

Pre-Application Webinar for FOA PS14-1407

National Network of STD Clinical Prevention Training Centers (NNPTC)

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February 27, 2014

Pre-Application Webinar for FOA PS14-1407

National Network of STD Clinical Prevention Training Centers (NNPTC)

- I. Welcome: Rheta Barnes**
- II. PGO Guidance: Louvern Asante**
- III. FOA Summary: Rheta Barnes**
- IV. Response to Questions: All**

Pre-Application Webinar for FOA PS14-1407

National Network of Sexually Transmitted Diseases Clinical Prevention Training Centers (NNPTC)

Procurement and Grants Office

February 27, 2014



Office of the Director

Procurement and Grants Office (PGO)

Agenda

- ❑ **Pre-Application Information**
- ❑ **Budget Guidelines**
- ❑ **Application Tips**
- ❑ **Points of Contact**
- ❑ **Useful Resources**
- ❑ **Questions and Answers**



PRE-APPLICATION INFORMATION

Grant Application Process

□ Prior to applying:

- Become familiar with the Grants.gov website
- Keep track of the technical assistance provided through the Grants.gov website
- Become familiar with the HHS Grants Policy Statement
- Ensure that your organization has the following readily available and current:
 - Data Universal Numbering System (DUNS) number
 - Employer Identification Number (EIN)
 - System for Award Management (SAM) Registration
 - Central Contractor Registration (CCR) number
 - Bank account information
- Review the funding opportunity announcement (FOA)





FOR APPLICANTS

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- [Get Registered](#) ←
- [Apply for Grants](#) ←
- [Track My Application](#)
- [Applicant Resources](#)
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APPLICANT SYSTEM-TO-SYSTEM

FOR GRANTORS

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SITE MAP

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Other information and opportunities regarding the Recovery Act is available. [Learn more >](#)

Update-to-date information on the state of recovery. [Learn more >](#)

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Recovery Act Grant Opportunities

Archived Webinars



Grant Application Process

❑ Register NOW with Grants.gov

- Your organization must complete the Grants.gov registration process to apply for a grant.
- Registration process can take between 3-5 business days or as long as four weeks



Organization Registration

An individual who is responsible for submitting a grant on behalf a company, state, local, or tribal government, academia or research institution, not-for-profit or any other institution.

 [Organization Registration Overview Tutorial](#)

[Organization Registration User Guide](#) 

[Organization Registration Checklist](#) 

Grant Application Process

❑ Grants.gov Registration Requirements

- Data Universal Numbering System (DUNS) Number
 - Application: <http://fedgov.dnb.com/webform/pages/CCRSearch.jsp>
 - For help either call (866) 705-5711 or e-mail CCRhelp@dnb.com
- System for Award Management (SAM)
 - Create a user account
 - Gain Central Contractor Registration (CCR) number
 - Web: <https://www.sam.gov/portal/public/SAM/>
 - For help check the user guide first and then...
 - Call (866) 606-8220 (domestic calls)
(334) 206-7828 (international calls)
 - Visit: <https://www.fsd.gov>
- Employer Identification Number (EIN)

❑ Grants.gov Tutorial



Grant Application Process

- ❑ **Find a funding opportunity announcement**
 - Download the full FOA
 - Read FOA instructions carefully
 - Prepare all required forms, documents, and appendices in response to the FOA



Grant Application Process

□ Submit an application

- You must be completely registered on Grants.gov to upload a completed application.
- No extensions to the FOA application due date are granted. No exceptions.
- All applications must be submitted and accepted via www.Grants.gov.

Step 1

Download a Grant Application Package

Downloading a grant application package allows you to complete it offline and route it through your organization for review before submitting.

[Click here](#) to verify if your Adobe software version is compatible with Grants.gov.

Instructions on how to open and use the forms in the package are on the application package cover sheet. Agency specific instructions are available for download when you download your application package, which will include required information for your submission.

Step 2

Complete the Grant Application Package Step

Now that you have downloaded an application package, complete the grant application offline. Save changes to your application as you go, Grants.gov does NOT automatically save changes. The package cannot be submitted until all required fields have been completed.

[View a narrated tutorial on how to complete a grant application package using Adobe.](#) If you're having problems completing the package, [view our Frequently Asked Questions](#).

Step 3

Submit the Completed Grant Application Package



Grant Application Process

□ When completing applications:

- Review and follow instructions and deadlines provided in the FOA
- Provide a proposed narrative and explain the project completely
- Prepare a budget as it relates to the requirements identified in the FOA
 - Also make sure to follow CDC Budget Guidelines when preparing a budget.
- Identify key personnel and applicable duties (e.g., Program director and business official)
- Identify the approving officials for the organization to prevent processing delays



Grant Application Process

□ When completing applications:

▪ Include key forms/documents

- SF 424 Application for Federal Assistance (non-research)
- SF 424 R&R Forms Application for Federal Assistance (research)
- SF 424A Budget Information
- SF 424B Assurances
- Budget and Project Narrative
- Budget Spreadsheet (for consolidated programs)
- Debarment and Suspension Certification
- Certification for Trafficking Victims Protection Act of 2000

□ All new non-research applications must be submitted through [Grants.gov](https://www.Grants.gov)



BUDGET GUIDELINES

Preparing Your Budget



- ❑ **In order to prepare a proper budget, it is important to know the following:**
 - the types of costs that are allowable
 - the cost principles to apply
 - differences between direct & indirect costs
- ❑ **To assist you in preparing your budget, please follow the template and budget guidelines at:**

Budget Guidelines

Web: <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

HHS Division of Cost Allocation

Web: <http://rates.psc.gov/fma/dca>



Application Tips

- ❑ **Only submit one application package per organization.**
- ❑ **Organize and format the application as outlined in the FOA**
- ❑ **Provide:**
 - Table of contents
 - Current Indirect Cost Rate Agreement
 - Documentation of eligibility
 - Page numbers
- ❑ **Include a signed cover letter that cites :**
 - FOA number and category(ies) applying for
 - Budget amount
 - Organization point of contact



Application Tips

- ❑ **Provide a complete budget with sufficient budget detail and narrative.**
 - The total of the direct and indirect costs must not exceed the ceiling of the funding amount listed in the FOA.
- ❑ **Remain consistent with FOA concepts and themes but do NOT repeat FOA language verbatim.**
- ❑ **Provide realistic and measurable goals and objectives.**
- ❑ **Ensure that the application is consistent with program objectives/activities and the evaluation plan.**
- ❑ **Ensure letters of support are specific to application (*if provided*)**



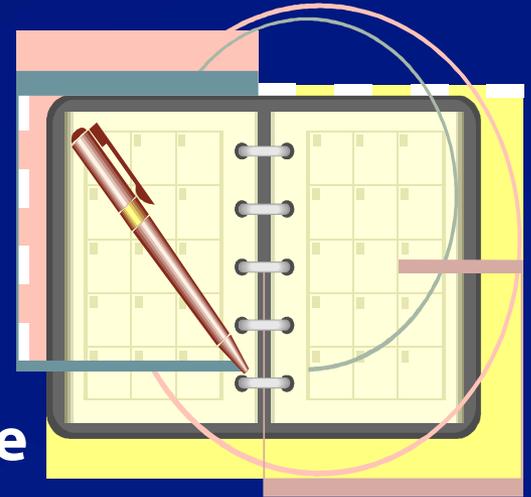
Application Tips

- ❑ Any pages in excess of page limits will be removed from application and not forwarded to review panel.
- ❑ Use the FOA and evaluation criteria section as guide to develop the work plan and project narrative.
- ❑ Do NOT wait until the last minute to submit your application.



