



Centers for Disease Control and Prevention

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Division of HIV/AIDS Prevention

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

### PS17-1704 Funding Opportunity Announcement Overview Presentation Transcript

#### **Slide 1**

This presentation just serves as one of many opportunities that you will have to receive detailed information regarding this new program, as well as to receive technical assistance that will assist you in the understanding and development of your application in response to this funding opportunity announcement. This presentation will provide an overview of funding opportunity announcement PS17-1704: Comprehensive High-Impact HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color.

Here are highlights that will be made to the FOA and that will be published in an amended FOA. As soon as the amended FOA is published, the CDC will send out blast notification that there is an updated version of the FOA available for you to download. Also, if you have signed into grants.gov and you've set up your account to provide ticklers related to PS17-1704, you should receive an e-mail alerting you that something new has been posted to PS17-1704.

This presentation will highlight any changes that will be made to the FOA, which will be published in the amended FOA. Additionally, this presentation and the information that will be provided in this presentation does not supersede the funding opportunity announcement. The FOA is the legal binding document that provides detailed guidance for how you are to develop your application and respond to the programmatic and technical requirements of this funding opportunity announcement. Please make sure that you read the funding opportunity announcement in its entirety and utilize this presentation and any subsequent technical assistance activities as a companion document or a companion resource to help you gain a better understanding of the funding opportunity announcement.

We encourage you to view all of the presentations that will be posted on the PS17-1704 website prior to participating in one of the pre-application technical assistance conference calls in which you will have

the opportunity to ask the CDC representatives who presented the information any questions that you may have regarding the funding opportunity announcement.

Moving forward, throughout this presentation, you'll hear a lot of information related to collaboration. This FOA has an increased emphasis on coordination and collaboration with your state and/or local health departments, as well as other organizations within your respective communities to help you in the development of a comprehensive HIV prevention program for YMSM of color and young transgender persons of color.

PS17-1704 is a new funding opportunity announcement. For some organizations that may be funded under one of our current CBO funding opportunity announcements, PS15-1502 and/or PS11-1113, please keep in mind that this is a new announcement, and the requirements and activities under the current FOAs do not automatically roll over to PS17-1704 and are in no way directly related to PS17-1704. As you're moving through and developing your applications for PS17-1704, please view this announcement as a brand-new program. You can utilize lessons learned from any other programs that you may have implemented, but please make sure you understand the specific requirements of PS17-1704.

### **Slide 2**

The purpose of this program announcement is to implement a comprehensive HIV prevention program that focuses on reducing morbidity, mortality, and related health disparities among YMSM of color, YTG persons of color, as well as the partners of those individuals. When we refer to their partners, it's regardless of the partner's race, ethnicity, age, or gender. Within this program announcement, there's an increased emphasis on reducing new infections, there's a focus on increasing access to care and promoting health equity.

### **Slide 3**

Through this FOA, we want to enhance CBOs capacity to increase HIV testing. When we talk about HIV testing, we're talking about targeted HIV testing. All of our CBO programs are targeted programs in which we've asked you to focus on a specific community or a specific population. We're also focused on enhancing CBO's capacity to link HIV-positive persons to HIV medical care, and that is both newly diagnosed and previously diagnosed persons with HIV infection. Also, increase referrals to partner services, provide prevention and essential support services for HIV-positive persons and high-risk HIV-negative persons who may be unaware of their status, but also increase program monitoring and accountability.

### **Slide 4**

This slide provides the award information for the funding opportunity announcement. This is a cooperative agreement, and these are fiscal year 2017 funds. The approximate annual funding is \$10 million annually. Category "A" will be awarded approximately \$7.5 million and category "B" will be awarded approximately \$2.5 million. We anticipate making 30 awards with the average award being around \$350,000. Of course the budget period is a 12-month period, and the project period is from April 1, 2017 through March 31, 2022 this is a five-year project and all of our funding is subject to the availability of funds.

### **Slide 5**

There are two categories within this funding opportunity announcement.

Category "A" focuses on providing HIV prevention services to young men of color who have sex with men and their partners regardless of age, gender, race or ethnicity. Category "B" focuses on providing HIV prevention services to young transgender persons of color and their partners, regardless of age,

gender or race/ethnicity. Throughout this FOA, you'll hear us say young or youth. For the purpose of this FOA, young or youth refers to individuals between the ages of 13 and 29 years of age.

### **Slide 7**

The next several slides, relate to the eligibility process - or the eligibility requirements of this funding opportunity announcement. Our colleagues from the Office of Grant Services will also provide more detailed information related to eligibility within their presentation. All applicants must meet the requirements listed in the eligibility information section of the funding opportunity announcement.

Applicants are eligible to apply for one funding category only. You may only apply for category "A" or category "B". You cannot apply for both categories. Please do not submit two separate applications, one for category "A" and one for category "B" because those applications will not be reviewed. Applicants must determine which category they want to apply for funding under -- category "A" or category "B."

Additional clarification is that this funding opportunity announcement is a single-component FOA, which means that the page limits for this funding opportunity announcement are based on there being a single-component FOA. As we move through the presentation, this single-component FOA and the clarification of this will be included in the amendments.

### **Slide 8**

All organizations who apply for funding must be a non-profit organization with 501(c) (3) IRS status, other than institutions of higher education. This means that institutions of higher education are not eligible to apply for funding under PS17-1704. Here are the additional examples of the organizations that may be considered non-profit organizations with 501(c) (3) status. American Indian/Alaska Native tribally designated organizations, Community-based organizations, faith-based organizations, and hospitals, please keep in mind that hospitals cannot have a government affiliation. If a hospital has a 501(c) (3), but are affiliated with a state or a local government, they are not eligible to apply. Additionally, if the hospital is under the administrative and/or management authority of a college or a university, they are not eligible to apply. Before beginning the extensive work of developing your applications, please make sure to go through all of the eligibility criteria to make sure the stated criteria is met.

Along with your application, applicants must submit their 501(c) (3) IRS letter to prove their 503(c) (3) status. Other tax exemption certificates such as state tax or sales tax exemption certificates and letters will not be accepted and are not appropriate substitutions to verify your 501(c) (3) IRS status. The only thing that you can submit to prove your 501(c) (3) IRS status is the letter you received from the IRS indicating such.

### **Slide 9**

The following entities are not eligible for funding and may not serve as a subcontractor to an applicant organization for direct service provision. State and local governments are not eligible. That would include state and local health departments, or any agency that is a part of the state and/or local government are not eligible for funding. As previously mentioned, institutions of higher education are not eligible for funding. Next to institutions of higher education, there is an asterisk. This asterisk indicates that this is information that will be clarified in the amended FOA. Language in the amended FOA will clarify the eligibility for institutions of higher education to make sure that everyone understands that institutions of higher education are not eligible. Again, this change will be reflected in the amended FOA, which is pending publication.

### **Slide 10**

Applicant organizations may subcontract with a maximum of two organizations to provide direct services. The subcontractor organizations must also be nonprofit organizations with 501(c) (3) IRS status, and their IRS status letter must also be included with the application. If this IRS tax exemption letter for your subcontractor is not included, they will not be eligible to serve as your subcontractor. Additionally, the subcontracting agencies must be located and provide services in the same state or bordering state as the applicant organization. You can be an applicant organization and apply for funding in Georgia, but your subcontracting partner agency is located in Illinois. The subcontractor must be located in the same state as the organization that is applying for the funding. Additionally, the subcontractors must have a history of consistently serving the proposed target population for at least the last 24 months. This is also an eligibility requirement of the applicant organization. All of these stated eligibility criteria are applicable to both the organization that is submitting the application for funding and any potential subcontractors.

### **Slide 11**

This slide provides a list of areas that are eligible for funding under this funding opportunity announcement. The organization that's applying for funding and any of the subcontractor agencies must be located in one of these eligible states, territory, or district.

### **Slide 12**

Applicant organizations may provide HIV prevention services in up to a maximum of three service areas throughout the eligible locations. An example of this is that if an applicant is located in Jackson, Mississippi, and this organization is proposing to provide HIV prevention services in Jackson, Mississippi; Gulfport, Mississippi; and Greenville, Mississippi. This is allowable. Remember, eligibility is based on the state. If you are an organization that is located in the state of Mississippi, that means that you're eligible to provide HIV prevention services under PS17-1704 in up to three areas throughout that state in which you are located.

### **Slide 13**

Applicants can also provide HIV prevention services in areas that cross into eligible bordering state department jurisdictions if the applicant has a history of providing these services in the eligible service area, they have discussed the provision of services with the health department jurisdiction in which they report, and they receive written consent from the health department jurisdiction in which they report to do so. The written consent will be provided in Attachment F, which is the Health Department Letter of Support and you can access Attachment F from the PS17-1704 website. Organizations are eligible to provide HIV prevention services under PS17-1704 in a bordering state if they've had a history of providing prevention services in this bordering state, they've discussed their intentions with their health department jurisdiction in which they are located and report, and they've received the appropriate written consents from their reporting health department.

