



PS19-1904: Capacity Building Assistance (CBA) for High Impact HIV Prevention Program Integration

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Capacity Building Branch (CBB)

Pre-Application Technical Assistance (TA) Session

Component 1: National Training

Fall 2018



Purpose

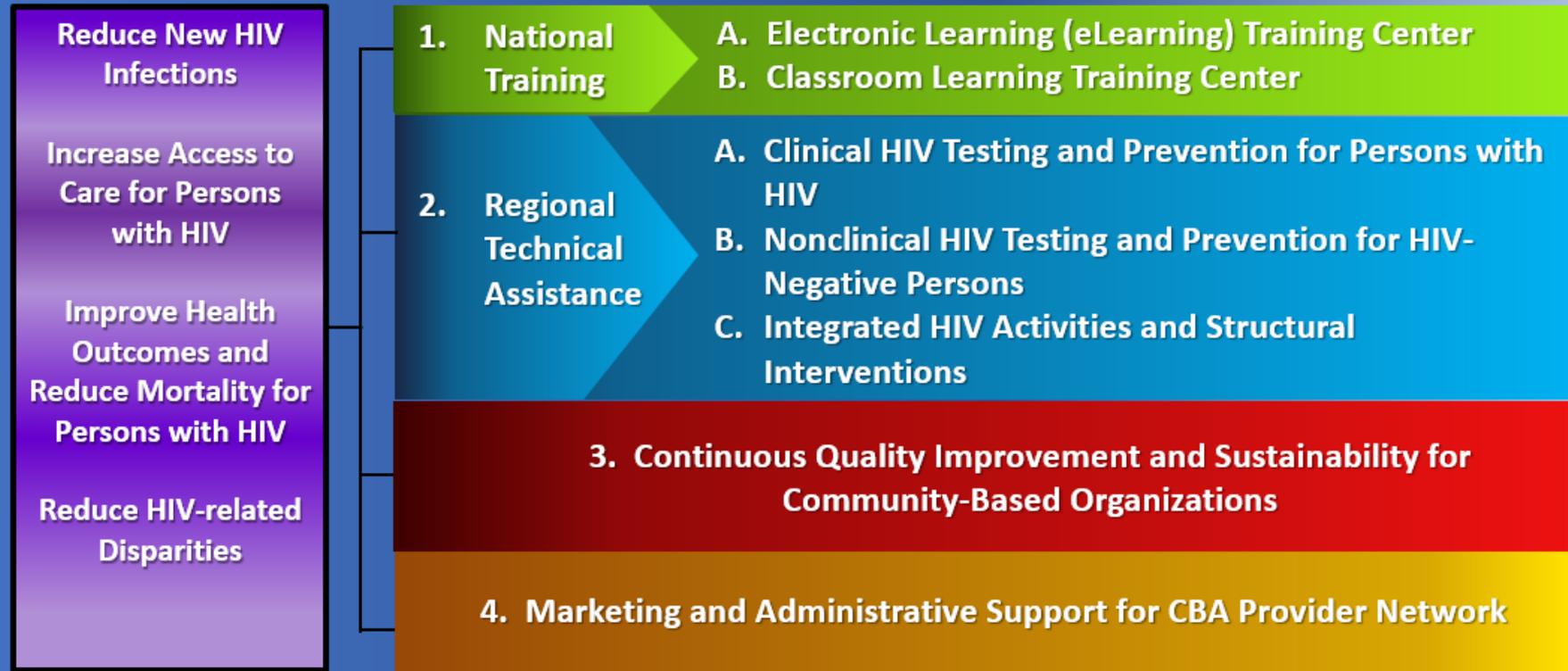
- **Supports a CBA Provider Network (CPN)**
- **Strengthens the capacity and improves the performance of the HIV prevention workforce to optimally plan, integrate, implement, and sustain comprehensive HIV prevention programs and services**
- **Promotes and supports national prevention goals, the HIV care continuum, and CDC's High-Impact HIV Prevention (HIP) approach**

<https://www.cdc.gov/hiv/funding/announcements/ps19-1904/index.html>



PS19-1904: Capacity Building Assistance (CBA) for High Impact HIV Prevention Program Integration

To strengthen the capacity and improve the performance of the national HIV prevention



Health Disparities, Social Determinants of Health, Cultural Competence



Presentation Outline

- **Required Activities**
- **Measured Outcomes**
- **Award Information**
- **Eligibility Information**
- **Application Submission**
- **Application Review**
- **Pre-Application Technical Assistance**



Required Activities







Presenter

Component 1: National Training

Successful applicants will collaboratively develop and deliver a comprehensive training program to increase HIV prevention knowledge, skills, and competencies of interdisciplinary staff (e.g., professional, technical, clinical, and managerial) within CDC-funded programs and their local partners.

