Funding Opportunity Announcement PS17-1704

General Asked Questions (GAQs)

Comprehensive High-Impact HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color CDC-RFA-PS17-1704

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

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Letter of Intent (LOI)

1. ***Q: Is the LOI binding or may we change the category, target population and model(s) prior to submission of the full application?***

   A: The Letter of Intent (LOI) is not binding and applicants can change the target population and/or strategies of the proposed program. Submission of the LOI is not required as part of the application process but is used by CDC for planning purposes.

2. ***Q: Do we need to submit a narrative summary of the proposed project as well with Attachment K: Letter of Intent to Apply for Funding or is Attachment K all that is required for the LOI?***

   A: Organizations are not required to submit additional documentation with the Letter of Intent. The Letter of Intent (LOI) is a non-binding document and is not required as part of the application process.

3. ***Q: I received a copy of the FOA PS17-1704 after the Letter of Intent was due. Can we still apply since we did not submit the Letter of Intent?***

   A: Although it is recommended, organizations are not required to submit a Letter of Intent prior to submitting an application. The Letter of Intent (LOI) is a non-binding document and is not required as part of the application process. Your eligibility to apply for funding under PS17-1704 is not impacted by the submission of the LOI.

Pre-Application Workshops

1. ***Q: Can we use our current federal funds to travel to a pre-application workshop? Can we use our funds if we are funded under PS11-1113 or PS15-1502?***

   A: No. CDC directly-funded community-based organizations cannot use their existing cooperative agreement funds to support travel to the PS17-1704 Pre-Application Technical Assistance workshops. Existing cooperative agreement funds must be used to support the existing program.

2. ***Q: Will the slides from the PS17-1704 Technical Assistance Workshop presentations be posted on the PS17-1704 website?***

   A: Yes, the presentations and the transcripts from the presentations are posted to the PS17-1704 website.

Interventions

1. ***Q: What exactly is going to be expected as a requirement regarding the promotion of PrEP and nPEP? Where will the money come from to pay for Truvada?***

   A: PS17-1704 funds cannot be used for clinical care; however, these funds may be used to support referrals to PrEP and nPEP. For example, funds may be used to

support a peer outreach worker who is responsible for referring clients to programs that offer PrEP and nPEP. Collaboration with your state and/or local health department is very important in ensuring your organization is aware of and has access to the various services, such as PrEP and nPEP available to the target population you serve.

2. ***Q: Does the CDC intend for their directly-funded grantees to follow all policies and standards for the performance of HIV testing and counseling set by the HD?***

   A: Yes, directly-funded CBOs must comply with all state and/or local requirements associated with HIV testing. Please reference the Targeted HIV Testing section in the Funding Opportunity Announcement (FOA) for additional guidance regarding expectations of CBOs to collaborate with the state and/or local health department.

3. ***Q: How many rapid tests are required each year under Category A?***

   A: Please reference the Targeted HIV Testing section of the Funding Opportunity Announcement (FOA) for information on the associated FOA Performance targets. Additionally, the FOA does not specify the minimum number of rapid tests that must be conducted for each funding category. However, the FOA does specify the number of new HIV infections that must be identified annually, based upon the total funding allocated to support Targeted HIV Testing.

4. ***Q: In the Targeted HIV Testing section, there's an indication of a minimum of 6 newly diagnosed HIV infections must be diagnosed per $50,000 allocated for HIV testing within the budget. However, does this $50,000 only include direct funds?***

   A: The funds allocated for Targeted HIV testing should include staffing, HIV test kits, supplies, etc.

5. ***Q: The FOA states that applicants must implement prevention services. We are doing many, including Partner Services and medication adherence. Are HIP interventions optional?***

   A: 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. Applicants are required to screen HIV-negative clients to assess their need for additional prevention and essential support services and refer clients to services based on the identified needs of the client.

6. ***Q: The FOA states Mental Health counseling and services is listed under Additional Prevention and Essential Support Services for PWP. Can we use the money to provide mental health counseling services?***

   A: No, PS17-1704 funding cannot be used to provide clinical care; however, the funds can be used to support PS17-1704 staff responsible for navigating (referring) clients to these services.

7. ***Q: Can we use our existing linkage to care service or is it a requirement to have a CDC linkage to care intervention?***

A: Yes, organizations may use their existing linkage to care services as a fulfillment of the Linkage to Care activity of the FOA.

8. ***Q: It appears the HIP interventions listed in the FOA are targeted at newly diagnosed positive youth. Do existing youth in the program need to complete HIP as well?***

   A: Previously diagnosed individuals are not required to be enrolled in a High-Impact Prevention (HIP) intervention; however, organizations may opt to implement a HIP intervention, as deemed appropriate.

9 . ***Q: Information from https://effectiveinterventions.cdc.gov indicates that the behavioral intervention CLEAR is suitable for both HIV-positive individuals and high-risk HIV-negative individuals. However, CLEAR is not listed as a CDC-approved and appropriate HIP for high-risk HIV-negative individuals. May we use this intervention for high-risk HIV-negative populations?***

   A: No, CLEAR can only be conducted with HIV-positive persons. Please follow the guidance in the FOA to ensure your application is responsive to all requirements.

10. ***Q: If we are referring to our internal programs, do we need MOAs/MOUs?***

    A: Yes. MOAs/MOUs are needed to support the prevention and essential support services to which your clients are being referred. The FOA requires that the applicant organization submit at least one MOA/MOU with a prevention and essential support service provider with the application.

11. ***Q: Where can I get clarification on how CDC defines clinical care vs. program service for this particular cooperative agreement program?***

    A: If you are referring to the funding restrictions, for the purposes of funding opportunity announcement PS17-1704, clinical care is the provision of medication, vaccinations, and/or treatment.

12. ***Q: What is the definition of clinical versus non-clinical organization?***

    A: For the purposes of PS17-1704, clinical CBOs are CBOs who have a clinic embedded within the organization or organizations with clinics co-located onsite with the CBO.