### **Slide 14**

Given that this is a new element that has been added to our funding opportunity announcements, we want to make sure everyone is clear, and that everyone understands what we mean by providing services in a bordering area. This slide provides the scenario: CBO "A" is located in Atlanta, Georgia, and CBO "A" would like to expand to begin providing prevention services in Birmingham, Alabama, utilizing PS17-1704 funds. Is this allowable? No, this is not allowable. Here's why this is not allowable, CBO "A" cannot provide services in Birmingham, even though Alabama is a bordering state to Georgia. CBO "A" does not have a history of providing HIV prevention services in Birmingham for at least the last 24 months. When the question stated that CBO "A" would like to expand their services to begin providing HIV prevention services, which is an indication they have not previously provided services there.

Therefore, they lack the experience or history of providing services there for at least the last 24 months. CBO "A" would not be eligible.

### **Slide 15**

Here's another scenario which references some of the new content that has been added to this FOA. The scenario is: CBO "AB" is located in Washington, DC, and has been providing HIV prevention services in D.C. and Silver Spring, Maryland, for the past five years. CBO "AB" is proposing to provide HIV prevention services in Silver Spring, Maryland with PS17-1704 funds. Is this allowable? The answer is yes -- CBO "AB" can provide services using PS17-1704 funds in Silver Spring, Maryland, because they have a history of providing HIV prevention services in Maryland, and Maryland is a bordering state to Washington, D.C. Additionally, CBO "AB" will still need to discuss the provision of services with the D.C. Department of Health. That's the health department in which they report to. In addition, they would need to obtain the appropriate consent from the D.C. Department of Health, which is the health department letter of support attachment that mentioned during the review of the previous slide - Attachment F.

### **Slide 16**

Continuing on with eligibility, there are quite a few eligibility requirements, and we want to make sure you clearly understand and are aware of the eligibility requirements included within the FOA.

If an application is incomplete or non-responsive to the requirements listed in the eligibility section, the application will not be entered into the review process. All applicant organizations will be notified if their application did not meet the stated eligibility submission requirements. We also have what is considered non-responsive applications. Non-responsive applications are applications that have been submitted late. Applications submitted late after the due date of September 14 at 11:59 P.M. Eastern Time will be considered nonresponsive and will not be reviewed. Additionally, if applications are submitted with a project narrative section that exceeds the page limit, which is 20 pages, the content beyond the specified page limit will not be reviewed. For example, if you submit a project narrative that is 41 pages in length, pages 21 through 40 will not be reviewed. If you put the meat of your application and all of the responses to the requirements in pages 21 through 40, those pages will not be reviewed, which means you have significantly decreased your chances of receiving an appropriate or a good score because you weren't responsive to the requirements within the 20-page limit.

### **Slide 17**

We want to make sure everyone understands this slide. 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. What that means is, if the organization applies for funding, and you are going to work with a subcontractor organization or organizations, you are responsible for providing a substantial role in carrying out the project outcomes. You cannot apply first, submit the application for funding, and then decide that you're going to contract out five of the six required program strategies and activities to a contractor. We consider that a pass through, and pass through are not allowable.

Additionally, a cooperative agreement provides for a substantial involvement of the federal agency funding the award. With this cooperative agreement, if you are awarded funding, your assigned project officer will work closely with you in the development, finalization, and implementation of your programs. The cooperative agreement allows for substantial involvement from your project officer specific to this funding opportunity announcement.

### **Slide 18**

This slide provides additional information regarding the required documents that must be submitted with the application, and are directly linked to eligibility. The applicant must document services to your target population by submitting the following documents:

The proposed target population worksheet, which is Attachment A, the historical data table, which is Attachment H, and evidence of HIV prevention or care services for at least the last 24 months. The proposed target population worksheet tells us which population you are proposing to serve. We asked you to identify specifically the target population. If you're applying for a funding under Category A, you're saying you're going to work with YMSM of color. You have the option of selecting a primary and a secondary population. Your primary population may be non-Hispanic Latino African-American MSM between the ages of 18 and 24. Your secondary target population may be Latino Hispanic MSM of color between the ages of 18 and 24. That does not mean that you have to provide a specific proportion of services to one of those populations or the other. It just means that you're going to serve both of those populations.

The historical data table gives us a view of your organization's history in providing services to the target population and evidence of HIV prevention or care services. We want to make sure that you have a history of providing services, especially when working with YMSM of color and YTG persons of color. You want to make sure that the organizations have a history of working with the populations, that populations trust the organizations, and that the organizations can effectively and adequately provide the services that members of these populations need.

Within the FOA, it provides additional guidance of types of examples that you can submit with your application to provide proof. Examples would be a progress report from one of your funders that shows the project period and the target population being served. Another example would be a letter of support from a funder, but the funder cannot be CDC. Within that letter, they would have to confirm the time period in which you've been providing services, as well as the population that you're providing services to. There is additional information in the FOA regarding examples of which you can submit.

Applicants must also share their target HIV testing plans with the health department jurisdiction in which they reside and report, and must submit the following required HIV testing documentation with their application: The health department target HIV testing and partner services letter of agreement, which is Attachment B and the letter of intent from a physician for state regulations and HIV testing activities if applicable, and that's Attachment C. This document is only applicable if your organization resides in a state that requires physician oversight when implementing an HIV testing program. If you're in a state and physician oversight of your HIV testing program is not required, then you can just simply check "not applicable" on that form and submit it. No additional signatures need to be included. If physician oversight is required, then you need to make sure that the physician you're working with completes this form, there's a signature affixed, and that's uploaded with your application. If you're not sure whether your state requires that you have physician oversight of your HIV testing program, then you need to follow up with the health department jurisdiction whom you report to receive additional guidance.

You also have to submit the health department letter of support, which is attachment "F." In addition, if you're planning on conducting rapid HIV testing, then you must submit a current CLIA certificate. For clarification -- the CLIA certificate must be current at the time of submission. This means the expiration date has to be on or before September 14, 2016. If your CLIA certificate is set to expire on September 16th, that's fine, as long as it's current at the time you submit your application.

## **Slide 19**

Continuing on with eligibility, you must also include in your application three letters of support from a civic, non-profit business, or faith-based organization. These organizations must be located in the same community as you, the applicant, as well as serve the same population that you're proposing to serve under PS17-1704.

You must also submit with your application resumes or CVs for all PS17-1704 positions. We understand it's likely that some of you will not have individuals hired because you're applying for funding and these positions may not currently exist. If that is the case, then we would just ask that you submit the position description. We do not expect you to go out and hire staff for a program that you're not sure whether or not funding is going to be received.

You must also submit your organizational chart for the agency and the proposed org chart for 1704. We want to see your organizational structure, we want to see where this program will fit into your organizational structure.

We want you to submit the indirect cost rate agreement if you have one. If you do not have an indirect cost rate agreement, then there's no need for you to submit it.

We want you to submit at least one service agreement with an HIV medical care provider, and when we get to the required strategies and activities, we'll talk more about that.

You must also submit one MOU or MOA with the prevention and essential support service provider. That's one MOU or MOA for your HIV-positive program, and one MOA or MOU for your HIV-negative program. You must submit an MOA or MOU with a local education agency, if applicable. Further into the presentation, we'll talk about the collaboration with the local education agencies that are funded by the Division of Adolescent and School Health, this is covered in the next slide.

### **Slide 20**

MOA or MOU with a local education agency is required. These local education agencies are funded by the Division of Adolescent and School Health under Strategy IV of funding opportunity announcement PS13-1308. There are only three school districts that are funded under Strategy IV for this FOA, and that's the Los Angeles Unified School District, the San Francisco Unified School District, and the Broward County Public Schools. If you are located in the state of California, and if you're located in either Los Angeles or San Francisco, then when you submit your application you are required to submit an MOA that's between your organization and the applicable local education agency. If you are located in Florida, and your organization is located in Broward County, you're required to submit an MOA or MOU between your organization and the Broward County local education agency. If you are located in Miami Dade County this is not applicable to you, because only Broward County public schools are funded. Only applicants located in the above-referenced school areas are required to submit the MOA or MOU with the LEA.

### **Slide 22**

The next few slides focus on the Comprehensive High-Impact HIV Prevention Programs.

### **Slide 23**

There are two phases to this program. The first phase, which we're calling a development phase, is from April 1, 2017 through September 30, 2017. These are the first six months of the program. During the first six months of the program, we know that you'll be finalizing your program, because the program that you propose may not necessarily be approved in the exact way. You may be needing to make adjustments to your staffing, budget, etc. We will allow you time to finalize your work plans based upon

your approved CDC program. You'll also be working to finalize your 1704 evaluation plan, and you'll be working very closely with CDC staff from the Program Evaluation Branch, as well as the Prevention Program Branch to develop and edit your evaluation plan.

You'll work with CDC and a CDC directly funded capacity building assistance providers to develop your training prioritization plan. Plan to really look at what are your CBA and TA needs to support your 1704 program. Some of those TA or CBA needs may be looking at organizational infrastructure, and that's fine. You'll be working with CDC and our directly-funded CBA providers to develop that.

Also during the first six months of this project, you're expected to do all your staff hiring and get your staff trained. If you're an organization for which, once you're funded, you're ready to go, you already have the staff on board, all your staff have been trained, and then we fully expect you to begin implementation. You do not have to wait until the second part of year one to begin implementation if you have the capacity to begin April 1st.

#### **Slide 24**

The second phase of the project is the implementation phase. This phase begins October 1<sup>st</sup> and goes through the end of the project, which is March 31, 2022. In year one; April 1, 2017 through March 31, 2018, awardees, must achieve at least 50% of each of the FOA performance targets. You have six months for start-up, and are expected to achieve at least 50% of your stated FOA performance target for each applicable strategy and activity.

