Funding Opportunity Announcement (FOA)
PS15-1502 – New, Non-research, Domestic

Comprehensive High-Impact HIV Prevention Projects for Community-Based Organizations

CDC-RFA-PS15-1502

National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Prevention

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Amendment I is made September 29, 2014 to the following:

- ***Part II: Section A. Funding Opportunity Description; 2. CDC Project Description: "newly identified" is revised to "newly diagnosed" (pages 10, 16, 23, and 31)***
- ***Part II: Section A. Funding Opportunity Description; 2. CDC Project Description: "must be referred to or provided required and recommended prevention and essential support services." is revised to "must be provided or referred to one or more of the required and recommended prevention and essential support services." (pages 11 and 32)***
- ***Part II: Section A. Funding Opportunity Description; 2. CDC Project Description: "health department jurisdiction's Comprehensive HIV Prevention Plan…" is revised to "health department's Jurisdictional HIV Prevention Plan…" (pages 13 and 29)***
- ***Part II: Section A. Funding Opportunity Description; 2. CDC Project Description: "each FOA performance target described…" is revised to "each FOA performance measure described…" (page 15)***
- ***Part II: Section A. Funding Opportunity Description; 2. CDC Project Description: "meet and/or exceed all FOA performance targets" is revised to "meet and/or exceed all FOA performance measures." (page 15)***
- ***Part II: Section C. Eligibility Information; 1. Eligible Applicants: New York, NY-NJ-PA MSA was revised to include the Newark Division (page 39)***
- ***Part II: Section C. Eligibility Information; 1. Eligible Applicants: "San Juan-Caguas-Guaynabo, PR" was revised to "Puerto Rico*" (page 39)***
- ***Part II: Section C. Eligibility Information; 1. Eligible Applicants: the footnote "*U.S. dependent area not considered an MSA" was revised to "*Area not considered to be an MSA, but eligible for funding under PS15-1502" (page 39)***
- ***Part II: Section C. Eligibility Information; 1. Eligible Applicants: hyperlink updated to http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=75. (page 40)***
- ***Part II: Section D. Application and Submission Information; 12. Budget Narrative: "itemized budget narrative reflective of the integrated screening activities to be provided" revised to "itemized budget to support these activities..." (page 48)***
- ***Part II: Section F. Award Administration Information; 2. Administrative and National Policy Requirements: deleted AR-7: Executive Order 12372***

Amendment II is made October 28, 2014 to the following:

- ***Part II Section C. Eligibility Information; 1. Clarification on required 501(c)(3) documents. The following sentence was added "If applying as a CBO HIV Prevention Partnership, the lead applicant organizations must submit a Federal 501(c)(3) Internal Revenue Service tax exemption certificate for the lead applicant organization and each of the CBO HIV Prevention Partnership members."***
- ***Part II Section E. Application Review Information; b. Phase II Review: scoring section revised for clarification and assigning of point values.***
- ***Part II Section H. Other Information: the following was added "(required for lead applicant organization only")***

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to PS15-1502. Applicants also must provide an email address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:

Comprehensive High-Impact HIV Prevention Projects for Community-Based Organizations

C. Announcement Type: New—Type 1

This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be considered. Research for this purpose is defined at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

D. Agency Funding Opportunity Number:

CDC-RFA-PS15-1502

E. Catalog of Federal Domestic Assistance (CFDA) Number:

93.939 HIV Prevention Activities --Non-Governmental Organization Based

F. Dates:

1. **Letter of Intent (LOI) Deadline:** September 17, 2014
2. **Application Deadline: November 14, 2014*, 11:59 p.m. U.S. Eastern Standard Time, on*** www.grants.gov

Informational conference call for potential applicants: To obtain a schedule of the pre-application and technical assistance activities or additional information related to this funding opportunity announcement, please visit http://www.cdc.gov/hiv/policies/funding/announcements/ps15-1502/index.html.

G. Executive Summary:

1. **Summary Paragraph:**

The Centers for Disease Control and Prevention announces the availability of fiscal year 2015 funds for a cooperative agreement program for community-based organizations (CBOs) to develop and implement High-Impact Human Immunodeficiency Virus (HIV) Prevention Programs in the following two categories:

Category A: HIV prevention services for members of racial/ethnic minority communities. These services must focus on members at greatest risk of acquiring and transmitting HIV infection. Examples of these minority communities include, but are not limited to, Black/African Americans, Hispanics/Latinos, American Indians/Alaskan Natives, Asian, and Native Hawaiian/Other Pacific Islanders.

Category B: HIV prevention services for members of groups at greatest risk for acquiring and transmitting HIV infection, regardless of race/ethnicity. Examples include, but are not limited to, HIV-positive persons, men who have sex with men (MSM), injection drug users (IDUs), and

transgender persons.

Community-based organizations are uniquely positioned to complement and extend the reach of HIV prevention efforts implemented by state and local health departments and education agencies to support the optimization of services across public, private, and other community-based organizations to achieve objectives of increased identification of HIV infection, referral for pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) services, earlier entry to HIV care, and increased consistency of care. The High-Impact HIV Prevention Program model for HIV-positive and high-risk HIV-negative persons will consist of the following **required** program components: (1) formalized collaborations; (2) program promotion, outreach, and recruitment; (3) targeted HIV testing; (4) HIV prevention for HIV-positive persons; (5) HIV prevention for high-risk HIV-negative persons; (6) condom distribution; and (7) HIV and organizational planning.

The purpose of this program is to implement comprehensive HIV prevention programs to reduce morbidity, mortality, and related health disparities. In accordance with the National HIV/AIDS Strategy (http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf) and CDC's High-Impact HIV Prevention (HIP) approach (http://www.cdc.gov/hiv/strategy/hihp/index.htm), this FOA focuses on HIV in the nation by reducing new infections, increasing access to care, and promoting health equity. These goals will be achieved by enhancing community-based organizations' capacities to increase HIV testing, link HIV-positive persons to HIV medical care, increase referrals to Partner Services (PS), provide prevention and essential support services for HIV-positive persons and high-risk persons with unknown/negative serostatus, and increase program monitoring and accountability. Standard performance measures for HIV prevention programs that are consistent with the focus of the National HIV/AIDS Strategy on improving performance and accountability are included in this FOA.

Eligible Applicants (select one): Limited competition

a. **FOA Type (select one):** Cooperative agreement
b. **Approximate Number of Awards:** up to 100
c. **Total Project Period Funding:** $210,000,000
d. **Average One Year Award Amount:** $400,000
e. **Number of Years of Award:** 5 years
f. **Approximate Date When Awards will be Announced:** June 1, 2015
g. **Cost Sharing and /or Matching Requirements:** N/A

Part II. Full Text

A. Funding Opportunity Description

1. Background

For over 30 years, Human Immunodeficiency Virus (HIV) has been an epidemic, affecting millions globally. According to the CDC, by the end of 2010 an estimated 1,144,500 persons aged 13 years and older were living with HIV infection in the U.S., including 180,900 (15.8%) persons who are unaware of their infection.[1] Over the past 10 years, deaths among persons in the U.S. living with HIV have declined, the number of people living with HIV has increased, and the number of new HIV infections has remained stable with approximately 50,000 new infections annually.[2]

Since the late 1980s, CDC has formally partnered with community-based organizations (CBOs) to expand the impact and reach of HIV prevention in affected communities. Because of their accessibility, history, and credibility in the community, CBOs are recognized and remain important partners in providing comprehensive high-impact HIV prevention services to people living with and at greatest risk for HIV infection.

Through this new funding cycle, CDC is seeking to develop new and enhance existing strategies for community-based HIV prevention programs. In addition, the CDC seeks to enhance programming to achieve the goals and milestones of the National HIV/AIDS Strategy (NHAS) and CDC's High-Impact Prevention (HIP) approach.

a. Statutory Authorities: This program is authorized under sections 317(k)(2) and 318 of the Public Health Service Act, 42 U.S.C. sections 241(a) and 247(c), as amended.

b. Healthy People 2020:

This FOA addresses the "Healthy People 2020" focus area of HIV. http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=22

c. Other National Public Health Priorities and Strategies:

The National HIV/AIDS Strategy and CDC Division of HIV/AIDS Prevention (DHAP) Strategic Plan: This FOA aligns with the National HIV/AIDS Strategy and CDC DHAP Strategic Plan to (1) reduce the number of people who become infected with HIV; (2) increase access to care and optimize health outcomes for people living with HIV; and (3) reduce HIV-related health disparities.

Minority AIDS Initiative (MAI): This FOA is supported in part with MAI base funds included in the CDC appropriation. This FOA will support the development of community-based comprehensive high-impact HIV prevention services for people living with and at greatest risk of HIV infection, including African Americans/Blacks; Latinos/Hispanics; all races/ethnicities of gay, bisexual, and other MSM; injection drug users (IDUs); and transgender persons.

CDC Winnable Battles: This FOA supports CDC's efforts to keep pace with emerging public health challenges and address the leading causes of death and disability through Winnable Battles. These are public health priorities with large-scale impact on health and with known, effective strategies to address them. HIV Prevention is one of six Winnable Battles that have been chosen based on the magnitude of the health problem and our ability to make significant progress in improving outcomes.

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) is committed to a future free of these diseases. NCHHSTP accomplishes its mission by working with a diverse range of community, local, state, and national partners to increase access to, and uptake of, effective prevention interventions; promote healthy living; and support improved quality of life throughout one's lifespan. For more information regarding NCHHSTP's mission and core values, see the *Other Information* section. The FOA activities support the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention in achieving its overarching goals as defined in the NCHHSTP Strategic Plan 2010-2015 (http://www.cdc.gov/nchhstp), including reducing health disparities http://healthypeople.gov/2020/about/DisparitiesAbout.aspx), implementing program collaboration and service integration (PCSI) (http://www.cdc.gov/nchhstp/programintegration/docs/207181-C_NCHHSTP_PCSI%20WhitePaper-508c.pdf, and Prevention Through Health Care (http://www.cdc.gov/nchhstp/PreventionThroughHealthCare/index.htm).

All FOA activities must also be consistent with current and future CDC-supported programmatic guidance and recommendations. See the *Other Information* section for more detailed information.

d. Relevant Work:

This FOA builds upon previous and current HIV prevention programs for community-based organizations, including:
CDC-RFA-PS10-1003, "HIV Prevention Projects for Community-Based Organizations"
http://www.cdc.gov/hiv/policies/funding/announcements/PS10-1003/index.html
CDC-RFA-PS13-1310, "HIV Prevention Projects for the Commonwealth of Puerto Rico and the United States Virgin Islands"
http://www.cdc.gov/hiv/policies/funding/announcements/PS13-1310/index.html
CDC-RFA-PS11-1113, "HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color"
http://www.cdc.gov/hiv/policies/funding/announcements/PS11-1113/index.html
FOA activities will support current and future CDC HIV prevention programs and initiatives. See the *Other Information* section for additional detail.

2. CDC Project Description
a. Approach:
The following logic model provides a high-level visual depiction of CDC's programmatic approach, including relationships between program strategies and outcomes. For more information, see the *Evaluation and Performance Measurement* section. To further understand the contextual factors influencing this programmatic approach, see CDC's Imperatives for High-Impact HIV Prevention in the *Other Information* section of this FOA.

