

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

Overview

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

Pre-Application Technical Assistance Workshops
2016

Purpose

- **Implement comprehensive HIV prevention programs to reduce morbidity, mortality, and related health disparities among YMSM of color, YTG persons of color, and their partners at high risk of acquiring HIV**
 - Emphasis on reducing new infections
 - Increasing access to care
 - Promoting health equity

Achievement of FOA Goals

- **Enhance community-based organizations (CBOs) capacity to:**
 - Increase HIV testing
 - Link HIV-positive persons to HIV medical care
 - Increase referrals to Partner Services (PS)
 - Provide prevention and essential support services for HIV-positive persons and persons at high risk of acquiring HIV who are unaware of their HIV status
 - Increase program monitoring and accountability

Award Information

Type of Award	Cooperative Agreement
Fiscal Year Funds	2017
Approximate Annual Funding	\$10 million* <ul style="list-style-type: none">• Category A: \$7.5 million• Category B: \$2.5 million
Approximate Number of Awards	30
Average Award	\$350,000
Budget Period/Length	12 months
Project Period	April 1, 2017 – March 31, 2022 <ul style="list-style-type: none">• 5-year project period

*Subject to the availability of funds

Funding Categories

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

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

ELIGIBILITY

Eligibility

- Applicants must meet all of the requirements listed in the Eligibility Information section
- Applicants are eligible to apply for funding under one of the funding categories:
 - Category A: HIV prevention services for Young Men of Color Who Have Sex with Men (YMSM of color) and their partners regardless of age, gender, and race/ethnicity.
 - Category B: HIV prevention services for Young Transgender Persons of Color (YTG of color) and their partners regardless of age, gender, and race/ethnicity.
- ***PS17-1704 is a single component FOA***

Eligibility cont.

- **Non-profit organization with 501(c)(3) IRS status (other than institutions of higher education)**
 - American Indian/Alaska Native tribally designated organizations
 - Community-based organizations
 - Faith-based organizations
 - Hospitals (non-government affiliation and not under the administrative and management authority of a college or university)
- **A copy of the applicant's tax exempt 501(c)(3) IRS letter must be submitted with the application**
 - Other tax exemption certificates, such as state tax or sales tax exemption certificates and letters, will not be accepted as a substitution.

Eligibility cont.

- **The following entities are not eligible for funding and may not serve as a subcontractor to the applicant organization**
 - State and local governments
 - Institutions of higher education*

*Language to further clarify eligibility for institutions of higher education will be added to the FOA. This change will be reflected in the amended FOA (pending publication).

Eligibility cont.

- Applicants may subcontract with a maximum of two organizations to provide direct services
 - Subcontract organization(s) must:
 - Non-profit organization with 501(c)(3) IRS status and include the IRS tax exemption letter with the application
 - Located and provide services in the same state or bordering state as the applicant organization
 - History of consistently serving the proposed target population for at least the last 24 months

Eligibility cont.

- **Eligible applicants must currently be located and provide services in the areas listed below**
 - These areas have greater than 150 reported cases of MSM of color, between the ages of 13-29, living with diagnosed HIV infections at the end of 2013*

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

*Source: National HIV Surveillance System

Eligibility cont.

- Applicant organizations may provide HIV prevention services in up to a maximum of three (3) service areas throughout the eligible locations
 - Example: An applicant is located in Jackson, MS and is proposing to provide HIV prevention services in 1) Jackson, 2) Gulfport, and 3) Greenville.

Eligibility cont.

- **Applicants can provide HIV prevention services in areas that cross into eligible bordering state health department jurisdictions, if the applicant has:**
 - History of providing services in the eligible service area
 - Discussed the provision of services with the health department jurisdiction in which they report
 - Receives written consent from the health department jurisdiction in which they report (Attachment F: Health Department Letter of Support)

Eligibility cont.

- Question: CBO “A” is located in Atlanta, Georgia. CBO “A” would like to expand to begin providing HIV prevention services in Birmingham, AL utilizing PS17-1704 funds. Is this allowable?
 - Answer: No, CBO “A” cannot provide services in Birmingham, AL. Even though Alabama is a bordering state, CBO “A” does not have a history of providing HIV prevention services in Birmingham, AL for at least the last 24 months.

Eligibility cont.

- Question: CBO “AB” is located in Washington, D.C. and has been providing HIV prevention services in D.C. and Silver Spring, MD for the past 5 years. CBO “AB” is proposing to provide HIV prevention services in Silver Spring, MD with PS17-1704 funds, is this allowable?
 - Answer: Yes, CBO “AB” can provide services (using PS17-1704 funds) in Silver Spring, MD because they have a history of providing HIV prevention services in MD, and MD is a bordering state to Washington, DC. Additionally, CBO “AB” will need to discuss the provision of services with the DC Department of Health and obtain the appropriate consent from the health department.
 - Refer to Attachment F: Health Department Letter of Support

Eligibility cont.

- If the application is incomplete or non-responsive to the requirements listed in the **Eligibility Information section**, it will not be entered into the review process
 - The applicant organization will be notified if the application did not meet submission requirements.
- **Non-responsive applications**
 - Late applications will be considered non-responsive
 - If applications are submitted with a Project Narrative section that exceeds the page limit, contents beyond the specified page limit will not be reviewed
 - Project Narrative: maximum 20 pages, inclusive of the Work Plan

Eligibility cont.

- **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**
 - A cooperative agreement provides for substantial involvement by the federal agency funding the award.

Eligibility cont.

- **The applicant must document services to the target population by submitting the following documents with the application:**
 - Proposed Target Population Worksheet (Attachment A)
 - Historical Data Table (Attachment H)
 - Evidence of HIV prevention or care services for at least the last 24 months
- **The applicant must share their targeted HIV testing plans with the health department jurisdiction in which they reside and report and must submit the following required HIV Testing documentation with the application:**
 - Health Department Targeted HIV Testing and Partner Services Letter of Agreement (Attachment B)
 - Letter of Intent from a Physician for State Regulations and HIV Testing Activities, if applicable (Attachment C)
 - Health Department Letter of Support (Attachment F)
 - Current CLIA certificate, if conducting HIV rapid testing

Eligibility cont.