Application Tips

- ❑ **Application packages must be SUCCESSFULLY submitted into Grants.gov no later than the date stated in the FOA. May 6, 2014, 11:59 p.m. U.S. Eastern Standard Time**
- ❑ **Extensions to the due date will NOT be granted.**
- ❑ **Submit your application package as early as possible:**
 - Recommend submission at least 7 days prior to due date
 - Ensure all Grants.gov errors are cleared up prior to the due date



Points of Contact

❑ Grants.gov Registration and Submission Assistance

- Contact Grants Program Management Office
 - E-mail: support@grants.gov
 - Phone: 1-800-516-4726, Monday-Friday 7am-9pm (EST)
Closed on federal holidays

❑ Grants.gov Application Assistance

- Contact PGO TIMS: (770) 488-2700 or PGOTIM@cdc.gov

❑ Programmatic Questions

❑ **Jill Huppert, MD., MPH, Project Officer**

- E-mail: jhuppert@cdc.gov or **Phone:** (404) 718-8570
- Policy or Budgetary Questions
- Contact: **Louvern Asante, Grants Management Specialist**
- Email: lasante@cdc.gov or Phone: (770) 488-2835



Useful Resources

❑ HHS General Grants Information

- ❑ Web - **NEW:** <http://www.cdc.gov/od/pgo/funding/grants/grantmain.shtm>
 - Web: <http://dhhs.gov/asfr/ogapa/aboutog/grantsnet.html>

❑ HHS Grants Policy Statement

- Web: <http://dhhs.gov/asfr/ogapa/grantinformation/hhsgps107.pdf>

❑ 2 Code of Federal Regulations, Grants and Agreements

- Web: http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&tpl=/ecfrbrowse/Title02/2cfr225_main_02.tpl

❑ 45 Code of Federal Regulations, Part 74 (Non-profits) and Part 92 (State, Local and Tribal Governments)

- Web: http://www.access.gpo.gov/nara/cfr/waisidx_09/45cfr74_09.html
- Web: <http://www.hhs.gov/opa/grants/toolsdocs/45cfr92.pdf>



Useful Resources

❑ OMB Circulars

- Web: http://www.whitehouse.gov/omb/circulars_default
- A-21: Cost Principles for Educational Institutions
- A-87: Cost Principles for State, Local and Indian Tribal Governments
- A-102: Grants and Cooperative Agreements with State and Local Governments
- A-122: Cost Principles for Non-Profit Organizations
- A-133: Audits of States, Local Governments and Non-Profit Organizations

❑ Budget Guidelines

- Web: <http://www.cdc.gov/od/pgo/funding/budgetguide.htm>

❑ HHS Division of Cost Allocation

- Web: <http://rates.psc.gov/fma/dca>



Useful Resources

❑ CDC Grantee's Financial Reference Guide

- Web – NEW:

<http://www.cdc.gov/od/pgo/funding/grants/policymain.shtm>

❑ CDC official website

- Web: <http://www.cdc.gov>
- Web: <http://www.cdc.gov/about/business/funding.htm> (PGO's home page)



Pre-Application Webinar for FOA PS14-1407

National Network of STD Clinical Prevention Training Centers (NNPTC)

FOA Summary Overview

- History and Background
- Purpose, Logic Model, and Outcomes
- Strategies and Activities
- Application Requirements
 - Approach, Evaluation and Performance Management, Organizational Capacity
- Eligibility and Award Information
- Key Dates
- Questions

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STD Clinical Training History

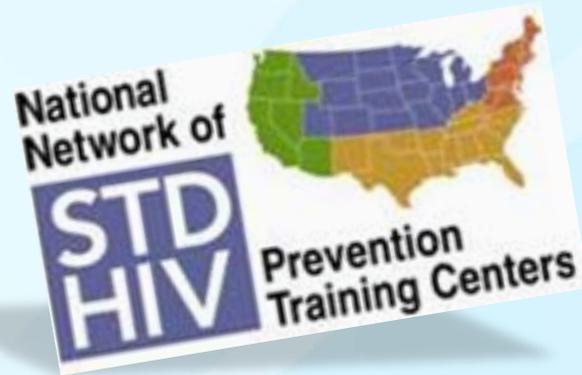
CDC-funded STD clinical training program since 1979

- ❑ Network of regionally-based training centers staffed by leaders in STD clinical field
- ❑ Address the STD prevention & care training needs of public and private sector clinicians throughout the US
- ❑ Develop, deliver, & evaluate training activities on the clinical management and prevention of STDs



FOA History

- ❑ Builds on FOA PS 11-1103 “STD/HIV Prevention Training Centers” Part I: Clinical STD Prevention



- ❑ Supports CDC STD/HIV prevention programs & initiatives
 - ❑ STD Treatment Guidelines
 - ❑ STD & HIV program FOAs (Example AAPPS)
 - ❑ STD & HIV training FOAs (Example DISTC FOA)



NNPTC- Problem Statement

- ❑ Well known gaps in STD clinical preventive services across the United States.
- ❑ Health care system changes result in an expanded pool of clinicians who need guidance to provide STD care.
- ❑ Evidence-based STD care must be incorporated at the individual clinician, organizational and system levels.
- ❑ Priority to reach clinicians caring for MSM, adolescents and young people, and racial and ethnic minorities disproportionately affected by STDs.
- ❑ A strong NNPTC will result in increased integration of STD services into primary care and decreased STD morbidity across the U.S.

