

AMENDMENT I (04/09/11):

- 1. Total page limitations increased to 65 pages per Category (p.27).*
- 2. Page limitations for Risk Reduction Interventions and Services section increased to 55 pages (p. 30).*

Table of Contents

[Part 1. Overview Information](#)

[Part 2. Full Text of the Announcement](#)

[Section I. Funding Opportunity Description](#)

[Section II. Award Information](#)

[Section III. Eligibility Information](#)

[Section IV. Application and Submission Information](#)

[Section V. Application Review Information](#)

[Section VI. Award Administration Information](#)

[Section VII. Agency Contacts](#)

[Section VIII. Other Information](#)

PART 1. OVERVIEW INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Agency Name: Federal Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title: Human Immunodeficiency Virus (HIV) Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color

Announcement Type: New

Agency Funding Opportunity Number: CDC-RFA-PS11-1113

Catalog of Federal Domestic Assistance Number: 93.939

Key Dates:

Letter of Intent Deadline Date: April 4, 2011, 5:00pm Eastern Standard Time

Application Deadline Date: May 17, 2011, 5:00pm Eastern Standard Time

Additional Overview Content: Based on anticipated availability of funds, CDC expects to award up to 30 cooperative agreements under the Categories A and B. The average award will be approximately \$300,000, with an individual floor of \$250,000 and an individual ceiling of \$600,000 (See Section II: Award Information).

Organizations that are funded under this FOA will be required to provide services to the target population specified in their applications. However, no persons will be turned away from services, regardless of their race, ethnicity, or other demographic characteristic. The funding period is up to five years and is based on continued availability of funds. Funding under this FOA cannot be used to implement school-based HIV prevention programs.

Eligible applicants will be reviewed through a two-stage process. In the first stage, all eligible applications will be evaluated by an independent external review panel on the basis of each item referenced in Section IV: Application and Submission Information. In the second stage, the highest ranked applications will then be considered for a pre-decisional site visit (PDSV). Applications will be considered for funding only if they achieve a passing score on the PDSV.

Glossary: Definitions for terms and acronyms used frequently throughout the FOA can be found in the FOA Glossary (Attachment I: Glossary of Terms).

Executive Summary: The Centers for Disease Control and Prevention announces the availability of fiscal year 2011 funds for a cooperative agreement program for community-based organizations (CBOs) to develop and implement HIV Prevention Programs in the following two categories:

Category A: HIV prevention services for high risk Young Men of Color Who Have Sex with Men (YMSM of color) and their partners regardless of age, gender, and race/ethnicity.

Category B: HIV prevention services for high risk Young Transgender (YTG) persons of color and their partners regardless of age, gender, and race/ethnicity.

NOTE: Throughout this funding opportunity announcement, “young” and “youth” is specifically defined as individuals between the ages of 13 and 29 years.

Applicants should request funding to implement a Comprehensive HIV Prevention Program that supports the HIV prevention priorities outlined in their jurisdiction’s comprehensive HIV prevention plans. The applicant’s comprehensive HIV prevention program for YMSM of color and/or YTG persons of color will consist of the following program components: 1) client recruitment; 2) enhanced HIV testing; 3) risk reduction interventions and services through the implementation of one of the following: Comprehensive Risk Counseling Services (CRCS) with CLEAR: Choosing Life: Empowerment! Action! Results! an effective behavioral intervention (EBI), or an existing, locally developed, theory based intervention; 4) condom distribution; and 5) a coordinated referral network.

This opportunity is limited to non-profit organizations (e.g., community- and faith-based organizations) with experience working with the target populations and providing services to the target populations in the applicant’s service area. In addition, applicants must be located and

provide services in one or more of the identified Metropolitan Statistical Areas (MSA): Atlanta-Sandy Springs-Marietta, GA; Austin-Round Rock, TX; Baltimore-Towson, MD; Baton Rouge, LA; Birmingham-Hoover, AL; Boston, Mass-NH; Charlotte-Gastonia-Concord, NC-SC; Chicago, IL-IN-WI; Cincinnati-Middletown, OH-KY-IN; Cleveland-Elyria-Mentor, OH; Columbia, SC; Columbus, OH; Dallas, TX; Denver-Aurora, CO; Detroit, MI; El Paso, TX; Houston-Baytown-Sugar Land, TX; Indianapolis, IN; Jackson, MS; Jacksonville, FL; Kansas City, MO-KS; Las Vegas-Paradise, NV; Los Angeles, CA; Memphis, TN-MS-AR; Miami-Fort Lauderdale, FL; Milwaukee-Waukesha-West Allis, WI; Minneapolis-St. Paul-Bloomington, MN-WI; Nashville-Davidson--Murfreesboro, TN; New Orleans-Metairie-Kenner, LA; New York, NY-NJ-PA; Orlando, FL; Philadelphia, PA-NJ-DE-MD; Phoenix-Mesa-Scottsdale, AZ; Raleigh-Cary, NC; Richmond, VA; Riverside-San Bernardino-Ontario, CA; San Antonio, TX; San Diego-Carlsbad-San Marcos, CA; San Francisco-Oakland, CA; San Jose-Sunnyvale-Santa Clara, CA; San Juan-Caguas-Guaynabo, PR; Seattle, WA; St. Louis, MO-IL; Tampa-St. Petersburg-Clearwater, FL; Virginia Beach-Norfolk-Newport News, VA-NC; Washington, DC-VA-MD-WV.

Program Collaboration and Service Integration (PCSI)

This program supports NCHHSTP's overarching goal calling for program collaboration and service integration (PCSI). The rationale for PCSI is to maximize the health benefits that persons receive from prevention services by increasing service efficiency; maximizing opportunities to screen, test, treat, or vaccinate those in need of these services; improving the health among populations negatively affected by multiple diseases; improving operations through the use of shared data; and enabling service providers to adapt to, and keep pace with, changes in disease epidemiology and new technologies.

This announcement encourages and supports integration of diagnostic and prevention services for the Human Immunodeficiency Virus (HIV), hepatitis C virus (HCV), hepatitis B virus, (HBV), sexually transmitted diseases (STD); and/or tuberculosis (TB) because of CDC's greater understanding of the extent to which:

- STDs increase the risk for HIV infection.
- Control of TB, viral hepatitis, and STDs is needed to protect the health of HIV-infected persons.
- HIV, viral hepatitis and STDs share common risks and modes of transmission.
- Risks for acquiring these diseases are associated with similar behaviors and environmental conditions and have reciprocal or interdependent effects.
- Clinical course and outcomes of these diseases are influenced by co-infection (for example, HIV/TB can be deadly, and TB accelerates HIV disease progression).
- Populations disproportionately affected by HIV are also disproportionately affected by infections with TB, HCV, HBV, and STDs.

Details of this strategy and approach are outlined in the NCHHSTP White Paper which can be found at <http://www.cdc.gov/nchhstp/programintegration>.

Reducing Health Disparities

The program supports efforts to improve the health of populations disproportionately affected by HIV/AIDS, viral hepatitis, STDs, and TB by maximizing the health impact of public health

services, reducing disease prevalence, and promoting health equity consistent with the National HIV/AIDS Strategy (NHAS).

Health disparities in HIV, viral Hepatitis, STDs, and TB are inextricably linked to a complex blend of social determinants that influence which populations are most severely affected by these diseases. Health equity is a desirable goal that entails special efforts to improve the health of those who have experienced social or economic disadvantage. (See Attachment I: Glossary of Terms for definitions of health disparity, social determinants of health and health equity.).

Programs should use data, including social determinants data, to identify communities within their jurisdictions that are disproportionately affected by HIV, viral hepatitis, STDs and TB and related diseases and conditions, and plan activities to help eliminate health disparities. In collaboration with partners and appropriate sectors of the community, programs should consider social determinants of health in the development, implementation, and evaluation of program specific efforts and use culturally appropriate interventions that are tailored for the communities for which they are intended.

Improving the Health and Well-being of MSM in the U.S.

Improving the health and well-being of gay and other MSM in the U.S. by promoting health equity and reducing HIV, STD, and viral hepatitis transmission is an important priority for NCHHSTP. Major social and structural barriers affect physical and mental health and limit the delivery, effectiveness, and impact of current prevention efforts. These barriers include stigma, homophobia, discrimination, racism, poverty, substance abuse, incarceration, and homelessness. Left unaddressed, these underlying barriers will continue to compromise the lives and the potential of current and emerging generations of gay, bisexual, and other MSM.

The 2010 NHAS identifies MSM as a priority population and also prioritizes the importance of “working together to advance a public health approach to sexual health that includes HIV prevention as one component.” Sexual health can be considered to be a state of physical, emotional, mental, and social, well-being in relation to sexuality. It is inextricably bound to both physical and mental health and is not limited to the absence of disease and dysfunction, and its importance extends across the lifespan. It includes the ability to understand and weigh the risks, responsibilities, outcomes, and impacts of sexual actions and to practice abstinence when appropriate, and requires a positive and respectful approach to sexuality and sexual relationships, and a respect for sexual rights.

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

- Decrease the annual HIV incidence rate.
- Decrease the rate of HIV transmission by HIV-infected persons.
- Decrease risky sexual and drug-using behaviors among persons at high risk for acquiring HIV.
- Increase the proportion of HIV-infected people in the United States who know they are infected.

- Increase the proportion of HIV-infected persons who are linked to prevention and care services

PART 2. FULL TEXT

I. FUNDING OPPORTUNITY DESCRIPTION

Statutory Authority

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

Background

More than 25 years into the AIDS epidemic, over 576,000 Americans have lost their lives to AIDS. CDC estimates that 56,300 new HIV infections occurred in the United States in 2006. An estimated 1 million people in the United States are living with HIV/AIDS, and an estimated 21% do not realize that they are infected.¹ The epidemic continues to have a disproportionate impact on racial/ethnic minorities, particularly African Americans, and gay and bisexual men.

CDC first began formally partnering with community-based organizations (CBOs) in the late 1980s to expand the reach of HIV prevention efforts. CBOs were, and continue to be, recognized as important partners in HIV prevention because of their history and credibility with the target populations; they have access to groups that may not be reached by other applicants or strategies. Over time, CDC's program for HIV prevention by CBOs has grown in size, scope, and complexity, responding to the changes in the epidemic, including the introduction of new tools for prevention.

There is a need to employ a collaborative approach in controlling disease on the individual level while addressing social and environmental factors that contribute to the transmission of HIV. Social determinants of health (SDH) including homelessness, unemployment, and low education levels were found to be independently associated with HIV infection; whereas, environmental factors, such as housing conditions, social networks, and social support are also considered key drivers for becoming infected with HIV, Viral Hepatitis, STDs, and TB.²

Through this new cycle, CDC is seeking to maintain the fundamental elements that have served this program well since the beginning, while enhancing the program through the incorporation of lessons learned from previous cycles.

This funding opportunity announcement is targeted to groups especially at risk for HIV infection: Young Men of Color Who Have Sex with Men (YMSM of color) and Young Transgender (YTG) persons of color and their partners.

Men Who Have Sex with Men (MSM)

In 2006, MSM accounted for more than half (53%) of all new HIV infections in the United States, and MSM with a history of injection drug use (MSM-IDU) accounted for an additional 4% of new infections. At the end of 2006, more than half (53%) of all people living with HIV in the United States were MSM or MSM-IDU. Since the beginning of the US epidemic, MSM have consistently represented the largest percentage of persons diagnosed with AIDS and persons with

an AIDS diagnosis who have died. Young people in the United States are at persistent risk for HIV infection; youth, or young people, are defined as persons who are 13 to 29 years of age.

This risk is especially notable for youth of minority races and ethnicities. Continual HIV prevention outreach and education efforts are required as new generations replace the generations that benefited from earlier prevention strategies. Young Men Who Have Sex with Men (YMSM), especially those of minority races or ethnicities, are at high risk for HIV infection. In the seven (7) cities that participated in CDC's Young Men's Survey during 1994 - 1998, 14% of African American MSM and 7% of Hispanic MSM aged 15-22 years were infected with HIV.

In the US, about 16% of persons diagnosed with HIV in 2007 were aged 13-24 years, and three quarters of them were male. The majority of 13-29 year old males diagnosed with HIV in 2008 were blacks/African Americans (64%), followed by whites (18%), and Hispanics/Latinos (16%). In 2008, the diagnosis rate was four times greater among Hispanics/Latinos than whites.

In 2006, there were more new HIV infections (52%) among young black MSM (aged 13-29 years) than any other racial or ethnic age group of MSM. The number of new infections among young black MSM was nearly twice that of young white MSM and more than twice that of young Hispanic/Latino MSM.

Among all Hispanic/Latino MSM in 2006, the largest number of new infections (43%) occurred in the youngest age group (13-29 years), though a substantial number of new HIV infections (35%) were among those aged 30-39 years.

Complacency about HIV, specifically among MSM, may play a key role in perceived HIV risk, due to limited experience directly related to the severity of the early AIDS epidemic. Additionally, challenges for many MSM include maintaining safe behaviors over time, underestimating personal risk, and the false belief that because of treatment advances, HIV is no longer a serious health threat. Social and economic factors, such as homophobia, stigma, and the lack of access to health care may potentially increase risk behaviors or serve as potential barriers to accessing and receiving HIV prevention services by some MSM. There is an urgent need to expand access to proven HIV prevention interventions for gay and bisexual men, as well as to develop new approaches to fight HIV in this population.³

Transgender (TG) Persons

While state and local health departments have the option to and several do collect HIV surveillance data on transgender persons, the data is limited to the local level. CDC's National Monitoring and Evaluation system (NHME) is able to capture Transgender specific HIV testing data such as "sex assigned at birth" and "current gender identity"; however, these data are not currently available. The limited data that CDC does have on infections among transgender persons points to heightened HIV positivity for transgender persons.

There is evidence that suggests HIV positivity is high among male-to-female (MTF) TG persons, especially African Americans. In 2008, a meta-analysis was performed on studies on MTFs; 28% tested positive, 12% self-reported as HIV-positive; HIV positivity among African

Americans (56%) was >3 times higher than among Latinos (16%) or whites (17%); HIV risk behaviors were common among all male-to-female transgender persons.⁴

The lack of progress in HIV prevention for transgender persons can be attributed to the complexity of the epidemic affecting this population, specifically the occurrence of multiple public health problems directly related to HIV risk among transgender persons.⁵ Similar social and environmental factors that contribute to the transmission of HIV among MSM are also prevalent among transgender populations. Additionally, social and environmental factors affecting TG persons are related to poor mental health, substance use, violence and victimization, discrimination, and economic hardship. HIV prevention interventions for transgender persons require a multi-layered structured approach to address HIV prevention needs in this population.

Continual outreach and education is required as new generations replace the generations that benefitted from earlier prevention efforts. Testing should be encouraged and prevention programs should improve methods for reaching persons unaware of their HIV status, especially those in populations disproportionately at risk.

Purpose

The purpose of the program is to:

- Support the development and implementation of effective community-based HIV Prevention Programs that serve Young Men of Color Who Have Sex with Men (YMSM of color) and Young Transgender (YTG) persons of color and their partners at high risk for acquiring or transmitting HIV.
- Increase the number of YMSM of color and YTG persons of color who are aware of their HIV status and linked to care, treatment, and prevention services.
- Build the capacity of CDC-funded CBOs delivering selected structural interventions, behavioral interventions, outreach or enhanced HIV Testing to YMSM of color and/or YTG persons of color and their partners at high risk for acquiring or transmitting HIV.
- Ensure provision of HIV prevention and care services.
- Promote collaboration and coordination of HIV prevention efforts among CBOs, health departments, and private agencies.

NOTE: Throughout this funding opportunity announcement, “young” and “youth” is specifically defined as individuals between the ages of 13 and 29 years.

Objectives

The objectives of this program are to:

- Reduce HIV transmission.
- Ensure early diagnosis of HIV infection.
- Increase the use of evidence-based interventions for HIV prevention.
- Increase the number of individuals at high risk for HIV infection who receive appropriate HIV prevention services and become aware of their serostatus.
- Increase access to quality HIV medical care and ongoing HIV prevention services for persons who are living with HIV.

- Complement HIV prevention activities and program models supported by state and local health departments.
- Increase outreach and education efforts to YMSM of color and YTG persons of color to encourage them to know their HIV status, engage in behaviors that reduce their risk of becoming infected with HIV and transmitting HIV if currently infected.

This program addresses the “Healthy People 2020” focus area(s) of HIV prevention.

This program also aligns with the National HIV/AIDS Strategy (NHAS). Specifically, reducing new HIV infections is a primary goal that has been identified in the NHAS. Preventing HIV infections among gay and bisexual men and transgender persons has been identified as a targeted strategy in achieving this goal. This program addresses NHAS priority recommendations and strategies including:

- Recommendations for essential prevention activities and services provided to gay and bisexual men.
- Recommendations for HIV prevention approaches for transgender persons.
- Integration of HIV prevention and care services.
- Address deficiencies in directing the needed proportion of resources to gay and bisexual males and transgender populations within racial/ethnic groups heavily impacted.

The NHAS Federal Implementation Plan outlines specific steps to be taken by federal agencies to support the high-level priorities outlined in the Strategy. This program specifically addresses steps related to the NHAS goal of reducing new HIV infections, such as:

- 1.1 Allocation of public funding to geographic areas consistent with the epidemic.
 - 1.2 Target high-risk populations.
 - 1.2.1 Prevent HIV among gay and bisexual men and transgender individuals.
 - 1.2.2 Prevent HIV among Black Americans.
 - 1.2.3 Prevent HIV among Latino Americans.
- 1.3 Address HIV prevention in Asian American and Pacific Islander and American Indian and Alaska Native populations.
- 1.4 Enhance program accountability.
- 2.1 Design and evaluate innovative prevention strategies and combination approaches for preventing HIV high risk communities.
- 2.3 Expand access to effective prevention services.

Program Implementation

Recipient Activities

Funding Categories: Funding will be made available for activities under two categories.

- **Category A:** HIV prevention services for high risk YMSM of color and their partners regardless of age, gender, and race/ethnicity.
- **Category B:** HIV prevention services for high risk YTG persons of color and their partners regardless of age, gender, and race/ethnicity.