- **Provide three (3) letters of support from civic, non-profit business, or faith-based organizations.**
 - Located in the same community as the applicant
 - Serve the proposed target population
- **The applicant must submit the following documents as attachments to their application**
 - Resumes/CVs for all PS17-1704 positions
 - Organizational Chart (i.e., agency-wide and PS17-1704 program)
 - Indirect Cost Rate (if applicable)
 - At least one Service Agreement with an HIV Medical Care Provider
 - At least one MOA/MOU with a Prevention and Essential Support Service Provider for:
 - HIV-positive persons
 - HIV-negative persons
 - MOA/MOU with a Local Education Agency (LEA), if applicable

Eligibility cont.

- **MOA/MOU with Local Education Agencies (LEAs) funded by the Division of Adolescent and School Health (DASH), under Strategy IV of FOA PS13-1308**
 - Los Angeles Unified School District
 - San Francisco Unified School District
 - Broward County Public Schools
- **Only applicants located in the above referenced school areas are required to submit a MOA/MOU with the LEAs.**

QUESTIONS?

COMPREHENSIVE HIGH-IMPACT HIV PREVENTION PROGRAMS

Project Structure

- **Development Phase (April 1, 2017 – September 30, 2017)**
 - Work with CDC to finalize the work plan based on approved program
 - Work with CDC finalize the PS17-1704 evaluation plan
 - Work with CDC and CDC-funded Capacity Building Assistance providers to develop the Training Prioritization Plan
 - Complete staff hiring and training processes

Project Structure cont.

- **Implementation Phase (October 1, 2017 – March 31, 2022)**
 - Year 1 (April 1, 2017 – March 31, 2018)
 - Must achieve at least 50% of each FOA performance target
 - Beginning in Year 2 and for all subsequent years (Years 3, 4, and 5) awardees are expected to meet and/or exceed all FOA performance targets
 - Allocate funds to attend the Grantee Orientation meeting in Year 1
 - Four to five days
 - Attendance- up to four staff persons

Project Structure cont.

- **Implementation Phase (October 1, 2017 – March 31, 2022)**
 - Allocate funds to attend all CDC required meetings and trainings that support the approved program implementation for PS17-1704
 - Required Meetings and Conference Travel may include:
 - National HIV Prevention Conference (Atlanta, GA)
 - Examples of training opportunities may include topics such as:
 - High-Impact Prevention Behavioral Interventions and/or Strategies
 - National HIV Prevention Monitoring & Evaluation (NHM&E)

Project Overview

- Utilize the local or state health department's Jurisdictional HIV Prevention Plan and/or Integrated HIV Prevention and Care Plan to select the proposed target population(s)
- Utilize current state and/or local HIV epidemiologic and surveillance data, HRSA Ryan White program data, and/or HIV needs assessment data

Project Overview cont.

- **Justification of Need**

- Applicants must define the specific service areas in which they plan to deliver services
- Enhance existing and develop new strategies to identify and collaborate with organizations that provide similar and/or complementary services
- Describe how funds will augment existing HIV prevention services and assure PS17-1704 funds will not duplicate or supplant funds received from any other federal or non-federal entity.

REQUIRED PROGRAM STRATEGIES AND ACTIVITIES*

*Change in terminology from “Required Program Components” to “Required Program Strategies and Activities.” Will be reflected in the amended FOA (pending publication)

Required Program Strategies and Activities

- **Formalized Collaborations and Partnerships**
- **Program Promotion, Outreach, and Recruitment**
- **Targeted HIV Testing**
- **Comprehensive HIV Prevention with HIV-Positive Persons**
- **Comprehensive HIV Prevention with High-Risk HIV-Negative Persons**
- **Condom Distribution**

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

Formalized Collaborations and Partnerships

- Consumer Advisory Board/Youth Advisory Board
- Mentorship Program
- Service Agreements with Medical Care Providers
- MOA/MOU with Primary Medical Care Providers and Prevention and Essential Support Providers
- HIV Prevention Community Collaboration



Program Promotion, Outreach, and Recruitment

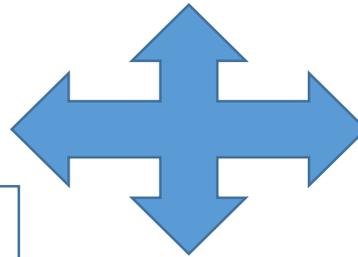
- Strategic, culturally competent marketing community-based campaigns
- Social marketing
- Innovative and traditional strategies



Targeted HIV Testing

- Performance measures for new HIV infections, annually
- Couples HIV Testing and Counseling (CHTC) (optional)
- Personalized Cognitive Counseling (PCC) (optional)
- Integrated Screening Activities (required and optional)

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



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

Approximately 75% of funds

- Newly and Previously diagnosed
- Linkage to HIV Medical Care
 - Includes linkage and re-engagement in care
 - Performance measures for newly diagnosed HIV-positive persons
- Linkage to Care Interventions (ARTAS or CBO existing program)
- Prevention and Essential Support Services
 - Partner Services
 - Medication Adherence Services
 - CDC Approved HIP behavioral interventions
 - Additional Prevention and Essential Support Services (e.g., Insurance navigation and enrollment, mental health service, etc.)
- Performance Measures

Condom Distribution

Approximately 25% of funds

- Prevention and Essential Support Services
 - PrEP, as appropriate
 - nPEP, as appropriate
 - Screening and treatment for STDs, viral hepatitis, and/or TB
- Additional Prevention and Essential Support Services (e.g., Primary medical care, housing, transportation services, etc.)
- Performance Measures

Formalized Collaborations and Partnerships

- **Enhance existing or establish new formalized collaborative partnerships**
 - Maximize reach
 - Increase coordination and collaboration
 - Support the provision of comprehensive HIV prevention services
- **Develop and enhance existing partnerships with medical providers and prevention and essential support service providers that:**
 - Have experience working with the target population(s)
 - Supported by detail-specific service agreements with HIV medical care providers
 - MOA/MOUs with primary medical providers and prevention and essential support service providers

Formalized Collaborations and Partnerships cont.

