

**WEBINAR TRANSCRIPT:
FUNDING OPPORTUNITY ANNOUNCEMENT
PS15-1510**

**MODERATOR:
RHONDETTE JONES**

**April 14, 2015
1:30 p.m. ET**

Operator: This is Conference #10392418.

Ladies and gentlemen, thank you for standing by. Welcome to the webinar for Funding Opportunity Announcement PS15-1510.

During the presentation, all participants will be in a listen only mode. Afterwards, we will conduct a question and answer session. At that time, if you have question, please press star followed by the number one on you're telephone. You may also enter questions at anytime throughout the webinar by using the chat feature located on the lower left corner of your screen.

If you need to reach an operator at anytime, please press star then zero. As a reminder, this conference is being recorded today, Tuesday, April 14th, 2015. I would now like to turn the conference over to Ms. Rhondette Jones. Please go ahead.

Rhondette Jones: Thank you. Good afternoon everyone and welcome to our webinar today. My name is Rhondette Jones, and I'd like to introduce our first speaker, Mr. Angel Ortiz-Ricard, Associate Deputy Director for Prevention Programs, to begin this afternoon.

Angel Ortiz-Ricard: Good afternoon. As Rhondette mentioned, my name is Angel Ortiz-Ricard, and I serve also as the acting chief for the Capacity Building Branch. And I am pleased that you have joined us to participate in this webinar to share information about Funding Opportunity Announcement 15-1510: Training and Technical Assistance for Health Department Demonstration Projects for Comprehensive Prevention, Care, Behavioral Health, and Social Services for Men Who Have Sex with Men of Color at Risk for and Living with HIV Infection.

The Centers for Disease Control and Prevention announces the competitive availability of fiscal year 2015 funds to implement a training and technical assistance program to strengthen the workforce capacity within health departments and their local collaborative organizations, ensuring the optimal planning, implementation and sustainability of programs and services, supported by funding opportunity announcement PS15-1509: Health Department Demonstrations Projects for Comprehensive Prevention, Care, Behavioral Health, and Social Serves for Men Who Have Sex with Men of Color At Risk for and Living with the HIV Infection.

Based on a set of core competency categories, FOA (PS15-1510) supports the innovative development and delivery of information reflective of the most advanced HIV-related science and practice; state-of-the-art training culminating in a certificate of completion; and tailored technical assistance to facilitate PS15-1509 funded health departments and their local collaborative partners in the provision of comprehensive prevention, care, behavioral health, and social services specifically for MSM of color at risk for and living with HIV.

As we begin, I would like to provide a little background information about the importance of this Funding Opportunity Announcement. Gay, bisexual and other men who have sex with men remain the population most heavily affected by HIV infection in the United States.

Among MSM, those who are African American/Black and Latino/Hispanic comprise 58% of all new infections. In alignment with the National HIV/AIDS Strategy (NHAS), high-impact HIV prevention approaches need to be implemented by state, local, and territorial health departments to reduce new HIV infections and improve HIV outcomes along the continuum of care for MSM living with HIV.

This FOA makes available approximately \$5.5 million over three years to support one cooperative agreement to provide training and technical assistance to health departments and their collaborative partners funded under PS15-1509.

This training and technical assistance will prepare health departments and their collaborative partners to plan, implement and sustain (through ongoing assessment engagement, linkage and retention) comprehensive prevention, care, behavioral health and social services models for services for gay, bisexual and other men of color who have sex with men at risk for and living with HIV infection.

The training and technical assistance will be based on a set of core competencies intended to support the innovative development and delivery of information reflective of the most advanced HIV related science and practice.

Funding for this opportunity – for this cooperative agreement is made available through the Secretary's Minority AIDS Initiative fund. And following my talk, we will provide an overview of the information that is provided in the FOA and encourage you to let

us know if you have additional questions. My colleagues today will share detailed information about the FOA and hope to address any issues that you might have.

With that, I will now turn it over to Ms. Rhondette Jones, the lead for the Training and Development Team, to begin this overview. Thank you and I wish you success in your application process.

