

**PS-24-0020**  
**CAPACITY BUILDING ASSISTANCE**  
**(CBA) FOR HIV PREVENTION**  
**PROGRAMS TO END THE HIV**  
**EPIDEMIC IN THE UNITED STATES**

Notice of Funding  
Opportunity (NOFO)  
Overview

**Program Development and Implementation Branch**  
**Division of HIV Prevention**  
**National Center for HIV/AIDS, Viral Hepatitis, STD,**  
**and TB Prevention**



# PURPOSE

- The purpose of this NOFO is to implement a capacity building assistance (CBA) program to strengthen the capacity and improve the performance of the nation's HIV workforce.
- This NOFO promotes and supports the goals and strategies of the National HIV/AIDS Strategy for the United States 2022–2025, the Ending the HIV Epidemic in the United States (EHE) initiative, the HIV Care Continuum, and CDC's High-Impact Prevention (HIP) approach.
- This program also aligns with the Division of HIV Prevention's (DHP) health equity priorities of addressing social determinants of health (SDH) and syndemics affecting HIV-related outcomes.



# PURPOSE

- The NOFO supports a capacity building network of providers to implement a multi-component program that:
  - builds individual competencies,
  - technical expertise,
  - strengthens organizational capacities, and
  - enables supportive structural environments for the nation's HIV workforce to plan, integrate, implement, evaluate, and sustain HIV prevention and surveillance programs.



# NOFO GOALS

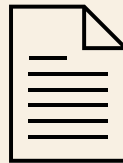
- National highly skilled HIV workforce that promotes and supports:
  - reduction of new HIV infections;
  - increased access to care and improved health outcomes for people with HIV;
  - reduction of HIV-related health disparities and health inequities; and
  - a coordinated national response to end the HIV epidemic.

# GENERAL INFORMATION



**PUBLICATION DATE**

**March 1, 2024**



**LETTER OF INTENT  
DUE DATE**

**March 11, 2024**



**APPLICATIONS DUE**

**April 30, 2024**

**Award Start Date July 1, 2024**

**Component A - Year 1 Program Period of  
Performance Start Date - September 30, 2024)**

# AWARD INFORMATION

Component	Number of Awards	Approximate Annual Funding
Component A: Technical Assistance to Enhance Integrated HIV Activities for Health Department Jurisdictions	1	\$2,500,000
Component B: Instructor-led Training for High-Impact HIV Prevention Programs	1	\$3,500,000
Component C: eLearning Training for High-Impact HIV Prevention Programs	1	\$2,000,000
Component D: Technical Assistance for High-Impact HIV Prevention Programs	10	\$1,400,000
Component E: Organization/Workforce Development and Management for Community-Based Organizations	1	\$2,250,000
Component F: CPN Resource and Coordination Center	1	\$1,250,000



# ELIGIBILITY

- Applicants must meet all the requirements listed in the *Eligibility Information* section.
- If the application is incomplete or non-responsive to the requirements listed in the *Eligibility Information* section, it will not be entered into the review process.
- Late applications will be considered non-responsive applications.



# ELIGIBILITY/RESPONSIVE CRITERIA

- Demonstrate at least two years engagement and provision of training, technical assistance provision, and/or capacity building assistance with HIV prevention or care services to the selected population of focus. - "Evidence of Service"
- Maximum of two (2) Letters of support or commitment to demonstrate an intended or prior relationships with the applicant. - "Letters of Support"
- An example of experience/related work to support the component for which the applicant is applying. - "Work Examples"





# ELIGIBILITY

- The direct and primary recipient in a cooperative agreement must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- A cooperative agreement provides for substantial involvement by the federal agency funding the award.
- An applicant can apply for a maximum of 2 components, but may only submit one application.



# APPLYING FOR TWO COMPONENTS

- An applicant must adhere to the following guidance and page limits if applying for two components.
  - If multiple applications or an application with more than two components are received, the application(s) will be deemed nonresponsive and not considered for further review.
- **Project Abstract Summary**
  - The 1-page summary should indicate the components for which the applicant is applying.
- **Budget/Budget Narrative**
  - The applicant must submit a budget narrative for each component.
  - The Indirect Cost Rate (ICR) must be applied across the entire budget requested, the ICR can only be applied once.



# APPLYING FOR TWO COMPONENTS

- **Project Narrative**

- An additional 10 pages may be included to complete the required sections in the Project Narrative.
- The additional pages should be used to describe the Background, Approach, and Workplan for the second component.
- Separate workplans must be submitted for each component.
- The maximum number of pages for the project narrative is 30 pages, single spaced.

- **Work Examples**

- Specific related work examples must be provided for each applicable component.

- **Letters of Support**

- The applicant may submit a max of four (4) letters, two (2) for each applicable component.



# NOFO KEY TERMS

- Capacity Building Assistance (CBA)
- Technical Assistance (TA)
- CPN – Capacity Building Assistance Providers Network

# NOFO STRUCTURE

Component A: Technical Assistance to Enhance Integrated HIV Activities for Health Department Jurisdictions

Component B: Instructor-led Training for High-Impact HIV Prevention Programs

Component C: eLearning Training for High-Impact HIV Prevention Programs

Component D: Technical Assistance for High-Impact HIV Prevention Programs

Component E: Organization/Workforce Development and Management for Community-Based Organizations

Component F: CPN Resource and Coordination Center

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# RECIPIENTS OVERALL REQUIREMENTS

- Develop a workplan based on component of which funded.
- Collaborate with CDC and other PS24-0020 recipients.
- Submit all developed CBA products (e.g., PowerPoint presentations, implementation manuals, instructional curricula, web-based modules, products, tools, materials, outlines, storyboards, learning guides, video scripts, multimedia files, etc.) for CDC review and clearance in accordance with stated timelines.
- Participate in all CPN meetings, conference calls, and other activities to enhance communication, coordination, and collaboration.
- Comply with CDC data collection and reporting requirements.



# OVERALL REQUIREMENTS

- Understand that all training curricula, web-based modules (including all eLearning development files), national TA products, and materials are the property of CDC, and all source files should be transferred to CDC upon completion of each developmental project.
- Conduct monitoring, evaluation, and reporting activities as described in the NOFO.
- In partnership with recipient funded under Component F, promote CBA services, to include the development and implementation of training and technical assistance products.
- Ensure compliance with the Paperwork Reduction Act.

