

# Funding Opportunity Announcement (FOA) Template – New, Non-research, Domestic

## Assisting Directly Funded Health Departments in Urban Jurisdictions and Other HIV Prevention Partners in Meeting the Changes in the Public Healthcare Systems and HIV Prevention Landscape

PS14-1409

National Center for HIV, Hepatitis, STD, and TB  
Prevention

*Effective date: 4/8/2014*

Version 2.0

Issued 08/30/2013



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## Part I. Overview Information

<p>Applicants must go to the synopsis page of this announcement at <a href="http://www.grants.gov">www.grants.gov</a> and click on the “Send Me Change Notifications Emails” link to ensure they receive notifications of any changes to CDC-RFA-PS14-1409. Applicants also must provide an e-mail address to <a href="http://www.grants.gov">www.grants.gov</a> to receive notifications of changes.</p>	
<b>A. Federal Agency Name:</b>	
Centers for Disease Control and Prevention (CDC)	
<b>B. Funding Opportunity Title:</b>	
Assisting Directly Funded AIDS Directors in Urban Jurisdictions and Other HIV Prevention Partners in Meeting the Changes in the Public Healthcare Systems and HIV Prevention Landscape	
<b>C. Announcement Type:</b> New—Type 1	
This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be considered. Research for this purpose is defined at <a href="http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf">http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf</a> .	
<b>D. Agency Funding Opportunity Number:</b>	
CDC-RFA-PS14-1409	
<b>E. Catalog of Federal Domestic Assistance (CFDA) Number:</b>	
93.118	
<b>F. Dates:</b>	
1. <b>Letter of Intent (LOI) Deadline:</b> 4/28/2014	
2. <b>Application Deadline:</b> <b>5/14/2014 11:59 p.m. U.S. Eastern Standard Time, on <a href="http://www.grants.gov">www.grants.gov</a></b>	
3. <b>Informational conference call for potential applicants:</b> 05/01/2014, 3:30 EST time, call number]	
<b>G. Executive Summary:</b>	
<b>1. Summary Paragraph:</b>	
The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year 2014 funds for a funding opportunity announcement (FOA) to support CDC HIV related policies and programs by facilitating active communication, consultation, and peer-to-peer technical assistance to address emerging needs of directly funded urban health departments in the changing landscape of HIV prevention, care, and treatment.	

This five-year funding opportunity announcement (FOA) reflects methods for assisting and supporting (1) Directly funded health departments in urban areas (i.e., Atlanta, Baltimore, Chicago); (2) Other urban health departments in areas where HIV is concentrated in the United States; and (3) HIV prevention partners in the implementation of high impact comprehensive human immunodeficiency virus (HIV) prevention programs in order to achieve maximal results in addressing the HIV burden throughout the United States and reducing new HIV infections. Services provided under this FOA will include assistance in the implementations of the National HIV/AIDS Strategy (NHAS), High Impact Prevention (HIP), and other HIV prevention policy and programs, in accordance with core health department programs and HIV prevention in racial and ethnic minority communities to reduce HIV related health disparities. Additional TA topics to be included are: data to care; continuum of care; use of data to direct programs along the continuum of care; third-party billing; and engagement of clinical and non-clinical (including: community health care centers).

Services provided under this FOA will include assistance in the implementation of the National HIV/AIDS Strategy (NHAS), High Impact Prevention (HIP), and other HIV prevention policy and programs, in accordance with core health department programs to include: public health systems, surveillance, behavioral and biomedical interventions, effective programs, health department cooperative agreement management, HIV testing (to include linkage, retention, and re-engagement in care and prevention services), and HIV prevention in racial and ethnic minority communities to reduce HIV related health disparities.

This FOA is in alignment with the NHAS; assistance will be provided to health departments on developing effective programs to meet the goals of NHAS, with regard to: Reducing HIV incidence; increasing access to care and optimizing health outcomes; and reducing HIV-related health disparities, by coordinating operational and programmatic activities to assist state health departments in the development of statewide HIV plans. This will include the provision of technical assistance on the development of needs assessments and identifying specific action steps that improve coordination among Federal, State, and local agencies.

Additionally, the FOA will support other efforts of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) through Program Collaboration and Service Integration (PCSI) and Health Equity.

Technical assistance strategies such as web-based consultations, face-to-face meetings, videoconferences or teleconferences, mentoring, and peer-to-peer assistance will be utilized to address constituents' needs with this FOA.

<b>a. Eligible Applicants (select one):</b> Limited
<b>b. FOA Type (select one):</b> Cooperative agreement
<b>c. Approximate Number of Awards:</b> Category A: one and Category B: one
<b>d. Total Project Period Funding:</b> Category A: up to \$3,500,000 and Category B: up to \$3,500,000 (This amount is an estimate, and is subject to availability of funds.)
<b>e. Average One Year Award Amount:</b> Category A: \$700,000.00 and Category B: \$700,000.00
<b>f. Number of Years of Award:</b> 5

**g. Approximate Date When Awards will be Announced:** September 30, 2014

**h. Cost Sharing and /or Matching Requirements:** N/A

## Part II. Full Text

### A. Funding Opportunity Description

#### 1. Background

It has been nearly thirty years since the first cases of human immunodeficiency virus (HIV) garnered the world's attention. The epidemic has claimed the lives of 636,000 Americans and affects many more. HIV infection remains a major public health issue in the United States. In 2011, an estimated 49,273 people were diagnosed with HIV infection in the United States and an estimated 32,052 people were diagnosed with AIDS. Since the epidemic began, an estimated 1,155,792 people in the United States have been diagnosed with AIDS.

CDC estimates that 1,148,200 persons aged 13 years and older are living with HIV infection. Of this, 207,600 (18%) are unaware of their infection. Over the past decade, the number of people living with HIV increased, while the annual number of new HIV infections remained relatively stable. Still, the pace of new infections continues at far too high a level—particularly among certain groups particularly ethnic minority populations: African Americans and Hispanics/Latinos; and men who have sex with men (MSM) and injection drug users (IDU) regardless of race or ethnicity.

In 2010, the Office of National AIDS Policy at the White House published the National HIV/AIDS Strategy (NHAS) to frame the work around domestic HIV prevention, care, treatment, and research. NHAS' vision is to reach a point where the United States becomes a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination. NHAS' primary goals are to: 1) reduce HIV incidence, 2) increase access to care and optimize health outcomes, and 3) reduce HIV-related health disparities. (<http://www.whitehouse.gov/administration/eop/onap/nhas/>)

In August 2011, CDC instituted a new, High-impact Prevention (HIP) approach to the practice of HIV prevention. This approach is designed to maximize the impact of prevention efforts for all Americans at risk for HIV infection by using combinations of scientifically proven, cost-effective, and scalable interventions targeted to the certain populations (all races/ethnicities of gay, bisexual, and other MSM, African Americans/Blacks, Latinos/Hispanics, IDUs, and transgender individuals) in the specified geographic areas. The HIP approach promises to increase the impact of HIV prevention efforts – an essential step in achieving the goals of NHAS.

([http://www.cdc.gov/hiv/strategy/dhap/pdf/nhas\\_booklet.pdf](http://www.cdc.gov/hiv/strategy/dhap/pdf/nhas_booklet.pdf)).

HIP has resulted in 1) a data-driven re-allocation of HIV prevention (e.g. 12-1201), the new surveillance FOA 13-1301 used a formula for funding that better matches resources to the geographic burden of HIV, and 2) prioritized funding of specific HIP activities including HIV testing; comprehensive prevention with HIV-positive individuals; condom distribution; policy initiatives; evidence-based intervention for high-risk populations; social marketing, media, and mobilization;

programmatic support for biomedical interventions (e.g., pre-exposure prophylaxis [PrEP] and non-occupational post-exposure prophylaxis [nPEP]); jurisdictional HIV prevention planning; and using epidemiological, surveillance, and programmatic data to guide HIV planning and program implementation.

HIP has significant implications for health departments, such as their deciding how to: 1) best align local HIV prevention programs and services to accommodate changes in CDC and local levels of funding; 2) plan, implement, evaluate, and sustain a strategic combination of prioritized HIP activities; and 3) adjust or realign their programs to work toward meeting NHAS goals.

As changes in the U.S. healthcare system will affect people living with HIV (PLWH) by providing an opportunity to access care and treatment services differently, health departments may need additional support to develop systems and create non-legislative public policy to better address the needs of this population. It is evident that this effort will require the establishment of systems to facilitate the availability and utilization of culturally competent HIV treatment and care services for most impacted populations. To keep their constituency healthy by making sure that effective HIV prevention, and care and treatment services are available in an environment where funding continues to decrease, health departments may need to identify new ways to support HIV prevention programs. One example is the use of third-party billing systems for reimbursement of costs associated with delivery of HIV related services.

**a. Statutory Authorities:** This program is authorized under Sections 301 (a) and 318 of the Public Health Service Act [42 U.S.C. Sections 247b (k) (2) (d) and 247c (b) (4)], as amended.