CDC-RFA-PS15-1502 Program Logic Model: Comprehensive High-Impact HIV Prevention Projects for Community-Based Organizations (CBOs)		
Strategies and Activities	**Short-term Outcomes**	**Long-term Outcomes**

Project Overview
• Provide an overview describing how the proposed program complements the jurisdiction's Comprehensive HIV Prevention Plan and meets the needs of the target population
 	
Formalized Collaborations
• Establish service agreements with medical care providers and prevention and essential support services providers to maximize reach, increase coordination and collaboration, and support provision of comprehensive HIV prevention and treatment services and prevention and essential support services providers
 	
Program Promotion, Outreach, and Recruitment
• Promote the program to the target population
• Conduct outreach to recruit the target population into the program
 	
Targeted HIV Testing
• Conduct HIV testing among persons at high risk for HIV infection
• Complementary Services
  ○ Conduct Couples HIV Testing and Counseling (CHTC)
  ○ Conduct integrated screening for STDs, viral hepatitis, and TB
 	
Comprehensive HIV Prevention with HIV-positive Persons
Linkage to HIV Medical Care
• Link newly diagnosed HIV-positive persons to HIV medical care
• Re-engage previously diagnosed, out-of-care HIV-positive persons in HIV medical care
• Promote retention of HIV-positive persons in HIV medical care
• Promote use of antiretroviral therapy (ART)
Navigation and Prevention and Essential Support Services
• Train navigators (e.g., community health workers, peer advocates, outreach workers) to provide referrals to (or provide) prevention and essential support services
• Refer HIV-positive persons to *required and recommended* prevention and essential support services (e.g., medication adherence support, Partner Services [PS], High-Impact Prevention [HIP] behavioral intervention, STD screening, housing services) or provide these services
 	
Comprehensive HIV Prevention with High-risk HIV-negative (HRN) Persons
Navigation and Prevention and Essential Support Services
• Train navigators (e.g., community health workers, peer advocates, outreach workers) to provide referrals to (or provide) prevention and essential support services
• Refer HRN persons to required and recommended prevention and essential support service providers (e.g., STD screening, housing services, PrEP and/or nPEP, as appropriate) or provide these services
 	
Condom Distribution
• Offer condoms to HIV-positive and HRN persons
 	
HIV and Organizational Planning
• Develop or revise an organizational strategic plan that incorporates the proposed program to provide a continuum of HIV prevention and care services
• Participate in the jurisdiction's HIV planning process
	Targeted HIV Testing
	• ***Increase in number of target population members tested for HIV***
	• ***Increase in HIV-positive persons who are aware of their infection***
	
	HIV Prevention with HIV-positive Persons
	• ***Increase in HIV-positive persons who receive HIV medical care***
	• ***Increase in HIV-positive persons who receive medication adherence services***
	• ***Increase in HIV-positive persons who receive Partner Services***
	• ***Increase in HIV-positive persons who are provided or referred to a HIP behavioral intervention that reduces sexual or drug-related risks related to the transmission of HIV infection***
	• ***Increase in HIV-positive persons who receive required and recommended prevention and essential support services facilitated through trained navigators***
	
	HIV Prevention with High-risk HIV-negative Persons
	• ***Increase in HRN persons who are aware of their risk for HIV infection***
	• ***Increase in HRN persons who receive required and recommended prevention and essential support services facilitated through trained navigators***
	• ***Increase in HRN persons who are referred to Pre-Exposure Prophylaxis (PrEP) and/or Non-Occupational Post-Exposure Prophylaxis (nPEP), as appropriate***
	
	HIV Prevention with HIV-positive and HRN Persons
	• ***Increase in HIV-positive and HRN persons who are offered condoms***
		• **Reduce HIV transmission from PLWH**
		
		• **Increase the number of HIV-positive persons with suppressed viral load**
		
		• **Reduce HIV incidence among HRN persons**
		
		• **Increase the number of partners of HIV-positive persons who are aware of their risk for HIV and are tested for HIV**
		
		• **Increase the number of HRN persons who receive and use PrEP and/or nPEP, as appropriate**
		
		• **Increase HIV-positive and HRN persons' access to care and improved health outcomes**
		
		• **Increase the number of HIV-positive and HRN persons who use condoms consistently and correctly**

Impacts: Reduced HIV transmission, Increased access to care and improved health outcomes for people living with HIV/AIDS (PLWHA)

Italicized components of the logic model will be measured in the program.

i. Problem Statement:

In 2011, an estimated 49,273 people were diagnosed with HIV infection in the United States. Overall, an estimated 1,155,792 people in the United States have been diagnosed with HIV and AIDS.[3] HIV and AIDS disproportionally affects some populations, especially persons identified as gay, bisexual, and other men who have sex with men (MSM) of all races and ethnicities. In 2010, the estimated number of new HIV infections among MSM was 29,800, a 12% increase from the 26,700 new infections among MSM in 2008.[2]

In addition, despite ongoing targeted HIV prevention programs, racial and ethnic minority groups continue to experience the most severe burden of HIV. Blacks/African Americans and Hispanics/Latinos represent a small percentage of the U.S. population, but accounted for 44% and 21% respectively of new infections in 2010.[1,2]

Toward the successful implementation of the National HIV/AIDS Strategy, CDC's Division of HIV/AIDS Prevention works in partnership with other federal operating divisions; state, tribal, local, and territorial health departments; community-based organizations; health care organizations; and other stakeholders to better coordinate and implement state and local responses to HIV and AIDS. Building individual competencies, organizational capacities, and supportive structural environments among these partners are key strategies for the effective promotion, delivery, and sustainability of HIV prevention programs and services, particularly for people living with and at greatest risk of HIV infection including African Americans/Blacks; Latinos/Hispanics; all races/ethnicities of gay, bisexual, and other MSM; IDUs; and transgender persons.

ii. Purpose:

The purpose of this program is to implement comprehensive HIV prevention programs to reduce morbidity, mortality, and related health disparities in accordance with the National HIV/AIDS Strategy (http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf) and CDC's High-Impact HIV Prevention approach (http://www.cdc.gov/hiv/strategy/hihp/index.htm). This FOA focuses on addressing the national HIV epidemic by reducing new infections, increasing access to care, and promoting health equity. The aforementioned will be achieved by enhancing community-based organizations' capacities to increase HIV testing, link HIV-positive persons to HIV medical care, increase referrals to Partner Services (PS), provide prevention and essential support services for HIV-positive persons and high-risk persons with unknown/negative serostatus, and increase program monitoring and accountability. Standard performance measures for HIV prevention programs that are consistent with the focus of the National HIV/AIDS Strategy on improving performance and accountability are included in this FOA.

iii. Outcomes:

The program is expected to demonstrate measurable progress among its target populations toward addressing the short-term outcomes depicted in the FOA logic model. Potential indicators that quantify these outcomes are described in the section entitled *CDC Evaluation*

and Performance Measurement Strategy.

Expected short-term outcomes include the following:

Outcomes

1. Targeted HIV Testing

- **Outcome:** Increase in number of target population members tested for HIV (at least 75% of those tested must be in the target population[s]).
  - **Indicator:** Number of HIV tests conducted.
- **Outcome:** Increase in HIV-positive persons who are aware of their infection.
  - **Indicators:** Number and percentage of newly diagnosed HIV-positive persons identified; number and percentage of previously diagnosed HIV-positive persons identified.
    - Organizations must annually identify a **minimum of six (6) new** HIV infections per every $50,000 allocated to support the HIV testing component of the proposed program.
    - Organizations are expected to establish their annual HIV testing objectives (e.g., number of HIV tests to be conducted, number of new HIV infections diagnosed) based upon the size of the service area where services will be provided, the capacity of the organization to provide HIV testing, and the organization's access to the target population(s).

2. HIV Prevention with HIV-positive Persons

- **Outcome:** Increase in HIV-positive persons who receive HIV medical care. A **minimum of 90%** of all newly diagnosed HIV-positive persons must be linked to HIV medical care within three months (90 days) of diagnosis.
  - **Indicators:** Number and percentage of newly diagnosed HIV-positive persons linked to HIV medical care; number and percentage of previously diagnosed, out of care HIV-positive persons re-engaged in HIV medical care.
- **Outcome:** Increase in HIV-positive persons who receive medication adherence services.
  - **Indicator:** Number and percentage of HIV-positive persons referred to medication adherence support.
- **Outcome:** Increase in HIV-positive persons who receive Partner Services. A **minimum of 90%** of all newly diagnosed HIV positive persons must be referred for Partner Services, in accordance with state and local regulations.
  - **Indicator:** Number and percentage of HIV-positive persons referred for Partner Services, in accordance with state and local regulations.
- **Outcomes**: Increase in HIV-positive persons who are provided or referred to a High Impact Prevention behavioral intervention that reduces sexual or drug-related risks related to the transmission of HIV infection.
  - **Indicator:** Number and percentage of HIV-positive persons provided or referred to a HIP behavioral intervention that reduces sexual or drug risks related to the transmission of HIV infection.
  - **Indicator:** Number and percentage of HIV-positive persons who enrolled in a HIP behavioral intervention funded by this FOA that reduces sexual or drug risks

related to the transmission of HIV infection.
    - **Indicator:** Number and percentage of HIV-positive persons who completed a HIP behavioral intervention funded by this FOA that reduces sexual or drug risks related to the transmission of HIV infection.
- **Outcome:** Increase in HIV-positive persons who receive required and recommended prevention and essential support services facilitated through trained navigators (see the *Strategies and Activities: HIV Prevention with HIV-Positive Persons* section for a listing of these services). A **minimum of 90%** of all newly diagnosed HIV-positive persons must be provided or referred to one or more of the required and recommended prevention and essential support services.
    - **Indicator:** Number and percentage of HIV-positive persons provided or referred to required and recommended prevention and essential support services.
    - **Indicator:** Number of HIV-positive persons who enrolled in high-impact HIV prevention interventions or strategies.
    - **Indicator:** Number and percentage of HIV-positive persons who completed high-impact HIV prevention interventions or strategies.

3. HIV Prevention with High-risk HIV-negative Persons

- **Outcome:** Increase in high-risk HIV-negative persons who are aware of their risk for HIV infection.
- **Outcome:** Increase in HRN persons who receive the required and recommended prevention and essential support services facilitated through trained navigators (see the *Strategies and Activities: HIV Prevention with High Risk HIV-Negative Persons* section for a listing of these services). A **minimum of 90%** of HRN must be provided or referred to one or more of the required and recommended prevention and essential support services.
    - **Indicator:** Number and percentage of HRN persons provided or referred to required and recommended prevention and essential support services.
    - **Indicator:** Number of HRN persons who enrolled in HIP interventions funded by this FOA.
    - **Indicator:** Number and percentage of HRN persons who completed HIP interventions funded by this FOA.
- **Outcome:** Increase in HRN persons who are referred to PrEP and/or nPEP, as appropriate.
    - **Indicator:** Number and percentage of HRN persons who were referred to PrEP and/or nPEP.

4. HIV Prevention with HIV-positive and HRN Persons

- **Outcome:** Increase in HIV-positive and HRN persons who are offered condoms. **100%** of all clients must be offered condoms.
    - **Indicator:** Number of HIV-positive and HRN persons offered condoms.

Expected long-term outcomes include the following:

- **Outcome:** Reduce HIV transmission from persons living with HIV/AIDS (PLWH).
- **Outcome:** Increase the number of HIV-positive persons with suppressed viral load.
- **Outcome:** Reduce HIV incidence among HRN persons.

- **Outcome:** Increase the number of partners of HIV-positive persons who are aware of their risk for HIV and are tested for HIV.
- **Outcome:** Increase in HRN persons who receive and use PrEP and/or nPEP, as appropriate.
- **Outcome:** Increase HIV-positive and HRN persons' access to care and improved health outcomes.
- **Outcome:** Increase the number of HIV-positive and HRN persons who use condoms consistently and correctly.

iv. Funding Strategy:

There are two possible funding strategies under this FOA.