# NOFO STRUCTURE

Component A: Technical Assistance to Enhance Integrated HIV Activities for Health Department Jurisdictions

Component B: Instructor-led Training for High-Impact HIV Prevention Programs

Component C: eLearning Training for High-Impact HIV Prevention Programs

Component D: Technical Assistance for High-Impact HIV Prevention Programs

Component E: Organization/Workforce Development and Management for Community-Based Organizations

Component F: CPN Resource and Coordination Center

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# COMPONENT A: TECHNICAL ASSISTANCE TO ENHANCE INTEGRATED HIV ACTIVITIES FOR HEALTH DEPARTMENT JURISDICTIONS - 1 AWARD

- Funded organization will assist CDC in supporting HIV programs in a changing public health landscape through the development and implementation of strategic national partnerships, enhanced communication efforts, policy analysis and interpretation, and integrated HIV activities.
- Content Area of Focus:
  - Applicants should have experience and expertise in the content areas of focus for supporting HIV programs in a changing health care environment on a national level.
    - Policy Analysis and Interpretation & Integration HIV Activities



# COMPONENT A: TECHNICAL ASSISTANCE TO ENHANCE INTEGRATED HIV ACTIVITIES FOR HEALTH DEPARTMENT JURISDICTIONS

## Required Strategies and Activities

- Collaborate and engage with a broad spectrum of national partners, including organizations that represent hepatitis/sexually transmitted infection (STI) programs, that have common interests and that represent state, territorial, and local health department jurisdictions HIV prevention and surveillance programs.
- Establish, cultivate, and maintain collaborative strategic partnership(s) with other national partner(s) in support of HIV prevention and surveillance programs.
- Establish contractual partnerships(s) with other national partner(s) to strengthen their ability to support the required strategies and activities of this NOFO.
- Develop and disseminate timely and relevant information on key HIV-related issues and topics, to include the integration of HIV and STI prevention and treatment, surveillance, cluster detection and response (CDR), science, policy (e.g., data sharing), and education to HIV program staff, national partners, and community partners.



# COMPONENT A: TECHNICAL ASSISTANCE TO ENHANCE INTEGRATED HIV ACTIVITIES FOR HEALTH DEPARTMENT JURISDICTIONS

## Required Strategies and Activities con't

- Use established communication channels and partnerships with CDC funded health department jurisdictions to assist CDC with addressing emerging issues, policies, new and innovative biomedical breakthroughs, and special projects that affect HIV prevention and surveillance programs nationwide.
- Facilitate and host national planning and collaboration meetings with CDC-funded organizations in partnership and with guidance from CDC program staff.
- Work with partners to increase visibility of HIV prevention and surveillance programs among potential audience.
- Support and facilitate active communication and consultation between organizations and CDC, as well as between CDC and the HIV prevention and surveillance program staff (i.e., AIDS directors, managers and surveillance coordinators) within health department jurisdictions.



# COMPONENT A: TECHNICAL ASSISTANCE TO ENHANCE INTEGRATED HIV ACTIVITIES FOR HEALTH DEPARTMENT JURISDICTIONS

## Required Strategies and Activities con't

- Collaborate with other federal and CDC-funded CBA providers in the dissemination of information and the provision of TA to health department jurisdictions, as appropriate.
- Produce regular updates and other periodic communications to HIV programs, as well as maintain microsites, strong social media and website presence to serve HIV programs, its partner agencies, and the community.

# NOFO STRUCTURE

Component A: Technical Assistance to Enhance Integrated HIV Activities for Health Department Jurisdictions

Component B: Instructor-led Training for High-Impact HIV Prevention Programs

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## COMPONENT B: INSTRUCTOR-LED TRAINING FOR HIGH-IMPACT HIV PREVENTION PROGRAMS - 1 AWARD

- Funded organization will be responsible for the development and delivery of a comprehensive instructor-led training program to increase the HIV prevention knowledge, skills, and competencies of interdisciplinary staff (e.g., professional, technical, clinical, and managerial) within CDC-funded programs and their local partners.
- Provide training using both in person and virtual instructor-led formats.
- Training development and delivery includes utilization of existing and newly developed training packages for CDC-supported High-Impact Prevention (HIP) HIV interventions and public health strategies (e.g., testing, surveillance, cluster detection and response activities, etc.).



# COMPONENT B: INSTRUCTOR-LED TRAINING FOR HIGH-IMPACT HIV PREVENTION PROGRAMS

## Required Strategies and Activities

- Develop new in person and/or virtual instructor-led training packages for a **minimum of four high-impact prevention (HIP)** interventions, public health strategies, and/or topics of national importance per budget year. Package should include:
  - a. Training of Facilitators (TOF) curriculum (e.g., trainer's manual, participant's workbook, PowerPoint slides and other job aids) to teach how to implement HIP interventions, public health strategies, and/or topics of national importance
  - b. Training of Trainer (TOT) structured agenda for walkthrough of how to deliver TOF curriculum
  - c. Implementation and promotional materials (e.g., guidelines, forms, checklists, factsheets, videos, posters, launch plans and marketing materials) needed for successful implementation
  - d. A plan to pilot test trainings with intended audiences, revise, and finalize content for 508-compliant training packages.



# COMPONENT B: INSTRUCTOR-LED TRAINING FOR HIGH-IMPACT HIV PREVENTION PROGRAMS

## Required Strategies and Activities, con't.

- Maintain and/or update content for existing in person and/or virtual instructor-led training curricula and related materials for HIP interventions, public health strategies, and topics of national importance to reflect the most advanced science and practice.
- Annually deliver a **minimum of 125** in person or virtual instructor-led trainings for existing and/or new HIP interventions, public health strategies, and/or topics.
- Use evidence-informed models for instructional design and adult learning techniques to develop and deliver all instructor-led training. All training should be highly interactive and engaging.
- Use CDC approved state-of-the-art platforms and interactive technology (e.g., multi-device formats, social media applications, gamification) in the development and/or delivery of all training.
- Develop and maintain a community advisory board to review and inform development of training materials for cultural competency and relevance to the priority populations prior to submission to CDC.