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National Network of STD Clinical Prevention Training Centers (NNPTC)

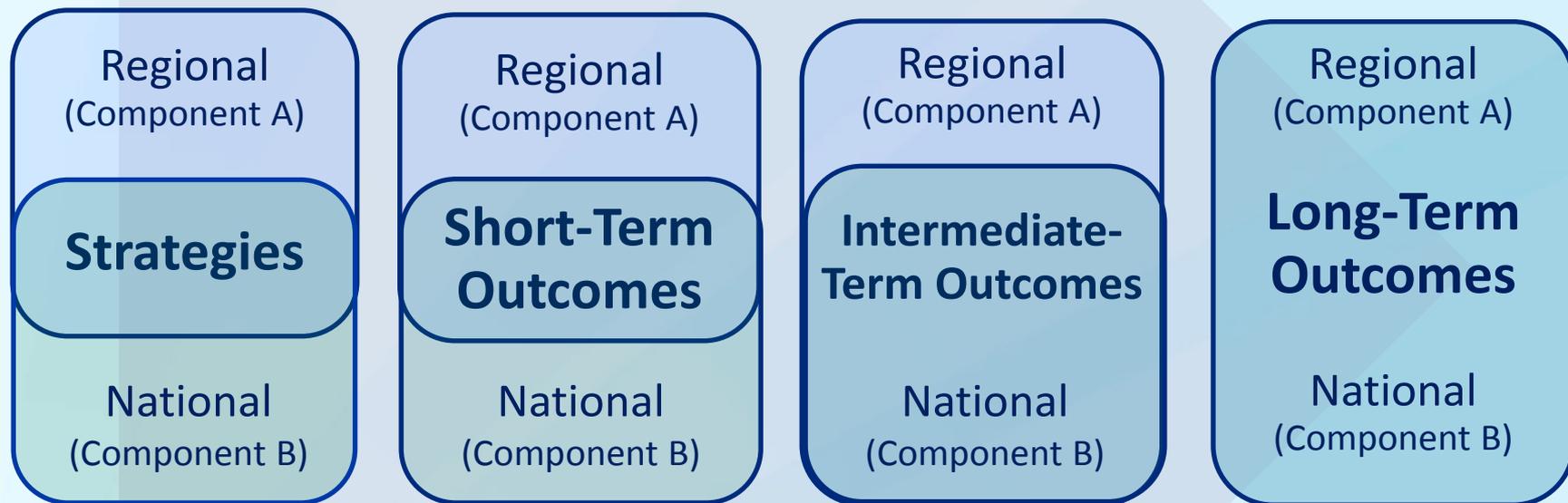
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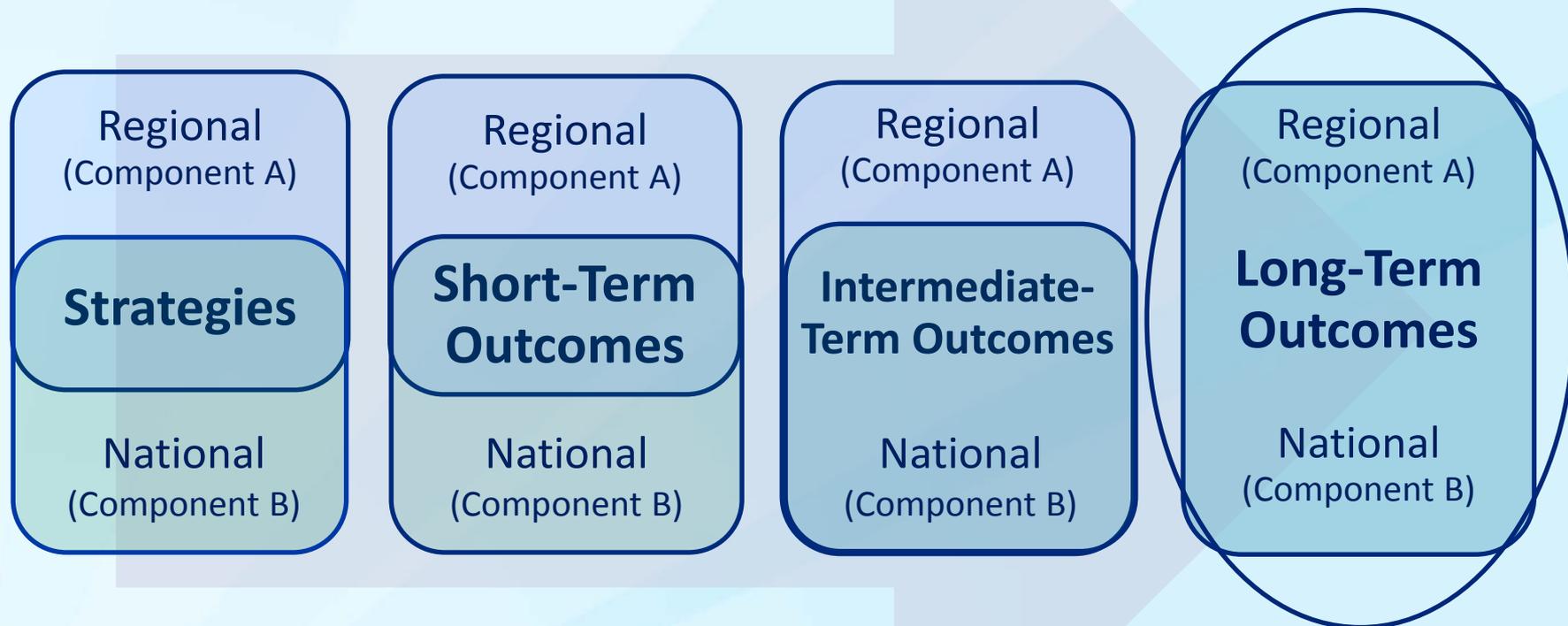
NNPTC Purpose

- ❑ To create a national network that comprises up to eight regional (**Component A**) and six national (**Component B**) centers of excellence
- ❑ To develop, disseminate and evaluate training and training assistance to improve STD care at the individual health care clinician, clinical organization and health care system level
- ❑ Training content and priorities for this FOA
 - based on most current CDC STD Treatment Guidelines
 - informed by STD epidemiological trends and scientific advancements.

