

Questions and answers on PS15-1511

Version: July 17, 2015

Changes/additions from July 14 version highlighted in RED

What is this new FOA about?

- This FOA is to support additional evaluation of STD programs' work to deploy DIS in intensified or innovative ways to improve HIV outcomes.
- Funding comes 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 have the opportunity to fund further evaluation.
- The 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 welcome and encouraged to apply to this FOA. Those who did not apply at that time 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 3 years. In FY15, we have \$750,000 to award and anticipate making approximately 4 awards.
- Part A applications should be no more than 5 pages. Part B applications should be no more **than 15 pages, but can be less**. 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 **15-page** guidance for this application. Some of the language referring to a 20-page max 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 3 years.

- DSTDP and CDC colleagues worked hard to issue this FOA in time to be awarded this fiscal year, and we realize that the short timeline 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.
- Contact the DSTDP point of contact Marion Carter, 404-639-8035, acq0@cdc.gov

The FOA PDF document posted has very small font and blank pages. Is important content missing? Can the font size be fixed? Can you all send us a clean, Word-version of the document?

- Important content is not missing, even if at some points parts of a letter might be cut off. The blank pages are just blank pages, and do not represent substantial missing text.
- We have been working on the font size issue but have not figured out how to fix that at this point, so unfortunately even amended/modified versions will continue to have blank pages and small text. CDC is using a new system that we are all still learning, and in the future, these issues should get resolved. We apologize for this and hope everyone can work around this barrier.
- As the FOA is a kind of legal document, we at CDC cannot send potential applicants an alternative, more legible version of the FOA in 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 are sorry about this.

Do applicants have 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 ok not 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, 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, etc.
- It could be that some DIS or other health department staff are paid in part under this FOA in order to complete those activities (e.g., say a DIS supervisor is funded for part of their time that will not be dedicated to completing the process evaluation portion of this; perhaps an HIV program staff epidemiologist is paid a portion of their time under this FOA to do additional data analysis of HIV program data for the evaluation). But 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, individual, university-based evaluation team, etc.) to complete part or most of the work is a legitimate approach. However, applicants do not have 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 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 that should be addressed under that section of the application relates to the key metrics that you propose to track under your proposed process, outcome, & cost evaluation components. So as part of your “Approach,” you may describe how you will conduct an outcome evaluation related to certain key HIV outcomes like – for example -- HIV testing and linkage to care. Under the Evaluation and Performance Measurement section, you could then go into more detail about what your key metrics for tracking HIV testing and linkage to care will be, such as their definitions, data sources, frequency of assessment – that sort of thing. You would do this for all key evaluation components or questions addressed. In this way, the Approach and Evaluation and Performance Measurement sections will work together to form a more complete picture of what you plan to do. Applicants should simply 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, for the first year. The FOA provides the number of \$4,000,000 as an upper estimate of what might be funded through this FOA over the course of its 3 years. There is not 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.

A new version of the FOA was posted on July 15. However, it is hard to see clearly what changed. What are the important changes to note?

- Some of the changes included editing that improves and clarifies some language but doesn't substantively change the content. It also includes some additional required language, for example related to the Paperwork Reduction Act.
- The new version clarifies the page limit to be 5 pages for Part A applicants and 15 pages for Part B applicants.
- The new version moved content related to potential metrics that could be used to assess parts of the process, outcome, and cost evaluation components from the "Strategy/approach" section of the FOA to the "CDC evaluation and performance measurement" section. However, the content of that information is nearly identical to the prior version, and the review criteria and instructions for applicants as to what to cover in the different sections of their application has not changed. So it was largely a matter of moving that information, not changing it.

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 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.