# COMPONENT B: INSTRUCTOR-LED TRAINING FOR HIGH-IMPACT HIV PREVENTION PROGRAMS

## Required Strategies and Activities, con't.

- Continually review content of all updated or newly developed courses, in partnership with CDC.
- In partnership with CDC and CPN/CBA Resource Center, contribute to the development and maintenance of a CDC approved web-based or electronic library of all final training curricula, products, and materials.
- Develop a plan for recruitment of appropriate participants into in-person and virtual instructor-led trainings.
- Provide a post-training follow-up activity within 60 days following each training.
- Ensure in-house staffing capacity and expertise are in place to develop and implement classroom and/or virtual instructor-led training curricula
  - At minimum, the following in-house staff or contractor positions should be in place: instructional designer(s), trainer(s) (in person and virtual – instructor-led expertise), HIV subject matter experts, copy editor, graphic designer, video developer and project manager.



# COMPONENT B: INSTRUCTOR-LED TRAINING FOR HIGH-IMPACT HIV PREVENTION PROGRAMS

## Required Strategies and Activities, con't.

- Establish and implement requirements for acknowledgment or confirmation of completion for in person and virtual instructor-led training.
- Secure professional continuing education units for in person and virtual instructor-led trainings.
- With CDC, provide a review of the content of all updated or newly developed courses for CPN members and CDC staff.
- Translate new (or update existing) in person and/or virtual instructor-led training packages developed in English into Spanish. Training curricula, products, and materials must be culturally, linguistically, and educationally appropriate.
- In partnership with CDC and CPN Resource Center, post and maintain an up-to-date national training schedule to an existing CDC-approved learning management system (LMS) for web-based training registration and information for logistical coordination.

# NOFO STRUCTURE

Component A: Technical Assistance to Enhance Integrated HIV Activities for Health Department Jurisdictions

Component B: Instructor-led Training for High-Impact HIV Prevention Programs

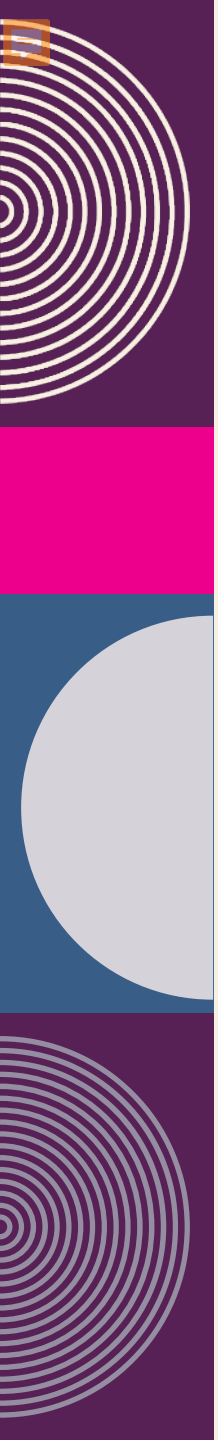
Component C: eLearning Training for High-Impact HIV Prevention Programs

Component D: Technical Assistance for High-Impact HIV Prevention Programs

Component E: Organization/Workforce Development and Management for Community-Based Organizations

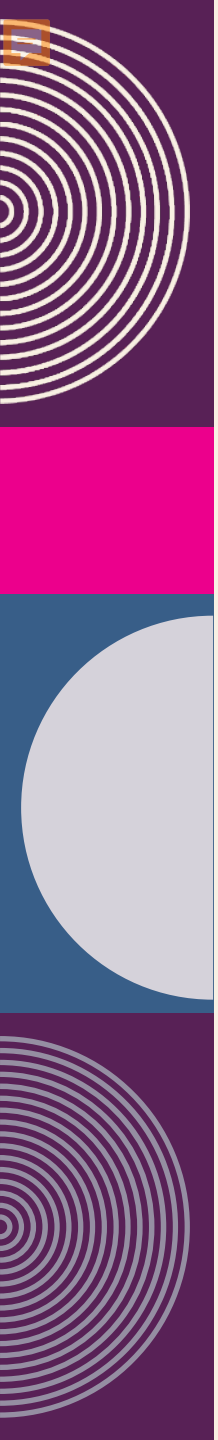
Component F: CPN Resource and Coordination Center

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## COMPONENT C: ELEARNING TRAINING FOR HIV PREVENTION PROGRAMS - 1 AWARD

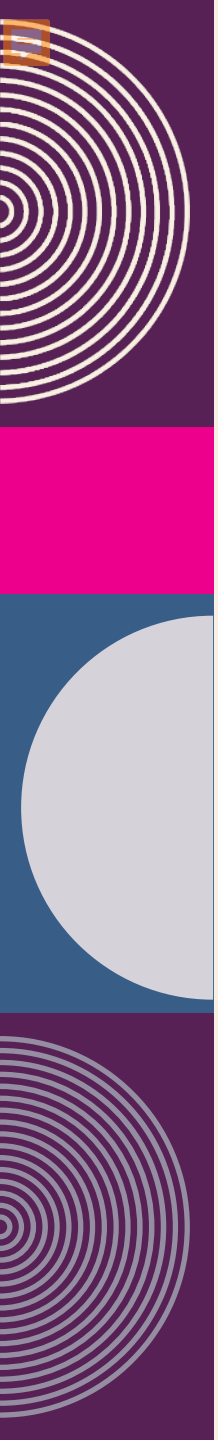
- Funded organization will be responsible for providing self-paced eLearning training to staff within CDC funded HIV programs and their partners on HIV prevention interventions, public health strategies and topics of national significance.
- eLearning trainings will address CDC-supported high-impact prevention (HIP) interventions, public health strategies, and topics of national importance related to meeting HIV prevention goals.
- All eLearning training products, and materials must be culturally, linguistically, and educationally appropriate to meet the capacity building needs of CDC-funded programs.