NOTE: Throughout this funding opportunity announcement, “young” and “youth” is specifically defined as individuals between the ages of 13 and 29 years.

Note: Organizations may apply for up to two categories, Category A and/or Category B. Under categories A and B, applicants may be required to implement or adapt (when appropriate) CDC program models, including DEBIs (See Attachment II: Procedural Guidance), to achieve effectiveness with YMSM of color and/or YTG persons of color. For an electronic version of the Procedural Guidance for Community-Based Organizations go to http://www.cdc.gov/hiv/topics/prev_prog/ahp/resources/guidelines/pro_guidance/pdf/ProceduralGuidance.pdf.

In addition, applicants applying for two categories must submit a separate project proposal and a detailed line-item budget and justification (with a sub-budget provided for each program model, e.g., Many Men Many Voices; CRCS; and CTR) for each category in which funding is being requested.

1. HIV Prevention Programs

A. General

All funded applicants must:

- 1) Seek to locate program activities in a setting that is a culturally and age-appropriate safe space for the target population. The safe space may be a designated and dedicated space within agency premises or may be located off-site within safe proximity of the applicant’s agency locale. The safe space will serve as an entry point for YMSM of color and/or YTG persons of color and also a locale for project activities. Each safe space should be designed to empower YMSM of color and/or YTG persons of color and to provide HIV/STD risk reduction skills. Ensuring the safety of all youth employed and served by the applicant must be an integral component of the applicant agency’s mission, values, and activities. The safe space must be supported by policies and procedures on discrimination and harassment that support an inclusive, affirming, and non-judgmental HIV prevention program. The safe space must also be supported by clear guidelines about interactions between staff (regardless of their age) and youth served by the agency.
- 2) Establish and maintain a Youth Advisory Board (YAB) comprised of YMSM of color and/or YTG persons of color to assist with programmatic decision-making (e.g., program planning, implementation). YMSM of color and YTG persons of color must comprise at least 75% of the YAB membership. Remaining members must have HIV prevention and/or care experience and experience working with YMSM of color and/or YTG persons of color. The Youth Advisory Board must be used throughout the project period to ensure services are responsive to the needs of the target population.
- 3) Ensure that services are culturally sensitive and relevant.
- 4) Implement a recruitment and retention strategy to include a social networking component known to be effective within the target population, with internet and other media-based strategies designed to reach persons at greatest risk for HIV acquisition or transmission. Traditional targeted outreach methods of recruitment and

retention (e.g., street outreach) may also be used. Additional suggested strategies to promote programs and enhance recruitment include, but are not limited to, social marketing, peer networking, and STD clinic referrals. The applicant must seek input from the Youth Advisory Board and members of the target population on selecting appropriate recruitment and retention strategies and determining the appropriate use of incentives.

- 5) When persons under the age of 18 years (either paid or volunteer) are involved in program outreach activities, caution and judgment must be used in determining the venues/situations where these workers are placed. Agencies must give careful consideration to the age-appropriateness of the activity or venue. Additionally, agencies must comply with all relevant laws and regulations regarding entrance into adult establishments/environments. Laws and curfews must be clearly outlined in required safety protocols developed and implemented within first 6 months of funding. Agencies are required to create internal policies in compliance with local/state laws and reporting requirements regarding sexual assault, rape, abuse or other illegal sexual activity with a minor. Effective training practices and implementation of policies/protocols must occur in the first 6 months of funding.
- 6) Develop and implement a staff development plan designed to promote and sustain peer leadership from within the target population of service. Applicants are expected to hire direct service staff reflective of the target population with minimally twelve months' experience working with the target population.

B. Risk Reduction Interventions and Services

All applicants are required to implement a **Comprehensive HIV Prevention Program** that is composed of the risk reduction interventions and services listed below. Funding under this FOA cannot be used to implement school-based HIV prevention programs.

1. Program Promotion and Client Recruitment

All funded applicants are required to actively promote their programs, collaborate with other organizations or agencies that have established history working with the target population and could conduct outreach activities to recruit high-risk persons into the grantee's interventions and services and implement a recruitment strategy to reach persons at greatest risk for HIV acquisition or transmission (e.g., social networking component, internet-based outreach). The program must seek input from the Youth Advisory Board on selecting the appropriate program promotion and recruitment strategies and determining the appropriate use of incentives for the program. Client recruitment is essential to the success of an HIV prevention program. In addition to traditional outreach, the use of recruitment and retention strategies based on experienced entry into social networks is known to significantly structure or influence the social lives of YMSM of color and YTG persons of color (e.g., the house ball scene, house parties, texting groups, Facebook networks) is required. Moreover, use of internet and other media-based social marketing approaches to promote awareness of the HIV prevention program specifically within social networks of YMSM of color and YTG persons of color are required.

2. Enhanced HIV Testing

HIV testing is an essential part of an HIV prevention program. Funded organizations will be required to implement enhanced HIV testing utilizing a brief risk reduction intervention (i.e., Personalized Cognitive Counseling (PCC) or other strategies as determined by CDC and as they become available), when appropriate and after completion of a risk assessment. Enhanced HIV testing personnel will be required to be trained in the effective behavioral intervention, Personalized Cognitive Counseling (PCC), (<http://www.effectiveinterventions.org/en/Interventions/PCC.aspx>).

Specifically, enhanced HIV testing with PCC is to be used on repeat testers, when appropriate; repeat testers are described as individuals who have previously been tested and have engaged in unsafe sexual behaviors since the receipt of their last HIV test result.

Applicants applying for Category A must provide enhanced HIV testing to a minimum of **600 to 1000** YMSM of color annually. Applicants applying for Category B must provide enhanced HIV testing to a minimum of **75 to 150** YTG persons of color annually. Applicants are expected to establish their testing objectives based upon the size of their MSA and the capacity of the CBO to reach the target populations. The enhanced HIV testing program under both categories is required to reach and maintain a **previously undiagnosed seropositivity rate of 4.0% on an annual basis.**

Additionally, each applicant is required to provide linkage to care and treatment services for HIV positive individuals and their partners, including referral to partner services (PS), medical and social services, with follow-up support to remove barriers to care and treatment services, and demonstrated effective linkage to care models (e.g., ARTAS, navigator models). Additionally, applicants must also make appropriate referrals for high risk HIV negative persons with follow-up support to remove barriers to accessing HIV prevention services. Appropriate referrals for HIV positive and/or high risk negative individuals include, but are not limited: (1) linkage to HIV/AIDS care and treatment services, including direct support and follow-up for re-engagement and retention in care services, (2) linkage to CD4 cell count and viral load screening, (3) linkage to treatment adherence services including, Anti-Retroviral Therapy, (4) referral to Partner Services, (5) screening and treatment for STDs, Hepatitis C, and TB, (6) other area CDC funded HIV prevention programs [via state or local health departments and/or directly funded CBOs], (7) Syringe Services Programs, where available and in accordance with CDC/HHS policy, and other programs for active substance users, (8) drug treatment programs, (9) mental health counseling programs experienced with youth and young adults, (10) referral to pre-exposure prophylaxis and post-exposure prophylaxis, where available, (11) housing, (12) basic education continuation-completion services, and (13) employment readiness and referral programs, as appropriate.

Applicants must also:

- a) Discuss their plans with the state or local health department (See Attachment IV: List of HIV testing Requirements).
- b) Follow current CDC guidelines and recommendations for HIV testing.
- c) Integrate HIV testing into their overall HIV prevention program.

- d) Develop strategies to recruit high-risk members of the target population who have not been tested in the past six months or do not know their HIV status.
- e) Develop strategies to reduce the target population’s barriers to accessing HIV testing.
- f) Ensure that individuals with reactive rapid HIV tests receive confirmatory tests.
- g) Ensure that individuals receive their test results, especially those that test positive.

3. Interventions and Services (Evidence-Based Interventions or Locally- Developed Interventions or CRCS with CLEAR)

- For Medium Risk Negative Individuals- (See Attachment I: Glossary of Terms, for a detailed definition of Low/Medium risk negatives.) Applicants are required to provide brief risk reduction interventions, access to HIV prevention brochures, pamphlets, and prevention education websites, and referrals to appropriate evidence-based interventions off-site.
- For High Risk Negative Individuals- (See Attachment I: Glossary of Terms, for a detailed definition of high-risk negatives.) Applicants are required to choose to implement one of the following interventions or strategies: 1) Comprehensive Risk Counseling and Services (CRCS) with CLEAR; or 2) a locally developed theory-based intervention; or 3) an effective behavioral intervention (EBI) from the list below:

List of Approved DEBIs	
Popular Opinion Leader (POL)	Many Men, Many Voices (3MV)
MPowerment	d-up: Defend Yourself!
Community PROMISE	SISTA (for YTG only)

- For HIV Positive Individuals- Applicants are required to choose to implement one of the following interventions or strategies: 1) Comprehensive Risk Counseling and Services (CRCS) with CLEAR; or 2) a locally developed theory-based intervention; or 3) an effective behavioral intervention (EBI) from the list below:

List of Approved DEBIs	
Healthy Relationships	Partnership for Health
Willow (for YTG only)	

Individuals recruited by the applicant who are previously identified as being HIV positive must be linked directly to the risk reduction and prevention services available for HIV positive individuals. All individuals receiving HIV testing should be referred to additional services, as appropriate and as required by the Coordinated Referral Network. In addition, a minimum of **seventy percent (70%)** of all HIV positive individuals (previously and newly diagnosed) must be linked directly to appropriate risk reduction intervention and strategies for HIV positive individuals as required by the Coordinated Referral Network, which would include care.

4. Condom Distribution

Free and accessible condoms are an integral component of the HIV prevention program. Applicants are expected to implement condom distribution programs which increase access to and use of condoms by YMSM of color and YTG persons of color. Effective condom distribution programs should adhere to the following principles: 1) provide condoms free of charge, 2) implement social marketing efforts to promote condom use (by increasing awareness of condom benefits and normalizing condom use within communities), and 3) conduct both promotion and distribution activities at the individual, organizational, and community levels. Applicants are expected to distribute condoms to **100%** of HIV positive individuals and high-risk negative individuals.

5. Coordinated Referral Network and Service Integration

Applicants must develop and sustain a coordinated referral network. The Coordinated Referral Network must provide for, as appropriate: (1) linkage to HIV/AIDS care and treatment services, including direct support and follow-up for re-engagement and retention in care services, (2) linkage to CD4 cell count and viral load screening, (3) linkage to treatment adherence services including, Anti-Retroviral Therapy, (4) referral to Partner Services, (5) screening and treatment for STDs, hepatitis, including hepatitis B vaccinations, and TB, (6) other area CDC funded HIV prevention programs [via state or local health departments and/or directly funded CBOs], (7) referral to Syringe Services Programs, where available and in accordance with HHS/CDC policy, and other programs for active substance users, (8) drug treatment programs, (9) mental health counseling programs experienced with youth and young adults, (10) referral to pre-exposure prophylaxis and post-exposure prophylaxis, where available, (11) housing, (12) basic education continuation-completion services, and (13) employment readiness and referral programs.

Specifically, referral networks for HIV positive individuals must include: (1) linkage to HIV/AIDS care and treatment services, including direct support and follow-up for re-engagement in care services, (2) linkage to treatment adherence services, (3) referral to Partner Services (PS), and (4) demonstrated effective linkage to care models (e.g., ARTAS, navigator models).

Applicants with existing capacity to implement integrated screening activities (e.g., screening for STDs, viral Hepatitis, and/or TB) should continue implementing service integration activities and are eligible to utilize up to **5%** of the requested total funding amount to enhance these efforts.

- a) If proposing to implement integrated screening activities, applicants should do the following:
 - 1) Work with STD, hepatitis, and TB programs to design, develop, and implement the activities.
 - 2) Ensure that clients receive their test results, especially those who test positive.
 - 3) Ensure that clients who test positive are linked to medical care and receive timely and appropriate evaluation and treatment.

- 4) For clients who test positive for other STDs, ensure that partner services are initiated as soon as possible after diagnosis, in accordance with CDC recommendations and state and local requirements.
 - 5) For clients who are candidates for hepatitis A or B vaccination, provide referral or linkage to these services.
 - 6) Periodically review monitoring data to assess the value of continuing screening for other STDs, viral hepatitis, and TB.
- b) If implementing integrated screening activities under this program:
- 1) Funds from this FOA may be used for other screening tests as described above only if the other tests are done in conjunction with HIV screening, are indicated by epidemiologic data, and are in accordance with current CDC guidelines and recommendations.
 - 2) Funds from this FOA may not be used for clinical services (for example, treatment of HIV, STDs, viral hepatitis, TB, or TB infection; vaccination against hepatitis A or hepatitis B). Arrangements for these clinical services should be made through collaboration with STD, hepatitis, and TB programs or other clinical care providers.

Funded applicants must develop a referral tracking system to determine and document successfully accessed referral services (e.g., a client referred for medical care is verified to have attended at least one medical appointment).

6. Monitoring and Evaluation

- a) **Develop a Monitoring and Evaluation Plan-** Funded applicants must work with CDC to develop and implement a process monitoring plan and conduct routine monitoring and evaluation for each intervention and/or service they provide. For applicants that are selected for funding, CDC will provide a template and technical assistance for developing a process monitoring plan at the time of award. At a minimum, the monitoring plan will include the following:
- 1) Program goals and measurable objectives.
 - 2) Activities that will be conducted to meet the objectives.
 - 3) Data collection plans, proposed staffing, timelines, and tools.
 - 4) How data will be used, by whom, and when to measure progress towards meeting objectives.
 - 5) Procedures to ensure that data quality and security are consistent with CDC guidelines.
- b) **Data Collection and Reporting-** Applicants selected for funding must collect and report data consistent with CDC requirements. {See Attachment V: PS11-1113 National HIV/AIDS Monitoring and Evaluation (NHME) Data Set.} This includes but is not limited to standardized data reporting as described under the OMB ICR #0920-0696. Specifically, funded applicants must do the following:
- 1) Collect and report standardized data on the following: 1) budget and other characteristics of the applicant agency, 2) all HIV prevention activities funded under this announcement, including behavioral interventions, CRCS with CLEAR, and enhanced HIV testing, 3) client-level information on demographic and risk characteristics of the grantee's HIV prevention

- program clients, 4) aggregate data for outreach and recruitment activities, and 5) other information that may be needed to adequately describe the grantee's program.
- 2) Use the CDC-required data reporting software (PEMS) or other CDC approved reporting system to report required data electronically unless alternative arrangements have been made in the applicant's jurisdiction for directly-funded CBOs to submit data to CDC through the state's system.
 - 3) Designate specific staff responsible for management, reporting, use, and security of all data collected for purposes of this program.
 - 4) Report core program performance indicators for HIV prevention activities as specified in CDC's technical assistance guidelines for HIV prevention program indicators. The data needed for calculating these indicators are included in the required variables listed in item (1) above. CDC will provide these guidelines.
 - 5) Ensure that all staff responsible for data collection and management are appropriately trained on the use of CDC-required data reporting software (PEMS) or other CDC approved reporting system and on National HIV Monitoring and Evaluation (NHME) data for routine reporting.
 - 6) Designate a specific staff person to review program monitoring data at defined intervals in order to assess how well the program is functioning and use this information to continually assess and improve program performance.
- c) Information System and Data Security Requirements- In accordance with H.19 308(d) Contract Clause for Safeguards for Individuals and Establishments against Invasions of Privacy and with Subsection (m) of the Privacy Act of 1974 (5 U.S.C. 552a) and Section 308(d) of the Public Health Service Act (42 U.S.C. 242m), the agency is required to comply with the applicable provisions of the Privacy Act and to undertake other safeguards for individuals and establishments against invasion of privacy. To provide these safeguards in performance of the contract, the agency must:
- 1) Agree to sign a Memorandum of Understanding (MOU) indicating that all information will be adequately protected according to H.19 308(d) Contract Clause for Safeguards for Individuals and Establishments against Invasions of Privacy (See Attachment VI: MOU between the Centers for Disease Control and Prevention and Directly Funded Agencies for use of CDC-Licensed or Owned Data Systems).
 - 2) Agree to sign the Rules of Behavior (ROB) document for system administrators and the users (See Attachment VII: Rules of Behavior for use of CDC-Licensed or Owned Data Systems System Administrators).
 - 3) Ensure all employees sign a Non-Disclosure Agreements (NDA) and submit the NDA to CDC prior to the commencement of work. (See Attachment VIII: Contractor's Pledge of 308(d) Confidentiality Safeguards for Individuals and Establishments Against Invasion of Privacy).
 - 4) Comply with all federal (i.e., HHS, and/or CDC) information systems and information processing security policies and regulations in performance of the security requirements and deliverables and be bound by the Assurance of

Confidentiality (available from the CDC COTR). (See Attachment IX: Security Summary for NHME).

- 5) Develop system rules of behavior for systems under the agency's responsibility.
 - 6) Conduct a privacy impact assessment (PIA) on all information systems acquired, developed, or used in conjunction with CDC data.
 - 7) Conduct annual reviews and validations of system user accounts to ensure continued need for access to system.
 - 8) Annually review security controls and measures to ensure continued compliance with federal information system and data security regulations and identify security vulnerabilities.
 - 9) Develop policies and procedures that clearly describe the physical security of the facility/facilities that will be used during the project; the procedures for protection, controlling, and handling data during performance of the project including any development and testing activities; any required limitations on employees concerning the reproduction, transmission, or disclosure of data and project information; the physical storage procedures to protect data; the procedures for the destruction of source documents and other contract-related waste material; and personnel security procedures.
- d) **Quality Assurance-** Applicants selected for funding must develop, implement, and maintain a quality assurance plan to monitor program activities, consistently review and use program data on a routine basis to improve the program, and plan for future programs. The plan should be written and include processes to ensure the following:
- 1) Interventions and services are delivered in an appropriate, competent, and sensitive manner and policies and procedures supporting appropriate culturally sensitive service delivery are made available to all program staff.
 - 2) Interventions are being delivered with fidelity (e.g., observation of staff) and
 - 3) Interventions and services are meeting the needs of the target population (e.g., client satisfaction surveys).
 - 4) **Client Records and Program Data Management-** Applicants selected for funding must develop systems for maintaining client records and managing program data related to the intervention, including assuring client confidentiality and adhering to policies and practices for data security and Web-based reporting.