Rhondette Jones: Thank you, Angel.

Good afternoon again. As Angel said, I'm Rhondette Jones and I'm the lead for the Training and Development Team for the Capacity Building Branch within the Division of HIV/AIDS Prevention at the Centers for Disease Control and Prevention. And I would again like to welcome you to this webinar, Training and Technical Assistance for Health Department Demonstration Projects for Comprehensive Prevention, Care, Behavioral Health and Social Services for Men Who Have Sex with Men of Color At Risk for and Living With HIV Infection. This is Funding Opportunity Announcement 15-1510.

As you can see from the latest publication in aids.gov, gay, bisexual and other MSM remain the population most affected by HIV infections in this country. Among MSM, CDC estimates that those who are African-American and Latino comprised 58 percent of all new HIV infections in 2010.

Recent years have seen alarming increases in the rates of new infections among young MSM of color. Young black MSM accounted for more new HIV infections than any other subgroup of men who have sex with men by race, ethnicity and age.

So, to improve HIV outcomes for gay, bisexual and other men who have sex with men of color, CDC is investing over \$60 million

from the Secretary's Minority AIDS Initiative Fund in a four-year demonstration project.

Funding Opportunity Announcement 15-1509 supports health department collaborations with community-based organizations, health care clinics and providers, behavioral health providers, and social services providers to develop comprehensive models of prevention, care, behavioral health, and social services for MSM of color living with or at risk for HIV infection. This FOA was published on grants.gov on March 31st and applications are due June 1st.

As a direct companion to 15-1509, CDC simultaneously released 15-1510 which will be focus of today's webinar.

Today, I will discuss CDC's overall programmatic approach for 1510, strategies and activities supporting them in this FOA, requirements for the structure and content of applications, the process for reviewing applications, key dates to remember, and resources available to support applicants. This presentation will provide an overview of and highlight key items within the funding opportunity announcement. The entire FOA, as published on www.grants.gov, serves as the primary guidance for your application.

As part of the Division of HIV/AIDS Prevention, the Capacity Building Branch or CBB provides leadership, expertise and funding to improve the performance of the HIV prevention workforce by increasing the knowledge, skills, technology and infrastructure necessary to implement and sustain science-based culturally-appropriate HIV prevention, interventions and strategies.

Under Funding Opportunity Announcement 14-1403, we currently fund a cadre of 27 partner organizations to nationally deliver capacity building assistance to health departments, community-

based organizations or CBOs, and health care organizations for high impact prevention programs and services.

Under 15-1510, the Capacity Building Branch will fund a new three-year \$5.5 million National Training and Technical Assistance Program for specifically PS15-1509 funded health departments and their collaborative partners. Eligibility is limited to health departments and nonprofits other than institutions of higher education with a 501(c)(3) status. There will be only one award with annual funding amount starting in year one at 2.5 million and decreasing to 1 million by year three.

Now, let's move from this snapshot to a much more detailed description of the program.

Through training and technical assistance, this new program aims to strengthen the capacity of 15-1509 funded health departments and their collaborative partners to plan, implement and sustain comprehensive prevention, care, behavioral health and social services models for MSM of color at risk for and living with HIV infection. Collaborative partners include CBOs, clinics, behavioral health and social services providers, patient navigators and others that interface with MSM of color. Planning, implementing and sustaining should occur through ongoing engagement, assessment, linkage and retention.

PS15-1510 is expected to demonstrate measurable progress among its target population against 15-1509 funded health departments and their collaborative partners toward addressing the following short-term outcome.

First, increased availability and accessibility of competency-based training and technical assistance for the delivery of comprehensive HIV prevention, care, behavioral health and social services for MSM of color.

Secondly, increased utilization by the target population of competency-based training and technical assistance for the delivery of comprehensive HIV prevention, care, behavioral health and social services for MSM of color.

And thirdly, improved capacity of the target population to implement competency-based training of trainer and training of provider curriculum as appropriate for the delivery of comprehensive HIV prevention, care, behavioral health and social services for MSM of color.