# COMPONENT C: ELEARNING TRAINING FOR HIV PREVENTION PROGRAMS

## Required Strategies and Activities

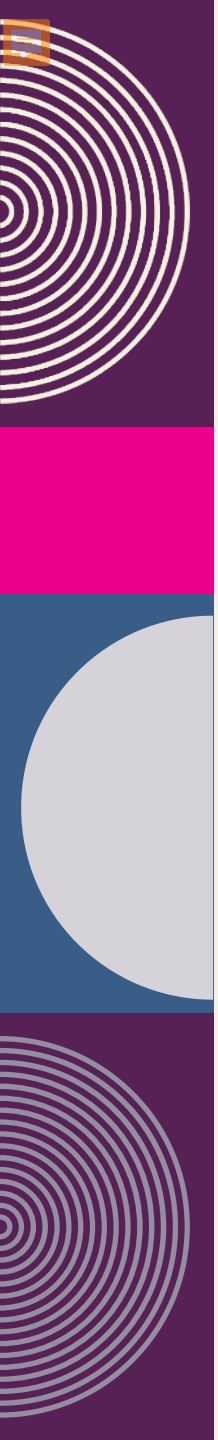
- Develop new asynchronous web-based training using CDC approved software (i.e., Lectora Online) for a **minimum of four courses each budget year** that may comprise HIP interventions, public health strategies, and/or topics of national importance.
- Maintain, update and transition existing content from classroom training to asynchronous web-based training using CDC approved software (i.e., Lectora Online).
- Use evidence-informed models for asynchronous eLearning instructional design, including utilizing adult learning techniques, to develop, update, and deliver all eLearning training. All training should be highly interactive and engaging.
- Use a community advisory board to review and inform development of eLearning training materials for cultural competency and relevance to the priority populations.
- Use state-of-the-art and interactive CDC-approved authoring tools (e.g., Lectora Online) and technology (e.g., responsive design for multi-device formats, social media applications, etc. ) to develop innovative and engaging eLearning trainings.



# COMPONENT C: ELEARNING TRAINING FOR HIV PREVENTION PROGRAMS

## Required Strategies and Activities, con't.

- Ensure in-house staffing capacity and expertise are in place to develop and launch asynchronous eLearning training. At a minimum, the following in-house staff or contractor positions should be in place:
  - eLearning instruction designer(s), eLearning developer(s) familiar with accessible development in Lectora Online, HIV subject matter experts (prevention and treatment), copy editor, graphic designer, video developer and project manager.
- Routinely provide and exchange information regarding updated and new training with other members of the CPN.
- Conduct a timely post-training activity (e.g., conference call, email) to determine status and challenges related to organizational implementation of HIP interventions and public health strategies. Share this feedback with CDC and partners to identify technical assistance needs.
- Secure applicable professional continuing education units for eLearning courses



# COMPONENT C: ELEARNING TRAINING FOR HIV PREVENTION PROGRAMS

## Required Strategies and Activities, con't.

- With CDC, post and maintain all courses on the CDC approved LMS, CDC TRAIN, for training registration.
- Develop a marketing plan to promote release of new or updated eLearning courses.
- Provide a review of the content of all updated or newly developed courses for CPN members and CDC staff.
- Translate new (or update) eLearning training packages developed in English into Spanish. Training curricula, products and materials must be culturally, linguistically and educationally appropriate to meet the capacity building needs of CDC-funded programs and their local partners as they serve people with HIV and populations at greatest risk for HIV infection.
- With CDC, contribute to the development and maintenance of a CDC approved electronic library of all final eLearning curricula, products and supporting materials.

# NOFO STRUCTURE

Component A: Technical Assistance to Enhance Integrated HIV Activities for Health Department Jurisdictions

Component B: Instructor-led Training for High-Impact HIV Prevention Programs

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Component F: CPN Resource and Coordination Center

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# COMPONENT D: TECHNICAL ASSISTANCE FOR HIGH-IMPACT HIV PREVENTION PROGRAMS - 10 AWARDS

- Recipients funded under this component will provide individualized and specialized TA for CDC funded HIV prevention programs.
- TA should enhance the ability CDC funded HIV prevention programs and their local partners to diagnose, treat, and prevent HIV and syndemic conditions.
- Recipients will assist CDC funded programs and their local partners to maximize limited program resources, implement effective program practices, and address disparities in priority populations.
- TA includes individualized training such as mentoring, consultation, demonstration, skills building, information sharing, resource development and sharing, and opportunities for reciprocal learning.



# COMPONENT D: TECHNICAL ASSISTANCE FOR HIGH-IMPACT HIV PREVENTION PROGRAMS: CONTENT AREAS

- Navigation to care, prevention, and other services
- Recruitment methods for engaging priority populations
- Advance the four pillars of Ending the HIV Epidemic in the US
- Monitoring and evaluation to improve the performance and effectiveness of CDC-funded programs



# COMPONENT D: TECHNICAL ASSISTANCE FOR HIGH-IMPACT HIV PREVENTION PROGRAMS

## Required Strategies and Activities

- Deliver customized technical assistance to meet needs as requested through the CBA tracking system.
- Support implementation of interventions and public health strategies.
- Communicate, collaborate, and coordinate with other TA providers funded by CDC under this funding opportunity to develop and implement annual CBA plans.
- Establish and conduct a recurring virtual community of practice (CoP) with CDC directly and indirectly funded programs and their local partners to improve HIV prevention and care inequities.
  - Conduct at least **four CoP sessions** per budget year coordinated in collaboration with CDC.



# COMPONENT D: TECHNICAL ASSISTANCE FOR HIGH-IMPACT HIV PREVENTION PROGRAMS

## Required Strategies and Activities, con't.

- Collaborate to plan and implement a CBO Summit annually for CDC directly funded CBOs.
  - Collectively provide a minimum of four (4) CBO Summits annually dispersed across the geographic regions in the United States.
  - Co-host at least one of the planned regional summits annually in consultation and with approval by the CDC Program Consultant. Host CBA Providers would cover meeting logistics for the CBO Summit. Expenses will include, but may not be limited to; securing the venue, venue cost, materials, travel for staff/presenters, etc.
  - Partner with Component E recipient to address CBO needs around organizational development and leadership.