NNPTC Logic Model and Approach



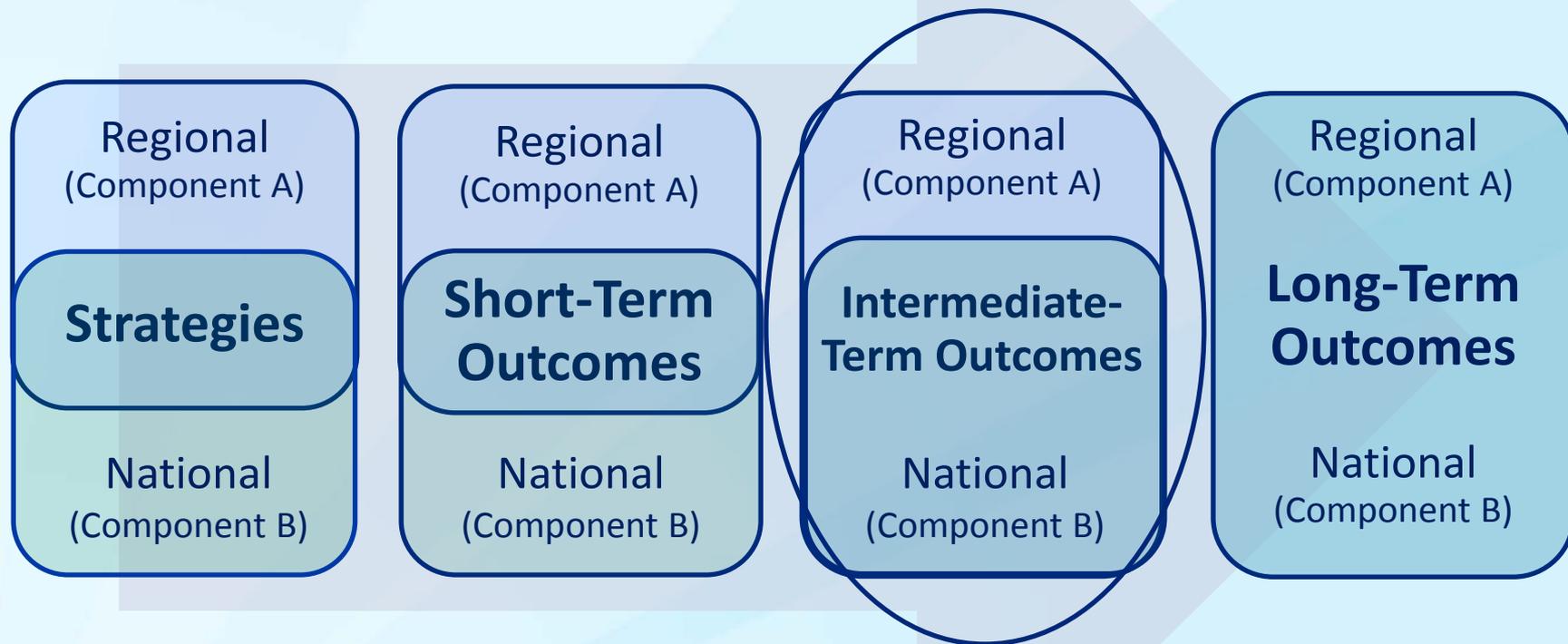
NNPTC Logic Model and Approach



NNPTC Long-Term Outcomes (Impact)

- ❑ Increased integration of STD clinical preventive services into primary care
- ❑ Decreased transmission of STD in the community
- ❑ Decreased morbidity and mortality from STDs and related health outcomes

NNPTC Logic Model and Approach



Intermediate Outcomes

Regional - Component A

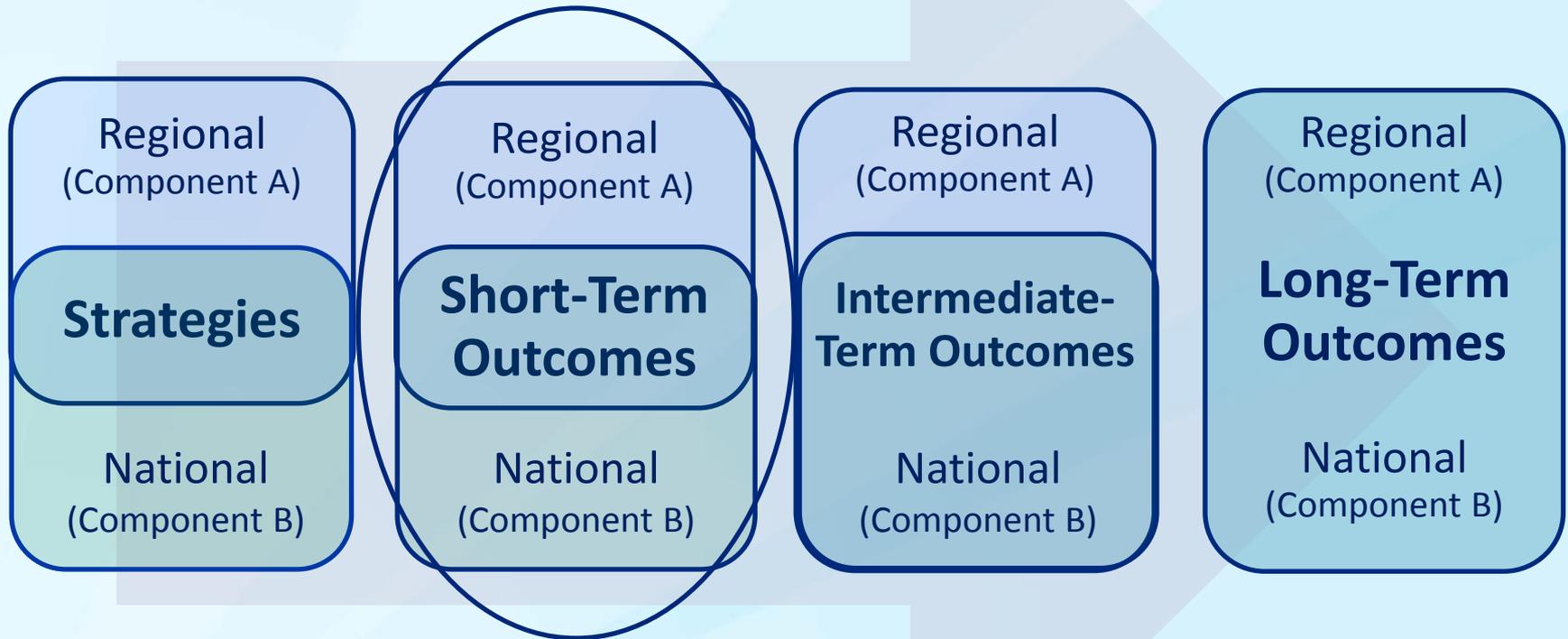
- Increased proportion of training, training assistance, and training resources directly responsive to identified training needs and service gaps in the regional coverage area

- Increased collaborative training activities with key partners
- Increased health professional knowledge and skill to screen, diagnose, treat and counsel those with STDs
- Improved health professional practice with regard to prevention and clinical management of STDs
- Increased organizational and system-level capacity to prevent STDs
- Increased number of persons at risk for or infected with STDs receive appropriate screening, diagnosis and treatment ‡
- Increased reach to an enhanced national network of health professional organizations and partners who can prevent STDs and promote high quality STD clinical care

National - Component B

‡ Outcome shared with state /local health departments

NNPTC Logic Model and Approach



Short-Term Outcomes

Regional (Component A)