If you're an organization that was able to begin implementation at the start of the program, you are expected to work towards trying to achieve your full, annual objective. The FOA allows for a six-month start-up; therefore, in year one, you're expected to achieve at least 50% of each FOA performance target.

For all subsequent years, beginning in year two and going through year five, awardees are expected to meet and/or exceed all FOA performance targets. Within the FOA there are individual strategies and activities, the majority of the strategies and activities have an FOA performance target attached to them. Within your respectable organizations, you will have to develop SMART objectives that would help you in meeting the overall performance target.

Additionally, during the implementation phase, we will hold the grantee orientation meeting which will be in year one. We anticipate it being a four- to five-day meeting, and we would expect you to send up to four staff persons. However, very specific detailed guidance will be provided to awardees once funded. When you're preparing your budgets for year one make sure that you include travel to Atlanta to attend the grantee orientation meeting.

#### **Slide 25**

Continuing on with the implementation phase, the grantees or awardees will be required to allocate funds to attend all the CDC required meetings and trainings that support the approved program implementation of PS17-1704. A required meeting or conference may include the National HIV Prevention Conference, which is held in Atlanta, Georgia. We expect there will be representation from each of the directly funded CBOs at that conference.

Examples of training opportunities may include trainings related to high-impact prevention, behavior interventions and/or strategies that you're funded for under PS17-1704. It may also include the National HIV Prevention Monitoring & Evaluation (NHM&E) training. Most times, those trainings are provided via webinar, however, if there is a required face-to-face training for NHM&E, we would expect that you would send the appropriate individual from your organizations to that training.

## **Slide 26**

This next slide talks about project overview. In development of your proposed program or your application, you're expected to utilize your local or state health department's jurisdictional HIV prevention plan and/or integrated HIV prevention and care plan to select your proposed target populations. CBO programs are not stand-alone programs. CBO programs are meant to complement the health department programs in the overall HIV prevention efforts within the jurisdictions. You should be selecting the target population that you have a history of serving, but this target population should also be a population identified by your state and local data as being a population that is impacted by HIV. Make sure you're referencing these documents. Understand that health departments are not required to submit the Integrated HIV Prevention and Care Plan until September 30<sup>th</sup>; therefore, those plans may not be available for you to reference when you're developing your application. You should have your health department's jurisdictional HIV prevention plan as a reference. We also expect you to use current state and/or local epi data and surveillance data, maybe HRSA Ryan White program data that is available to you and any HIV needs assessment data that will be available, or that is available to you. The expectation is that you're first utilizing your state or local data because that is most appropriate and reflective of HIV infections within your respective jurisdictions. However, if for some reason, the state or local data are not available, then you can use national data.

## **Slide 27**

The next part of your application is the justification of need. This is where you're describing why this program is needed, and you're justifying the reason for your application, and why this program is needed within your respective communities. Within this section, you're expected to define specific service areas in which you plan to deliver services. These service areas are to be supported by data. This is where you'll talk about enhancing existing and developing new strategies to identify and collaborate with organizations that provide similar or complementary services. We don't want you to apply for funding, and then there's an organization across the street that's providing the exact same services that you're proposing. There's a heavy emphasis on coordination and collaboration. You want to make sure that you're coordinating and collaborating to maximize your reach and maximize your funding to provide a comprehensive HIV prevention program.

Within this section, you're also gonna describe how funds will augment existing HIV prevention services, and ensure that PS17-1704 funds will not duplicate or supplant funds received from any other federal or non-federal entity. For example, if you're awarded funds under 1704, you cannot say, "Okay, I've received these PS17-1704 funds. I'm now going to take the HRSA funds, and move those to another program, and replace the funding for this HRSA existing program with the PS17-1704 funds." That is called supplanting. You can enhance existing programs or develop new programs with PS17-1704 funds, but you cannot supplant funding.

## **Slide 28**

In the next few slides we'll talk a great deal about the required program strategies and activities. On this slide, you see an asterisk. This is one of the slides where this information will be amended in the FOA. We're changing the terminology from required program components to required program strategies and activities. This change will be reflected in the amended FOA, which is pending publication. The reason for this change is that we wanted to eliminate any confusion regarding what the programmatic requirements are, versus the requirements associated with the page limits. This is a standard FOA template that is used across the entire agency. It references components in determining whether an FOA is a single-component or a multi-component FOA. As mentioned in the beginning of this presentation, the PS17-1704 is a single-component FOA because you can only apply for one category. Therefore, the page limit for the project narrative is 20 pages. To make sure we eliminate any confusion by using the

word "component," we are going to use the required program strategies and activities moving forward. This change will be reflected in the amended FOA.

### **Slide 29**

There are six required program strategies and activities, and in the next several slides we'll walk through each of these six required program strategies and activities and provide additional detail.

### **Slide 30**

This slide provides a schematic of the entire program. Whenever we begin to develop a program, we always do a schematic to give us a visual to better develop the language that will go into each of the required strategies. There is no one point of entry into this program, we don't want you to take this schematic and use it to determine how you will bring people into your program. The point of entry and the flow of your program is based upon your organization, what works for your organization and your population. This provides you with a big-picture overview of PS17-1704.

### **Slide 31**

The first required strategy and activity is formalized collaborations and partnerships. We expect organizations to enhance existing or establish new formalized collaborative partnerships. This will help to maximize your reach within your respective communities, increase coordination and collaboration, not only with your health departments but other organizations within your communities, and support the provision of comprehensive HIV prevention services. We know that the amount of funding that we give you for this program is not enough to support every single activity or services needed for HIV prevention. However, we do expect you to utilize these funds to help you in developing a comprehensive HIV prevention program that includes a coordinated effort with other organizations that may be providing services that the individuals that you are serving need. Organizations are expected to develop and enhance existing partnerships with the medical providers and prevention and support service providers. When you're developing these partnerships, you want to make sure that these individuals -- the medical providers and the prevention and essential support service providers have experience working with your target populations. When you refer your clients to them, you want to make sure that your clients are comfortable, and that they'll receive services without any threats to them, and you want to make sure they're comfortable receiving those services. These partnerships must be supported by detail-specific service agreements with HIV medical care providers. That service agreement, at least one, must be submitted with your application, and the FOA provides very detailed guidance as to what must be included within that service agreement.

You also must establish an MOA or MOU with primary medical providers and prevention and essential support service providers. You would need to establish that for high-risk negatives, and one for HIV-positive persons. At least one must be submitted with your application. If you have multiple MOAs and MOUs, that's fine to submit them all, but for eligibility purposes, only one will have to be submitted with your application. Understanding that once you're awarded funding, and you have an approved program, there will likely be a need for you to establish more. Please make sure that you take that into consideration.

### **Slide 32**

This slide talks about the requirement related to the Consumer Advisory Board (CAB) and the Youth Advisory Board (YAB). This is a little different from our past program. Each organization must establish a new or enhance an existing CAB to support the oversight of a youth advisory board. If your organization has an existing CAB, it's more than appropriate for you to continue using that CAB. However, with this CAB, you may have to make some changes because we expect the CAB to provide oversight to the youth advisory board. If you have an existing youth advisory board, it's appropriate for

you to use that advisory board, as long as the advisory board meets the requirements related to this FOA. At least one member of your PS17-1704 staff must serve as either member of the CAB and/or as an advisor to the YAB. You want to make sure the individual that is responsible for managing your PS17-1704 program or interacting with the clients in your PS17-1704 program is feeding information back into the CAB. If they don't sit as a member of the CAB; they must be an advisor that serves as the feeder between the YAB and the CAB. The YAB will assist with programmatic decision-making for PS17-1704 programs. They should be providing input on recruitment efforts, outreach efforts -- the most effective recruitment and outreach efforts to reach the proposed target population that you're will work with. They should be providing input on incentives that work. Incentives that I may find attractive or that you may find attractive may not be the incentives that are attractive to youth. You want to make sure that you're actively using your youth advisory board.

Finally, the youth advisory board membership must be comprised of at least 75% of the target population. There is not a specified or a recommended size for the youth advisory board. It's based upon what you think is appropriate and what you need to help inform your activities as long as 75% of the members represent the target population or populations that you're serving. The remaining members should have experience working in HIV prevention or care and/or working with YMSM of color or YTG persons of color, of course, depending upon the populations that you're serving.

### **Slide 33**

Continuing with the CAB and the YAB, awardees are expected to develop a mentorship program that either establishes a new or enhances an existing mentorship program for the YMSM of color or YTG persons of color who are members of the YAB. The goal of this mentorship program should be focused on providing, YMSM of color and YTG persons of color with the tools and the resources necessary to support their growth into young leaders. You want to make sure they're providing a foundation. A foundation where these individuals are growing and matriculating through your programs, that they also have a program that's helping them to develop and to cultivate into young leaders.

During the development of this funding opportunity announcement, we did receive community input during our partner-engagement activities. The development of a program that supported the matriculation and growth of youth as young leaders within their respective community, whether they were working in HIV prevention or just leaders in their community was a common theme that ran through all of our engagement sessions. That is the basis for including this within the program. Your YAB must be supported by a standard operating procedure that addresses any potential risk management, which should include consent to participate and outline the processes that will be utilized.

