Program Announcement PS17-1704

Frequently Asked Questions

Comprehensive High-Impact HIV Prevention

Projects for Young Men of Color Who Have Sex with

Men and Young Transgender Persons of Color

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

CDC
SAFER · HEALTHIER · PEOPLE™

Table of Contents

<h1 style="text-align:center">PS17-1704 APPLICATION CHECKLIST</h1>

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

☐ Letter of Intent (LOI) to Apply for Funding (optional): To access and complete this form, go to http://www.cdc.gov/hiv/funding/announcements/ps17-1704/index.html.

> Completed LOIs must be submitted to CBOFOA@cdc.gov no later than July 27, 2016. Please use the following format as the subject line, *Organization Name- PS17-1704 Letter of Intent*.

☐ Application Form: Download a copy from www.grants.gov.

Electronic Submission: Submit electronically at www.grants.gov. E-mail submissions will not be accepted. **Note:** Visit Grants.gov at least **30 days** prior to filing your application to familiarize yourself with the registration and submission processes.

☐ DUNS number on your application form.

To apply, go to http://fedgov.dnb.com/webform/displayHomePage.do or call 1-866-705-5711.

NOTE: *Your application will not be reviewed if it does not include the information listed below, depending on the services you plan to provide.*

☐ Table of Contents

☐ Project Abstract Summary

☐ Project Narrative

- Background
- Approach
- Evaluation and Performance Measurement Plan
- Organizational Capacity

☐ Work Plan

☐ Attachment A: Proposed Target Population Worksheet

☐ Attachment B: Health Department Targeted HIV Testing and Partner Services Letter of Agreement

☐ Attachment C: Letter of Intent from a Physician

☐ Attachment E: Linkage to HIV Medical Care Program Plan Template

☐ Attachment F: Health Department Letter of Support

☐ Attachment H: Historical Data Table

☐ Attachment J: CDC Assurances of Compliance (download from www.grants.gov)

☐ At least one (1) Service Agreement with a HIV Medical Care Provider

☐ At least one (1) Memorandum of Agreement/Understanding (MOA/MOU) for Prevention and Essential Support Services

☐ At least one (1) Memorandum of Agreement/Understanding (MOA/MOU) for HIV Prevention services with a Local Education Agency (LEA), if applicable

☐ **Three (3)** Letters of Support from civic, non-profit business, or faith-based organizations

☐ One of the following to support evidence of service, location, and history serving the proposed target population:

- A copy of a progress report from a funder;
- Letter from an applicant's funding source, other than CDC, documenting the applicant's service to the target population.

☐ Resumes/CVs for all PS17-1704 positions

☐ Organizational Charts (Agency and PS17-1704 HIV Prevention Program)

☐ CLIA waiver, if applicable

☐ Budget and Budget Narrative

☐ Non-Profit Organization IRS Status Forms

☐ Indirect Cost Rate, if applicable

WHAT IS THE PURPOSE OF THIS FUNDING OPPORTUNITY ANNOUNCEMENT?

The Centers for Disease Control and Prevention announces the availability of fiscal year 2017 funds for a cooperative agreement program for community-based organizations (CBOs) to develop and implement High-Impact Human Immunodeficiency Virus (HIV) Prevention Programs in the following two categories:

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

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

The purpose of this program is to implement comprehensive HIV prevention programs to reduce morbidity, mortality, and related health disparities among YMSM of color, YTG persons of color, and their partners who are at high risk of acquiring HIV. In accordance with the *National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS)* (https:// www.aids.gov/ federal-resources/ national-hiv-aids-strategy/ nhas-update.pdf) and CDC's High-Impact HIV Prevention (HIP) approach (http:// www.cdc.gov/hiv/strategy/ hihp/ index.htm), this funding opportunity announcement (FOA) focuses on HIV in the nation by reducing new infections, increasing access to care, and promoting health equity. These goals will be achieved by enhancing CBOs' capacities to increase HIV testing, link HIV-positive persons to HIV medical care, increase referrals to Partner Services (PS), provide prevention and essential support services for HIV-positive persons and persons at high risk of acquiring HIV with unknown/negative serostatus, and increase program monitoring and accountability. Standard performance measures for HIV prevention programs that are consistent with the focus of the *National HIV/AIDS Strategy for the United*

WHAT ARE THE OBJECTIVES OF THIS FUNDING OPPORTUNITY ANNOUNCEMENT?

Community-based organizations are uniquely positioned to complement and extend the reach and optimization of HIV prevention efforts implemented by state and local health departments to achieve the following objectives:
- increased identification of HIV infection
- referral for pre-exposure prophylaxis (PrEP) and non-occupational post-exposure (nPEP) services
- earlier entry to HIV care
- increased consistency of care

Standard performance measures for HIV prevention programs that are consistent with the focus of the National HIV/AIDS Strategy on improving performance and accountability are included in this FOA.

The FOA activities support the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) achieve its overarching goals as defined in the NCHHSTP Strategic Plan Through 2020 (http://www.cdc.gov/nchhstp/strategicpriorities/docs/nchhstp-strategic-plan-through-2020-508.pdf), including reducing health disparities http://healthypeople.gov/2020/about/DisparitiesAbout.aspx), implementing program collaboration and service integration (PCSI) (http://www.cdc.gov/nchhstp/programintegration/docs/207181-C_NCHHSTP_PCSI%20WhitePaper-508c.pdf, and Prevention Through Health Care (http://www.cdc.gov/nchhstp/PreventionThroughHealthCare/index.htm).

WHAT ARE THE MEASURABLE OUTCOMES?

