

# U.S. Affiliated Pacific Islands PS18-1801 Integrated Notice of Funding Opportunity

**NCHHSTP/PCSI**

Informational Conference Call  
August 16, 2017



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

# **WELCOME AND OPENING REMARKS**

# Welcome to the Conference Call

- ❑ Thank You for Your Participation
  
- ❑ Logistical Details
  - Please hold all questions until the end of the call
  - Please mute your phone until the Question and Answer session
  
- ❑ RoleCall

# Conference Call Purpose and Objectives

## □ Purpose

- To present an overview of the U.S. Affiliated Pacific Islands (USAPI) integrated Notice of Funding Opportunity (NOFO) in order for prospective applicants to be informed and prepared to develop a strong application

## □ Objectives

- To provide a forum for the discussion of details
- To provide clarification on eligibility requirements
- To discuss technical assistance and resources available to applicants
- To discuss details of the procurement and grants process
- To provide an opportunity for applicants to ask questions or request clarification

# INTRODUCTION AND OVERVIEW

## Anticipated Funding

- ❑ **Approximate Total Project Period Funding: \$19,500,000**
- ❑ **Approximate Total Fiscal Year Funding: \$3,900,000**
- ❑ **Approximate Average Award: \$650,000 (per budget period)**
- ❑ **Award Ceiling: \$1,000,000 (per budget period)**
- ❑ **Award Floor: \$350,000 (per budget period)**

## Eligible Applicants

- **Unrestricted; six applicants will be funded to serve populations in each of the following jurisdictions:**
  - Commonwealth of the Northern Mariana Islands
  - American Samoa
  - Guam
  - Federated States of Micronesia
  - Republic of the Marshall Islands
  - Republic of Palau

# **PURPOSE, OUTCOMES AND STRATEGIES**

## **Purpose of the Integrated NOFO**

- ❑ **To support the NCHHSTP Program Collaboration and Service Integration (PCSI) initiative**
- ❑ **PCSI promotes improved integrated HIV, VH, STD, and TB prevention and treatment services at the client level, through enhanced collaboration at the jurisdiction and organizational program levels**

## Purpose of the Integrated NOFO (cont.)

- Specifically, this NOFO also supports improving the collection, reporting, use, and sharing of surveillance data for HIV, VH, STD, and TB prevention through:
  - Reducing administrative burdens by consolidating the application and award process and streamlining reporting requirements
  - Promoting PCSI to capitalize on the opportunity to diagnose, treat, and prevent HIV, VH, STDs, and TB in persons with similar risk factors
  - Strengthening health systems by developing the public healthcare workforce through training and education, and improving public health laboratory capacity while ensuring quality
  - Enhancing prevention, care, and treatment for disease-specific activities

# Long Term Outcomes

- ❑ Improve efficiencies of resources through the integration of screening and treatment for HIV, VH, STDs, and TB in persons with similar risk factors
- ❑ Reduce health disparities and adverse outcomes among residents of the USAPI jurisdictions
- ❑ Improve health systems infrastructure and service delivery
- ❑ Increase awareness of HIV, VH, STD, and TB infection
- ❑ Reduce incidence of HIV, VH, STDs, and TB
- ❑ Increase viral suppression among persons diagnosed with HIV and/or VH

# Program Strategies

- ❑ **Strategy 1: Program Collaboration and Service Integration (PCSI)**
- ❑ **Strategy 2: Surveillance, Data Management, and Reporting**
- ❑ **Strategy 3: Health Systems Strengthening**
- ❑ **Strategy 4: Disease-Specific Prevention and Care**

# Strategy 1: Program Collaboration and Service Integration (PCSI)

Activities	Short and Intermediate Term Outcomes
Activity 1.1: Collaborate to implement integrated screening and testing	<ul style="list-style-type: none"> <li>❖ Increase in patients tested or treated for multiple diseases at once as clinically indicated</li> <li>❖ Increase in data sharing and use across programs</li> <li>❖ Increase knowledge and skills in data security and confidentiality across programs</li> </ul>
Activity 1.2: Integrate screening and testing of persons at risk for multiple diseases	
Activity 1.3: Implement the 2011 NCHHSTP Data Security and Confidentiality Guidelines	
Activity 1.4: Designate a full-time PCSI Surveillance Coordinator	