Continuing with the formalized collaborations and partnerships. As mentioned at the beginning of the presentation, there is a heavy emphasis on coordination and collaboration.

### **Slide 34**

This section is the HIV prevention community collaboration. You can use this title if you want to, it is not a required title. The purpose of this collaboration is to encourage collaboration and facilitate information exchange and reduce the duplication of effort and oversaturation within a respective jurisdiction or an area. We encourage all awardees to establish some type of collaborative group that is inclusive of organizations that are funded under PS17-1704, as well as other CDC directly funded organizations within your respective jurisdiction to come together, to collaborate, to talk about the services that are being provided to figure out how you can better partner or work together to provide a more comprehensive approach to your HIV prevention services. Please note that participation on this group is not limited to CDC directly-funded CBOs. This is a group that the applicants will be convening, developing and managing. If you need some type of technical assistance from CDC, we'll be happy to

provide it. This will not be a group that is facilitated by CDC. Additionally, representatives from the state and/or health department should be invited to participate in this group. The capacity on which they participate should be determined by the CBOs. You want to make sure it's a coordinated effort, make sure that you're utilizing the data that you have and know the direction that the health department is moving in relation to their HIV prevention and care efforts to help inform and guide your activities.

### **Slide 35**

Moving on to program promotion outreach and recruitment. Applicants are expected to develop strategic, culturally competent, and community-based marketing campaigns that focus on increasing awareness of services available to your proposed target populations that have a component that focuses on destigmatizing HIV and HIV medical care, empower disproportionately affected populations, promote HIV testing, linkage to, retention, and re-engagement into HIV medical care. Promote navigation to prevention and essential support services such as, or including PrEP and nPEP. Applicants should also focus on tailoring existing social marketing campaigns to meet the needs of their target population.

### **Slide 36**

There are several existing social marketing campaigns that CDC has, as well as other social marketing campaigns that your respective health departments have. We encourage you to utilize those campaigns versus allocating your PS17-1704 funds to the development of an elaborate or expensive campaign. We are not saying that you can't develop your own local campaigns, but first, our full expectation is that you're utilizing campaigns that are available to you. CDC does have its Act Against AIDS portfolio and other appropriate campaigns that you can utilize and tailor to your organization such as, the Doing It campaign, which is a national campaign that encourages all adults to test for HIV and to know their status. There's also the Reasons/Razones campaign, which encourages Hispanic gay and bisexual men to get tested for HIV. There is also Testing Makes Us Stronger which encourages African-American gay and bisexual men to get tested for HIV. These are just some examples. There may be additional campaigns that your health departments utilize, and it is fine for you to use those, too. This slide includes the link that you can go to view and obtain additional information on CDC's social marketing campaigns.

### **Slide 37**

You want to make sure that you're selecting the most appropriate program activities and recruitment activities. This is where the interaction with your youth advisory board is critical. You also want to make sure that you're working with the individuals who are the trusted stakeholders to the community and the eyes and ears of the community. You should also use them, to select appropriate program activities and recruitment activities, but also in determining the use of incentives. Incentives can be monetary or non-monetary, and is for you along with the community, to determine what the most attractive incentive is if you need to use one.

### **Slide 38**

Applicants are encouraged to use a combination of innovative approaches, but also traditional outreach and recruitment strategies to establish their program promotion outreach and recruitment plan. Organizations are required to select strategies based on experienced entry into their target population social network, you want to make sure you're utilizing what works. These strategies should provide structure and are influenced to socialize a YMSM of color or YTG persons of color. An example of this may be the House and Ball events. In some areas, the House and Ball events are very active, and this is the primary entry into the social networks of the populations that you may be serving. It will be incumbent upon you to work with the stakeholders, work with the gatekeepers to gain access in order to

identify what the needs are of the populations that are active participants within the House and Ball communities.

Applicants are also required to use the Internet and other social media-based approaches to promote awareness of their HIV prevention programs within the social networks of YMSM of color or YTG persons of color. Organizations may opt to implement the social network strategy as a recruitment method, which is not required, although you have that available to you. If you choose, if you opt to implement social networking strategy, make sure that when you're developing your budget that you include the funding that will be allocated to support the social networking strategy. A takeaway from this slide is that you're using a combination of approaches in the recruitment efforts for your program.

### **Slide 39**

You also have available to you CDC's HIV Risk Reduction Tool. This tool was designed to help individuals make informed decisions about reducing their risk. This applicant should utilize this tool as a resource to help educate members of their target populations on the risk that it will increase the likelihood of acquiring and transmitting HIV infection. This is a very useful tool for CBOs to serve individuals at risk or living with HIV. This tool is available to you, and the slide provides the link to CDC's HIV Risk Reduction Tool.

### **Slide 40**

If you are developing new materials, which we encourage you to do, if you determine there's a need. If you are developing materials that you plan to use either the CDC or Department of Health and Human Services name or logo, you must receive prior approval. You would need to submit a copy of those materials to the Office of Grant Services prior to developing them so that you can receive prior approval.

For all the materials that you're developing, you must convene a local materials review panel, or utilize your health department's materials review panel to ensure that you're in compliance with the CDC's Assurance of Compliance with the Requirements Content of AIDS-related written materials. This is Attachment J, which you can find on the PS17-1704 website. You are allowed to convene your own local materials review panel. If you choose to convene your own panel, there must be a health department representative on your panel. It's also allowable, and it might in fact be easier to use the health department's existing materials review panel.

### **Slide 41**

The safe space serves as a primary point of entry and recruitment tool for your program. Safe Space must be a designated and dedicated physical space for members of your target population that you are serving, where they are able to come and to participate in your program to feel safe, and for you to continue to interact and engage with them. This space should be culturally and age-appropriate that is either located within the organization or off-site, but within close proximity to your organization.

The safe space should serve as a primary point of recruitment and also as a location for your project activities. This space is designed to empower members of your target population and to provide HIV/STD risk-reduction skills and must be supported by clear guidelines that address interactions between staff and youth, but also youth that may be of varying ages, depending upon your target populations.

CBOs do not have to secure a new location to meet the safe space requirements. Grantees will not need purchase or lease a new location, it is appropriate if you have space within your current organization that

can serve as a safe space or if you have space already at another office that you can utilize as a safe space.

#### **Slide 42**

Now we're going to move into targeted testing. Applicants are required to either develop a new or enhance an existing targeted HIV testing program. Individuals at high risk for acquiring HIV who are unaware of their status should be the focus of this target HIV testing program. Attachment L provides guidance in helping you screen to determine whether a person is high-risk or at substantial risk. All of our CBO programs are targeted programs. They are targeted to a specific population within specific areas, and they're not meant to serve the general public. Make sure, as you're developing your program; that you're focusing on targeted efforts.

For your targeted testing program, you must primarily serve members of the target population. Within all of our FOAs, there is language that says you should not turn anyone away. But for your CBO programs, if they're truly targeted programs, the majority of the individuals that you're serving should be among your target populations. With respect to primarily serving members of your target population, at least 75% of the individuals tested must be a member of your primary or your secondary target population. There's no proportion of primary versus secondary target population members that you must serve. But as a total, at least 75% of the individuals tested must be from your primary or secondary target population. Additionally, your testing efforts should be supported by your local epidemiology and surveillance data and your health department's Jurisdictional HIV Prevention Plan and/or Integrated HIV Prevention and Care Plan, whichever is most current. You can refer to Attachment A, which is the proposed target population worksheet where you tell us what the proposed target population(s) that you're going to serve under PS17-1704.

#### **Slide 43**

Continuing with targeted HIV testing, when you're implementing or conducting testing, you're required to conduct a brief risk assessment to ascertain the individual's risk, provide brief risk reduction education messaging when appropriate, and provide the HIV test result, inclusive of factual HIV education. It may be information about the transmission window, information about reducing your risk. But it should be factual HIV education information. After the testing event is completed, applicants are expected to refer clients to appropriate high-impact HIV prevention strategies and activities. Individuals with a non-reactive HIV test result who are at high or substantial risk for HIV infection, they should be referred to PrEP and nPEP. Refer to Attachment L, which gives you screening criteria. They also should be referred to STD, viral hepatitis, and/or TB screening, and any other prevention and essential support services, as deemed appropriate and needed by the client.

#### **Slide 44**

With your targeted HIV testing program, you must identify a variety of settings where targeted testing will be conducted. It is not enough for you to only conduct testing in-house and to sit and wait for people to come in-house because the reality is, with the two populations that are being served in this funding opportunity announcement, chances are very slim that they're just going to walk into your organization and request to be tested. We're expecting you to conduct testing in a variety of settings. You can do on-site testing, within your organization, venue-based testing, mobile testing, or field-based testing.

You are even allowed to do home-based testing. However, if you are going to do home-based testing, then written protocols that support home-based testing must be submitted with your application. Within those protocols it should address your recruitment processes, your follow-up activities, and your plans on how you're going to link those individuals to HIV medical care if they report a reactive test result.

We also encourage you to do large-scale HIV testing events. This does not mean to go out and to attend and conduct testing at every health fair. Your organization should participate in large-scale testing events that are promoted specifically to the members of the target populations that you're working with. An example may include Pride weekend, which is a weekend specifically targeted to promote interactions with YMSM of color and young transgender persons of color. These are events where you want to consider conducting HIV testing. House and Ball events and in-school-based health programs are other examples. However, it is not allowable for you to give your PS17-1704 funds to a school to support their programs. There are some schools who are looking and would like to partner with community-based organizations to provide testing because they may have members of the proposed target populations who are in need of services. It is appropriate for you to collaborate with school-based health programs.