1. An organization applying as a single recipient of these funds under Category A or B will be considered for the following:
    a. Approximate average award: $400,000
    b. Floor of Individual Award range: $350,000
    c. Ceiling of Individual Award range: $450,000
2. An organization applying as the lead (applicant) agency of a CBO HIV Prevention Partnership under Category A or B will be considered for the following:
    a. Approximate average award: $850,000
    b. Floor of Partnership Award range: $700,000 (dependent on the total number of Partnership members)
    c. Ceiling of Partnership Award range: $1,000,000 (dependent on the total number of Partnership members)
    d. Please see the *Strategies and Activities: Establishing Formalized Collaborations* section for detailed information.

v. Strategies and Activities:

Applicant organizations are required to provide comprehensive HIV prevention services for HIV-positive persons <u>and</u> high-risk HIV-negative persons. The applicant organization's High-Impact HIV Prevention Program model for HIV-positive and high-risk HIV-negative persons must consist of the following program components:

1. Project overview
2. Formalized collaborations
3. Program promotion, outreach, and recruitment
4. Targeted HIV testing
5. HIV prevention with HIV-positive persons
6. HIV prevention with high-risk HIV-negative persons
7. Condom distribution
8. HIV and organizational planning

Because there is no one singular approach that will work effectively to address the overarching goals of the project, applicants should evaluate approaches that include the required components and additional components that will, when combined, have the greatest public

health impact. These combined activities should also have the greatest potential to address the social and structural determinants of health that are known to create the most significant barriers to testing; linkage to, retention in, and re-engagement with care; and prevention and essential support services in the organization's jurisdiction. This framework acknowledges that prevention and care/treatment together contribute to reducing HIV-related morbidity, mortality, and related health disparities among racial and ethnic minorities in the United States, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

This program will support the national implementation of high-impact HIV prevention programs by community-based organizations under the two core funding categories previously described.

Applicants may apply for funding under only one of the above referenced categories. Additionally, applicants applying under Category A or B must address all strategies and activities including, but not limited to, all those delineated below, unless otherwise indicated.

*Applicants are required to provide HIV prevention services for both HIV-positive persons and high-risk HIV-negative persons, regardless of the category for which funding is being provided.

Project Overview

General

All applicants must incorporate the following general program requirements into their proposed programs:

1. Applicants should refer to their health department's Jurisdictional HIV Prevention Plan for relevant data to assist with selecting the proposed target population(s).
2. Applicants must use state and/or local HIV epidemiologic and surveillance data, Health Resources and Services Administration (HRSA) Ryan White program data, and/or HIV needs assessment data to provide the information requested in this section. CDC recommends that applicants use the local and/or state health department as their primary source of this data whenever possible.
    a. To describe the social and environmental characteristics of the affected populations, data from research studies and other valid data sources may also be used if health department data are not available or to complement data obtained from the health department.

Justification of Need

Applicant organizations must describe the factors that place the target population(s) at high risk for acquiring or transmitting HIV infection, including concurrent risk transmission with other diseases (i.e., STDs, viral hepatitis, and TB) and social and environmental characteristics. Applicants should also provide an overview of how the proposed target population(s) and the community at large have been affected by the HIV epidemic (e.g., HIV incidence or prevalence; AIDS incidence or prevalence; AIDS mortality; HIV co-infection rates with hepatitis, STDs, or TB). The applicant should ensure the proposed program meets the needs of the health department's Jurisdictional HIV Prevention Plan. More specifically, the applicant must:

1. Define the specific service area in which they plan to deliver their program. Local surveillance and epidemiologic data, when available, should be used to identify the service areas within the eligible metropolitan statistical area (MSA) that are disproportionately affected by HIV and where people living with and at greatest risk for HIV infection reside and/or frequent.
2. Enhance existing and develop new strategies to identify and collaborate with organizations that currently provide similar and/or complementary services in the proposed service area.
3. Describe how these funds will augment existing HIV prevention services and provide an assurance that the funds being requested will not duplicate or supplant funds received from any other federal or non-federal entity.

Consumer Advisory Board (CAB)

Applicants must establish a new or enhance the existing CAB to assist with programmatic decision-making (e.g., program recruitment, planning, and implementation). Members of the target population(s) must comprise at least 75% of the CAB. Remaining members must have experience working in HIV prevention and/or care and a history of working with the target population(s). The CAB must be used throughout the project period to ensure services are responsive to the needs of the target population(s).

Cultural Competence and Sensitivity

Applicants must have a strategy to ensure that the development and delivery of their Comprehensive High-Impact HIV Prevention Program are culturally, linguistically, and educationally appropriate to meet the needs of their selected target population(s), which may include people living with and at greatest risk of HIV infection, including African Americans/Blacks; Latinos/Hispanics; all races/ethnicities of gay, bisexual, and other MSM; IDUs; and transgender persons.

Appropriate Staffing

Applicants must have a plan to ensure competent staff (e.g., accessing capacity building assistance to support workforce development), inclusive of subcontractors and consultants if applicable, throughout the duration of the 5-year project. Staff must have the breadth of subject matter expertise and experience required to conduct all proposed work. Additionally, applicants must develop a staffing plan designed to promote and sustain peer leadership from within the target population(s). When feasible, applicants should consider hiring direct service staff reflective of the target population(s), with a minimum of 12 months' experience working with the target population(s).

Structure of the Project

There will be two phases of the project: a development phase lasting up to 6 months from the start of Year 1 (July 1-December 31, 2015), followed by ongoing program implementation, monitoring, and evaluation.

1. Development Phase: Awardees will collaborate with CDC as well as community, local,

and state partners to finalize the components of their project. During this time, awardees are expected to complete staff hiring processes and attend all required trainings that support the effective implementation of their programs. During the Development Phase:

a. Awardees must work with CDC directly-funded capacity building assistance (CBA) providers to develop and implement a Strategic Plan for Enhanced CBO Capacity. Please see the *CDC Monitoring and Accountability Approach, CDC Program Support to Awardees* section for detailed information.
b. Awardees must work with CDC/DHAP to make the necessary adjustments to their work plan and detailed evaluation plan, as described later in the *Applicant Evaluation and Performance Measurement Plan* section of the FOA.

2. Implementation Phase: It is expected that each awardee will begin programmatic implementation (excluding "development activities" as described above) by January 1, 2016.
    a. During the Implementation Phase of Year 1 (July 1, 2015 – June 30, 2016) only, each awardee will be expected to achieve at least **75%** of each FOA performance measure described throughout the FOA and approved by CDC. Beginning in Year 2, and for all subsequent years (Years 3, 4, and 5), the awardee is expected to meet and/or exceed all FOA performance measures.
    b. Awardees will be expected to attend a Grantee Orientation meeting in Atlanta, Georgia, during Year 1 and should allocate funds to support the travel of up to three staff persons to attend the 3- to 5-day meeting.
    c. Awardees must also allocate sufficient funds to enable appropriate program staff to attend all required CDC meetings and trainings that support the prevention approaches described in this FOA, as communicated by CDC in advance of the meetings.

Formalized Collaborations

The success of this FOA hinges upon community-based organizations' ability to increase coordination and collaboration among community, local, and state HIV prevention and care service providers. This can be achieved by the CBO providing HIV prevention services required by the FOA either directly or through enhancing existing or establishing new formalized collaborations.

Service Agreements and Memorandums of Agreement/Understanding (MOAs/MOUs) *(required)*

Applicants will be required to enhance existing and establish new formalized collaborative partnerships, supported by detail-specific service agreements, with HIV medical care providers and prevention and essential social support service providers (housing, substance abuse counseling and services, mental health services, schools, etc.) to maximize reach, increase coordination and collaboration, and support the provision of comprehensive HIV prevention services.

When establishing a service agreement with an HIV medical care provider, applicants should

consider the following:

1. Proximity of the medical provider to the applicant organization's service area.
2. The provider's capacity and history to care for and treat HIV-positive persons (including, as needed, the capacity and history to care for and treat HIV-positive adolescents).
3. Additional services available for HIV-positive persons to be accessed via referrals (e.g., medication education and adherence, essential support services).

Additionally, the service agreement must include, but is not limited to the following:

1. Name and address of the provider(s).
2. Name, title, and contact information (i.e., primary work address, email, and phone number) for the primary point of contact for the medical care provider.
3. Description of the agreed-upon processes that will be used to link newly diagnosed HIV-positive persons to medical care within 90 days of HIV diagnosis and previously diagnosed HIV-positive persons who are out of care, including:
    a. Scheduling of first medical appointment.
    b. Process for confirming the individual's attendance at the first medical appointment, in accordance with federal, state, and local policies.
4. Signatures from the Business Official for the applicant organization and the HIV medical care provider.

The applicant organization must have at least one established service agreement with an HIV medical care provider (internal and/or external to organization) at the time the application is submitted.

When establishing prevention and essential support services MOAs/MOUs or service agreements, the applicant organization should consider the following:

1. Proximity of the provider to the applicant organization's service area.
2. The provider's capacity and history to serve the target population(s).
3. Payment requirements for services rendered (e.g., Ryan White provider, type of health insurance accepted).
4. Types of services available for HIV-positive and high-risk HIV-negative persons to access.

Additionally, the service agreement must include, but is not limited to the following:

1. Name and address of the provider(s).
2. Name, title, and contact information (i.e., primary work address, email, and phone number) for the primary point of contact for the provider.
3. Description of the agreed upon referral process for prevention and essential support services between the applicant organization and the prevention and essential support service provider.
    a. Process for confirming that the individual accessed the service, in accordance with federal, state, and local policies.
4. Signatures from the Business Official for the applicant organizations and the prevention and essential support services provider.

The applicant organization must have at least one established MOA/MOU or service agreement (internal and/or external to organization) with a prevention and essential support services provider at the time the application is submitted. The agreement(s) should be reflective of the services most commonly requested by the target population(s). The applicant organization is encouraged to establish additional collaborations supported by service agreements over the course of the 5-year project period.

CBO HIV Prevention Partnership (*optional)*

As previously mentioned in the *Funding Strategy* section, applicant organizations may opt to establish a CBO HIV Prevention Partnership, hereafter referred to as Partnership, with other organizations in the proposed service area(s) to facilitate the provision of a comprehensive high-impact HIV prevention program, provide a continuum of HIV care and prevention services, and maximize the reach of the program into the community. The requirements for establishing a Partnership are listed below:

1. A maximum of three CBOs per Partnership is permitted.
2. CBOs may participate in a maximum of two Partnerships, but may serve as the lead applicant organization for only one Partnership.
    a. If an organization is a member of more than one Partnership, this must be stated in the *Establishing Formalized Collaborations* section of each program proposal in which they are associated.
3. CBOs may apply for funding as an individual applicant and may also participate as a member (not the lead applicant organization) of one Partnership.
    a. If an organization applies as an individual applicant and as a member of one Partnership, this must be clearly stated in the *Establishing Formalized Collaborations* section of each program proposal in which the organization is associated.
4. Each organization applying as a member of a Partnership must meet all of the eligibility requirements as outlined in the section entitled *Eligibility Information* and must submit all required eligibility documentation with the application.
5. Formalized service agreements for all members of the Partnership must be submitted with the application. The service agreements must include, but are not limited to, the following:
    a. Name and address of each participating organization.
    b. Name, title, and contact information (i.e., primary work address, email, and phone number) for the primary point of contact for each member of the Partnership.
    c. Description of the strategies and activities each participating organization will deliver, including annual deliverables, the mechanism that will be used for data submission and reporting program strategies and activities to the lead (applicant) organization, and the frequency of reporting and data submission. The lead applicant is responsible for ensuring that performance measures for the entire program are met and/or exceeded.
    d. Processes to be followed in the event inadequate program performance or

voluntary withdrawal dictates the removal of a Partnership member. When a Partnership member is removed, the lead organization, in collaboration with the remaining Partnership member, must submit a plan to the CDC Project Officer (PO) and PGO Grants Management Specialist (GMS) describing the processes that will be used to continue providing services and the timeline associated with the identification of a replacement Partnership member, if applicable. The lead organization is expected to develop a plan to ensure all deliverables associated with the core program components are met, regardless of the number of members remaining in the Partnership.

   e. Signatures from the Business Official of each Partnership member.

6. An itemized budget narrative reflective of the strategies and activities to be provided must be submitted for each Partnership member as a part of the overall Comprehensive High-Impact HIV Prevention program budget. For additional information related to the development of the budget, see the section entitled *Application Submission Information, Budget Narrative* and visit http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm.

Failure to comply with the above guidance will result in the application being deemed non-responsive; the application will not be considered for funding. Applicant organizations should complete and submit the CBO HIV Prevention Partnership form with the application, if applicable. (See Attachment A: CBO HIV Prevention Partnership Form.)