## Strategy 2: Surveillance, Data Management, and Reporting

Activities	Short and Intermediate Term Outcomes
Activity 2.1: Collect, manage, and report surveillance and program data to CDC	<ul style="list-style-type: none"><li>❖ <b>Increase the completeness and timeliness of reported surveillance data</b></li><li>❖ <b>Improve prevention programs and service delivery for geographic at-risk and vulnerable target populations by using improved quality surveillance and program data to target services</b></li></ul>
Activity 2.2: Evaluate effectiveness of program activities	
Activity 2.3: Implement a quality assurance process	
Activity 2.4: Disseminate data and findings to drive public health action	

# Strategy 3: Health Systems Strengthening

Activities	Short and Intermediate Term Outcomes
Activity 3.1: Build public healthcare workforce capacity	<ul style="list-style-type: none"><li>❖ Increase skills and capacity of public healthcare workforce</li><li>❖ Improve availability of laboratory supplies and high-quality testing services</li><li>❖ Improve availability of screening and testing equipment and personnel</li></ul>
Activity 3.2: Participate in CDC-sponsored training and technical assistance	
Activity 3.3: Ensure availability of reliable and timely public health laboratory services and supplies	

# Strategy 4: Disease-Specific Prevention and Care

Activities	Short and Intermediate Term Outcomes
Activity 4.1: Conduct or facilitate high impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management	<ul style="list-style-type: none"><li>❖ Increase diagnoses among persons unaware of their infections</li><li>❖ Increase patients linked to care</li><li>❖ Increase patients who receive treatment</li></ul>
Activity 4.2: Provide partner services and contact investigation	<ul style="list-style-type: none"><li>❖ Increase patients who receive case management</li><li>❖ Increase receipt of partner services and completion of contact investigations</li></ul>

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# **STRATEGY 1: ACTIVITIES AND COMPONENTS**

# Strategy 1: Activities and Components

- *Activity 1.1: Collaborate to implement integrated screening and testing*
  - Designate a senior public health professional to serve as the PCSI Lead
  - Develop and implement a detailed, integrated program plan with partners for providing diagnostic, treatment and prevention services for HIV, VH, STD, and TB
  - Collaborate with Maternal Child Health / Antenatal Care departments to ensure pregnant women receive recommended testing for HIV, HBV, chlamydia, gonorrhea, and syphilis
  - Collaborate with non-communicable disease programs to screen for TB in persons with diabetes and to screen for diabetes in persons with TB disease

# Strategy 1: Activities and Components (cont.)

- *Activity 1.2: Integrate screening and testing of persons at risk for multiple diseases*
  - Ensure recommended testing of pregnant women for HIV, HBV, chlamydia, gonorrhea, and syphilis
  - Conduct HIV testing on (1) persons with TB disease and (2) persons treated for chlamydia, gonorrhea, and/or syphilis
  - Conduct HBV, chlamydia, gonorrhea, syphilis and TB screening on persons newly diagnosed with HIV, and annually during routine follow-up care for persons living with HIV
  - Conduct TB screening on persons with diabetes and develop a local secure database to record and monitor results
  - Conduct diabetes screening on persons with TB disease
  - Conduct targeted HIV, chlamydia, gonorrhea, and syphilis testing among at-risk populations

# Strategy 1: Activities and Components (cont.)

- *Activity 1.3: Implement the 2011 NCHHSTP Data Security and Confidentiality Guidelines*
  - Develop policies and procedures using the Security and Confidentiality template
  - Provide staff training using the security and confidentiality PowerPoint slides
  - Ensure all staff complete the security and confidentiality annual confidentiality agreement
  - Submit the Certification of Implementation of the NCHHSTP Data Security and Confidentiality Standards and Designation of Overall Responsible Party template annually and provide updated information as needed
  - Use the USAPI Integrated Site Visit Review Guide to prepare for a site visit

# Strategy 1: Activities and Components (cont.)

- *Activity 1.4: Designate a full-time PCSI Surveillance Coordinator*
  - Hire or reassign staff to fill the role of a full-time PCSI Surveillance Coordinator

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# **STRATEGY 2: ACTIVITIES AND COMPONENTS**

