Frequently Asked Questions (FAQ) and Webinar Questions and Answers

Is there a list serve to ask additional questions/ find out more information about the NOFO?

Yes, you may submit questions to our functional mailbox NNPTCNOFO@cdc.gov, or email Dr. Erin Tromble directly at lzn6@cdc.gov. Additionally, if you visit the NOFO grant opportunity at: https://www.grants.gov/web/grants/view-opportunity.html?oppId=320055 and select the red "subscribe" button in the upper right corner, you will receive any updates that may be made to the funding opportunity.

Application process

What is the application page limit?

Application page limits can be found in section "H. Other Information" on page 74 of the NOFO.

Page limits for the project narrative are **15 pages** (single-spaced) for each **core component**, and **5 pages** (single-spaced) for each additional **subcomponent**.

Although work plans are considered an aspect of the project narrative application components, they do *not* count toward project narrative page limits. Work plan page limits include 20 pages (table format) for each core component and 10 pages (table format) for each additional subcomponent. Additionally, if you would like a Word version of the work plans, please email NNPTCNOFO@cdc.gov and we will provide one to you.

Acceptable attachments do not count toward page limits. A list of acceptable attachments can be found on page 74 of the NOFO and include the bulleted items listed for international NOFOs as well as the bulleted items following the final paragraph of section H.

Additionally, page 44 specifies that a table of contents for the entire application should be submitted as a separate attachment. The table of contents does not have a page limit and will not count toward the narrative page limit.

For the work plan templates for year 1 and years 2-5, should we combine all components and subcomponents into one form? Or should we submit separate forms for each component/subcomponent and leave all the other areas blank in the template that don't apply to that component/subcomponent?

Either is fine. Should you choose to submit separate files, you can skip or delete the tables that are not relevant to the component/subcomponent for which the template is being completed. Additionally, if you would like a Word version of the work plans, please email NNPTCNOFO@cdc.gov and we will provide one to you.

Letters of support are not required, but are they recommended?

We recognize how time intensive the NOFO application process can be and leave this to the discretion of the applicant.

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What is the start date and end date of the budgets and workplans we should submit for Year One?

The budgets and work plans for Year One should correspond to the start of the award cycle, which will begin on 4/1/2020 and end on 3/31/2021.

On page 30, there is a list of core components for Component A, many bullets say "documented experience," how should this be documented?

This could be a combination of what is in the narrative to support past experiences and also in CVs. The purpose is to demonstrate that proposed training center staff have had the relevant experience.

If an applicant is applying for more than one core Component and/or Subcomponent, do they submit more than one application package on grants.gov?

No. You only submit one application no matter how many Components and/or Subcomponents you are applying for.

If an applicant receives funding for Component A and Subcomponents A1 and A2 (for example), is that considered one award or three awards?

One award with different subcomponents for funding purposes.

What are the specific CV requirements?

There are specific CV requirements indicated for the subcomponents if those individuals will be different than those identified for the core component application. (See the bulleted sections on pages 31-34. Typically indicated with language such as "CV required if different than A (core).") If for example, the QI coordinator for subcomponent A1 were the same individual as the QI coordinator for the core A component, you'd just need to indicate that. No need to submit the CV twice.

Since full CVs can be massive, would you prefer 5-page NIH format bio sketches?

The NIH bio sketch format would be fine. Ultimately, the specific format is less important than ensuring that submitted CVs demonstrate the individual's experience and skills related the role they would be filling.

Are applicants allowed and/or encouraged to include more than the requirement?

Required CVs are meant to demonstrate appropriate subject matter expertise. Additional staff do not require the same level of specific expertise, so CVs for those staff would not be of added value.

Are co-principal investigators (co-PIs) allowed for the NOFO?

For the purposes of the application and management of the award, the CDC system only allows for one primary PI to be listed. A second individual can be identified who is authorized to make decisions about the execution and day to day management of the grant, but final responsibility for conduct of the grant ultimately lies with the primary PI.

Can you name separate positions for both a PI and Medical Director?

Yes.

General NOFO questions

Will there be a national effort or center for evaluation?

The coordinating center will be responsible for coordinating efforts to collect participant information, but we don't have a stand alone evaluation center as part of this application.