7. Staffing

Applicants selected for funding must ensure that the program is staffed adequately for the following:

- a) Planning and oversight of the intervention(s) or strategies.
- b) Delivery of the intervention(s) or strategies.
- c) Collecting, entering, analyzing, and using standardized program monitoring data and program performance indicators related to the intervention(s) or strategies and reporting data and indicators to CDC.
- d) Quality assurance activities that will be conducted for each of the intervention(s) or strategies.

- e) Maintenance of client records and management of program data related to each of the intervention(s) or strategies.
- f) Consistent, culturally sensitive, and age-appropriate staffing of youth program settings (e.g., safe space) venues and locales, and staffing of youth program services and activities.
- g) Developing and ensuring that data security and confidentiality guidelines meet the federal requirements and continually consulting with CDC and annually reviewing security controls and measures to ensure continued compliance with federal information system and data security regulations and identifying security vulnerabilities.

8. Staff Development

Applicants selected for funding must ensure that program staff is adequately trained on the following:

- a) Culturally sensitive and age-appropriate planning and oversight of the agency's youth prevention program.
- b) Delivering the intervention(s) or strategies and related skills, such as group facilitation; program monitoring and evaluation.
- c) CDC data collection, data use, and reporting requirements.
- d) Conducting quality assurance for each of the intervention(s) or strategies.
- e) Appropriately accessing identifiable and confidential information. As a part of their training staff and agency volunteers, if applicable, must read the assurance of confidentiality and sign confidentiality pledges. Specifically, each employee of the agency must sign the Non-Disclosure Agreements (Attachment VIII: Contractor's Pledge of 308(d) Confidentiality Safeguards for Individuals and Establishments Against Invasion of Privacy). The training should be conducted annually for all agency personnel who have access to and review aggregate and client level data.
- f) Developing sensitivity and skills to interact with youth of color who are at high risk of acquiring or transmitting HIV.

9. Coordination and Collaboration with Health Departments and Community Planning Groups (CPG)

Applicants selected for funding must coordinate and collaborate with state and local health departments. Specifically, funded applicants are expected to:

- a) Refer HIV-infected clients to Partner Services (PS) provided through the health department.
- b) Participate in the state and/or local HIV prevention community planning group process.
- c) Support the integration of HIV prevention activities with STD, viral hepatitis, and TB screening and prevention services, whenever feasible and appropriate.
- d) Establish contact, with other organizations serving populations of interest in the target geographical area (e.g., schools, youth-serving organizations, GLBT health organizations, faith-based organizations, juvenile detention) to facilitate dialogue and explore partnership opportunities related to HIV/STD prevention and health and wellness approaches including sexual health.

Note: Applicants located in the twelve jurisdictions funded to implement the Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas most affected by HIV/AIDS project are encouraged to collaborate with the local health department to maximize the impact of HIV prevention activities.

10. Additional Required Grantee Activities for HIV Prevention Programs

- a) Within the first six months of funding, applicants selected for funding must work with CDC-funded CBA providers to develop and implement a Strategic Plan for Enhanced CBO Capacity. This tailored plan will assess and define the CBO's capacity building goals, objectives, activities, timelines, and roles and responsibilities of the provider and recipient of CBA services and will describe an ongoing program improvement process, which will include use of program monitoring and evaluation data as described above.
- b) Within the first six months of funding, participate in CDC-approved trainings. In particular, grantees must participate in CDC-approved trainings on data collection and submission, HIV testing and/or CRCS prior to the implementation of program activities.
- c) Within six months after being selected for funding, a statement must be provided that the agency agrees to:
 - 1) Have at least one YMSM of color and/or YTG persons of color, actively serving on the board of directors or have a group of YMSM of color and/or YTG persons of color, actively involved in advising the board of directors (or the executive management of the agency) on the direction of youth prevention programs. If this requirement has already been met, please indicate this in the application.
 - 2) Develop a formal agreement, such as an MOA, with each collaborating agency serving persons identified through the program. An applicant agency must retain minimally 51% of the total funds awarded per behavioral intervention and public health strategy to support the applicant agency's direct provision of services to program participants. Applicant agencies are required to submit fully executed Memorandum of Agreements with each subcontracted agency describing, at a minimum, the roles and responsibilities, key contact personnel for both the grantee and the subcontracted agency(s), and agreed upon program deliverables. (The statement must be provided in Appendix F.7.: Statement on YMSM of color and/or YTG persons of color Agency Involvement and MOA Agreements.)
- d) Submit a copy of the proposed material to CDC's Grants Management Office for approval, if the funded applicant plans to use materials and include the name or logo of either CDC or the Department of Health and Human Services (HHS).
- e) Convene a local materials review panel or utilize the local health department materials review panel to comply with CDC's Assurance of Compliance with the Requirements for Contents of AIDS Related Written Materials Form (Attachment X: CDC Form 0.1113 Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials). The current guidelines and the form may also be downloaded from the CDC website:

http://www.cdc.gov/od/pgo/funding/grants/app_and_forms.shtm.

- f) 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 applicants and agencies. NPIN can be accessed through the following link: <http://www.cdcnpin.org/scripts/index.asp>.

11. If applying to implement a locally developed theory-based intervention, the applicant must also:

- a) Within the first six months of funding, work with CDC's Prevention Research Branch, Operational Research Team, to review the applicant's existing locally-developed HIV prevention intervention curriculum, and develop, as needed, a behavior change logic model with clearly identified core elements for the intervention.
- b) Work with CDC staff to produce a monitoring and evaluation plan and a quality assurance plan to strengthen implementation of the existing locally-developed intervention and provide direction for process monitoring, process evaluation, and outcome monitoring.

In a cooperative agreement, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring.

CDC Activities

- a) Collaborate with grantees and provide technical assistance in the development of all plans, policies, procedures, and instruments related to this program.
- b) Work with grantees to assess and broker training and technical assistance needs.
- c) Ensure that necessary training, including training on program performance indicators, the CDC-required data reporting software (PEMS) or other CDC approved reporting system, occurs within six months of award.
- d) Provide technical assistance and consultation on program and administrative issues directly or through partnerships with health departments, capacity building assistance providers, contractors and other national, regional, and local applicants to increase applicant capacity to implement evidenced-based HIV prevention programs.
- e) Provide technical assistance and information on HIV testing technologies.
- f) Assist the applicant with establishing partnerships with state and local health departments, and community planning groups, if necessary.
- g) Facilitate peer-to-peer exchange of information and experiences (e.g., best practices, lessons learned) through the following activities: meetings, workshops, conferences, newsletter development, the Internet, and other avenues of communication.
- h) Conduct assessments of intervention fidelity.
- i) Conduct monitoring of the following:
 - 1) Grantees' implementation of their programs, including implementation of policies and procedures within the first six months of receipt of the award, through direct observation during site visits, review of progress reports and budget materials, and phone and email communication.
 - 2) Grantee's compliance with applicant requirements, including financial management practices and client/data confidentiality requirements.
 - 3) Grantee's progress toward meeting program objectives.

- j) Develop intervention and program monitoring and evaluation guidelines and systems, including performance indicators, for which grantees will be expected to set annual targets and report annual data.
- k) Provide assistance with meeting data collection and reporting requirements and using data at the local level for program management and improvement.
- l) Collaborate with grantees to analyze quantitative and qualitative data submitted by grantees and provide feedback to help grantees assess and improve performance of their interventions.
- m) Convene grantee meetings during the course of the project.

II. AWARD INFORMATION

Type of Award: Cooperative Agreement. CDC substantial involvement in this program appears in the Activities Section above.

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

Fiscal Year Funds: 2011

Approximate Current Fiscal Year Funding: \$10,000,000

Approximate Total Project Period Funding: \$50,000,000 (This amount is an estimate, and is subject to availability of funds. It includes direct and/or indirect costs.)

Approximate Number of Awards: 30

Approximate Average Award: \$300,000 (This amount is for the first 12-month budget period, and includes both direct and indirect costs.)

Floor of Individual Award Range: \$250,000

Ceiling of Individual Award Range: \$600,000 (This ceiling is for the first 12-month budget period.) (This amount is for the first 12-month budget period and includes both direct and indirect costs.) (If the applicant applies for Category A and B, \$600,000 is the combined maximum amount that will be awarded.)

Anticipated Award Date: September 30, 2011

Budget Period Length: 12 months

Project Period Length: 5 years

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

III. ELIGIBILITY INFORMATION

Eligible Applicants

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

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

- Tribal organizations.

Applications for this funding opportunity announcement are limited to community-based organizations (CBOs), public non-profit, private non-profit, faith-based, and tribal organizations, because of their credibility among individuals living with HIV and those at high risk for HIV infection. Non-profit organizations and CBOs have proven their ability to access hard to reach populations that have traditionally suffered exclusion from mainstream interventions and other agencies.

Eligible Metropolitan Statistical Areas:

Eligible applicants must be located in and provide services in the following Eligible Metropolitan Statistical Areas (MSA). An MSA is defined as a core area containing a substantial population nucleus together with adjacent communities having a high degree of social and economic integration with that core. MSAs comprise of one or more entire counties.

The following MSAs were selected based on having the greatest number of AIDS diagnoses among MSM of color living in 2008. (Reported 2004-2008 Cumulative AIDS diagnoses among MSM of color). Limiting competition to the listed MSA will provide the greatest effectiveness for this funding because it will reach those areas with the greatest need for HIV prevention services targeting the selected population.

1. Atlanta-Sandy Springs-Marietta, GA
2. Austin-Round Rock, TX
3. Baltimore-Towson, MD
4. Baton Rouge, LA
5. Birmingham-Hoover, AL
6. Boston, Mass-NH
7. Charlotte-Gastonia-Concord, NC-SC
8. Chicago, IL-IN-WI
9. Cincinnati-Middletown, OH-KY-IN
10. Cleveland-Elyria-Mentor, OH
11. Columbia, SC
12. Columbus, OH
13. Dallas, TX
14. Denver-Aurora, CO
15. Detroit, MI
16. El Paso, TX
17. Houston-Baytown-Sugar Land, TX
18. Indianapolis, IN
19. Jackson, MS
20. Jacksonville, FL
21. Kansas City, MO-KS
22. Las Vegas-Paradise, NV
23. Los Angeles, CA
24. Memphis, TN-MS-AR
25. Miami-Fort Lauderdale, FL
26. Milwaukee-Waukesha-West Allis, WI

27. Minneapolis-St. Paul-Bloomington, MN-WI
28. Nashville-Davidson--Murfreesboro, TN
29. New Orleans-Metairie-Kenner, LA
30. New York, NY-NJ-PA
31. Orlando, FL
32. Philadelphia, PA-NJ-DE-MD
33. Phoenix-Mesa-Scottsdale, AZ
34. Raleigh-Cary, NC
35. Richmond, VA
36. Riverside-San Bernardino-Ontario, CA
37. San Antonio, TX
38. San Diego-Carlsbad-San Marcos, CA
39. San Francisco-Oakland, CA
40. San Jose-Sunnyvale-Santa Clara, CA
41. San Juan-Caguas-Guaynabo, PR
42. Seattle, WA
43. St. Louis, MO-IL
44. Tampa-St. Petersburg-Clearwater, FL
45. Virginia Beach-Norfolk-Newport News, VA-NC
46. Washington, DC-VA-MD-WV

Support for this program is provided by the Minority AIDS Initiative (MAI); funds must be used to enhance efforts to prevent the acquisition or transmission of HIV infections in racial and ethnic minority communities.

State and local governments are not eligible because they are already funded to implement these activities (among others) through another funding opportunity announcement. Furthermore, this program seeks to complement and augment health department activities by utilizing the expertise of outside entities to reach populations that health departments have traditionally had difficulty reaching.

This program is focused on the provision of services; therefore, applicants must be (1) positioned to provide services directly to program participants and (2) recognized by members of the community as credible health or social service providers.

An applicant agency must retain minimally 51% of the total funds awarded for each behavioral intervention and public health strategy to support the applicant agency's direct provision of services to program participants. Applicant agencies are required to submit fully executed Memorandum of Agreements with each subcontracted agency describing, at a minimum, the roles and responsibilities and key contact personnel for both the grantee and the subcontracted agency(s).

Applicants cannot be a non-profit organization with 501(c)(4) Internal Revenue Service tax exempt status. Funding under this FOA cannot be used to implement school-based HIV prevention programs.

Required Registrations

Registering an organization through www.Grants.gov, the official agency-wide E-grant website, is the first step in submitting an application online. Registration information is located on the “Get Registered” screen of www.Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting an application to become familiar with the registration and submission processes. The “one-time” registration process will take three to five days to complete. However, the Grants.gov registration process also requires that an organization register with the Central Contractor Registry (CCR). The CCR registration can require an additional one to two days to complete. Applicants are required to maintain an active account in CCR that is renewed annually.

Central Contractor Registration and Universal Identifier Requirements

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the **US D&B D-U-N-S Number Request Form** or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at www.ccr.gov. If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a sub-award under the grant unless the organization has provided its DUNS number to the grantee organization.

Cost Sharing or Matching

Cost sharing or matching funds are not required for this program.

Other

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

Documentation of eligibility must be included with the application. The documentation of eligibility will not count toward the page limit of the project narrative for HIV Prevention

Programs. This section will determine if the application meets the eligibility requirements to move to the next phase in the application review process.

To be eligible, the application must meet all of the criteria listed in the Eligibility Information section of this announcement (See Section III.) If the application fails to meet all of these requirements, the application will not be reviewed further. This section of the application must address the following:

The successful applicant may be responsible for planning, implementing, and coordinating infrastructure development requirements supporting the primary public health purpose of this FOA.

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

Late applications will be considered non-responsive. See section “IV.3: Submission Dates and Times” for more information on deadlines.

Applications requesting funding to implement school-based HIV prevention programs will be considered non-responsive.

Eligible Funding Categories:

- **Category A:** HIV prevention services for high risk Young Men of Color Who Have Sex with Men (YMSM of color) and their partners regardless of age, gender, and race/ethnicity.
- **Category B:** HIV prevention services for high risk Young Transgender (YTG) persons of color and their partners regardless of age, gender, and race/ethnicity.

NOTE: Throughout this funding opportunity announcement, “young” and “youth” is specifically defined as individuals between the ages of 13 and 29 years.

Additionally, to be eligible, applicants must:

- Be a non-profit organization with 501(c)(3) Internal Revenue Service (IRS) tax exempt status. All applicants must submit a copy of the federal IRS certificate verifying current tax-exempt 501(c)(3) status. Other tax exemption certificates, such as: State Tax or Sales Tax exemption certificates, will not be accepted as a substitution of the Federal 501(c)(3) Internal Revenue Service tax exemption certificate.
- The applicant must document services to the target population by providing the following:
 - Proposed Target Population worksheet.
 - Historical Data Table.
- Applicants must share their enhanced HIV testing plans with the health department and must submit the following required HIV Testing documentation:
 - Health Department letter of support (See Attachment XI: Health Department Director Sample Letter).

- Letter of intent from a Physician (See Attachment XVII: Sample Letter of Intent from a Physician).
 - Current CLIA certificate.
- Provide at least three letters of support from civic (or non-profit), business, or faith-based organizations, that are located in the community and also serve the proposed target population. In addition, if applying to implement a locally developed theory-based intervention, applicants must:
 - Provide a letter from the Executive Director or CEO attesting that the organization is the original developer of the locally-developed intervention, that the intervention was developed with substantial input from the served community, the locally-developed intervention is NOT an adaptation of an intervention listed on the Effective Interventions website (www.effectiveinterventions.org) or in the CDC Compendium (<http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm>), and that the agency has been delivering the locally-developed intervention to the target population for at least 24 months prior to the publication date of this Funding Opportunity Announcement.
 - Provide a complete intervention manual or other implementation materials, which accurately and completely describes the locally-developed intervention that has been delivered by the applicant for at least two years.

Note: Title 2 of the United States 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 an award.

Maintenance of Effort

Maintenance of Effort is not required for this program

IV. Application and Submission Information

Address to Request Application Package

Applicants must download the SF424 (R&R) application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. The Grants.gov Support Center can be reached at 1-800-518-4726 or

by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

Unless specifically indicated, this announcement requires submission of the following information:

- A table of contents must be included with the application. The table of contents will not count toward the page limit of the project narrative for HIV Prevention Programs. It must include a list of all application sections and appendices within the application package. It must include page numbers where each section starts (see Attachment XII: Sample Application Table of Contents).
- A cover letter is required with the application. The cover letter must contain the following information:
 - The applicant's name, address, and the name of the executive director.
 - A description of the applicant's intended target population.
 - A statement about the category under which the applicant is applying (i.e., Category A and/or B); the name of the proposed interventions (i.e., EBIs or an existing, locally-developed, theory-based intervention, or CRCS with CLEAR; and the annual target for enhanced HIV testing intended to be provided under this funding opportunity announcement.
 - A statement indicating the service area for program implementation.
 - A statement of total amount of funding requested.
 - The application cover letter must be written in the following format:
 1. Maximum number of pages: 2.
 2. Font: 12-point unrounded, Times New Roman.
 3. Single-spaced.
 4. Paper size: 8.5 by 11 inches.
 5. Page margin size: 1 inch.
 6. Print only on one side of the page.

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>

Letter of Intent (LOI):

Prospective applicants are asked to submit a letter of intent that includes the following information:

- Number and title of this funding opportunity.
- Descriptive title of proposed project.
- Name, address, and telephone number of the Principal Investigator/Project Director.
- Names of other key personnel.
- Statement identifying which category the applicant is applying under.
- Applicant information, including name, address, and DUNS number.
- Description of the proposed target population.

- Information about which interventions and services the applicant intends to implement through this program.

LOI Submission Address: Complete and submit the LOI electronically by visiting the PS11-1113 website: <http://www.cdc.gov/hiv/topics/funding/PS11-1113/index.htm>.

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

Requested LOIs should be provided not later than by the date indicated in the Section I entitled “Authorization and Intent”.