13. ***Q: In the grant application, do we need to attach a CLIA Waiver for HIV mobile testing unit?***

    A: A CLIA waiver is required with your application for all organizations that will be conducting rapid HIV testing.

14. ***Q: May applicants provide services to HIV+ and HIV- participants through the same intervention? For example, our organization would like to implement Community***

PROMISE for both our HIV+ and HIV- populations. The PROMISE intervention geared toward HIV+ participants would be tailored to their needs and the PROMISE intervention geared toward HIV- participants would be tailored to their needs. May we apply the same intervention to both groups if we tailor said intervention to meet the needs of each and the content isn't exactly the same?

A: Yes, your organization may provide PROMISE to HIV-positive and high-risk HIV-negative individuals under PS17-1704. However please ensure that the intervention selected is listed in the CDC-approved list of interventions for HIV-positive and HIV-negative persons in the FOA (see pages 14-16).

Eligibility

1. ***Q: Can two organizations form a partnership?***

   A: No, two organizations cannot form a partnership under this FOA. Partnerships are not allowable under PS17-1704.

2. ***Q: If the applicant organization has subcontractors, does the applicant organization still have to do all the elements of this program, or, for example, could the applicant organization do just the testing element and the subcontractor do the other elements?***

   A: Yes, it is possible that the applicant organization may receive funding to implement one of the required activities and the remaining activities conducted by one of the subcontractors. However, please remember the direct and primary recipient (applicant organization) 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. Additionally, all required documentation required for submission with the application package must be based upon the applicant organization; therefore, the applicant organization must have the capacity to implement the targeted HIV testing requirement.

3. ***Q: How are eligible states determined?***

   A: The following states listed in the FOA, in addition to, 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 among this population.

   Eligibility also is limited to 501(c)(3) nonprofit or private organizations that are currently located and provide services in one of the 33 states in addition to, District of Columbia, and Puerto Rico listed in the FOA. 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.

4. ***Q: We are a state-funded institution of higher education. Are we eligible to apply under PS17-1704?***

   A: No. Eligibility is limited to applicants that are considered a non-profit public or private organization with 501(c) (3) IRS status (other than institutions of higher education). This is inclusive of entities with their own 501(c) (3) status considered to be under the university's umbrella.

5. ***Q: What if an organization is affiliated with a University, but has its own 501(c) (3) status. Are we eligible to apply?***

   A: No. Institutions of higher education are not eligible for funding under PS17-1704. This is inclusive of entities with their own 501(c) (3) status considered to be under the university's umbrella.

6. ***Q: Can a Federally Qualified Health Center apply for this funding?***

   A: Yes. However, eligibility is limited to applicants that are considered a non-profit public or private organization with 501(c) (3) IRS status (other than institutions of higher education) and can provide a copy of the organization's tax exempt 501(c)(3) IRS letter as documentation of the non-profit 501(c)(3) status. If your organization meets the above criteria, then you are eligible to apply.

   Additionally, eligibility also is limited to 501(c)(3) non-profit or private organizations that are currently located and provide services in one of the 33 states listed in the FOA, in addition to, District of Columbia, and Puerto Rico.

   Please review the funding opportunity announcement for additional information.

7. ***Q: Will multi-city proposals be considered?***

   A: Yes, all cities included in the eligible 33 states mentioned in the FOA, in addition to, District of Columbia, and Puerto Rico in which services under PS17-1704 can be provided. 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.

8. ***Q: If an organization is currently receiving PS11-1113 funding, should the organization apply for FOA PS17-1704?***

   A: Funding Opportunity Announcement (FOA) PS17-1704: Comprehensive High-Impact HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color is a new funding opportunity that will begin in fiscal year 2017 as the successor to PS11-1113: HIV Prevention Project for Young

Men of Color Who Have Sex With Men and Young Transgender Persons of Color. Please review the FOA to learn about the FOA program requirements. Additionally, you can access the PS17-1704 website at http://www.cdc.gov/hiv/funding/announcements/PS17-1704/index.html.

9. ***Q: The FOA states that "Applicants may apply for funding under only one of the categories." Does that mean that applicants who cover two different geographic areas with different collaborators cannot submit two proposals?***

   A: Correct; organizations are eligible to apply for funding under one of the categories stated in the PS17-1704 funding opportunity announcement and only one proposal is submitted. Applicants are encouraged to develop their application to clearly describe the specific service area(s) and target population(s) in which they intend to provide HIV prevention services under PS17-1704. However, 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).

10. ***Q: Are signatures required for attachments? In terms of HIV Testing Documentation Requirements: My organization is not providing testing but will work with a local hospital who offers testing. How do we complete Attachment C? The hospital has oversight by a physician, are we required to submit the Letter of Intent form for physician services? Are there any other requirements? Is there a sample of a service agreement for HIV medical care? Who are the letters of support addressed to?***

    A: Signatures must be affixed to all documents that request a signature to be included. PS17-1704 requires that targeted HIV testing be provided; therefore, Attachment B: Health Department Targeted HIV Testing and Partner Services Letter of Agreement must be included with the application and provided in direct response to the HIV testing program proposed by the applicant organization. Within the letter of agreement from the health department, there is an option for the health department to identify whether physician oversight is required. If physician oversight is required, then yes, Attachment C must be included with the application.

11. ***Q: There are six distinct program strategies that are described in the FOA. Do each of these strategies require a separate sub-budget in the budget narrative, and should they be described as separate strategies within the narrative? For example, should the activities involved in strategy 1) project overview, as well as the other five strategies, be described in detail in their own sections in each of these application documents – the work plan, budget narrative, and the proposal narrative?***

    A: Yes, each of these sections must be described as a separate strategy in the project narrative. Please reference C. Eligibility Information, 10. Project Narrative, b. Approach section of the FOA for guidance on formatting your proposal. Additionally, the condom distribution strategy is applicable to both HIV-positive persons and high-risk HIV-negative persons; therefore, condom distribution can be included within these strategies. Organizations have the flexibility to determine the percentage of the funds allocated to support condom distribution that will be applied to each strategy.