Are learning communities the same as communities of practice?

Yes.

What is the requirement for a QI coordinator under Component A's organization capacity section?

QI is an important aspect of this component, especially since we do not have a national QI center in this NOFO. It is not necessarily a position title, but a general skillset to have on staff.

Is the vision for the regional centers to host ECHO series within their regions or to recruit ECHO participants for series facilitated by the National Curriculum Center?

Regional training centers should be experts on their region. The focus is more on a regional type of collaborative learning community. The objective of the National Curriculum Center is for a national level type of learning collaborative.

For Subcomponent A1, is treatment as prevention included in HIV prevention services or is this Subcomponent aimed mainly at PrEP and nPEP?

Subcomponent A1 is primarily aimed at PrEP and nPEP.

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For Component C point 2 (page 18) is the new NSTDC to create learning objectives for regional PTC training or is the emphasis on learning objectives for the STD curriculum modules and the disease/infection modules that used to be known as the STD core curriculum modules (and not regional training)? Is the NSTDC being tasked with creating national standardized learning objectives and evaluation instruments for the NNPTC, and if so, how does this differ from what Component B will do under points 4 and 6 (pages 16- 17) to measure impact of the NNPTC and create evaluation instruments in the national LMS?

The learning objectives referenced on page 18 are regarding regional PTCs – to help provide consistency in terms of basic standards, talking points, etc. that can be used by regional centers.

Points 4 and 6 are in reference to a collaborative at the national level and developing criteria to determine who should be recruited to participate in the collaborative.

STD clinical prevention fellowship (subcomponent A2)

Clarification of STD clinical prevention fellowship (subcomponent A2) outcomes:

The NOFO logic model (pages 5-8) identifies "Increased STD fellows in board-certified training programs" as a short term outcome for recipients of subcomponent A2 funding. The term "board-certified" has created some confusion and may imply a narrower definition than intended. We have therefore replaced this outcome with the following: **Increased STD fellows in post-residency sub-specialty training programs, fellowships, or other post-residency programs.**

For Subcomponent A2, can the funding be spread across more than one fellow?

If there are multiple candidates that an applicant has in mind, and a justification is made, naming more than one individual is allowed. It is not narrowed down to one fellow per site application. However, please keep in mind we only have funding to support one full time FTE of a fellow, so please be aware of that and justify and explain the funding breakdown if naming more than one individual.

Are medical residents eligible to receive funding from the STD clinical prevention fellowship (subcomponent A2)?

As is clarified in the updated language noted above, the fellowship program is intended for post-residency trainees. Resident schedules do not provide sufficient time for the type of comprehensive and intensive experience the fellowship program aims for.

Are fellows participating in the STD clinic prevention fellowship (subcomponent A2) required to complete a clinical rotation in a public health department?

The goal of the fellowship program is to build strong academic and public health partnerships. The intent is for the STD clinical prevention fellow to have experience in the public health setting. If an STD specialty clinic that meets the criteria described in the NOFO is not available through the health

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department, another (non-public health based) clinic that meets the criteria and that has the volume and diversity of patients and services can be considered as a clinical training site. The requirement for the fellows to have experience in the public health setting does not preclude the fellow from having clinical experience at other clinics in addition.

Additionally, the term "public health rotation" is not meant to imply a discrete time-frame, as the aim is for the fellow to have an integrated experience between the public health and academic environments. While the integrated experience can take many different forms at the discretion of the applicant, the intent is for the public health experience to be more substantial than a short-term (i.e. 4 week) rotation.

With the timing of academic fellowships, is it required to have a new fellowship each year?

In general, it is best to determine what your organizational capacity is first and the program being planned for that fellow. It is ok if the fellowship is longer than one year.

Work plans

Is there a word version of the work plan templates?

The PDF versions can be converted to word documents using any number of websites available for free online. However, if you are unable to convert the documents you may email us for a copy of the documents in word.

Do you need to submit two different work plans? One for Year 1 and one for Years 2-5?

Yes. Please see section "H. Other Information" on page 73of the NOFO.