**b. Healthy People 2020:**

This FOA addresses the “Healthy People 2020” HIV focus areas of:

Diagnosis of HIV Infection and AIDS

HIV-1 HIV diagnoses

HIV-2 New HIV infections among adolescents and adults

HIV-3 HIV transmission rate

HIV-4 AIDS

HIV-5 AIDS among heterosexuals

HIV-6: AIDS among men who have sex with men

HIV-7 AIDS among injection drug users

HIV-8 Perinatally acquired HIV and AIDS

Death, Survival, and Medical Healthcare after Diagnosis of HIV Infection and AIDS

HIV-9 Early diagnosis

HIV-10 HIV care and treatment

HIV-11 Survival after AIDS diagnosis

HIV-12 HIV deaths

HIV Testing

HIV-13 Awareness of HIV serostatus

HIV-14 HIV testing

HIV-15 HIV testing in TB patients

HIV Prevention

HIV-16 HIV/AIDS education in substance abuse treatment programs

HIV-17 Condom use

HIV-18 (Developmental) Unprotected sex among men who have sex with men

**c. Other National Public Health Priorities and Strategies:**

**Program Collaboration and Service Integration**

This FOA supports the NCHHSTP program imperative calling for program collaboration and service integration (PCSI). PCSI promotes improved integrated HIV, viral hepatitis, STD, and TB prevention and treatment services at the client level through enhanced collaboration at the health department jurisdictional level, as well as organizational program level, thereby offering opportunities to: increase efficiency, reduce redundancy, and eliminate missed opportunities; increase flexibility and better adapt to overlapping epidemics and risk behaviors; and improve operations through the use of shared data, enabling service providers to adapt to, and keep pace with, changes in disease epidemiology and new technologies.

Details of this strategy and approach are outlined in the NCHHSTP PCSI White Paper ([http://www.cdc.gov/nchhstp/programintegration/docs/207181-C\\_NCHHSTP\\_PCSI%20WhitePaper-508c.pdf](http://www.cdc.gov/nchhstp/programintegration/docs/207181-C_NCHHSTP_PCSI%20WhitePaper-508c.pdf)).

**Health Equity**

The recently released NHAS has identified “Reducing HIV-Related Disparities and Health Inequities” as one of its three main overarching goals. The strategy acknowledges that disparities in HIV prevention and care persist among racial/ethnic minorities, as well as among sexual minorities. While working to improve access to prevention and care services for all Americans, the NHAS calls for the following steps to help reduce inequities across groups; reduce HIV-related mortality in communities at high risk for HIV infection; adopt community-level approaches to reduce HIV infection in high-risk communities; and reduce stigma and discrimination against people living with HIV.

This FOA 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 NHAS.

Programs should use epidemiologic and social determinants data to identify communities disproportionately affected by HIV, viral hepatitis, STDs, TB and related diseases/conditions within their jurisdictions and plan activities to help eliminate health disparities. Programs should also use data describing the social determinants of diseases in their jurisdictions to accurately focus activities for reducing health disparities and to identify strategies to promote health equity. In collaboration with partners and appropriate sectors of the community, applicants 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.

**d. Relevant Work:**

This FOA builds upon past and current programs including:

FOA PS09-922: Information Interchange and Technical Assistance for HIV Prevention

This FOA will support current and future DHAP HIV prevention programs portfolios and initiatives, including CDC HIV-related policies, by facilitating active communication, consultation, technical assistance, and problem solving between local and state health department officials, federal agencies (including CDC), and other public and private sectors organizations regarding HIV policies (non-legislative) and services. Services provided under this FOA must be consistent

with relevant CDC-supported programmatic guidance and recommendations including, but not limited to:

Combating the Silent Epidemic: U.S. Department of Health and Human Services Action Plan for the Prevention, Care and Treatment of Viral Hepatitis

[http://www.hhs.gov/ash/initiatives/hepatitis/actionplan\\_viralhepatitis2011.pdf](http://www.hhs.gov/ash/initiatives/hepatitis/actionplan_viralhepatitis2011.pdf)

The National HIV/AIDS Strategy <http://www.whitehouse.gov/administration/eop/onap/nhas/>;

High-Impact HIV Prevention: CDC's Approach to Reducing HIV Infections in the United States [http://www.cdc.gov/hiv/strategy/dhap/pdf/nhas\\_booklet.pdf](http://www.cdc.gov/hiv/strategy/dhap/pdf/nhas_booklet.pdf);

The CDC Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5709a1.htm>;

Division of HIV/AIDS Prevention (DHAP) Social marketing initiatives;

The CDC Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings:

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm>; and,

The CDC, the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), and the HIV Medicine Association of the Infectious Disease Society of American (IDSA) Guidelines for Incorporating HIV Prevention into the Medical Care of Persons Living with HIV <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm>.

Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents

<http://aidsinfo.nih.gov/contentfiles/lvguidelines/adultandadolescentgl.pdf>.

## **2. CDC Project Description**

### **a. Approach:**

The following high-level logic model is a visual description of the program approach and reflects how the strategies, activities, and outcomes are related.

<p>provide TA to community stakeholders to develop and disseminate information on data sharing for prevention planning.</p> <p>collaboration with state HDs and other national organizations, provide TA to other high incidence /urban jurisdictions.</p> <p><u>Information and Information Exchange</u></p> <p>develop procedures to collect and share data with jurisdictions and CDC</p> <p>develop data feedback loops and effective communication methods to disseminate key HIV prevention information and on HIV prevention programs.</p> <p>collaboration with CDC, facilitate national stakeholder meeting and collaboration meetings.</p> <p>develop new, and/or enhance existing, public and private partnerships.</p> <p>develop/implement systems to better provide surveillance to HDs.</p> <p>establish and maintain a membership system to rapidly disseminate key HIV prevention information to directly funded AIDS Directors and key stakeholders</p> <p>period outcome</p>	<p>cities/urban jurisdictions to provide TA, discuss collaboration with state HDs and other national organizations. *</p> <p>Increased communication and collaboration between grantee and other National Partners, State AIDS Directors, and Federal partners. *</p> <p>Increased use of data collection and data sharing systems *</p> <p>Increased data sharing for prevention planning among local community members. *</p>	<p>increased use of data to improve local HIV prevention programs *</p> <p>Increase in effective and efficient communication to facilitate evidence-based programmatic and policy changes. *</p> <p>Improved communication through membership system representing directly funded urban jurisdictions and their communities. *</p>	<p>supported by intensive TA and communication/information exchange</p>
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<p><u>Information Exchange</u></p> <p>ures to collect and share information with ners and CDC</p> <p>irs to address common TA needs across</p> <p>edback loops and effective communication eminate key HIV prevention information and ention programs.</p> <p>and/or enhance existing, public and private tips.</p>	<p>collaboration between CDC and other National and local Partners, State AIDS Directors, and Federal partners. *</p> <p>Increased data sharing for prevention planning among local community members. *</p>	<p>Increased public and private partnerships to streamline services in a cost-effective and sustainable manner.*</p> <p>Increase in effective and efficient communication to facilitate evidence-based programmatic and policy changes. *</p> <p>Improved infrastructure of prevention partners in the context of billing needs.*</p>	
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tcome

**i. Problem Statement:**

HIV prevention programs must now adapt to the unprecedented changes occurring in the health care system in the United States. The Affordable Care Act, and state and local level reforms and efforts are reshaping and redistributing insurance coverage, service payment structures, and where people access health care services. Simultaneously, the widespread adoption of electronic medical records, electronic lab reporting, and routine laboratory data collection (i.e., CD4 and viral load) are opening new opportunities to use HIV surveillance data to monitor clinical outcomes that indicate progress along the continuum of care, assist persons living with HIV to link to, remain in, or re-engage with the healthcare system, improve the quality of care and prevention services, and streamline services across HIV prevention, care, and treatment. These changes offer HIV programs both tremendous opportunities and formidable challenge including:

- Changes in the public health systems and HIV prevention landscape have increased the demand for: utilizing surveillance data to make programmatic decisions; increased collaboration and coordination across federal funding streams at the state and local level; and the need for developing business models within healthcare settings.
- Demand for information around CDC’s programs, policy changes, and update in a timely manner.
- Few resources increased the need and demand for strategic planning at national and community-level and increased the need of public and private sector partnerships with directly funded jurisdictional health departments and other HIV prevention partners.
- Increased demand for practice based approaches that have been proven to be successful and most easily acquired through peer-to-peer support for program development, planning, management and administration.
- Lack of skill sets in health departments to adjust to the changing landscape (i.e., billing systems, utilizing data to make programmatic decisions, the use of surveillance data to monitor clinical outcomes that indicate progress along the continuum of care)

**ii. Purpose:**

CDC is committed to working with public health systems to ensure planners, developers, and implementers of public health initiatives possess the skills and resources needed to better address the HIV/AIDS epidemic. The purpose of this FOA is to support AIDS Directors representing directly funded urban jurisdictions and other constituents in complying with the responsibilities established in NHAS, HIP and address:

- Changes in the public health systems and HIV prevention landscape have increased the demand for: utilizing s data to make programmatic decisions; increased collaboration and coordination across federal funding streams at the local level; as well as, new and different business models.
- Demand for information around CDC’s programs, policy changes, and update is not being met in a timely manner.
- Few resources increased the need and demand for strategic national, community-level,

public, and private sector partnerships with AIDS Directors representing directly funded urban jurisdictions and other prevention partners.

- Changes in the public health systems and HIV prevention landscape have increased the demand for the practice based approaches that has been proven to be successful and most easily acquired through peer-to-peer support for program development, planning, management and administration.

This program will have two tiers of activities:

- **(Category A)** Ensure the provision of high-quality technical assistance to facilitate active communication, consultation, and problem solving between local and state health departments and other prevention partners. These services will support the implementation of high impact HIV prevention programs in order to achieve maximal results in addressing the HIV/AIDS epidemic and reducing new HIV infections.
- **(Category B)** Additional services provided under this FOA are geared to enhance or secure billing methods, as well as develop formal public and private partnerships to streamline services in a cost-effective and sustainable manner.