## Strategy 2: Activities and Components

- *Activity 2.1: Collect, manage, and report surveillance and program data to CDC*
  - **HIV Surveillance:** Within the first year, complete certification process to submit HIV case report forms to CDC
  - **HIV Prevention:** Follow the guidance in the Pacific Islands HIV Test Form Data Dictionary
  - **VH:** follow guidelines for Viral Hepatitis Surveillance and Case Management
  - **STD:** follow the Program Operations and Guidelines for STD Prevention and Data Management
  - **TB:** follow the Report of Verified Case of Tuberculosis (RVCT) Manual and Aggregate Reports for Tuberculosis Program Evaluation Training and User's Guide
  - **Lab:** Implement and maintain activities to support complete laboratory reporting of HIV, HBV, chlamydia, gonorrhea, syphilis, and TB cases

## Strategy 2: Activities and Components (cont.)

- *Activity 2.2: Evaluate effectiveness of program activities*
  - Use HIV, HBV, STD, and TB surveillance and program data to assess effectiveness of screening, targeted testing, partner services/contact tracing, and treatment
- *Activity 2.3: Implement a quality assurance process*
  - Conduct quality assurance of HIV, HBV, STD, and TB data to assess completeness, timeliness, and accuracy
  - **HIV Surveillance:**
    - Conduct death ascertainment to identify deaths among all persons with HIV and identify persons with an HIV-related cause of death
    - Conduct monthly intrastate de-duplication of HIV cases
    - Complete routine interstate duplicate review (RIDR)
    - Conduct risk factor ascertainment for all cases of HIV infection, including prevalent cases annually in accordance with the Technical Guidance for HIV Surveillance

## Strategy 2: Activities and Components (cont.)

- *Activity 2.3: Implement a quality assurance process (cont.)*
  - **TB**
    - Develop a quality assurance plan, before the end of Year 2, for TB surveillance data
    - Use the National TB Surveillance System (NTSS) and National TB Indicators Project (NTIP) to conduct quality assurance of surveillance data and to monitor performance
  - **STD**
    - Collect and manage, STD data using CDC recommended/approved data management information system report tools and program metrics
    - Routinely evaluate, and if needed, link perinatal deaths and serologic data to ascertain possible congenital syphilis cases

## Strategy 2: Activities and Components (cont.)

- *Activity 2.4: Disseminate data and findings to drive public health action*
  - In collaboration with CDC, develop an annual publication of HIV, VH, STD, and TB activities and data that includes a summary per disease. Additionally, for TB, use NTIP to provide an annual one-page summary report. NTIP report should include a description of which objectives were met and describe barriers to and a plan for meeting the objectives that were not met
  - Disseminate programmatic findings to key stakeholders, including medical providers, government officials, and other collaborative partners

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# **STRATEGY 3: ACTIVITIES AND COMPONENTS**

# Strategy 3: Activities and Components

- *Activity 3.1: Build public healthcare workforce capacity*
  - Develop and implement individual training plans for HIV, VH, STD, and TB surveillance, programmatic and laboratory staff
  - Train HIV, VH, STD, and TB staff to accurately collect, enter, and report surveillance and program data
  - Specific programmatic trainings and resources:
    - **HIV:** Training should cover HIV testing algorithms, including use of rapid and point-of-care testing
    - **VH:** Training should cover HBV testing technology, HBsAg data collection and reporting by using a CDC-approved data system
    - **STD:** Training should cover Partner Services for program and medical staff
    - **TB:** Awardees should use online resources specified

## Strategy 3: Activities and Components (cont.)

- *Activity 3.1: Build public healthcare workforce capacity (cont.)*
  - Implement and document annual training and competency assessment for laboratory technicians, including safety training and shipping of infectious and diagnostic specimens per International Air Transportation Association (IATA) standards as well as basic and test-specific laboratory procedures.
  - Designate a TB Education and Training Focal Point. This person should be (or become) a member in the Tuberculosis Education and Training Network (TB ETN)

## Strategy 3: Activities and Components (cont.)

- *Activity 3.2: Participate in CDC-sponsored training and technical assistance*
  - HIV, VH, STD, and TB surveillance, and programmatic staff should participate in available and appropriate CDC-sponsored training and technical assistance as needed
  - **For STD:** Participate in CDC-sponsored training and technical assistance for disease intervention specialists (DIS) and other partner services providers including medical providers and online training for continuing education
  - **For TB:** Ensure that at least one key individual from their program attend the National TB Conference, TB Education and Training Network/Program Evaluation Network Conference, and Pacific Island TB Controllers Association Conference