Should the grey shaded cells in the work plan templates (columns titled "STD PCHD Project Area", "Main Point of Contact (organization), "Target audience" and "Anticipated number in attendance") be completed by the applicants?

Yes.

Should the Year One work plan integrate into the body of the 15 page narrative, or is it separate as an uploaded attachment? This is the same for the Years 2-5 work plan – should that be in the body of the 15 page narrative or as a separate attachment with the Year 1 work plan, or separate from that?

Please upload the work plans as separate attachments, one for Year 1 and one for Years 2-5.

STD Specialty Clinics

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Is there a benchmark or minimum number of tests you are looking for that meets the STD specialty clinic definition in terms of monthly numbers on demographics of patients and tests?

There is no benchmark for these figures.

How should the above data be submitted – in an excel table, or something else?

Descriptive clinical data is part of the list of acceptable attachments and can be submitted separately from the project narrative (and won't count towards the page limits). Exact formatting doesn't matter, a spreadsheet may make the most sense, but whatever method conveys the information clearly is fine.

Can you clarify if the intent is to show a single month of data or monthly totals over a year?

Please submit the monthly figures for the most recent year available. (ie – figures for the month of January, the month of February, etc.)

Does a STD clinic need to offer all the services listed in the STD specialty clinic definition?

No. The definition of an STD specialty clinic states "clinic with available same day culturally sensitive, safety net, confidential STD evaluation and treatment services for patients and sexual contacts. Available services _may_ include: STAT syphilis test, microscope for STAT Gram stain/Methylene Blue/Gentian Violet and wet mount, GC culture capacity and medications on site including Benzathine Penicillin LA and ceftriaxone."

For the STD specialty clinic that would serve as an experiential site, as well as the fellow clinic rotation site, does one specific clinic need to be named, or a clinic system?

If the training center would be drawing on the full system, we suggest including the information for each clinic individually.

Budget

The award ceiling is noted to be $0 in the NOFO. Given the estimated award amounts for Components A, A1 and A2 respectively of $600K, $300K, and $150K, is it ok to submit budgets higher than those amounts (if needed), and then revise if we are awarded the funds?

Legally, you are allowed to submit a budget for any amount.

For the different Components, do you need to submit different budget narratives?

Yes.

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Is there no specific percentage requirement (with time or salary) for any staff?

That is correct.

Can fellow funding be used for components of research like statistical support, coursework, etc?

No, this funding is generally intended to support the fellow's salary.

Is including the cost of malpractice insurance in the Subcomponent A2 budget, an allowable expense?

No, this is not an allowable expense.

Are we allowed to support travel costs for individuals other than PTC staff/faculty?

As long as the travel/expenses are to support PTC training, it would be allowable.

Are we allowed to budget in *working* meals and/or refreshments and/or just meals for course participants?

Food and Snacks for Training:

There is no blanket approval for providing food and snacks for training participants and it will be considered by OFR/OGS on a case-by-case basis. Food has to be allocated in a budget, with prior approval, providing details for a specific meeting, date, expected number of participants, and training location. Food or snacks can be paid for by a nonfederal source or a partner and provided only for participants who are on TDY using per diem for meals.

Approval Steps to Provide Food and Snacks for Training:

If you wish to provide snacks at a future training, provide written justification in the budget narrative explaining extraneous circumstances for why the food/snacks are needed for participants and specify for what meeting or training, date, and location. The GMS will review and either allow or disallow. If disallowed, the funds will need to be redirected to an allowable cost.

STD PCHD

Is there a list of current PCHD recipient POCs?

Specific PCHD recipient POCs do not need to be identified for this application. However, anyone who would like a list of contacts for their area, may email us at NNPTCNOFO@cdc.gov and we will provide it. For the purposes of completing the work plan, and specifically for the column headed "Main point of contact (organization)" a specific individual's name is not necessary. Identification of the organization or primary partner involved in the activity is all that is required.

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On the bottom of page 19, there is reference to more detail on STD PCHD Strategy Area III, where can we find this information?

Please visit: https://www.grants.gov/web/grants/view-opportunity.html?oppId=304454 to find a copy of the PCHD NOFO. Information and detail about Strategy Area III can be found within the document, specifically pages 14-16.