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

A **Project Narrative** must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via www.Grants.gov. The narrative must be submitted in the following format:

- Maximum number of pages: **65** pages per category. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point un-reduced, Times New Roman.
- Double spaced.
- Paper size: 8.5 by 11 inches.
- Page margin size: One inch.
- Number all narrative pages; not to exceed the maximum number of pages.
- Printed only on one side of the page.

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:

In a paragraph preceding the Project Narrative, please describe the following:

- The Category(s) the applicant is applying for:
 - **Category A:** HIV prevention services for high risk Young Men of Color Who Have Sex with Men (YMSM of color) and their partners regardless of age, gender, and race/ethnicity.
 - **Category B:** HIV prevention services for high risk Young Transgender (YTG) persons of color and their partners regardless of age, gender, and race/ethnicity.

Note: Throughout this funding opportunity announcement, “young” and “youth” is specifically defined as individuals between the ages of 13 and 29 years.

- If applying under Category A, the percentage of individuals served by the applicant in the last 24 months were YMSM of color.
- If applying under Category B, the percentage of individuals served by the applicant in the last 24 months were YTG persons of color.
- Answers to the questions in subsections below are critical to determining the applicant's qualification for this funding opportunity. If the applicant fails to provide any documents required in these subsections, the applicant's score may be impacted.

1. HIV PREVENTION PROGRAMS

A. Justification of Need

Suggested length: Three (3) pages or less

- 1) Applicants must use HIV/AIDS data and HIV needs assessment data to provide the information requested in this section. CDC recommends that applicants use the health department as their primary source of this data whenever possible. Applicants should also refer to their jurisdiction's comprehensive HIV prevention plan. To describe the social and environmental characteristics of the affected populations, data from research studies and other valid data sources may also be used if health department data are not available or to complement data obtained from the health department.
- 2) This section should include the following information:
 - a) Describe the services the applicant currently provides.
[Note: Applicants should complete the Historical Data Table (Attachment XIII: Historical Data Table) and include it in Appendix B: Proposed Target Population and History of Services.]
 - b) Identify other organizations that provide similar services in the proposed area and how the applicant's proposed program will complement existing services.
 - c) Describe the proposed target population to be reached through the proposed interventions and services.
 - d) Describe the factors that place the target population at high risk for HIV infection or for transmitting the virus; including concurrent risk transmission with other diseases (i.e., STDs, Viral hepatitis, and TB) and social and environmental characteristics.
 - e) Describe how the proposed target population has (have) been affected by the HIV/AIDS epidemic in the community (e.g., HIV incidence or prevalence, AIDS incidence or prevalence, AIDS mortality, HIV co-infection rates with Hepatitis, STD, or TB); [A description of how the community has also been affected by infections with tuberculosis hepatitis C virus (HCV), hepatitis B virus (HBV), and sexually transmitted diseases (STD) may be included].
 - f) Indicate whether the proposed target population has been identified as a priority population in the jurisdiction's comprehensive HIV prevention plan.
 - g) Describe how the proposed program meets the needs of the jurisdiction's comprehensive HIV prevention plan.

Note: Applicants should complete the Proposed Target Population Worksheet (Attachment XIV: Proposed Target Population Worksheet) and include it in Appendix B: Proposed Target Population Worksheet.

B. Applicant's Infrastructure, Experience, and Capacity

Suggested length: Five (5) pages or less

This section should include the following information:

- 1) A description of the applicant's history and service with the proposed target population.
- 2) Information about the length of service, outcomes of the services, and the applicant's relationship with the community.
- 3) A description of the services the applicant currently provides within the community, including HIV prevention services, including a description of the successes and challenges of the current programs.
- 4) A description of past efforts to enhance HIV/STD prevention by promoting sexual health and overall health, either alone or in collaboration with other organizations for the target population.
- 5) If applicable, applicants should also include a description of funds received from any source (including CDC) to conduct HIV/AIDS programs and other similar programs targeting the population proposed in the program plan. This summary must include:
 - a) The name of the sponsoring applicant/source of income, amount of funding, a description of how the funds have been used, and the budget period.
 - b) A summary of the objectives and activities of the funded program(s).
 - c) An assurance that the funds being requested will not duplicate or supplant funds received from any other federal or non-federal entities.
- 6) A description of HIV prevention or care services the applicant has provided in the past, which must include the number of years each service was provided and the population served.
- 7) Indication if the applicant is currently funded under CDC Funding Opportunity Announcement PS10-1003, PS06-618, or PS08-803.
- 8) Description of how the applicant measures programmatic effectiveness (e.g., number of clients recruited, percent of clients completing all sessions of an intervention, percent of tested clients that receive their test results, client satisfaction) and how the agency defines a successful program. Specifically, discuss the effectiveness of the applicant's current HIV prevention programs.
- 9) Describe how the applicant ensures that staff members have at least one year of experience working with the target population.
- 10) Description of the following components of the applicant's infrastructure in order to describe the adequacy of such systems:
 - a) Financial management systems.
 - b) Board governance.
 - c) Personnel policies and procedures.
 - d) Policies and protocols (e.g., policies on staff and client safety, staff development and training, confidentiality, security).

C. Program Description

C.1. General

Suggested length: Two (2) pages or less

- a) Describe how the applicant will establish and provide program activities in a setting that is a culturally and age-appropriate safe space for the target population. The safe space may be a designated and dedicated space within agency premises or may be located off-site within safe proximity of the applicant agency locale. The safe space will serve as an entry point for YMSM of color and/or YTG persons of color and also a locale for project activities. Each safe space should be designed to empower YMSM of color and YTG of color and provide HIV/STD risk reduction skills. Ensuring the safety of all youth employed and served by the applicant must be an integral component of the applicant agency's mission, values, and activities. The safe space must be supported by policies and procedures on discrimination and harassment that support an inclusive, affirming, and non-judgmental HIV prevention programming. The safe space must also be supported by clear guidelines about interactions between staff (regardless of their age) and youth served by the agency.
- b) Applicants must provide a description of how they will establish and manage a Youth Advisory Board. YMSM of color and YTG persons of color must comprise at least 75% of the YAB membership. Remaining members must have HIV prevention and/or care experience and experience working with YMSM of color and/or YTG persons of color. Indicate how the board will be staffed and maintained and the role of the advisory board to the program. Plans for establishing and maintaining this advisory board must be included in the implementation plan.
- c) Describe how members of the target population will be involved in planning and implementing the proposed services and how the applicant will ensure that services continue to be responsive to the needs of the target population. For example, members of the target population should be included in planning what incentives will be used to facilitate client recruitment, in developing tools and materials, and/or in reviewing barriers encountered and suggesting methods to address these barriers.
- d) Describe how the applicant will ensure that services are age-appropriate for youth and culturally sensitive and relevant.

C.2. Risk Reduction Interventions and Services

Suggested Length: 55 pages (Total number of pages for Risk Reduction Interventions and Services section)

Applicants must develop and include in Appendix C a written implementation plan using a CDC-provided planning tool for each proposed HIV prevention intervention or service (e.g., one for MPowerment and one for enhanced HIV testing). The implementation plan(s) must include:

- a) Program goals and annual (SMART) objectives.
- b) Tasks and activities.
- c) Plans for completing each task.
- d) Each staff person responsible for the activity.
- e) A detailed timeline for completing each item (e.g., from the beginning of hiring staff, staff development, pre-implementation project planning phase, and implementation activities).

To obtain copies of the implementation planning tools for each of the EBIs, CRCS, and HIV testing (CTRS), refer to the individual implementation tools (Attachment XV: Implementation Planning Tools and Monitoring and Evaluation Key Objectives) or go online to: www.effectiveinterventions.org to obtain electronic copies. Implementation plans developed for existing evidence-based interventions should be used as a guide to develop an implementation plan. If the applicant proposes to implement an existing, locally-developed individual level intervention, then implementation plans for the START, and CLEAR interventions can be used as guides. If the applicant proposes to implement an existing, locally-developed group level intervention, then implementation plans for the Safety Counts, Many Men Many Voices, Healthy Relationships, Street Smart, and SISTA interventions can be used as guides. If the applicant proposes to implement an existing, locally-developed community-level intervention, implementation plans for POL, Mpowerment, Community PROMISE, and d-up! interventions can be used as guides. Place the written implementation plans in the application's Appendix C: Implementation Plan(s).

Applicants should include a completed CDC Form 0.1113 (See Attachment X: CDC Form 0.1113 Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials) with their implementation plan(s) and submit the completed form in Appendix C: Implementation Plan(s). This form must be signed by the applicant's project director and authorized business officer. The current guidelines and the form may also be downloaded from the CDC Web site: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>. In addition to the implementation plan(s) submitted in Appendix C, applicants must describe their proposed activities in the narrative section based on the guidance provided below.

2.1 Program Promotion and Client Recruitment

Suggested Length: 3 pages

Note: All applicants must complete the Program Promotion and Client Recruitment section.

- a) Recruitment Strategy Capacity: Describe the applicant's capacity for the following required strategies currently used within the target population:
 - 1) Internet and other media-based social marketing.
 - 2) Social networking.
 - 3) Outreach.
 - 4) Provision of safe spaces for YMSM of color and/or YTG persons of color.
- b) Client Pool: Describe the pool from which the applicant intends to recruit individuals into the proposed program (e.g., persons who participate in other programs at the applicant's organization, persons participating in the applicant's HIV testing program, persons receiving care at the applicant's organization).
 1. Recruitment Strategies: Describe the strategies to recruit individuals into the program and retain them throughout the program (e.g., internet-based outreach, street outreach, social networks, social marketing, incentives, and participation in other programs in the agency). This should include a description of the following:
 - How the applicant will ensure that program services reach members of the selected target populations.

- How the Youth Advisory Board and/or members of the target population will be involved in selecting the recruitment strategies.
- How the applicant will reduce the target population's barriers to accessing programs and services.
- If and how incentives, if appropriate, will be used to facilitate client recruitment and retention and the rationale for using them.

2.2 Enhanced HIV Testing

Suggested length: Thirteen (13) pages or less

Note: All applicants must complete the enhanced HIV testing section. Funded organizations will be required to implement enhanced HIV testing utilizing a brief risk reduction intervention (e.g., Personalized Cognitive Counseling (PCC) or other recommended strategies as determined by CDC as they become available), when appropriate and after completion of a risk assessment. In addition, enhanced HIV testing personnel will be required to be trained in the effective behavioral intervention, PCC, for use in counseling repeat testers. Specifically, enhanced HIV testing with PCC is to be used on repeat testers, when appropriate; repeat testers are described as individuals who have previously been tested and have engaged in unsafe sexual behaviors since the receipt of their last HIV test result.

Applicants applying for Category A must provide enhanced HIV testing to a minimum of **600 to 1000** YMSM of color annually. Applicants applying for Category B must provide enhanced HIV testing to a minimum of **75 to 150** YTG persons of color annually. Applicants are expected to establish their testing objectives based upon the size of their MSA and the capacity of the CBO to reach the target populations. The enhanced HIV testing program under both categories is required to reach and maintain a **previously undiagnosed seropositivity rate of 4.0% on an annual basis**.

Individuals recruited by the applicant who are previously identified as being HIV positive must be linked directly to the risk reduction and prevention services available for HIV positive individuals. A minimum of **seventy percent (70%)** of all HIV positive individuals (previously and newly diagnosed) must be linked and referred directly to appropriate risk reduction intervention and strategies for HIV positive individuals as required by the Coordinated Referral Network.

Applicants must comply with the following HIV testing requirements and guidelines:

- a) Follow CDC guidelines and recommendations to provide counseling and voluntary HIV testing services to the target population.
- b) Ensure that the proposed activities must meet all local, state, and federal requirements for HIV testing. If required by state or local regulations, the applicant must arrange for physician oversight of the HIV testing program.
- c) Ensure that funding will be used to cover testing-related costs.
- d) Share their plans with the health department and obtain a letter of support to be eligible for funding. (See Attachment XI: Health Department Director Sample Letter for HIV testing.) If the letter of support from the health department is not included in

Appendix D: Required HIV testing Documentation, the applicant will not be considered for funding for HIV testing.

- e) Provide a plan (if proposing to use a CLIA-waived rapid HIV test) for ensuring training, oversight, quality assurance, and compliance with CLIA requirements and relevant state and local regulations applicable to waived testing. In addition, they must obtain a CLIA Certificate of Waiver or, if not operating under their own Certificate of Waiver, must establish a formal agreement with a laboratory and approval to operate under that laboratory's CLIA certificate. These documents must be submitted in Appendix D: Required HIV testing Documentation.

The application must include the following information:

- a) Target Population: Describe the intended primary target population for enhanced HIV testing (e.g., age, race/ethnicity, sex or gender, HIV risk, HIV status, geographic location).
- b) Description of HIV testing: Describe the proposed enhanced HIV testing program and how the applicant plans to ensure that the enhanced HIV testing program is integrated into the applicant's overall HIV prevention program.
- c) Previous Experience: Describe any previous experience the applicant has implementing an HIV testing program.
- d) Recruitment for HIV testing: Describe the methods or strategies that the applicant plans to use to recruit individuals into the HIV testing program, including a description of how the applicant will ensure that program services reach high-risk members of the target population who have not been tested in the last six months or do not know their HIV serostatus into (e.g., outreach, social networks, social marketing, incentives, participation in other programs at the agency).
- e) Service Locations or Settings: Describe where HIV testing will be provided. Please describe the setting or settings (describe all, if more than one) and provide the following information:
 - 1) How the applicant will determine if the setting is appropriate for and appealing to the target population (e.g., youth drop-in center, mental health and support services, correctional settings, bars/clubs, and other unconventional settings).
 - 2) How the applicant will ensure that the service delivery location is in an area that is safe and easily accessible for the target population.
- f) Test Technologies: Describe the test technologies (e.g., rapid test on finger-stick specimen) that the applicant will use in the HIV testing program. CDC encourages recipients to use a Clinical Laboratory Improvement Amendments (CLIA) waived rapid test when feasible.
- g) Confirmatory Testing: If proposing to use rapid HIV tests, describe how the applicant will ensure that individuals with reactive rapid HIV test results receive confirmatory tests. CDC encourages recipients to process confirmatory tests at the state or local health department laboratory.
- h) Providing Test Results: Describe how the applicant will ensure that clients receive their test results, particularly clients who test positive.

- 1) Risk-reduction Counseling: Describe how the applicant will ensure that risk reduction counseling utilizing brief risk reduction interventions (e.g., PCC or other EBIs as they become available).
- i) Start Date: Identify when (month/year) full implementation of HIV testing will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the intervention, and process monitoring data being collected).
- j) Additional Requirements:
 - 1) Legal Requirements: Describe the steps the applicant will take to ensure that the HIV testing program meets all local, state, and federal requirements for HIV testing.
 - 2) Program Oversight: Describe the applicant's plans to ensure that the HIV testing program has appropriate medical and laboratory oversight.
 - 3) Case Reporting: Describe how the applicant will report confirmed HIV positive tests to state and local health departments, following all rules and regulations regarding HIV and AIDS surveillance. CDC recommends that all areas should conduct name-based HIV infection case surveillance as an integrated component of their HIV/AIDS surveillance activities, and as of April 1, 2008, all states and the District of Columbia have implemented name-based HIV reporting.
- k) Monitoring and Evaluation Plan: Applicants selected for funding will work with CDC to develop and implement a process monitoring plan and conduct routine monitoring and evaluation for each intervention or service they provide.

For purposes of this application, the following information should be provided:

- 1) Describe the applicant's goals for development and implementation of enhanced HIV testing.
- 2) For key steps in the delivery of enhanced HIV testing, provide objectives for when the enhanced HIV testing program is fully implemented (i.e., annual objectives). A list of the minimum steps for which objectives should be provided for enhanced HIV testing, including PCC, can be found in Attachment XV: Implementation Planning Tools and Monitoring and Evaluation Key Objectives. Objectives should be SMART (specific, measurable, achievable, realistic, and time-phased). The following are examples of SMART objectives:
 - HIV counseling and testing staff will administer HIV rapid tests in community settings to at least 3,500 high-risk YMSM of color and/or YTG persons of color residing in high prevalence areas, based on mapping by zip code or census tract, by June 30, 2011.
 - Between September 30, 2011 and September 29, 2012, at least 90% of persons who receive a confirmed positive diagnosis will be successfully linked to care and attend their first documented medical appointment.
- 3) Describe how and at what point in the delivery of enhanced HIV testing the applicant will collect required data. For example:
 - During the planning phase, applicants selected for funding will need to report such things as the, site type or setting (e.g., mobile unit,

- community setting, in- or outpatient settings, correctional facility), and in what geographic location (e.g., address, zip code).
- Applicants selected for funding will also need to report information about their agency, such as agency name and community planning jurisdiction, agency type (e.g., faith-based CBO, race/ethnicity minority-focused CBO), agency location (street address, city, state, zip code), and other agency contact information. Similar information will be recorded and reported for any agency to which grantees subcontract.
 - Additionally, applicants selected for funding will need to determine, given their level of funding and staffing resources, their objectives for each year in terms of total number of clients they plan to test, the number of HIV newly confirmed positive individuals they plan to identify, the number of individuals linked and/or referred to specific services listed in the coordinated referral network.
 - Once interventions are implemented, applicants selected for funding will need to report the number of clients tested, the number of HIV positive individuals, etc. Applicants selected for funding will also need to report the activities associated with enhanced HIV testing delivery (e.g., demonstration, discussion, or practice topic; distribution of materials), whether incentives were provided to the client, and the delivery method (e.g., rapid or conventional HIV test technologies).
- Note: A list of required data can be found in Attachment V: PS11-1113 Data Set)**
- Describe how program monitoring and evaluation data will be used, by whom, and when (e.g., frequency) to continually assess and improve program performance and measure progress toward meeting objectives.
 - Describe how any technical assistance needs associated with meeting program monitoring and reporting requirements will be identified and met.
- l) **Quality Assurance:** Describe the plans to perform quality assurance throughout the duration of the program to ensure that:
- 1) Appropriate standards for HIV testing are being met.
 - 2) Risk-reduction counseling provided in association with testing is being delivered in an appropriate, competent, and sensitive manner (e.g., observation of staff).
 - 3) The HIV testing program is meeting the needs of the target population (e.g., client satisfaction surveys).
- m) **Staffing:** Describe how the applicant will staff the HIV testing program, including staffing for the following:
- 1) Planning and oversight.
 - 2) Delivery of HIV testing.
 - 3) Collecting, entering, analyzing, and using standardized program monitoring and evaluation data and program performance indicators related to HIV testing and reporting data and indicators to CDC.
 - 4) Quality assurance activities that will be conducted for enhanced HIV testing.