#### **Slide 45**

This slide provides the performance measure for HIV testing. This performance measure is at least six new infections per every \$50,000 allocated to support HIV testing annually which must be identified. If you allocated \$100,000 for HIV testing, then you would be required to identify a finite number between the range of 7 to 12 new HIV infections. The table on this slide provides the range.

#### **Slide 46**

There is a scenario slide, because we want to make sure that we're clear that you understand how to set this target. CBO "ABC" poses to implement a comprehensive, high-impact HIV prevention program that will be supported by a total budget of \$350,000. CBO "ABC" is proposing to allocate \$150,500 to support targeted HIV testing. The question is, how many new infections should CBO "ABC" propose to identify annually? CBO "ABC" must select a finite number between 19 to 24 new infections annually. CBO "ABC" decided they're proposing to identify 20 new infections. Their range was between 19 to 24 because they were proposing to allocate \$150,500 to support their targeted testing program.

#### **Slide 47**

Collaboration with the state or local health department in which the applicant resides is required. The CBO programs are not standalone programs, and you want to make sure that you're engaging your health department in relation to your proposed testing programs, and that you're interacting with them.

#### **Slide 48**

The next few slides talk about the requirements related to the targeted HIV testing program and your interactions or collaborations with the health departments. The applicant organizations are required to discuss their targeted HIV testing plans with the state or local health department jurisdiction in which they report. If you're planning to do rapid testing, you must submit the CLIA certificate with the application. Applicants are also required to work with a state or local health department to collaborate with various entities to support advances in HIV test technologies and HIV testing algorithms to improve detection of early and acute infections. We do not expect CBOs to purchase or lease equipment that supports advanced HIV testing technologies. We do however, want you to engage in discussions with the health department, as they may have different projects for you to participate in, and may offer these testing technologies to you.

#### **Slide 49**

Applicant organizations are required to ensure that your proposed HIV testing activities, including HIV reporting, meet and comply by all state, local, and federal requirements for HIV testing. This is key to make sure that you've had a discussion with your health departments regarding the requirements associated with HIV testing. Attachment B is the Health Department Targeted HIV Testing and Partner

Services Letter of Agreement which must be completed, signed off on by the representative from the health department, and included with your application. Attachment C is the letter of intent from a physician if your HIV testing programs require physician oversight. If you're unsure, ask your health department if your testing program require physician oversight, and they'll let you know.

Applicant organizations are also required to coordinate with their health department to initiate discussions to participate in the development of processes that will support the health department's confirmation of persons with newly diagnosed infections that are identified by the CBO. This is an ongoing discussion between the community-based organizations and health departments as the CBO identifies or has a reactive test and are unable to confirm whether this is a newly diagnosed HIV infection. However, it is not incumbent upon the CBO to establish these processes. If at some point your health department does establish processes that support the confirmation of new HIV diagnoses, then awardees under PS17-1704 will be required to follow those processes.

### **Slide 50**

Applicant organizations are also required to follow current CDC program guidance for HIV testing in non-clinical settings. This guidance was released earlier this year, and this slide contains the website for you to access this program guidance. You're also required to integrate HIV testing into your comprehensive HIV prevention programs, and your overall mission operation of your organization's HIV prevention and care services. This program should somehow fit into the overall mission, goal and direction of your organization.

### **Slide 51**

Applicant organizations are required to develop strategies to recruit members of the target populations at greatest risk for HIV infection and who are unaware of their HIV status. We're expecting you to coordinate and work with your health departments to do this. We're also expecting you to develop strategies to reduce target population's barriers to accessing HIV testing and to address health inequities among your target populations disproportionately affected by HIV. This relates to coordination and collaboration. We request that you utilize innovative, cross-cutting and traditional strategies for program recruitment and outreach. You're expected to collect and report required HIV testing data in accordance with the guidelines by your local or state health departments and CDC data requirements. The HIV testing reporting requirements are included in Attachment D, which you can access from the FOA website.

When appropriate and feasible, organizations are expected to work with their health departments to explore opportunities for seeking reimbursement, and to determine whether third-party reimbursement makes sense financially. Reimbursement and billing is a very complicated process, so the expectation is not that you develop a billing system. But if you're an organization, and have the capacity, we do expect you and encourage you to work with your health departments to think through that process. We are not expecting you develop a huge, expensive system.

### **Slide 52**

There are a few complementary activities associated with targeted HIV testing that must be done in conjunction with testing, and organizations can opt to implement these activities. They are not required. Couples HIV Testing and Counseling, Personalized Cognitive Counseling, and Integrated Screening activities which can be supported by PS17-1704 funds. Implementation of these activities with PS17-1704 funds is not required, but if you opt to do so, when you're developing your budgets, make sure you clearly show the funding that is being allocated to support these activities.

### **Slide 53**

When we say integrated screening activities, we are referring to STD, viral hepatitis, and/or TB screening. Organizations may allocate up to 5% of the total PS17-1704 award amount to support integrated screening activities, but this is not required.

PS17-1704 funds may be used to support integrated screening only if these screens are done in conjunction with HIV testing first, if the tests are indicated by epidemiological data, and are in accordance with current CDC guidelines and recommendations. Prior to developing your proposal, please make sure that you know what the funding restrictions are related to the entire FOA, but as it specifically relates to integrated screening. Funds cannot be used for clinical services which means you cannot use them for the purchase of medications, a provision of PrEP. You cannot use funds to treat HIV, STDs, viral hepatitis, and/or tuberculosis infection. You cannot use these funds for vaccination against hepatitis A or B, or vaccination against human papillomavirus. You can use these funds to purchase the screening test kits. You can also use PS17-1704 funds to cover staff time of the individual who navigates clients to these services, but not the clinical provider.

#### **Slide 54**

There are three different scenarios associated with the use of PS17-704 funds, which relates to integrated screening. Organizations considered to be a clinic that primarily serve the LGBT community, and who have the existing capacity to provide integrated screening, must offer integrated screening activities to their YMSM of color and YTG persons of color clients. They have to offer it, but if they're a clinic and they have the capacity, then they can opt to use PS17-1704 funds to enhance the existing integrated screening activities. They don't have to use PS17-1704 funds, but they can use the funds to enhance. If you're a clinic that primarily serves the LGBT community, applying for funding under category "A" or category "B" and you have the capacity to provide integrated screening activities, you must offer integrated screening, but you don't have to use PS17-1704 funds. You can opt to enhance your current integrated screening activities.

The next scenario option is for organizations that are **not** considered a clinic, but primarily serves the LGBT community. They can opt to use PS17-1704 funds to enhance an existing capacity or to develop a new organizational capacity to provide integrated screening. You're not a clinic, but you're going to serve either YMSM of color or YTG persons of color. You can use our funds to either enhance your existing program if you don't currently have an integrated screening program, but you wanted to develop the capacity and begin providing integrated screenings, then you can still utilize the funds. However, any training to support the integrated screening activities must be completed within the first six months of funding, and implementation must begin by October 1, 2017. If you decide that you don't want to do this in year one, you can decide to do it in year two. If you're awarded funding, and you're developing your budget for year two during your annual performance report, then you would include it in your budget, and state, "For year two, I want to allocate 5% of my funds to support integrated screening." You would then specify in your budget how those funds would be utilized.

#### **Slide 55**

Finally, related to integrated screening. Organizations that are **not** considered clinics and that do not have the existing capacity to perform integrated screening activities and do not opt to utilize PS17-1704 funds to develop their organizational capacity to conduct integrated screening, must execute a service agreement with a clinical care provider in their service areas. This service agreement must be submitted with the application. This is an organization that's not a clinic and they don't have the existing capacity to provide integrated screening, which means they're not currently providing it. They can opt not to use PS17-1704 funds to develop the capacity, but they must have a service agreement with a clinical care provider in the service area so they can refer individuals to receive integrated screening activities, and

that service agreement must be submitted with the application. Additional guidance or detail is provided within the FOA.

### **Slide 58**

The next part of the presentation focuses on the comprehensive HIV prevention for HIV-positive persons required strategy and activity. This is a navigation to a continuum of HIV prevention and care services. We're focusing on the comprehensive approach for HIV-positive individuals. Organizations are required to develop a high-impact prevention HIV program model that enhances existing and establishes new structures that align and support the HIV care continuum. This model should also facilitate linkage and re-engagement and retention to HIV medical care. There's a focus on newly diagnosed and previously diagnosed HIV infection. This model should support the provision of the appropriate prevention and essential support services. After funding to support targeted testing has been allocated, organizations are expected to allocate approximately 75% of their remaining funds to their comprehensive HIV prevention for HIV-positive persons program model. There is no requirement related to the proportion of funds that must be allocated to your HIV testing program. You determine, based upon your proposed program, funding needs, support staffing, etc., what the amount of funds that must be allocated for HIV testing. From there, you then allocate approximately 75% of the remaining funds that should be allocated to support HIV-positive persons.