- **Consumer Advisory Board (CAB)/Youth Advisory Board (YAB)**
 - Must establish a new or enhance existing CAB to support the oversight of a YAB
 - At least one PS17-1704 staff person must serve as a member of the CAB and/or as an advisor to the YAB
 - YAB assists with programmatic decision making for the PS17-1704 program
 - 75% of the YAB members must be representative of the target population
 - Remaining members must have experience working in HIV prevention/care and with YMSM of color or YTG persons of color

Formalized Collaborations and Partnerships cont.

- **Consumer Advisory Board (CAB) / Youth Advisory Board (YAB)**
 - Mentorship program - should establish a new or enhance an existing mentorship program for YMSM of color or YTG persons of color who are members of the YAB.
 - Focus should be on providing YMSM of color or YTG persons of color with tools and resources to support their growth into young leaders
 - Supported by Standard Operating Procedures (SOPs)
 - Address risk management
 - Consent to participate

Formalized Collaborations and Partnerships cont.

- **HIV Prevention Community Collaboration**
 - Encourage collaboration, facilitate information exchange, reduce duplication of effort and oversaturation
 - Applicants are encouraged to establish a collaborative group that is inclusive of CBOs funded under PS17-1704 and other CDC-directly funded CBOs within the respective jurisdiction
 - Participation is not limited to CDC-directly funded CBOs
 - Representative(s) from the state and/or local health department should be invited to participate, in a capacity to be determined by the CBOs

Program Promotion, Outreach, and Recruitment

- **Strategic, culturally competent, community-based program marketing campaigns to:**
 - Increase awareness of services available via the proposed program
 - Destigmatize HIV and HIV medical care
 - Empower disproportionately affected populations
 - Promote HIV testing, linkage to, retention in, and re-engagement into HIV medical care
 - Promote navigation to prevention and essential support services (including PrEP and nPEP)
- **Tailor existing social marketing campaigns to the needs of the target population(s)**

Program Promotion, Outreach, and Recruitment cont.

- **Encouraged to utilize existing social marketing campaigns from CDC's Act Against AIDS portfolio, such as:**
 - Doing It
 - Reasons/Razones
 - Testing Makes Us Stronger
- **Additional information on CDC's social marketing campaigns can be obtained at:**
<http://www.cdc.gov/actagainstaids/>

Program Promotion, Outreach, and Recruitment cont.

- **Seek input from the YAB and community stakeholders**
 - Select the most appropriate program and recruitment activities
 - Determine the appropriate use of incentives
 - Monetary
 - Non-monetary

Program Promotion, Outreach, and Recruitment cont.

- **Use a combination of innovative and traditional outreach and recruitment strategies to establish a comprehensive program promotion, outreach, and recruitment plan**
 - Required to select strategies based on experienced entry into the target populations' social networks
 - Provide structure and/or influence the social lives of YMSM of color or YTG persons of color
 - Examples include, but are not limited to: House and Ball events, “House” parties, social media networks, etc.
 - Required use of the Internet and other social-media based approaches to promote awareness of the HIV prevention programs, within the social networks of YMSM of color or YTG persons of color
 - May opt to implement *Social Networking Strategy (SNS)* as a recruitment method

Program Promotion, Outreach, and Recruitment cont.

- **CDC's HIV Risk Reduction Tool**
 - Designed to help individuals make informed decisions about reducing their risk
 - Should utilize as a resource to educate members of the target population(s) on the risks that increase the likelihood of acquiring and transmitting HIV infection
 - <https://wwwn.cdc.gov/hivrisk>

Program Promotion, Outreach, and Recruitment cont.

- **Awardees must obtain prior approval for use of CDC and Department of Health and Human Services name or logo on any materials**
 - Submit a copy of proposed materials to CDC's Office of Grants Services
- **Awardees must convene a local materials review panel or utilize the local health department materials review panel to comply with CDC's Assurance of Compliance with the Requirements Content of AIDS Related Written Materials Form**
 - Health Department representative must be on the materials review panel, if the health department's local review panel is not used.
 - Refer to Attachment J: Assurance of Compliance

Program Promotion, Outreach, and Recruitment cont.

- **Safe Space***
 - Must designate a dedicated physical space
 - Culturally and age-appropriate space located either within the organization or offsite within close proximity
 - Serve as a primary point of recruitment and location for project activities
 - Designed to empower members of the target population and to provide HIV/STD risk reduction skills
 - Supported by clear guidelines that address interactions between staff and youth
 - CBOs do NOT have to secure a new location to meet the safe space requirement

**The Safe Space program requirement was moved from Organizational Capacity section to the Program Promotion, Outreach, and Recruitment section. This change will be reflected in the amended FOA (pending publication).*

Targeted HIV Testing

- **Applicants are required to develop a new or enhance an existing targeted HIV testing program**
 - Individuals at high risk of acquiring HIV and who are unaware of their status
 - Refer to Attachment L: Standardized Operational Screening Criteria for High-Risk and Substantial Risk
 - Primarily serve members of the target population(s)
 - At least 75% of individuals tested must be a member of the target population[s]- primary and secondary
 - Supported by local epidemiologic and surveillance data and the health department's Jurisdictional HIV Prevention Plan and/or Integrated HIV Prevention and Care Plan, whichever is most current
 - Refer to Attachment A: Proposed Target Population Worksheet

Targeted HIV Testing

- **Conduct brief risk assessment to ascertain risks**
- **Provide brief risk reduction education messaging, when appropriate**
 - Provide the HIV test result and include factual HIV education
- **After testing is completed, refer clients to appropriate high-impact HIV prevention (HIP) strategies and activities**
 - Refer persons with a non-reactive HIV test result and who are at high or substantial risk for HIV infection to:
 - PrEP and nPEP services
 - STD, viral hepatitis, and/or TB screenings
 - Other prevention and essential support services

Targeted HIV Testing cont..

- **Must identify a variety of settings where targeted HIV testing will be conducted**
 - Onsite testing within the organization
 - Venue-based testing
 - Mobile testing/field testing
 - Home-based HIV testing- If utilized, written protocols are required to be submitted with application
 - Recruitment processes, follow-up, and linkage to HIV medical care
 - Large-scale HIV testing events- promoted to YMSM of color or YTG persons of color
 - Examples include, but are not limited to: PRIDE weekend, House and Ball events, school-based health programs, etc.

Targeted HIV Testing cont.