Additionally, organizations may also choose to include condom distribution in their program promotion, outreach, and recruitment strategy, if this strategy includes the distribution of condoms.

12. ***Q: If the organization does not provide all the required services will the application be considered non-responsive? Will the application be considered responsive if the subcontractor provides all the required activities?***

    A: The direct and primary recipient (applicant organization) 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. Additionally, all required documentation required for submission with the application package must be based upon the applicant organization; therefore, the applicant organization must have the capacity to implement the targeted HIV testing requirement.

13. ***Q: Are there restrictions on subcontracting with organizations? There is an organization we were interested in subcontracting with that does not meet the eligibility requirements, specifically, they are too closely linked to an institution of higher education. Could we still subcontract with them under this funding opportunity? And if so, what restrictions are in place for subcontractors?***

    A: Applicant organizations cannot subcontract with organizations that do not meet the eligibility requirements to provide any of the required program activities listed in the funding opportunity announcement.

14. ***Q: Will a subcontractor's experience count towards the organizations eligibility requirements? For example, if the organization does not provide testing or have a CLIA waiver but the subcontractor does, will that fulfill the testing history requirement?***

    A: No, all experience is based upon the applicant organization. The applicant organization must meet all of the eligibility requirements listed in the FOA.

15. ***Q: Can an institute for higher education be a subcontractor for the project, as long as the grantee delivering the program is a CBO/ASO? We are interested in assisting a local CBO with evaluation.***

    A: Institutions for higher education are not eligible to subcontract with organizations applying for funding under PS17-1704 to provide direct services. Please reference the funding opportunity announcement (FOA) for addition guidance related use of funds to support evaluation efforts

16. ***Q: Can organizations who currently receive funding under PS15-1502 be allowed to participate in this PS17-1704 FOA?***

    A: Yes, organizations currently funded under PS15-1502: Comprehensive High-Impact HIV Prevention Projects for CBOs are eligible for funding under PS17-1704, provided

they meet the eligibility requirements stated in the funding opportunity announcement.

17. ***Q: Page 4, Line 5: "The High-Impact HIV Prevention Program model for HIV-positive and high-risk HIV-negative persons will consist of the following required program component: (1) formalized collaborations and partnerships; (2) program promotion, outreach, and recruitment; (3) targeted HIV testing; (4) HIV prevention for HIV-positive persons; (5) HIV prevention for high-risk HIV-negative persons; and (6) condom distribution. Page 35 Line 13 "If applying for more than one component: maximum of 15 pages for the "base" (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages allowed per component for Project Narrative subsections that may be specific to each component." If ALL six components are required, then there is no need to state: "if applying more than one component. "The page limit then would be 15 pages for the base plus 24 pages (6 components X 4 pages per component), for a total of 39 pages. Could you please clarify?***

    A: Applicants may apply for <u>one</u> funding category only; therefore, this funding opportunity announcement (FOA) is considered a single component FOA with a maximum of 20 pages including the work plan. Additionally, on page 21, the FOA indicates that the Funding Strategy for multi-component FOAs is not applicable. We are in the process of clarifying this language in relation to the six required strategies and activities (program components) included within each funding category.

18. ***Q: Are the 2013 and 2014 Epi Updates appropriate to share with applicant organizations in lieu of the 2015 Epi Update ?***

    A: Yes, sharing the 2013 and 2014 Epi Updates with the organizations in your jurisdiction that are planning to apply for funding under PS17-1704 is appropriate. Applicants are instructed in the FOA to utilize the most current state and/or local HIV epidemiologic and surveillance data as their primary source of data, when possible. Additionally, the PDSV Input forms will be sent to the PS12-1201 primary and secondary points of contact currently on file.

19. ***Q: If a city is a directly funded under PS 12-1201, would a CBO in that city need letters from the city Department of Public Health or the state Dept. of Health?***

    A: Yes, the city Department of Health should complete both. Attachment B: *Health Department Targeted HIV Testing and Partner Services Letter of Agreement* and Attachment F: *Health Department Letter of Support* from the city Department of Health for all CBOs located in that city.

20. **Q: *What types of organizations are eligible to apply for Funding Opportunity Announcement PS17-1704?***

    A: Eligible applicants 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)

21. ***Q: Do I need to apply for either Category A or Category B or can I apply for both? For targeted populations; my primary population is Latino and secondary population is African American, can I do it that way. Under the Risks for both populations can I choose more than one category?***

    A: Applicants can apply for one funding category only. Yes, you can select Hispanic/Latino as your primary target population and Black/African American as your secondary target population. Based on the information provided, this response assumes that your proposed secondary target population is Non-Hispanic/Latino Black/African Americans.

22. ***Q. We are thinking of offering our medical services to a CBO for their Category A: YMSM application, yet we also intend to submit our own Category A YMSM application. If we sign an MOU with them and yet submit separate applications for Category A: YMSM, will this be grounds for ineligibility?***

    A: Yes, it is acceptable for your organization to submit an application for PS17-1704 and have a MOU with another CBO that is also applying for PS17-1704. As noted in the FOA, each applicant organization 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.

23. ***Q: Our organization provides training and technical assistance to several Federally Qualified Health Centers (FQHCs) within the state. All of the FQHCs are members of the same organization. As the umbrella organization comprised of all of the FQHCs, would it be possible for our organization to submit a proposal on behalf of all of our members in concert? For example, can we submit a proposal that seeks $350,000.00 in funding for multiple FQHCs at once?***

    A: Your organization would not be able to apply for funding as the umbrella organization on behalf of all of the FQHCs in the state. This is considered a "pass-through" and is not allowable. As noted in the FOA, the applicant organization 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. Please reference the "Funding Restrictions" section of the FOA for additional details. Each organization, if they meet the eligibility criteria, would need to apply for PS17-1704 funds independently.