- Improved identification of STD clinical training needs & service gaps of the **regional coverage area**

Shared Outcomes

- Increased consistency & quality of STD training provided by Regional PTCs
- Improved communication, promotion & coordination of training activities at the **Regional and National level**
- Increased access to training for clinicians who care for persons affected by & at risk for STDs
- Increased access to training assistance for clinical practice sites & healthcare systems that provide care for persons affected by & at risk for STDs
- Increased collaborative training projects & initiatives with key regional & national partners

National (Component B)

- Improved capacity to **monitor & evaluate** the effectiveness or impact of training activities provided by Regional PTCs
- Improved capacity of the regional centers to deliver **quality improvement training** that effects change at the clinic or organizational system level
- Increased access to **innovative tools & approaches** that improve practice at the clinician, clinical setting and organizational level

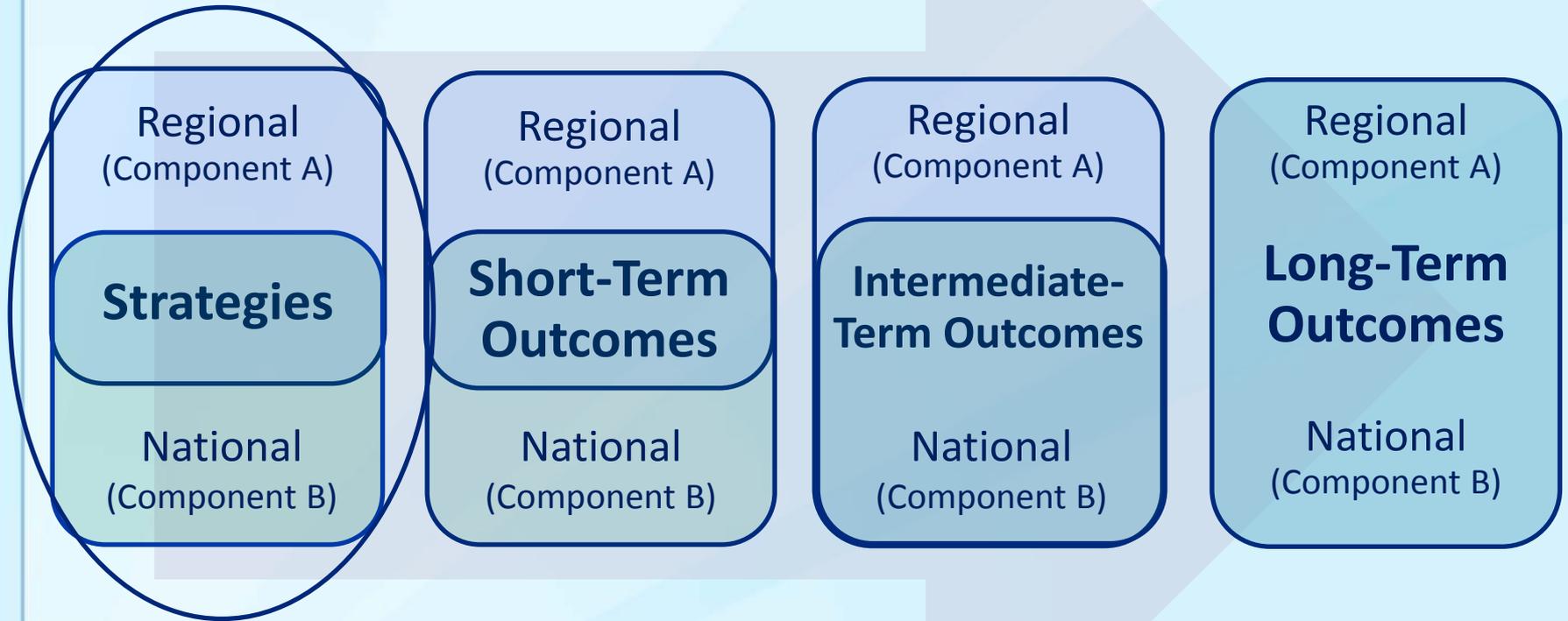
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NNPTC Logic Model and Approach



Collaborations- CDC funded

At a minimum, applicants are required to develop a plan and timeline for working with:

- STD Assessment, Assurance, Policy and Prevention Services (AAPPS) state and local STD program grantees**
 - PS 14-1402
- Disease Intervention Services Training Center grantees**
 - PS 14-1408
- High Impact HIV Prevention (Category C) programs**
 - PS 14-1403 (DHAP)

Required Collaborations- external

Regional applicants are **required** to partner with:

- organizations that have access to target populations (adolescents and young adults and MSM, plus racial and ethnic minorities).
 - These could include health plans, primary care associations, safety-net providers, Historically black colleges and universities (HBCUs), community-based organizations, academic experts in their project area.
- Other federal training center programs
 - HRSA, AIDS Education Training Centers (AETCs);
 - OPA, Family Planning National Training Centers (NTCs);
 - SAMHSA, Addiction Technology Transfer Centers (ATTCs);
 - CDC's Viral Hepatitis Networking, Education and Training (VHNET) grantees;
 - CDC's TB Regional Training and Medical Consultation Centers (RTMCCs).

Target Population

- ❑ Health care providers, clinical organizations and health care systems that care for persons at risk for STDs.
 - Especially those that serve MSM and adolescents / young adults (including racial and ethnic minorities among these populations) or others at the greatest STD risk in their region.
- ❑ Clinicians should include primary care and “safety net” providers.
- ❑ Settings may include community health centers, federally qualified health care centers, emergency departments, urgent care centers and school-based health centers as well as non-traditional sites such as juvenile detention.
- ❑ Systems might include large health plans, HMOs, ACOs or hospital-based care organizations.