- **Performance Measure: At least 6 new HIV infections per every \$50,000 allocated to support HIV testing, annually**
 - Must identify a finite number of new infections within the ranges provided in the FOA

Total Funding Allocated for HIV Testing	Minimum no. of newly diagnosed HIV infections
Less than or equal to \$50,000	6
\$50,001 - \$100,000	7 – 12
\$100,001 - \$150,000	13 – 18
\$150,001 - \$200,000	19 – 24
\$200,001 - \$250,000	25 – 30

Targeted HIV Testing cont.

- **CBO “ABC” proposes 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.
 - Question: How many new HIV infections should CBO “ABC” propose to identify, annually?
 - **Answer: CBO “ABC” must select a finite number between 19 – 24 new HIV infections, annually. CBO “ABC” proposes to identify 20 new HIV infections.**

Targeted HIV Testing cont.

- **Collaboration with the state or local health department in which the applicant resides and reports to is required!**

Targeted HIV Testing cont.

- **Applicant organizations are required to:**
 - Discuss their targeted HIV testing plans with the state or local health department jurisdiction in which they report
 - Submit a copy of the current Clinical Laboratory Improvement Amendments (CLIA) certificates, if rapid testing will be conducted, with the application
 - Work with the state or local health department to collaborate with various entities to support advance in HIV testing technologies and HIV testing algorithms to improve the detection of early and acute HIV infection, when feasible and appropriate.

Targeted HIV Testing cont.

- **Applicant organizations are required to:**
 - Ensure the proposed HIV testing activities, including HIV reporting, meet and comply with all local, state, and federal requirements for HIV testing.
 - **Attachment B: Health Department Targeted HIV Testing and Partner Services Letter of Agreement***
 - **Attachment C: Letter of Intent from a Physician for State Regulations and HIV Testing Activities, if required***
 - Coordinate with the health department to initiate discussions and participate in the development of processes that will support the health department's confirmation of persons with newly diagnosed HIV infection identified by the CBO.
 - Work with the health department to confirm new HIV diagnoses, if and when the health department jurisdiction in which they reside and report enacts policies to support confirmation of new HIV diagnoses.

*Requires action by or consultation with the health department jurisdiction in which the applicant resides

Targeted HIV Testing cont.

- **Applicant organizations are required to:**
 - Follow current CDC program guidance for HIV testing in non-clinical settings. Visit <http://www.cdc.gov/hiv/testing/nonclinical/index.html> for additional information.
 - Integrate HIV testing into the comprehensive high-impact HIV prevention program and the overall mission and operations of the organization's HIV prevention and care services.
 - Develop strategies to recruit members of the target population(s) at greatest risk for HIV infection and who are unaware of their HIV status.

Targeted HIV Testing cont.

- **Applicant organizations are required to:**
 - Develop strategies to reduce each target population's barriers to accessing HIV testing and address health inequities among target population(s) disproportionately affected by the HIV epidemic.
 - Develop strategies to collect and report required HIV testing data in accordance with the guidelines established by the local or state health department and CDC data requirements.
 - Refer to Attachment D: HIV Testing Reporting Requirements
 - 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.

Targeted HIV Testing cont.

- **Applicant organizations can opt to implement the following complementary services in conjunction with HIV testing**
 - Couples HIV Testing and Counseling (CHTC)
 - Personalized Cognitive Counseling (PCC)
 - Integrated screening activities (supported by PS17-1704 fund)
 - STD, viral hepatitis, and/or TB screening
 - Can allocate up to 5% of the total PS17-1704 award amount to support integrated screening activities

Targeted HIV Testing cont.

- **Integrated Screening Activities**

- Funds may be used to support integrated screening only if these tests are indicated by epidemiologic data, and are in accordance with current CDC guidelines and recommendations
- Funds **may not** be used for:
 - Clinical services (e.g., provision of PrEP and nPEP)
 - Treatment of HIV, STDs, viral hepatitis, and/or TB infection
 - Vaccination against hepatitis A or hepatitis B
 - Vaccination against human papillomavirus (HPV)

Targeted HIV Testing cont.

- **Integrated Screening Activities** cont.
 - Organizations considered to be a **clinic** that primarily serves the LGBT community with existing capacity to provide integrated screening **must** offer integrated screening activities to their YMSM of color and YTG persons of color clients
 - Can opt to use PS17-1704 funds to enhance existing integrated screening activities
 - Organizations that are **not** considered a **clinic** that primarily serves the LGBT community can opt to use PS17-1704 funds to enhance existing capacity or develop new organizational capacity to provide integrated screening activities
 - Training to support integrated screening activities must be completed within the first six months of funding and begin implementation no later than **October 1, 2017.**

Targeted HIV Testing cont.

- **Integrated Screening Activities** cont.
 - Organizations that are not considered clinics that primarily serve the LGBT community and do not: (1) have existing capacity to perform integrated screening tests; and (2) opt to utilize PS17-1704 funds to develop their organizational capacity to conduct integrated screenings must:
 - Execute a service agreement with a clinical care provider in the service area(s)
 - Must be submitted with the application
 - Refer to the FOA for additional guidance related to integrated screening

QUESTIONS?

COMPREHENSIVE HIV PREVENTION FOR HIV-POSITIVE PERSONS

Navigation to Continuum of HIV Prevention and Care Services

- **Organizations are required to develop a High-Impact Prevention HIV Program model that:**
 - Enhances existing and establishes new structures that align with and support the HIV Care Continuum
 - Facilitates linkage and re-engagement to and retention in HIV medical care
 - Supports the provision of prevention and essential support services
- **After funding to support targeted HIV testing has been allocated, organizations are expected to allocate **approximately 75%** of remaining funds to Comprehensive HIV Prevention for HIV-Positive Persons**

Navigation to Continuum of HIV Prevention and Care Services

- **Linkage to, re-engagement, and retention in HIV Medical Care**
 - Required to establish service agreement(s) with HIV medical care providers (must be submitted with the application)
 - See *Collaborations* section for guidance on the development of the service agreement
 - Performance Measures
 - Link at least 90% of persons with newly diagnosed HIV infection into HIV medical care within 30 days
 - Link and/or re-engage persons with previously diagnosed HIV infection not in care into HIV medical care within 30 days
 - Linkage to HIV Medical Care Program Plan must be submitted with the application
 - Refer to Attachment E: Linkage to HIV Medical Care Program Plan Template

Navigation to Continuum of HIV Prevention and Care Services cont.