Measurable intermediate outcomes will be, first, ongoing programmatic improvements and increased data sharing among the awardee, CDC and other partners including local and state health departments.

15-1510 will support implementation of three primary program strategies and their related activity. The first strategy. During year one, develop a competency-based training program to build capacity within 15-1509 funded health departments and their partner organizations and the collaborative to provide HIV prevention, care, behavioral health and social services for MSM of color at risk for and living with HIV. And we realized we have behavioral health written there twice and that's a typo.

The training program is required to have the following three components.

First, a training of provider curriculum. And that would include training manuals, participant manuals, support tools or other learning materials for staff within 15-1509 funded health departments and their local collaborative organizational partners.

Secondly, a training of trainers for training staff within 15-1509 health department and potentially other organizations.

And thirdly, supporting products for ongoing trainings and technical assistance.

The training program must strengthen the capacity of health departments and their local collaborative organizational partners to plan, implement and sustain the 24 required activities as funded under 15-1509. It is critical for applicants to fully read, comprehend and incorporate 15-1509 into their proposed 15-1510 training programs. An informational webinar for 15-1509 is also scheduled for Thursday, April the 16th, 2015, from 1:00 until 3:00 p.m. Eastern Standard Time.

As an applicant for 15-1510, you are strongly encouraged but not required to participate in this webinar. Links to the 15-1509 FOA Web site and registration – webinar registration information are available on the 15-1510 Web site.

To fully support 15-1509 awardees, the training program should address the following core competencies.

First, interpersonal communication. And by that, we mean the ability to establish and report quickly and to communicate effectively with MSM of color regardless of their age or socioeconomic circumstances as consumers of HIV prevention and care, behavioral health and social services.

Second, collaboration and teamwork. By that, we mean the ability to function effectively as a member of an inter-professional team seeking to provide comprehensive, integrated services to MSM of color.

Third, screening and assessment. And that is the ability to conduct brief evidence-based and developmentally appropriate training and to conduct or arrange the more detailed assessment when indicated for MSM of color.

Fourth, care condition and care planning. The ability to create and implement integrated care plans, ensuring access to an array of linked services, and the exchange of information among MSM of color, their families and service providers.

Number five, intervention. The ability to provide a range of brief, focused prevention, treatment and recovery services, as well as longer term treatment and support for MSM of color at risk for and living with HIV and other illnesses.

Six, cultural competence and adaptation. By this, we mean the ability to provide services that are relevant to the culture of MSM of color and their families regardless of their age, ethnicity and socioeconomic status.

Seven, systems oriented practice. By this, we mean the ability to function effectively within the organizational and financial structures of the local system for comprehensive prevention, care, behavioral health and social services for MSM of color at risk for and living with HIV.

Eight, practice-based learning and quality improvement. By this, we mean the ability to assess and continually improve the services for MSM of color delivered as an individual provider and as an inter-professional team.

And nine, informatics. The ability to use information technology to support and improve integrated health care for MSM of color.

These core competency categories were adapted from those developed by the SAMHSA-HRSA Center for Integrated Health Solutions. For more detailed information, the document is available on the FOA Web site.

There are four activities related to the strategic development of a competency-based training.

First, assess the audience. Again, the audience is 15-1509 funded health departments and their collaborative organizational partners. Assess the audience and it needs to inform appropriateness of and any necessary modifications to existing curricula to be used and develop in the training of trainers or TOP curriculum.

Secondly, develop the competency-based TOP curriculum and performance support tools for PS15-1509 funded health departments and their partners to deliver HIV services to MSM of color at risk for and living with HIV infection. The training audience for this TOP should include health departments, CBO, clinical and other frontline staff.

Based on the TOP curriculum, develop a competency-based training of trainers curriculum for 15-1509 funded health department trainers and other staff.

And finally, develop a plan to deliver both the TOP and TOT curricula to 15-1509 funded health departments and others.

Second strategy, in years two and three, provide competency-based training and technical assistance to health department trainers and staff to deliver the TOP curriculum to provider staff participating in the local collaborative, as described in 15-1509.