## Strategy 3: Activities and Components (cont.)

- *Activity 3.3: Ensure availability of reliable and timely public health laboratory services and supplies*
  - Identify a PCSI Laboratory Coordinator
  - Develop standard operating procedures for proper specimen(s) collection, handling, storage, processing, and results reporting for HIV, VH, STD, and TB diagnoses
  - Develop procedures to ensure referred specimens are stored, packaged, and shipped in a timely manner to the associated reference laboratory per IATA standards. Report local results as applicable
  - Ensure test kits are not expired and maintain a testing log with results and test kit expiration date

## Strategy 3: Activities and Components (cont.)

- *Activity 3.3: Ensure availability of reliable and timely public health laboratory services and supplies (cont.)*
  - Establish or maintain a laboratory quality assurance program including use of appropriate laboratory controls and participation in an external quality assurance program
  - Develop and maintain an accurate and complete laboratory register that includes local and reference laboratory results
  - Develop procedures to report notifiable diseases to the appropriate local public health program
  - Develop procedures to collate and review quarterly laboratory statistics
  - Develop procedures to annually assess progress towards meeting CDC recommended and laboratory specific turnaround times
  - Develop procedures to maintain laboratory equipment to ensure accurate test results
  - Develop an inventory procedure to ensure an adequate supply of all necessary test reagents, monitor supplies, and anticipate need

## Strategy 3: Activities and Components (cont.)

- *Activity 3.3: Ensure availability of reliable and timely public health laboratory services and supplies (cont.)*
  - Within the first year of funding, establish a baseline for the following:
    - Inventory of hospitals and clinics or other settings where HBV tests are provided
    - Inventory of type of tests for HBV, hepatitis C virus (HCV) and hepatitis A virus (HAV) (if available)—point-of-care tests, type of point-of-care test
    - Availability of facilities for VH testing—ELISA machines, qualified staff (identifying any training needs)
    - Inventory of laboratories where Hepatitis B serum is tested
  - Based on availability of programmatic funding, develop and implement standard operating procedures and protocol for antimicrobial susceptibility testing on *Neisseria gonorrhoeae* and culture specimens in addition to testing and reporting on *Neisseria gonorrhoeae* culture specimens.
  - Develop standard operating procedures for laboratory tests and review procedures annually and amend, if necessary.

## Strategy 3: Activities and Components (cont.)

- *Activity 3.3: Ensure availability of reliable and timely public health laboratory services and supplies (cont.)*
  - Develop procedures to report TB Testing Metrics to include information about numbers of tests performed and results for AFB smear microscopy and GeneXpert. Metrics should also include review of results (e.g., concentrated smear, culture, identification, and drug susceptibility testing) from regional reference laboratory
  - Conduct local TB laboratory testing (e.g., AFB smear microscopy and GeneXpert) and refer specimens to the regional TB reference laboratory per the USAPI TB Sputum Testing Algorithm
  - Participate on monthly TB laboratory conference calls with the Pacific Island Health Officer's Association (PIHOA) Regional Laboratory Coordinator and quarterly conference calls with the PIHOA Regional Laboratory Coordinator, regional TB reference laboratory, and CDC

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# **STRATEGY 4: ACTIVITIES AND COMPONENTS**

Ben Puesta and Patricia Joyce, Division of HIV/AIDS Prevention  
Review of the Program Announcement

# **STRATEGY 4: HIV PREVENTION ACTIVITIES**

# Strategy 4: HIV Prevention Activities and Components

- *Activity 4.1: Conduct or facilitate high impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management*
  - Implement and/or coordinate targeted HIV testing in non-healthcare settings to identify undiagnosed HIV infection using a point-of-care HIV test on at-risk persons
  - Use a second rapid HIV test to confirm a preliminary positive HIV test result
  - Conduct condom distribution targeted at persons living with HIV infection (PLWH) and persons at highest risk of acquiring HIV and STD infection
  - Provide linkage to medical care, treatment, and prevention services for PLWH
  - Link persons with newly diagnosed HIV infection to medical care within 30 days of diagnosis