### iii. Outcomes:

***Each program is expected to achieve short term and intermediate outcomes listed in the logic model during the FOA project period.***

#### **Short Term Outcomes for Category A:**

- Increased use of surveillance data for program decisions.
- Increased implementation of new business models by health departments.
- Increased engagement with other cities/urban jurisdictions to provide TA, discuss collaboration with state HDs and other national organizations.
- Increased communication and collaboration between awardee and other National Partners, State AIDS Directors, and Federal partners.
- Increased use of data collection and data sharing systems.
- Increased data sharing for prevention planning among local community members.

#### **Intermediate Outcomes A:**

- Increased information sharing and collaboration among federal agencies and other National Partners that represent State AIDS Directors and local HDs.
- Increased use of data to improve local HIV prevention programs.
- Increased effective and efficient communication to facilitate evidence-based programmatic and policy changes.
- Improved communication through membership system representing directly funded urban jurisdictions and their communities.

#### **Long Term Outcomes A:**

- Improved selection and implementation of evidence-based HIV prevention programs.
- Reduced incidence of HIV in jurisdictions served by intensive TA and

communication/ information exchange.

**Short Term Outcomes for Category B:**

- Increased implementation of new business models by prevention partners.
- Increased engagement with public and private sector partners to provide TA and improve business model collaborations with prevention partners.
- Increased communication and collaboration between CDC and other National and local Partners, State AIDS Directors, and Federal partners.
- Increased data sharing for prevention planning among local community members.

**Intermediate Outcomes B:**

- Increased information sharing and collaboration with federal agencies and other National Partners that represent prevention, care, and treatment providers.
- Increased use of billing systems/methods and business models.
- Increased public and private partnerships to streamline services in a cost-effective and sustainable manner.
- Increased effective and efficient communication to facilitate evidence-based programmatic and policy changes.
- Improved infrastructure of prevention partners in the context of billing needs.

**Long Term Outcomes B:**

- Improved selection and implementation of evidence-based HIV prevention programs.
- Reduced incidence of HIV in jurisdictions served by intensive TA and communication/ information exchange.

**Note: Applicants are expected to achieve an increase in TA and improved communication/information exchange in both Category A & B under short term and intermediate outcomes.**

**iv. Funding Strategy:**

- Category A: up to \$700,000; Category B: up to \$700,000
- Applicants can apply for both category A & B, with the possibility of only being funded for one category. One application can be submitted for those applying for categories A & B--applicant will organize all of the category A documents together and all category B documents together; for example: Category A: Budgets, Applicant Evaluation and Performance Measurement Plan, Approach, Work Plan, etc.)

**v. Strategies and Activities:**

- **(Category A)** Ensure the provision of high-quality technical assistance to facilitate active communication, consultation, and problem solving between local and state health departments and other prevention partners. These services will support the implementation of high impact HIV prevention programs in order to achieve maximal results in addressing the HIV/AIDS epidemic and reducing new HIV infections. Activities include but are not limited to:
  - Determine TA needs for directly funded health departments (HDs).
  - Provide TA and support to directly funded HDs using peer-to-peer and other

technology transfer methodologies to address: Use of surveillance data for programmatic decisions; assessment and implementation of new and different business models.

- Provide TA to community stakeholders to develop and disseminate information on data sharing for prevention planning.
- In collaboration with state HDs and other national organizations provide TA to other high incidence cities/urban jurisdictions.
- **(Category A)** Use of state-of-the-art technology to facilitate communication between HIV prevention partners to address: Policy Development; Communication and Information Exchange; Partnerships; and, HIV Prevention and Care Practices and Services.

Activities include but are not limited to:

- Develop procedures to collect and share data with jurisdictions and CDC
- Develop data feedback loops and effective communication methods to disseminate key HIV prevention information and inform HIV prevention programs.
- In collaboration with CDC, facilitate national stakeholder planning and collaboration meetings.
- Develop new, and/or enhance existing, public and private sector partnerships.
- Develop/implement systems to better provide surveillance data to HDs.
- Establish and maintain a membership system to rapidly disseminate key HIV prevention information to directly funded AIDS Directors and key stakeholders.

- **(Category B)** Additional services provided under this FOA are geared to enhance or secure billing methods, as well as develop formal public and private partnerships to streamline services in a cost-effective and sustainable manner.

Activities will include, but are not limited to:

- Provide intensive and individualized TA and support to prevention partners (and health departments, when needed) in adapting to the changing public health and HIV Prevention landscape.
- Determine TA needs for cost analysis of billable services.
- Provide TA and support using peer-to-peer and other technology transfer methodologies to address third-party billing.
- **(Category B)** Use of state-of-the-art technology to facilitate communication between HIV prevention partners to address: Policy Development; Communication and Information Exchange; Partnerships; and HIV Prevention and Care Practices and Services.
  - Develop procedures to collect and share information with prevention partners and CDC.
  - Develop webinars to address common TA needs across jurisdictions.
  - Develop data feedback loops and effective communication methods to disseminate key HIV prevention information and inform HIV prevention programs.
  - Develop new, and/or enhance existing, public and private sector

partnerships.

In order to realize the full potential and implementation of these strategies, the following activities are of equal importance (Applies to category A & B):

- Facilitation of intensive and individualized technical assistance and support of HIV prevention program strategies.
- Facilitation/enhancing the development of partnerships with public and private sectors.
- Dissemination of CDC policies and program innovation updates.
- The flexibility to assist CDC in responding to these and other priority needs as identified by CDC.

**1. Collaborations –**

**a. With CDC funded programs:**

Successful applicants are expected to establish meaningful collaborations with DHAP's Branches and other Divisions within the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention to ensure services provided are of quality, non-duplicative, and consistent with CDC standards and guidance related to program collaboration and service integration and Health Equity.

**b. With organizations external to CDC:**

Successful applicants are expected to establish, build, and sustain strategic and meaningful collaborations and partnerships with State, Local, and Territorial AIDS Directors and HIV Prevention Programs, other Federal Agencies, and key partners external to CDC such as: Colleges and Universities; Public Health Departments; Community Health Care Centers; Community-based Organizations; Faith-based Organizations; stakeholders; national organizations, such as the National Association of State Alcohol and Drug Abuse Directors and the National Association of State Medicaid Directors, and other entities interested in promoting improved health outcomes through HIV prevention, care, and treatment.

**2. Target Populations:**

**Category A:** Applicants should propose to address technical assistance needs of directly funded health departments in urban jurisdictions and their constituents who are involved in making decisions which result in improvement of HIV services targeted to people disproportionately impacted by HIV infection.

**Category B:** Applicants should propose to address technical assistance needs of HIV prevention providers and health departments (when needed) who are involved in making decisions which result in improvement of HIV services targeted to people disproportionately impacted by HIV infection.

**Inclusion:**

**Category A & B:** Applicants should propose to address technical assistance needs of health departments and HIV Prevention providers such that language, ability, and sexual orientation are accounted for in how the services are provided (virtual meetings that are 508 compliant and available in multiple languages, offered at Pacific Island time,

include TA staff that are disabled and scenarios and tools appropriate to use in contexts with diverse audiences, etc.), and the monitoring and evaluation of the quality and effectiveness of the program service.

**Applicant should also document how they will ensure transparency and parity in engagement of AIDS Directors, health department staff, community partners, HIV prevention providers, and other non-traditional partners in the planning, implementation, and evaluation of TA services.**

**b. Evaluation and Performance Measurement:**

**i. CDC Evaluation and Performance Measurement Strategy:**

The CDC strategy for monitoring and evaluating the program and awardee performance will be to collect information related to proposed program strategies, activities, and related outcomes.

The key questions to be answered for this program include the following:

1. What types of resources were used for planning, implementing, and evaluating of the proposed program?
2. What activities were implemented to meet the proposed program outcomes?
3. Were all of the proposed activities implemented?
4. What products or deliverables were produced as a result of the program activities implemented?
5. How are directly funded AIDS Directors that represent the urban jurisdictions and other prevention services providers applying the information and other outputs that resulted from the technical assistance services provided?
6. Were improvements implemented to enhance HIV prevention services that resulted in planning, implementation and administration efficiencies or cost savings?
7. Did effectiveness, cohesiveness, and sustainability of HIV prevention programs coverage increase?
8. Were there improvements in the development and maintenance of meaningful partnerships to sustain HIV prevention programs? If so, please describe.
9. How were communication technologies integrated to effectively share important information related to programmatic and policy changes in a timely manner?
10. How did communication between CDC, other Federal Agencies, National Partners, and awardees increase?
11. Was there improvement in the capacity of directly funded AIDS Directors/HIV prevention partners? If so, describe.

Data sources may include information and data provided in the IPR and APR, consultations with AIDS Directors and HIV Prevention Program Managers, among others.

**ii. Applicant Evaluation and Performance Measurement Plan:**

Applicants applying for both category A & B must provide separate evaluation and performance measurement plans (for each category) to show how they will identify progress and success providing the proposed services and meeting their proposed outcomes. In this plan, applicants must: 1) Describe how the directly funded health departments/HIV prevention partners will be

engaged in the evaluation and performance measurement processes; 2) Describe available data sources and appropriate collection of performance evaluation data; 3) Describe how evaluation findings will be used for quality improvement; and 4) Describe the frequency that evaluation and performance data are to be collected and reported.

**c. Organizational Capacity of Awardees to Execute the Approach:**

Applicants for Category A & B must demonstrate:

- Evidence of experience providing the proposed services at a national level and of a public health mission--for the respective category.
- Ability to effectively and successfully execute the strategies and activities included in the FOA and to meet project outcomes.
- Having in place the required and adequate infrastructure, physical space and equipment, workforce capacity, competence, and relevant skill sets to perform the required activities (upload in grants.gov in "Other" resumes, relevant samples of work, etc.).
- Having in place communication, technological, and data systems required to implement the activities in an effective manner.
- Having in place adequate plans for program and staffing management, performance measurements, evaluation systems, financial reporting systems, policies to manage travel, and workforce development and training.
- Evidence of the nature of their relationship and history, to include number of years serving or working with directly funded health departments in urban jurisdictions and HIV Prevention Program and their experience and expertise related to required technical assistance services and content areas.
- Evidence of capacity by providing MOA/MOUs.