24. ***Q: Regarding the PS17-1704 application, while we can only apply for one category, are organizations able to apply at the lead agency for one category, and be a sub-grantee under an organization applying through the other category?***

    A: Yes, however, applicants should be mindful of the services that will be provided when serving as the applicant and/or a subcontractor. If awarded funding, the funded

organization will be held responsible for meeting all deliverables regardless of the collaboration with a subcontractor.

Letters of Support

1. ***Q: Can the Health Departments specify that they would prefer combined applications and recommend such applications more highly in their letters of support?***

   A: Health Departments should collaborate with Community-Based Organizations (CBOs) that have expressed an interest in applying for PS17-1704; however, the health department should not prescribe how the CBO develops their application for funding.

2. ***Q: Are Letters of Understanding acceptable? Where can samples be found for Letters of Commitment or Support?***

   A: Yes, Letters of Understanding are acceptable. Please visit the PS17-1704 website for logistical information. Additionally, Attachment F: Health Department Letter of Support template may provide you with additional guidance. This attachment can be found on the PS17-1704 website.

3. ***Q: Can we have our own Medical Director sign off on Attachment C: Letter of Intent from a Physician for State Regulations and HIV Testing Activities or do we need the Health Department to sign off on this?***

   A: The health department must indicate in Attachment B: Health Department Targeted HIV Testing and Partner Services Letter of Agreement whether or not physician oversight for HIV testing is required. If oversight is required, then yes, it is appropriate for your organization's Medical Director to sign Attachment C: Letter of Intent from a Physician for State Regulations and HIV Testing Activities. If physician oversight is not required, Attachment C: Letter of Intent from a Physician for State Regulations and HIV Testing Activities does not have to be submitted with the application.

4. ***Q: What is the difference between a service agreement and a MOU? Are they used interchangeably? What is the latest MOUs that can be uploaded in the cooperative agreement proposal? Is there a deadline year? Can we use the Health Department Letter of Support developed by the health department to request Letters of Support from other organizations?***

   A: No, the service agreement and MOU cannot be used interchangeably. Service agreement (s) are required with all HIV medical care providers. MOU (s) are required for all prevention and essential support providers. However, please ensure all required information documented in the FOA is included in the service agreement or MOU. Both must be current at the time your PS17-1704 application is submitted. If your organization has existing MOUs, please ensure the MOUs reflect all of the information that is described in the FOA. The health department letter of support template can be used; however, please keep in mind the health department letter of support asks for specific information that is specific to the health department's relationship with the CBO.

5. ***Q: How can state health departments notify the CDC if an applicant is on sanctions or is under a performance improvement plan, is prohibited from contracting with the state (due to high risk contract status) or has otherwise been disqualified or de-funded by the HIV/STD program?***

   A: If a state and/or local health department determines that a CBO is not in compliance with local and/or state requirements, then the health department may choose not to provide the CBO with a letter of support. However, not providing the CBO with a letter of support will deem the organizations' application non-responsive and therefore will result in the application not being considered for funding. Additionally, if an organization is successful in receiving a pre-decisional site visit, the state/and or local health department in which the CBOs reports will have the opportunity to provide CDC with input regarding the organizations performance via the Health Department Input form, etc.

Webinars

1. ***Q: When will the webinars be available and how do I register for those webinars?***

   A**:** The Pre-Application Technical Assistance workshops are 1-day in-person workshops. However, attendance at the workshops is not required. The same information presented during the workshops will be available via recording and will be posted to the PS17-1704 website. We anticipate the recordings will be posted to the website the week immediately following the Atlanta, Baltimore and Los Angeles Pre-Application Technical Assistance workshops. The Pre-Application Technical Assistance conference calls, scheduled for August 15th , 17th, and 23rd, will provide you with the opportunity to ask CDC representatives questions specific to the information provided in the recorded presentations. Please visit the PS17-1704 website, http://www.cdc.gov/hiv/funding/announcements/ps17-1704/index.html, for additional information on the pre-application technical assistance activities.

Target Populations/Categories

1. **Q: If we are applying for funding under Category B, are we permitted to provide both a Primary Target Population and a Secondary Target Population on Page 1 of the LOI?**

   A: Yes, you are permitted to provide a primary and secondary target population.

2. ***Q: Can you define "service area" (Page 30)? Is that the zip codes, counties or neighborhoods with high rates of HIV? (Check page number in FOA)***

   A: The service area corresponds to the area where your organization will provide HIV prevention services funded by PS17-1704. This can be distinguished by zip code, county, and/or neighborhoods. Applicant organizations should use state or local epidemiologic data and surveillance data to identify the area in which they will provide services.

3. ***Q: How would you define a couple?***

   A: Please visit http://effectiveinterventions.cdc.gov for information on Couples HIV Testing and Counseling for a couple definition.

4. ***Q: What are medication adherence interventions and services?***

   A: The medication adherence interventions are listed in the FOA. For additional information, please visit http://effectiveinterventions.cdc.gov for information on medication adherence interventions and services.

5. ***Q: Is a substance abuse treatment program a high-impact prevention program?***

   A: Substance abuse treatment and services is an additional prevention and essential support service that clients should be referred to based upon identified needs of the client, as appropriate.

6. ***Q: The target population for ARTAS is defined as any individual who is recently diagnosed with HIV, typically defined as within 6-12 months, and willing to participate in the intervention. This would suggest that ARTAS may not be considered an appropriate intervention to ensure those newly diagnosed with HIV by the Targeted Testing portion of a proposed program that helps ensure immediate linkage to care and improve the likelihood of staying/retention in care. Is ARTAS an appropriate intervention to utilize for those newly diagnosed with HIV and not just for those HIV-positive individuals lost to care?***

   A: Yes, ARTAS is an appropriate intervention for implementation with newly diagnosed HIV-positive individuals and can be included as a part of your Prevention with HIV-Positive Persons program strategy, specifically to address the Linkage to Care activity. We would also encourage you to view the Pre-Application Technical Assistance webinar presentation once posted on the PS17-1704 website that is focused on selecting behavioral, structural, and biomedical interventions. Please visit the PS17-1704 website for logistical information.