The measurable outcomes are in alignment with one or more of the following performance goals for CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP):

- Increase the number of YMSM of color and YTG persons of color tested for HIV (at least 75% of those tested must be in the target population[s]).
- Increase diagnosis of HIV infection among YMSM of color and YTG persons of color who are unaware of their infection.
- Increase the number of newly diagnosed HIV-positive YMSM of color and YTG persons of color who are linked to HIV medical care within **30 days** of diagnosis.
- Increase the number of previously diagnosed, out-of-care, HIV-positive YMSM of color and YTG persons of color who are linked to or re-engaged in HIV medical care within **30 days** of recent HIV positive test.
- Increase the number of HIV-positive YMSM of color and YTG persons of color who receive medication adherence services.
- Increase the number of HIV-positive YMSM of color and YTG persons of color who receive Partner Services.
- Increase the number of HIV-positive YMSM of color and YTG persons of color who are provided or referred to a HIP behavioral intervention.
- Increase the number of HIV-positive YMSM of color and YTG persons of color who receive prevention and essential support services. (See the Strategies and Activities: Comprehensive HIV Prevention with HIV-Positive Persons section for a listing of these services.)
- Increase the number of HIV-negative YMSM of color and YTG persons of color at high risk of acquiring HIV, who are referred to PrEP and/or nPEP, as appropriate.
- Increase the number of HIV-positive and HIV-negative YMSM of color and YTG persons of color at high risk of acquiring HIV who are offered condoms.

CAN THE FOA BE USED TO SUPPORT RESEARCH?

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 http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

WHERE CAN I VIEW THE FOA?

To view the entire announcement and learn more about the CDC application process, go to http://www.grants.gov and click on Search Grant Opportunities tab. Then, select Keywords and enter the word "HIV Prevention" in the Search field.

WHERE CAN I GET THE LATEST FOA RELATED UPDATES?

The FOA website will be regularly updated with the latest information about the FOA and all related technical assistance (TA) activities. Visit the site at: http://www.cdc.gov/hiv/policies/funding/announcements/ps17-1704/index.html

IS TECHNICAL ASSISTANCE WITH WRITING MY APPLICATION AVAILABLE?

CDC will offer a series of Grant Writing trainings throughout the U.S.; however, technical assistance with the development of your PS17-1704 proposal is not available. By the end of the Grant Writing training, participants will be able to:

- Identify the basic structure and key elements of a grant proposal
- Develop a plan for conceptualizing, writing, reviewing, and evaluating grant applications
- Learn how to develop and write SMART goals and objectives
- Develop an appropriate budget narrative and justification
- Discuss strategies for effective grant writing

Additional details can be found on the PS17-1704 website under Capacity Building Assistance. Visit the site at: http://www.cdc.gov/hiv/policies/funding/announcements/ps17-1704/index.html

WHAT TYPE OF CAPACITY BUILDING ASSISTANCE AND TECHNICAL ASSISTANCE IS AVAILABLE?

Capacity Building Assistance (CBA) in five focus areas can be requested through the FOA website via the CBA Request Form:

- Organizational development and management (e.g., budget development, board development, fiscal resource development and management, and developing information tracking systems, etc.)
- Targeted HIV testing (e.g., recruitment, referral and linkage to services, integration of new HIV testing efforts into existing services, etc.)
- Prevention with HIV-Positive Persons (e.g., partner services, collaboration with surveillance and lab programs, cultural competence, selecting appropriate interventions, etc.)
- Prevention with High-Risk HIV-Negative Persons (e.g., social networking, behavioral risk screening, recruitment and retention of clients, etc.)
- Condom Distribution (e.g., plan, implement, evaluate and sustain condom distribution program)

Please visit the PS17-1704 website on the Capacity Building Assistance page for additional information on requesting CBA/TA. Visit the site at: http://www.cdc.gov/hiv/funding/announcements/ps17-1704/index.html

HOW MUCH FUNDING IS AVAILABLE?

The approximate current fiscal year total funding is $10 million [Category A ($7.5 million) and Category B ($2.5 million)], with an approximate total project period funding of $50 million. The average award amount is $350,000.

Note: These amounts are estimates for the first 12-month budget period which include direct and indirect costs and are subject to availability of funds.

- Eligible organizations may apply for funding under only **one** category – Category A or Category B

- Approximate Number of Awards: up to 30 awards

WHEN WILL THE FUNDS BE AVAILABLE?

Organizations that are selected will receive funding on or before April 1, 2017. Funds may be used during the budget period length of 12 months.

HOW LONG CAN FUNDING FOR THE PROJECTS BE CONTINUED?

The project period is five years. Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. To be granted a continuation award, you must have:

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

ARE MATCHING FUNDS REQUIRED?

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 are strongly encouraged.

WHO MAY APPLY FOR FUNDING?

Organizations are eligible to apply for funding under one of the funding categories (A or B).

Organizations that meet the requirements listed below are eligible to apply for funding under this FOA.

1. Must be considered a non-profit public or private organization with 501(c)(3) IRS status (other than institutions of higher education) and provide a copy of the organization's tax exempt 501(c)(3) IRS letter as documentation of the non-profit 501(c)(3) status. Included are the following types of organizations:
   - American Indian/Alaska Native tribally designated organizations
   - Community-based organizations
   - Faith-based organizations
   - Hospitals (non-government affiliation and not under the administrative and management authority of a college or university)

Please note, other tax exemption certificates, such as state tax or sales tax exemption certificates and letters, will not be accepted as a substitution of the Federal 501(c)(3) IRS tax exemption letter.