**d. Work Plan:**

Each work-plan must include:

1. Program strategies to be used during the first year of the project period.
2. In preparing the work plan, applicants should discuss how they will use the following mechanisms to address the program strategies: 1) information collection; 2) technical assistance and services. Technical assistance can be provided through: e-learning strategies (e.g., podcasts, webinars, distance learning), expert consultations (in person or by telephone), and peer-to-peer mentoring.
3. Outcomes for the first year of the project period.
4. Specific, measurable, achievable, realistic and time-phased activities for the first year of the project period.
5. Activities for the first year of the project period. The activities must be in alignment with the proposed outcomes and program strategies.
6. Timeline for the first year of the project period.
7. Budget and budget narrative for the first year of the project period.

Note: Proposed work-plan may be adjusted post-award, to better address DHAP's priorities.

### General Work-plan

1. Staffing:
  - Design and implement a plan to hire, retain, cross-train, and provide professional development of staff to ensure all the activities proposed in the work-plan are effectively addressed and provide all expected services regardless of interruptions in staff availability or staff changes. The plan must include the use of all necessary experts including, but not limited to, qualified consultants/subject matter experts in different HIV-related public health disciplines.
  - The staffing plan must also be cost-effective.
2. Strategies for service delivery:
  - Design and implement a strategy to:
    - i. proactively and effectively provide technical assistance services that utilize state-of-the-art technologies, such as web-based tools;
    - ii. systems to respond to technical assistance needs and requests; collaborating and coordinating with directly funded health departments/HIV prevention programs for the delivery of technical assistance services within their jurisdictions;
    - iii. identify and address technical assistance and CBA needs in partnership with DHAP;
    - iv. accessing other federal, state or local resources available, as appropriate; provide on-going follow- up with directly funded health departments/HIV Prevention Program after provision of services to ensure maintenance and quality improvement.
      1. Awardee will implement tailored technical assistance strategies such as: web-based consultations; face-to-face meetings; videoconferences or teleconferences; mentoring; and peer-to-peer assistance to address constituents' needs. When determining the appropriate service delivery strategy, awardee should consider the directly funded health departments/HIV prevention programs' needs and preferred strategy. Strategies used must be cost effective and replicable across consumers.
      2. Awardee will request and incorporate input from directly funded AIDS Directors/HIV prevention programs to ensure that technical assistance services provided are responsive and appropriate.
      3. Awardee will collaborate and coordinate with CDC and other federally-funded capacity building providers to ensure a seamless delivery of technical assistance and to avoid unnecessary duplication of services.
      4. Topics for technical assistance services may include but are not limited to: the National HIV/AIDS Strategy (NHAS); High Impact

Prevention (HIP); Affordable Care Act (ACA); Staff recruitment and retention; Use of surveillance data for program planning; Third Party Billing; Co-infection; Communication; Data collection, Reporting and Use; HIV Testing; Linkage to Care/Patient Navigation; Prevention with Positives; Prevention for Sero-Discordant Couples; Retention in Care; Prevention in Healthcare Settings; models of care; Medicaid programs; Pre-Exposure Prophylaxis; and Post-Exposure Prophylaxis, among others.

5. The strategy used to provide technical assistance services must also be cost-effective.
  - Design and implement a strategy to use state-of-the-art technology to facilitate communication between HIV prevention partners to address: Policy Development; Communication and Information Exchange; Partnerships; and HIV Prevention and Care Practices and Services.
    - i. Facilitate/enhance the development of partnerships with public and private sectors.
    - ii. Facilitate national stakeholder planning and collaboration meetings.
    - iii. Disseminate CDC policies and program innovation updates.
    - iv. Develop procedures to collect and share data with jurisdictions.
  - Flexibility to assist CDC in responding to these and other priority needs as identified by CDC.
3. Evaluation of services provided:
  - a. Design and implement a system to evaluate the technical assistance services provided. This system must provide for an initial evaluation at completion of services and two follow-up evaluations for quality assurance purposes and to identify additional needs resulting from the services provided. The follow-up evaluations must occur 60 and 90 days after the delivery of the services.
  - b. The evaluation system must include measures to address:
    - Effectiveness and timeliness in provision of technical assistance identified and development of communication systems.
    - Participation of target population on activities related to the provision of technical assistance.
    - Development of successful and meaningful (i.e. goals, activities, or strategies) partnerships.
    - Development of data sharing systems.
    - Increased knowledge of TA services available and access to those services.
    - Increased adoption of non-legislative local policies to advance effective and sustainable HIV prevention programs.
  - c. Findings from the initial and follow-up evaluations must be shared with directly funded AIDS Directors/HIV prevention programs and submitted to

DHAP's Project Officer within 30 days of completion. The evaluation findings must be accompanied with: how AIDS Directors, HIV prevention programs, community or non-traditional partners were engaged in the initial/follow-up evaluation and a proposed plan to address any weakness or need identified.

4. Reporting:

- a. Provide all necessary data and reporting on technical assistance activities on a monthly basis, to include services provided and services scheduled to be provided.
- b. Submit two progress reports, interim (IPR) and annual (APR), following the guidance provided by DHAP. Awardee must also submit a written response to the Program Officer's technical review of IPR and APR.

**e. CDC Monitoring and Accountability Approach:**

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting). The HHS Awarding Agency Grants Administration Manual (AAGAM)\* specifies the following HHS expectations for post-award monitoring for grants and cooperative agreements:

- Tracking awardee progress in achieving the desired outcomes.
- Insuring the adequacy of awardee systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees on adjusting the work plan based on achievement of desired outcomes and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Other activities may deem necessary to monitor the award, if applicable.

These may include monitoring and reporting activities as outlined in Chapter 2.01.101 of the HHS AAGAM\* that assists grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk awardees.

\*Beginning 10/01/2014, AAGAM will be replaced with GPAM.

**f. CDC Program Support to Awardees:**

In a cooperative agreement, CDC staff is substantially involved in program activities, above and beyond routine grant monitoring. CDC activities for this program include, but are not limited to:

1. Provide policy and program information for rapid dissemination and implementation.
2. Provide technical advice in the development of systems to implement and advance CDC policies, initiatives and programs.

3. Collaborate to ensure coordination and implementation of technical assistance services to AIDS Directors and HIV Prevention Program Managers.
4. Provide guidance and coordinate with awardees to improve the quality and effectiveness of the proposed program. This may include revision of work plans, evaluation strategies, products and services, among others.
5. Foster and support ongoing opportunities for networking, communication, coordination, and collaboration.
6. Collect and disseminate accomplishments, best practices, performance criteria, and lessons learned during the project period.
7. Provide consultation in planning, operating, analyzing and evaluating HIV prevention programs, including HIV prevention planning, CDC special initiatives, (e.g., PCSI, comprehensive HIV prevention programs, and program evaluation activities.)
8. Provide support and facilitate program collaboration with other CDC programs and HHS offices to enhance and improve integration of services.
9. Disseminate current information, including best practices, in all areas of HIV prevention.
10. Monitor programs in achieving the proposed program as well as project outcomes.
11. Assist in assessing program operations and in evaluating overall effectiveness of programs.
12. Provide capacity building assistance where identified or as needed to the awardee.

<b>B. Award Information</b>
<b>1. Type of Award:</b> Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Awardees section.
<b>2. Award Mechanism:</b> U65
<b>3. Fiscal Year:</b> 2014
<b>4. Approximate Total Fiscal Year Funding:</b> Category A: \$700,000.00 and Category B: \$700,000.00
<b>5. Approximate Total Project Period Funding:</b> Category A: up to \$3,500,000 and Category B: up to \$3,500,000
<b>6. Total Project Period Length:</b> Five years
<b>7. Approximate Number of Awards:</b> Category A: one and Category B: one
<b>8. Floor of Individual Award Range:</b> \$500,000.00 and Category B: \$500,000.00 (These amounts are subject to the availability of funds.)
<b>9. Ceiling of Individual Award Range:</b> Category A: 700,000.00 and Category B: \$700,000.00 (These amounts are subject to the availability of funds.)
<b>10. Anticipated Award Date:</b> 9/30/2014
<b>11. Budget Period Length:</b> 12 months  Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to

fund the entire period. The total project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

**12. Direct Assistance:**

Direct Assistance (DA) is not available through this FOA.

**C. Eligibility Information**

*Insert narrative for each header below based on content outlined in the Guidance.*

*Eligible applicants for this FOA are included in this section.*

- 1. Eligible Applicants:** *Add any additional eligible entities and delete any that are not eligible based on the program’s authorizing statute or an approved Limited Eligibility Justification (LEJ) or Single Eligibility Justification (SEJ). Removal of any entity from the list below for reasons other than the program’s authorizing statute requires the submission of an LEJ.*

Non-government Organizations:

- Nonprofit with 501C3 IRS status (other than institution of higher education)

**2. Special Eligibility Requirements:**

- This FOA is limited to national nonprofit organizations with an established 501(c) (3) status (e.g., public nonprofit, private nonprofit) with national HIV/AIDS programmatic experience working with directly funded AIDS Directors in urban jurisdictions, and Federal, State, and local entities. Nonprofit organizations are selected because of their demonstrated experience providing services to individuals living with HIV and those at high risk for HIV infection. Eligible applicants must meet the criteria outlined in the FOA.
- The applicant organization must demonstrate evidence of experience providing the proposed services at a national level and of a public health mission. Articles of incorporation, board resolution or by-laws are acceptable forms of evidence. Evidence can be submitted by uploading this documentation in Grants.gov under “Other Attachment Forms.” Each document should be labeled (e.g., “Proof of Experience” working with directly funded AIDS Directors/HIV prevention programs and “Proof of Public Health Mission”).
- Proof of 501(c) (3) status for non-profits. The applicant must provide evidence of federally assigned 501(c) (3) status designation by submitting a copy of the current, valid IRS determination letter. Evidence can be submitted by uploading this documentation in Grants.gov under “Other Attachment Forms.” The document should be labeled “Proof of Nonprofit Status”.