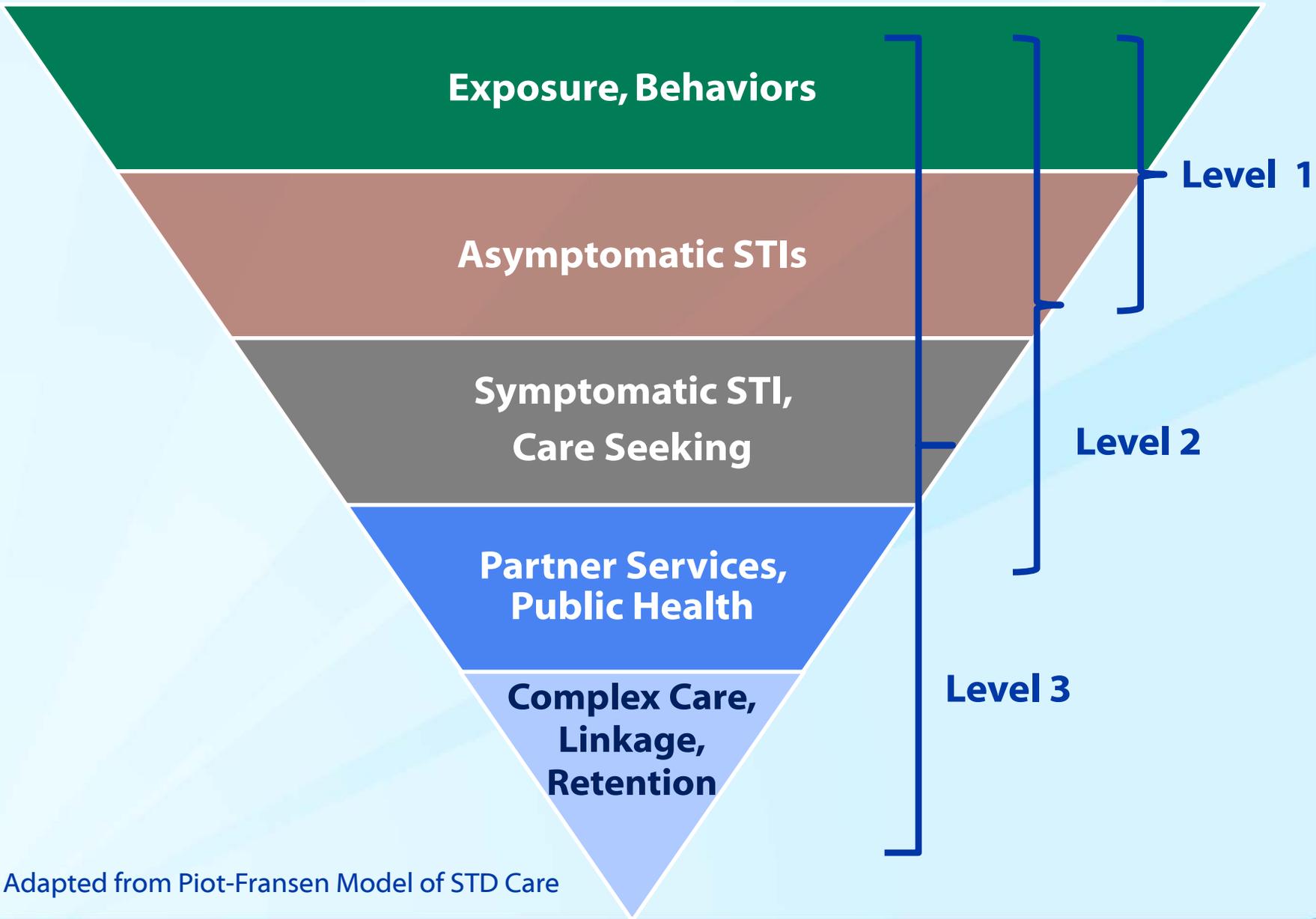
New Directions for NNPTC FOA

- ❑ **Shift from training STD clinicians to training clinicians caring for patients at risk for STD**
 - Aligns with AAPPS FOA
 - Aligns with integration of public health into primary care
- ❑ **Introduce “levels of STD care” framework**
 - STD 101 for level 1 providers
 - STD Grad school for the next generation of experts
- ❑ **Highlight the importance of screening**
 - Align with treatment cascade, USPSTF, CDC STD Treatment Guidelines
- ❑ **Centralizes Cross-cutting Strategic Functions in National Centers**

Levels of STD care

- ❑ **Level I STD Care:** the ability to provide recommended risk assessment, screening and treatment of those identified with asymptomatic infection. Most clinical providers in the U.S. should be able to provide Level I care.
- ❑ **Level II STD care:** includes more complex services; clinicians with advanced training/ experience in STD and expertise in serving the needs of vulnerable or stigmatized high risk individuals . Level II sites are generally health department STD clinics or non-profit clinics that offer same day STD diagnostic and treatment services.
- ❑ **Level III STD care:** includes advanced diagnostic testing, and the ability to diagnose, treat and provide follow up for complex STD cases; clinicians have extensive training/ experience in complex STD care. Level III sites provide training to medical and nursing students, residents and fellows and may conduct research.

Volume of STD cases in the US, compared to level of care needed



Adapted from Piot-Fransen Model of STD Care

Regional PTC Strategies & Activities

Each regional center should have the capacity to provide direct clinical training activities throughout their coverage area; incorporating a thorough understanding of the distribution of STD morbidity, disparities in STD care, and the capacity of the health care system:

- ❑ Strategy 1: Assess STD clinical training needs & service gaps among individual providers, health care organizations, and systems caring for at risk populations in the regional coverage area.
- ❑ Strategy 2: Promote training activities and resources to effectively reach clinicians caring for persons at risk for STDs throughout the region.
- ❑ Strategy 3: Collaborate with the National PTCs to develop and update STD curriculum, training activities and training resources.

Regional PTC Strategies & Activities

- ❑ Strategy 4: Deliver comprehensive STD clinical training, training assistance and resources tailored to individual clinician, clinical practice site and healthcare systems in the regional coverage area.
- ❑ Strategy 5: Participate in the monitoring and evaluation of training activities coordinated by the National Evaluation PTC.
- ❑ Strategy 6: Develop and nurture partnerships with diverse organizations in the regional coverage area, to address constituent training needs, build capacity and share/leverage resources.

National Strategic Functions

- A. **Coordination:** Coordinate national level activities to assure uniformity of access and processes for those seeking training
- B. **Curriculum:** Lead development of high quality, national STD curriculum, training activities and resources, driven by instructional design principles and adult learning theory
- C. **Evaluation:** Evaluate the quality, reach and effectiveness of the clinical training that is provided by the regional centers
- D. **Quality Improvement:** Lead the development and dissemination of quality improvement methods to each regional center and to trainees
- E. **Technologic innovation:** Lead the development of innovative technologic training tools and approaches such as apps and structural interventions

National Coordination Activities

1. Develop and maintain the NNPTC website and resource clearing house.
2. Develop and maintain a centralized national registration for training activities.
3. Coordinate a central national continuing education accreditation process
4. Maintain an active registry of STD clinical experts in order to coordinate the national speaker's bureau
5. Coordinate the national STD "warm line" to respond to clinical questions from the field in a timely manner
6. Coordinate the NNPTC conference calls, webinars, audience response system and meetings for grantees

National Curriculum Activities

1. Develop a national curriculum and slide set as well as an array of STD national clinical training, training assistance and resources for health professionals, clinics and health care systems, as resources permit.
2. Coordinate national training initiatives and special projects, for example, responses to changes in scientific knowledge or STD morbidity.
3. Use a variety of approaches/modalities based on adult learning theory
4. Incorporate new technology into development and dissemination of training activities and resources.
5. Assure fidelity to accurate content based on the most current STD treatment guidelines