Training includes utilization of

existing and newly developed training packages for CDC-supported HIP interventions and public health strategies.

As directed by CDC, national training may also include supplemental topics such as social determinants of health, recruitment, retention, adaptation, and evaluation.

Training curricula, products, and



Presenter

Now, let's discuss the required activities for Component 1: National Training.

As a reminder, please read the notice of funding opportunity –in its entirety –for detailed requirements related to the content, form, and submission of your application.

The NOFO, as published on www.grants.gov, serves as the authoritative source of information for this competition.



Presenter
We will review required activities and measured outcomes;

the number and amounts of available awards;

applicant eligibility criteria;

registration and application requirements for a complete submission;

phases of review for applications;
and

information about pre-application technical assistance.

At the end of the presentation, my CBB colleagues and I will address your questions regarding the National Training component.

Please use the chat function to submit your questions, or you can ask your questions once we open the public comment period.



Presenter

This infographic summarizes the overall scope of work under funding opportunity PS19-1904.

The CPN will implement the following four program components: 1) national training; 2) regional technical assistance; 3) continuous quality improvement and sustainability for CBOs; and 4) marketing and administrative support for the CPN.

Both individually and collaboratively, these program components will build individual competencies and technical expertise, strengthen organizational capacities, and enable supportive structural environments toward addressing long term outcomes (summarized in purple box).

This NOFO promotes and supports national prevention goals, the HIV care continuum, and CDC's HIP



Presenter
PS19-1904 will support a CBA
Provider Network. The CPN will be
a cadre of CDC-funded
organizations that individually and
collectively provide CBA services.

The CPN will work to strengthen the
capacity and improve the
performance of the HIV prevention
workforce to optimally plan,
integrate, implement, and sustain
comprehensive HIV prevention
programs and services.

This funding opportunity promotes
and supports national prevention
goals, the HIV care continuum, and
CDC's HIP approach.

For more information about
PS19-1904, please visit the program
website at the address provided on
the slide.

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Presenter

Hello, my name is DaDera Moore, Senior Advisor for Program in the Capacity Building Branch within the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention.

I would like to welcome you to today's pre-application TA session for PS19-1904: Capacity Building Assistance for High Impact HIV Prevention Program Integration, Component 1: National Training.





Track B. Classroom Learning Training Center

Measured Short-Term Outcomes:

- **Increased CDC-approved trainings available in classroom and blended learning formats**
- **Increased organizations implementing CDC-supported HIP interventions and public health strategies**
- **Increased national trainers with the capacity to deliver CDC-approved classroom or blended learning trainings**
- **Increased health departments conducting HIP interventions and public health strategies training using CDC-approved curricula**
- **Continued trainer capacity to deliver all new and existing CDC-approved classroom or blended learning training curricula**

Award Information



Component 1: National Training Funding

■ Cooperative Agreement

- Project Period: April 1, 2019 – March 31, 2024

■ Total Fiscal Year (Annual) Funding - \$9,000,000

- Track A: Electronic Learning Center
 - 1 national award
 - Funding range: \$3,000,000 - \$3,050,000
- Track B: Classroom Learning Center
 - 1 national award
 - Funding range: \$6,000,000 - \$6,050,000

Eligibility Information



Unrestricted Eligibility

- American Indian/Alaska Native tribal governments (federally recognized or state-recognized)
- American Indian/Alaska native tribally designated organizations
- Alaska Native health corporations
- Colleges
- Community-based organizations
- Faith-based organizations
- For-profit organizations (other than small business)
- Healthcare corporations
- Healthcare organizations
- Hospitals
- Nonprofit with 501C3 IRS status (other than institution of higher education)
- Nonprofit without 501C3 IRS status (other than institution of higher education)
- Political subdivisions of States (in consultation with States)
- Professional associations
- Research institutions (that will perform activities deemed as non-research)
- Small, minority, and women-owned businesses
- State and local governments or their Bona Fide Agents
- Tribal epidemiology centers
- Universities
- Urban Indian health organizations



Additional Information on Eligibility

If any of the following required documentation is missing, the application will be deemed nonresponsive and not considered for further review.