- **Additional Linkage to HIV Medical Care Activities**
 - Applicants may opt to implement a CDC-approved Linkage to Care Intervention and/or implement an existing linkage to care service as part of the Linkage to Care program requirement
 - CDC-approved Linkage to Care Intervention
 - Anti-Retroviral Treatment and Access to Services (ARTAS)

Navigation to Continuum of HIV Prevention and Care Services

- **Prevention and Essential Support Services**
 - Train and develop navigators (e.g., community health workers, peer advocates, outreach workers) to help facilitate access to medical care and support referrals to or the provision of prevention and essential support services.
 - Organizations must provide and/or refer all newly diagnosed HIV-positive persons to the required prevention and essential support services, based on identified need of the client

Navigation to a Continuum of HIV Prevention and Care Services cont.

- **Prevention and Essential Support Services- provide and/or refer clients to:**
 - Partner Services (PS)- applicable to persons with newly and previously diagnosed HIV infection
 - Performance Measure: Refer 100% of persons with newly diagnosed HIV infection to PS, in accordance with state/local policy and regulations
 - Medication Adherence Services- support direct observation, maintenance on ART, and overall achievement of viral suppression
 - May opt to implement a CDC-approved Medication Adherence intervention and/or continue providing existing medication adherence services
 - Performance Measure: Provide and/or refer 90% of all newly diagnosed HIV-positive YMSM of color and YTG persons of color to medication adherence services

Navigation to a Continuum of HIV Prevention and Care Services cont.

- **Prevention and Essential Support Services- provide and/or refer clients to:**
 - CDC-approved HIP behavioral interventions- may opt to implement for persons with newly and previously diagnosed HIV infection
 - Performance Measure: Provide and/or refer 90% of HIV-positive YMSM of color and YTG persons of color to a HIP behavioral intervention

Navigation to a Continuum of HIV Prevention and Care Services cont.

CDC-approved Medication Adherence Interventions	CDC-approved HIV Behavioral Interventions	
HEART	YMSM of Color	
Partnership for Health (Medication Adherence)	CLEAR D-up! Mpowerment Partnership for Health (Safer Sex)	Healthy Relationships** CONNECT Project Start PROMISE
Every Dose Every Day*	YTG Persons of Color	
SMART Couples	CLEAR Partnership for Health (Safer Sex) Healthy Relationships**	CONNECT** PROMISE WILLOW
Peer Support		
<p>*Must be implemented with a linkage to care or medication adherence intervention</p> <p>**Available in English and Spanish</p>		

Navigation to a Continuum of HIV Prevention and Care Services cont.

- **Additional Prevention and Essential Support Services-**
applicants are required to screen clients to assess their need for these services and refer clients to appropriate services based on their identified need
 - Insurance navigation and enrollment
 - Screening and treatment for STDs, viral hepatitis, and/or TB, as recommended by CDC
 - Mental health counseling and services
 - Substance abuse treatment and services
 - Housing
 - Transportation services
 - Employment services
 - Basic education continuation and completion services
 - Violence prevention services
 - Comprehensive sexual health education, including HIV education
 - Educational services for hormone replacement therapy and sex reassignment procedures

COMPREHENSIVE HIV PREVENTION FOR HIV-NEGATIVE PERSONS

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 remaining funds to **Comprehensive HIV Prevention for HIV-Negative Persons**
- **Services may include:**
 - Referrals to primary medical care
 - Provide or refer to prevention and essential support services
 - Follow-up support to remove barriers in accessing HIV strategies and activities (e.g., PrEP)

Navigation to a Continuum of HIV Prevention and Care Services cont.

- **Prevention and Essential Support Services**
 - Train and develop navigators (e.g., community health workers, peer advocates, outreach workers) to help educate persons on remaining HIV-negative and reduce risk of becoming infected with HIV via the provision or referral of prevention and essential support services
 - Program model should include a combination of HIP strategies and services to continually engage HIV-negative YMSM of color and YTG persons of color at high-risk for acquiring HIV

Navigation to a Continuum of HIV Prevention and Care Services cont.

- **Prevention and Essential Support Services- provide and/or refer clients to:**
 - PrEP, as appropriate
 - Refer to Attachment L: Standardized Operational Screening Criteria for High-Risk and Substantial Risk
 - nPEP, as appropriate
 - Screening and treatment for STDs, viral hepatitis, and/or TB, as recommended by CDC

Navigation to a Continuum of HIV Prevention and Care Services cont.

- **Additional Prevention and Essential Support Services-** applicants are required to screen clients to assess their need for these services and refer clients to appropriate services based on their identified need
 - Insurance navigation and enrollment
 - Primary medical care
 - Mental health counseling and services
 - Substance abuse treatment and services
 - Housing
 - Transportation services
 - Employment services
 - Basic education continuation and completion services
 - Violence prevention services
 - Comprehensive sexual health education, including HIV education
 - Educational services for hormone replacement therapy and sex reassignment procedures
 - CDC-approved HIP behavioral intervention(s)

Navigation to a Continuum of HIV Prevention and Care Services cont.

CDC-approved HIP Behavioral Interventions for YMSM of Color

D-up!

PROMISE

Mpowerment

Many Men, Many Voices (3MV)

Popular Opinion Leader (POL)

VOICES/VOCES**

Safe in the City

CDC-approved HIP Behavioral Interventions for YTG Persons of Color

PROMISE

**Available in English and Spanish

Condom Distribution

- **Implement as a structural intervention to increase access and use of condoms**
- **Performance Measure: Offer condoms to 100% of persons with diagnosed HIV infection and persons at greatest risk of HIV infection**
- **Condom distribution programs should:**
 - Provide condoms free of charge
 - Implement social marketing to promote condom use
 - Conduct promotion and distribution activities at individual, organizational, and community level

QUESTIONS?