**Other:**

- Other organizations are not eligible because of their lack of ability to provide national leadership to achieve the goal of reducing the incidence of HIV/AIDS infection, and to educate about, as well as to promote communication between, state and local health departments and HIV/AIDS programs.

- Applicants cannot be a non-profit organization with 501(c) (4) Internal Revenue Service tax exempt status. 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.
- State and local governments are not eligible to apply for funding opportunity announcement.
- If a funding amount requested is greater than the ceiling established for the award range, 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.
- If the documents required in this section are not submitted with the application in Grants.gov under "Other Attachment Forms" the application will non-responsive and will not be entered into the review process.
- To be eligible, the application must meet all of the criteria listed in the Eligibility Information section of this announcement. If the application fails to meet all of these requirements, the application will not be further reviewed.
- The successful applicant must be responsible for planning, implementing, and coordinating infrastructure development requirements supporting the primary public health purpose of this FOA.
- 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.

### **3. Justification for Less than Maximum Competition:**

This FOA is limited to national nonprofit organizations with an established 501©(3) status (e.g., public nonprofit, private nonprofit) with national HIV/AIDS programmatic experience working with directed funded health departments in in urban jurisdiction and HIV prevention programs.

Eligibility is limited to those national nonprofit organizations that are nationally recognized leaders in the field of HIV/AIDS; have experience in training health department and HIV prevention staff; and have well-established infrastructure, staff, and faculty to provide or facilitate peer-to-peer technical assistance and support to directly funded health departments in urban jurisdictions and HIV prevention programs. These organizations have the expertise in providing and promoting active communication between state and directly funded health departments and Federal, State, and local entities; as well as experience and transferable knowledge on how the Affordable Care Act (ACA) is changing how health departments and HIV Prevention programs do business and understanding the need to realign and build different skill sets to continue to provide cost-efficient, high-impact, and quality services.

The Affordable Care Act is causing rapid changes in the health care system and health departments are expected to adapt to these changes just as rapidly; however, due to speed and lack of knowledge of how

all these changes will impact the health departments' internal infrastructure and budget, especially when funding continues to decrease, it is warranted that a national non-profit organization be selected. The selected organization(s) will have working knowledge of the complexities of the health department and HIV prevention programs and will demonstrate that they can provide TA to assist HIV prevention programs and health departments to access billing systems, in addition to providing proactive, bi-directional on-going communication between CDC and directly funded health departments and HIV prevention programs with understand the impact of these changes to assist with integration and staffing structure to address planning, development, and implementation of effective HIV prevention programs.

DHAP's experience has been that by funding a national non-profit organization that has experience and national reach they have been able to address:

- Dissemination of information around CDC's programs, policy changes in a timely manner (required under Categories A and B of the FOA), and
- Technical assistance in the form of peer-to-peer support for program development, planning, implementation of practice based approaches, management and administration has been proven to be successful, easily acquired, and readily accepted by directly funded health departments (required under Category A).
- Technical assistance in the form of peer-to-peer knowledge sharing, as well as or technology transfer methodologies to facilitate system changes to support prevention services in adapting to the changing landscape in public health and HIV prevention (i.e., billing systems) (required under Category B).

#### **4. Cost Sharing or Matching:**

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

#### **5. Maintenance of Effort:**

Maintenance of effort is not required for this program.

### **D. Application and Submission Information**

Additional materials that may be helpful to applicants:

<http://www.cdc.gov/od/pgo/funding/docs/FinancialReferenceGuide.pdf> .

**1. Required Registrations:** An organization must be registered at the three following locations before it can submit an application for funding at [www.grants.gov](http://www.grants.gov).

- a. Data Universal Numbering System:** All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at <http://fedgov.dnb.com/webform/displayHomePage.do>. The DUNS

number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

- b. System for Award Management (SAM):** The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at [www.SAM.gov](http://www.SAM.gov).
- c. Grants.gov:** The first step in submitting an application online is registering the organization at [www.grants.gov](http://www.grants.gov), the official HHS E-grant Web site. Registration information is located at the "Get Registered" option at [www.grants.gov](http://www.grants.gov).

All applicant organizations must register at [www.grants.gov](http://www.grants.gov). The one-time registration process usually takes not more than five days to complete. Applicants must start the registration process as early as possible.

- 2. Request Application Package:** Applicants may access the application package at [www.grants.gov](http://www.grants.gov).
- 3. Application Package:** Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at [www.grants.gov](http://www.grants.gov). If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO [PGOTIM@cdc.gov](mailto:PGOTIM@cdc.gov) for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

- 4. Submission Dates and Times:** If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by PGO.

**a. Letter of Intent (LOI) Deadline** (must be emailed or postmarked by): **4/28/14**

**b. Application Deadline:** 5/14/14, 11:59 p.m. U.S. Eastern Standard Time, at [www.grants.gov](http://www.grants.gov)

- 5. CDC Assurances and Certifications:** All applicants are required to sign and submit "Assurances and Certifications" documents indicated at <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications, name the file "Assurances and Certifications" and upload it as a PDF file at [www.grants.gov](http://www.grants.gov)
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at <http://wwwn.cdc.gov/grantsassurances/Homepage.aspx>

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC within one year of the submission date.
<b>6. Content and Form of Application Submission:</b> Applicants are required to include all of the following documents with their application package at <a href="http://www.grants.gov">www.grants.gov</a> .
<b>7. Letter of Intent (LOI):</b>
<p><i>LOI is requested but Required</i></p> <p>LOI must be sent via U.S. express mail, delivery service, fax, or email to:</p> <p><i>June Mayfield</i>  CDC, DHAP  FOA email address: PS14-1409@cdc.gov  Telephone number: 404-639-0968  Email address: <i>Jmayfield@cdc.gov</i></p>
<b>8. Table of Contents:</b> (No page limit and not included in Project Narrative limit)
Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the “Project Narrative” section. Name the file “Table of Contents” and upload it as a PDF file under “Other Attachment Forms” at <a href="http://www.grants.gov">www.grants.gov</a> .
<b>9. Project Abstract Summary:</b> (Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at <a href="http://www.grants.gov">www.grants.gov</a> . The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the “Project Abstract Summary” text box at <a href="http://www.grants.gov">www.grants.gov</a> . If the applicant is applying for both categories please label each project summary A & B.
<b>10. Project Narrative:</b> ( <i>Maximum of 40 pages</i> , single spaced, Calibri 12 point, 1-inch margins, number all pages <i>if applicant is applying for both Category A &amp; B. Maximum of 25 pages</i> , single spaced, Calibri 12 point, 1-inch margins, number all pages if applying <i>for only one category</i> .) Content beyond <i>25 pages for one category or 40 pages for both category A &amp; B will not</i> be considered. 40 pages include two separate project narratives labeled Category A and B respectively.
<p>The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section.</p> <p>Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at <a href="http://www.grants.gov">www.grants.gov</a>.</p> <ol style="list-style-type: none"> <li><b>a. Background:</b> Applicants must provide a description of relevant background information that includes the context of the problem. (See CDC Background.)</li> <li><b>b. Approach</b> <ol style="list-style-type: none"> <li><b>i. Problem Statement:</b> Applicants must describe the core information relative to the problem for the jurisdictions or populations they serve. The core information must help reviewers understand how the applicant’s response to the FOA will address the public health problem and support public health priorities. (See CDC Project Description.)</li> <li><b>ii. Purpose:</b> Applicants must describe in 2-3 sentences specifically how their application will address the problem as described in the CDC Project Description.</li> </ol> </li> </ol>

- iii. Outcomes:** Applicants must clearly identify the outcomes they expect to achieve by the end of the project period. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (i.e., increase, decrease, maintain). (See the program logic model in the Approach section of the CDC Project Description.)
- iv. Strategy and Activities:** Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Whenever possible, applicants should use evidence-based program strategies as identified by the Community Guide<sup>1</sup> (or similar reviews) and reference it explicitly as a source. Applicants may propose additional strategies and activities to achieve the outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies or practice-based innovations. (See CDC Project Description: Strategies and Activities section.)
- 1. Collaborations Category A & B:** Applicants must describe how they will collaborate with programs and organizations internal and external to CDC.
    - a. With CDC funded programs:**

Successful applicants are expected to establish meaningful collaborations with DHAP's Branches and other Divisions within the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention to ensure services provided are of quality, non-duplicative, and consistent with CDC standards and guidance related to program collaboration and service integration and Health Equity.
    - b. With organizations external to CDC:**

Successful applicants are expected to establish, build, and sustain strategic and meaningful collaborations and partnerships with State, Local, and Territorial AIDS Directors and HIV Prevention Program Managers, other Federal Agencies, and key partners external to CDC such as: Colleges and Universities; Public Health Departments; Community-based Organizations; Faith-based Organizations; stakeholders; national organizations, such as the National Association of State Alcohol and Drug Abuse Directors and the National Association of State Medicaid Directors, and other entities interested in promoting improved health outcomes through HIV prevention, care, and treatment.
  - 2. Target Populations: Category A:** Applicants should propose to address technical assistance needs of directly funded health departments in urban jurisdictions and their constituents who are involved in making decisions which result in improvement of HIV services targeted to people disproportionately impacted by HIV infection. **Category B:** Applicants should propose to address technical assistance needs of HIV prevention providers and health departments (when needed) who are involved in making decisions which result in improvement of

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<sup>1</sup> <http://www.thecommunityguide.org/index.html>

HIV services targeted to people disproportionately impacted by HIV infection.