2. If an applicant is proposing to subcontract with organization(s) to provide direct services as described in this FOA, please note the following:
   - The 501(c)(3) IRS tax exemption letter for the subcontractor organization(s) must be included with the application at the time of submission.
   - Applicant organizations may subcontract with a **maximum of two** organizations to provide direct services as

described in the Strategies and Activities section of this FOA.

- Applicant organization must perform a substantial role in the delivery of services.
- The amount of funding allocated for subcontractors must be in alignment with the proposed services to be provided by the subcontractor(s).
- Subcontractor organization(s) must be located and provide services in the same state as the applicant organization and have a history of consistently serving the proposed target population for at least the last 24 months.
- Eligible applicants must be currently located and provide services in one of the 33 states listed below, District of Columbia, or Puerto Rico. Additionally, applicants may provide services in a **maximum of three (3) service areas** throughout the eligible locations. Applicants can provide HIV prevention services in areas that cross over into eligible bordering state health department jurisdictions (e.g., District of Columbia, Maryland, and Virginia). The applicant must have a history of providing HIV prevention services in these eligible areas, discussed provision of services with their state or local health department in which they report, and received written consent. (See Attachment F: Health Department Letter of Support)

Alabama	Kansas	North Carolina
Arizona	Kentucky	Ohio
Arkansas	Louisiana	Oklahoma
California	Maryland	Pennsylvania
Colorado	Massachusetts	Puerto Rico
Connecticut	Michigan	South Carolina
Delaware	Minnesota	Tennessee
District of Columbia	Mississippi	Texas
Florida	Missouri	Virginia
Georgia	Nevada	Washington
Illinois	New Jersey	Wisconsin
Indiana	New York	

WHAT FACTORS WERE CONSIDERED TO DETERMINE ELIGIBLE JURISDICTIONS?

The eligible 33 states, District of Columbia, and Puerto Rico were selected based on the number of MSM of color aged 13-29 years living with diagnosed HIV at the end of 2013 (National HIV Surveillance System). The eligible locations have greater than 150 reported cases of MSM of color, between the ages of 13-29, living with diagnosed HIV infection at the end of 2013. Limiting competition to the listed 33 states, District of Columbia and Puerto Rico will provide the greatest effectiveness for this funding because it will reach those areas with the greatest need for the HIV prevention services targeting MSM of color. There are currently no national surveillance data available for transgender populations.

WHAT ARE THE SPECIAL REQUIREMENTS FOR ELIGIBILITY?

You must:

- Document services to the target population by completing and submitting the following documentation with the application:
  - Historical Data Table (See Attachment H: Historical Data Table)
  - Target Population Worksheet (See Attachment A: Proposed Target Population Worksheet)
  - Evidence of HIV prevention or care services, location, and history of consistently serving the proposed target population(s) for at least the last 24 months. Examples include Progress Reports, Notice of Award or Media publications, or letter from an applicant's funding source, other than CDC, documenting the applicant's service to the target population.
- Share their Targeted HIV Testing plans with the health department and submit the following required HIV Testing documentation with the application:
  - Health Department Agreement for HIV Testing/Partner Services (See Attachment B: Health Department Targeted HIV Testing/Partner Services Letter of Agreement)

- o Letter of Intent from a Physician (See Attachment C: Letter of Intent from a Physician for State Regulations and HIV Testing Activities)
  - o Health Department Letter of Support (See Attachment F: Health Department Sample Letter)
  - o Current CLIA certificate, if conducting HIV rapid testing
- Provide **three** letters of support from civic, non-profit business, or faith-based organizations that are located in the community and also serve the proposed target population.

  Submit the following documents as attachments:

  - o Resumes/CVs for all PS17-1704 positions
  - o Health Department Letter of Support
  - o Organizational Charts
    - ▪ Agency-wide, and
    - ▪ PS17-1704 HIV prevention program
  - o Non-profit Organization 501(c)(3) IRS Status Forms
  - o Indirect Cost Rate (if applicable)
  - o At least one Service Agreement with a HIV Medical Care Provider
  - o At least one Memorandum of Agreement/Understanding (MOA/MOU) for Prevention and Essential Support Services
  - o At least one Memorandum of Agreement/Understanding (MOA/MOU) for HIV Prevention services with a Local Education Agencies (LEA), if applicable (*See Strategies and Activities - Other CDC-funded programs* for additional information)

Notes:

- All information submitted with your application is subject to verification during pre-decisional site visits.
- If your application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. Late submissions will be considered non-responsive.

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

Applicant organizations are required to provide HIV prevention services for HIV-positive persons and HIV-negative persons at high risk of acquiring HIV. The applicant organization's High-Impact HIV Prevention Program model for HIV-positive and HIV-negative persons at high risk of acquiring HIV must consist of the following program components:

1. Formalized Collaborations and Partnerships
2. Program Promotion, Outreach, and Recruitment
3. Targeted HIV Testing
4. Comprehensive HIV Prevention with HIV-Positive Persons – Navigation to Continuum of HIV Prevention and Care Services
5. Comprehensive HIV Prevention with High-Risk HIV-Negative Persons – Navigation to Continuum of HIV Prevention and Care Services
6. Condom Distribution

Targeted HIV Testing

HIV testing is an essential part of a comprehensive high-impact HIV prevention program. Applicant organizations will be required to develop new or enhance existing targeted HIV testing programs aimed at reaching persons (at least 75% of which must be in the target population [s] – primary and secondary target population) at high risk of acquiring HIV and not already confirmed to be HIV-positive.