COLLABORATIONS

Collaborations with HIV Medical Care and Essential Support Service Providers

- **Applicants are required to submit at least one established service agreement with an HIV medical care provider**
 - Service agreements are required for all HIV medical care providers, regardless of whether they are internal or external to the applicant organization
- **Applicants are required to submit two established MOA/MOUs with a Prevention and Essential Support Service provider(s)**
 - HIV-positive persons
 - HIV-negative persons
- **Refer to the FOA for detailed guidance on developing service agreements and MOA/MOUs**

Collaborations with Other Organizations

- **Awardees are expected to enhance existing and establish new formalized collaborative partnerships with:**
 - State or local health department
 - HIV Planning Group
 - Other CDC- funded grantees
 - Other organizations

Collaborations with other Health Departments

- **Awardees are expected to collaborate with the health department to:**
 - Refer HIV-positive clients to Partner Services, provided in accordance with local and/or state regulations.
 - Develop a referral network of PrEP and nPEP clinical service providers to support referral of HIV-negative persons at high risk of acquiring HIV to these providers.
 - Participate in the state and/or local HPG process as required by the local or state health department jurisdiction where the primary site of the organization is located.
 - Support the integration of HIV prevention activities with STD, adolescent and school health, viral hepatitis, and TB screening and prevention services, whenever feasible and appropriate.

Collaborations with Health Departments cont.

- **Awardees are expected to collaborate with the health department to:**
 - Establish contact with other organizations serving the target population(s) in the proposed service area to facilitate dialogue and explore partnership opportunities related to HIV/STD prevention and health and wellness approaches, including sexual health.
 - Develop their Navigation and Prevention and Essential Support Services component to align with and complement existing efforts in their jurisdiction.
 - Provide an update to the HPG on the final PS17-1704 approved program.
 - Coordination with the health department and HPG should occur to determine the most appropriate mechanism to provide the update.

Collaborations with Health Departments cont.

- Applicants must work with their state or local health department to:
 - Identify specific areas where hard-to-reach populations at high risk of acquiring HIV infection reside and/or frequent
 - Obtain a written agreement that supports providing the CBO with the necessary data to identify and target HIV prevention services in areas most impacted
 - **Attachment F: Health Department Letter of Support***

*Requires action by or consultation with the health department jurisdiction in which the applicant resides

Collaborations with other CDC-Funded Programs

cont.

- Applicants located in jurisdictions funded to implement the following program activities, are encouraged to collaborate with the local health department to maximize the impact of the HIV prevention services supported under these funding opportunity announcements:
 - PS14-1410: Secretary's Minority AIDS Initiative Funding to Increase HIV Prevention and Care Service Delivery among Health Centers Serving High HIV Prevalence Jurisdictions
 - PS15-1506: Demonstration Projects to Reduce HIV Infections and Improve Engagement in HIV Medical Care among Men Who Have Sex with Men (MSM) and Transgender Persons (TG)
 - PS15-1509: Health Department Demonstration Projects for Comprehensive Prevention, Care, Behavioral Health, and Social Services for Men Who Have Sex with Men (MSM) of Color at Risk for and Living with HIV Infection

Collaborations with other CDC-Funded Programs

cont.

- PS13-1308: Promoting Adolescents Health Through School-Based HIV/STD Prevention and School-Based Surveillance – Strategy 4: School-Centered HIV/STD Prevention for YMSM
 - Applicants located in areas that overlap with Local Education Agencies (LEAs) funded under this FOA must:
 - Establish a MOA/MOU with the LEA to provide HIV/STD prevention services for YMSM of color and YTG persons of color
 - Funded LEAs include:
 - San Francisco Unified School District (California)
 - Los Angeles Unified School District (California)
 - Broward County Public Schools (Florida)
- **Additional information can be found by visiting:**
<http://www.cdc.gov/healthyouth/partners/index.htm>

Collaborations with other CDC-Funded Programs

cont.

- Additional CDC-funded programs
 - PS15-1502: Comprehensive High-Impact HIV Prevention Projects for Community-Based Organizations
 - PS14-1403: Capacity Building Assistance for High-Impact HIV Prevention

QUESTIONS?

EVALUATION AND PERFORMANCE MEASUREMENT

Evaluation and Performance Measurement

- **Evaluation findings 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
 - Drive continuous program improvement

Evaluation and Performance Measurement

- **Awardees will work with CDC to:**
 - Develop and implement the performance measurement standards
 - Develop a more detailed evaluation and performance plan
 - During the Development Phase (April 1, 2017 – September 30, 2017)
- Applicants should not allocate more than 10% of total budget to support evaluation staff, consultants and/or contractors

Evaluation and Performance Measurement

- **Awardees must comply with CDC's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, STDs, and TB Programs**
 - <http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>
- **Awardees will be responsible for NHM&E data collection and reporting**
- **Data collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget (OMB)**

ORGANIZATIONAL CAPACITY OF AWARDEES TO IMPLEMENT THE APPROACH

Organizational Capacity

- **Applicants must demonstrate their existing or forthcoming capacity to execute all proposed strategies and activities to meet the program requirements.**
- **Applicants should describe the following:**
 - Organizational mission
 - Organizational structure
 - Overall organizational budget and funding sources
 - Staff size and expertise
 - Nature, scope of work, and capabilities
 - Sustainability plan
 - Other information to help CDC assess the organization's infrastructure and capacity to implement the proposed program

FUNDING RESTRICTIONS

Funding Restrictions

- **Restrictions that must be considered while planning the program and writing the budget are:**
 - Awardees may not use funds for research
 - Awardees may not use funds for clinical care except as allowed by law
 - Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services
 - Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget
 - Reimbursement of pre-award costs is not allowed, unless CDC provides written approval to the awardee

Funding Restrictions cont.

- **Restrictions that must be considered while planning the program and developing the budget are:**
 - Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
 - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees

Funding Restrictions cont.

- **Restrictions that must be considered while planning the program and writing the budget are:**
 - The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible
 - Awardees may not use funds for construction
 - Awardees may not use funds to support direct implementation of school-based HIV prevention programs. (This restriction is not applicable to collaborations with school-based HIV prevention programs.)

APPLICATION SUBMISSION INFORMATION

Application Submission Information

- **Letter of Intent (LOI)**
 - Recommended, but not required
 - LOI is not a binding document
 - Purpose of the LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications
 - **LOI Due Date: July 27, 2016**
 - LOIs do not have to be submitted with the application

Application Submission Information cont.

- **Table of Contents-** Must detail the entire submission package and list all of the documents in the application.
 - Name the file *Table of Contents*
- **Project Abstract Summary** (maximum one page)
 - Brief summary of the proposed project
 - Must enter the summary in the *Project Abstract Summary* text box at www.grants.gov

Application Submission Information cont.