There are two activities for the strategy. First, deliver the training of provider and training of trainer curricula to 15-1509 funded health departments and others. And then, as needed, provide intensive and tailored technical assistance to these health departments and their collaborative – their local collaborative organizational partners.

To summarize, this image depicts the training model for 15-1510. As you can see, the 15-1510 awardee will develop and deliver both a training of providers and training of trainers curricula to 15-1509

funded health department trainers and other staff. Health departments will then deliver the TOP and provide technical assistance to health departments, CBO, clinic and other staff within their local collaborative organization. Then these staff will then implement the competency core categories for delivering 15-1509 services. As needed, the 15-1510 awardee will provide ongoing information, training and tailored technical assistance to 15-1509 funded health departments and their collaborative partner.

Based on the set of core competency categories, this FOA supports the innovative development and delivery of state of the art training culminating in a certificate of completion for participants and tailored technical assistance to facilitate 15-1509 funded health departments and their local collaborative partners in the provision of comprehensive prevention, care, behavioral health and social services specifically for MSM of color at risk for and living with HIV.

For strategies one and two, applicants should plan to utilize the following delivery mechanism. Information dissemination is the collection, packaging and distribution of information reflective of the most advanced HIV-related science and practice related to the core competency category for 15-1509. Applicants should plan to develop or use existing printed materials, didactic presentations, panel discussions, demonstrations, conference calls, listservs, Web sites and mass media as examples. Information should be accessible to both speakers of English and Spanish.

For the purposes of this FOA, a training curriculum is defined as a complete set of learning experiences including classroom, experiential, and self-guided which taken altogether lead to the achievement of the desired set of competencies. This FOA supports the development and/or implementation of existing training curricula.

To further develop curricula, applicants should utilize an instructional design process which includes phases of planning, analysis, design, development, implementation, and evaluation such as the ADDIE model or something similar. Please review the FOA for additional guidance regarding the development of training curricula.

Technical assistance. Applicants should plan to provide or facilitate expert programmatic, scientific or technical consultation or services related to the core competency categories for implementation of 15-1509 required activities. Technical assistance should allow for mentoring or advisory relationships to directly support 15-1509 collaborative to plan, implement or sustain their project activities. Guidance, materials, tools, et cetera, are negotiated and tailored to meet the specific needs of the requesting health department jurisdiction.

Examples of technical assistance may include but are not limited to providing site-specific technical consultation or tailored materials to address culturally-competent and/or linguistically-appropriate prevention and care service delivery for specific subpopulations of MSM of color in English and Spanish.

The third and final strategy is as follows.

During years one through three, conduct monitoring and evaluation of training and technical assistance provided for PS15-1509 funded health departments and the local organizational partners.

During year one, develop a monitoring and evaluation plan to assess processes and outcomes of training and technical assistance provided to 15-1509 funded health departments and their local organizational partners. This should happen in year one.

And then implement monitoring and evaluation activities for ongoing 15-1509 programmatic improvement and to address

additional capacity building needs of 15-1509 funded health departments and their local organizational partners.

15-1510 is a cooperative agreement. It is not a grant, it is not a contract. CDC will play a substantive ongoing role in the development and implementation of the awarded program. The project period length is three years within award or start date of September 30th, 2015. There will only be one national award.

Based on availability of funds, anticipated award amounts will be \$2.5 million in year one, \$2 million in year two, and \$1 million in year three. As a reminder, any application requesting funding beyond this billing amount will be considered non-responsive and will receive no further review.

As previously stated, eligibility for this FOA is limited to nonprofit organizations with an established 501(c)(3) status other than institutions of higher education and state and local health departments. These organizations must have expertise and experience working in the development and delivery of national competency-based training and technical assistance related to the provision of comprehensive prevention, care, behavioral health, and social services for MSM of color at risk for and living with HIV infection.

For additional information on eligibility, please carefully review all criteria listed in section C of the funding opportunity announcement. Your meeting all of these criteria will determine whether your application is competitively reviewed for potential funding.

