

Questions and answers on PS15-1511

Version: July 16, 2015

What is this new FOA about?

- This FOA is to provide additional evaluation of STD's programmatic efforts to deploy DIS in intensified or innovative ways in order to improve HIV outcomes.
- Funding will come from the Department of Health and Human Services, Minority AIDS Initiative (MAI).
- DSTDP currently funds some evaluation of this topic under the Supplemental FOA for Enhanced Evaluation, and thanks to MAI, we now have an opportunity to fund further evaluation.
- This FOA, and any amendments, can be accessed at the following link:
<http://www.grants.gov/web/grants/search-grants.html?keywords=cdc-rfa-ps15-1511>

Who can apply?

- Only current STD AAPPS awardees may apply for this FOA.
- Those who applied previously under the Supplemental FOA for this same topic in 2014 are welcomed and encouraged to apply to this FOA. Those who did not apply earlier are also encouraged to apply for this new opportunity.
 - Part A of the new FOA is tailored for those who currently receive funding for evaluation of this particular topic under the Supplemental FOA (CA, WA).
 - Part B of the new FOA is for all other current STD AAPPS awardees.

What can we apply for, and when is it due?

- Applicants should apply for funding to conduct process, outcome, and cost evaluation of their programs to use DIS to improve HIV outcomes.
- Funding is for three years. In FY15, there is \$750,000 to award, and we anticipate making approximately four awards.
- Part A applications should be no more than five pages. Part B applications should be no more than 10 pages. This includes the work plan. At some points in the FOA document, there is reference to a 20-page project narrative maximum, but please use the 5- and 10-page guidance for this application. Some of the language referring to a 20-page maximum was standard text we could not alter in developing the FOA.
- Applications are due August 25, 2015, with awards to be made by September 30, 2015.

Why did a new FOA come out now?

- DSTDP applied to the MAI program for additional funding in December 2014 and was informed in March 2015 that it received funding for this project. Because this funding from MAI comes late in the fiscal year, and because these are FY15 funds that must be obligated by September 30, 2015, it was determined that a new FOA this fiscal year was the only means of utilizing the full award over the next three years.

- DSTDP and its CDC colleagues have worked hard in order to issue this FOA so that it might be awarded this fiscal year, but we realize that the short timeline also presents a challenge for some potential applicants.

What should I do if I have additional questions?

- Check DSTDP's STD AAPPs website periodically for updated Q&A about this FOA.
- For additional information contact the DSTDP point of contact (POC) Marion Carter, at 404-639-8035, or email acq0@cdc.gov

The posted FOA PDF document has very small font and includes some blank pages. Is important content missing? Can the font be resized and made larger? Can you all send us a clean version of the document in Microsoft Word?

- Important content is not missing, even if in some places part of a letter might be cut off. Blank pages are simply blank pages in the document, and do not represent substantial sections of missing text.
- We have been working on the font size issue, but, unfortunately, we have not discovered any way to fix the problem at this point, so even future amended/modified versions of the FOA document will continue to have blank pages and small text. CDC is using a new system for generating these documents which we are all still learning about. In the future, hopefully, these issues should get resolved. We apologize for the inconvenience and hope everyone can work with us to get around this barrier.
- As an FOA is a legal document, CDC cannot send potential applicants an alternative, more legible version of the FOA in Microsoft Word or another format. However, we are aware that some potential applicants have reformatted the PDF to make it more legible on their own, so we know this is possible. Again, we apologize for this inconvenience.

Are applicants required to address and track all of the HIV-related outcomes listed in the FOA?

- No they do not. For example, if PrEP is not yet a major part of your program context, it is not necessary to include outcomes associated with PrEP. However, we expect that all applicants will propose evaluation that includes tracking a number of HIV-related outcomes, including some addressed in NHAS.

The funding is intended to support primarily evaluation work. However, can it also be used to support any relevant program work, for example, can it be used to hire an additional DIS to serve HIV outcomes?