### **Slide 59**

The first activity under Comprehensive HIV prevention with Positives is Navigation to Continuum of HIV Prevention and Care services is a linkage to, re-engagement and retention in HIV medical care. Organizations are required to establish a service agreement or service agreements with HIV medical care providers. These agreements, at least one, must be submitted with the application. Please see the collaboration section within your FOA that gives you very specific detailed guidance on what must be included in this service agreement. Make sure that you're identifying HIV medical care providers that have a history of working with your target population. The performance measures related to linkage and re-engagement to care, applicants must link at least 90% of persons with newly diagnosed HIV infection into HIV medical care within 30 days. This performance measure is directly in alignment with the National HIV/AIDS Strategy 2020, which is linking within 30 days. Applicants must also link or re-engage persons with previously diagnosed HIV infection who are not in care into HIV medical care within 30 days. There's no percentage of previously diagnosed HIV individuals with previously diagnosed HIV infections that must be linked or re-engaged. If you are serving individuals with previously diagnosed HIV infections, you must link or re-engage them back into medical care within 30 days if they are out of care. The FOA does include a glossary, so please reference the glossary for definitions related to, for example, "not in care".

Additionally, organizations are required to develop a linkage to HIV medical care program plan, and this plan must be submitted with the application. There is a template that's included as Attachment E to the FOA, please make sure that you're referencing that.

### **Slide 60**

Additional linkage to HIV medical care activities include, applicants may opt to implement a CDC-approved linkage to care intervention and/or implement an existing linkage to care service. An existing service is one that you're already implementing within your organization as part of the linkage to care program requirement. Either option will fulfill the requirement. There's only one CDC-approved linkage to care intervention and that is ARTAS. You have the option of choosing to implement ARTAS if you so desire. Or you have the option of continuing to utilize the linkage to care services that your organization has in place." You can also do a combination, where you implement ARTAS, and another linkage to care service you have within your respective organization.

### **Slide 61**

In relation to prevention and essential support services, organizations are required to train and develop navigators. Your navigators may be community health workers, peer advocates, outreach workers, HIV testing counselors or individuals. You're training navigators to help facilitate access to medical care, and then to help support referrals to, or the provision of, prevention and essential support services. Who your navigators are is dependent upon your program's structure and what works best for your program. It is appropriate if the individual that conducts HIV testing also provides HIV testing result and helps to navigate your clients to the additional services. There is no recommendation or specific requirement related to who does navigation from CDC's perspective. As long as you're doing what best fits for your organization and your clients, and that you're in compliance with any policies that your health department may have in place.

### **Slide 62**

Organizations must also provide and/or refer all newly diagnosed HIV-positive persons to the required prevention and essential support services based on your client's need. The client must be provided and are referred to partner services, and this is applicable for newly and previously diagnosed individuals. The performance measure is that you must refer 100% of persons with newly diagnosed HIV infection to partner services, in accordance to your state or local policy and regulations.

The next required service is medication adherence services. This is to support the direct observation, maintenance of anti-retroviral therapy, and overall achievement of viral suppression. Similar to linkage to care, organizations may opt to implement a CDC-approved medication adherence intervention, or continue providing an existing medication adherence service that they're already providing within a respective organization. The related performance measure is that the organizations must provide and/or refer 90% of all newly diagnosed HIV-positive YMSM and YTG persons of color to a medication adherence service.

### **Slide 63**

Organizations are also required to provide and/or refer clients to a CDC-approved, high-impact prevention intervention. Organizations may opt to implement, or refer clients to the interventions being implemented either within your organization, or in another organization. You may opt to implement for persons with newly and previously diagnosed HIV infection and the performance measure is, provide and/or refer 90% of HIV-positive YMSM of color and YTG persons of color to a HIP behavioral intervention.

### **Slide 64**

This slide provides you with CDC-approved medication adherence interventions. On the right, it provides you with the CDC- approved high-impact prevention behavioral interventions. Those indicated with just one asterisk, which is the Every Dose, Every Day mobile application, must be implemented with either a linkage to care or a medication adherence intervention. Since Every Dose, Every Day is a mobile application, it needs to be combined with another intervention.

The interventions indicated with two asterisks indicate that they are available in English and Spanish. When you develop your applications, please keep this in mind if it's going to require that you provide the intervention in Spanish. We're not saying that these are the interventions that are currently translated. We're working internally to translate more interventions, but it is a process to make sure that they are translated correctly. More interventions will be translated into Spanish, but currently, these are the only ones that are in Spanish.

### **Slide 65**

This slide provides the additional prevention and essential support services. Applicants are required to screen clients to assess their need for these services and then refer clients to the appropriate services based upon their need. You're helping to navigate clients to these services but you do not have to use your PS17-1704 funds to provide mental health counseling and services. You can use your PS17-1704 funds to help navigate the clients to these services.

### **Slide 67**

Comprehensive HIV prevention for HIV-negative persons - a navigation to a continuum of HIV prevention and care services. After funding to support targeted HIV testing has been allocated, organizations are expected to allocate approximately 25% of the remaining funds to comprehensive HIV prevention for HIV-negative persons. Please keep in mind these funding allocations and distributions. These services may include referrals to primary medical care if it's deemed that your client either needs access to primary medical care, either providing or referring your clients to prevention and essential support services, and follow-up support to remove barriers to accessing high-impact prevention strategies and activities such as PrEP.

### **Slide 68**

Similar to your program model for HIV-positive persons, applicants should train and develop navigators to help educate persons on remaining HIV-negative and on reducing their risk of becoming infected with HIV via the provision or referral of prevention and essential support services. This program model should include a combination of high-impact prevention strategies and services that continually engage HIV-negative YMSM of color and YTG persons of color at high-risk for acquiring HIV.

### **Slide 69**

Related to the prevention and essential support services, applicants should provide and refer clients to PrEP as appropriate, in accordance with state and local law. Please refer to Attachment L for the screening criteria associated with PrEP. Organizations should provide and refer clients to nPEP as appropriate, again in accordance with local regulation and policies, and then provide or refer individuals to screening and treatment for STDs, viral hepatitis, and/or TB, as recommended by the CDC. If you're choosing to utilize PS17-1704 funds to support integrated screening, then you have that in-house. Otherwise, the expectation is that you're either providing or referring clients to the integrated screening activities.

### **Slide 70**

This slide provides a list of the additional prevention and essential support services. It's similar to the list that was provided for your comprehensive HIV prevention program for HIV-positive persons. The expectation is that applicant organizations will screen clients to assess their need for these services, and then refer clients to the services as appropriate. This list includes services that are CDC-approved high-impact prevention behavior interventions, but also primary medical care, which should be a part of your screening, as well.

### **Slide 71**

This next slide provides a list of the CDC-approved, high-impact prevention behavior interventions for YMSM of color, and the CDC-approved high-impact behavior interventions for YTG persons of color. The intervention with the two asterisks indicates that this intervention has been translated and is available in English and Spanish.

### **Slide 72**

The final required program strategy is condom distribution, and we're expecting you to implement condom distribution as a structural intervention to increase access and use of condoms. In addition to the fish bowl of condoms, the expectation is that you are providing/incorporating, condom distribution into your overall comprehensive HIV prevention program. It is a structural intervention that is thoughtfully incorporated into each component of your program. The performance measure is to offer condoms to 100% of persons with diagnosed HIV infection and persons at greatest risk of HIV infection. When you're providing your condom distribution program, you should make sure and take into consideration that condoms should be provided free of charge, that you are implementing a social marketing approach to promote condom use, and that you conduct promotion and distribution activities at individual, organizational, and community level. We understand that a lot of organizations receive condoms in-kind whether from the health department or other organizations. In your budget, you would simply list as "in-kind." This is a required activity of this program.

### **Slide 75**

As it relates to collaborations with HIV medical care and prevention essential support service providers, applicants are required to submit at least one established service agreement with an HIV medical care provider. In this service agreement, they're required for HIV medical care providers, regardless of whether the provider is internal or external to your organization. For example, if you're a federally qualified health center, which means that you are a clinic, you're still required to have a service agreement, because we want to make sure that the prevention side of the house is working collaboratively with the care side of the house, and that there's an agreement in place for linking and re-engaging your HIV-positive clients into medical care. Even if the clinic is within your organization, you still must have a service agreement with the HIV medical care provider to support that relationship.

Applicants are required to also submit two established MOAs or MOUs with prevention and essential support providers. We're saying you need at least one MOA or MOU with an essential support service provider for HIV-positive persons, and then at least one MOA or MOU for prevention and essential support service providers for HIV-negative persons. Refer to the FOA for a detailed guidance on development of these MOAs or MOUs. There are very specific things that must be in these documents. For example, you already have an existing service agreement with the HIV medical care provider, and it includes all of the required information that is in the FOA, then it's fine for you to submit that, as long as it is current. If you have an existing agreement, and it does not include all the information, you can do an addendum to make sure that you capture all of the required information, as long as the addendum is signed and states that it's an addendum.

### **Slide 76**

Awardees are expecting to enhance existing and establish new formalized collaborative partnerships. We've talked about collaboration throughout this presentation, but we expect you to have these partnerships with your state and local health department, your HIV planning group, other CDC-funded grantees, and then other organizations within your respective areas that are either providing services to your target population, or that provide a service that your target population may be in need of.