Comprehensive HIV Prevention with HIV-Positive Persons

After funding to support targeted HIV testing has been allocated, organizations are expected to allocate approximately 75% of

the remaining award amount for the development and implementation of a High-Impact HIV Prevention Program with HIV-positive YMSM of color and YTG persons of color.

Organizations are required to develop a High-Impact HIV Prevention Program model with HIV-positive YMSM of color and YTG persons of color (newly and previously diagnosed with HIV infection), which enhances existing and establishes new structures that align with and support the HIV Care Continuum; facilitates access (linkage and re-engagement) to and retention in HIV medical care; and supports the provision of prevention and essential support services offered and facilitated by the Navigation and Prevention and Essential Support Services component.

Linkage to HIV Medical Care

Applicant organizations will be required to link persons with newly diagnosed HIV infection to HIV medical care within one month (30 days) of diagnosis. Additionally, applicant organizations will be required to re-engage previously diagnosed HIV-positive persons into HIV medical care when it is determined that the individual is not currently in HIV medical care.

Prevention and Essential Support Services

Applicants are expected to provide and/or refer all newly diagnosed HIV-positive persons to the required prevention and essential support services, based on the identified needs of the client. More specifically, the applicant organization must develop and implement a process for providing and/or referring clients to the following prevention and essential support services for HIV-positive persons: Partner Services, Medication Adherence Services, and CDC-approved HIP behavioral interventions for newly and previously diagnosed HIV-positive YMSM of color and YTG persons of color. The applicant organization are required to screen clients to assess their needs for additional prevention and essential support services are refer clients to services as needed (e.g., insurance navigation and enrollment, screening and treatment for STDs, viral hepatitis, and/or TB, housing, etc.).

Comprehensive HIV Prevention for High-Risk HIV-Negative Persons

After funding to support targeted HIV testing has been allocated, organizations are expected to allocate approximately **25%** of the remaining award amount for the development and implementation of a High-Impact HIV Prevention Program (HIP) for HIV-negative YMSM of color and YTG persons of color at high risk of acquiring HIV. Services may include (1) referrals to primary medical care (2) provision or referral to prevention and essential support services reflective of a combination of structural, behavioral, and/or biomedical interventions that support reducing high-risk behaviors and maximize reach and optimize outcomes (interventions for serodiscordant couples, etc.); and (3) follow-up support to remove barriers in accessing HIP strategies and activities. Individuals with a negative HIV test result but diagnosed with STDs are at an increased risk of becoming HIV-infected and may benefit from PrEP and other risk reduction interventions.

Prevention and Essential Support Services

Applicant organizations must develop and implement a process for providing and/or referring the following prevention and essential support services for HIV-negative persons at high risk of acquiring HIV: PrEP and nPEP, as appropriate and screening and treatment for STDs, viral hepatitis, and/or TB, as recommend by CDC. The applicant organization are required to screen clients to assess their needs for additional prevention and essential support services are refer clients to services as needed (e.g., insurance navigation and enrollment, primary medical care, mental health counseling, etc.).

ARE THERE ADDITIONAL REQUIRED ACTIVITIES?

The following activities are required. They must be discussed in the project narrative but do not require a separate sub-budget.

1. Implement a recruitment strategy to reach YMSM and/or YTG persons of color at greatest risk for acquiring or transmitting HIV (e.g., social networking component). The program must seek input from the Consumer Advisory Board (CAB)/Youth Advisory Board (YAB) on selecting the recruitment strategy and determining how incentives will be used in your program.
2. Designate a dedicated physical space, as a culturally and age-appropriate safe space located either within the organization or off-site within close proximity that is used to establish and maintain an ongoing relationship with the clients being served.
3. Identify baseline, annual target levels, and 5-year goals of performance for each program performance indicator identified by CDC. If you fail to achieve your target levels of performance, CDC will work with you to improve your

performance. If your performance fails to improve, CDC may reduce your award or defund your program.

4. Data collection of reporting of CDC National HIV Prevention Program Monitoring and Evaluation (NHM&E) reporting requirements. This includes, but is not limited to, standardized data reporting as described under the OMB ICR #0920- 0696. Data collection and reporting requirements will be limited to data that will be analyzed and used for program monitoring and quality improvement.
5. Establish or enhance/maintain a CAB/YAB to assist with programmatic decision-making (e.g., program recruitment, planning, and implementation). Members of the target population(s) must comprise at least <u>75% </u>of the YAB. This advisory board must be used throughout the entire project period to ensure your services are responsive to the needs of the target population.
6. Collaborate and participate in the HIV planning group with your local health department.
7. Collaborate and coordinate HIV prevention services with local AIDS Service Organizations (ASO) and other relevant health care providers who provide care services to persons living with HIV/AIDS.
8. Identify and address the capacity-building needs (including organizational and programmatic infrastructure) of your program and participate in mandatory CDC-sponsored training.
9. Hire staff who can demonstrate proven effectiveness in working with the target population for a minimum of 12 months and who are reflective of the target population(s).
10. Include adequate funds in your budget for staff training so that newly hired staff can attend training on the program activities proposed.
11. Adhere to CDC policies for securing prior approval for CDC-sponsored conferences. If you plan to use CDC funding to hold a conference, you must send a copy of the agenda to CDC's Office of Grants Services for approval.
12. If you plan to use materials and include the name or logo of either CDC or the Department of Health and Human Services (HHS), send a copy of the proposed material to CDC's Office of Grants Services for approval.
13. Convene a local materials review panel <u>or </u>utilize your local health department materials review panel to comply with CDC's Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials Form (CDC Form 0.1113, *(Attachment J) CDC's Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials Form*).

HOW WILL CDC ASSIST MY ORGANIZATION IF IT IS FUNDED?