- 3. Inclusion Category A & B:** Applicants should propose to address technical assistance needs of health departments and HIV Prevention providers such that language, ability, and sexual orientation are accounted for in how the services are provided (virtual meetings that are 508 compliant and available in multiple languages, offered at Pacific Island time, include TA staff that are disabled and scenarios and tools appropriate to use in contexts with diverse audiences, etc.), and the monitoring and evaluation of the quality and effectiveness of the program service.

- c. Applicant Evaluation and Performance Measurement Plan Category A & B:** Applicants must provide an overall evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes.
- Describe the type of evaluations to be conducted (i.e., process and/or outcome).
- Describe key evaluation questions to be answered.
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that must be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence base of effectiveness.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first six months of the project, as outlined in the reporting section of the FOA.

- d. Organizational Capacity of Applicants to Implement the Approach (Category A & B):** *CDC requires CVs/Resumes or Organizational.* Applicants must name this file “CVs/Resumes” or “Organizational Charts” and upload it at [www.grants.gov](http://www.grants.gov).]

*Organizational description must also include:*

- *Evidence of experience providing the proposed services at a national level and of a public health mission.*
- *Ability to effectively and successfully execute the strategies and activities included in the FOA and to meet project outcomes.*

- *Having in place the required and adequate infrastructure, physical space and equipment, workforce capacity, competence, and relevant skill sets to perform the required activities.*
- *Having in place communication, technological, and data systems required to implement the activities in an effective manner.*
- *Having in place adequate plans for program and staffing management, performance measurements, evaluation systems, financial reporting systems, policies to manage travel, and workforce development and training.*
- *Evidence of the nature of their relationship and history, to include number of years serving or working with directly funded AIDS Directors in urban jurisdictions, their constituents, and HIV Prevention Programs and their experience and expertise related to required technical assistance services and content areas.*
- *Evidence of capacity by providing MOA/MOUs.*

**11. Work Plan:** *(Included in the Project Narrative's 25 page limit for one category or 40 pages limit for two categories.)*

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies, and activities, evaluation and performance measurement, including key milestones.

Applicants must name this file "Work Plan" and upload it as a PDF file at [www.grants.gov](http://www.grants.gov).

The applicant is required to provide a general program work plan for the five-year program and a detailed description of the first year plan. *Applicant is expected to submit separate work plans if applying for both categories.* The work plan should include: outcomes, program strategies, activities, and specific, measurable, achievable, realistic and time-phased activities/strategies.

The work-plan must include:

1. Program strategies to be used during the first year of the project period.
2. In preparing the work plan, applicants should discuss how they will use the following mechanisms to address the program strategies: 1) information collection; 2) technical assistance and services. Technical assistance can be provided through: e-learning strategies (e.g., podcasts, webinars, distance learning), expert consultations (in person or by telephone), and peer-to-peer mentoring.
3. Outcomes for the first year of the project period.
4. Specific, measurable, achievable, realistic and time-phased activities for the first year of the project period.
5. Activities for the first year of the project period. The activities must be in alignment with the proposed objectives and program strategies.
6. Timeline for the first year of the project period.
7. Budget and budget narrative for the first year of the project period.
8. Program strategies, activities, and intended outcomes for the five-year period.

Note: Proposed work-plan may be adjusted post-award, to better address DHAP's priorities.

### **General Work-plan**

#### 1. Staffing

- Design and implement a plan to hire, retain, cross-train, and provide professional development of staff to ensure all the activities proposed in the work-plan are effectively addressed and provide all expected services regardless of interruptions in staff availability or staff changes. The plan must include the use of all necessary experts including, but not limited to, qualified consultants/subject matter experts in different HIV-related public health disciplines.
- The staffing plan must also be cost-effective.

#### 2. Strategies for service delivery:

- Design and implement a strategy to:
  - i. proactively and effectively provide technical assistance services that utilize state-of-the-art technologies, such as web-based tools;
  - ii. systems to respond to technical assistance needs and requests; collaborate and coordinate with directly funded health departments in urban jurisdictions and/or HIV Prevention Programs for the delivery of technical assistance services within their jurisdictions;
  - iii. identify and address technical assistance and CBA needs in partnership with DHAP;
  - iv. access other federal, state or local resources available, as appropriate; and,
  - v. provide on-going follow-up with the recipients of the TA after provision of services to ensure maintenance and quality improvement.
  1. Implement tailored technical assistance strategies such as: web-based consultations; face-to-face meetings; videoconferences or teleconferences; mentoring; and peer-to-peer assistance to address constituents needs. When determining the appropriate service delivery strategy, awardee should consider the directly funded AIDS Directors in urban jurisdictions and/or HIV Prevention Program needs and preferred strategy. Strategies used must be cost effective and replicable across consumers.
  2. Request and incorporate input from directly funded AIDS Directors in urban jurisdictions and/or HIV Prevention Programs to ensure that technical assistance services provided are responsive and appropriate.
  3. Awardee will collaborate and coordinate with CDC and other federally-funded capacity building providers to ensure a seamless delivery of technical assistance and to avoid unnecessary duplication of services.
  4. Topics for technical assistance services may include but are not limited to: Data to care; Continuum of care; the National HIV/AIDS Strategy (NHAS); High Impact Prevention (HIP); Affordable Care Act (ACA); Use of surveillance data for program planning; Co-infection; Communication; Collaborative HIV Planning, Reporting and Use; HIV Testing; Linkage to

Care/Patient Navigation; Prevention with Positives; Prevention for Sero-Discordant Couples; Retention in Care; Prevention in Healthcare Settings; models of care; Medicaid programs; Pre-Exposure Prophylaxis; and, Post-Exposure Prophylaxis, among others. For Category B: services may include but are not limited to: Third party Billing, Business models, Changing Roles of health departments and prevention services in expanded service delivery; Clinical and non-clinical agency collaboration; and, Infrastructure development to enhance the HIV continuum of care and health outcomes.

5. The strategy used to provide technical assistance services must also be cost-effective.
- Design and implement a strategy to use state-of-the-art technology to facilitate communication between HIV prevention partners to address: Policy Development; Communication and Information Exchange; Partnerships; and HIV Prevention and Care Practices and Services.
    - i. Facilitate/enhance the development of partnerships with public and private sectors.
    - ii. Facilitate national stakeholder planning and collaboration meetings.
    - iii. Disseminate CDC policies and program innovation updates.
    - iv. Develop procedures to collect and share data with jurisdictions.
  - Maintain flexibility to assist CDC in responding to these and other priority needs as identified by CDC.
3. Evaluation of services provided:
    - a. Design and implement a system to evaluate the technical assistance services provided. This system must provide for an initial evaluation at completion of services and two follow-up evaluations for quality assurance purposes and to identify additional needs resulting from the services provided. The follow-up evaluations must occur 60 and 90 days after the delivery of the services.
    - b. The evaluation system must include measures to address:
      - Effectiveness and timeliness in provision of technical assistance identified and development of communication systems.
      - Participation of target population on activities related to the provision of technical assistance.
      - Development of successful and meaningful (i.e. goals, activities, or objectives) partnerships.
      - Development of data sharing systems (Category A only).
      - Increased knowledge of TA services available and access to those services (Category A only).
      - Increased adoption of non-legislative local policies to advance effective and sustainable HIV prevention programs (Category A only).
    - c. Findings from the initial and follow-up evaluations must be shared with

recipients of the TA and submitted to DHAP's Project Officer within 30 days of completion. The evaluation findings must be accompanied with a proposed plan to address any weakness or need identified.

4. Reporting:

- a. Provide all necessary data and reporting on technical assistance activities on a monthly basis, to include services provided and services scheduled to be provided.
- b. Submit two progress reports, interim (IPR) and annual (APR), following the guidance provided by DHAP. Awardee must also submit a written response to the Program Officer's technical review of IPR and APR.

**12. Budget Narrative:**

Applicants must submit an itemized budget narrative, for each category which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Total Direct costs
- Total Indirect costs
- Contractual costs

*For guidance on completing a detailed budget, see Budget Preparation Guidelines at: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.*

If applicable and consistent with statutory authority, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://phaboard.org>). Applicant entities include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file “Budget Narrative” and upload it as a PDF file at [www.grants.gov](http://www.grants.gov). If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect cost rate is a provisional rate, the agreement must have been made less than 12 months earlier. Applicants must name this file “Indirect Cost Rate” and upload it at [www.grants.gov](http://www.grants.gov).

### **13. Tobacco and Nutrition Policies:**

Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

#### **Tobacco Policies:**

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

#### **Nutrition Policies:**

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: [http://www.gsa.gov/graphics/pbs/Guidelines\\_for\\_Federal\\_Concessions\\_and\\_Vending\\_Operations.pdf](http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf)).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are: <http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>  
<http://www.thecommunityguide.org/tobacco/index.html>  
<http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm>.

