectronicReceipt/preparing.htm>.

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

1. [Applicant/Institutional Registration in the eRA Commons](#)

- To find out if an applicant is already eRA Commons registered, see the [List of Grantee Applicants Registered in eRA Commons](#).

- Direct questions regarding the eRA Commons registration to:

eRA Commons Help Desk

Phone: 301-402-7469 or 866-504-9552 (Toll-free)

TTY: 301-451-5939

Business hours M-F 7:00 a.m. – 8:00 p.m. Eastern Time

Email [commons@od.nih.gov](mailto:commons@od.nih.gov)

2. Project Director/Principal Investigator (PD/PI) Registration in the eRA Commons: refer to the [NIH eRA Commons System \(COM\) Users Guide](#).

- The individual designated as the PD/PI on the application must also be registered in the eRA Commons. It is not necessary for PDs/PIs to register with Grants.gov.
- The PD/PI must hold a PD/PI account in the eRA Commons and must be affiliated with the applicant. This account cannot have any other role attached to it other than the PD/PI.

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

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

Several of the steps of the registration process could take four weeks or more. Therefore, applicants should check with their business official to determine whether their applicant/institution is already registered in the eRA Commons. HHS/CDC strongly encourages applicants to register to utilize these helpful online tools when applying for funding opportunities.

## **PS10-1003 List of Attachments**

All attachments are located at <http://www.cdc.gov/hiv/topics/funding/PS10-1003/attachments.htm>.

**Attachments VII, VIII, X and XVI** must be downloaded along with the PS10-1003 application package from Grants.gov.

[Attachment I: Glossary of Terms](#)

[Attachment II: Procedural Guidance](#)

[Attachment III: CRCS Implementation Manual](#)

[Attachment IV: List of CTR Requirements](#)

[Attachment V: PS10-1003 Data Reporting Requirements](#)

[Attachment VI: Description of PEMS](#)

[Attachment VII: CDC Form 0.1113 Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials](#) (Must be downloaded from Grants.gov)

Attachment VIII: Historical Data Table (Must be downloaded from Grants.gov)

[Attachment IX: Sample Application Table of Contents](#)

Attachment X: Proposed Target Population Worksheet (Must be downloaded from Grants.gov)

[Attachment XI: Implementation Planning Tools and Monitoring and Evaluation Key Objectives](#)

[Attachment XII: Health Department Director Sample Letter for CTR](#)

[Attachment XIII: Partner Services MOA with Health Department](#)

[Attachment XIV: Sample Letter of Intent from a Physician](#)

[Attachment XV: Sample Budget](#)

Attachment XVI: Application Checklist (Must be downloaded from Grants.gov)