In a cooperative agreement, CDC staff members will be substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Collaborate to ensure coordination and implementation of strategies to arrange for availability of HIV prevention providers in non-healthcare and healthcare organizations.
2. Work with awardees to identify and address CBA/TA needs that are essential to the success of the project.
   a. <u>Within the first three (3) months of funding,</u> awardees must work with the assigned PPB Project Officer to establish a CBA Request Information System (CRIS) user account to facilitate receipt of capacity building assistance.
   b. <u>Within the first six (6) months of funding</u>, CDC will work with the awardee to identify plans for participation in all appropriate CDC-approved trainings.
      i. Applicants will have access to training and technical assistance to strengthen staff capacity relevant to all required components of the program.
      ii. Awardees will be required to participate in CDC- approved trainings on NHM&E requirements, data collection and submission, HIV testing, evidence-based interventions, etc.
   c. <u>Within the first six (6) to nine (9) months of funding</u>, the assigned CDC directly funded CBA providers will work with awardees to develop and implement a Strategic Plan for Enhanced CBO Capacity. This tailored plan will assess and define the organization's capacity building goals, objectives, activities, and timelines, as well as the roles and responsibilities of the CBA provider and awardee. This strength-based program strategy will detail an ongoing program plan that will include use of program monitoring and evaluation data as described above.
   d. <u>Within the first six (6) months of funding</u>, CDC will work with awardees to finalize data collection, use, and submission requirements.
3. Facilitate coordination, collaboration, and, where feasible, service integration among federal agencies,

other CDC funded programs, health departments, local and state planning groups, other CDC directly funded CBOs, national capacity building assistance providers, medical care providers and other recipients of the Ryan White HIV/AIDS Treatment Extension Act of 2009, and other partners working with people living with and at greatest risk for HIV infection toward common goals of risk reduction, disease detection, and a continuum of HIV prevention, care, and treatment.

4. Monitor awardee program performance via use of multiple approaches, such as site visits, email, conference calls, and standardized review of performance reports and other data reports to support program development, implementation, evaluation, and improvement.
5. Provide guidance and coordination to funded organizations to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.
6. Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the project period.
7. Collaborate, as appropriate, in assessing progress toward meeting strategic and operational goals/objectives and in establishing measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices.
8. Collaborate on strategies to ensure the provision of appropriate and effective HIV prevention services to target populations, as deemed appropriate and as requested.
9. Provide requirements and expectations for standardized and other data reporting and support monitoring and evaluation (M&E) activities with CDC and contractual TA, including web-based training on NHM&E, materials such as data collection tools, and online TA via the NHM&E Service Center.
10. Convene, plan, and facilitate a joint grantee meeting during the project period.

DO I NEED TO SUBMIT A LETTER OF INTENT (LOI) AND WHAT IS THE FORMAT?

CDC recommends you to submit an LOI. Although a letter of intent is not required, it is highly recommended and will assist CDC in planning for the review process. Please submit only **one** LOI per organization.

The LOI must contain the following information:

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

You can access the LOI online at: http://www.cdc.gov/hiv/funding/announcements/PS17-1704/index.html

LOI Deadline: July 27, 2016

Please email the LOI to CBOFOA@cdc.gov.

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

SHOULD MY ORGANIZATION APPLY ONLINE?

Applications **must be submitted** electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off line and submit the application by uploading it at 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. File formats other than PDF may not be readable by Office of Grants Services (OGS) Technical Information Management Section (TIMS) staff.

WHAT FIRST STEPS SHOULD I TAKE TO APPLY ONLINE?

Step One:

Visit www.grants.gov prior to filing your application to familiarize yourself with the registration and submission processes.

Step Two:

Complete the one-time registration process under "Get Registered" (if you have not registered previously). The registration process may take 1 to 3 weeks to complete, so please register as early as you can. Grants.gov provides checklists and all the information you need to register.

Registration allows you to be credentialed electronically and safeguards the entire application process.

Step Three:

Download Adobe Reader, free software at www.grants.gov, in order to access, complete, and submit your application securely.

Step Four:

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

Step Five:

Create a plan that allows you to submit your electronic application prior to the closing date in the event there are difficulties.

NOTE: Application submission is not concluded until the validation process is completed successfully. The validation process may take as long as two business days.

IMPORTANT NOTE: After you submit your grant application package, a confirmation screen will appear on your computer screen. This screen confirms that you have submitted an application to Grants.gov. This page also contains a tracking number that is used to identify the status of your submission in the Track My Application feature.

Once Grants.gov has received your submission, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next two business days, you should receive two emails:

- **Submission Receipt Email**: Confirms successful receipt of your application by the Grants.gov system and indicates application status is "Received."

- **Submission Validation** –OR– **Rejection with Errors Email**: Indicates that your application was either successfully validated or rejected by Grants.gov system prior to transmission to the grantor agency.

The Grants.gov system is designed to check for technical errors within the submitted application package. The validation process includes, but is not limited to, the following checks:

- The file does not contain viruses

- The opportunity is still open

- The applicant log in and DUNS number match

If your application is rejected with errors, you may resolve these errors and attempt to submit again as long as the submission deadline has not already passed. Please note that Grants.gov does not review application content for award determination.

Once your application package has passed validation, it is available for the awarding agency to retrieve to perform further review and award determination. After the federal agency confirms receipt of your application, Grants.gov will send you a third email to indicate the Received by Agency status.

Visit http://www.grants.gov/web/grants/applicants/apply-for-grants.html, for additional information on completing the application process online. Please note, your application must fully complete the validation process in order to ensure it has been received by the agency.