### **14. Health Insurance Marketplaces:**

A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, creates new Health Insurance Marketplaces, also known as Exchanges, to offer millions of Americans

affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing. Outreach efforts will help families and communities understand these new options and provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. For more information on the Marketplaces and the health care law, visit: [www.HealthCare.gov](http://www.HealthCare.gov).

**15. Intergovernmental Review:**

*Insert either:*

[The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: [http://www.whitehouse.gov/omb/grants\\_spoc/](http://www.whitehouse.gov/omb/grants_spoc/).]

*OR*

[Executive Order 12372 does not apply to this program.]

**16. Funding Restrictions:**

Restrictions that must be considered while planning the programs and writing the budget are:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See [Additional Requirement \(AR\) 12](#) for detailed guidance on this prohibition and [additional guidance on lobbying for CDC awardees](#).
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

## 17. Other Submission Requirements:

- a. **Electronic Submission:** Applications must be submitted electronically at [www.grants.gov](http://www.grants.gov). The application package can be downloaded at [www.grants.gov](http://www.grants.gov). Applicants can complete the application package off-line and submit the application by uploading it at [www.grants.gov](http://www.grants.gov). All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at [www.grants.gov](http://www.grants.gov). File formats other than PDF may not be readable by PGO Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity at [www.grants.gov](http://www.grants.gov).

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the PGO TIMS staff at 770- 488-2700 or by e-mail at [pgotim@cdc.gov](mailto:pgotim@cdc.gov), Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to PGO TIMS staff for processing from [www.grants.gov](http://www.grants.gov) on the deadline date.

- b. **Tracking Number:** Applications submitted through [www.grants.gov](http://www.grants.gov) are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when [www.grants.gov](http://www.grants.gov) receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

- c. **Validation Process:** Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by [www.grants.gov](http://www.grants.gov). A second e-mail message to applicants will then be generated by [www.grants.gov](http://www.grants.gov) that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. Non-validated applications will not be accepted after the published application deadline date.

If a "validation" e-mail is not received within two business days of application submission, please contact [www.grants.gov](http://www.grants.gov). For instructions on how to track an application, refer to the e-mail message generated at the time of application submission or the Application User Guide, Version 3.0, page 57.

- d. **Technical Difficulties:** If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should contact Customer Service Contact Center at [www.grants.gov](http://www.grants.gov). The [www.grants.gov](http://www.grants.gov) Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at [support@www.grants.gov](mailto:support@www.grants.gov). Application submissions sent by e-mail or fax, or on

CDs or thumb drives will not be accepted. Please note that [www.grants.gov](http://www.grants.gov) is managed by HHS.

- e. **Paper Submission:** If technical difficulties are encountered at [www.grants.gov](http://www.grants.gov), applicants should call the [www.grants.gov](http://www.grants.gov) Contact Center at 1-800-518-4726 or e-mail them at [support@www.grants.gov](mailto:support@www.grants.gov) for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail or call CDC GMO/GMS, *before the deadline*, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the [www.grants.gov](http://www.grants.gov) case number assigned to the inquiry;
2. Describe the difficulties that prevent electronic submission and the efforts taken with the [www.grants.gov](http://www.grants.gov) Contact Center to submit electronically; and
3. Be postmarked at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

## E. Application Review Information

### 1. Review and Selection Process: Applications will be reviewed in three phases.

#### a. Phase I Review:

All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC/DHAP and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility or published submission requirements.

#### b. Phase II Review:

A review panel will evaluate complete, eligible applications in accordance with the "Criteria" section of the FOA.

- a. Approach: **[55 points]:** The applicant must describe the core information to understand how the application will address the public health problem and supports public health priorities.
  - i. **Background (5 points):**

The extent to which the applicant:

    1. Describes how the proposed program will address the public health priorities.
    2. Demonstrates comprehensive knowledge of the target audience's

needs.

3. Describes how the proposed program will address the needed services.
4. Identifies the expected outcomes to be achieved by the end of the project period.

**ii. Program Strategy (15 points):**

The extent to which the applicant:

Provides a comprehensive description of the program strategy or strategies the applicant intends to use to meet the project period outcomes to include existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies or practice-based innovations.

**iii. Work Plan (35 points):**

The extent to which the applicant 1) develops and describes a plan to adequately achieve the proposed program outcomes and carry out the proposed activities; 2) develops a complete and comprehensive plan for the first budget period; and 3) demonstrates how the plan will address the needs of the target audience.

1. For the five-year project period:

- a. Proposed program (**5 points**): The extent to which the narrative clearly describe the strategies, activities, and outcomes to be achieved by the end of the five-year project period.
- b. Outcomes (**5 points**): The extent to which the five-year project period outcomes are achievable and address the purpose of the FOA.

2. For the first year of the project period:

- a. Outcomes (**5 points**): The extent to which the first year outcomes are achievable and address the purpose of the FOA.
- b. Strategies (**5 points**): The extent to which the strategies are address the needs of the target population and relate to the recipient activities.
- c. Activities (**10 points**): The extent to which the described activities are achievable, able to build capacity and likely to lead to the attainment of the proposed objectives.

3. Coordination (**5 points**): The extent to which the coordinated activities are

comprehensive and likely to produce program support for the implementation of the proposed activities.

**b. Organizational Capacity of Awardees to Execute the Approach [ 30 points]:**

i. Organizational Capacity Statement **(10 points):**

The extent to which the applicant demonstrates having in place the infrastructure and capacity required to implement the proposed program and achieve the proposed objectives and outcomes.

ii. Relationship with Target Audience **(10 points):**

The extent to which the applicant:

1. Describes having significant access to the target audience.
2. Provides examples of an established track record of providing the proposed services to the target audience and number of years.
3. Demonstrates the target population's interest in the services to be provided (i.e., letters of support).

iii. Project Management/Staffing Plans **(10 points):**

The extent to which the applicant:

1. Indicates appropriate staff member experience.
2. Describes clearly defined roles for staff members that are in alignment with the proposed strategies and activities.
3. Describes sufficient staff member capacity to accomplish proposed program goals.

iv. Budget and Budget Narrative (reviewed, but not scored)

Is the proposed budget is reasonable, allowable, allocable, and consistent with the stated objectives and proposed program activities?

**c. Evaluation and Performance Measurement [15 points]:**

The extent to which the applicant:

1. Proposes an evaluation plan that is consistent with their work plan and the CDC evaluation performance strategy, and that is feasible and likely to demonstrate awardee performance outcomes, including successes and needed improvements.

The plan must:

- Describe how activities used to implement strategies will be monitored.

- Describe how directly funded AIDS Directors in urban jurisdictions and/or HIV Prevention Programs will be engaged in the evaluation and performance measurement planning processes;
  - Describe the type of evaluations to be conducted (i.e. process and/or outcome);
  - Describe key evaluation questions to be answered that are consistent with the proposed activities and outcomes;
  - Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that should be included;
  - Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data;
  - Describe how evaluation findings will be used for continuous program and quality improvement.
2. Develops measures of effectiveness that are consistent with the objectives identified in the work plan and are likely to measure the intended outcomes.
  3. Allocates 5% of their award to support evaluation activities, and are encouraged to work with professional evaluators to collect and use quality process and outcome evaluation data.

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

**c. Phase III Review:**

All applicants may receive a pre-decisional site visit (PDSV); if this occurs based on scores from PDSV and application scores from Phase II. Applications will be funded in order by score(s). If Applicants may receive funding in one or both categories.

**d. Phase IV Review:**

Based on results from earlier phases of review, CDC may select applicants for pre-decisional site visits (PDSVs). During PDSVs, CDC staff will meet with appropriate project management and staff including representatives of governing bodies, executive director, program manager, trainers, curriculum developers, technical assistance specialists, evaluators, behavioral scientists, consultants, contractors, etc. The PDSV 1) facilitates a technical review of the application and discussion of the proposed program, 2) further assesses an applicant's capacity to implement the proposed program, and (3) identifies unique programmatic conditions that may require further training, technical assistance, or other resources from CDC.

Final funding determinations will be based on results from the entire review process.

**2. Announcement and Anticipated Award Dates:**

*Posted on CDC/DHAP funding website.*

## F. Award Administration Information

### 1. Award Notices:

Awardees will receive an electronic copy of the Notice of Award (NoA) from CDC PGO. The NoA shall be the only binding, authorizing document between the awardee and CDC. The NoA will be signed by an authorized GMO and e-mailed to the awardee program director.

Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

### 2. Administrative and National Policy Requirements:

Awardees must comply with the administrative requirements outlined in 45 C.F.R. Part 74 or Part 92, as appropriate. Brief descriptions of relevant provisions are available at [http://www.cdc.gov/od/pgo/funding/grants/additional\\_req.shtm](http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm).

The following Administrative Requirements (AR) apply to this project:

*List applicable ARs –*

[Generally applicable ARs:

- AR-7: Executive Order 12372
- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2010
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)
- AR-35: Nutrition Policies

ARs applicable to awards associated with HIV/AIDS issues:

- AR-4: HIV/AIDS Confidentiality Provisions
- AR-5: HIV Program Review Panel
- AR-6: Patient Care

ARs applicable to awards by ATSDR:

- AR-18: Cost Recovery – ATSDR
- AR-19: Third Party Agreements – ATSDR

ARs applicable to awards related to conferences:

- AR-20: Conference Support
- AR-27: Conference Disclaimer and Use of Logos

Organization-specific ARs:

- AR-8: Public Health System Reporting (community-based, nongovernment organizations)
- AR-15: Proof of Non-profit Status (nonprofit organizations)
- AR 23: Compliance with 45 C.F.R. Part 87 (faith-based organizations)]

For more information on the C.F.R., visit the National Archives and Records Administration at <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>.