7. ***Q: Must the applicant be a provider of STI Clinical Preventive Services?***

   A: No, the applicant organization does not have to provide STI clinical preventive services. However, the applicant organization should collaborate with a STI clinical preventive provider to support a continuum of HIV prevention and care services for their clients.

8. ***Q: It is stated that provision of services are specific for target populations under this FOA. However, if an applicant organization encounters clients that are outside of the target population, should we still provide or count these services under this FOA?***

   A: Organizations that are funded under this FOA will be required to provide services to the primary target population (s) specified in their applications. However, no persons will be turned away from services, regardless of their race, ethnicity, or other

demographic characteristics.

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) at high risk of acquiring HIV and not already confirmed to be HIV-positive. The targeted HIV testing program should primarily serve members of the proposed target population (s).

9. ***Q: In order to accurately complete the Letter of Intent for PS17-1704, does the organization need to complete Secondary Target Population to delineate different ethnic / racial categories? For example, for Primary Target Population may include Non-Hispanic, Black/African American and also include Hispanic/Latino (which can be of any race)? Or, for example, should Hispanic/Latino be the Secondary Target Population and select every race since Hispanic/Latino can be of any race?***

   A: Applicants are not required to select a secondary target population. However, based on the information you provided in your email, it appears as if your organization is proposing to serve two different populations, Non-Hispanic, Black/African Americans and Hispanic/Latinos of all races.

Budgets

1. ***Q: Can the funds be used to buy rapid Hepatitis C tests?***

   A: Yes, up to 5% of the total requested funding can be used to support integrated screening activities. However, funds from this FOA may not be used for clinical services, such as the provision of PrEP and nPEP; treatment of HIV, STDs, viral hepatitis, and/or TB infection; vaccination against hepatitis A or hepatitis B; and vaccination against human papillomavirus (HPV). Arrangements for these clinical services should be made through collaboration with your local or state health department's STD, viral hepatitis, and/or TB programs or other clinical care providers.

2. ***Q: Are there funding targets or specified allocations for either or both of the Categories, A and B?***

   A: Please see the Award Information section in the FOA for additional information regarding the average funding level.

3. **Q: Is the indirect cost rate simply based on the federally negotiated rate?**

   A: Yes, the indirect cost rate agreement is based upon your organization's federally negotiated rate; please submit the indirect cost rate agreement with your application.

4. ***Q: Under the FOA it states that generally funds may not be used for the purchase of furniture or equipment and if it is included, it must be clearly spelled out in the Budget Narrative. The FOA states that funds may be used for reasonable program purposes. Would the purchase of a Mobile Testing Van to access hard to reach populations be an allowable and reasonable program cost?***

A: No. In accordance with the cost principles, motor vehicles are known as general purpose equipment and are not an allowable direct charge, except where approved in advance by the awarding organization.

5. ***Q: Can eligible organizations work with a fiscal agent to submit the cooperative agreement application?***

   A: PS17-1704 does not provide for the use of a fiduciary agent by applicant organizations. Organizations applying for funding under PS17-1704 must maintain primary oversight and responsibility for all administrative processes associated with the management of the program. However, some organizations may opt to work with (e.g., contract with) an external source to support payroll, accounting, and other fiscal support processes.

6. ***Q: In developing our multi-year budget, can the funding award vary from year to year or must it remain the exact same amount for each of the 5 years of funding?***

   A: The amount of funding an organization receives will be the approximately the same amount over the five-year funding cycle, subject to availability of funds.

7. ***Q: In the budget narrative, the instructions state that the itemized budget narrative is to be organized according to the program strategies. However, where percentages of funding are given it appears that the funding is to be allocated almost exclusively to Targeted HIV Testing; HIV Prevention with HIV-Positive Persons (approximately 75% after funding for HIV testing is allocated) and HIV Prevention with High-Risk Negatives (approximately 25% of remaining after funding for HIV testing is allocated). Where does the funding allocation for Program Promotion, Outreach, and Recruitment; and Condom Distribution come in? That is, do you have expectations or guidance as to percentage of funding in these categories?***

   A: Program promotion, outreach, and recruitment and condom distribution are applicable to both HIV-positive persons and high-risk HIV-negative persons at high risk of acquiring HIV and can be encompassed in the above strategies and activities as deem appropriate. Organizations have the flexibility to determine the percentage of the funds allocated to support each strategy. Organizations may also choose to embed the condom distribution and program promotion, outreach, and recruitment strategies within the Prevention with HIV-positive persons and Prevention with high-risk HIV-negative person's sections of your program.

8. ***Q: If we wish to provide incentives to participants, are there limits to the amount that can be spent? Can we provide gift cards?***

   A: Yes, gift cards can be provided and is one of the preferred mechanisms to ensure appropriate accounting of funds spent. There is not a maximum limit; however, all incentives should be reasonable and in alignment with the services being provided.

   Additionally, all budgets are subject to the approval of the Grants Management Specialist and the Project Officer.

9. ***Q: Besides HIV testing, are there project activities for which we should bill? For example, the integrated screening/testing activities for STDs, viral hepatitis, and TB.***

   A: If your organization has the existing capacity to bill for services such as HIV testing with STD, viral hepatitis, and/or TB screening, then you should do so in accordance with federal, state, local and your organizations regulations.