- 5) Maintaining client records and management of program data related to HIV testing.
 - 6) Developing sensitivity and skills to interact with YMSM of color and YTG persons of color who are at high risk of acquiring or transmitting HIV.
 - 7) Developing and ensuring data security and confidentiality guidelines meet the federal requirements; annually review security controls and measures to ensure continued compliance with federal information system and data security regulations and identify security vulnerabilities. The applicant will work in consultation with CDC on an ongoing basis to review security controls and measures to ensure continued compliance with federal information security regulations.
 - 8) Please address the following items:
 - For each existing staff member who will be assigned to support enhanced HIV testing, describe the following:
 - Proposed role in the delivery or support of enhanced HIV testing.
 - Qualifications for performing this role.
 - Amount (percent) of time the staff member will spend on enhanced HIV testing.
 - Other responsibilities not related to enhanced HIV testing delivery or support.
 - Amount of time that will be spent on other responsibilities, including training that supports enhanced HIV testing.
 - For new staff members, who will be recruited to work on this project, describe the following:
 - Positions applicants will recruit for, the proposed role of these positions in enhanced HIV testing delivery and when these positions will be staffed.
 - Qualifications applicants will seek for each position.
 - How much time (percent) each staff member in these positions will spend on enhanced HIV testing.
 - Other responsibilities not related to enhanced HIV testing for staff members in these positions.
 - Amount of time that will be spent on these other responsibilities.
- n) Staff Development: Provide a description of how the applicant will train staff to provide enhanced HIV testing with a brief risk reduction intervention (i.e., PCC) and other strategies as they become available and as determined by CDC). The response to this question should address training staff on the following:
- 1) Culturally sensitive and age-appropriate planning and oversight of the agency's youth prevention program.
 - 2) Delivering enhanced HIV testing with a brief risk reduction intervention (i.e., Personalized Cognitive Counseling (PCC) or other strategies as determined by CDC and as they become available).
 - Enhanced HIV testing with PCC is to be used on repeat testers, repeat testers are described as individuals who have previously been tested and have engaged in unsafe sexual behaviors since the receipt of their last HIV test result.

- 3) CDC data collection, data use, and reporting requirements.
- 4) Conducting quality assurance for enhanced HIV testing.
- 5) Ensuring client confidentiality is maintained.
- 6) Developing sensitivity and skills to interact with YMSM of color and YTG persons of color who are at high risk of acquiring or transmitting HIV.

Note: Each employee of the agency must sign a Non-disclosure Agreement (Attachment VIII: Contractor’s Pledge of 308(d) Confidentiality Safeguards for Individuals and Establishments Against Invasion of Privacy). Confidentiality training must be conducted annually for all personnel who have access to and review aggregate and client level data.

- o) Documentation and Letters of Support: Applicants must provide the following information:
 - 1) A letter of support from the health department verifying that the applicant has discussed the details of the proposed enhanced HIV testing program with the state/local health department and agrees to follow its guidelines for these services. Complete and sign (Attachment XI: Health Department Director Sample Letter for HIV testing and include it in Appendix D).
 - 2) If required by state or local law or regulations, a letter of intent from a physician stating his or her involvement in the applicant’s enhanced HIV testing program is provided. If so, provide this letter in Appendix D. The letter must address each item in the sample letter provided in Attachment XVII: Sample Letter of Intent from a Physician.
 - 3) If the applicant is proposing to use a CLIA-waived rapid HIV test a copy of a CLIA Certificate of Waiver must be provided. If the applicant is not operating under their own Certificate of Waiver, a letter of support from a laboratory with which the applicant has a formal agreement for oversight and approval to operate under that laboratory’s CLIA certificate must be provided. These documents must be included in Appendix D: Required HIV testing Documentation.
 - 4) If the applicant is planning to obtain specimens for confirmatory testing for reactive rapid HIV tests a letter of intent or Memorandum of Agreement (MOA) with an external laboratory documenting the process through which reactive rapid tests will be confirmed must be provided. This letter or MOA must be included in Appendix D: Required HIV testing Documentation.

2.3 Interventions and Services (Evidence-Based Interventions or Locally- Developed Interventions or CRCS with CLEAR)

Note: Applicants must only propose to implement one intervention and service (i.e., EBI or locally-developed intervention or CRCS with CLEAR) for HIV positive individuals and one intervention and service (i.e., EBI or locally-developed intervention or CRCS with CLEAR) for High-Risk negative individuals.

2.3.1 Effective Behavioral Intervention (EBI) or Locally-Developed Intervention

Suggested length: Thirteen (13) pages or less

Note: Applicants requesting to implement an EBI or locally-developed intervention must complete this section. If the applicant does not intend to apply for funds to implement an

EBI or locally-developed intervention, disregard the questions below. Choosing not to apply for an EBI or locally developed intervention will not adversely impact the applicant's score.

If applying to implement an EBI or locally-developed intervention, please include the following information for the EBI or locally-developed intervention that will be implemented:

- a) Target Population: Describe the intended primary target population for the EBI or locally-developed intervention (e.g., age, race/ethnicity, sex or gender, HIV risk, HIV status, geographic location).
- b) Choice of Intervention and Rationale: Describe the EBI or locally-developed intervention and explain why it was selected for the proposed target population.
- c) Logic Model Development (*Locally-Developed interventions only*): Describe the locally-developed intervention's logic model, including the formative activities (e.g., community and/or target population needs assessments, program process evaluations, or other input from the served community) that supported the development of the intervention.
- d) Core Elements: Describe the core elements of the EBI or locally-developed intervention and how the applicant plans to incorporate the core elements into the delivery of the EBI.
- e) Implementation and Adaptation: Describe how the applicant will implement the EBI. If adaptation is planned, explain the rationale for adapting the EBI or locally-developed intervention (e.g., no existing intervention for their specific target population) and describe how it will be done. For EBIs or locally-developed interventions that are administered in waves, cycles, or cohorts, describe the frequency and duration for the planned project. Also describe how many individuals will be included in each wave, cycle, or cohort.
- f) Client Pool: Describe the pool from which the applicant has recruited and intends to continue to recruit individuals into the EBI or locally-developed intervention (e.g., persons who participate in other programs at the applicant's organization, persons participating in the applicant's HIV testing program, persons receiving care at the applicant's organization).
- g) Recruitment Strategies: Describe the strategies to recruit individuals into the program and retain them throughout the program (e.g., internet-based outreach, street outreach, social networks, social marketing, incentives, and participation in other programs in the agency). This should include a description of the following:
 - 1) How the applicant will ensure that program services reach members of the selected target populations.
 - 2) How the Youth Advisory Board and/or members of the target population will be involved in selecting the recruitment strategies.
 - 3) How the applicant will reduce the target population's barriers to accessing programs and services.
 - 4) If and how incentives, will be used to facilitate client recruitment and retention and the rationale for using them, if appropriate.

- h) Client Eligibility Criteria: Describe the eligibility for client participation in the EBI or locally-developed intervention and how potential clients will be screened for eligibility.
- i) Intervention Locations or Settings: Describe where the EBI or locally-developed intervention will be provided. Please describe the setting or settings (describe all, if more than one) and provide the following information:
- 1) How the applicant will determine if the setting is appropriate for and appealing to the target population (e.g., youth drop-in center, mental health and support services, correctional settings, bars/clubs, and other unconventional settings).
 - 2) How the applicant will ensure that the service delivery location is in an area that is safe, age-appropriate, and easily accessible for the target population.
- j) Start Date: Identify when (month/year) full implementation of the EBI or locally-developed intervention will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the intervention, and process monitoring data being collected).
- k) Monitoring and Evaluation Plan: Funded grantees will work with CDC to develop and implement a process monitoring plan and conduct routine monitoring and evaluation for the EBI they provide. For purposes of this application, the following information should be provided:
- 1) Describe the applicant's goals for the EBI or locally-developed intervention.
 - 2) For key steps in the EBI or locally-developed intervention, provide objectives for when the EBI is fully implemented (i.e., annual objectives). A list of the minimum steps for which objectives should be provided can be found in Attachment XV: Implementation Planning Tools and Monitoring and Evaluation Key Objectives. Objectives should be SMART (specific, measurable, achievable, realistic, and time-phased).
 - 3) Describe how and at what point in the EBI or locally-developed intervention the applicant will collect the required data for the intervention. For example:
 - During the planning phase, grantees will need to report such things as the name and type of EBI or locally-developed intervention the grantee will be implementing, for which target population, in what type of site or setting (e.g., HIV testing site, community setting, in- or outpatient settings, correctional facility), and in what geographic location (e.g., address, zip code).
 - Grantees will also need to report information about their agency, such as agency name and community planning jurisdiction, agency type (e.g., faith-based CBO, race/ethnicity minority-focused CBO), agency location (street address, city, state, zip code), and other agency contact information. Similar information will be recorded and reported for any agencies to which grantees subcontract.
 - Additionally, grantees will need to determine, given their level of funding and staffing resources, their objectives for each year in terms of total number of clients they anticipate enrolling in the EBI or locally-developed intervention and the number of waves, cycles, or cohorts (if

relevant) for the EBI or locally-developed intervention they intend to implement.

- Once the EBI or locally-developed intervention is implemented, grantees will need to report the number of clients enrolled in the EBI or locally-developed intervention, the number of sessions (if appropriate) completed by each client, and the risk profiles and demographic characteristics of each client enrolled. For outreach (e.g., to recruit clients to the EBI) and health communications/public information intervention in which grantees cannot collect client-level information, these data can be reported in aggregate.
- Grantees will also need to report the activities associated with the EBI or locally-developed intervention (e.g., demonstration, discussion, or practice topic; distribution of materials), whether incentives were provided to the client, the 'unit of delivery' of the EBI or locally-developed intervention (e.g., individual, small group), and the delivery method (e.g., in person or via telephone).

Note: A list of required data can be found in Attachment V: PS11-1113NHME Data Set)

- 4) Describe how program monitoring and evaluation data will be used, by whom, and when (e.g., how frequently) to continually assess and improve program performance and measure progress toward meeting objectives.
 - 5) Describe how any technical assistance needs associated with meeting program monitoring and reporting requirements will be identified and met.
- l) Quality Assurance: Describe the plans to perform quality assurance throughout the duration of the program to ensure that:
- 1) The EBI or locally-developed intervention is being delivered in an appropriate, competent, and sensitive manner.
 - 2) The EBI or locally-developed intervention is being delivered with fidelity (e.g., observation of staff).
 - 3) The EBI or locally-developed intervention is meeting the needs of the target population (e.g., client satisfaction surveys).
- m) Staffing: Describe how the applicant will staff the intervention, including staffing for the following:
- 1) Planning and oversight of the EBI or locally-developed intervention.
 - 2) Delivery of the EBI or locally-developed intervention.
 - 3) Collecting, entering, analyzing, and using standardized program monitoring and evaluation data and program performance indicators related to the EBI or locally-developed intervention and reporting data and indicators to CDC.
 - 4) Quality assurance activities that will be conducted on the EBI or locally-developed intervention.
 - 5) Maintaining client records and managing program data related to the EBI or locally-developed intervention.
 - 6) Developing sensitivity and skills for appropriate for interaction with YMSM of color and YTG persons of color who are at high risk of acquiring or transmitting HIV.

- 7) Developing and ensuring data security and confidentiality guidelines meet the federal requirements; annually review security controls and measures to ensure continued compliance with federal information system and data security regulations and identify security vulnerabilities. The identified staff person will work in consultation with CDC on an ongoing basis to review security controls and measures to ensure continued compliance with federal information security regulations.

Note: Each employee of the agency must sign a Non-disclosure Agreement (Attachment VIII: Contractor’s Pledge of 308(d) Confidentiality Safeguards for Individuals and Establishments Against Invasion of Privacy). Confidentiality training must be conducted annually for all personnel who have access to and review aggregate and client level data.

- 8) For each existing staff member who will be assigned to work with the proposed EBI, describe the following:
- Proposed role in the EBI.
 - Qualifications for performing this role.
 - Amount (percent) of time the staff member will spend working with the proposed EBI.
 - Other responsibilities not related to working with the EBI.
 - Amount of time that will be spent on other responsibilities, including training that supports the proposed EBI.
- 9) For new staff members who will be recruited to work with the proposed EBI, describe the following:
- Positions applicants will recruit for, the proposed role of these positions in the proposed EBI, and when these positions will be staffed.
 - Qualifications applicants will seek for each position.
 - How much time (percent) each staff member in these positions will spend working with the proposed EBI.
 - Other responsibilities not related to the EBI for staff members in these positions.
 - Amount of time that will be spent on these other responsibilities.
- n) Staff Development: Provide a description of how the applicant will train staff to provide this EBI. The response to this question should address training staff on the following:
- 1) Delivering the EBI and related skills, such as group facilitation.
 - 2) Program monitoring and evaluation.
 - 3) CDC data collection and reporting requirements.
 - 4) Conducting quality assurance for the EBI.
 - 5) Developing sensitivity and skills to interact with YMSM of color and YTG persons of color who are at high risk of acquiring or transmitting HIV.

2.3.2 Comprehensive Risk Counseling and Services (CRCS) with CLEAR
Suggested length: Thirteen (13) pages or less

Applicants requesting to implement CRCS with CLEAR must complete this section. If

the applicant does not intend to apply for funding to directly provide CRCS with CLEAR, disregard the following questions. Choosing not to apply to CRCS with CLEAR will not adversely impact the applicant's score. Please refer to Attachment III: CRCS Implementation Manual for further information about the implementation of CRCS.

The applicant must address the following in their application:

- a) Target Population: Describe the intended primary target population for CRCS with CLEAR (e.g., age, race/ethnicity, sex or gender, HIV risk, HIV status).
- b) Choice of Intervention and Rationale: Describe and explain why CRCS with CLEAR was selected for the proposed target population.
- c) Client Pool: Describe the pool from which the applicant has recruited and intends to continue to recruit individuals into the CRCS (e.g., persons who participate in other programs at the applicant's organization, persons participating in the applicant's HIV testing program, persons receiving care at the applicant's organization).
- d) Recruitment Strategies: Describe the strategies to recruit individuals into the program and retain them throughout the program (e.g., internet-based outreach, street outreach, social networks, social marketing, incentives, and participation in other programs in the agency). This should include a description of the following:
 - 1) How the applicant will ensure that program services reach members of the selected target populations.
 - 2) How the Youth Advisory Board and/or members of the target population will be involved in selecting the recruitment strategies.
 - 3) How the applicant will reduce the target population's barriers to accessing programs and services.
 - 4) If and how incentives, if appropriate, will be used to facilitate client recruitment and retention and the rationale for using them.
- e) Client Eligibility Criteria: Describe the eligibility criteria for client participation in CRCS with CLEAR and how potential clients will be screened for eligibility.
- f) Client Screening: Describe how the applicant will screen clients to identify those who are eligible for CRCS with CLEAR, enroll them in CRCS with CLEAR, and assess the enrolled clients to determine specific risk behaviors and psychosocial needs.
- g) Individualized Prevention Plan: Describe how an individualized prevention plan with measurable objectives will be developed for each client.
- h) Monitoring Client Progress: Describe the plan to conduct ongoing monitoring and reassessment of client needs and progress.
- i) Client Discharge and Readmission: Describe the discharge plan for clients when they attain and can maintain behavior change goals. Describe the applicant's protocols to classify clients as "active", "inactive", or "discharged" and outline the minimum active effort required to retain clients. Identify the guidelines that will be used to readmit clients who need new or additional risk reduction support.
- j) Caseload: Describe the caseload limitations and requirements. Describe how the applicant will ensure that the CRCS with CLEAR program includes time for intensive recruitment and engagement activities and frequent and intensive risk reduction sessions.

- k) CRCS Locations or Settings: Describe where CRCS with CLEAR will be provided. Please describe the setting or settings (describe all, if more than one) and provide the following information:
- 1) How the applicant will determine if the setting is appropriate for and appealing to the target population or individual client (e.g., youth drop-in center, mental health and support services, correctional settings, and other unconventional settings).
 - 2) How the applicant will ensure that the service delivery location is in an area that is safe and easily accessible for the target population or individual client.
- l) Start Date: Identify when (month/year) full implementation of CRCS with CLEAR will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of CRCS with CLEAR, and process monitoring data being collected).
- m) Monitoring and Evaluation Plan: Applicants selected for funding will work with CDC to develop and implement a process monitoring plan and conduct routine monitoring and evaluation for each intervention or service they provide. For purposes of this section of the application, the following information should be provided:
- 1) Describe the applicant's goals for CRCS with CLEAR.
 - For key steps in CRCS with CLEAR, provide objectives reflective of the intervention being fully implemented (i.e., annual objectives). A list of the minimum steps for which objectives should be provided can be found in Attachment XV: Implementation Planning Tools and Monitoring and Evaluation Key Objectives. Objectives should be SMART (specific, measurable, achievable, realistic, and time-phased).
 - 2) Describe how and at what point in CRCS with CLEAR the applicant will collect the required data for CRCS with CLEAR.
 - 3) During the planning phase, applicants selected for funding will need to report such things as the in what types of sites or settings (e.g., HIV testing site, community setting, in- or outpatient settings, correctional facility), CRCS with CLEAR will be delivered and in what geographic location (e.g., address, zip code).
 - 4) Applicants selected for funding will also need to report information about their agency, such as agency name and community planning jurisdiction, agency type (e.g., faith-based CBO, race/ethnicity minority-focused CBO), agency location (street address, city, state, zip code), and other agency contact information. Similar information will be recorded and reported for any agencies to which grantees subcontract.
 - 5) Additionally, applicants selected for funding will need to determine, given their level of funding and staffing resources, their objectives for each year in terms of total number of clients they anticipate enrolling in CRCS with CLEAR.
 - 6) CRCS with CLEAR has been implemented, applicants selected for funding will need to report the number of clients enrolled in each intervention, the number of sessions (if appropriate) completed by each client, and the risk profiles and demographic characteristics of each client enrolled. Applicants

selected for funding will also need to report the activities associated with CRCS with CLEAR (e.g., demonstration, discussion, or practice topic; distribution of materials), whether incentives were provided to the client, the 'unit of delivery' of the CRCS with CLEAR (i.e., individual), and the delivery method (e.g., in person or via telephone).