WHAT IF I NEED TECHNICAL ASSISTANCE WITH GRANTS.GOV?

If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The 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 email at support@www.grants.gov. Application submissions sent by email or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may email or call CDC OGS Grants Management Officer/ Grants Management Specialist (GMO/GMS), ***before the deadline***, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

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

You are required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. You need a DUNS number even if you are applying by paper submission.

There is no charge for a DUNS number. You can obtain a DUNS number by going to http://fedgov.dnb.com/webform/displayHomePage.do or calling 1-866-794-1577.

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

WHAT IS INCLUDED IN AN APPLICATION?

Your application must contain the following information:

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

Additional Attachments

- Resumes/CVs for all PS17-1704 positions
- HIV Testing Documentation Requirements
  - Health Department Targeted HIV Testing/Partner Services Letter of Agreement*
  - Letter of Intent from a Physician for State Regulations and HIV Testing Activities, if required*
  - CLIA waiver, if applicable
  - HIV Testing Protocol for home-based testing, if applicable
- Health Department Letter of Support *

- **Three (3)** Letters of Support from civic, non-profit businesses, and/or faith-based organizations
- Organizational Charts
  - Agency-wide, and
  - PS17-1704 HIV prevention program
- Non-profit Organization Federal 501(c)(3) IRS Status Letter
- Indirect Cost Rate, if applicable
- Service Agreements with a HIV Medical Care provider
- Memorandums of Agreement/Understanding(s) for Prevention and Essential Support Service Providers
- Memorandums of Agreement/Understanding(s) with Local Education Agencies (LEAs), if applicable
- One of the following to support Evidence of Service, Location, and History Serving the Proposed Target Population:
  - A copy of a progress report from a funder
  - Letter from an applicant's funding source, other than CDC, documenting the applicant's service to the target population (must reflect consistent service for at least the last 24 months)
- Historical Data Table*
- Proposed Target Population Worksheet*
- CDC Assurances of Compliance*

*Templates and/or samples of these documents are located at http://www.cdc.gov/hiv/funding/announcements/ps17-1704/index.html.

WHAT DO I INCLUDE IN THE TABLE OF CONTENTS?

A table of contents (*Attachment I: Sample Table of Contents*) must be included with your application.

DO I NEED TO INCLUDE A PROJECT ABSTRACT SUMMARY?

A project abstract must be submitted with the application. The abstract **must** contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. The abstract should be no more than one page in length.

WHAT IS THE LENGTH OF THE PROJECT NARRATIVE?

There is a maximum limit of 20 pages. Applications must be single-spaced, 12 point font, 1 inch margins, and all pages numbered. If the narrative exceeds this page limit, the application will not be reviewed. The 20-page limit applies to the project narrative and work plan (See Attachment G: PS17-7104 Work Plan Guide), but does not include attachments.

WHAT INFORMATION MUST BE INCLUDED IN THE PROJECT NARRATIVE?

The Project Narrative must include all of the following headings:

- Background
- Approach
- Applicant Evaluation and Performance Measurement Plan
- Organizational Capacity of Applicants to Implement the Approach

The Project Narrative must be succinct, self-explanatory, and in the order outlined above. It must address outcomes and activities to be conducted over the entire project period as identified in the *CDC Project Description* section of the FOA.

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

A. Background

Applicants must provide a description of relevant background information that includes the context of the problem, including specific mention of the funding category under which the organization is applying.

B. Approach

Applicants must describe in 2-3 sentences specifically how their application will address the problem as described in the CDC Background section.

C. Applicant Evaluation and Performance Measurement Plan

Applicants must provide a CBO-specific evaluation and performance measurement plan that demonstrates how the awardee will fulfill the requirements described in the *CDC Evaluation and Performance Measurement Strategy and Project Description* sections of the FOA.

D. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

WHAT ITEMS BELONG IN THE OTHER ATTACHMENT SECTION?

Your application's attachments and appendices will not be counted toward the narrative page limit.

This section outlines the items that **must be included in the attachment and appendix sections of your application**. If you include additional documents to support your narrative, you must indicate where the supporting documentation is located within your application's attachments and appendix.

These are the required documents that should be located in the other attachments section of the application:

- Attachment A: Proposed Target Population Worksheet
- Attachment B: Health Department Targeted HIV Testing and Partner Services Letter of Agreement
- Attachment C: Letter of Intent from a Physician
- Attachment E: Linkage to HIV Medical Care Template
- Attachment F: Health Department Letter of Support
- Attachment G: PS17-1704 Work Plan Guide
- Attachment H: Historical Data Table
- Attachment J: CDC Assurances of Compliance (must be downloaded from www.grants.gov)
- Attachment L: Standardized Operational Screening Criteria for High-Risk and Substantial Risk
- Memorandum of Understanding / Memorandum of Agreements (MOU/MOAs)
- Service Agreements

All attachments are located at http://www.cdc.gov/hiv/funding/announcements/ps17-1704/index.html.

PS17-1704 application package and Attachment J: CDC Assurance of Compliance must be downloaded from www.grants.gov.

WHERE DO I FIND GUIDANCE ON BUDGET PREPARATION?

Budget Preparation Guidelines can be found here http://www.cdc.gov/grants/interestedinapplying/applicationresources.html on the CDC's Office of Financial Resources website.