Before application submission, an organization must be registered at the three following locations, data, universal, numbering system, system for award management, and grants.gov. Detailed registration information is provided in the funding opportunity announcement. If your organization is not currently registered in

all three locations, we strongly recommend that you complete these registration processes now. It will minimize any possible difficulties at the time of your application submission.

Your application should contain the following.

Table of contents for the entire submission, project abstract, project narrative including work plan, budget narrative, evidence of capacity to implement a national program. That could include articles of incorporation, bylaws, board resolution, charter and mission statement, those types of things.

Evidence of expertise and experience developing and delivering competency-based training and technical assistance for the HIV prevention and/or care workforce. This could be a list of trainings, samples of existing training curricula, technical assistance products, staff resumes, C.V.s, manage and support, and those types of things.

Evidence of expertise and experience in engaging, assessing, linking and retaining MSM of color for comprehensive HIV prevention and care, behavioral health, and social services. This could include again staff resumes, samples of existing training curricula, et cetera.

Evidence of proposed or existing key collaborations, providing memorandum of understanding, agreement, letters of commitment or service agreement, organizational charts that identify location and structure of the proposed program, evidence of nonprofit organization, IRS 501(c)(3) status if applicable, indirect cost rate agreement if applicable, CDC assurances and certifications.

Again, the FOA serves as your primary source for instruction regarding your application.

15-1510 funds may not be used for research, clinical care, unreasonable purposes, furniture or equipment, reimbursable – reimbursement of pre-award costs or impermissible lobbying activity. Direct and primary recipients of these funds must perform a substantial role in carrying out project outcomes.

Regarding application review. Your applications will be reviewed initially for completeness by CDC Procurement and Grant Office staff and will be reviewed jointly for eligibility by the CDC Division of HIV/AIDS Prevention and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to phase two review. Next, an objective review panel will evaluate complete and eligible applications in accordance with the criteria as listed in section E, review selection process of this FOA. Finally, CDC may conduct pre-decisional site visits to further inform funding determinations. Applications will be scored and ranked in order to determine funding.

These are some very important dates for you to remember. The funding opportunity announcement was published on March 31st, 2015, and today is the informational webinar. Letters of intent or LOIs are due April 21st, 2015. Although not required, we would greatly appreciate your electronic submission of a LOI. A letter of intent is a non-binding notice of your interest in applying for this FOA. LOIs assist us in our efforts to plan the review of applications.

In May, there will be a conference call to address any questions midway through the pre-application phase that could occur. Additional information regarding this question and answer session will be posted on the FOA Web site in the near future.

No later than 11:59 p.m. Eastern Standard Time on June 1st, 2015, applications must be electronically submitted in their entirety to grants.gov. Applications will be reviewed in June and the one

award will be announced in August. The award or project start date will be September 30th, 2015.

As an ongoing resource for applicants, there's a 15-1510 Web site which can be accessed through either of these web addresses. You will find the FOA instructions for submission of letters of intent and for the informational resources such as frequently asked questions and information on 15-1509 and other materials which you may find helpful during this application phase. We encourage you to regularly visit the Web site for informational updates such as webinar recordings for 15-1510 and 15-1509 and registrations for the May Q&A sessions.

In addition to web-based resources, there are points of contact to assist you during this application process.

For general or program-related questions, please contact the Capacity Building Branch using the information noted on screen. For financial awards management or budget assistance, please contact Ms. Shirley Byrd of the CDC Procurement and Grants Office who you will be hearing from very shortly. For questions related – For questions related to difficulties in the actual submission of your application to grants.gov, contact Center Can Assist You.

Finally, all other submission questions should be directed to PGO's technical information management system. When in doubt, you are welcomed to submit your question to hipta@cdc.gov. We will direct to inquiry to the right resource.

As a final reminder, please read and meet all eligibility criteria. Note that late, incomplete or non-responsive applications will not – will be deemed ineligible and not competitively reviewed for potential funding. Follow all FOA instructions related to content and submission of each part of the application, including required attachments, font, line spacing, page limitations and file naming

conventions and format. Access and use all available pre-application technical assistance and complete all the required registrations now.