National Evaluation Activities

1. Develop common assessment and evaluation tools that are used by all regional centers
2. Work with the Curriculum center and other national PTCs to have an appropriate monitoring and/or evaluation plan for key training activities
3. Assure that evaluation data is entered into a single database
4. Analyze evaluations at the national and regional level. Provide feedback to the regional center who delivered the training
5. Coordinate the dissemination of these results to scientific, health care, and public health audiences, and to the general public

National Quality Improvement Activities

1. Teach quality improvement methods to regional centers and to trainees
2. Provide resources and guidance for practice-based quality improvement for each curriculum or training need identified
3. Measure the impact of training on capacity at the clinical setting or health care organizational level using QI methods
4. Promote the development of a national “learning network” for the provision of STD clinical preventive services
5. Collate QI success stories and disseminate these to regional centers, to scientific, health care and public health audiences, and to the general public

National Technologic Innovation Activities

Innovation experts are required to describe proposed technologic innovations that could include those for personal use through smart mobile apps or widgets, or through structural changes such as clinical decision tools embedded in electronic health records

NNPTC Structure & Interrelationships



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Application Contents

- Table of Contents: No page limit, not included in Project Narrative limit**
- Project Abstract Summary: Maximum 1 page**
- Project Narrative, includes Work Plan:**
 - Component A: Maximum 25 pages
 - Component B: Page limits determined by number of core functional strategies addressed
 - One strategy: Maximum 10 pages
 - Two strategies: Maximum 20 pages
 - Three strategies: Maximum 30 pages
- Budget Narrative: No page limit**

Application Contents (cont.)

Budget Narrative: No page limit

- Component A only applicants must submit an itemized budget narrative
- Component B only applicants should develop a separate itemized budget narrative for **each** of the core functional strategies for which they are applying. These narratives should be collated and uploaded as a single Component B budget narrative file
- Component A and B applicants should develop separate itemized budget narratives for A and B, which should then be collated and uploaded as a single budget narrative file
- Indirect costs under training grants to organizations other than State, local or Indian tribal governments will be budgeted and reimbursed at 8% of modified total direct costs rather than on the basis of a negotiated rate agreement, and are not subject to upward or downward adjustment.

Application Review Criteria

Review Criteria:	Points	
	Regional (A)	National (B)
A. Approach:	45	50
i. Background and Purpose	5	5
ii. Outcomes	5	5
iii. Program Strategy	25	30
iv. Work Plan	10	10
B. Evaluation and Performance Management	10	10
C. Organizational Capacity	45	40
i. Relevant experience/capacity to achieve goals of project	30	25
ii. Experience/capacity to implement evaluation plan	5	5
iii. Project management	5	5
iv. Budget	5	5

Work Plan

Provide a detailed work plan for the first year of the project period along with a high-level work plan for subsequent years

Proposed objectives should be specific, measurable, achievable, realistic, and time-based (SMART)

The work plan must at a minimum describe:

- Objectives, activities and timelines to support achievement of FOA outcomes described
- Activities should be in alignment with the FOA logic model and should have appropriate performance measures for accomplishing each objective
- Staff, contracts and administrative roles and functions to support implementation of the award

Specific staffing & activity requirements for Regional and National Centers work plans described pages 25-27

Evaluation and Performance (E&P) Measurement

Applicants must provide an evaluation plan that is feasible, ethical, and methodologically sound. The plan should describe:

- how key program partners will be engaged in the E&P measurement processes
- the type of evaluation to be conducted
- the key evaluation question to be answered
- available data sources and feasibility of collecting appropriate E&P measurement data - especially measures to assess the outcome: Increased proportion of training, training assistance, and resources directly responsive to identified training needs and service gaps in the regional coverage area
- how and by whom evaluation will be conducted, data collection and analysis plans, how data will be reported
- how E&P measurement findings will be used to demonstrate the outcomes of the FOA and for continuous program quality improvement.

Organizational Capacity- Regional

- 1. Significant involvement by a principal investigator (PI) with STD-related expertise and experience with clinical training**
- 2. A medical director and faculty who are recognized STD clinical experts in their region and who work in a Level III STD care facility**
- 3. An organizational chart showing linkages between the applicant and partner organizations and related PTC positions, indicating lines of authority**
- 4. Experience with STD clinical preventive services training activities for health professionals**
- 5. Collaborative relationships with STD prevention and health care stakeholders and stakeholders in the regional coverage area**

Organizational Capacity- Regional (cont.)

- 6. Access to at least one high-quality Level III STD clinical training site(s)**
- 7. Access to well-qualified faculty, trainers, and preceptors (as applicable) who are current on content area(s) and educational methodologies**
- 8. Applicants must address infrastructure, including the applicant organization's physical space and equipment, technologic capabilities, information and data systems, and communication systems to implement the FOA**
- 9. Data management capacity for local use and for submission to CDC and/or the National Evaluation Center**

Organizational Capacity- National

- 1. Ability to implement a national program**
- 2. Significant involvement by a principal investigator (PI) with content area expertise (for the proposed strategies)**
- 3. Access to well-qualified faculty and staff who are experts on content area(s) and methodologies**
- 4. Well documented experience (i.e., publications, awards) in the content area (for the proposed strategies)**
- 5. Necessary equipment/tools to accomplish project outcomes.**
- 6. Data management capacity for local use and for submission to CDC or the National Evaluation Center**

Pre-Application Webinar for FOA PS14-1407

National Network of STD Clinical Prevention Training Centers (NNPTC)

FOA Summary Overview

- History and Background
- Purpose, Logic Model, and Outcomes
- Strategies and Activities
- Application Requirements
 - Approach, Evaluation and Performance Management, Organizational Capacity
- Eligibility and Award Information
- Key Dates
- Questions

Eligibility Information

Applicants for Regional Centers (Component A) must demonstrate:

- a. Academic excellence in STD (publications, regional or national recognition)
- b. Experience with clinical training and training assistance
- c. Access to a Level III STD clinic
- d. Faculty who are involved in clinical care in a Level III STD clinic
- e. Medical Director who is a recognize STD clinical expert as evidenced by publications and invited presentations at regional or national clinical conferences and who works in a Level III STD clinic
- f. If proof of a medical director with the above qualifications is not submitted the regional center Component A application will be non-responsive and not entered into the review process**

Applicants for National Centers (Component B) must demonstrate:

- a. Faculty who are content experts in the respective center's work;
- b. Evidence of the ability to implement a national program. Articles of incorporation, board resolution, by-laws, and other forms of written evidence are acceptable. Documents can be submitted by uploading a PDF of this documentation in Grants.gov under "Other Attachment Forms." The file should be labeled (e.g., "Proof of Ability for National Program");
- c. If the Proof of Ability for National Program required in this section is not submitted with the application in Grants.gov under "Other Attachment Forms" the application will non-responsive and will not entered into the review**

Award Information

- ❑ **Approximate Total Fiscal Year Funding:** \$3,600,000
- ❑ **Total Project Period Length:** 4 years, 7 months
- ❑ **Approximate Number of Awards:** up to 8 Component A awards; up to 6 Component B awards
- ❑ **Approximate Average Award:** Component A: \$300,000; Component B: \$200,000 *
- ❑ **Floor of Individual Award Range:** Component A: \$200,000; Component B: \$100,000
- ❑ **Ceiling of Individual Award Range:** Component A: \$700,000; Component B with 3 strategies: \$1,000,000 *
- ❑ **Anticipated Award Date:** September 1, 2014
- ❑ **Budget Period Length:** Year 1: 7 months; Years 2-5: 12 months

* This amount includes direct and indirect costs and is subject to the availability of funds.

Funding Strategy

Component A

- Funding for annual awards ranges from \$200,000-\$450,000
- May apply only apply for **1** Component A award
- For the purposes of the application only, each Component A applicant should define its regional coverage area as the HHS region in which it is located
- Composition of each Regional PTC coverage area will depend on the number of centers funded, the location of funded centers, and criteria such as: current STD morbidity, population size and demographics, and the costs associated with traveling within the region

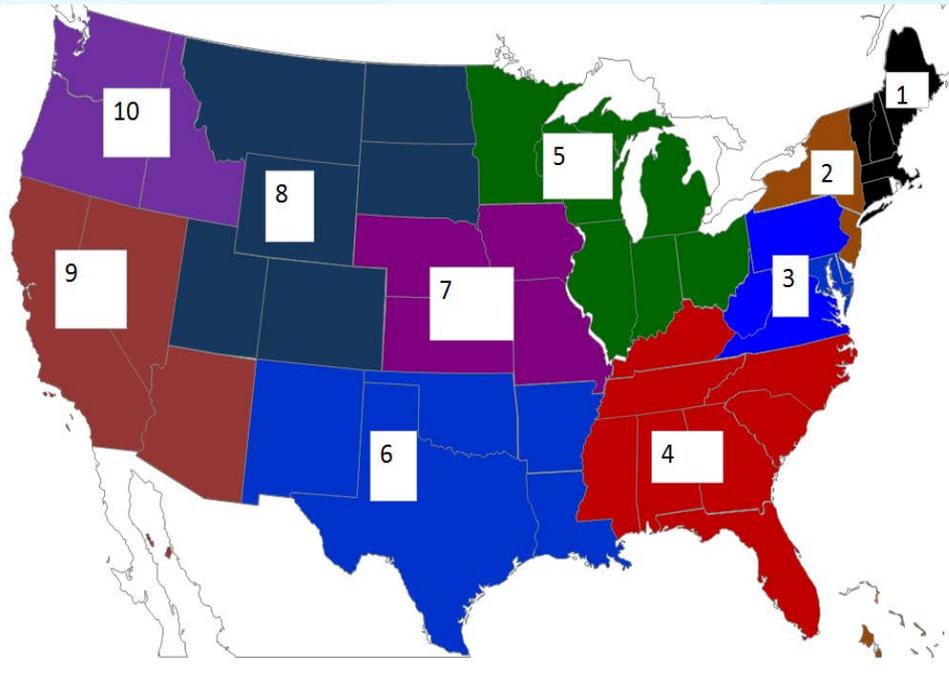
Component B

- Funding for annual awards ranges from \$100,000-\$650,000 depending on number & type of core strategies:
 - Coordination strategy ranges from \$100,000-\$200,000
 - Curriculum, Evaluation, QI, or Technologic Innovation range from \$100,000-\$400,000
- May apply for funding for up to **3** core functional strategies within the Component B application
- Each strategic function should have a separate narrative and budget

Applicants may apply for Component A only, Component B only, or both Component A & B

- Submit a separate, stand-alone application for each Component
- For component B, each strategic function should have a separate narrative and budget

U.S. HHS Regions



- Region 1: CT, ME, MA, NH, RI, VT**
- Region 2: NJ, NY, PR, VI**
- Region 3: DE, DC, MD, PA, VA, WV**
- Region 4: AL, FL, GA, KY, MS, NC, SC, TN**
- Region 5: IL, IN, MI, MN, OH, WI**
- Region 6: AR, LA, NM, OK, TX**
- Region 7: IA, KS, MO, NE**
- Region 8: CO, MT, ND, SD, UT, WY**
- Region 9: AZ, CA, HI, NV, AS, MP, FM, GU, MH, PW**
- Region 10: AK, ID, OR, WA**

CDC Monitoring & Program Support

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting)

In addition to site visits and regular performance and financial monitoring and accountability CDC will support awardees by providing:

- ❑ scientific, programmatic, and evaluation expertise**
- ❑ technical and capacity building assistance**
- ❑ a Quality Improvement approach to developing and implementing high quality, effective STD prevention training.**

Reporting

- ❑ **Evaluation and Performance Measurement Plan**
 - ❑ Awardees must submit detailed plan within 1st 3 months of project
 - ❑ Developed with support from National Evaluation Center & CDC
- ❑ **Annual Performance Report**
- ❑ **Performance Measurement Reporting**
- ❑ **Annual Federal Financial Reporting**
- ❑ **Final Performance and Financial Report**

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Key Dates

- January 31, 2014: FOA published
- April 1, 2014: Letters of Intent due (requested, not required)
- April 4, 2014: Deadline for submitting FOA questions (NNPTCFOA@cdc.gov)
- May 6, 2014: Applications due
- August 1, 2014: Awards announced
- September 1, 2014: Project period begins

Resources

- ❑ The NNPTC FOA webinar slides and a recording of this webinar will be available at: www.cdc.gov/std/training/webinars.htm

- ❑ NNPTC FOA questions:
 - Email to: nnptcfoa@cdc.gov
 - FOA questions deadline is April 4, 2014
 - Responses will be posted at: www.cdc.gov/std/projects/

Pre-Application Webinar for FOA PS14-1407

National Network of STD Clinical Prevention Training Centers (NNPTC)

Acknowledgements

Sheila McKenzie

Sheena Simmons

Jill Huppert

Pre-Application Webinar for FOA PS14-1407

National Network of STD Clinical Prevention Training Centers (NNPTC)

Thank You

For more information please contact Centers for Disease Control and Prevention

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E-mail: cdcinfo@cdc.gov Web: 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

National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention
Division of STD Prevention