Applicants must submit an itemized budget narrative (not included in the Project Narrative's 20-page limit), Budget must include:

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

The itemized budget narrative should follow the format of the FOA and be organized by program strategy: Program Promotion, Outreach, and Recruitment; Targeted HIV Testing; Comprehensive HIV Prevention with HIV-Positive Persons; Comprehensive HIV Prevention with High-Risk HIV-Negative Persons; and Condom Distribution. At a minimum, the budget should be broken down by the following strategies and activities:

1. Targeted HIV Testing

    a. Integrated Screening Activities, if applicable

2. Comprehensive HIV Prevention with HIV-Positive Persons – Navigation to Continuum of HIV Prevention and Care Services

    a. Linkage to HIV Medical Care

    b. Prevention and Essential Support Services

3. Comprehensive HIV Prevention with High-Risk HIV-Negative Persons – Navigation to Continuum of HIV Prevention and Care Services

    a. Referral to Primary Medical Care

    b. Prevention and Essential Support Services

Program promotion, outreach, and recruitment and condom distribution are applicable to both HIV-positive and HIV-negative persons at high risk of acquiring HIV and can be encompassed in the above strategies and activities as deemed appropriate.

Applicant organizations that propose to implement Integrated Screening activities must submit an itemized budget to support these activities as a part of the overall Comprehensive High-Impact HIV Prevention program budget.

When developing their budget, applicant organizations should not allocate more than 10% of their total budget to support evaluation staff, consultants and/or contractors.

NOTE: If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan.

WHAT ARE THE FUNDING RESTRICTIONS?

You must take the following funding restrictions into account when you are planning your program and writing the budget:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.

- 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 generally is not allowed, unless the CDC provides written approval to the awardee.
- 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.
- Awardees may not use funds for construction.
- Awardees may not use funds to support direct implementation of school-based HIV prevention programs. (This restriction is not applicable to collaborations with school-based HIV prevention programs.)

Data collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget (OMB) under OMB Number 0920-0696, National HIV Prevention Monitoring and Evaluation, Expiration Date February 28, 2019. Any change to the existing data collection will be subject to review and approval by the Office of Management and Budget under the Paperwork Reduction Act.

WHEN IS MY APPLICATION DUE?

Application Deadline:

September 14, 2016

Applications must be received on www.grants.gov by 11:59 p.m. U.S. Eastern Standard Time. If your application does not meet the submission deadline, it will not be eligible for review and will be discarded. You will be notified that you did not meet the submission requirements.

HOW DO I SUBMIT MY APPLICATION ELECTRONICALLY?

Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at 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. File formats other than PDF may not be readable by OGS Technical Information Management Section (TIMS) staff.

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770-488-2700 or by email at ogstims@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 OGS TIMS staff for processing from www.grants.gov on the deadline date.

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" email generated by www.grants.gov. A second email message to applicants will then be generated by 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 an applicant does not receive a "validation" email within two business days of application submission, the applicant should contact www.grants.gov. For instructions on how to track an application, refer to the email message generated at the time of application submission or the Application User Guide, Version 3.0, page 57.

CDC recommends that you submit your application to Grants.gov as early as possible to resolve any unanticipated difficulties prior to the deadline.

HOW DO I SUBMIT A PAPER COPY OF MY APPLICATION?

An applicant must request permission and receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). Such requests are handled on a case-by-case basis. If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

If technical difficulties are encountered at www.grants.gov, applicants should call Customer Service at www.grants.gov. The 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 email them at support@www.grants.gov.

After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may email 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:

- Include the www.grants.gov case number assigned to the inquiry;
- Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov. Contact Center to submit electronically; and
- Be received via e-mail to the GMS/GMO listed in the FOA 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, OGS 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).

IS THE APPLICATION SUBJECT TO INTERGOVERNMENTAL REVIEW?

Executive Order (EO) 12372 does not apply to this program.

HOW ARE MEASURES OF EFFECTIVENESS USED?

You are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Funded organizations are required to meet the minimum requirements established in the FOA program objectives. Performance goals are stated in the "*CDC Evaluation and Performance Measurement Strategy*" section of the FOA.

HOW DOES THE CDC REVIEW AND SELECTION PROCESS WORK?

Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II. Applicants will be notified that their applications did not meet eligibility or published submission requirements.

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

Phase I: All applications will be reviewed initially for completeness by CDC OGS staff and will be reviewed jointly for

eligibility by the CDC NCHHSTP and OGS.

Phase II: The second step of the review process is an objective review and scoring by an independent review panel assigned by CDC, known as an Objective Review Panel (OR). A review panel will evaluate complete, eligible applications in accordance with the criteria list in the "Criteria" section of the FOA.

Phase III: The final phase of the review process is conducted during a pre-decisional site visit (PDSV). For HIV Prevention Program proposals, applicants can receive a maximum PDSV score of 550 points. If the HIV Prevention Program proposal fails to score at least 400 points during the PDSV, the applicant will not be considered for funding.

HOW IS THE WRITTEN APPLICATION SCORED?

Your written application will be evaluated on the following criteria:

A. Approach (40 pts)

This section of your application will be scored based on the extent to which the application described the:

- Project Overview
    - Justification of Need
    - Consumer Advisory Board/Youth Advisory Board
    - Cultural competence and sensitivity
    - Appropriate staffing
    - Safe Space
- Formalized Collaborations and Partnerships
- Program Promotion, Outreach, and Recruitment
- Targeted HIV testing
- Comprehensive HIV Prevention for HIV-Positive Persons
- Comprehensive HIV Prevention for High-Risk HIV-Negative Persons
- Condom Distribution
- Capacity Building (Reviewed, but not scored)

B. Evaluation and Performance Management (25 pts)

The extent to which the applicant proposes an evaluation and performance measurement plan that is consistent with their work plan and the CDC evaluation and performance measurement strategy.