### **Slide 77**

The next few slides talk about what awardees are expected to do in relation to the collaboration with their health departments. We do expect you to refer HIV-positive clients to partner services in accordance with your local and state regulations. We also expect you to develop a referral network, work with your health department to develop a referral network of PrEP and nPEP clinical service providers to support your referral process within your program. You may not have to reinvent the wheel as your health department may already have an established referral network for PrEP and nPEP. This is why it's so important that you're collaborating and talking to your health departments.

We also fully expect you to participate in the state and/or local HPG processes as required by your state or local health departments. However, we cannot place specifics on participation because HPGs look different in every jurisdiction. However, you should be participating, and the level of participation is determined by the health department. We did hold a conference call with the health departments to walk them through this funding opportunity announcement to talk about what the expectations are and the support that the applicant organizations would need for them in order to submit their applications. Discussions also focused on the expected collaboration and coordination between the health departments and the community-based organizations and they are fully aware of this. However, if you are awarded funding, and while completing your annual performance report you state that you did not participate in the HIV planning group process, then technically, you are out of compliance with the funding opportunity announcement. As HIV prevention and/or care providers, you should want to be involved in the process so you know what's going on within your respective jurisdictions, but so others also know the services that are available via your organization. Please make sure you're participating, and that you're collaborating with your health department, as well as your HPG.

We also expect you to collaborate with your health department to support the integration of HIV prevention, STD and adolescent school health activities, to include viral hepatitis and TB screening, prevention services, whenever feasible.

### **Slide 78**

We expect you to interact with other organizations that target your same populations. We're expecting you to develop your navigation and prevention and essential support services part of your program to align with and complement existing efforts. Your health department may have specific requirements related to navigation and may have a system set up that you can build upon. There's no need to reinvent the wheel, but there is a requirement that you work in collaboration with your health departments. And, again, if you are awarded funding, the full expectation is that you are providing an update to your HPG, and that you're working with your health department so that the update can be provided to your HPG so that they know what your final approved PS17-1704 program looks like.

### **Slide 79**

Finally, within the attachment "F" health department letter of support, there is language that says that the health department will provide you with the most appropriate data to help you target your programs. This is why coordination and collaboration is key, because you want to make sure that you have the appropriate data, but that you're working with your health department to obtain this data to better help you target your programs and to help you develop more effective programs.

### **Slide 80**

These next slides talk about coordination or collaboration with other CDC-funded programs. We just want to bring your attention to a few programs within your perspective areas. This slide particularly shows other CDC-funded programs, and this is funding that goes to the health departments. As you're developing your programs, you want to keep in mind that your health departments are receiving funds to implement various activities, and that may be an opportunity for you to coordinate and collaborate, whether it's the referral to these programs. We want you to focus on maximizing your impact, and the availability of HIV-prevention services. Make sure that you're coordinating and aware what services are being provided under these programs.

### **Slide 81**

This slide talks about the coordination and collaboration with the local education agencies that are funded by the Division of Adolescent School Health, specifically under strategy four. This slide

provides information on the three areas that are funded. If you need additional information related to this program, this slide provides the link. If you are not located in these specific areas, you do not have to submit an MOA between your organization and the local education agency.

### **Slide 82**

This slide provides additional programs such as PS15-1502, CDC's current flagship CBO program. We expect you to collaborate as this can be a way for both organizations to enhance your programs, to extend your reach, and to maximize your impact. PS14-1403 is our program in which we directly fund capacity building assistance providers which are funded to provide capacity building assistance to the directly-funded grantees, the health departments and the community-based organizations.

### **Slide 85**

Evaluation and performance measurement helps describe how the evaluation finding will be used to demonstrate achievement of proposed program outcomes, build stronger evidence base for specific program strategies, clarify applicability of the evidence base to different populations, settings, and contexts, and drives continuous program improvement.

Funded organizations must provide an evaluation and performance measurement plan that is consistent with their PS17-1704 work plan and the CDC evaluation and performance management strategy.

### **Slide 86**

Awardees will be required to develop and submit a more detailed evaluation and performance plan during the development phase of implementation of PS17-1704. This is within the first six months of funding. Colleagues within the Program Evaluation Branch and Prevention Program Branch will work closely with your organization to provide guidance and technical assistance for the evaluation and performance plan.

It is allowable for your organizations to hire evaluation staff or consultants to assist with the routine monitoring of your program activities, if funded. However, funded organizations should not allocate more than 10% of their budget to support evaluation staff, consultants and/or contractors, as CDC provides many resources needed for compliance of CDC required evaluation activities.

### **Slide 87**

All funded organizations must comply with CDC's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, STDs, and TB Programs. The website is listed here and within the FOA for additional guidance and reference.

Awardees will be responsible for National HIV Monitoring & Evaluation data collection and reporting, and will be required to use a CDC approved data management system for data collection and submission of required data elements to CDC. Data collection initiated under this cooperative agreement has been approved by the Office of Management and Budget (OMB).

### **Slide 89**

Organizational Capacity is an organization's expertise, experience and/or capacity to develop, implement, and evaluate the required program strategies and activities, and the information that CDC uses to assess the organization's infrastructure and capacity to implement the proposed program. Applicant organizations must demonstrate their existing or forthcoming capacity to successfully execute all program strategies and activities of PS17-1704.

Applicants should describe their mission, organizational structure, overall organizational budget and funding sources, staff size and expertise, the nature and scope of their work and capabilities, and long-term sustainability plan. It is important that organizations have a workforce that is competent, with expertise and experience serving or working with the organization's proposed target population. Applicant organizations are reminded of restrictions that must be considered while planning the PS17-1704 program and completing the budget and budget narrative.

### **Slide 91**

Listed here, and included with the FOA, is a complete listing of the funding restrictions related to this FOA. Please review each of them carefully. Awardees may not use PS17-1704 funds for any research of any type. Awardees may not use funds for clinical care, except as allowed by law. This includes the purchasing of medication with PS17-1704 funds. While this FOA requires the support of referrals for PrEP and nPEP, these drugs cannot be purchased with these funds. Please note that reimbursement of any pre-award cost is not allowed. Therefore, if your organization is awarded funding, you may not reimburse the organization for expenses incurred to attend this workshop or any other pre-application activities as an example.

### **Slide 92**

This slide highlights that funds may not be used for any lobbying activities of any kind.

### **Slide 93**

If funded, your organization is the direct and primary recipient of the funds. While sub-contracting of services is allowable, your organization must serve as the primary service provider, and must carry out the most substantial role of service delivery. For example, you may not contract out all of your service delivery activities for this FOA except for the delivery of one intervention. This is considered a pass-through agreement and is not allowable.

As a reminder, subcontractors must also meet eligibility requirements such as 501(c) (3). Although this FOA indicates working with youth and school-based organizations, PS17-1704 should not be used to support the direct implementation of school-based HIV prevention programs. Your collaboration with schools should be used as a referral to ensure your ability to reach members of the target population.

Now that we have reviewed the major strategies and activities of the FOA, we will discuss the submission of the FOA and review the required documents that must accompany the FOA. As a reminder, this presentation should only be used as a guide for writing your FOA, and you should refer to the FOA for more detailed information regarding each section described in this presentation.

### **Slide 95**

The deadline for submission of the letter of intent was July 27th. The letter of intent is a non-binding document, the purpose of which is to allow CDC and program staff the ability to estimate the number of potential applicants for our planning purposes for pre-application and the application activities. If your organization submitted a letter of intent, an additional letter of intent does not have to be submitted again with your application.

### **Slide 96**

Your application should include a table of contents, project abstract, project narrative, and budget narrative. All of these documents, along with your required supporting documents must be uploaded as a complete application package through grants.gov.

There is no page limit for the table of contents. It must, however, detail the entire submission package and include all of the documents included in the application. The file name should be titled, "Table of Contents," and uploaded as a PDF under other attachment forms at grants.gov.

The project abstract must be a self-contained brief summary of the proposed project and include the purpose and outcomes. This summary should not include any proprietary or confidential information. The project abstract summary must be entered in the project abstract summary box on grants.gov.

### **Slide 97**

The project narrative may not exceed 20 pages, 12-point font, 1-inch margins, and all pages must be numbered. The narrative should include the background, approach, applicant's evaluation and performance measurement plan, and a description of the organization's capacity to implement the approach. The project narrative includes the work plan. The background should include a description of relevant background information and include the context of the problem. The approach should include three major elements. The purpose should be no more than two to three sentences in which the applicant outlines how their application will address the problem as described in the CDC background section.

The applicant must identify the outcomes the organization expects to achieve by the end of the project period.

The applicant organization must provide a clear and concise description of the strategies and activities the organization will use to achieve the project period outcomes. This section should include details about how the organization will collaborate with internal and external programs and organizations. In addition, the organization must describe the proposed target population for this program.

The narrative must also include details of the application, evaluation, and performance measurement plan. The evaluation and performance measurement plan description must demonstrate how the organization will fulfill the requirements described in the FOA.

Lastly, the applicant must address the organizational capacity requirements. This includes the demonstration of existing or forthcoming capacity to successfully execute all proposed strategies and activities to meet the program requirements.

### **Slide 98**

The work plan should be included in the project narrative. A PS17-1704 work plan guide is located on the PS17-1704 website, Attachment G. The work plan integrates and delineates more specifically how the organization plans to carry out and achieve the project period outcome strategies and activities, evaluation, and performance measurement.