So this concludes my portion of presentational webinar. I would now like to introduce my PGO colleague, Ms. Shirley Byrd, who will share with you information from the Procurements and Grants Office.

Shirley Byrd: Good afternoon. Again, my name is Shirley Byrd. I am the managing grants management officer for this FOA PS15-1510.

I will be providing to you pre-application information and tips for applying for this FOA. Some of it will be reinforcing what Rhondette has already shared.

We'll talk about eligibility, how to apply, budget information, and application tips.

In order to be eligible, you have to be either a special district government, county government, state government, nonprofit having a 501(c)(3) status, not including institutions of higher education, city, or township government.

Eligible applicants are organizations that meet all of the – all of the following criteria listed on this slide and also in the FOA. Evidence of capacity to implement a national program, evidence of expertise and experience developing and delivering competency-based training and technical assistance for the HIV prevention and/or care workforce. Evidence of expertise and experience in engaging, accessing, linking and retaining MSM of color for comprehensive HIV prevention and care, behavioral health and social services. Evidence of proposed or existing key collaborations, and evidence of nonprofit 501(c)(3) status with the IRS. And within those criteria are examples of information that can be provided in order to meet the criteria.

You must upload the information for eligibility as part of other attachment forms in the section in the grants.gov. You must label all submitted documents as instructed by the eligibility information section of the FOA.

Prior to applying for this particular FOA, you need to become familiar with the grants.gov Web site. Keep track of the technical assistance provided through grants.gov Web site. Make sure that your organization has the following information readily available and current. The data universal numbering system, better known as your DUNS number, your EIN, your employer identification number, and your SAM, system for award management registration. You will also need to include your bank – have your bank account information available when registering for the SAM. You need to review the entire funding opportunity announcement.

In order to register for grants.gov, you must have previously registered for your data universal numbering system number as well as registered within system for awards management. I have to reiterate, please start this process now. This is not instantaneous registration. Systems for award management can take up to three weeks to complete registration. And this is after you've registered for your DUNS number. The Web sites and contact information are listed here. You also should already have your EIN number available.

When you enter grants.gov, you will search for Funding Opportunity Number CDC-RFA-PS15-1510. Then you will click on the funding opportunity announcement that returns with the search results. Then you will download the grant application package. And before you can do this, you must be completely registered with grants.gov.

And there will be no extensions to the FOA due to any type of issues with registration, with grants.gov, with SAM or with

receiving your DUNS number. We will not accept – extend beyond an act of God. There are no exceptions. And all applications must be submitted through grants.gov. We will not accept paper applications due to registration issues.

When you're completing your application package, you need to review and follow all instructions and deadlines provided within the FOA. You must provide a proposed narrative and explain the project completely. You must prepare a budget as it relates to requirements identified within the FOA. Make sure to follow the CDC budget guideline when preparing the budget. Identify key personnel and their applicable duty. You must identify an approving official for the organization to prevent processing delays. The approving official should not be the same as the P.I.

When completing applications, you will include the key forms and documents which will download from grants.gov, the SF-424 application for federal assistance for non-research, the SF-424A budget information, the SF-424B assurances – the CDC assurances and certification budget and project narrative, budget spreadsheet which will include your budget justification, department and suspension certification, certification for trafficking, Victims Protection Act of 2000. Again, all research grant – non-research grant application must be submitted through grants.gov. We will not accept paper applications.

Within your budget, you should provide quality and proper stewardship of grant funds by managing the financial resources of the federal government. We must insure that you're eligible to participate in FOA funding program, have all appropriate clearances and they're all proposed cost or allowable, allocable and reasonable, and that your budget is complete and properly detailed.

In order to prepare proper budget, it is important to know the following, the types of costs that are allowable, the cost from folks to apply, the differences between direct and indirect costs. To

assist you when preparing your budget, please follow the template and budget guidelines at the Web site attached. There is a sample budget along with instructions for each line item within the budget.

OK. Currently, the cost principles are provided within the new (inaudible). This slide is incorrect and I will provide corrected information to be uploaded after the webinar. And all cost principles are under 2 CFR 200. They are no longer broken down by type of organization. And if your financial management system meets the requirements, then the grantee can use that – your accounting system policies and procedures to implement the cost principle requirement.