- Applicants may submit only one application for one component
- For Component 1, applicants must clearly select one track
- For Component 2, applicants must select one geographic region with documentation of an established operating unit/office
- For Component 2, applicants must clearly select one track
- Applicants are limited to an indirect cost rate of 8% (unless an exempted organization)
- Applicants must submit a complete application



Application Submission



Required Registrations

- **Data Universal Numbering System (DUNS)**

- [DUNS website](#) or (866) 705-5711
- 1-2 business days

- **System for Award Management (SAM)**

- [SAM website](#) (must have DUNS number)
- 3-5 business days but up to 2 weeks, requires annual renewal

- **Grants.gov**

- [grants website](#) (must have DUNS number and SAM account)
- Same day but can take up to 8 weeks
- **Register early!!!**



Application

- **Table of Contents**
- **Project Abstract Summary**
- **Project Narrative (19 pages)**
 - Background, Approach, Evaluation and Performance Measurement Plan, Organizational Capacity to Implement Approach, Work Plan
- **Budget Narrative (no page limit)**
- **CDC Assurances and Certifications**

Application Update

■ Work Plan

- Name and submit as an attachment to the application under “Other Attachments”; no page limit
- Reference named attachment in “Work Plan” section of the Project Narrative

■ Evaluation and Performance Measurement Plan

- Name and submit as an attachment to the application under “Other Attachments”; no page limit
- Reference named attachment in “Evaluation and Performance Measurement Plan” section of the Project Narrative



Application Attachments

- **Indirect Cost Rate Agreement, if applicable**
- **Non-Profit Organization IRS status forms, if applicable**
- **Demonstration of organizational capacity**
 - List of acceptable attachments outlined in “Additional Information on Eligibility” section
 - No page limit
 - Materials will be considered during application review



Important Reminders

- **Follow all instructions related to the content, form, and submission of the application**
 - requirements, font, line spacing, page limitations, file formats, and file naming conventions
- **Letters of Intent are due October 12, 2018**
 - CBANOFO@cdc.gov
- **Applications are due November 12, 2018 by 11:59pm ET**
 - [grants.gov](https://www.grants.gov) website
- **Leave sufficient time to ensure successful application submission before published deadline**



Application Review



Phase I Review

- **Eligibility, completeness, and responsiveness as detailed in PS19-1904**
- **Ineligible, incomplete, and non-responsive applications will not be considered for further review**
- **Notification if application does not meet eligibility criteria and/or application requirements**



Phase II Review

- **Objective review and evaluation (100 points)**
 - Approach (35 points)
 - Evaluation and Performance Measurement (25 points)
 - Organizational Capacity to Implement Approach (40 points)
 - Budget (Reviewed but not scored)
- **Ranked scores by component and track**
- **Notification of application status within 30 days following completion of Phase II Review**



Phase III Review

■ CDC Funding Preferences

- Preference to avoid unnecessary duplication of services;
- Preference for balance of funded applicants based on burden of HIV infection within jurisdictions and disproportionately affected geographic regions, as measured by CDC;
- Preference for applicants that propose cost-effective programs that fully maximize the impact of CDC's fiscal resources; and
- Preference for applicants with extensive experience (at least 2 years) building the capacity of the HIV prevention workforce.



Phase III Review

- **Pre-decisional site visit (75 points)**

- CDC staff meets with applicants
- CDC technical review of applications
- CDC assessment of applicant's demonstrated capacity for proposed program
- Identification of any needed support from CDC

- **Minimum PDSV score of 50 points**





Funding Determinations

- **Based on ranked scores from application review and consideration for CDC funding preferences**
- **Announcement and anticipated award date will be no later than April 1, 2019**



Pre-Application Technical Assistance



Important Resources

- **PS19-1904 Application Package**

- www.grants.gov

- **PS19-1904 Website**

- <https://www.cdc.gov/hiv/funding/announcements/ps19-1904/index.html>
- Attachments, FAQs, application checklist, etc.

- **Live Web Conference Calls**

- CDC review and Q&A sessions for each component
- Schedule and information on PS19-1904 website



Agency Contacts

- **For programmatic technical assistance, contact:**

DaDera Moore, Project Officer

Email: cbanofocdc@cdc.gov

Phone: (404) 718-3180

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

Thelma Jackson, Grants Management Specialist

Email: koy8@cdc.gov

Phone: (770) 488-2823



Agency Contacts

- **For assistance with submission difficulties related to [grants.gov website](https://www.grants.gov), contact:**

Contact Center

Phone: (800) 518-4726

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays

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

Technical Information Management Section

Email: ogstims@cdc.gov

Phone: (770) 488-2700



Thank You!!





For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