# COMPONENT D: TECHNICAL ASSISTANCE FOR HIGH-IMPACT HIV PREVENTION PROGRAMS

## Required Strategies and Activities, con't.

- Submit developed TA products for CDC clearance that address needs of CDC directly and indirectly funded programs and their local partners.
  - Create clearance-ready TA products that are evidence-based, formatted, edited, grammatically correct, and contain clear language to address identified gaps and TA needs.
  - Ensure all final products are 508-compliant.
  - Translate products into Spanish or another language depending on HIV prevention workforce needs or as requested by CDC.
- Use feedback to inform continuous improvement of TA delivery.
- Provide a post-TA follow-up activity with the recipient agency to determine and address additional TA needs.

# NOFO STRUCTURE

Component A: Technical Assistance to Enhance Integrated HIV Activities for Health Department Jurisdictions

Component B: Instructor-led Training for High-Impact HIV Prevention Programs

Component C: eLearning Training for High-Impact HIV Prevention Programs

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# COMPONENT E: ORGANIZATION/WORKFORCE DEVELOPMENT AND MANAGEMENT FOR COMMUNITY-BASED ORGANIZATIONS - 1 AWARD

- Primary focus of Component E is to build the capacity of community-based organizations (CBOs) to operate optimally for the scaling up and sustainability of high-quality HIV prevention programs.
- Funded organization will be required to deliver CBA services to CDC directly and indirectly funded CBOs and their local partners.
- There are 2 areas of focus under Component E:
  - Organizational Development and Management (ODM) for CBOs
  - Workforce Development and Sustainability for CBOs (National Learning Community for HIV CBO Leadership)



# COMPONENT E: ORGANIZATION/WORKFORCE DEVELOPMENT AND MANAGEMENT FOR COMMUNITY-BASED ORGANIZATIONS

## Required Strategies and Activities

- Organizational Development and Management (ODM) for CBOs
  - Develop and deliver technical assistance products and services for CBOs to address organizational challenges related to Component E focus content areas.
  - Provide technical assistance for CBOs on allocation and leveraging HIV prevention fiscal resources to implement, expand, and sustain whole person and syndemic approaches.
  - Provide technical assistance and support to CBOs on administering, implementing, and monitoring micro-grants.





# COMPONENT E: ORGANIZATION/WORKFORCE DEVELOPMENT AND MANAGEMENT FOR COMMUNITY-BASED ORGANIZATIONS

## Required Strategies and Activities

- Organizational Development and Management (ODM) for CBOs
  - Develop, facilitate, and evaluate peer-to-peer technical assistance and peer-to-peer mentorship opportunities for CBOs specific to ODM.
  - Establish and facilitate communities of practice for CBO staff to share ODM information, lessons learned and best practices. These recurring opportunities should foster peer to peer learning, mentorship, technical assistance, and support among CBOs.
  - Promote self-paced trainings and resources to support ODM content areas (e.g., national learning collaborative and CDC TRAIN). This would include the delivery of ODM training for CBOs as needed.



# COMPONENT E: ORGANIZATION/WORKFORCE DEVELOPMENT AND MANAGEMENT FOR COMMUNITY-BASED ORGANIZATIONS

## Workforce Development and Sustainability for CBOs

### *National Learning Community for HIV CBO Leadership*

In consultation with CDC, the recipient will develop, implement, maintain, sustain, and evaluate a national distance learning HIV leadership program, National Learning Community for HIV CBO Leadership. This distance-learning program supports the development of leadership within CDC directly and indirectly funded CBOs seeking continuous quality improvement of their HIV prevention programs and organizational sustainability.



# COMPONENT E: ORGANIZATION/WORKFORCE DEVELOPMENT AND MANAGEMENT FOR COMMUNITY-BASED ORGANIZATIONS

## Required Strategies and Activities

- National Learning Community for HIV CBO Leadership
- Develop, maintain, update, launch and sustain the distance-learning program that incorporates the elements listed in the NOFO, this includes:
  - The program cycle run-time should be structured and allow for a minimum of two cycles per budget year.
  - Participants may represent CDC directly or indirectly funded CBOs and their partners.
  - Each cycle should recruit a minimum of 20 participants. After each program cycle, provide follow-up with each participant to determine ODM training and TA needs and promote utilization of CBA services across the CPN.



# COMPONENT E: ORGANIZATION/WORKFORCE DEVELOPMENT AND MANAGEMENT FOR COMMUNITY-BASED ORGANIZATIONS

## Required Strategies and Activities

- National Learning Community for HIV CBO Leadership
  - Provide virtual or in-person learning communities for participants to receive further ODM TA and skills building training.
  - In consultation with CDC, implement requirements for acknowledgment or confirmation of completion for distance-learning program, and, as appropriate, secure professional continuing education units.
  - Must use state-of-the-art and interactive CDC-approved authoring tools (e.g., Lectora Online, Adobe Captivate) and technology and 508 compliance guidance



# COMPONENT E: ORGANIZATION/WORKFORCE DEVELOPMENT AND MANAGEMENT FOR COMMUNITY-BASED ORGANIZATIONS

## Required Strategies and Activities

- National Learning Community for HIV CBO Leadership
  - In collaboration with the Component F recipient, develop a marketing plan for recruitment into the National Learning Community for HIV CBO Leadership program.
  - Plan, coordinate, and host a minimum of one in-person skills building leadership training institute focused on ODM content areas per budget year.

# NOFO STRUCTURE

Component A: Technical Assistance to Enhance Integrated HIV Activities for Health Department Jurisdictions

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# COMPONENT F: CPN RESOURCE AND COORDINATION CENTER - 1 AWARD

- The primary focus of Component F is to ensure continuity across the Capacity Building Assistance Provider Network (CPN), to market CBA services, and to maintain of the CPN Resource Center.
  - The CPN is comprised of CBA provider organizations funded under this NOFO.
  - The Component F recipient will work collaboratively across the CPN.
- The recipient will be responsible for the marketing of the CBA program to increase visibility and utilization of all CBA services.
- CBA marketing campaigns must be culturally, linguistically, and educationally appropriate for a diverse HIV prevention workforce.
- Provide administrative and meeting support to facilitate communication, collaboration, and coordination among the CPN.