Although the FOA has delineated program objectives, your organization should describe the organization's smart objectives that will be used to ensure you reach the FOA objectives. Again, the work plan guide is there to help you build your work plan that should be included in the project narrative. You do not have to copy the entire table as it is written. You may format it as you would like. However, all strategies and activities must be included in your work plan.

### **Slide 99**

The following items should be included in the work plan -- program strategies and activities, outcomes as they are aligned with the program strategies and activities, smart objectives that are aligned with the program outcomes. The activities should also align with program objectives and a timeline for

implementation of the program. This timeline should include staffing of the proposed program, and requesting and obtaining capacity building assistance, and technical assistance and training.

While the work plan should include the five-year objectives and one-year objectives, your work plan should focus on the one-year objectives. As a reminder, this is a single-component FOA, and the project narrative and work plan has a page limit of 20.

#### **Slide 100**

Applicants must submit an itemized budget narrative with the application and is not included in the project narrative. When developing the budget narrative, ensure the narrative is reasonable and consistent with the purpose, outcomes, and program strategies and activities outlined in the project narrative. The budget narrative file should be named "Budget Narrative" and submitted with the application at grants.gov.

#### **Slide 101**

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.

#### **Slide 102**

This slide provides an example of how your budget narrative may be laid out. You will note that HIV testing, HIV-positive persons, and HIV-negative persons' strategies and activities are delineated by the larger bullets. Within those bullets, you may describe your linkage to HIV medical care, prevention, and essential support services, program outreach, and condom distribution, as these activities may fall within your HIV testing, HIV-positive program, and high-risk HIV-negative program.

#### **Slide 103**

Applicants proposing to implement integrated screening activities must submit an itemized budget to support these activities. This budget should be included within the budget narrative.

#### **Slide 104**

Applicant organizations are required to submit additional documents with the PS17-1704 application. All attachments are located on and can be downloaded from the PS17-1704 website. Please reference the FOA for a complete listing of the filenames for each of the documents.

#### **Slide 105**

Additional documents not listed will not be reviewed during the application process, which includes attachments of brochures or flyers. Only the documents listed here will be reviewed as additional attachments.

#### **Slide 106**

The PS17-1704 application is due September 14<sup>th</sup> at 11:59 P.M. Eastern Standard Time. Applications submitted after this time will be considered incomplete and will not be reviewed. We encourage applicant organizations to apply early, as the application submission process is not concluded until the validation process is completed successfully. This validation process may take up to two business days. Applications and required documents must be submitted electronically to grants.gov. Grants.gov is not a CDC system. It is managed by HHS, therefore, we are not able to enter the system to determine the status of your application.

### **Slide 109**

Now we will review the application review and selection process. The application review and selection process occurs in three phases. The first phase, phase one, is the eligibility review. All applications will be reviewed initially for completeness by CDC Office of Grant Services staff. Incomplete applications that do not meet the eligibility criteria will not advance to phase two review. Applicants will be notified that their applications did not meet eligibility or publish submission requirements.

### **Slide 110**

Phase two is the objective review panel. A review panel will evaluate complete eligible applications in accordance with the FOA criteria. Applications are scored with a combined maximum score point value of 100. No more than 30 days after the completion of phase two, applicants will be notified if their application will advance to phase three.

### **Slide 111**

Applications will be evaluated by the following, and this table is included within the FOA. The approach, the maximum number of points is 40. The evaluation and performance measurement, maximum number of points, 25. Applicant's organizational capacity to implement the approach, the maximum number of points is 35. Although the budget is required, it is not scored, it is reviewed.

### **Slide 112**

The final step of the review process is conducted during a pre-decisional site visit, or PDSV. PDSVs will be conducted early December 2016. Applicants applying for funding will be selected to receive a pre-decisional site visit based on the scores from the objective review and CDC funding preference. Receiving a PDSV does not guarantee funding. Applicants can receive a maximum score of 550 points. If the program proposal fails to score at least 400 points during the PDSV, the applicant will not be considered for funding.

During the PDSV, CDC staff will meet with the appropriate management staff at the organization to discuss the proposed program, further assess the applicant's capacity to implement the proposed program, and identify unique programmatic conditions that may require further training, technical assistance, or CDC resources. This is an opportunity for CDC staff to meet with program staff, not the grant writer. The PDSV is the first opportunity that CDC program staff will have to review the applications and complete a standardized assessment of the program and the organization. CDC staff will also assess the capacity of the organization to implement the proposed program during the visit.

Health departments of which the organization is located will receive notification of organizations that are receiving a pre-decisional site visit within their jurisdiction and elicit feedback from the health department via a CDC-supplied health department input form.

### **Slide 114**

The funding preferences are listed within the FOA. CDC reserves the right to apply any of the funding preferences to ensure an equitable balance in terms of the target population. CDC wants to ensure that organizations have a history of working with the target population, and are respectable and known organization among the target population within your community. The intent is to ensure that the highlighted target population of this FOA and communities are reached through this FOA.

### **Slide 117**

All successful applications will receive a notice of award from CDC office of grant services by April 1, 2017. The notice of award is the only binding, authorizing document between the awarded organization

and CDC. The notice of award will be signed by an authorized grants management officer and e-mailed to the organization's program director. Until a notice of award has been received by the office of grant services, confirmation of funding has not been awarded. Colleagues from the Office of Grant Services will provide additional information regarding awards and notice of awards.

### **Slide 119**

CDC offers several pre-application technical assistance activities throughout the application phase to assist potential applicants with the application process.

### **Slide 121**

Applicants may obtain updated information from the PS17-1704 informational website. This website includes general information about the FOA, all of the FOA attachments, frequently asked questions, capacity-building assistance information and resources, and I encourage you to visit the website often. In addition, applicants may submit questions to the [cbofoa@cdc.gov](mailto:cbofoa@cdc.gov) email box. And responses to questions will be addressed within 72 business hours.

Lastly, applicants may call and leave a message on the FOA telephone information line. That number is 404-639-6030. Please be mindful that the e-mail box and information line will close on August 31st. However, all questions received on either the e-mail box or information line by August 31<sup>st</sup> will receive a response.

Please make sure that you have read the FOA and have read the Frequently Asked Questions and Generally Asked Questions document, as your questions may have been previously addressed in these documents. The Generally Asked Questions documents represent questions that have been asked by other potential applicants. This document is updated frequently and posted on the website.

### **Slide 122**

CDC will be providing three regional in-person workshops. These workshops will be held in Atlanta, Georgia, on July 28<sup>th</sup>; Baltimore, Maryland, on August 1<sup>st</sup>; Los Angeles, California, on August 3<sup>rd</sup>. At the conclusion of all of the in-person workshops, all of the presentations will be posted on the PS17-1704 website for viewing.

Three technical assistance conference calls will be held on August 15<sup>th</sup>, August 17<sup>th</sup>, and August 23<sup>rd</sup> to answer questions of the presenters. Applicants are encouraged to view the presentation and read the FOA before attending these conference calls. **Post meeting note:** The August 17<sup>th</sup> pre-application technical assistance conference call was rescheduled for August 25<sup>th</sup>.

Lastly, a series of last-chance technical assistance calls will be held on August 30<sup>th</sup>, September 1<sup>st</sup>, and September 7<sup>th</sup>. These calls provide applicants with a last opportunity to ask questions related to the FOA requirements and submission of the FOA. The focus of these calls will be to address technical questions. Please check the PS17-1704 website for additional information regarding the times and dial-in information for each of these activities.

### **Slide 123**

CDC capacity assistance providers provide a series of grant writing training workshops. These workshops will be held throughout the United States during the pre-application phase. These workshops will be held in Washington, D.C.; Atlanta, Georgia; New York, New York; Phoenix, Arizona; Austin, Texas; Oakland, California; and Chicago, Illinois.

### **Slide 124**

In addition, to prepare for the PS17-1704 programs, applicant organizations may choose to attend any of the CBO webinar trainings aimed at providing additional information to guide the applicants with their organizational program. The three webinar topics are Developing And Implementing A Culturally Competent HIV Prevention Program, which will be held on August 11<sup>th</sup>; Targeted HIV Testing, held on August 26<sup>th</sup>; Selecting A Behavioral, Structural, And Biomedical Intervention, which will be held on August 19<sup>th</sup>.

**Slide 125**

This slide provides some additional resources which your organization may find useful in developing your PS17-1704 application.

**Slide 127**

If you have programmatic technical assistance questions, please submit your questions to [cbofoa@cdc.gov](mailto:cbofoa@cdc.gov) or utilize the telephone information line at 404-639-6030.

**Slide 128**

Questions regarding fiscal or award management may be directed to the information here.

**Slide 129**

For all other submission questions, such as actually submitting through grants.gov, please contact the technical information management section, and that e-mail address is [ogstims@cdc.gov](mailto:ogstims@cdc.gov).

**Slide 130**

Lastly, we'd like to remind you that the application due date is September 14<sup>th</sup> at 11:59 P.M. Eastern Standard Time. We want to remind you that you may need to submit early, as there will be a number of applicants. Validation may take up to two business days. Your application is not concluded until you receive a submission receipt that is generated from grants.gov that confirms receipt of your application. Applicants are encouraged to allow ample time to complete and submit the application to guarantee validation by September 14<sup>th</sup> at 11:59 P.M. Eastern Standard Time.

We would like to wish you best of luck and continue to check the PS17-1704 website for continual updates. Thank you.