Program Promotion, Outreach, and Recruitment

All funded organizations must deliver strategic, culturally competent, community-based program marketing campaigns to increase public awareness of services available via the proposed program; destigmatize HIV and HIV medical care; empower disproportionately affected populations; promote HIV testing, linkage to, retention in, and re-engagement in HIV medical care; and promote navigation to prevention and essential support services, including PrEP and nPEP.

Organizations should collaborate with other organizations that have an established history of working with and recruiting members of the target population(s) at greatest risk for HIV acquisition or transmission. The program must seek input from the CAB and community stakeholders to select the most appropriate program promotion and recruitment strategies to determine the appropriate use of incentives (i.e., monetary and non-monetary) in the program.

Client recruitment is essential to the success of a comprehensive high-impact HIV prevention program. Moreover, new outreach and recruitment strategies to promote awareness of the HIV prevention program, specifically within the social networks of people living with and at greatest risk for HIV infection, are required. Organizations will utilize cutting edge and innovative strategies, as well as traditional outreach, Internet and social media, and surveillance data to support mapping of areas of highest morbidity to establish a comprehensive program promotion, outreach, and recruitment plan. Additionally, the applicant organization should

consider development of the program promotion, outreach, and recruitment component to address participation by members of the target population through multiple points of entry into the program. For information about resources available to increase organizational capacity to develop and deliver effective and appropriate program promotion, outreach, and recruitment, please visit www.effectiveinterventions.org.

Organizations should prioritize existing social media efforts that can be tailored to their jurisdiction's specific requirements from CDC's Act Against AIDS and other social marketing campaigns (http://www.cdc.gov/actagainstaids/).

Targeted HIV Testing

HIV testing is an essential part of a comprehensive high-impact HIV prevention program. Applicant organizations will be required to develop new or enhance existing targeted HIV testing programs aimed at reaching persons who are at greatest risk for HIV infections and who are unaware of their HIV status. As a part of the HIV testing session, applicant organizations are expected to:

1. Complete a brief risk assessment.
2. Provide brief risk reduction education messaging when appropriate.
    a. Brief risk reduction education messaging should provide persons with their HIV test results and include factual HIV education (e.g., transmission, window period, risk reduction methods).
3. After HIV testing is completed, offer clients a variety of HIP interventions and services, as appropriate.
    a. For persons with a non-reactive test result and who are at high-risk for infection, referrals to PrEP and nPEP services; STD, viral hepatitis, and/or TB screenings; and other prevention and essential support services as described in the *HIV Prevention with HIV-Positive Persons* section.

The targeted HIV testing program should primarily serve members of the proposed target population(s) and must be supported by local epidemiologic and surveillance data and the appropriate health department's Comprehensive HIV Prevention Jurisdictional Plan. (See Attachment B: Proposed Target Population Worksheet.) Organizations should use the table below as a guide to establish their annual HIV testing objective. More detailed information is provided in the *CDC Evaluation and Performance Measurement Strategy* section.

Total Funding Allocated for HIV Testing	Minimum no. of newly diagnosed HIV infections
Less than or equal to $50,000	6
$50,001 - $100,000	7 - 12
$100,001 - $150,000	13 - 18
$150,001 - $200,000	19 - 24

Applicant organizations must also:

1. Discuss their targeted HIV testing plans with the state or local health department. (See Attachment C: Health Department Targeted HIV Testing/Partner Services Letter of Agreement.)
    a. Submit a copy of the current CLIA certificate, if rapid HIV testing will be conducted.
2. Work with the local or state health department to collaborate with various entities to support utilizing advances in HIV testing and HIV testing algorithms to improve the detection of early and acute HIV infection, when feasible and appropriate, considering the capacity of the applicant organization.
3. Ensure that the proposed HIV testing activities meet all local, state, and federal requirements for HIV testing. If required by state or local regulations, the organization must arrange for physician oversight of the HIV testing program.
    a. The appropriate checkbox must be selected on the Health Department Targeted HIV Testing/Partner Services Letter of Agreement. (See Attachment C: Health Department Targeted HIV Testing/Partner Services Letter of Agreement.)
    b. If physician oversight is required, the applicant must submit a signed Physician Oversight Letter of Intent with the application for funding. (See Attachment D: Letter of Intent from a Physician for State Regulations and HIV Testing Activities.)
4. Coordinate with the local or state health department to initiate discussions on establishing processes that support the confirmation of newly diagnosed HIV-positive individuals identified by the CBO.
5. Follow current CDC guidelines and recommendations for HIV testing. Visit https://www.effectiveinterventions.org/Libraries/Public_Health_Strategies_Docs/HIVTestingImplementationGuide_Final.sflb.ashx for additional information.
6. Integrate HIV testing into the comprehensive high-impact HIV prevention program and the overall mission and operations of the organization's HIV prevention and care services.
7. Develop strategies to recruit members of the target population(s) at greatest risk for HIV infection and who are unaware of their HIV status.
8. Develop strategies to reduce each target population's barriers to accessing HIV testing and address health inequities among target population(s) disproportionately affected by the HIV epidemic.
9. Develop strategies to collect and report required HIV testing data in accordance with the guidelines established by the state or local health department and CDC data requirements. (See Attachment E: List of HIV Testing Requirements.)
10. When appropriate and feasible, organizations are expected to work with their health departments to explore opportunities for seeking reimbursement and to determine whether third-party reimbursement makes sense financially.
    a. When appropriate and feasible, organizations with the capacity to bill and obtain reimbursement are expected to use all available mechanisms to

obtain reimbursement for HIV testing from third-party payers (e.g., Medicaid, Medicare, private insurance).

Persons recruited by the applicant organization who are previously diagnosed as being HIV-positive should be referred to prevention and essential support services available for HIV-positive persons. Additionally, high-risk persons receiving an HIV-negative test result should be referred to prevention and essential support services, as described in the HIV Prevention with High-Risk HIV-Negative Persons component of this program, discussed later in the FOA.

Applicant organizations will also implement the following complementary services in accordance with the funding opportunity announcement requirements and as appropriate.

1. Couples HIV Testing and Counseling (CHTC) (*optional)*
   Applicant organizations may opt to implement Couples HIV Testing and Counseling upon receipt of training from a CDC-approved provider. If the applicant organization will implement CHTC, it is to be offered when two or more persons who are currently in or planning to be in a sexual relationship request to be tested together. CHTC is most appropriate for delivery with men who have sex with men and other high-risk couples, but can be used with all types of couples. Visit https://www.effectiveinterventions.org/en/HighImpactPrevention/PublicHealthStrategies/CHTC.aspx for additional information.

2. Integrated Screening
   This program will support and promote collaboration between HIV, STD, viral hepatitis, and/or TB programs via the provision of integrated screening activities delivered in conjunction with HIV testing. Funds from this FOA may be used for other screening tests as described below only if these tests are provided in conjunction with HIV screening, are indicated by epidemiologic data, and are in accordance with current CDC guidelines and recommendations. Visit http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5912a1.htm?s_cid=rr5912a1_e and http://www.cdc.gov/tb/topic/testing/default.htm#who for additional information.

   Funds from this FOA may not be used for clinical services, such as the provision of PrEP and nPEP; treatment of HIV, STDs, viral hepatitis, and/or TB infection; vaccination against hepatitis A or hepatitis B; and vaccination against human papillomavirus (HPV). Arrangements for these clinical services should be made through collaboration with health department STD, viral hepatitis, and TB programs or other clinical care providers.
   a. Applicant organizations considered to be clinics that primarily serve the Lesbian, Gay, Bisexual, and Transgender (LGBT) community or serve a large number of MSM as their primary target population with existing capacity to provide integrated screening activities must allocate **up to 5%** of the total requested funding amount to enhance existing integrated screening activities by providing the following integrated screening tests in conjunction with HIV testing for MSM who in engage in sexual intercourse and who accept the offer for the screenings:
      i. Syphilis serology, with a confirmatory test to establish whether persons with reactive serologies have incident untreated syphilis, have partially

treated syphilis, or are manifesting a slow serologic response to appropriate prior therapy.

ii. A test for rectal infection with gonorrhea and chlamydia in men who have had receptive anal intercourse during the preceding year; nucleic acid amplification testing (NAAT) of self-collected rectal swabs is the preferred approach.

iii. A test for urethral infection with gonorrhea and chlamydia in men who have had insertive intercourse during the preceding year; testing of the urine using NAAT is the preferred approach.

If the applicant organization does not have the capacity to perform these tests, at a minimum a service agreement with a clinical care provider in the service area must be established, signed, and submitted with the application. The service agreement must clearly describe the agreed upon referral process between the applicant organization and the clinical provider.

b. Applicant organizations that do not meet the above criteria, but have existing capacity to implement various integrated screening activities (e.g., screening for STDs, viral hepatitis, and/or TB) for members of their target population at greatest risk for HIV infection should continue implementing service integration activities and are eligible to utilize **up to 5%** of the requested total funding amount to strengthen and enhance these efforts.

c. Applicant organizations that do not serve a large MSM population and do not currently have the capacity to implement various integrated screening may allocate **up to 2.5% of the requested total funding amount in Year 1** to develop the infrastructure to begin delivering integrated screening in conjunction with HIV testing. Training to support integrated screening must be received within the first six months of funding, and integrated screening must be delivered beginning no later than **January 1, 2016**. Funding to support these activities must accurately reflect the length of time in which integrated screening will be provided. Organizations may opt to allocate **up to 5%** of the requested total funding amount for all subsequent years (Years 2, 3, 4, and 5) to support integrated screening activities provided in conjunction with HIV testing.

Applicant organizations implementing integrated STD, viral hepatitis, and/or TB screening activities should do the following:

a. Collaborate with key staff of the participating facilities to plan, develop, and implement the integrated screening activities for STDs, viral hepatitis, and/or TB.
b. Collaborate with the STD, hepatitis, and/or TB prevention programs in the jurisdiction to design, develop, and implement proposed screening and treatment services.
c. Encourage MSM who are tested for HIV to get a syphilis serology and screening

for urethral and rectal gonorrhea and chlamydia. The applicant should consider self-collection of specimens (urine and self-collected swabs) to facilitate implementation and reduce costs.

d. Ensure that clients receive their test results, especially those who test positive.
e. Ensure that clients who test positive are linked to appropriate medical care and receive timely and appropriate evaluation and treatment.
f. For clients who test positive for STDs, ensure that Partner Services are initiated as soon as possible after diagnosis, in accordance with CDC recommendations and state and local requirements.
g. Ensure that clients who test negative are referred to appropriate health care venues for PrEP and/or nPEP, as appropriate.
h. For clients who are candidates for hepatitis A or B vaccination, provide referrals to these services.
i. Periodically review monitoring data to assess the value of continuing screening for other STDs, viral hepatitis, and TB.
j. When appropriate and feasible, use all available mechanisms to bill for integrated screening services and obtain reimbursement from third-party payers (e.g., Medicaid, Medicare, private insurance).

HIV Prevention with HIV-Positive Persons

Organizations are required to develop a High-Impact HIV Prevention Program model with HIV-positive persons (new and previously diagnosed HIV infection), which enhances existing and establishes new structures that align with and support the HIV Care Continuum; facilitates access (linkage and re-engagement) to and retention in HIV medical care; and supports the provision of prevention and essential support services offered and facilitated by the Navigation and Prevention and Essential Support Services component discussed below. This includes promoting the provision of anti-retroviral therapy (ART) in accordance with state and local guidelines. After funding to support targeted HIV testing has been allocated, organizations are expected to allocate approximately **75% or more** of the remaining award amount for the development and implementation of a High-Impact HIV Prevention Program with HIV-positive persons.

Linkage to Care

Applicant organizations will be required to link newly diagnosed HIV-positive persons to HIV medical care within three months (90 days) of diagnosis. Additionally, applicant organizations will be required to re-engage previously diagnosed HIV-positive persons into HIV medical care when it is determined that the individuals are not currently in HIV medical care. Applicant organizations will develop a navigation program that engages clients during the time between the reactive HIV test and the client's first HIV medical care appointment.