10. ***Q: How should the budget narrative be broken out?***

    A: The budget must be broken down by Targeted HIV Testing, Comprehensive HIV Prevention with HIV-positive persons – Navigation to Continuum of HIV Prevention and Care Services, and Comprehensive HIV Prevention with high-risk HIV-negative persons – Navigation to Continuum of HIV Prevention and Care Services. However, program, promotion, outreach, and recruitment and condom distribution strategies are applicable to both HIV-positive persons and HIV-negative persons at risk of acquiring HIV and can be encompassed in the above strategies as deemed appropriate. Organizations have the flexibility to determine the percentage of the funds allocated to support program, promotion, outreach, and recruitment and condom distribution that will be applied to each strategy.

    Additionally, organizations may also choose to include condom distribution in their program promotion, outreach, and recruitment strategy, if these strategies include the distribution of condoms.

11. **Q:** ***The FOA states to include in the budget "sufficient funds to enable appropriate program staff to attend all required CDC meetings and trainings…" In addition to a grantee meeting in Atlanta, how many days of travel should we plan for? Will all meetings be in Atlanta? How do we determine how many staff should attend?***

    A: Examples of other CDC required trainings include any trainings that will support the implementation of your PS17-1704 HIV prevention program, National HIV Prevention Conference (NHPC), etc. Please note CDC will provide advance notice of all required meetings and trainings so that your budget can be developed accordingly.

12. ***Q: According to the PS17-1704 FOA, funding restrictions include funds for medications and clinical care. We hope to subcontract with a community health center that would provide STD screening as well as medical care coordination for PLWH. Are we allowed to allocate funding towards medical staff who would be implementing these activities, such as a Medical Assistant or Nurse?***

    A: Yes, you are able to use PS17-1704 funding to support the staff salary; however, PS-17-1704 funding may not be used for medications, vaccinations, etc.

13. ***Q: How can we get advanced approval to purchase and run a mobile HIV testing unit?***

    A: Approval to purchase a mobile testing unit cannot be given prior to the start of the project period. If you would like consideration to be given to the purchase of a mobile

unit, you will need to include this in the Year 1 proposed budget. If the organization is awarded funding, the assigned Grants Management Specialist and Project Officer will review the request jointly.

14. ***Q: Should the budget narrative reflect Year 1 of project costs, including any costs associated with 6-months of start-up, or should the budget narrative reflect 12 months of program operations at full capacity?***

    A: The year 1 budget should reflect a 12-month budget period.

15. ***Q: We do not currently have a federally negotiated indirect cost rate agreement but are in the process of establishing one with HRSA. Can we still request indirect costs in our cooperative agreement proposal, with the understanding that we will have a federally negotiated indirect cost rate agreement by the time the cooperative agreement starts (by April 1, 2017) or within the first year of the cooperative agreement (by March 31, 2018) We can also switch the organization we are negotiating with, from HRSA to the CDC, if need be.***

    A: Only one negotiated federal rate is needed, whether it is through HRSA or HHS. Because you are establishing one through HRSA, this will be the preferred rate agreement. You may request indirect cost in your budget at this time. If your rate agreement is established during the time your budget is being processed then it will be allowable. However, in the event you do not have an established agreement once the budget is being processed then the indirect cost will be unallowable and funds will be temporarily moved to the "Other" category until your organization requests to move the funds elsewhere.

16. ***Q: Regarding insurance navigation and enrollment, may funds be used to pay premiums or copayments/co- insurance?***

    A: No, PS17-1704 funds cannot be used to pay premiums or copayments/co-insurance. However, organizations may assist individuals with enrolling in these services or referring individuals to programs that provide assistance with enrollment, as appropriate.

17. ***Q: Regarding mental health counseling and services and substance abuse treatment and services, may funds be used to pay for the services, or are the same prohibitions against use of funds for clinical services in place? What standards of care/practice or limitations on the credentials of the providers will apply to expenditures for these services?***

    A: No, funds may not be used for clinical care.

18. ***Q: What types of expenditures are allowed for emergency funding to prevent homelessness? Rent or mortgage payments? Utility payments? Will HOPWA rules and standards apply to supportive housing services under this FOA?***

    A: Organizations may not use funds to pay for housing. However, organizations are expected to refer individuals to housing programs, as deemed appropriate, based upon

identified needs of the client. These programs may be internal or external to the funded organization. The CBO may use PS17-1704 funds to support staff time and effort utilized to facilitate the referral, etc.

19. ***Q: Transportation services (to and from HIV prevention and medical care appointments): will reimbursement rules and guidance from HRSA and state/local areas be applied - including the prohibition of cash payments to clients to obtain or be reimbursed for eligible services?***

    A: The FOA states that the organizations may use PS17-1704 funding to support transportation to and from HIV prevention and medical care appointments. This may be in the form of utilizing the organization's vehicle, designated for transport of clients, and purchasing of public transportation cards or tokens, etc. However, this determination should be made by the CBO and is based upon what is most appropriate for their PS17-1704 program. This does not, however, include giving cash to the participants.

20. ***Q: What types of expenditures are allowable for basic education continuation and completion services?***

    A: The FOA allows for the CBOs to refer individuals to existing programs that provide these services. However, the CBO may use PS17-1704 funds to support staff time and effort utilized to facilitate the referral, etc.

21. ***Q: Can cost of medical/lab testing and personnel costs (clinical provider, case manager, etc.) be included in proposal?***

    A*:* Costs associated with support for medical/lab testing and personnel costs (clinical provider, case manager, etc.) are allowable if the services being provided are directly associated with your organization's proposed program and in direct alignment with the PS17-1704 strategies and activities. However, allowable costs will not be determined until phase 3 of the review process.

22. ***Q: Under the FOA it states that generally funds may not be used for the purchase of furniture or equipment, and if it is included must be clearly spelled out in the Budget and Narrative. The FOA states that funds may be used for reasonable program purposes. Would the purchase of a Mobile Testing Van to access hard to reach populations be an allowable and reasonable program cost?***

    A: No. In accordance with the cost principles, motor vehicles are known as general purpose equipment and are not an allowable direct charge, except where approved in advance by the awarding agency.