- No, the funding should be used entirely to support activities needed to answer the evaluation questions listed. So funding should go towards obtaining evaluation expertise, funding data collection and data analysis as appropriate, maintaining relationships with stakeholders, disseminating and using results, and related tasks.
- It might be possible that some DIS or other health department staff are paid in part under this FOA in order to complete some specific FOA activities (e.g., perhaps a DIS supervisor is funded for the part of their time not dedicated to completing the process evaluation portion of the FOA; or perhaps an HIV program staff epidemiologist is paid under this FOA for a portion of their time to do additional data

analysis of HIV program data for the evaluation). However, funding from this FOA should not be used to support DIS time providing services to cases or contacts for STD or HIV prevention or control purposes.

Can the funding be used to hire an outside evaluation firm?

- Yes it can. Hiring an external evaluator (whether a private sector firm, an individual, a university-based evaluation team, or others) to complete part or most of the work is a legitimate approach. However, applicants are not required to hire an external evaluator. If they have or can obtain sufficient expertise within the health department to complete the evaluation work, they can propose to rely on only on those staff for this project and support them under this FOA for their work on this project.

Can you further clarify what should be described in the Evaluation and Performance Measurement section of the application?

- That part of the application should address two points, as noted under the review criteria. The first part should describe how you might measure or assess the short-term outcomes noted in the FOA's logic model (e.g., strengthening body of evidence related to the use of DIS to improve DIS outcomes). How would you go about determining whether we reached those outcomes?
- The second point addressed under that section of the application relates to the key metrics you propose to use for tracking under your proposed process, outcome, and cost evaluation components. So, as part of your "Approach," you may wish to describe how you will conduct an outcome evaluation related to certain key HIV outcomes, for example, HIV testing and linkage to care. Under the Evaluation and Performance Measurement section, you might then go into more detail about what your key metrics for tracking HIV testing and linkage to care will be, such as definitions, data sources, or frequency of assessment. You would do this for all key evaluation components or questions addressed. In this way, the Approach, Evaluation, and Performance Measurement sections will work together to form a more complete picture of what you plan to do. Applicants should reserve more detail about key metrics or qualitative data domains for the Evaluation and Performance Measurement section of the application.
- This is the same for both Part A and Part B applicants.

How much funding is available for this FOA?

- This fiscal year we have \$750,000 to award. This is for the first year. The FOA provides \$4,000,000 as an upper estimate of what might be funded over the course of its three-year lifespan. However, there is no guarantee this larger amount will be available over time.

Are letters of support required?

- No. If you have some letters of support, you may include them as an appendix but they will not be scored as part of the application.

How technical and detailed are the time-motion or work flow studies suggested in the process evaluation portion of the FOA supposed to be? Those can be highly technical, but other times not. What are CDC's expectations in this regard?

- From our perspective, applicants can think of the time motion or work flow as a broad family of methods that can provide a good idea of how staff spend their time. For us, they don't have to be terribly exact nor should not require much outside expertise. We at CDC could provide both examples and support for this, as well. As an example of the kind of scale that would be acceptable, in 2013, we supported MA to do a time study of their DIS, which they carried out themselves, and we at CDC did the analysis, using a work study student and Excel. There, 10 DIS staff tracked 5 full work days in 15-minute intervals over about 2 weeks using a log form we created jointly that had about 20 work activity codes. All this to say, applicants can keep it relatively simple.

What are the chances that a low morbidity area would be funded for this?

- HIV epidemiology is not a review or funding criteria for the new FOA. Low morbidity is not a reason not to apply. Any Part B applicant should fare well if they 1) make the case that their current DIS approach is something that should be evaluated under this FOA, and 2) put forward a solid, feasible evaluation plan that aligns with the approach outlined in the FOA.
- Given that the idea of this is to document lessons and evidence that is useful across jurisdictions (including those not funded for the additional evaluation work), it would actually to be our collective benefit to have one or more lower morbidity jurisdictions funded, given there are a lot out there across the nation. That said, low morbidity areas would not receive any preferential treatment during ranking/funding decisions.