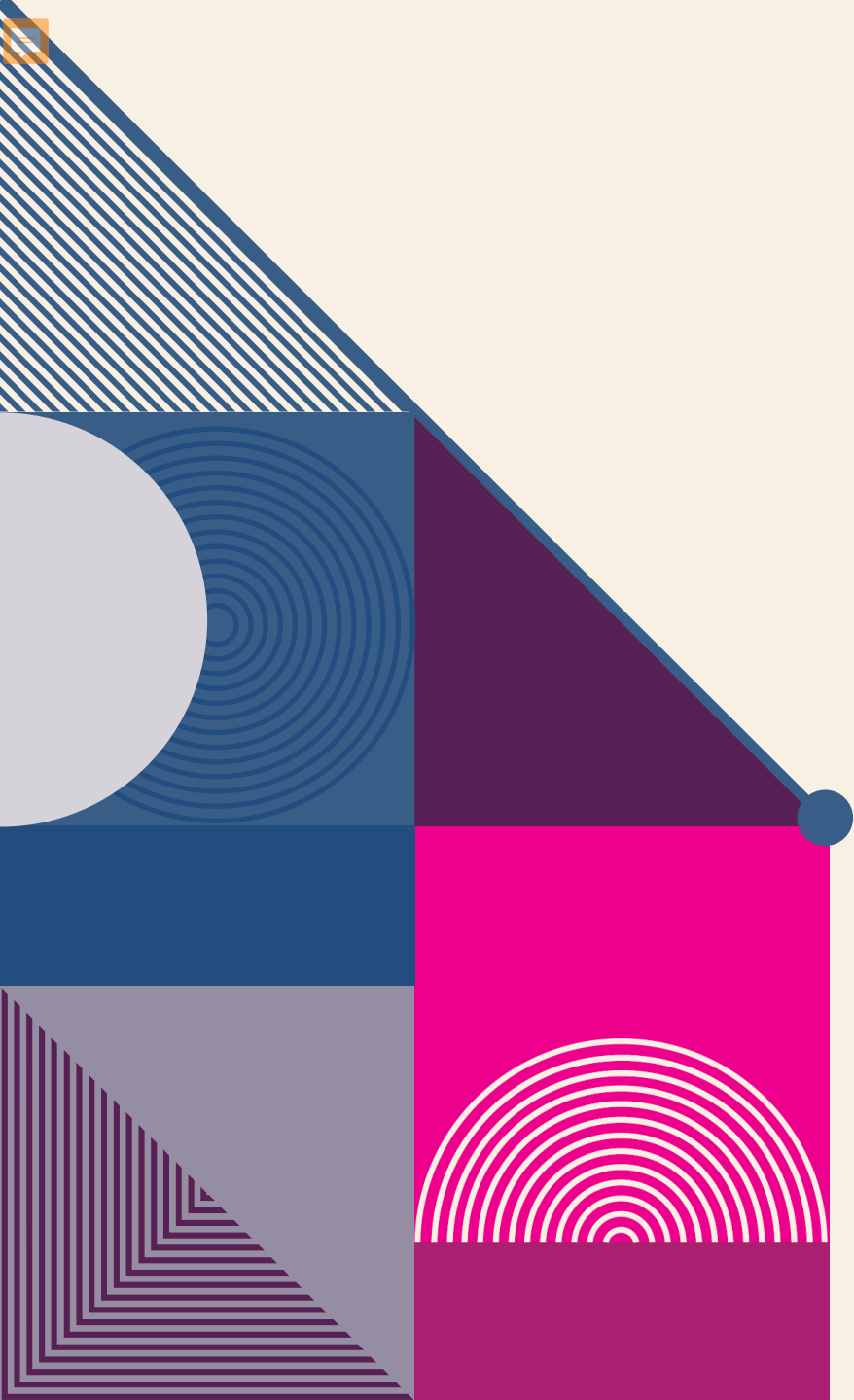


# COMPONENT F: CPN RESOURCE AND COORDINATION CENTER - 1 AWARD

## Required Strategies and Activities

- Develop and implement national marketing plans to increase visibility, accessibility, and utilization of the CBA program and available services by CDC-funded health departments, CBOs and their local partners.
- Develop and/or implement a CPN Resource Center.
- Work collaboratively to promote CPN trainings and TA activities.
- Translate marketing materials from English to Spanish, or as needed for the intended audience.
- In partnership with CDC, facilitate the planning and implementation of a **minimum of two (2) meetings per quarter** to coordinate activities to further support CBA providers and the HIV prevention workforce.





**PS-24-0020**

# **COLLABORATIONS**

# COLLABORATIONS

Components A and D	address the needs of health department jurisdictions, including expedited TA delivery supporting surveillance, HIV cluster detection and response activities.
Components B and C	mutually exchange feedback to inform the design and delivery of their respective trainings.
Component B recipient shall consult with Components A and D recipients and CDC subject matter experts (SMEs)	to inform subject matter content (i.e., HIV prevention science and practice) for training.
Component D and E recipients consult with Component B and Component C	to inform the development and delivery of TA services and products. This may occur bidirectionally among the recipients.
Working as a team, Component D recipients	collaboratively develop and deliver comprehensive TA services and products tailored to meet CBA needs.

# COLLABORATIONS

Components D and E recipients	work collaboratively to address the CBA needs of CBOs.
Component F recipient shall collaborate with all funded CBA provider recipients (Component A-E) to	facilitate the development of a marketing plan, cross-component promotion of CBA services , compilation of CBA products, and meeting and summit coordination.
In partnership with Component F, all recipients shall participate in CPN meetings, webinars, events, activities, workgroups, committees, etc. as well as promotion of the CBA program.	



# COLLABORATIONS - OTHER ORGANIZATIONS

- To prevent duplication of services and leverage existing federally funded TA efforts, the development and delivery of TA services, products, and materials should occur in communication, coordination, and collaboration with the AIDS Education Training Centers and the National Network of STD/HIV Prevention Training Centers
- Recipients may also collaborate with the Division of STD recipients funded to provide TA/CBA services.
  - CDC-RFA-PS23-0007 provides TA to public health programs on systems, policy and communication, partnerships, special and emerging STD program projects, and leadership education and training to advance STD prevention objectives



# POPULATIONS OF FOCUS

You may be called to build the capacity of the HIV prevention workforce to serve the following populations disproportionately affected by HIV such as:

- Transgender women
- Cisgender Black or Latina Women
- Young Black or Latino gay, bisexual and other MSM
- People who use drugs
- People who exchange sex
- People with a history of incarceration
- People in rural or frontier areas
- American Indians/Alaskan Native people
- People with HIV over the age of 50 years

This NOFO, including funding and eligibility, is not limited based on, and does not discriminate on the basis of race, color, national origin, disability, age, sex (including gender identity, sexual orientation, and pregnancy) or other constitutionally protected statuses.