## Strategy 4: HIV Prevention Activities and Components (cont.)

- *Activity 4.1: Conduct or facilitate high impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management (cont.)*
  - Support retention in medical care, treatment, and prevention services for PLWH
  - Provide guidance on the importance of early HIV screening for all pregnant women, according to current CDC recommendations
  - Develop a plan to implement point-of-care testing in non-healthcare settings
  - Utilize the CDC/HRSA integration of prevention and care plan to facilitate prevention, treatment, case management, and linkage to care for newly diagnosed HIV positive individuals and PLWH
  - Educate medical providers on the use of pre-exposure prophylaxis (PrEP) as an HIV prevention strategy

# Strategy 4: HIV Prevention Activities and Components (cont.)

- *Activity 4.2: Provide partner services and contact investigation*
  - Provide ongoing partner services for all persons with newly diagnosed infection, those with previously diagnosed infection, and their partners
  - Collaborate and coordinate with STD surveillance programs to use data to maximize the number of persons identified as candidates for Partner Services
  - Partner with non-health department providers, including non-governmental organizations and private medical treatment providers, to identify more opportunities to provide Partner Services

Eyasu Teshale, Division of Viral Hepatitis  
Review of the Program Announcement

# **STRATEGY 4: VIRAL HEPATITIS ACTIVITIES AND COMPONENTS**

# Strategy 4: Viral Hepatitis Prevention Activities and Components

- *Activity 4.1: Conduct or facilitate high impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management*
  - Provide HBV test kits to hospitals and other venues
  - Work with immunization programs to support an increase in HBV vaccination coverage for children and adolescents, susceptible household contacts, sexual partners and/or needle-sharing contacts
  - Implement and/or promote HBV testing and screening among pregnant women, and others included in the target population as resources allows

Tranita Anderson, Division of STD Prevention  
Review of the Program Announcement

# **STRATEGY 4: STD ACTIVITIES AND COMPONENTS**

# Strategy 4: STD Prevention Activities and Components

- *Activity 4.1: Conduct or facilitate high impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management*
  - Monitor the extent to which pregnant women receive recommended prenatal screening for chlamydia, gonorrhea, and syphilis within the first trimester
  - Monitor the extent to which pregnant women receive recommended treatment for chlamydia, gonorrhea, and syphilis
  - Conduct annual testing for sexually active females younger than age 25 years for chlamydia and gonorrhea using a CDC recommended testing technology
  - Identify internal and external partners and venues to increase chlamydia, gonorrhea, and syphilis screening rates among at-risk and vulnerable populations
    - Venues include family planning, women clinics, adolescent clinics, or other facilities providing reproductive healthcare, and schools/colleges.

## Strategy 4: STD Prevention Activities and components

- *Activity 4.1: Conduct or facilitate high impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management (cont.)*
  - Monitor extent to which clients with chlamydia, gonorrhea, and syphilis are appropriately managed
  - Manage, monitor, and document the number of women with a positive test for chlamydia, gonorrhea, and/or syphilis whose partners are treated
- *Activity 4.2: Provide partner services and contact investigation*
  - Provide partner services for sex contacts of persons diagnosed with syphilis, gonorrhea, and/or chlamydia within 14 days of diagnosis and link or provide treatment for those diagnosed
  - Use resources as outlined in the FOA

Derrick Felix, Division of Tuberculosis Elimination  
Review of the Program Announcement

# **STRATEGY 4: TUBERCULOSIS ACTIVITIES AND COMPONENTS**

# Strategy 4: TB Prevention Activities and Components

- *Activity 4.1: Conduct or facilitate high impact prevention including: prevention, screening, testing, linkage to care, treatment, and case management (cont.)*
  - Identify persons with suspected or confirmed TB disease and provide treatment
  - Use directly observed therapy, incentives, and enablers to improve adherence to TB treatment
  - Seek expert consultation for treatment of multidrug-resistant (MDR) TB and other complex cases from CDC or Regional Training and Medical Consultation Centers (RTMCCs), and seek consultation regarding laboratory results for molecular detection of drug resistance when needed
  - Implement the TB case management approach to ensure that all treatment and public health activities are completed for a person with suspected or confirmed TB disease
  - Conduct monthly case conference meetings to review the treatment of persons with suspected or confirmed TB disease currently under care