Direct costs are those identified specifically with a particular award, project, program, service or organizational activity. These are costs that can be directly – that will be directly related to the project funded by the CDC.

Indirect costs are those costs incurred from common or joint objectives, often referred to as the cost of doing business. In order to be approved for an indirect cost, your agency must have a current federally-negotiated and approved indirect cost rate agreement in place at time of application.

The cost principles provide four tests to ensure that – to determine if a cost is allowable.

The first is reasonable list. A cost is reasonable if in its nature or amount it does not exceed that which would be incurred by a prudent person under circumstances prevailing at the time the decision was made to incur the cost. It is ordinary and necessary for the operation of the organization or performance of the grant. Restraints or requirement may be imposed on this test by generally accepted sound business practices (inaudible) bargaining, government regulations or specific grant terms and conditions restricting certain cost.

Allocability. A cost is allocable to the grant – to a grantee if it is treated consistently with other costs incurred for the same purpose and it meets at least one of the following. It is incurred solely in order to advance the work under the grant. It benefits both the grant and other work of the organization, including other grant-supported projects for programs. It is necessary to the operation of the organization even though a direct relationship to a specific cost objective cannot be demonstrated.

Consistency. Recipients must be consistent in assigning cost to cost objective. Cost must be treated consistently for all work of the organization under similar circumstances regardless of the source of funding so as to avoid duplicate charges.

Conformance. Conformance with limitations and exclusions pertain in the terms and conditions of the award, including those in the cost principles.

Common budget challenges. Salary and fringe benefit line item. A description of the responsibility should be provided. The description should be directly related to specific program objectives. The salary must not exceed executive level two or \$179,700. Fringe benefit. Allowable provided fringe benefits are granted in accordance with the established written organizational policies.

Travel. All staff travel should be shown in the travel category. The only dollar amount included in travel is cost directly related to travel. Consultant travel should be shown within the consulting category. Other participants, advisor committees, review panels, et cetera, type travels should be shown under other. You need to provide justification for both instate and out of state travel including the itemized information listed in the budget guidelines.

Contractual cost. Grantees must receive written approval from CDC prior to establishing a third party contract to perform program activities. The following information is required to be submitted. The name of the contractor, the method of selection, the period of performance, the scope of the work, the method of accountability and an itemized budget and justification.

Consulting cost. Grantees must receive written approval from CDC prior to establishing a written agreement for our consultant services. The following information is required to be submitted. The name of the consultant, the organizational affiliation, nature of services to be rendered, relevance of service to the project, number of days of consultation, the basis of the fee, the expected rate of compensation and the method of accountability.

Equipment versus supplies. Equipment has a useful life of more than one year and a cost greater than or equal to \$5,000 per unit. Consider maintenance cost in the budget. Provide justification which includes the use and relationship to the specific program objective.

Supplies. General office supplies may be shown by an estimated amount per month times the number of months in the budget category. Major supply items less than \$5,000 should be justified and related to specific program objective. Provide justification and relate it to the specific program objective.

OK, application two. Include a cover letter that cites the FOA number, the category applying for, the budget amount, the organization point of contact. Any pages in excess of page limits will be removed from the application and not forwarded to the review panel. The project narrative is limited to 20 pages. The work plan is included in the project narrative 20-page limit. Use the FOA and evaluation criteria section as a guide to develop the work plan and project managers.

OK. Please do not lose consideration. Applications must be successfully submitted to grants.gov no later than the date stated in the FOA, 11:59 p.m., June 1st, 2015. Extensions to that due date will not be granted. Make sure the application is complete. Incomplete applications will result in lost of eligibility. Do not request funding that exceeds the award billing. Applications received that exceed the award billing will be considered ineligible. Submit your application package as early as possible and ensure all grants.gov errors are cleared prior to the due date.

Thank you.

Rhondette Jones: Thank you, Shirley.