- **Project Narrative- (maximum 20 pages)**
 - 12-point font, 1 inch margins, number all pages
 - Must include the following headings and name the file *Project Narrative*
 - Background
 - Approach
 - Purpose
 - Outcomes
 - Strategy and Activities (see FOA for instructions regarding the naming of files included in the sections below)
 - » Collaborations
 - » Target Populations
 - Applicant Evaluation and Performance Measurement Plan
 - Organizational Capacity of Applicants to Implement the Approach

Application Submission Information- Work Plan

- **Work Plan (Included in the Project Narrative 20 page limit)**
 - Must be consistent with the CDC Project Description Work Plan section
 - Applicants use the PS17-1704 Work Plan Guide
 - Refer to Attachment G: PS17-1704 Work Plan Guide
 - Delineates how the organization plans to achieve the project period outcomes, strategies, activities, and evaluation and performance measurement
 - Should include all training, capacity building, and technical assistance needs to support the proposed program
- ***PS17-1704 is a single component FOA***

Application Submission Information- Work Plan cont.

- **What should be included in the Work Plan?**
 - Five Year Overview
 - Intended outcomes for the entire five year project period
 - Year 1 Detailed Work Plan
 - Program strategies and activities and associated outcomes
 - SMART objectives aligned with program outcomes (including quantitative baselines and targets, based on the proposed program, that lead to an increase, decrease, or maintenance over time)
 - Activities aligned with program objectives
 - Timeline for implementation (including staffing of the proposed program, CBA/TA and training, etc.)

Application Submission Information- Budget Information

- **Budget Narrative**
 - Not included in the Project Narrative's 20-page limit
 - Name the file *Budget Narrative*
 - Must follow the format of the FOA and be organized by program strategies and activities

Application Submission Information- Budget Information cont.

- **At a minimum, the budget should be broken down by the following strategies and activities:**
 - Targeted HIV Testing
 - Integrated Screening Activities, if applicable
 - Comprehensive HIV Prevention with HIV-Positive Persons
 - Linkage to HIV Medical Care
 - Prevention and Essential Support Services
 - Comprehensive HIV Prevention with High-Risk HIV-Negative Persons*
 - Prevention and Essential Support Services

*Deleted "Referral to Primary Medical Care" as stand alone line that was required in the budget. This change will be reflected in the amended FOA (pending publication).

Application Submission Information- Budget Information cont.

- Program promotion, outreach, and recruitment (P/O/R) and condom distribution are applicable to both HIV-positive and HIV-negative persons and can be included in the strategies and activities previously described, as deemed appropriate.
 - Sample partial budget layout
 - HIV testing
 - Comprehensive HIV Prevention with HIV-Positive Persons
 - Linkage to HIV Medical Care
 - Prevention and Essential Support Services
 - P/O/R
 - Condom Distribution
 - Comprehensive HIV Prevention with HIV-Negative Persons
 - P/O/R
 - Prevention and Essential Support Services
 - » PROMISE
 - Condom Distribution

Application Submission Information- Budget Information cont.

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

Application Submission Information cont.

- **List of required attachments**
 - Applicants cannot attach documents other than the documents listed in the FOA. If other documents are attached, the application will not be reviewed.

Application Submission Information cont.

Project Abstract	Service Agreement – HIV Medical Care Provider
Project Narrative	MOA/MOU(s) Prevention and Essential Support Service Providers
Budget Narrative	MOA/MOU with Local Education Agencies (LEA), if applicable
Proposed Target Population Worksheet (Attachment A)	Non-profit 501(c)(3) IRS Status Letter
HIV Testing Documents/Letters <ul style="list-style-type: none"> • Health Department Targeted HIV Testing and Partner Services Letter of Agreement(Attachments B) • Letter of Intent from a Physician for State Regulations and HIV Testing Activities, if applicable (Attachment C) • Current CLIA certificate, if applicable • Home-based testing protocol, if applicable 	Three (3) Letters of Support (Civic, non-profit business and/or faith based organizations)
Linkage to HIV Medical Care Program Plan (Attachment E)	CVs/Resumes for all PS17-1704 positions
Health Department Letter of Support (Attachment F)	Organizational Charts <ul style="list-style-type: none"> • Agency Wide and • PS17-1704 HIV Program Prevention Program
Historical Data Table (Attachment H)	Indirect cost rate, if applicable
Table of Contents for Entire Submission (Attachment I)	Evidence of HIV prevention or care services <ul style="list-style-type: none"> • Copy of a progress report from a funder • Letter from a funding source, other than CDC, documenting the applicant’s service to the target population (must reflect consistent service for at least the last 24 months)
CDC Assurances of Compliances (Attachment J)	

Submission Dates and Times

- **Letter of Intent (LOI) Due Date: July 27, 2016**
- **Application Due Date: September 14, 2016 at 11:59 p.m. (EST)**
 - **Submit Early!!!**
 - Applications must successfully complete the validation process before being transmitted to CDC.
 - This process may take **up to 2 business days.**

QUESTIONS?

APPLICATION REVIEW AND SELECTION PROCESS

Application Review and Selection Process

■ Phase I: Eligibility Review

- CDC Office of Grants Services reviews all applications for completeness
- Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II of the review process
- Applicants will be notified that their application did not meet eligibility and/or published submission requirements

Application Review and Selection Process cont.

- **Phase II: Objective Review (OR) Panels**

- Applications will be reviewed and scored by an independent review panel assigned by CDC
- Applications will be evaluated based on the scoring criteria included in the FOA
- The review panel will evaluate complete, eligible applications in accordance with the criteria as documented in the *Review and Selection Process* section of the FOA
- Applications can receive a maximum of 100 points

Application Review and Selection Process cont.

Areas to be Evaluated	Points
<u>Approach</u> <ul style="list-style-type: none">• Project Overview• Formalized Collaborations and Partnerships• Program Promotion, Outreach, and Recruitment• Targeted HIV Testing• Comprehensive HIV Prevention for HIV-Positive Persons• Comprehensive HIV Prevention for High-Risk HIV-Negative Persons• Condom Distribution• Capacity Building (Reviewed, but not scored)	40
Evaluation and Performance Measurement	25
Applicant's Organizational Capacity to Implement the Approach	35
Budget (Reviewed, but not scored)	Not Scored

Application Review and Selection Process cont.