## Strategy 4: TB Prevention Activities and Components (cont.)

- *Activity 4.2: Provide partner services and contact investigation*
  - Conduct TB contact investigations
    - Promptly initiate contact investigations and conduct patient interviews
    - Use location-based approach to identify persons (contacts) who were exposed to someone with infectious TB disease
    - Evaluate contacts for latent TB infection (LTBI) and TB disease
    - Provide contacts with treatment for LTBI or TB disease, as necessary

Tamika Hoyte, NCHHSTP  
Review of the Program Announcement

# **CDC ACTIVITIES**

Work with Recipient Programs

Support Activities that Facilitate PCSI

Support Staff & Programmatic Trainings

Provide Technical Assistance & Guidance

Assist in Conducting Monitoring & Evaluation Activities

Provide Current Information, Surveillance Data & Recommendations

Provide Standardized Data Collection Forms & Templates

Perform Yearly Evaluations & Provide Feedback to Grantees

Michael Vance, Office of Grants Services  
Review of the Program Announcement

# **APPLICATION AND DEADLINES**

# Application and Submission Information

- ❑ Application Deadline: October 2, 2017, 11:59 p.m. EST
- ❑ CDC Assurances and Certifications
- ❑ Project Abstract (maximum of 1 page)
  - Summary of the proposed activity suitable for dissemination
- ❑ Project Narrative (maximum of 20 pages)
  - This includes the work plan
  - Activities to be conducted over the entire project period
  - 12 point font, 1-inch margins, number all pages
  - Content beyond the specified page number will not be reviewed
- ❑ Application Appendices (30 attachments)
- ❑ Funding Restrictions
- ❑ Electronic Submission
  - [www.grants.gov](http://www.grants.gov)
  - Validation process may take up to two (2) business days

# Application Review Information

## □ Review and Selection Process

- Initially reviewed for completeness by OGS
- Eligible applicants jointly reviewed for responsiveness by NCHHSTP and OGS
- Technical Structured Review conducted by NCHHSTP

## □ Scoring Criteria

- Approach (45 points)
- Evaluation and Performance Measurement (25 points)
- Organizational Capacity to Implement the Approach (30 points)
- Budget and Budget Narrative (reviewed but not scored)

# Award Administration Information

## □ Award Notices

- Receipt of a Notice of Grant Award from OGS
- The Notice of Grant Award will be signed by an authorized GMO and the recipient can retrieve the notice of award from GrantSolutions
- All grantees are subject to the DUNS and CCR requirements in GrantSolutions

## □ Administrative and National Policy Requirements

- 45 Code of Federal Regulations (CFR) Part 75, uniform administrative requirements cost principals and audit requirements for HHS awards

## □ Reporting to CDC

- Annual Performance Report (no later than 120 days before end of budget period and serves as yearly noncompeting continuation application)
- Quantitative indicator data (twice within each budget year)
- Final Performance and Federal Financial Reports (due 90 days after the end of the project period)

# Agency Contacts

- ❑ **Programmatic Technical Assistance**  
Project Officer: Tamika Hoyte  
Telephone: (404) 639-6029  
Email: [thoyte@cdc.gov](mailto:thoyte@cdc.gov)
- ❑ **Financial, Grants Management, or Budget Assistance**  
Grants Management Specialist: Michael Vance  
Telephone: (770) 488-2686  
Email: [mvance@cdc.gov](mailto:mvance@cdc.gov)
- ❑ **Submission Difficulties Assistance**  
Grants.gov Contact Center Phone: 1-800-518-4726  
Email: [support@grants.gov](mailto:support@grants.gov)
- ❑ **Submission Questions**  
Technical Information and Management Section (TIMS)  
Telephone: (770) 488-2700  
Email: [ogstims@cdc.gov](mailto:ogstims@cdc.gov)

# Resources

## □ PS18-1801 website

- Overview of Notice of Funding Opportunity Announcement (NOFO): PS18-1801
- Links to attachments referenced in the NOFO
  - Templates are provided for local adaptation
- Conferences and workshop information
- Contact information

Tamika Hoyte, NCHHSTP

# **PARTICIPANT QUESTION AND ANSWER SESSION**

- ❑ **Final Roll Call**
- ❑ **Question & Answer**

# Thank You

For more information please contact Centers for Disease Control and Prevention

1600 Clifton Road NE, Atlanta, GA 30333

Telephone: 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348

E-mail: [cdcinfo@cdc.gov](mailto:cdcinfo@cdc.gov) Web: <https://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.