Note: A list of required data can be found in Attachment V: PS11-1113 NHME Data Set)

- 7) Describe how program monitoring and evaluation data will be used, by whom, and when (e.g., how frequently) to continually assess and improve program performance and measure progress toward meeting objectives.
 - 8) Describe how any technical assistance needs associated with meeting program monitoring and reporting requirements will be identified and met.
- n) Quality Assurance: Describe the plans to perform quality assurance throughout the duration of the program to ensure that:
1. CRCS with CLEAR is being delivered in an appropriate, competent, and sensitive manner.
 2. CRCS with CLEAR being delivered with fidelity (e.g., observation of staff).
 3. CRCS with CLEAR is meeting the needs of the target population (e.g., client satisfaction surveys).
- o) Staffing: Describe how the applicant will staff CRCS with CLEAR, including staffing for the following:
- 1) Planning and oversight of CRCS with CLEAR.
 - 2) Delivery of CRCS with CLEAR.
 - 3) Collecting, entering, analyzing, and using standardized program monitoring and evaluation data and program performance indicators related to CRCS with CLEAR and reporting data and indicators to CDC.
 - 4) Quality assurance activities that will be conducted for CRCS with CLEAR.
 - 5) Maintenance of client records and management of program data related to CRCS with CLEAR.
 - 6) Developing sensitivity and skills to interact with YMSM of color and YTG persons of color who are at high risk of acquiring or transmitting HIV.
 - 7) Developing and ensuring data security and confidentiality guidelines meet the federal requirements, annually reviewing security controls and measures to ensure continued compliance with federal information system and data security regulations and identifying security vulnerabilities. The identified staff will work in consultation with CDC on an ongoing basis to review security controls and measures to ensure continued compliance with federal information security regulations.
 - 8) For each existing staff member who will be assigned to work with CRCS with CLEAR, describe the following:
 - Proposed role in CRCS with CLEAR.
 - Qualifications for performing this role.
 - Amount (percent) of time the staff member will spend on CRCS with CLEAR.
 - Other responsibilities not related to CRCS with CLEAR.

- Amount of time that will be spent on other responsibilities, including training that supports CRCS with CLEAR.
- 9) For new staff members who will be recruited to work on CRCS with CLEAR, describe the following:
 - Positions applicants will recruit for, the proposed role of these positions in CRCS with CLEAR, and when these positions will be staffed.
 - Qualifications applicants will seek for each position.
 - How much time (percent) each staff member in these positions will spend on CRCS with CLEAR.
 - Other responsibilities not related to CRCS with CLEAR for staff members in these positions.
 - Amount of time that will be spent on these other responsibilities.

Note: Each employee of the agency must sign a Non disclosure Agreement (Attachment VIII: Contractor’s Pledge of 308(d) Confidentiality Safeguards for Individuals and Establishments Against Invasion of Privacy). Confidentiality training must be conducted annually for all personnel who have access to and review aggregate and client level data.
- p) Staff Development: Provide a description of how the applicant will train staff to provide CRCS with CLEAR. The response to this question should address training staff on the following:
 - 1) Culturally sensitive and age-appropriate planning and oversight of the agency’s youth prevention program.
 - 2) Delivering CRCS with CLEAR, and related skills, such as program monitoring and evaluation.
 - 3) CDC data collection, data use, and reporting requirements.
 - 4) Conducting quality assurance for CRCS with CLEAR and.
 - 5) Developing sensitivity and skills to interact with YMSM of color and YTG persons of color who are at high risk of acquiring or transmitting HIV.

2.4 Condom Distribution

Suggested Length: Two (2) pages or less.

Provide a description of the applicant’s plans to implement and monitor condom distribution programs which increase access to use of condoms by YMSM of color and YTG persons of color. Note: Effective condom distribution programs should include the following elements: 1) provide condoms free of charge, 2) utilize a social marketing to promote condom use (by increasing awareness of condom benefits and normalizing condom use within communities), and 3) conduct both promotion and distribution activities at the individual, organizational, and community levels.

2.5 Network, Service Integration, and Tracking System

Suggested length: Five (5) pages or less

Applicants must develop and sustain a coordinated referral network. The Coordinated Referral Network must provide for: (1) linkage to HIV/AIDS care and treatment services, including direct

support and follow-up for re-engagement and retention in care services, (2) ensure linkage to CD4 cell count and viral load screening, (3) linkage to treatment adherence services including, Anti-Retroviral Therapy, (4) referral to Partner Services, (5) screening and treatment for STDs, hepatitis, including hepatitis B vaccinations, and TB, (6) other area CDC funded HIV prevention programs [via state or local health departments and/or directly funded CBOs], (7) referral to Syringe Services Programs, where available and in accordance with HHS/CDC policy; and other programs for active substance users; (8) drug treatment programs, (9) mental health counseling programs experienced with youth and young adults, (10) referral to pre-exposure prophylaxis and post-exposure prophylaxis, where available, (11) housing; (12) basic education continuation-completion services, and (13) employment readiness and referral programs.

- a) Provide a description of plans to develop and coordinate a referral network to ensure that clients identified through the program (both HIV positive and negative individuals) have easy access to comprehensive services, including primary care, life-prolonging medications, other prevention services, and essential support services.
- b) Include documentation of any existing agreements (e.g., MOA) with providers and other agencies where the clients may be referred). Funded applicants must develop a formal agreement such as an MOA with each collaborating agency within three months of award.
- c) Describe plans to track referral activities and follow up on their outcomes. The type of referral (e.g., mental health, housing) must be documented, to whom referral was made, date of referral, outcome of referral (such as completion of first appointment), and follow-up services, as appropriate.

Applicants with existing capacity to implement integrated screening activities (e.g., screening for STDs, viral Hepatitis, and/or TB) should continue implementing service integration activities and are eligible to utilize up to **5%** of the requested total funding amount to enhance these efforts.

- a) If the applicant plans to implement integrated screening activities, describe how each of the following will be addressed:
 - 1) Working with STD, hepatitis, and TB programs to design, develop, and implement the activities.
 - 2) Ensuring that clients receive their test results, especially those who test positive.
 - 3) Ensuring that clients who test positive are linked to medical care and receive timely and appropriate evaluation and treatment.
 - 4) For clients who test positive for other STDs, ensuring that partner services are initiated as soon as possible after diagnosis, in accordance with CDC recommendations and state and local requirements.
 - 5) For clients who are candidates for hepatitis A or B vaccination, providing referral or linkage to these services.
 - 6) Periodically reviewing the monitoring data to assess the value of continuing screening for other STDs, viral hepatitis, and TB.
- b) If the applicant plans to implement integrated activities, describe how funds from this FOA will be used for that purpose.

2.6 Client Record and Program Data Management

Suggested length: Two (2) pages

- a) Describe the applicant's capacity to collect and report client-level data, including plans to identify and address barriers to the collection of client-level demographic and behavioral characteristics.
- b) Describe the physical security of the facility(s) that will be used to store data during the project; the procedures for protection, controlling, and handling data during performance of the project including any development and testing activities; any required limitations on employees concerning the reproduction, transmission, or disclosure of data and project information; the physical storage procedures to protect data; the procedures for the destruction of source documents and other contract-related waste material; and personnel security procedures.
- c) Describe how client records and program data will be managed to ensure client confidentiality.
- d) Describe how the applicant will ensure the completeness and quality of data collected for program monitoring and evaluation and reporting to CDC.

2.7 Coordination and Collaboration with the State and Local Health Departments and Community Planning Groups (CPGs)

Suggested length: Two (2) pages or less

- a) Provide a description of the plan to participate, collaborate, and coordinate activities with the local HIV prevention CPG and state and local health departments. Participation may include involvement in workshops, attending meetings, serving as a member of the Community Planning Group (CPG), and becoming familiar with and utilizing information from the community planning process, such as the epidemiologic profile, needs assessment data, and program strategies to inform the development of future HIV prevention programs. Collaborative activities may include participating in the needs assessment process, reviewing and commenting on plans, presenting an overview of the project activities to the CPG, or making clients available for focus groups and other planning activities. Coordinated activities may include sharing progress reports, program plans, and monthly calendars with state and local health departments, CPGs, and other applicants and agencies involved in HIV prevention activities serving the target population. Note: Membership in the CPG is not required and is determined by the group's bylaws and selection criteria.
- b) Describe how client linkage to Partner Services will be ensured and barriers related to clients' accessing Partner Services will be addressed. Attach a completed and signed PS Memorandum of Agreement (MOA) with Health Department (Attachment XVI: Partner Services MOA with Health Department).
- c) Describe the applicant's plans to refer clients to STD, viral hepatitis, and TB screening and prevention services.
- d) Describe applicant's plans to establish contact with other organizations serving populations of interest in the target geographical area (e.g., schools, youth-serving organizations, GLBT health organizations, faith-based organizations, juvenile

detention) to facilitate dialogue and explore partnership opportunities related to HIV/STD prevention and health and wellness approaches including sexual health.

2.8 Capacity Building

Suggested length: Two (2) pages or less

This section, even though it is not scored, will count toward the narrative page limit of the HIV Prevention Program application narrative. The application must include a description of the anticipated capacity building assistance needs for the following:

- a) Agency infrastructure (e.g., policies and procedures, capital purchases).
- b) Planning program delivery.
- c) Program implementation.
- d) Intervention adaptation.
- e) Developing and replicating materials.
- f) Client recruitment.
- g) Staff training and development.
- h) Capacity Building Assistance and Technical Assistance.
- i) Monitoring and evaluation.
- j) Data collection and management.
- k) Quality assurance.

The applicant should specifically identify and describe what capacity building assistance services they will require in order to successfully implement the proposed program within the first year of award.

D. Budget and Justification

The budget justification will not be counted toward the page limit. In accordance with Form CDC 0.1246E (<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. (See Attachment XVIII: Sample Budget.) The budget and budget justification should be placed in the application's attachments and named as Appendix G: Budget and Budget Justification.

Within the budget, include the following:

- a) A detailed line item budget and justification (also known as a "budget narrative") with the application. Each intervention/service must have its own budget and justification (e.g., enhanced HIV testing, EBI or existing, locally-developed, theory-based intervention, or CRCS with CLEAR, and service integration).
- b) A line item breakdown and justification for all personnel (i.e., name, position title, actual annual salary, percentage of time and effort, and amount requested).
- c) Line item breakdown and justification for all contracts, including:
 - 1) Name of contractor and/or consultants.
 - 2) Applicant affiliation (if applicable).
 - 3) Nature of services to be rendered.
 - 4) Relevance of service to the project/justification for use of consultant.
 - 5) The number of days of consultation (basis for fees) or period of performance (dates).

- 6) Method of selection (e.g., competitive or sole source).
- 7) Description of activities.
- 8) Target population.
- 9) Itemized budget and expected rate of compensation (e.g., travel, per diem, other related expenses).
- 10) List a subtotal for each consultant in this category.

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

- d) Funds must also be included for three to four persons to attend at least two CDC-sponsored conferences or meetings each year. This includes events such as the grantee orientation meeting, the HIV Prevention Leadership Conference (HPLS), National HIV Prevention Conference, and the U.S. Conference on AIDS (USCA), etc.
- e) Applicants must set aside funds within their detailed line-item budget to allow program staff to attend required trainings and meetings. Training on DEBIs may not take place in the grantee's city; therefore, funds should be set aside for at least two employees to attend a multi-day DEBI training, if applying to implement an EBI, HIV testing, or CRCS with CLEAR. Airfare should be included in the budget.
- f) Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- g) Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.

Note: Funded applicants must allow appropriate administrative and program staff to participate in any mandatory training conducted or sponsored by CDC, including the grantee orientation. If a key program staff person leaves the applicant, his/her replacement must attend training as soon as training is available. Applicants must set aside funds within the detailed line item budget to allow staff to attend required trainings and annual conferences.

Additional information may be included in the application appendices. The appendices will not be counted toward the narrative page limit. This additional information includes:

- **Appendix A: Proof of Eligibility**

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

- Letter from the Internal Revenue Service or state proof of incorporation as a non-profit applicant, e.g., 501(c)(3) status. State Tax or Sales Tax Exemption Certificates will not be accepted as a substitution for the Federal 501(c)(3) Internal Revenue Service Certificate.
- Provide documentation to show that the applicant has provided HIV prevention or care services to high risk YMSM of color and/or YTG persons of color for the

past 24 months (e.g., Notice of Cooperative Agreements, Notice of Grant Awards, Contracts, and/or Annual or Interim Progress reports from other funding sources).

- If applying to implement a locally-developed theory-based intervention, provide documentation to demonstrate that the applicant has implemented a locally-developed, theory-based HIV prevention intervention serving high risk YMSM of color or YTG persons of color for the past 24 months (e.g., Notice of Cooperative Agreements, Notice of Grant Awards, Contracts, attendance logs, and/or Annual or Interim Progress reports from other funding sources).

- **Appendix B: Proposed Target Population and History of Services**

Complete the Proposed Target Population Worksheet (Attachment XIV: Proposed Target Population Worksheet) and the Historical Data Table (Attachment XIII: Historical Data Table) from the Justification of Need section. These items should be placed in the application's appendices and titled Appendix B: Proposed Target Population and History of Services.

- **Appendix C: Implementation Plan(s)**

Provide written implementation plans for each proposed HIV prevention intervention or service and a completed and signed CDC Form 0.1113: Assurance of Compliance for Contents of AIDS Related Materials. (Attachment X: CDC Form 0.1113 Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials). Templates for DEBI implementation plans are available on www.effectiveinterventions.org.

- **Appendix D: Required HIV Testing Documentation**

Include all the following that apply:

- Letter from the health department stating that the applicant has discussed plans for implementing HIV testing services, verifying that the applicant will comply with all state and local laws and regulations pertaining to HIV testing. (Attachment XI: Health Department Director Sample Letter for HIV testing)
- Completed letter of intent from a physician (as determined by local regulations, stating his/her involvement in HIV testing activities) (Attachment XVII: Sample Letter of Intent from a Physician); and the letter of support from laboratory and/or CLIA certificate.

- **Appendix E: Information System and Data Security Requirements**

- Memorandum of Understanding (MOU) indicating compliance with H.19 308 (d) Contract Clause for Safeguards for Individuals and Establishments Against Invasions of Privacy. (Attachment VI: MOU between the Centers for Disease Control and Prevention and Directly Funded Agencies for use of CDC-Licensed or Owned Data Systems **or** Attachment VIa: MOU between CDC and Directly Funded Agencies for use of Non CDC-Licensed or Privately Owned Data Systems (NEW YORK APPLICANTS ONLY). (Labeled as Appendix E.1 MOU with CDC for Data Systems)
- Rules of Behavior for use of CDC-Licensed or Owned Data systems. (Attachment VII) (Labeled as E.3 Rules of Behavior for CDC Data Systems)

- Contractor’s Pledge of 309(d) Confidentiality Safeguards for Individuals and establishments Against Invasions of Privacy. (Attachment VIII: Contractor’s Pledge of 308(d) Confidentiality Safeguards for Individuals and Establishments Against Invasion of Privacy) (Labeled as Appendix E.2 Confidentiality Agreement)
- **Appendix F: Other Documentation**
 Include all other documentation needed to support the project narrative under this heading to include:
 - Attachment XVI: Partner Services MOA with Health Department. (Labeled as Appendix F.1: PS Memorandum of Agreement)
 - Resumes of staff included in the budget as part of Program Staff (Labeled as Appendix F.2: Resumes)
 - One of the following items to serve as evidence of service, location, and history:
 - a copy of at least one progress report describing services to YMSM of color and/or YTG persons of color; process monitoring data; service utilization data that includes client characteristics; or, if the applicant is currently funded by a source other than CDC, a letter from one of the applicant’s funding sources documenting the applicant’s service to the target population. (Labeled as Appendix F.3: Proof of Service, Location, and History)
 - Three letters of support from civic (or non-profit), business, or faith-based organizations that are located in the community and also serve YMSM of color or YTG persons of color. These letters should specifically address the applicant’s history of providing services to the proposed target population in the area(s) where the proposed services will be provided. Only three letters should be included in this appendix (Labeled as Appendix F.4: Three Letters of Support)
 - If applying to implement a locally-developed, theory-based intervention:
 - A letter from the Executive Director or CEO attesting that the organization is the original developer of the proposed locally-developed intervention, that the intervention is developed with substantial input from the served community, and that the agency has been delivering the locally-developed intervention to the target population for at least 24 months prior to the publication date of this Funding Opportunity Announcement. (Labeled as Appendix F.5: Attest to Original Development)
 - A complete intervention manual, or other implementation materials, that accurately and completely describes the locally-developed intervention that has been delivered by the applicant for at least two years. (Labeled as Appendix F.6: Locally Developed Intervention Program Materials)
 - Statement of YMSM of color and/or YTG persons of color agency involvement and MOA. (Labeled as Appendix F.7: Statement on YMSM of color and YTG persons of color Agency Involvement and MOA)
 - Organizational charts of the applicant’s agency and the HIV prevention program within the organization. (Labeled as Appendix F.8: Organizational Charts)
 - The applicant may include additional letters of support not to exceed 5 pages. (Labeled as Appendix F.9: Additional Letters of Support)

- The applicant may include additional supportive documentation as deemed necessary not to exceed 10 pages. (Labeled as Appendix F.10: Other Attachments and Documentation)

Please include the additional items under Appendix F of the application's Table of Contents and include page numbers for each item (Attachment XI: Sample Application Table of Contents).

- **Appendix G: Budget and Budget Justification**

- Submit a detailed line item budget and budget justification, with a sub-budget for each proposed intervention and service. This item should be placed in the application's attachments and titled Appendix G: Budget and Budget Justification.