23. ***Q: Is there an approximate percent of the budget suggested to allocate for HIV testing?***

    A: There is not a requirement associated with the proportion of your total funding amount that must be allocated to HIV testing. The applicant organization is responsible for determining the appropriate amount of funding required to support the proposed HIV testing program. The amount allocated to support HIV testing should include the

costs associated with staff, testing supplies, etc. However, please refer to the Targeted HIV Testing section of the FOA for guidance.

24. ***Q: Does the CDC have a budget template for applicants to use in preparing budgets for PS17-1704, something like the image pasted below for 15-1502? If yes, where can applicants find the budget template?***

    A: A Budget Preparation Guidelines document is located on the PS17-1704 FOA website for your reference. The guidelines are located on the Attachments and Important Resources page of the website, http://www.cdc.gov/hiv/pdf/funding/announcements/ps17-1704/cdc-hiv-ps17-1704-budget-preparation-guidelines.pdf

Awards

1. ***Q: Under the Award information, is there a breakdown for each Category?***

   A: No, there is not a specific number of cooperative agreements that will be awarded under each category. CDC will fund in rank order, but may apply the funding preferences in the Funding Opportunity Announcement (FOA).

2. ***Q: Will PS17-1704 funds be directly - funded or funded through third-party payers? Will an organization be receiving the funds directly or will the organization have to bill the Department of Health?***

   A: Organizations awarded funding under PS17-1704 will receive the funds directly from CDC. Health Departments are resources to CBOs and therefore are in the position to assist CBOs with exploring this option, when feasible.

Evaluation

1. ***Q: Should a CBO conduct their own evaluation or contract with an independent evaluator? What would be a reasonable amount we should spend on paying for the evaluator?***

   A: The Division of HIV/AIDS Prevention, Prevention Program Branch, and Program Evaluation Branch, will work closely with funded organizations to implement monitoring and evaluation activities in response to program performance and the National HIV Prevention Monitoring and Evaluation requirement. When developing their budget, applicant organizations should not allocate more than 10% of their total budget to support evaluation staff, consultants and/or contractors.

Other/Clarifications

1. ***Q: We are an FQHC and have a Ryan White Clinic; do we still need to have an "established service agreement" with ourselves?***

   A: Yes, your organization will still need to submit a signed service agreement indicating the HIV medical care providers within your organization and have an established

agreement to support linkage to and re-engagement to care for HIV-positive persons.

2. ***Q: Our organization has three other HIV cooperative agreements that have different funders who all report their seropositivity. Do you want the organization's combined seropositivity rate or just the prevention team's rate?***

   A: For consistency purposes, organizations can either provide the total positivity rate for all of your HIV testing programs with the positivity rate for the prevention program in parentheses or organizations can choose to only provide numbers associated with the HIV prevention program.

3. ***Q: On Page 10 (Check page # in FOA) of the FOA, #2 the requirements for a local materials review panel or other panel, but the guidelines and form are not on the page that is linked there. Where can we access this?***

   A: Applicant organizations are required to do the following:

   1. Submit a copy of any proposed materials to CDC's Grants Management Office for approval if the organization plans to use materials and include the name or logo of either CDC or the Department of Health and Human Services.

   2. Convene a local materials review panel or utilize the local health department materials review panel to comply with CDC's Assurance of Compliance with the Requirements for Contents of AIDS Related Written Materials Form (See Attachment J: CDC Form 0.1113 Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials.) There must be a health department representative on the materials review panel, if the health department's local review panel is not used. The current guidelines and form may also be downloaded from the CDC website: http://www.cdc.gov/od/pgo/funding/grants/app_and_forms.shtm. However, organizations are encouraged to use the health departments Materials Review Board to ensure compliance with state and/or local policies and regulations.

4. ***Q: If the applicant is not going to provide testing, but one or both of the 2 subcontractor organizations will provide testing to the target populations, are Attachment B required for the applicant, or should they be submitted only for the subcontractor organization(s) that will be doing the testing? Or, should only Attachment B be submitted for the applicant and both forms for the partners?***

   A: All of the required attachments listed in the Funding Opportunity Announcement must be submitted for the applicant organization. More specifically, the Health Department Letter of Support and the Health Department HIV Testing and Partner Services Letter of Agreement must come from the health department in which the applicant organization will report.

5. ***Q: What is "Physician for State Regulations and HIV Testing Activities?" Also, is that a traditional position within state health departments?***

   A: The Health Department Targeted HIV Testing and Partner Services Letter of

Agreement is completed by the health department. If state and/or local policies or regulations require physician oversight, the health department will indicate this in Attachment B. Additionally, if physician oversight is required, the applicant organization is required to submit Attachment C, completed by the physician who will oversee your organization's HIV testing program.

6. ***Q: Applicants are required to submit "...a copy of a progress report from a funder" or other statement from a funder to demonstrate service to the populations proposed in the application. Our state health department does not provide progress reports to our contracting organizations, but they must provide semi-annual progress reports to us. We also issue monthly data feedback reports. Will a progress report submitted to us as a funding organization suffice to fill this requirement?***

   A: Yes, a progress report submitted to the State health department will fulfill this requirement, provided the progress report includes the name of the funding organization, a date or date range, and the applicant organizations name.

7. ***Q: Will states be notified of the organizations who have submitted LOI, applied, who are receiving pre-decision site visits, and are funded?***

   A: No, because of the large volume of letters of intent (LOI) received, CDC will not provide health departments with a list of organizations that submitted a LOI. However, as customary, CDC will notify the health department of all CBOs that will receive a Pre-Decisional Site Visit as well as those organizations that will receive funding under PS17-1704**.**

8. ***Q: The passage that makes reference to providing services to neighboring areas where they do not currently provide services. If an applicant organization currently provides testing services (i.e., traditional prevention services) in an eligible service area, but applies to provide additional services under the supportive service category (i.e., traditional care and treatment services), must they be located within the same service area?***

   A: An applicant organization can provide services in a bordering area if they have a history of providing HIV prevention services in the eligible area, discussed provision of services with their state or local health department in which they report, and received written consent (i.e. District of Colombia, Maryland, and Virginia). Organizations should not propose to provide services in areas where they do not currently have a history of working with the community.