Navigation and Prevention and Essential Support Services

Facilitating navigation to prevention and essential support services aligns with the goals and objectives of the National HIV/AIDS Strategy and CDC's High-Impact Prevention approach. The

HIV Continuum of Care supports the use of innovative approaches to best prevent and treat HIV infection and address barriers to accessing treatment. The training and development of navigators (e.g., community health workers, peer advocates, outreach workers) will help facilitate access to (linkage and re-engagement) and retention in medical care and refer or provide prevention and essential support services. The applicant organization's client centered program model should include a combination of high-impact prevention strategies and services to continually engage HIV-positive persons and eliminate or reduce barriers to accessing medical care and other prevention and essential support services. Visit the following websites for additional information on HIP strategies and services: http://www.cdc.gov/nchhstp/newsroom/docs/HIVFactSheets/Future-508.pdf, http://www.cdc.gov/nchhstp/newsroom/HIVFactSheets/Prevention/index.htm, http://www.effectiveinterventions.org/en/home.aspx, and http://www.cdc.gov/hiv/policies/hip.html.

Applicant organizations are required to develop or enhance systems for assisting clients with navigating services (obtaining necessary information, support, and skills to access complex medical systems) for HIV-positive persons at all stages of care, treatment, prevention, and essential support services. The Navigation and Prevention and Essential Support Services component must include, but is not limited to the following:

1. Training navigators (e.g., community health workers, peer advocates, outreach workers) to provide or refer HIV-positive persons to prevention and essential support services.
2. Providing and navigating services (e.g., accompanying persons to medical appointments, providing or referring to prevention and essential support services) that reduce and/or eliminate barriers to medical care and services that address acceptance, responsibility, and behavior change.

The applicant organization must refer to or provide newly diagnosed HIV-positive persons one or more of the required and recommended prevention and essential support services listed below, based upon the identified needs of the client. More specifically, the applicant organization must develop and implement a process for referring or providing the following prevention and essential support services for HIV-positive persons:

2. Required Prevention and Essential Support Services
    a. Partner Services
    b. Medication adherence services, as appropriate
    c. HIP behavioral intervention(s)—required for newly diagnosed HIV-positive persons
        i. HIP behavioral interventions currently supported by CDC and appropriate for implementation with HIV-positive persons include PROMISE, d-up!, Mpowerment, Popular Opinion Leader, CLEAR, WILLOW, Healthy Relationships, CONNECT, Partnership for Health (Safer Sex), and START.
        ii. In anticipation of continuous advancements in the availability of HIP interventions and strategies, awardees may opt to implement new HIP interventions and strategies as they become available, with prior written

approval from CDC.

3. Recommended Prevention and Essential Support Services including, but not limited to:
    a. Insurance navigation and enrollment
    b. Screening and treatment for STDs, hepatitis, and/or TB, as recommended by CDC
    c. Mental health counseling and services
    d. Substance abuse treatment and services
    e. Housing
    f. Transportation services (to and from HIV prevention and medical care appointments)
    g. Employment services
    h. Basic education continuation and completion services
    i. Sex education, including HIV education (e.g., risk reduction programs, school-based HIV prevention providers)

The table below contains a list of CDC supported HIP linkage to care and medication adherence interventions that applicant organizations may opt to implement, using funding from this FOA, to meet the linkage to care and medication adherence requirements of the FOA and to further strengthen their high-impact HIV prevention program. Applicants are expected to provide or refer all newly diagnosed HIV-positive persons to HIP strategies and services based upon the identified needs of the client. In anticipation of continuous advancements in the availability of HIP interventions and strategies, awardees may opt to implement new HIP interventions and strategies as they become available, with prior written approval from CDC.

CDC Supported Linkage to Care and Medication Adherence Interventions	
Anti-Retroviral Treatment and Access to Services (ARTAS)	Peer Support
Every Dose Every Day Mobile Application*	SMART Couples
HEART	Partnership for Health (Medication Adherence)

*Must be used in combination with one of the other linkage to care or medication adherence interventions.

When appropriate and feasible, organizations are expected to explore opportunities for seeking reimbursement and to determine whether third-party reimbursement makes sense financially. Organizations with the capacity to bill and obtain reimbursement are expected to use all available mechanisms to obtain reimbursement for eligible essential and prevention support services from third-party payers (e.g., Medicaid, Medicare, and private insurance).

HIV Prevention for High-Risk HIV-Negative Persons

After funding to support targeted HIV testing has been allocated, organizations may allocate up to approximately **25%** of the remaining award amount for the development and implementation of a High-Impact HIV Prevention Program for high-risk HIV-negative persons.

Services must include (1) referrals to or provision of prevention and essential support services reflective of a combination of structural, behavioral, and/or biomedical interventions that support reducing high-risk behaviors and maximize reach and optimize outcomes (interventions for serodiscordant couples, etc.) and (2) follow-up support to remove barriers in accessing HIP strategies and interventions. Individuals with a negative HIV test result but diagnosed with STDs are at greatest risk of becoming HIV-infected and may benefit from risk reduction interventions.

Navigation and Prevention and Essential Support Services

Facilitating the navigation to prevention and essential support services that align with the goals and objectives of the National HIV/AIDS Strategy and CDC's High-Impact Prevention includes training and development of navigators (e.g., community health workers, peer advocates, outreach workers) to help educate persons on remaining HIV-negative and reducing their risk of becoming HIV-positive by providing or referring them to prevention and essential support services. The applicant organization's client-centered program model should include a combination of HIP strategies and services to continually engage high-risk HIV-negative persons.

More specifically, the applicant organization must develop and implement a process for referring or providing the following prevention and essential support services for high-risk HIV-negative persons.

1. Required Essential Support Services
    a. Screening and treatment for STDs, hepatitis, and/or TB, as recommended by CDC
    b. Pre-exposure prophylaxis, as appropriate
    c. Non-occupational post-exposure prophylaxis, as appropriate
2. Recommended Essential Support Services, including, but not limited to:
    a. Insurance navigation and enrollment
    b. Mental health counseling and services
    c. Substance abuse treatment and services
    d. Housing
    e. Transportation services (to and from HIV prevention and medical care appointments)
    f. Employment services
    g. Basic education continuation and completion services
    h. Sex education, including HIV education (e.g., risk reduction programs, school-based HIV prevention providers)
    i. HIP interventions and services that will have the greatest impact on reducing HIV infections

Applicant organizations may opt to implement the following CDC-supported HIP behavioral interventions using funding from this FOA to further strengthen their high-impact HIV prevention program. HIP behavioral interventions currently supported by CDC and appropriate for implementation with high-risk HIV-negative persons include PROMISE, Popular Opinion Leader, Sister to Sister, Personalized Cognitive Counseling, d-up!, VOICES/VOCES, Mpowerment,

Safe in the City, and Many Men, Many Voices. In anticipation of continuous advancements in the availability of HIP interventions and strategies, awardees may opt to implement new HIP interventions and strategies as they become available, with prior written approval from CDC.

When appropriate and feasible, organizations are expected to explore opportunities for seeking reimbursement and to determine whether third-party reimbursement makes sense financially. Organizations with the capacity to bill and obtain reimbursement are expected to use all available mechanisms to obtain reimbursement for eligible essential and prevention support services from third-party payers (e.g., Medicaid, Medicare, and private insurance).

Condom Distribution

Free and accessible condoms are an integral component of an HIV prevention program. Organizations are expected to implement condom distribution programs that increase access to and use of condoms by HIV-positive and high-risk HIV-negative persons residing within the agency service area. Effective condom distribution programs should adhere to the following principles: (1) provide condoms free of charge, (2) implement social marketing efforts to promote condom use by increasing awareness of condom benefits and normalizing condom use within communities, and (3) conduct both promotion and distribution activities at the individual, organizational, and community levels. For additional information and guidance, please visit http://www.effectiveinterventions.org/en/HighImpactPrevention/StructuralInterventions.aspx.

HIV and Organizational Planning

Strategic planning is a process used to define or enhance an organization's strategy or direction for future planning. The development of the National HIV/AIDS Strategy and the High-Impact HIV Prevention approach necessitates that organizations realign their HIV prevention programs appropriately to ensure optimization of HIV prevention efforts that are scalable, cost-effective, and evidence-based.

Therefore, within the first six (6) months of funding, each awardee, in collaboration with the CDC, must develop or revise (develop an addendum) their organizational strategic plan to ensure that the proposed program aligns with the overall mission of the organization as well as to ensure organizational support of the provision of a continuum of HIV prevention and care services.

1. **Collaborations –**
   a. **With CDC funded programs:**

Awardees are required to collaboratively partner with CDC. Awardees must also establish, build, and/or maintain working partnerships with other CDC awardees (e.g., directly funded CBOs) to ensure communication, collaboration, and coordination for the national delivery of comprehensive high-impact HIV prevention programs that are consistent with CDC standards and guidance.

Health Department and HIV Planning Group (HPG) Collaboration

Organizations selected for funding must coordinate and collaborate with state and local health departments. Specifically, awardees are expected to collaborate with the health department to:

1. Refer HIV-infected clients to Partner Services, provided in accordance with local and/or state regulations.
2. Develop a referral network of PrEP and nPEP clinical service providers to support referral of high-risk HIV-negative persons to these providers.
3. Participate in the state and/or local HPG process as required by the local or state health department jurisdiction where the primary location of the organization is located.
4. Support the integration of HIV prevention activities with STD, adolescent and school health, viral hepatitis, and TB screening and prevention services, whenever feasible and appropriate.
5. Establish contact with other organizations serving the target population(s) in the proposed service area (to facilitate dialogue and explore partnership opportunities related to HIV/STD prevention and health and wellness approaches including sexual health).
6. Develop their Navigation and Prevention and Essential Support Services component to align with and complement existing efforts in their jurisdiction.

Additionally, applicant organizations must work with their state and/or local health department jurisdiction where the organization is located to:

1. Identify specific areas where hard-to-reach populations reside and/or frequent.
2. Obtain a written agreement from the state or local health department that supports providing the CBO throughout the project period with the necessary data to identify and target HIV prevention services in areas most impacted. (See Attachment G: Health Department Letter of Support.)

Organizations located in the four jurisdictions funded to implement the Secretary's Minority AIDS Initiative Funding to Increase HIV Prevention and Care Service Delivery among Health Centers Serving High HIV Prevalence Jurisdictions (http://www.cdc.gov/hiv/policies/funding/announcements/PS14-1410/index.html) and the eight jurisdictions funded to implement the Secretary's Minority AIDS Initiative Funding for Care and Prevention in the United States (CAPUS) Demonstration Project (http://www.cdc.gov/hiv/pdf/policies_funding_ps12-1210.pdf) are encouraged to collaborate with the local health department to maximize the impact of the HIV prevention services supported under this funding opportunity announcement.

Additionally, organizations located in the metropolitan statistical areas that overlap with Local Education Agencies (LEAs) funded to implement the Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance (http://www.cdc.gov/healthyyouth/fundedpartners/1308/pdf/rfa-1308.pdf) are encouraged to collaborate with the LEAs to further strengthen linkage to and re-engagement in medical care and referrals to prevention and essential support services between CBOs and schools.

b. With organizations external to CDC:

Awardees may establish, build, and/or maintain collaborative relationships that will support the implementation of the proposed program. Consideration should be given to developing strategic partnerships with the following types of organizations: federal agencies (e.g., the Health Resources and Services Administration, the Centers for Medicaid and Medicare Services) and their awardees; public health departments; American Indian/Alaska Native tribal governments and/or tribally designated organizations; local and state education agencies; colleges and universities; non-CDC funded CBOs; capacity building assistance organizations; faith-based organizations; for-profit organizations; clinics and hospitals; non-government organizations; state and local governments; community advocates; community members; and other stakeholders that may have a vested interest in promoting health through HIV prevention, care, and treatment. For additional information on other federally funded programs, visit http://www.cdc.gov/hiv/policies/funding/announcements.PS15-1502.