- **Phase III: Pre-Decisional Site Visits (PDSV)**
 - Early December 2016 (tentative)
 - Applicants can receive a maximum PDSV 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.
 - Applicants applying for funding will be selected to receive a PDSV based on scores from the OR process and CDC's funding preferences
 - Health Departments will receive notification of organizations that will receive a PDSV
 - Feedback will be provided via the HD Input Form
 - Receipt of a PDSV does not guarantee funding

FUNDING PREFERENCES

Funding Preferences

- **The following factors also may affect the funding decision:**
 - Preference to ensure equitable balance in terms of targeted racial or ethnic minority groups.
 - The number of funded applicants serving each racial or ethnic minority group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.
 - Preference to avoid unnecessary duplication of services.
 - Preference for applicants that propose to implement HIV prevention services among target populations not addressed by higher-ranking applicants.

Funding Preferences cont.

- **The following factors also may affect the funding decision:**
 - Preference for the balance of funded applicants based on (1) burden of HIV infection within jurisdictions and (2) disproportionately affected geographic areas, as measured by CDC.
 - Preference for applicants that propose cost-effective programs that fully maximize the impact of CDC's fiscal resources.
 - Preference for applicants with extensive experience (at least the last 24 months) serving the proposed target population(s).

AWARD ADMINISTRATION INFORMATION

Award Information

- Awards will be made by April 1, 2017
- Successful applicants will receive an electronic Notice of Award (NoA) from CDC OGS
- The NoA is the only binding, authorizing document between the awardee and CDC
- The NoA will be signed by an authorized GMO and emailed to the awardee program director

QUESTIONS?

PRE-APPLICATION TECHNICAL ASSISTANCE

Pre-Application Technical Assistance Activities

- PS17-1704 website:
 - <http://www.cdc.gov/hiv/funding/announcements/ps17-1704/index.html>
 - Frequently Asked Questions (FAQs)
 - General Asked Questions (GAQs)
 - Capacity Building Assistance
 - Check the website regularly for updates

Pre-Application Technical Assistance Activities

- **PS17-1704 Email: CBOFOA@CDC.GOV**
 - Responses will be provided within 72 business hours
 - July 14, 2016 to August 31, 2016
- **PS17-1704 Information Line: (404)639-6030**
 - Open 24 hours a day for individuals to leave a message
 - Responses to all questions will be provided via email within 72 business hours
 - July 14, 2016 to August 31, 2016

Pre-Application Technical Assistance Activities

cont.

- **Pre-Application Technical Assistance Workshops**
 - July 28, 2016 – Atlanta, GA
 - August 1, 2016 – Baltimore, MD
 - August 3, 2016 – Los Angeles, CA
- **Pre-Application Technical Assistance Conference Calls**
 - August 15, 17, and 23, 2016
- **Pre-Application Last Chance Technical Assistance Conference Calls**
 - August 30, 2016, September 1 and 7, 2016

Pre-Application Technical Assistance Activities

cont.

- **Grant Writing Training series (7 trainings)**
 - A two - day training that provides an overview and the fundamentals of grant writing for the public and private sectors

Location	Date
Washington, DC	August 15-16, 2016
Atlanta, GA	August 18-19, 2016
New York, NY	August 24-25, 2016
Phoenix, AZ	August 25-26, 2016
Austin, TX	August 25-26, 2016
Oakland, CA	August 30-31, 2016
Chicago, IL	August 30-31, 2016

Dates are subject to change

Pre-Application Technical Assistance Activities

cont.

- **Webinar Training Series**

- Provide technical assistance on topic areas relevant to the programmatic requirements of PS17-1704
- Please visit the PS17-1704 website for registration information

Webinar Topics	Dates and Times
Developing and Implementing Culturally Competent HIV Prevention Programs	August 11, 2016 at 2:00 pm - 3:30 pm (Eastern)
Targeted HIV Testing (to include Recruitment and Linkage to Care)	August 16, 2016 at 2:00 pm – 3:30 pm (Eastern)
Selecting a Behavioral, Structural, and Biomedical Intervention	August 19, 2016 at 2:00 pm – 3:30 pm (Eastern)

Resources

- Effective Interventions- www.effectiveinterventions.cdc.gov
- CDC's HIV Risk Reduction Tool- <https://wwwn.cdc.gov/hivrisk>
- PS13-1308: Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance – Strategy 4: School-Centered HIV/STD Prevention for YMSM- <http://www.cdc.gov/healthyouth/fundedpartners/1308/pdf/rfa-1308.pdf>
- CDC's Act Against AIDS- <http://www.cdc.gov/actagainstaids/>

AGENCY CONTACTS

Agency Contacts

- **For programmatic technical assistance contact:**

Dr. Stanley Phillip, Deputy Branch Chief
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Road, NE Mailstop E-58
Atlanta, GA 30333
Telephone: 404-639-6030
Email: CBOFOA@cdc.gov

Agency Contacts

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

Karen Zion, Grants Management Specialist

Department of Health and Human Services

CDC Office of Grants Services

2920 Brandywine Road, Mailstop E-15

Atlanta, GA 30341

Telephone: 770-488-2729

Email: wvf8@cdc.gov

Agency Contacts

- **For all other submission questions, contact:**

Technical Information Management Section

Department of Health and Human Services

CDC Office of Financial Resources

Office of Grant Services

2920 Brandywine Road, Mailstop E-14

Atlanta, GA 30341

Telephone: 770-488-2700

Email: ogstims@cdc.gov

Important Reminders

- Application Due Date: **September 14, 2016 at 11:59 p.m. (EST)**
 - Submit early!!!
 - Validation may take up to 2 business days
- Application submission is not concluded until the validation process is completed successfully
 - Applicants will receive a “submission receipt” email generated by www.grants.gov
- Applicants are encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline

Good Luck!!!

Questions?

Send all questions to **CBOFOA@CDC.GOV**

For additional information, please visit
**[www.cdc.gov/hiv/funding/announcements/
ps17-1704/index.html](http://www.cdc.gov/hiv/funding/announcements/ps17-1704/index.html)**