- **Naming Electronic Files**

Electronic files of attachments or appendices submitted via Grants.gov should be uploaded in PDF file format and electronically named (or Labeled as) as follows:

- Appendix A: Proof of Eligibility.
 - *Appendix A.1: Copy of the Federal Internal Revenue Service certificate verifying 501(c)(3) tax exempt status.*
- Appendix B: Proposed Target Population and History of Services.
 - *Appendix B.1: Proposed Target Population Worksheet.*
 - *Appendix B.2: Historical Data table.*
- Appendix C: Implementation Plan(s).
 - *Appendix C.1: Implementation Plans.*
 - *Appendix C.2: Assurance of Compliance Form.*
- Appendix D: Required HIV Testing Documentation.
 - *Appendix D.1: Health Department Letter.*
 - *Appendix D.2: Letter of Intent from a Physician (if required.)*
- Appendix E: Information System and Data Security Requirements.
 - *Appendix E.1: MOU with CDC for Data Systems.*
 - *Appendix E.2: Confidentiality Agreement.*
 - *Appendix E.3: Rules of Behavior for CDC Data Systems.*
- Appendix F: Other Documentation.
 - *Appendix F.1: PS Memorandum of Agreement.*
 - *Appendix F.2: Résumés.*
 - *Appendix F.3: Proof of Service, Location, and History.*
 - *Appendix F4: Three Letters of Support.*
 - *Appendix F5: Attest to Original Development.*
 - *Appendix F.6: Locally Developed Intervention Program Materials.*
 - *Appendix F.7: Statement on YMSM of color or YTG persons of color Agency Involvement and MOA.*
 - *Appendix F.8: Applicant's Organizational Charts.*
 - *Appendix F.9: Additional Letters of Support (not to exceed 10 pages).*
 - *Appendix F.10: Other Attachment Forms and Documentation.*
- Appendix G: Budget and Budget Justification.

Additional information submitted via www.Grants.gov must be uploaded in a PDF file format, and should be named:

- Please list the additional items under Appendix F (as indicated above) of the application's Table of Contents and include page numbers for each item (Attachment XI: Sample Application Table of Contents).

No more than 50 electronic attachments and 100 additional pages should be uploaded for each application.

Additional requirements for additional documentation with the application are listed in Section VII. Award Administration Information; subsection entitled "Administrative and National Policy Requirements."

Submission Dates and Times

This announcement is the definitive guide on LOI and application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the applicant will be notified the application did not meet the submission requirements.

Letter of Intent (LOI) Deadline Date: April 4, 2011, 5:00pm Eastern Standard Time.

Application Deadline Date: May 17, 2011, 5:00pm Eastern Standard Time.

Intergovernmental Review

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

Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible. The applicant agency must retain

minimally 51% of the total funds awarded per behavioral intervention and public health strategy to support the applicant agency's direct provision of services to program participants.

- Recipients may not use funds to develop new locally-developed HIV prevention interventions.
- Reimbursement of pre-award costs is not allowed.
- Funds cannot be used to provide medical or substance abuse treatment.
- Recipients may not use funds for clinical care.
- Recipients may not use funds for school-based HIV prevention programs.

Other Submission Requirements

Application Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction.

Note: Application submission is not concluded until successful completion of the validation process. After submission of an application package, applicants will receive a “submission receipt” email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that an applicant has complied with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event an applicant does not receive a “validation” email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track an application or the Application User Guide, Version 3.0 page 57.

Electronic Submission

Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date. The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and submit the application via Grants.gov. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can

be found on the Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (<http://www.grants.gov>), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when Grants.gov receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. The Grants.gov Support Center can be reached at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to GMO/GMS for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the GMO/GMS at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the applicant will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

V. Application Review Information

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of Funding Opportunity Announcement CDC-RFA-PS11-1113. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible applications will be evaluated against the following criteria:

Criteria for Step One: Application Review by Special Emphasis Panel

Total points = 1000 points

1. HIV Prevention Programs

A. Justification of Need (50 points)

- 1) Adequacy of the applicant's justification of the target population's needs. (25 points)
- 2) Adequacy of the applicant's explanation of how the proposed program meets the needs of the jurisdiction's comprehensive HIV prevention plan. (25 points)

B. Applicant Infrastructure, Experience, and Capacity (100 points)

- 1) Extent to which the applicant establishes that it has at least 24 months of experience (for Category A and/or B) and credibility in working with the proposed target population. Specific elements considered as part of the assessment include, but are not limited to, length of service, outcomes of the services, and the applicant's overall relationship with the community. (20 points)
- 2) Extent of services the applicant currently offers within the community. (15 points)
- 3) Extent to which the applicant demonstrates that they have substantial experience providing HIV prevention or care services. (20 points)
- 4) Extent to which applicant documents history of efforts to enhance HIV/STD prevention by promoting sexual health and overall health, either alone or in collaboration with other organizations for the target population. (10 points)
- 5) Extent of staff members' experience providing services to the target population. (15 points)
- 6) Effectiveness of the agency's current HIV prevention programs. The assessment will also consider how the applicant met challenges encountered during the operation of its current program. (10 points)
- 7) Extent to which the applicant provides information that establishes the existence of key indicators of an organization's infrastructure, including the financial management systems, board governance, personnel processes and procedures, and policies and protocols to support this type of project. (10 points)

C. Program Description

C.1. General (50 points)

- a) Quality of the applicant's plan to establish and manage a culturally and age-appropriate "safe space" for program participants. (20 points)
- b) Quality of the applicant's plan to establish and manage a Youth Advisory Board and plan to involve and engage members of the target population in planning and implementing the proposed services and ensure that services continue to be responsive to the needs of the target population. (20 points)
- c) Quality of the applicant's plan to ensure that services are culturally sensitive and relevant. (10 points)

C.2. Risk Reduction Interventions and Strategies (800 points)

2.1 Program Promotion and Client Recruitment (200 points)

- a) Quality of the applicant's plan to use recruitment and retention strategies based on experienced entry into social networks known to significantly structure or influence the social lives of YMSM of color and YTG persons of color (e.g., the house ball scene, house parties, texting groups, Facebook networks) is required. (50 points)
- b) Quality of the applicant's plan to use internet and other media-based social marketing approaches to promote awareness of the HIV prevention program specifically within social networks of YMSM of color and YTG persons of color are required. (50 points)
- c) Quality of the applicant's plan to involve and engage members of the target population in identifying effective recruitment and retention strategies and incentives for the proposed intervention and services. (50 points)
- d) Quality of the applicant's plan to reduce barriers to accessing comprehensive HIV prevention services. (50 points)

2.2 Enhanced HIV Testing (200 points)

- a) Extent to which the applicant's Implementation Plan with proposed objectives are specific, measurable, achievable, realistic, and time-phrased (see Appendix C). (20 points)
- b) Quality of the applicant's plan to ensure that the enhanced HIV testing program is integrated into the applicant's overall HIV prevention program. (10 points)
- c) Extent of applicant's previous experience implementing HIV testing. (10 points)
- d) Quality of the applicant's plan to recruit high-risk members of the target population who have not been tested in the last six months or do not know their HIV serostatus into enhanced HIV testing. (10 points)
- e) Quality of the applicant's strategy to reduce the target population's barriers to accessing HIV testing. (15 points)
- f) Appropriateness and feasibility of the test technologies that the applicant proposes to use in the enhanced HIV testing program. (10 points)
- g) Quality of the applicant's plans to do the following: (15 points)
 - 1) Ensure that individuals with reactive rapid HIV test results receive confirmatory tests.
 - 2) Ensure that clients receive their test results, particularly clients who test positive.
 - 3) Ensure that risk-reduction counseling is provided to: 1) persons whose HIV test results are positive, and 2) persons whose HIV test results are negative but who are at ongoing high risk for HIV infection.
- h) Appropriateness of the setting(s) where enhanced HIV testing will be provided. (10 points)
- i) Quality of the applicant's plans to do the following: (20 points)
 - 1) Ensure that the enhanced HIV testing program meets all local, state, and federal requirements for HIV testing.
 - 2) Ensure that the enhanced HIV testing program has appropriate medical and laboratory oversight.
 - 3) Report confirmed HIV positive tests to state and local health departments, following all rules and regulations regarding HIV and AIDS surveillance.

- j) Quality of the applicant's plan for using program monitoring and evaluation data to continually assess and improve program performance and measure progress toward meeting objectives. (15 points)
- k) Quality of the applicant's plan for collecting the required data for the intervention. (15 points)
- l) Quality of the applicant's quality assurance plan, including ensuring that: (10 points)
 - 1) Appropriate standards for HIV testing are being met
 - 2) Risk-reduction counseling provided in association with testing is being delivered in an appropriate, competent, and sensitive manner
 - 3) Enhanced HIV testing is meeting the needs of the target population.
- m) Appropriateness and adequacy of the applicant's staffing plan, including staffing for the following: (15 points)
 - 1) Planning and oversight of enhanced HIV testing.
 - 2) Delivery of enhanced HIV testing.
 - 3) Collecting, entering, analyzing, and using standardized program monitoring and evaluation data and program performance indicators related to HIV testing and reporting data and indicators to CDC.
 - 4) Quality assurance activities that will be conducted for the enhanced HIV testing.
 - 5) Maintenance of client records and management of program data related to the enhanced HIV testing.
 - 6) Capacity for sensitivity and skills to interact with youth of color who are at high risk of acquiring or transmitting HIV.
 - 7) Developing and ensuring data security and confidentiality guidelines meet the federal requirements, annually review security controls and measures to ensure continued compliance with federal information system and data security regulations and identify security vulnerabilities. The agency staff shall continually work in consultation with CDC and review security controls and measures to ensure continued compliance with federal information security regulations.
- n) Quality of the applicant's plan for staff development. The plan should address training staff on the following: (10 points)
 - 1) Delivering the enhanced HIV testing.
 - 2) Program monitoring and evaluation.
 - 3) CDC data collection and reporting requirements.
 - 4) Conducting quality assurance for enhanced HIV testing.
 - 5) Maintaining client records and managing program data related to enhanced HIV testing, including assurance of client confidentiality.
 - 6) Developing capacity for sensitivity and skills to interact with youth of color who are at high risk of acquiring or transmitting HIV.
- o) Documentation and letters of support: (15 points)
 - 1) Did the applicant provide a letter of support from the health department verifying that the applicant has discussed the details of the proposed enhanced HIV testing program with the state/local health department and agrees to follow its guidelines for these services? This letter should be included in Appendix D: Required Enhanced HIV Testing Documentation.

- 2) Is a letter of intent from a physician stating his or her involvement in the applicant's enhanced HIV testing program required by state or local laws or regulations? If so, was this letter included in Appendix D: Required enhanced HIV Testing Documentation? Is the applicant proposing to use a CLIA-waived rapid HIV test? If so, did the applicant submit 1) a copy of a CLIA Certificate of Waiver or 2) a letter of support from a laboratory with which the applicant has a formal agreement for oversight and approval to operate under that laboratory's CLIA certificate? (These documents should be included in Appendix D: Required Enhanced HIV Testing Documentation.)
- 3) Will the applicant be providing confirmatory testing for reactive rapid HIV tests? If not, was a letter of intent or Memorandum of Agreement (MOA) with an external laboratory documenting the process through which reactive rapid tests will be confirmed included in Appendix D: Required Enhanced HIV Testing Documentation?

2.3 Interventions and Services (Evidence-Based Interventions or Locally- Developed Interventions or CRCS with CLEAR) (200 points)

Note: Applicants must only propose to implement one intervention and service (i.e., EBI or locally-developed intervention or CRCS with CLEAR) for HIV positive individuals and one intervention and service (i.e., EBI or locally-developed intervention or CRCS with CLEAR) for High-Risk negative individuals.

2.3.1 Effective Behavioral Intervention (EBI) or Existing, Locally-Developed, Theory-Based Intervention

- a) Quality of the applicant's rationale for selecting this intervention for the proposed target population. If the applicant is proposing a locally-developed intervention, consider the applicant's description of the locally-developed intervention's logic model, including the formative activities (e.g., community and/target population needs assessments, program process evaluations, or other input from the served community) as part of the applicant's rationale for selecting the intervention for the proposed target population. (15 points)
- b) Quality of the applicant's plan to incorporate the core elements into the delivery of the intervention. (10 points)
- c) Quality of the applicant's plan for implementing the intervention. If adaptation is planned, the quality of the applicant's rationale for adapting the intervention and plan for doing so. (15 points)
- d) Appropriateness and feasibility of the pool from which the applicant intends to recruit individuals into the intervention (e.g., the likelihood that the applicant will be able to successfully recruit participants from this source). (20 points)
- e) Quality and appropriateness of the applicant's plans to recruit high-risk individuals into the intervention and retain them throughout the intervention (e.g., internet-based outreach, targeted community outreach, social networks, social marketing, incentives, and participation in other programs at the agency). This should include the extent to which the recruitment strategies are sustainable over time. (15 points)
- f) Appropriateness of the eligibility criteria for client participation in the intervention and quality of the plan for screening potential clients' eligibility to participate. This

- should include the extent to which the eligibility criteria will ensure that individual participants are at high risk for acquiring and transmitting HIV. (15 points)
- g) Extent to which the applicant's Implementation Plan with proposed objectives are specific, measurable, achievable, realistic, and time-phrased (see Appendix C). (15 points)
 - h) Feasibility of the applicant's proposed start date when full implementation of the EBI or locally-developed intervention will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of the intervention, and process monitoring data being collected). (10 points)
 - i) Appropriateness of the setting(s) where the intervention will be provided. (15 points)
 - j) Quality of the applicant's Monitoring and Evaluation plan for using program monitoring and evaluation data to continually assess and improve program performance and measure progress toward meeting objectives. (15 points)
 - k) Quality of the applicant's Monitoring and Evaluation plan for collecting the required data for the intervention. (15 points)
 - l) Quality of the applicant's quality assurance plan, including ensuring that: (10 points)
 - 1) The intervention is being delivered in an appropriate, competent, and sensitive manner.
 - 2) The intervention is being delivered with fidelity.
 - 3) The intervention is meeting the needs of the target population.
 - m) Appropriateness and adequacy of the applicant's staffing plan, including staffing for the following (15 points):
 - 1) Planning and oversight of the intervention or service.
 - 2) Delivery of the intervention or service.
 - 3) Collecting, entering, analyzing, and using standardized program monitoring and evaluation data and program performance indicators related to the intervention and reporting data and indicators to CDC.
 - 4) Quality assurance activities that will be conducted on the intervention.
 - 5) Maintenance of client records and management of program data related to the intervention.
 - 6) Capacity for sensitivity and skills to interact with youth of color who are at high risk of acquiring or transmitting HIV.
 - 7) Developing and ensuring that data security and confidentiality guidelines meet the federal requirements, annually review security controls and measures to ensure continued compliance with federal information system and data security regulations and identify security vulnerabilities. The agency staff shall continually work in consultation with CDC and review security controls and measures to ensure continued compliance with federal information security regulations.
 - n) Quality of the applicant's plan for staff development. The plan should address training staff on the following: (15 points)
 - 1) Delivering the intervention and related skills, such as group facilitation
 - 2) Program monitoring and evaluation.
 - 3) CDC data collection and reporting requirements.

- 4) Conducting quality assurance for the intervention, maintaining client records, and managing program data related to the intervention, including assurance of client confidentiality.
- 5) Developing capacity for sensitivity and skills to interact with youth of color *who* are at high risk of acquiring or transmitting HIV.

2.3.2 Comprehensive Risk Counseling and Services (CRCS with CLEAR)

- a) Extent to which the applicant's Implementation Plan with proposed objectives are specific, measurable, achievable, realistic, and time-phrased (see Appendix C). (15 points)
- b) Quality of the applicant's rationale for selecting this intervention for the proposed target population. (15 points)
- c) Appropriateness and feasibility of the pool from which the applicant intends to recruit individuals into the intervention (e.g., the likelihood that the applicant will be able to successfully recruit participants from this source). (15 points)
- d) Quality of the applicant's plans to recruit individuals into the intervention and retain them throughout the intervention (e.g., outreach, social networks, social marketing, incentives, participation in other programs at the agency). (15 points)
- e) Appropriateness of the eligibility criteria for client participation in the intervention and quality of the plan for screening potential clients' eligibility to participate. (15 points)
- f) Quality of the applicant's plan to do the following: (20 points)
 - 1) Develop an individualized prevention plan with measurable objectives for each client.
 - 2) Conduct ongoing monitoring and reassessment of client needs and progress.
 - 3) Discharge clients when they attain and can maintain behavior change goals.
 - 4) Readmit clients who need new or additional risk reduction support.
- g) Appropriateness and feasibility of the applicant's caseload limitations and requirements and quality of the applicant's plan for intensive recruitment and engagement activities and frequent and intensive risk reduction sessions. (20 points)
- h) Appropriateness of the setting(s) where the intervention will be provided. (10 points)
- i) Feasibility of the applicant's proposed start date when full implementation of CRCS with CLEAR will be accomplished (i.e., staff fully trained, quality assurance plan in place, consistent delivery of CRCS with CLEAR, and process monitoring data being collected). (10 points)
- j) Quality of the applicant's Monitoring and Evaluation plan for using program monitoring and evaluation data to continually assess and improve program performance and measure progress toward meeting objectives. (10 points)
- k) Quality of the applicant's Monitoring and Evaluation plan for collecting the required data for the intervention. (15 points)
- l) Quality of the applicant's quality assurance plan, including ensuring that: (10 points)
 - 1) The intervention is being delivered in an appropriate, competent, and sensitive manner.
 - 2) The intervention is being delivered with fidelity.
 - 3) The intervention is meeting the needs of the target population.
- m) Appropriateness and adequacy of the applicant's staffing plan, including staffing for the following: (15 points)
 - 1) Planning and oversight of the intervention.