# EVALUATION AND PERFORMANCE MEASUREMENT

- Applicants must provide an evaluation and performance measurement plan that is consistent with their PS24-0020 work plan and the CDC evaluation and performance measurement strategy
  - Evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO
- Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award



# FUNDING RESTRICTIONS

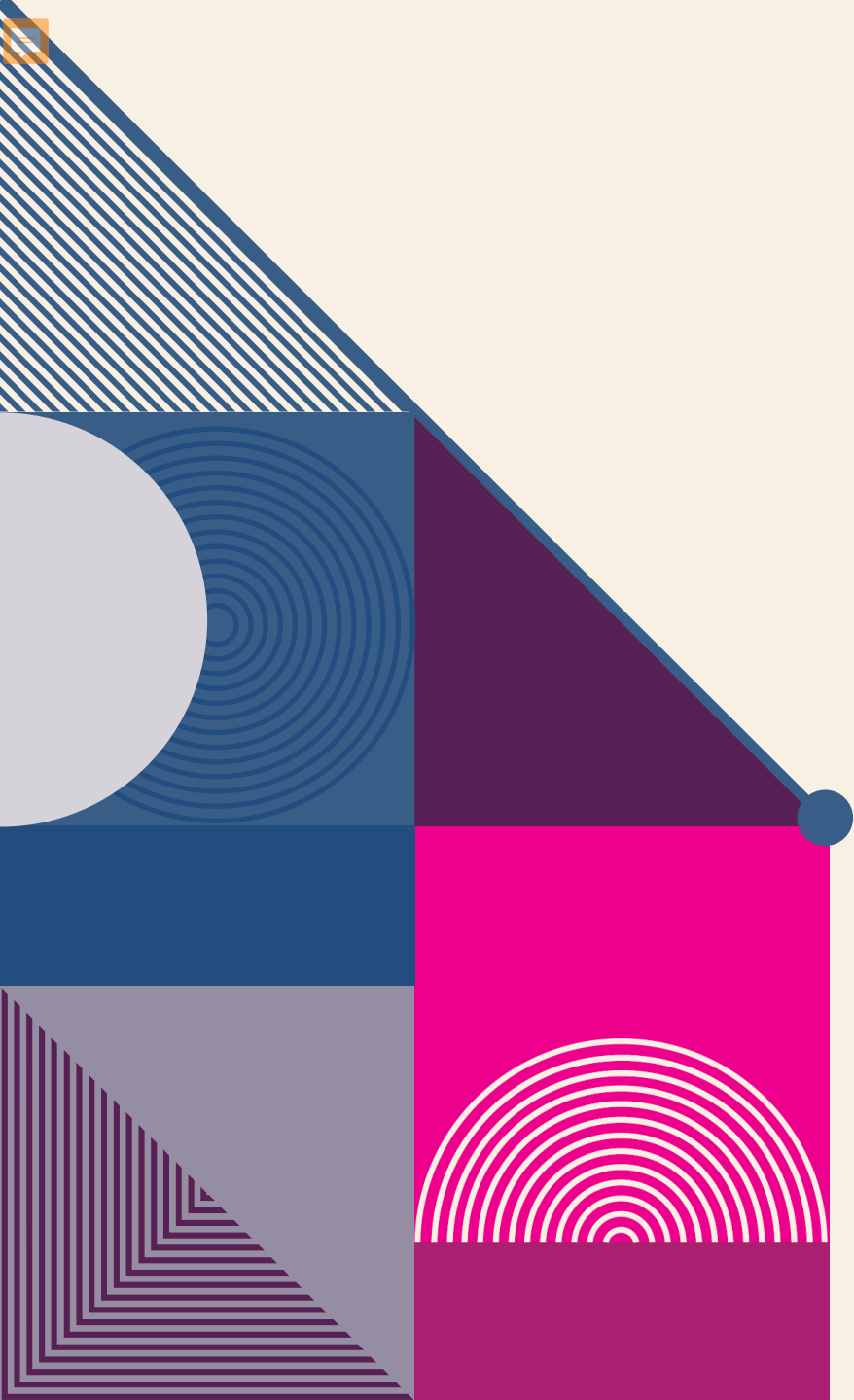
- Recipients are NOT allowed to use funds from this award for the following:
  - research
  - clinical care except as allowed by law
  - to purchase furniture or equipment (Any such proposed spending must be clearly identified in the budget).
  - reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient
  - to purchase antiretroviral therapy
  - to purchase sterile needles or syringes for drug injection
  - construction purposes



# FUNDING RESTRICTIONS

- May only expend funds for reasonable program purposes
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.





# APPLICATION SUBMISSION INFORMATION



# APPLICATION SUBMISSION INFORMATION

- **Letter of Intent (LOI)**
  - Recommend, but not required
  - LOI is not a binding document
  - Purpose of the LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted application
  - LOI Due Date: **March 11, 2004**
  - Do **NOT** submit the LOI with the application



# APPLICATION SUBMISSION INFORMATION

- **Table of Contents (no page limit)**
  - Details the entire submission package including the attachments
  - Name the file “Table of Contents”
- **Project Abstract Summary (Maximum 1 page)**
  - Brief summary of the proposed project
  - Must enter the summary in the “Project Abstract Summary” text box at [www.grants.gov](http://www.grants.gov)
  - If applying for more than one component, the 1-page summary should indicate the components for which the applicant is applying.