2. Target Populations:

Applicants must select the proposed target population(s) from those populations identified within their state or local health department's Comprehensive HIV Prevention Jurisdictional Plan as being people living with and at greatest risk of HIV infection. (See Attachment B: Proposed Target Population Worksheet.) Applicants are expected to include a link directly to their health department's Jurisdictional HIV Prevention Plan. If the Comprehensive Plan is not available on the Internet, then a copy of the plan should be included as an attachment to the program proposal.

3. Inclusion:

All applicants must design their program so that it is accessible and available to persons who are members of racial/ethnic minority communities at greatest risk of HIV infection or members of groups at greatest risk for acquiring or transmitting HIV infection, regardless of race/ethnicity. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities) should be considered when developing the proposed program and identifying the target population(s). Organizations that are funded under this FOA will be required to provide services to the primary target population(s) specified in their applications. However, no persons will be turned away from services, regardless of their race, ethnicity, or other demographic characteristics.

b. Evaluation and Performance Measurement:

i. CDC Evaluation and Performance Measurement Strategy:

Evaluation and performance measurement help demonstrate achievement of program outcomes; build a stronger evidence base for specific program strategies; clarify applicability of the evidence base to different populations, settings, and contexts; and drive continuous program improvement. Evaluation and performance measurement can also determine if program strategies are scalable and are effective at reaching target populations. Applicants must provide an evaluation and performance measurement plan that is consistent with their

work plan and the CDC evaluation and performance measurement strategy.
The CDC National HIV Prevention Program Monitoring and Evaluation (NHM&E) strategy for monitoring and evaluating programs and awardee performance will include several activities, spanning both process monitoring and evaluation and monitoring of minimal outcomes, and will be consistent with the logic model and approach previously presented. Guidance on collecting, using, and submitting National HIV Monitoring and Evaluation and other performance measures will be provided by CDC on an ongoing basis throughout the project period.

Key evaluation questions to be answered include, but are not limited to the following.
To what extent do CBOs:

1. Conduct HIV testing among persons at high risk for HIV infection?
2. Identify persons with newly diagnosed HIV infection?
3. Link HIV-positive persons to HIV medical care?
4. Refer newly diagnosed HIV-positive persons for Partner Services?
5. Refer HIV-positive and high-risk HIV-negative persons to prevention and essential support services?
6. Distribute condoms to HIV-positive and high-risk HIV-negative persons?

Awardees will be responsible for NHM&E data collection and reporting. This includes, but is not limited to, standardized data reporting as described under the OMB ICR #0920-0696. Data collection and reporting requirements will be limited to data that will be analyzed and used for program monitoring and quality improvement. Awardees will submit to CDC the required NHM&E data on the implementation of the approved HIV prevention programs funded under this FOA. These data will be used by CDC to calculate indicators and generate Rapid Feedback Reports (RFRs) regarding program accomplishments related to this FOA, DHAP's Strategic Plan, and NHAS goals. Required NHM&E data include, but are not limited to:

1. Individual-level data: Individual-level data are reported for individual clients who receive CDC-funded services (e.g., HIV testing data).
2. Aggregate-level data: Aggregate-level variables allow for a higher-level description of program activities for which totals are reported (e.g., condom distribution).

Awardees will collect and report both quantitative and qualitative data. CDC will also work with awardees to report data on costs of the services supported by funding from this FOA. Additionally, awardees will be required to report targets. Targets are set annually by awardees to plan for program delivery (e.g., the number of new HIV infections). Targets are projections informed by the FOA objectives and past program performance and should be consistent with the awardee's approved work plan set forth in the Interim Progress Report (IPR) for the upcoming budget year.

CDC will analyze data to track how target populations are affected by program strategies and will stratify data reported for Targeted HIV Testing by race, age, and other characteristics. CDC will review evaluation findings and performance measures routinely and identify (1) areas in

need of program improvement and additional capacity building assistance and (2) programs demonstrating substantial success in specific program areas. Evaluation findings and performance measures will be used to demonstrate the value of this program and describe effective implementation of the FOA. Performance measurement analysis will be shared with awardees at least once a year through the dissemination of FOA-specific rapid feedback reports. Evaluation results may be shared at national conferences, through publication in peer-reviewed journals, and via online reports. In addition, CDC may partner with awardees to conduct special evaluation studies to assess effectiveness of program strategies.

Outcomes

1. Targeted HIV Testing

- **Outcome:** Increase in number of target population members tested for HIV (at least 75% of those tested must be in the target population[s]).
  - **Indicator:** Number of HIV tests conducted.
- **Outcome:** Increase in HIV-positive persons who are aware of their infection.
  - **Indicators:** Number and percentage of newly diagnosed HIV-positive persons identified; number and percentage of previously diagnosed HIV-positive persons identified.
    - Organizations must annually identify a **minimum of six (6) new** HIV infections per every $50,000 allocated to support the HIV testing component of the proposed program.
    - Organizations are expected to establish their annual HIV testing objectives (e.g., number of HIV tests to be conducted, number of new HIV infections diagnosed) based upon the size of the service area where services will be provided, the capacity of the organization to provide HIV testing, and the organization's access to the target population(s).

2. HIV Prevention with HIV-positive Persons

- **Outcome:** Increase in HIV-positive persons who receive HIV medical care. A **minimum of 90%** of all newly diagnosed HIV-positive persons must be linked to HIV medical care within three months (90 days) of diagnosis.
  - **Indicators:** Number and percentage of newly diagnosed HIV-positive persons linked to HIV medical care; number and percentage of previously diagnosed, out of care HIV-positive persons re-engaged in HIV medical care.
- **Outcome:** Increase in HIV-positive persons who receive medication adherence services.
  - **Indicator:** Number and percentage of HIV-positive persons referred to medication adherence support.
- **Outcome:** Increase in HIV-positive persons who receive Partner Services. A **minimum of 90%** of all newly diagnosed HIV positive persons must be referred for Partner Services, in accordance with state and local regulations.
  - **Indicator:** Number and percentage of HIV-positive persons referred for Partner Services, in accordance with state and local regulations.
- **Outcomes**: Increase in HIV-positive persons who are provided or referred to a High Impact Prevention behavioral intervention that reduces sexual or drug-related risks

related to the transmission of HIV infection.

- **Indicator:** Number and percentage of HIV-positive persons provided or referred to a HIP behavioral intervention that reduces sexual or drug risks related to the transmission of HIV infection.
- **Indicator:** Number and percentage of HIV-positive persons who enrolled in a HIP behavioral intervention funded by this FOA that reduces sexual or drug risks related to the transmission of HIV infection.
- **Indicator:** Number and percentage of HIV-positive persons who completed a HIP behavioral intervention funded by this FOA that reduces sexual or drug risks related to the transmission of HIV infection.

- **Outcome:** Increase in HIV-positive persons who receive required and recommended prevention and essential support services facilitated through trained navigators (see the *Strategies and Activities: HIV Prevention with HIV-Positive Persons* section for a listing of these services). A **minimum of 90%** of all newly diagnosed HIV-positive persons must be provided or referred to one or more of the required and recommended prevention and essential support services.
  - **Indicator:** Number and percentage of HIV-positive persons provided or referred to required and recommended prevention and essential support services.
  - **Indicator:** Number of HIV-positive persons who enrolled in high-impact HIV prevention interventions or strategies.
  - **Indicator:** Number and percentage of HIV-positive persons who completed high-impact HIV prevention interventions or strategies.

3. HIV Prevention with High-risk HIV-negative Persons

- **Outcome:** Increase in high-risk HIV-negative persons who are aware of their risk for HIV infection.
- **Outcome:** Increase in HRN persons who receive the required and recommended prevention and essential support services facilitated through trained navigators (see the *Strategies and Activities: HIV Prevention with High Risk HIV-Negative Persons* section for a listing of these services). A **minimum of 90%** of HRN must be provided or referred to one or more of the required and recommended prevention and essential support services.
  - **Indicator:** Number and percentage of HRN persons provided or referred to required and recommended prevention and essential support services.
  - **Indicator:** Number of HRN persons who enrolled in HIP interventions funded by this FOA.
  - **Indicator:** Number and percentage of HRN persons who completed HIP interventions funded by this FOA.
- **Outcome:** Increase in HRN persons who are referred to PrEP and/or nPEP, as appropriate.
  - **Indicator:** Number and percentage of HRN persons who were referred to PrEP and/or nPEP.

4. HIV Prevention with HIV-positive and HRN Persons

- **Outcome:** Increase in HIV-positive and HRN persons who are offered condoms. **100%** of

all clients must be offered condoms.

- **Indicator:** Number of HIV-positive and HRN persons offered condoms.

ii. Applicant Evaluation and Performance Measurement Plan:

Awardees will collaborate with CDC to further develop and implement performance measurement standards that are based on their specific programmatic objectives. As part of the development phase of the project, a more detailed evaluation and performance measurement plan for the entire project will be developed by the awardee in collaboration with CDC. This more detailed evaluation plan will build upon elements included in the initial work plan. Additionally, awardees will be required to provide an initial evaluation and performance measurement plan to show how they will identify progress in implementing activities outlined under the program strategies and ensure that sufficient staff and resources are allocated to support data collection, analysis, and reporting to CDC. Awardees will have already produced a simple logic model and measureable objectives in the work plan referenced below. In the evaluation and performance measurement plan, they will refine these into performance measures and add details of any additional evaluation to be completed. Applicants should also:

1. Describe how the target population(s) will be engaged in the evaluation and performance measurement planning processes, including strategies for maximizing the target populations' participation in voluntary evaluation activities and data collection.
2. Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
3. Describe how data will be collected, entered, and submitted to CDC, with measures for data quality control and security of client information.
4. Describe how evaluation findings will be used for continuous program/quality improvement.
5. Describe how evaluation and performance measurement will contribute to development of the Comprehensive High-Impact HIV Prevention Program.
6. Provide other information as requested by CDC.

All awardees are expected to comply with the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011). All standards included in the NCHHSTP Data Security and Confidentiality Guidelines should be implemented by awardees, unless otherwise justified. A *Certification of Compliance* from the Guidelines signed by an overall responsible party or parties (ORP) will be submitted annually to the PPB Project Officer at the same time the Annual Performance Report (APR) is submitted. For information on the new data security guidelines, please refer to http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf.

c. Organizational Capacity of Awardees to Execute the Approach:

All applicant organizations must demonstrate their existing or forthcoming capacity to successfully execute all proposed strategies and activities to meet the program requirements of the selected funding category.

Applicant organizations should address infrastructure (the applicant organization's physical space and equipment), workforce capacity and competence, expertise and experience related to all category-specific program components, information and data systems, and electronic information and communication systems to implement the award. Applicants must provide evidence of adequate program management/staffing plans, performance measurement, evaluation, financial reporting, management of travel requirements, and workforce development and training.

Applicants must describe their expertise serving and/or working with the target population(s) selected for this project. This includes experience and expertise related to the implementation of the required strategies and activities, recent examples of HIV prevention program development and implementation specifically for the target population(s), and demonstrated outcomes or benefits related to the HIV prevention services provided. In addition, and if applicable, the applicant will be expected to provide a description of their current CDC funded HIV prevention projects.

Applicant organizations must have demonstrable expertise, experience, and/or capacity to work with state, tribal, local, and/or territorial health departments, community health centers, and other community providers to serve the selected target population(s) living with or at greatest risk of HIV infection. Additionally, applicants must have demonstrable expertise, experience, and/or capacity to develop, implement, and evaluate the required program strategies and activities.

d. Work Plan:

Applicants are required to provide a work plan that provides both a high-level overview of the entire five-year project period and a detailed description of the first year of the award. The work plan should incorporate <u>all</u> FOA-related program strategies and activities. Applicants should propose specific, measurable, achievable, realistic, and time-based (SMART) process and/or outcome objectives for each activity. Also included should be all training, capacity building, and technical assistance (TA) needs to support the implementation of the proposed program. Applicant organizations should describe how they plan to monitor each program activity.
Note: Post-award, proposed work plan activities may be adjusted in collaboration with CDC to better address the overarching goals of the project.