- 2) Delivery of the intervention.
 - 3) Collecting, entering, analyzing, and using standardized program monitoring and evaluation data and program performance indicators related to the intervention and reporting data and indicators to CDC.
 - 4) Quality assurance activities that will be conducted on the intervention.
 - 5) Maintenance of client records and management of program data related to the intervention.
 - 6) Capacity for sensitivity and skills to interact with youth of color who are at high risk of acquiring or transmitting HIV.
 - 7) Developing and ensuring data security and confidentiality guidelines meet the federal requirements; annually review security controls and measures to ensure continued compliance with federal information system and data security regulations and identify security vulnerabilities. The agency staff shall continually work in consultation with CDC and review security controls and measures to ensure continued compliance with federal information security regulations.
- n) Quality of the applicant's plan for staff development. The plan should address training staff on the following: (15 points)
- 1) Delivering the intervention and related skills, such as group facilitation
 - 2) Program monitoring and evaluation.
 - 3) CDC data collection and reporting requirements.
 - 4) Conducting quality assurance for the intervention, maintaining client records and managing program data related to the intervention, including assurance of client confidentiality.
 - 5) Developing capacity for sensitivity and skills to interact with youth of color who are at high risk of acquiring or transmitting HIV.

2.4 Condom Distribution (30 Points)

- a) Quality of the applicant's plans to implement and monitor condom distribution programs which increase access to free condoms for YMSM of color and YTG persons of color including the following elements: (30 points)
- 1) Provide condoms free of charge.
 - 2) Implement a social marketing campaign to promote condom use (by increasing awareness of condom benefits and normalizing condom use within communities).
 - 3) Conduct both promotion and distribution activities at the individual, organizational, and community level.

2.5 Coordinated Referral Network, Service Integration, and Tracking System (70 Points)

Note: Section A. refers to applicants that do not propose to implement integrated screening activities. If the applicant proposes to implement integrated screening activities, skip to Section B.

SECTION A: Integrated Screening Activities not proposed

- a) Quality of the applicant's plan to develop and sustain a coordinated referral network to ensure that clients identified through the program (both HIV positive and negative individuals), have easy access to comprehensive services, including primary care, life-prolonging medication, other prevention services, and essential support services. The Coordinated Referral Network must provide for: (1) linkage to HIV/AIDS care and treatment services, including direct support and follow-up for re-engagement and retention in care services, (2) ensure linkage to CD4 cell count and viral load screening, (3) linkage to treatment adherence services including, Anti-Retroviral Therapy, (4) referral to Partner Services, (5) screening and treatment for STDs, hepatitis, including hepatitis B vaccinations, and/or TB, (6) other area CDC funded HIV prevention programs [via state or local health departments and/or directly funded CBOs], (7) referral to Syringe Services Programs, where available and in accordance with HHS/CDC policy; and other programs for active substance users, (8) drug treatment programs, (9) mental health counseling programs experienced with youth and young adults, (10) referral to pre-exposure prophylaxis and post-exposure prophylaxis, where available, (11) housing, (12) basic education continuation-completion services, and (13) employment readiness and referral programs. (30 points)
- b) Did the applicant provide documentation of any existing agreements (e.g., MOA) with providers and other agencies where clients may be referred)? Or, did the applicant propose to develop a formal agreement such as an MOA with each collaborating agency within 3 months of award? (20 points)
- c) Quality and feasibility of the applicant's plan to track referrals, document successfully accessed referral services, and follow up on outcomes for all required risk reduction interventions and services (i.e., enhanced HIV testing, EBIs, locally-developed interventions, CRCS with CLEAR). (20 points)

SETION B: Integrated Screening Activities proposed

- a) Quality of the applicant's plan to develop and sustain a coordinated referral network to ensure that clients identified through the program (both HIV positive and negative individuals), have easy access to comprehensive services, including primary care, life-prolonging medication, other prevention services, and essential support services. The Coordinated Referral Network must provide for: (1) linkage to HIV/AIDS care and treatment services, including direct support and follow-up for re-engagement and retention in care services, (2) ensure linkage to CD4 cell count and viral load screening, (3) linkage to treatment adherence services including, Anti-Retroviral Therapy, (4) referral to Partner Services, (5) screening and treatment for STDs, hepatitis, including hepatitis B vaccinations, and/or TB, (6) other area CDC funded HIV prevention programs [via state or local health departments and/or directly funded CBOs], (7) referral to Syringe Services Programs, where available and in accordance with HHS/CDC policy; and other programs for active substance users, (8) drug treatment programs, (9) mental health counseling programs experienced with youth and young adults, (10) referral to pre-exposure prophylaxis and post-exposure prophylaxis, where available, (11) housing, (12) basic education

- continuation-completion services, and (13) employment readiness and referral programs. (20 points)
- b) Did the applicant provide documentation of any existing agreements (e.g., MOA) with providers and other agencies where clients may be referred)? Or, did the applicant propose to develop a formal agreement such as an MOA with each collaborating agency within 3 months of award? (15 points)
 - c) Quality and feasibility of the applicant's plan to track referrals, document successfully accessed referral services, and follow up on their outcomes. (15 points)
 - d) Did the applicant describe the following: (10 points)
 - 1) Working with STD, hepatitis, and TB programs to design, develop, and implement the activities.
 - 2) Ensuring that clients receive their test results, especially those who test positive.
 - 3) Ensuring that clients who test positive are linked to medical care and receive timely and appropriate evaluation and treatment.
 - 4) For clients who test positive for other STDs, ensuring that partner services are initiated as soon as possible after diagnosis, in accordance with CDC recommendations and state and local requirements.
 - 5) For clients who are candidates for hepatitis A or B vaccination, providing referral or linkage to these services.
 - 6) Periodically reviewing the monitoring data to assess the value of continuing screening for other STDs, viral hepatitis, and TB.
 - e) Did the applicant describe how funds from this FOA will be used for that purpose? (10 points)

2.6 Record Maintenance and Data Management (50 Points)

- a) Applicant's capacity to collect and report client-level data, including plans to identify and address barriers to the collection of client-level demographic and behavioral characteristics. (10 points)
- b) Quality of the applicant's plan to manage client records and program data to ensure client confidentiality and adherence to policies and practices for data security and Web-based reporting, as outlined by CDC data reporting requirements. (20 points)
- c) Quality of the applicant's description of the physical security of the facility that will be used during the project; the procedures for protection, controlling, and handling data during performance of the project including any development and testing activities; any required limitations on employees concerning the reproduction, transmission, or disclosure of data and project information; the physical storage procedures to protect data; the procedures for the destruction of source documents and other contract-related waste material; and personnel security procedures. (10 points)
- d) Quality of the applicant's plan to ensure the completeness and quality of data collected for program monitoring and evaluation and reporting to CDC. (10 points)

2.7 Coordination and Collaboration with the State and Local Health Department and Community Planning Group (50 Points)

- a) Quality of the applicant’s plan to participate, collaborate, and coordinate activities with the HIV prevention CPG and local health departments. (10 points)
- b) Quality of the applicant’s plan to ensure client linkage to Partner Services and address barriers related to clients’ accessing Partner Services. (10 points)
- c) Did the applicant include a completed and signed Partner Services MOA with the Health Department? (10 points)
- d) Quality of the applicant’s plan to link and refer to STD, viral hepatitis, and TB screening and prevention services into the applicant’s proposed HIV prevention activities. (10 points)
- e) Quality of applicant’s plan to establish contact with other organizations serving populations of interest in the target geographical area (e.g., schools, youth-serving organizations, GLBT health organizations, faith-based organizations, juvenile detention) to facilitate dialogue and explore partnership opportunities related to HIV/STD prevention and health and wellness approaches including sexual health. (10 points)

2.8 Capacity Building (Reviewed, but not scored)

- a) This section, even though it is not scored, will count toward the narrative page limit of the HIV Prevention Program application narrative. The application must include a description of the anticipated capacity building assistance needs for the following:
 - 1) Agency infrastructure (e.g., policies and procedures, capital purchases)
 - 2) Planning program delivery.
 - 3) Program implementation.
 - 4) Intervention adaptation.
 - 5) Developing and replicating materials.
 - 6) Client recruitment.
 - 7) Staff training and development.
 - 8) Monitoring and evaluation.
 - 9) Data collection and management.
 - 10) Quality assurance.
- b) The applicant should specifically identify and describe what capacity building assistance services they will require in order to successfully implement the proposed program within the first year of award.

D. Budget (SF 424A) and Budget Narrative (Reviewed, but not scored)

Although the budget is not scored applicants should consider the following in development of their budget. Is the itemized budget for conducting the project, and justification reasonable and consistent with stated objectives and planned program activities?

If the applicants requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with “Other Attachment Forms” when submitting via Grants.gov. [If the announcement is only open to international applicants, delete the above paragraph - indirect cost language is included in the international use of funds language.]

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>.

Criteria for Step 2: Pre-Decisional Site Visit (PDSV)

Total Points = 550 points

1. HIV Prevention Program

A. Proposed Program (100 points)

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

- 1) The applicant's implementation of CDC protocols and procedures, including those for behavioral interventions and HIV testing. (50 points)
 - a) How the applicant's target population reflects the priorities and needs identified in the jurisdiction's comprehensive HIV prevention plan. (50 points)

B. Programmatic Infrastructure (250 points)

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

- 1) Applicant structure and planned collaborations. (25 points)
- 2) Experience in developing and implementing effective and efficient HIV prevention interventions and services. Specific elements considered as part of the assessment include, but are not limited to, length of service, outcomes of the services, and the applicant's overall relationship with the community. (100 points)
- 3) Experience with governmental and non-governmental applicants, including other national agencies or applicants, state and local health departments, CPGs, and state and local nongovernmental applicants that provide HIV prevention services. (25 points)
- 4) Ability to secure meaningful input and representation from members of the target population. (25 points)
- 5) Ability to provide culturally competent and appropriate services that respond effectively to the characteristics of the target population (such as cultural, gender, sexual orientation, HIV serostatus, race/ethnicity, age, environmental, social, and linguistic characteristics). (25 points)
- 6) Ability to adequately staff the applicant's program. (25 points)
- 7) Ability to collect, manage, store, and report process data on services provided and use them to plan future interventions and improve available services. (25 points)

C. Applicant Infrastructure (200 points)

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

- 1) Applicant bylaws, mission, and vision. (35 points)
- 2) Composition, role, experience, and involvement of the board of directors in administering the agency. (35 points)
- 3) Current fiscal management capacity. (50 points)

- 4) Personnel process and procedures. (35 points)
- 5) Applicant protocols and procedures, e.g., security, confidentiality, and grievances. (25 points)
- 6) Applicant capacity for fundraising. (20 points)

Review and Selection Process

Review

All eligible applications will be initially reviewed for completeness by the Procurement and Grants Office (PGO) staff. In addition, eligible applications will be jointly reviewed for responsiveness 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 the application did not meet eligibility and/or published submission requirements.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section VI. Application Review Information, subsection entitled “Evaluation Criteria”. 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. Applicants will be selected to receive a pre-decisional site visit (PDSV) based on scores and application of the funding preferences included in this announcement.

The next step of the review process is conducted during a pre-decisional site visit. 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 400 points during the PDSV, the applicant will not be considered for funding. Applicants applying for funding will be selected to receive a PDSV based on scores, geographic location, CDC’s funding preferences, and populations proposed to be targeted.

During the PDSV process, CDC will contact 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, scores from the PDSV, and CDC’s funding preferences.

Selection

Applications will be funded in order by score and rank determined by the review panel. In addition, the following factors may affect the funding decision: 1) Pre-decisional Site Visit (PDSV); and 2) CDC’s funding preferences, ensuring:

- Funded applicants are balanced in terms of targeted racial or ethnic minority groups. (The number of funded applicants serving each racial or ethnic minority group may be

adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)

- Underserved minority populations, such as Native American populations, receive services.
- 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.)
- Funded organizations have extensive experience (at least 24 months for Category A and/or B) serving the proposed target population. This will include YMSM of color and/or YTG persons of color (ages 13 to 29) and their partners of regardless of age, gender, and race/ethnicity.

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

VII. Award Administration Information

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 e-mailed to the program director. A hard copy of the NoA will be mailed to the recipient fiscal officer identified in the application.

Any application awarded in response to this FOA will be subject to the DUNS, CCR Registration and Transparency Act requirements.

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

Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. The following additional requirements apply to this project:

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

- AR-14 Accounting System Requirements
- AR-15 Proof of Non-Profit Status
- AR-20 Conference Support
- AR-21 Small, Minority, and Women-Owned Business
- AR-23 States and Faith-Based Organizations
- AR-24 Health Insurance Portability and Accountability Act Requirements
- AR-25 Release and Sharing of Data
- AR-27 Conference Disclaimer and Use of Logos
- AR-29 Compliance with E.O. 13513 Federal Leadership on Reducing Text Messaging While Driving, October 1, 2009.

Additional information on the requirements can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

Reporting

Federal Funding Accountability And Transparency Act Of 2006 (FFATA): Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single publicly accessible Web site, USASpending.gov. The Web site includes information on each Federal financial assistance award and contract over \$25,000, including such information as:

1. The name of the entity receiving the award.
2. The amount of the award.
3. Information on the award including transaction type, funding agency, etc.
4. The location of the entity receiving the award.
5. A unique identifier of the entity receiving the award.
6. Names and compensation of highly-compensated officers (as applicable).

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients:

- 1) information on executive compensation when not already reported through the Central Contractor Registry and 2) similar information on all /subcontracts/consortiums over \$25,000.00.

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=109_cong_bills&docid=f:s2590enr.txt.pdf

Each funded applicant must provide CDC with an annual Interim Progress Report submitted via www.grants.gov:

1. The interim progress report is due no less than 90 days before the end of the

budget. The Interim Progress Report will serve as the non-competing 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.

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

2. Annual progress report, due 90 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* (SF 269) and annual progress report, no more than 90 days after the end of the budget period.
4. Final performance and Financial Status Reports*, no more than 90 after the end of the project period.

*Disclaimer: As of February 1, 2011, current Financial Status Report (FSR) requirements will be obsolete. Existing practices will be updated to reflect changes for implementation of the new Federal Financial Reporting (FFR) requirements.

These reports must be submitted to the attention of the Grants Management Specialist listed in the Section VIII below entitled “Agency Contacts.”

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance**, contact:

Renata D. Ellington, Program Leader
Department of Health and Human Services
Centers for Disease Control and Prevention
Division of HIV/AIDS Prevention, Prevention Program Branch
1600 Clifton Rd. MS E-58
Atlanta, GA 30333
Telephone: 404-639-8330
E-mail: cbofoa@cdc.gov

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

Sheila Edwards, Grants Management Specialist

Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-15
Atlanta, GA 30341
Telephone: 770-488-1644
E-mail: PGO11-1113@cdc.gov

For assistance with **submission difficulties**, contact:

Grants.gov Contact Center Phone: 1-800-518-4726

Email: support@grants.gov

Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For **application submission** 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

CDC Telecommunications for the hearing impaired or disabled is available at:

TTY 1-888-232-6348

VIII. Other Information

- For additional information on reporting requirements, visit the CDC website at: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.
- Other CDC funding opportunity announcements can be found at www.grants.gov.

References

- 1-Centers for Disease Control and Prevention (CDC). (2010). HIV in the United States. Atlanta, GA: CDC. July 2010. Available at <http://www.cdc.gov/hiv/resources/factsheets/us.htm>.
- 2- Centers for Disease Control and Prevention (CDC). (2010) Establishing a holistic framework to reduce inequities in HIV, Viral Hepatitis, STDs, and Tuberculosis in the United States: An NCHHSTP white paper on Social determinants of health, 2010. Atlanta, GA: CDC. October 2010. Available at: <http://www.cdc.gov/socialdeterminants/docs/SDH-White-Paper-2010.pdf>.
- 3- Centers for Disease Control and Prevention (CDC). HIV/AIDS among gay and bisexual men. Atlanta, GA: CDC, September 2010. Available at: <http://www.cdc.gov/nchhstp/newsroom/docs/FastFacts-MSM-FINAL508COMP.pdf>.
- 4- Herbst, JH, Jacobs, ED, Finlayson, TJ, McKleroy, VS, Neumann, MS, and Crepaz, N. for the HIV/AIDS Prevention Research Synthesis Team. Estimating HIV Prevalence and Risk Behaviors of Transgender Persons in the United States: A Systematic Review, AIDS and Behavior, 12:1-17.
- 5- Operario, D and Nemoto, T. HIV in transgender communities: Syndemic dynamics and a need for multicomponent interventions. Journal of Acquired Immune Deficiency Syndromes, 55(2): S91-S93.

PS11-1113 List of Attachments

All attachments are located at <http://www.cdc.gov/hiv/topics/funding/PS11-1113/attachments.htm>.

Attachments X, XIII and XIV must be downloaded along with the PS11-1113 application package from www.Grants.gov.

1. Attachment I: Glossary of Terms
2. Attachment II: Procedural Guidance
3. Attachment III: CRCS Implementation Manual
4. Attachment IV: List of HIV Testing Requirements
5. Attachment V: PS11-1113 National HIV/AIDS Monitoring and Evaluation (NHME) Data Reporting Requirements
6. Attachment VI: MOU between the Centers for Disease Control and Prevention and Directly Funded Agencies for use of CDC-Licensed or Owned Data Systems
 - a) Attachment VI.a: MOU between the Centers for Disease Control and Prevention and Directly Funded Agencies for use of Non CDC-Licensed or Privately Owned Data Systems (NEW YORK APPLICANTS ONLY)
7. Attachment VII: Rules of Behavior for use of CDC-Licensed or Owned Data Systems System Administrators
8. Attachment VIII: Contractor's Pledge of 308(d) Confidentiality Safeguards for Individuals and Establishments Against Invasion of Privacy
9. Attachment IX: NHME Security Summary – Assurance of Confidentiality
10. Attachment X: CDC Form 0.1113 Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials (***Must be downloaded from Grants.gov***)
11. See Attachment XI: Health Department Director Sample Letter
12. Attachment XII: Sample Application Table of Contents
13. Attachment XIII: Historical Data Table (***Must be downloaded from Grants.gov***)
14. Attachment XIV: Proposed Target Population Worksheet (***Must be downloaded from Grants.gov***)
15. Attachment XV: Implementation Planning Tools and Monitoring and Evaluation Key Objectives
16. Attachment XVI: Partner Services MOA with Health Department
17. Attachment XVII: Sample Letter of Intent from a Physician
18. Attachment XVIII: Sample Budget