At this time, we just concluded the presentation – the formal presentation that we had for everyone today. We do have some time available now for questions and answers. And we will accept questions in a couple of ways. Some folks have already started using the chat option and we have some questions there that we will address. And then, also, our operator will open the line and you have the opportunity to let her know who you are and answer your question over the phone as well.

So, we have one question so far. I'll start with the first one. Why were institutions of higher education excluded? DHAP's programmatic experience has been that health departments more readily accept training and technical assistance from national nonprofit organizations or peer health departments that have documented expertise and experience, building the capacity of health department or program planning and development implementation based on best practices and sustainability.

So, eligibility is limited to nonprofit organizations which – with an established Problem 1C3 status and health departments with expertise and experience working in the development and delivery of national competency-based training and technical assistance

related to the provision of comprehensive prevention, care, behavioral health and social services for MSM of color at risk for and living with HIV. And then this information is provided for your reference in the funding opportunity announcement.

The next question we have, is it allowable for an applicant under 15-1509 to also be the lead applicant for involved as a subcontractor to the application for 15-1510? The answer is yes.

The third question, there is not an indirect cost cap. The agency's negotiated rate will apply? The answer is that is correct.

Let's see what do we have next.

Any restrictions regarding inclusion of subcontracts as part of the original application? No, we did not provide any restrictions.

The salary cap for executive level two was ways to \$183,000 effective January 11, 2015. The cap listed in the slide was lower. Is it specific to this grant proposal? Shirley?

Shirley Byrd: It is. You are correct. It was actually raised to \$183,300 effective January 11, 2015. So, I will correct that information.

Rhondette Jones: Thank you, Shirley. OK.

We do have another question. My question is regarding the award billing. Should the application be put in total award or for the first year only? For the first year only.

OK. So, we will take a few moments and see if there are some questions from folks on the line. Operator could open up the line.

Operator: Ladies and gentlemen, if you would like to register a question, please press star followed by the one on your telephone keypad. If

your question has been answered and you would like to withdraw your registration, please press the pound key.

One moment for the first question.

Rhondette Jones: OK. We also have another question appear while we're getting that question from the line. Do we need to submit samples of current training and curriculum to demonstrate your current work in this area? The answer is yes, submit samples. We would prefer samples. Thank you.

OK. Do we have any other questions on the line?

Operator: There are no questions at this time.

Rhondette Jones: OK. I think we may have one or two additional questions that was sent in that we could also address at this time in case people are still trying to think of questions or if folks need a little bit more time.

We did have a question. Can I apply if I missed the letter of intent submission deadline? And the answer is yes, a letter of intent is requested but it is not required to apply for 15-1510. It is not considered a part of the application nor is it used in any way to judge the applicant. It's not binding and it's used purely for internal planning purposes.

There is a question I see that has come in through the chat. Is there a limit on the number of attachment or appendices? We did not place a limitation on the number of attachments or appendices but we would prefer a reasonable submission of examples of attachments. And they need to support the information that was requested in the FOA as noted. So, please refer back to what is requested regarding your evidence of expertise in preparing this document.

Will the slides – We have another question. Will the slides be included on the Web site and will the Q&A also be included? Yes, we will post the entire webinar today as well as the presentation on the Web site.

Additionally, regarding eligibility as a nonprofit at work with subpopulations, are we still eligible? I'm not sure that I understand the question, but...

... if you have the experience that's required based on what the eligibility requirements are, then you should certainly apply.

OK. Well, if we don't have any additional questions, we will conclude the webinar. We'd like to thank everyone today for your time. Again, I would refer you to the hipta@cdc.gov if you have any questions if you would like to submit following today. And I'd also like to remind you about the webinar for 15-1509 which is scheduled for Thursday and we strongly encourage you all to participate in that webinar as well.

If there's nothing further, this will conclude our webinar today.

Please visit the Web site for 15-1510 as we continue to update as new information becomes available and we really encourage you to register now for the different – the different things that you're supposed to have in order before you submit on grants.gov, as Shirley went through in great detail.

OK. We thank you all very much. Have a great day.

Operator: Thank you. This concludes today's conference. You may now disconnect. Speakers, please hold the line.

END