The applicant should address the following outline in their work plan:

1. <u>Five-Year Overview of Project</u> (include narrative <u>and</u> graphic)
    - Intended outcomes for the entire five-year project period
    - A logic model with the conditions, inputs, activities, outputs, and outcomes to be achieved by the end of the five-year project period
2. <u>Year 1 Detailed Work Plan</u>
    - Program strategies and activities
    - Outcomes aligned with program strategies and activities

- SMART objectives aligned with program outcomes (including quantitative baselines and targets, based on the proposed program, that lead to an increase, decrease, or maintenance over time)
- Activities aligned with program objectives
- Timeline for implementation (including staffing of the proposed program, CBA/TA and training, etc.)

e. CDC Monitoring and Accountability Approach:

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting). The HHS Awarding Agency Grants Administration Manual (AAGAM)* specifies the following HHS expectations for post-award monitoring for grants and cooperative agreements:

1. Tracking awardee progress in achieving the desired outcomes.
2. Insuring the adequacy of awardee systems that underlie and generate data reports.
3. Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities:

1. Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
2. Ensuring that awardees are performing at a sufficient level to achieve objectives within stated timeframes.
3. Working with awardees on adjusting the work plan based on achievement of objectives and changing budgets.
4. Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Awardees performing at a less than sufficient level to achieve program objectives within stated timeframes will be placed on a time-phased Programmatic Corrective Action Plan (CAP) developed by the Prevention Program Branch Project Officer in collaboration with the awardee. The programmatic CAP is a comprehensive tool used to assist awardees to improve program performance through identifying factors contributing to less than sufficient performance and developing specific action steps to address areas in need of improvement. Other activities deemed necessary to monitor the award may be applied.

These activities may include monitoring and reporting activities as outlined in Chapter 2.01.101 of the HHS AAGAM that assists grants management staff (e.g., grants management officers [GMOs] and specialists, and project officers) in the identification, notification, and management of high-risk awardees.
*Beginning 10/01/2014, AAGAM will be replaced with GPAM.

f. CDC Program Support to Awardees:

In a cooperative agreement, CDC staff members will be substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Collaborate to ensure coordination and implementation of strategies to provide HIV prevention providers in non-healthcare and healthcare organizations.
2. Work with awardees to identify and address CBA/TA needs that are essential to the success of the project.
    a. Within the first three (3) months of funding, awardees must work with the assigned PPB Project Officer to establish a CBA Request Information System (CRIS) user account to facilitate receipt of capacity building assistance.
    b. Within the first six (6) months of funding, the assigned CDC directly funded CBA providers will work with awardees to develop and implement a Strategic Plan for Enhanced CBO Capacity. This tailored plan will assess and define the organization's capacity building goals, objectives, activities, and timelines, as well as the roles and responsibilities of the CBA provider and awardee. This strength-based program strategy will detail an ongoing program plan that will include use of program monitoring and evaluation data as described above.
        i. An abbreviated reassessment of the organization's capacity building goals and objectives will be conducted annually with the CBA provider that completed the initial Strategic Plan for Enhanced CBO Capacity.
    c. Within the first six (6) months of funding, CDC will work with the awardee to identify plans for participation in all appropriate CDC-approved trainings. Awardees will be required to participate in CDC-approved trainings on NHM&E requirements, data collection and submission, HIV testing, evidence-based interventions, etc.
    d. Within the first six (6) months of funding, CDC will work with awardees to finalize data collection, use, and submission requirements.
3. Facilitate coordination, collaboration, and, where feasible, service integration among federal agencies, other CDC funded programs, health departments, local and state planning groups, other CDC directly funded CBOs, national capacity building assistance providers, medical care providers and other recipients of the Ryan White HIV/AIDS Treatment Extension Act of 2009, and other partners working with people living with and at greatest risk for HIV infection toward common goals of risk reduction, disease detection, and a continuum of HIV prevention, care, and treatment.
4. Monitor awardee program performance via use of multiple approaches, such as site visits, email, conference calls, and standardized review of progress reports and other data reports to support program development, implementation, evaluation, and improvement.
5. Provide guidance and coordination to funded organizations to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.
6. Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the project period.
7. Collaborate, as appropriate, in assessing progress toward meeting strategic and operational goals and objectives and in establishing measurement and accountability systems for documenting outcomes, such as increased performance improvements and

best or promising practices.

8. Collaborate on strategies to ensure the provision of appropriate and effective HIV prevention services to target populations, as deemed appropriate and as requested.
9. Provide requirements and expectations for standardized and other data reporting and support monitoring and evaluation (M&E) activities with CDC and contractual TA, including web-based training on NHM&E, materials such as data collection tools, and online TA via the NHM&E Service Center.
10. Convene, plan, and facilitate a joint grantee meeting during the project period.

B. Award Information

1. **Type of Award:** Cooperative Agreement
   CDC's substantial involvement in this program appears in the CDC Program Support to Awardees section.
2. **Award Mechanism:** U65/Minority/Other Community-Based Human Immunodeficiency Virus (HIV) Prevention Projects--Cooperative Agreements
3. **Fiscal Year:** 2015
4. **Approximate Total Fiscal Year Funding:** $42,000,000
5. **Approximate Total Project Period Funding:** $210,000,000
6. **Total Project Period Length:** 5 years
7. **Approximate Number of Awards:** up to 100
8. **Approximate Average Award:** $400,000
9. **Floor of Individual Award Range:** $350,000 (If the applicant organization applies as the lead agency for a CBO HIV Prevention Partnership, $700,000 is the minimum amount that will be awarded.) This amount is subject to the availability of funds.
10. **Ceiling of Individual Award Range:** $450,000 (If the applicant organization applies as the lead agency for a CBO HIV Prevention Partnership, $1,000,000 is the maximum amount that will be awarded.) This amount is subject to the availability of funds.
11. **Anticipated Award Date:** July 1, 2015
12. **Budget Period Length:** 12 months

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the *Notice of Award*. This information does not constitute a commitment by the federal government to fund the entire period. The total project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. **Direct Assistance:** Direct Assistance (DA) is not available through this FOA.

C. Eligibility Information

1. Eligible Applicants: Organizations that meet the two eligibility requirements listed below are eligible to apply for funding under this FOA.

a. Eligible applicants must be considered a nonprofit public or private organization with 501(c)(3) IRS status (other than institutions of higher education). Included are the following types of organizations:
    - American Indian/Alaska Native tribally designated organizations
    - Community-based organizations
    - Faith-based organizations
    - Hospitals

    If applying as a CBO HIV Prevention Partnership, the lead applicant organizations must submit a Federal 501(c)(3) Internal Revenue Service tax exemption certificate for the lead applicant organization and each of the CBO HIV Prevention Partnership members. Please note, other tax exemption certificates, such as state tax or sales tax exemption certificates, will not be accepted as a substitution of the Federal 501(c)(3) Internal Revenue Service tax exemption certificate.

b. Applicant organizations must also be located and provide services in the Metropolitan Statistical Areas listed below. An MSA is defined as a core geographic area containing a substantial population nucleus together with adjacent communities having a high degree of social and economic integration with that core. MSAs may be comprised of one or more entire counties.

Eligible Metropolitan Statistical Areas

1. Atlanta–Sandy Springs–Marietta, GA	2. Austin–Round Rock, TX
3. Baltimore–Towson, MD	4. Baton Rouge, LA
5. Birmingham–Hoover, AL	6. Boston, MA–NH a. Boston Division b. Cambridge Division c. Peabody Division
7. Charlotte–Gastonia–Concord, NC–SC	8. Chicago, IL–IN–WI a. Chicago Division b. Gary Division c. Lake Division
9. Cincinnati–Middletown, OH–KY–IN	10. Cleveland–Elyria–Mentor, OH
11. Columbia, SC	12. Columbus, OH
13. Dallas, TX a. Dallas Division b. Fort Worth Division	14. Denver–Aurora, CO
15. Detroit, MI a. Detroit Division b. Warren Division	16. Houston–Baytown–Sugar Land, TX
17. Indianapolis, IN	18. Jackson, MS
19. Jacksonville, FL	20. Kansas City, MO–KS
21. Las Vegas–Paradise, NV	22. Los Angeles, CA a. Los Angeles Division

	b. Santa Ana Division
23. Louisville, KY–IN	24. Memphis, TN–MS–AR
25. Miami, FL a. Fort Lauderdale Division b. Miami Division c. West Palm Beach Division	26. Minneapolis–St. Paul–Bloomington, MN–WI
27. Nashville–Davidson–Murfreesboro, TN	28. New Orleans–Metairie–Kenner, LA
29. New York, NY–NJ–PA a. Edison Division b. Nassau Division c. New York–White Plains–Wayne Division d. Newark Division	30. Oklahoma City, OK
31. Orlando, FL	32. Philadelphia, PA–NJ–DE–MD a. Camden Division b. Philadelphia Division c. Wilmington Division
33. Phoenix–Mesa–Scottsdale, AZ	34. Pittsburgh, PA
35. Portland–Vancouver–Beaverton, OR–WA	36. Puerto Rico*
37. Raleigh–Cary, NC	38. Richmond, VA
39. Riverside–San Bernardino–Ontario, CA	40. Rochester, NY
41. Sacramento–Arden–Arcade–Roseville, CA	42. San Antonio, TX
43. San Diego–Carlsbad–San Marcos, CA	44. San Francisco, CA a. Oakland Division b. San Francisco Division
45. Seattle, WA a. Seattle Division b. Tacoma Division	46. St. Louis, MO–IL
47. Tampa–St. Petersburg–Clearwater, FL	48. Virginia Beach–Norfolk–Newport News, VA–NC
49. U.S. Virgin Islands*	50. Washington, DC–VA–MD–WV a. Bethesda Division b. Washington Division

*Area not considered to be an MSA, but eligible for funding under PS15-1502

For additional information related to counties and/or cities included in the MSAs or Metropolitan Divisions, please visit http://www.whitehouse.gov/sites/default/files/omb/bulletins/2013/b-13-01.pdf; reference Lists 2 and 3.

For a comprehensive list of the MSA in the United States and Puerto Rico, please visit http://www.census.gov/population/www/cen2010/cph-t/CPH-T-5.pdf.
The above MSAs were selected based upon having the highest unadjusted number of diagnoses of HIV infection in 2011 (http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=75).

These eligible MSAs comprise approximately 71% of the total number of HIV infection diagnoses as of 2011. Also eligible are the U.S. Virgin Islands. Funding specified for community-based HIV prevention projects in the Commonwealth of Puerto Rico and the U.S. Virgin Islands will be merged into this program, further coordinating and enhancing community-based HIV prevention services throughout the United States and the territory of the U.S. Virgin Islands. Funding previously awarded to support HIV prevention programs for CBOs that reside and provide services in Puerto Rico and the U.S. Virgin Islands will continue to be made available and restricted to organizations applying for funding from these areas. Limiting competition to the listed MSAs will provide the greatest effectiveness for this funding because it will reach those areas with the greatest need for HIV prevention services targeting the selected population.

2. Special Eligibility Requirements:

Additionally, to be eligible, applicants must:

- Document services to the target population by completing and submitting the following documentation with the application:
  - Historical Data Table (See Attachment H: Historical Data Table.)
  - Proposed Target Population Worksheet (See Attachment B: Proposed Target Population Worksheet.)
  - Evidence of HIV prevention or care services, location, and history serving the proposed target population(s) for the last 24 months
- Share their Targeted HIV Testing plans with the health department and submit the following required HIV Testing documentation with the application:
  - Health Department Agreement for HIV Testing/Partner Services (See Attachment C: Health Department Targeted HIV Testing/Partner Services Letter of Agreement.)
  - Letter of Intent from a Physician (See Attachment D: Letter of Intent from a Physician for State Regulations and HIV Testing Activities.)
  - Health Department Letter of Support (See Attachment G: Health Department Sample Letter.)
  - Current CLIA certificate, if conducting HIV rapid testing
- Provide at least three letters of support from civic, non-profit business, or faith-based organizations that are located in the community and also serve the proposed target population.
- Organizations applying to provide services outside of the primary district where they are

currently located in or in a district where they do not currently provide services must establish a relationship with a "host" organization located in the district where services are proposed to be provided. The services funded under this funding opportunity announcement must be provided out of the host organization location. Additionally, the lead organization (applicant) must hire staff from the host organization and/or contract with the host organization to provide the proposed services.