9. ***Q: The FOA requires grantees to "Coordinate with the local or state health department to initiate discussions on establishing processes that support the confirmation of newly diagnosed HIV-positive individuals identified by the CBO." In general terms, what are CDC's expectations about re-disclosure of public health information on possible prior HIV diagnosis?***

   A: CDC recognizes this is a discussion that must take place at a higher level; however, we are asking CBOs to initiate discussions with the health department regarding the feasibility of confirming new positives as well as any processes currently in place. If

you have additional questions we would also encourage you to work with NASTAD to coordinate a call for health departments to allow for coordinated question and answer session.

10. ***Q: The FOA states organizations will be required to work with the CDC to ensure that the proposed program aligns with our organization's mission and strategic plan. Is it the expectation of the CDC that each organization's strategic plan will specifically mention the goals of our proposed program*****?**

    A: No, the expectation is not that an organization's strategic plan will specifically incorporate the goals of FOA PS17-1704.

11. ***Q: Where do we find the Nonprofit Organization IRS Status Form? Or may we submit a letter from the IRS documenting our 501c3 status in place of the form?***

    A: This is not a form provided by CDC. Applicant organizations are required to submit the documentation that they have received from the federal government to support their non-profit 501(c) (3) status.

12. ***Q: Can you describe CDC's programmatic improvement plan process and stopping an organization's ability to draw funds for subcontractors and how will it impact other cooperative agreements? If the applicant organization meets and exceeds outcomes but one subcontractor does not, will the applicant organization receive the programmatic improvement plan and not be able to draw funds from other subcontractors?***

    A: The programmatic improvement plan is not meant to be a punitive process, but rather a process to identify areas for improvement and the technical assistance that will be used to improve performance. Additionally, CDC's first action will not be to suspend a funded organizations ability to access their funds due to program performance; the programmatic improvement plan will come first. Finally, the direct and primary recipient of the award is CDC's grantee and is ultimately responsible for ensuring the project meets the FOA performance measures. Please read the Eligibility Section thoroughly to inform your decision when identifying subcontractors.

13. ***Q: Is the term Navigator to be used as the actual job title for the staff used in this project, or is this term being used to encompass the different job titles such that we would identify staff by their more descriptive job titles of community health worker, peer advocate, etc.?***

    A: No, navigator is not the required job title; each organization can identify the most appropriate job title based upon the responsibilities of the staff person. Please reference the Navigation and Prevention and Essential Support Services section of the funding opportunity announcement for examples of job titles.

14. ***Q: To show evidence of service, location, and history serving proposed target population, the FOA says we may submit a copy of a progress report from another funder. Does this mean we may submit a copy of the progress report we submitted to our funder (SAMHSA)? We do not receive a progress report from SAMHSA.***

A: Yes, the progress report you submit to SAMHSA is an appropriate document, provided it clearly states provision of services, your organization's location, and the required history of providing services to the target population.

15. ***Q: What information does CDC expect applicants to get from the Jurisdictional HIV Prevention Plan and/or Integrated HIV Prevention and Care Plan to assist them with selecting the proposed target population(s)?***

    A: Applicants are instructed to "refer to their health department's most current Jurisdictional HIV Prevention Plan and/or Integrated HIV Prevention and Care Plan for relevant data to assist with selecting the proposed target population(s)." The CBOs proposed PS17-1704 program should be in direct alignment with the Jurisdictional Plan and/or the HIV Prevention and Care Plan. Additionally, applicants are instructed in the FOA to utilize the most current state and/or local HIV epidemiologic and surveillance data as their primary source of data, when possible.

16. ***Q: Is a cover letter required for CDC-RFA-PS17-1704? Attachment I: Sample Table of Contents specifically lists a Cover Letter, however I am unable to find reference to a cover letter anywhere in the FOA or other submission instructions.***

    A: No, a cover letter is not required, however we recommend you submit a cover letter with your application to assist with the review of your application.

17. ***Q: In terms of service providers that we sign MOUs with, such as for essential and support services, would any of the grant funding from the FOA be used to fund their services?***

    A: If your organization is subcontracting with a provider then there will be an exchange in funding for services. Your organization should not provide funding for service providers of which you have an established MOA/MOU for provision of essential and support services if they are not a subcontractor of your organization. The service providers of which you would sign the MOU/MOA for essential support services, would be providers/agencies who are currently providing HIV medical care and essential support services. Funds from this FOA may not be used for clinical services (PrEP, nPEP, treatment of HIV, STDs, Viral Hepatitis, and/or TB infection; vaccination against hepatitis A or hepatitis B; and vaccinations against human papillomavirus (HPV)).

18. ***Q: My organization is located in a city that requires that submission of a MOA/MOU with a Local Education Agency as outlined in the FOA. Can you provide us with contact information to facilitate the MOA/MOU with the local school district?***

    A: Organizations located in areas that overlap with Local Education Agencies (LEAs) funded to implement PS13-1308: Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance – Strategy 4: School Centered HIV/STD Prevention for YMSM should collaborate with the LEAs to further strengthen linkage to and re-engagement in medical care and referrals to prevention and essential support services between CBOs and schools.

Applicants must establish a MOA/MOU with the LEA to provide HIV/STD prevention services for YMSM of color or YTG persons of color. The MOA/MOU must be submitted with the application. Below are contacts for each of the LEAs of which a MOA/MOU is required.

Broward County Public Schools (Florida)
Kevin O'Connor, kevin.oconnor@browardschools.com

Los Angeles Unified School District (California)
Tim Kordic, timothy.kordic@lausd.net
Evelyn Torres, evelyn@thelatrust.org

San Francisco Unified School District (California)
Christopher Pepper, Pepperc@sfusd.edu