# APPLICATION SUBMISSION INFORMATION

- **Project Narrative (Maximum 20 pages/30 multi-component)**
  - Single spaced, 12 pt. font, 1-inch margins, number all pages
  - If applying for two components, an additional 10 pages may be included to complete the required sections in the Project Narrative. The additional pages should be used to describe the Background, Approach, and Workplan for the second component. Separate workplans must be submitted for each component.
  - Must address the outcomes and activities identified in the CDC Project Description section
  - Must include the following headings:
    - Background
    - Approach
    - Applicant Evaluation and Performance Measurement Plan
    - Organizational Capacity of Applicants to Implement the Approach
    - Work Plan
  - Name the file “Project Narrative”



# APPLICATION SUBMISSION INFORMATION

- **Budget Narrative**

- Not included in the Project Narrative
- Itemized budget narrative should follow the Budget Preparation Guidelines, ensure it includes all program activities
- **If applying for multiple components:**
  - The applicant must submit a budget narrative for each component.
  - The Indirect Cost Rate (ICR) must be applied across the entire budget requested, the ICR can only be applied once.
- Name the file “Budget Narrative”



# APPLICATION SUBMISSION INFORMATION

- ✓ Table of Contents
- ✓ Project Abstract
- ✓ Project Narrative
- ✓ Budget Narrative
- ✓ CDC Assurance and Certifications
- ✓ Risk Assessment Questionnaire
- ✓ Report on Programmatic, Budgetary, and Commitment Overlap
- ✓ Evidence of Service
- ✓ Resumes / CVs, and position descriptions
- ✓ Letters of Support
- ✓ Organization Chart
- ✓ Work Examples
- ✓ Management and operational structure for proposed program
- ✓ Memoranda of agreement or understanding, if applicable



# ELIGIBILITY REQUIRED DOCUMENTS

To ensure eligibility the following documents must be included:

- **Evidence of Service**

- Examples: Progress Reports, Notice of Award or Media publications, or letter from an applicant's funding source, other than CDC, documenting the applicant's performance related to the component of which the applicant is applying
- Uploaded as a PDF and named "Evidence of Service"

- **Letters of Support**

- Maximum of two (2) letters
- Support or commitment to demonstrate an intended or prior relationships with the applicant
- Uploaded as a pdf and named "Letters of Support"

- **Work Experience**

- The document or weblink must include recent examples of component relevant work products, materials, tools, etc.
- See NOFO for list of examples
- Uploaded as "Work Examples"



# APPLICATION REVIEW AND SELECTION PROCESS





# APPLICATION REVIEW AND SELECTION PROCESS

## Phase I: Eligibility Review

- CDC Office of Grants Services (OGS) reviews all applications for eligibility and completeness
- Incomplete applications and those that do not meet the eligibility criteria will not advance to Phase II review
- Applicants will be notified that their applications did not meet eligibility and/or published submission requirements



# APPLICATION REVIEW AND SELECTION PROCESS

## Phase II: Objective Review and Evaluation

- Evaluation
  - Approach (35 points)
  - Evaluation and Performance Measurement (25 points)
  - Organizational Capacity to Implement Approach (40 points)
- Budget (Reviewed but not scored)
  
- Notification of application status within 30 days following completion of Phase II Review



# APPLICATION REVIEW AND SELECTION PROCESS

## Phase III: Pre-Decisional Site Visit (PDSV)

- Not all applicants applying for funding will receive a PDSV
- Intent is to assess the capacity to implement the proposed program
- Applicants will be selected to receive a PDSV based on:
  - Scores from Objective Review process
  - Number of applicants and awards
- June 2024 (tentative)



# APPLICATION REVIEW AND SELECTION PROCESS

## Phase III: Pre-Decisional Site Visit (PDSV)

- Applicants can receive a maximum PDSV score of 100 points
- If the program proposed fails to score at least 75 points during the PDSV, the applicant will not be considered for funding
- Evaluated on:
  - Organization Infrastructure
  - Programmatic Infrastructure
- Receipt of a PDSV does not guarantee funding



# AWARD ADMINISTRATION INFORMATION

- Awards will be made by July 1, 2024
- Successful applicants will receive an electronic Notice of Award (NoA) from CDC OGS
- The NoA is 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 Recipient Principal Investigator/Program Director



# PRE-APPLICATION TECHNICAL ASSISTANCE

- PS-24-0020 Application Package
  - [www.grants.gov](http://www.grants.gov)
- PS-24-0020 Website
  - <https://www.cdc.gov/hiv/funding/announcements/ps-24-0020/index.html>
- NOFO mailbox - [NOFOInfo@cdc.gov](mailto:NOFOInfo@cdc.gov)
- NOFO Informational Calls



# PRE-APPLICATION TECHNICAL ASSISTANCE

## Upcoming NOFO Informational Calls

- Informational Overview #2
  - March 12, 2024 at 2:00 pm
- PS-24-0020 Final Q & A Session
  - April 18, 2024 at 2:00 pm

The links for the calls are located on the PS-24-0020 website.

# AGENCY CONTACTS

## PROGRAMMATIC & NOFO QUESTIONS

Erica K. Dunbar

Deputy for Program, PDIB

HHS/CDC/NCHHSTP/DHP

1600 Clifton Road, NE

Atlanta, GA 30333

[NOFOINFO@cdc.gov](mailto:NOFOINFO@cdc.gov)

## FOR FINANCIAL, AWARDS MANAGEMENT, AND BUDGET ASSISTANCE

Edna Green

Grants Management Specialist

HHS/CDC/OGS

Address:

(770) 488-2858

[Egreen@cdc.gov](mailto:Egreen@cdc.gov)





# AGENCY CONTACTS

## SUBMISSION DIFFICULTIES RELATED TO [WWW.GRANTS.GOV](http://WWW.GRANTS.GOV)

Contact Center

Phone: (800) 518-4726

Hours of Operation: 24 hours a  
day, 7 days a week, except on  
federal holidays

## OTHER SUBMISSION QUESTIONS

Technical Information  
Management Section


Email: [ogstims@cdc.gov](mailto:ogstims@cdc.gov)

Phone: (770) 488-2700



# IMPORTANT REMINDERS

- Application Due Date – April 30, 2024
- Submit Early – Validation may take up to 2 days!!!
- Application Submission has not concluded until the validation process is completed successfully
  - Will receive a “submission receipt” email generated by [www.grants.gov](http://www.grants.gov)
- Applicants are encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline



**THANK YOU  
&  
GOOD LUCK**

[NOFOINFO@cdc.gov](mailto:NOFOINFO@cdc.gov)