C. Applicant's Organizational Capacity to Implement the Approach (35 pts)

The extent to which the applicant:

- Establishes that they have the requisite experience and credibility in working with the proposed target population consistently for at least the last 24 months. Specific elements considered as part of the assessment include, but are not limited to, length of service, outcomes of the services, and the applicant's overall relationship with the community;
- Demonstrates that they have substantial experience providing HIV prevention and/or care services to the proposed target population(s);
- Demonstrates their existing or forthcoming capacity to successfully execute all proposed strategies and activities to meet program requirements of the selected funding category;
- Demonstrates that staff members have experience providing services to the target population(s) and/or describes plans to hire staff that have experience working with the target population(s). When feasible, applicants must hire direct service staff who are reflective of the target population(s) and who have 12 months minimum experience working with the target population(s);
- Provides information that establishes evidence of adequate program management/staffing plans, performance

measurement, evaluation, financial reporting, management of travel requirements, and workforce development and training;

- Demonstrates the ability to enhance existing and establish new formalized collaborative partnerships.

D. Budget (Reviewed, but not scored)

Although the budget is not scored, the applicant should ensure the itemized PS17-1704 budget and justification is reasonable and consistent with stated objectives and planned program activities.

Note: CDC encourages funded organizations to allow administrative and program staff to participate in any mandatory training conducted or sponsored by CDC, including grantee orientation. If a key program staff person leaves your organization, his/her replacement must attend training within six months. You must set aside funds within your detailed line-item budget to allow staff to attend required trainings and annual conferences.

Awardees must work with CDC/DHAP to make the necessary adjustments to their work plan and detailed evaluation plan as described in the *Applicant Evaluation and Performance Measurement Plan* section of the FOA. Awardees must work with CDC directly-funded capacity building assistance (CBA) providers to develop and implement a Strategic Plan for Enhanced CBO Capacity. Please see the *CDC Monitoring and Accountability Approach, CDC Program Support to Awardees* section for detailed information.

WHAT WILL OCCUR DURING THE PRE-DECISIONAL SITE VISIT?

The final phase of the review process is conducted via a pre-decisional site visit (PDSV). During PDSVs, CDC staff will meet with appropriate project management and staff, which may include representatives of governing bodies, executive director, program manager, 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 CDC resources. CDC will contact the health department during the PDSV process to verify data submitted by the applicant (e.g., target population data). Final funding determinations will be based on application scores from the objective review panel, scores from the PDSV, and CDC's funding preferences.

HOW WILL MY ORGANIZATION BE NOTIFIED IF IT IS SELECTED FOR FUNDING?

Awardees will receive an electronic copy of the Notice of Award (NoA) from CDC OGS. 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. The anticipated announcement award date is on or before April 1, 2017.

WHAT ARE OUR REPORTING REQUIREMENTS?

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.

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.

Awardees must report all required program performance data, including NHM&E data, at the end of each budget period to CDC's Division of HIV/AIDS Prevention via CDC-approved data systems. These reporting requirements are inclusive of the data required for fulfillment of the annual performance report described in the following text.

Specific reporting requirements:

- **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.

- **Annual Performance Report:** Awardees must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period.

- **Performance Measure Reporting:** CDC programs must require awardees to submit performance measures annually as a minimum, and may require reporting more frequently.

- **Federal Financial Reporting (FFR):** The annual FFR form (SF-425) is required and must be submitted 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.

- **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.

WHAT OTHER REQUIREMENTS APPLY TO THIS PROGRAM ANNOUNCEMENT?

If you are funded, you 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.

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

AR-4: HIV/AIDS Confidentiality Provisions

AR-5: HIV Program Review Panel Requirements

AR-6: Patient Care

AR-8: Public Health System Reporting Requirements (community-based, nongovernment organizations)

AR-9: Paperwork Reduction Act Reduction Requirements

AR-10 Smoke-Free Workplace Requirements

AR-11 Healthy People 2020

AR-12: Lobbying Restrictions (June 2012)

AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14: Accounting System Requirements

AR-15: Proof of Non-profit Status (non-profit organizations)

AR 16: Security Clearance Requirement

AR-21: Small, Minority, and Women-owned Business

AR-23: Compliance with 45 C.F.R. Part 87 (faith-based organizations)

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Release and Sharing of Data

AR-26: National Historic Preservation Act of 1966

AR-27: Conference Disclaimer and Use of Logos

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-34: Language Access for Persons with Limited English Proficiency

For more information on the C.F.R., visit the National Archives and Records Administration at http://www.ecfr.gov/cgi-bin/ECFR?page=browse.

WHO MAY I CONTACT FOR MORE INFORMATION?

General questions:

Technical Information Management Section

CDC Office of Grant Services

2920 Brandywine Road

Atlanta, GA 30341

Telephone: 770-488-2700

Email: OGSTIMS@cdc.gov

For programmatic technical assistance, contact:

Dr. Stanley Phillip, Deputy Branch Chief

Department of Health and Human Services

Centers for Disease Control and Prevention

1600 Clifton Road, NE, Mailstop E-58

Atlanta, GA 30333

Telephone: 404-639-6030

Email: cbofoa@cdc.gov

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

Karen Zion, Grants Management Specialist

Department of Health and Human Services

CDC Office of Financial Resources

2920 Brandywine Road, MS-K75

Atlanta, GA 30341

Telephone: 770-488-2729 Email: wvf8@cdc.gov

Hearing impairment assistance:

CDC telecommunications for persons with hearing impairment or other disabilities are available at TTY 1-888-232-6348.

Grants.gov assistance:

If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The 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. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note the www.grants.gov is managed by HHS.