### 3. Reporting

#### a. CDC Reporting Requirements:

*The following text is required – see additional information in [brackets] that must be inserted by CDC programs:*

Reporting provides continuous program monitoring and identifies successes and challenges that awardees encounter throughout the project period. Also, reporting is a requirement for awardees who want to apply for yearly continuation of funding. Reporting helps CDC and awardees because it:

- Helps target support to awardees, particularly for cooperative agreements;
- Provides CDC with periodic data to monitor awardee progress towards meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings to validate continuous program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the FOA.

As described in the following text, awardees must submit an annual performance report, ongoing performance measures data, administrative reports, and a final performance and financial report. A detailed explanation of any additional reporting requirements will be provided in the Notice of Award to successful applicants.

#### b. Specific reporting requirements:

- i. **Awardee Evaluation and Performance Measurement Plan:** Awardees must provide a more detailed evaluation and performance measurement plan within the first six months of the project. This more detailed plan must be developed by awardees as part of first-year project activities, with support from CDC. This more detailed plan must build on the elements stated in the initial plan, and must be no more than 25

pages. At a minimum, and in addition to the elements of the initial plan, this plan must:

- Indicate the frequency that evaluation and performance data are to be collected.
- Describe how data will be reported.
- Describe how evaluation findings will be used to ensure continuous quality and program improvement.
- Describe how evaluation and performance measurement will yield findings that will demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA as it pertains to performance measurement, cost-effectiveness, or cost-benefit).
- Describe dissemination channels and audiences (including public dissemination).
- Describe other information requested and as determined by the CDC program.

When developing evaluation and performance measurement plans, applicants are encouraged to use the Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, available at: <http://www.cdc.gov/eval/guide/index.htm>

**ii. Annual Performance Report:** This report must not exceed 45 pages excluding administrative reporting; attachments are not allowed, but Web links are allowed. The awardee must submit the Annual Performance Report via [www.grants.gov](http://www.grants.gov) 120 days before the end of the budget period. In addition, the awardee must submit an annual Federal Financial Report within 90 days after the end of the calendar quarter in which the budget year ends.

This report must include the following:

- **Performance Measures** (including outcomes)—Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results**—Awardees must report evaluation results for the work completed to date (including any data about the effects of the program).
- **Work Plan**—Awardees must update work plan each budget period.
- **Successes**
  - Awardees must report progress on completing activities outlined in the work plan.
  - Awardees must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year.
  - Awardees must describe success stories.
- **Challenges**
  - Awardees must describe any challenges that might affect their ability to achieve annual and project-period outcomes, conduct performance measures, or complete the activities in the work plan.
  - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**

- Awardees must describe how CDC could help them overcome challenges to achieving annual and project-period outcomes and performance measures, and completing activities outlined in the work plan.
- **Administrative Reporting** (No page limit)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative—must use the format outlined in “Content and Form of Application Submission, Budget Narrative” section.
  - Indirect Cost-Rate Agreement.

For year 2 and beyond of the award awardees may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period. ]

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and
- Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.]

**iii. Performance Measure Reporting:** CDC programs must require awardees to submit performance measures annually as a minimum, and may require reporting more frequently. Performance measure reporting must be limited to data collection. When funding is awarded initially, CDC programs must specify required reporting frequency, data fields, and format.

**iv. Federal Financial Reporting (FFR):** The annual FFR form (SF-425) is required and must be submitted through eRA Commons<sup>2</sup> within 90 days after each budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. The final FFR expenditure data and the Payment Management System’s (PMS) cash transaction data must correspond; no discrepancies between the data sets are permitted. Failure to submit the required information by the due date may affect adversely the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation and include the date by which the information will be provided.

**v. Final Performance and Financial Report:** At the end of the project period, awardees must submit a final report including a final financial and performance report. This report is due 90 days after the project period ends. (CDC must include a page limit

<sup>2</sup><https://commons.era.nih.gov/commons/>

for the report with a maximum of 40 pages).

At a minimum, this report must include:

- Performance Measures (including outcomes)—Awardees must report final performance data for all performance measures for the project period.
- Evaluation Results—Awardees must report final evaluation results for the project period.
- Impact/ Results—Awardees must describe the effects or results of the work completed over the project period, including success stories.
- Additional forms as described in the Notice of Award, including Equipment Inventory Report and Final Invention Statement.

Awardees must email the report to the CDC PO and the GMS listed in the “Agency Contacts” section of the FOA.

#### **4. Federal Funding Accountability and Transparency Act of 2006 (FFATA):**

The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible Web site, [www.USASpending.gov](http://www.USASpending.gov).

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than \$25,000.

For the full text of these requirements, see:

<http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=BILLS>.

#### **G. Agency Contacts**

CDC encourages inquiries concerning this FOA.

For **programmatic technical assistance**, contact:

June Mayfield, Project Officer  
Department of Health and Human Services  
Centers for Disease Control and Prevention  
1600 Clifton Road NE, MS E35  
Telephone: 404-639-0968  
Email: [bgo0@cdc.gov](mailto:bgo0@cdc.gov)

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

Edna Green, Grants Management Specialist  
Department of Health and Human Services  
CDC Procurement and Grants Office

2920 Brandywine Road  
Atlanta, GA 30341  
Telephone: 770-488-2858  
Email: [ecg4@cdc.gov](mailto:ecg4@cdc.gov)

For assistance with **submission difficulties related to [www.grants.gov](http://www.grants.gov)**, contact the Contact Center by phone at 1-800-518-4726. Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **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  
E-mail: [pgotim@cdc.gov](mailto:pgotim@cdc.gov)

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348.

## H. Other Information

Following is a list of acceptable attachments that applicants can upload as PDF files as part of their application at [www.grants.gov](http://www.grants.gov). Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Work Plan
- Table of Contents for Entire Submission

*[Insert optional attachments, as determined by CDC programs]*

- Resumes/CVs
- Letters of Support
- Organizational Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate , if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

## I. Glossary

CDC may add to glossary.

**Administrative and National Policy Requirements, Additional Requirements (ARs):** Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see [http://www.cdc.gov/od/pgo/funding/grants/additional\\_req.shtm](http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm).

**Award:** Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

**Budget Period or Budget Year:** The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

**Carryover:** Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

**Catalog of Federal Domestic Assistance (CFDA):** A catalog published twice a year that describes domestic assistance programs administered by the federal government. This catalog lists projects, services, and activities that provide assistance or benefits to the American public. This catalog is available at <https://www.cfda.gov/index?s=agency&mode=form&id=0bebbc3b3261e255dc82002b83094717&tab=programs&tabmode=list&subtab=list&subtabmode=list>.

**CFDA Number:** A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.

**CDC Assurances and Certifications:** Standard government-wide grant application forms.

**Competing Continuation Award:** A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the “life” of the award).

**Continuous Quality Improvement:** A system that seeks to improve the provision of services with an emphasis on future results.

**Contracts:** An award instrument that establishes a binding, legal procurement relationship between CDC and a recipient, and obligates the recipient to furnish a product.

**Cooperative Agreement:** A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award.

**Cost Sharing or Matching:** Refers to program costs not borne by the federal government but by the awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

**Direct Assistance:** An assistance support mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. Direct assistance generally involves the assignment of Federal personnel or the provision of equipment or supplies, such as vaccines.  
<http://intranet.cdc.gov/ostlts/directassistance/index.html>.

**DUNS:** The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>.

**Federal Funding Accountability and Transparency Act of 2006 (FFATA):** Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single Web site at [www.USAspending.gov](http://www.USAspending.gov).

**Fiscal Year:** The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

**Grant:** A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

**Grants.gov:** A "storefront" Web portal for electronic data collection (forms and reports) for federal grant-making agencies at [www.grants.gov](http://www.grants.gov).

**Health Disparities:** Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

**Healthy People 2020:** National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

**Inclusion:** Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

**Indirect Costs:** Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

**Intergovernmental review:** Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. 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) 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\\_spo/](http://www.whitehouse.gov/omb/grants_spo/).

**Letter of Intent (LOI):** A preliminary, non-binding indication of an organization's intent to submit an application.

**Lobbying:** Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

**Maintenance of Effort:** A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other nongovernment sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

**Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

**New FOA:** Any FOA that is not a continuation or supplemental award.

**Nongovernment Organization (NGO):** Any nonprofit, voluntary citizens' group that is organized on a local, national, or international level.

**Notice of Award (NoA):** The only binding, authorizing document between the recipient and CDC that confirms issue of award funding. The NoA will be signed by an authorized GMO and provided to the recipient fiscal officer identified in the application.

**Performance Measurement:** The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

**Objective Review:** A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

**Outcome:** The observable benefits or changes for populations or public health capabilities that will result from a particular program strategy.

**Plain Writing Act of 2010:** Requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at [www.plainlanguage.gov](http://www.plainlanguage.gov).

**Program Strategies:** Public health interventions or public health capabilities.

**Program Official:** Person responsible for developing the FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

**Project Period Outcome:** An outcome that will occur by the end of the FOA’s funding period.

**Public Health Accreditation Board (PHAB):** National, nonprofit organization that improves tribal, state, local, territorial, and U.S. public health departments and strengthens their quality and performance through accreditation.

**System for Award Management (SAM):** The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing [www.grants.gov](http://www.grants.gov) to verify identity and pre-fill organizational information on grant applications.

**Statute:** An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations. *Black’s Law Dictionary 2 Kent, Comma 450.*

**Statutory Authority:** Authority provided by legal statute that establishes a federal financial assistance program or award.

**Technical Assistance:** Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

**Work Plan:** The summary of annual strategies and activities, personnel and/or partners who will complete them, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.