3. Justification for Less than Maximum Competition:

Eligibility is limited to the organizations noted above because of their credibility among persons living with HIV and those at high risk for HIV infection. Nonprofit organizations and CBOs have proven their ability to access hard to reach populations that have traditionally not been reached by mainstream interventions and other agencies.

The National HIV/AIDS Strategy and the Division of HIV/AIDS Prevention Strategic Plan note that in the face of increasingly constrained resources and a concentrated, inequitably distributed epidemic, HIV prevention funding must be allocated to those communities and regions that shoulder the greatest share of the national burden. Reducing HIV-related health disparities is one of the three primary goals of the NHAS.

Additionally, to be eligible, applicants must demonstrate that they have provided HIV prevention or care services to the selected target population(s) for the past 24 months. This requirement exists because the populations targeted through this announcement can be very difficult to access. It may take an organization many years to establish credibility and build an effective working relationship with the population(s) at risk, thus enabling the organization to effectively recruit persons into prevention activities. Furthermore, the type of cultural competency required to deliver HIV prevention services effectively to these populations can only be gained through long-term HIV prevention work with the population. Without the credibility needed to access the population and the cultural competency to effectively provide services, an organization would be unable to successfully complete the required activities of this program.

State and local governments are not eligible because they currently receive funding to implement similar activities through other funding opportunity announcements. Furthermore, this program seeks to complement and augment the health department activities by utilizing the expertise of outside community entities to reach populations that health departments have traditionally had difficulty reaching.

Date of Less than Maximum Competition Approval: May 27, 2014

4. Cost Sharing or Matching:

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability are strongly encouraged.

5. Maintenance of Effort:
Maintenance of effort is not required for this program.

D. Application and Submission Information

Additional materials that may be helpful to applicants:
http://www.cdc.gov/od/pgo/funding/docs/FinancialReferenceGuide.pdf

1. **Required Registrations:** An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.
   a. **Data Universal Numbering System:** All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

      The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http://fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge.

      If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

   b. **System for Award Management (SAM):** The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

   c. **Grants.gov:** The first step in submitting an application online is registering the applicant organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option at www.grants.gov.

      All applicant organizations must register at www.grants.gov. The one-time registration process usually takes no more than five days to complete. Applicants must start the registration process as early as possible.

2. **Request Application Package:** Applicants may access the application package at www.grants.gov.
3. **Application Package:** Applicants must download the SF-424, Application for Federal Assistance package associated with this funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or email PGO PGOTIM@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. **Submission Dates and Times:** If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see the *Other Submission Requirements* section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by PGO.

   a. **Letter of Intent (LOI) Deadline** (must be emailed): September 17, 2014

   b. **Application Deadline:** ***November 14, 2014, 11:59 p.m. U.S. Eastern Standard Time*****,** at www.grants.gov

5. **CDC Assurances and Certifications:** All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm.

   Applicants may follow either of the following processes:

   - Complete the applicable assurances and certifications, name the file "Assurances and Certifications" and upload it as a PDF file at www.grants.gov
   - Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/grantassurances/(S(bwhd5r02xhp155i0mnsg5e4d))/Homepage.aspx

   Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC within one year of the submission date.

6. **Content and Form of Application Submission:** Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. **Letter of Intent (LOI):**

Visit the PS15-1502 website, http://www.cdc.gov/hiv/policies/funding/announcements/ps15-1502/index.html. Click on the *Letter of Intent to Apply* for Funding link to complete the form. Completed LOIs must be submitted to CBOFOA@CDC.gov.

8. **Table of Contents:** (No page limit and not included in Project Narrative limit)

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary: (Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative: (Maximum of 30 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages.)

The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the *CDC Project Description* section.

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov.

a. **Background:** Applicants must provide a description of relevant background information that includes the context of the problem, including specific mention of the funding category under which they are applying. (See *CDC Background*.)

b. **Approach:**
   i. **Problem Statement:** Applicants must describe the core information relative to the problem for the jurisdictions or populations they serve. The core information must help reviewers understand how the applicant's response to the FOA will address the public health problem and support public health priorities. (See the *CDC Project Description* section.)
   ii. **Purpose:** Applicants must describe in 2-3 sentences specifically how their application will address the problem as described in the *CDC Project Description section*.
   iii. **Outcomes:** Applicants must clearly identify the outcomes they expect to achieve by the end of the project period. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (i.e., increase, decrease, maintain). (See the program logic model in the *CDC Project Description: Approach* section.)

   In addition to the project period outcomes required by CDC, applicants should include any additional outcomes they anticipate.
   iv. **Strategy and Activities:** Applicants must provide a clear and concise

description of the strategies and activities they will use to achieve the project period outcomes. Whenever possible, applicants should use evidence-based program strategies as identified by the Community Guide, http://www.thecommunityguide.org/index.html, (or similar reviews) and reference it explicitly as a source. Applicants may propose additional strategies and activities to achieve the outcomes. Applicants must select existing evidence-based strategies that meet their needs or describe the rationale for developing and evaluating new strategies or practice-based innovations. (See the *CDC Project Description: Strategies and Activities* section.)

1. **Collaborations:** Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must formally document proposed and existing collaborations through MOUs/MOAs, letters of commitment or support, and/or service agreements. These documents must be named "Collaborations" and uploaded as PDF files under "Other Attachment Forms" on www.grants.gov.

   Note: The following documents do not count toward the 30-page limit for Project Narrative.

   Applicants must file other MOUs or MOAs, as appropriate, name the file "MOUs/MOAs," and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

   Applicants must file letters of commitment or support, as appropriate, name the file "Letters of Support," and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

   Applicants must file service agreements, as appropriate, name the file "Service Agreements," and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.
   Applicants must file the Historical Data Table, as appropriate, name the file "Historical Data Table," and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

   Applicants must file the CBO HIV Prevention Partnership form, as appropriate, name the file "CBO Partnership," and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

   Applicants must file HIV Testing documents/letters, as appropriate, name the file "HIV Testing Documents," and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

2. **Target Populations:** Applicants must describe the proposed primary target population(s) in their jurisdiction. Refer back to the *CDC Project Description* section *Approach: Target Population*. Applicants should use the state or local health department's Comprehensive HIV Prevention Jurisdictional Plan and local data, including social determinants data, to identify served communities that are disproportionately affected by HIV and plan activities to reduce or eliminate these disparities. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities) should be considered.

   Applicants must file the Proposed Target Population Worksheet, as appropriate, name the file "Proposed Target Population," and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

3. **Inclusion:** Applicants must address how they will include specific populations who can benefit from the program. Refer back to the *CDC Project Description* section *Approach: Inclusion*, if applicable.

c. **Applicant Evaluation and Performance Measurement Plan:** Evaluation and performance measurement help demonstrate achievement of program outcomes, build a stronger evidence base for specific program strategies, clarify applicability of the evidence base to different populations, settings, and contexts, and drive continuous program improvement. Evaluation and performance measurement also can determine if program strategies are scalable and effective at reaching target populations. Applicants must provide a CBO-specific evaluation and performance measurement plan that is consistent with the *CDC Evaluation and Performance Measurement Strategy* section of the *CDC Project Description* of this FOA. Data collected must be used by the awardee for ongoing monitoring of the program to evaluate its effectiveness and for continuous program improvement.

   The plan must:

   - Describe how key program partners will be engaged in the evaluation and performance measurement planning processes.
   - Describe the type of evaluations to be conducted (i.e., process and/or outcome).
   - Describe key evaluation questions to be answered.
   - Describe other information, as determined by CDC (e.g., performance measures to be developed by the applicant) that must be included.
   - Describe potentially available data sources and feasibility of collecting

appropriate evaluation and performance data.

- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation and performance measurement will contribute to development of an evidence base, where program strategies are being employed that lack a strong evidence base of effectiveness.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first six months of the project, as outlined in the reporting section of the FOA.

d. Organizational Capacity of Applicants to Implement the Approach:

- Applicants must address the organizational capacity requirements as described in the *CDC Project Description*. Additionally, applicants are expected to specifically describe the anticipated capacity building assistance services they will need to fully implement the proposed program within the first six months of Year 1.
- Applicants should describe their mission; organizational structure; overall organizational budget and funding sources; staff size and expertise; the nature and scope of their work and capabilities; and other information that would help CDC assess the organization's infrastructure and capacity to implement the proposed program.
- Applicants should include a detailed description of their experience, program management, and plan for long-term sustainability of the project, if applicable.
- Applicants should describe how they will assess staff competencies and develop a plan to address gaps through organizational and individual training and development opportunities. Additionally, a curriculum vitae or resume must be submitted for each existing staff person who will be affiliated with this program. Applicant organizations are also required to provide an agency-wide organizational chart and an organizational chart for the proposed program.
    - Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it as a PDF file at www.grants.gov. These documents do not count toward the 30-page limit for Project Narrative.

11. Work Plan: Maximum 10 additional pages, single spaced, Calibri 12-point font, 1 inch margins, number all pages, content beyond 10 pages will not be reviewed.

Applicants must prepare a work plan consistent with the *CDC Project Description Work Plan* section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies, activities, and evaluation and performance measurement, including key milestones.

Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov.

12. Budget Narrative:

Applicants must submit an itemized budget narrative (not included in the Project Narrative's 30-page limit), which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Total Direct costs
- Total Indirect costs
- Contractual costs

The itemized budget narrative should follow the format of the FOA and be organized by program strategy: Program Promotion, Outreach, and Recruitment; Targeted HIV Testing; HIV Prevention with HIV-positive Persons; HIV Prevention with High-Risk HIV-Negative Persons; and Condom Distribution.

Applicant organizations applying as the lead agency for a CBO HIV Prevention Partnership must submit an itemized budget narrative reflective of the entire comprehensive high-impact HIV prevention program by strategies and activities, as outlined in the FOA. Additionally, itemized budgets reflecting the services that will be provided by each Partnership member as a part of the overall Comprehensive High-Impact HIV Prevention program budget must be provided.

Applicant organizations that propose to implement Integrated Screening activities must submit an itemized budget to support these activities as a part of the overall Comprehensive High-Impact HIV Prevention program budget.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm.

If applicable and consistent with statutory authority, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://phaboard.org). Applicant entities include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated

States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect cost rate is a provisional rate, the agreement must have been made less than 12 months earlier. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Tobacco and Nutrition Policies:

Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Tobacco Policies:

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:
   http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm
   http://www.thecommunityguide.org/tobacco/index.html
   http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm.

14. Health Insurance Marketplaces:

A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, created the Health Insurance Marketplace to offer millions of Americans affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing. Outreach efforts help families and communities understand these new options and provide eligible persons the assistance they need to secure and retain coverage as smoothly as possible. For more information on the Marketplace and the health care law, visit: www.HealthCare.gov.

15. Intergovernmental Review:

Executive Order 12372 does not apply to this program.

16. Funding Restrictions:

Restrictions that must be considered while planning the programs and writing the budget are:

- Awardees may not use funds for research.
- Awardees may not use funds for medications and clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body

- the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Awardees may not use funds for construction.
- Awardees may not use funds to support direct implementation of school-based HIV prevention programs. (This restriction is not applicable to collaborations with school-based HIV prevention programs.)
- Data collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget (OMB) under OMB Number 0920-0696, National HIV Prevention Monitoring and Evaluation, Expiration Date March 31, 2016. Any change to the existing data collection will be subject to review and approval by the Office of Management and Budget under the Paperwork Reduction Act.

17. Other Submission Requirements:

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package offline and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by PGO Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity at www.grants.gov.

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the PGO TIMS staff at 770-488-2700 or by email at pgotim@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to PGO TIMS staff for processing from www.grants.gov on the deadline date.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an email notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the

required electronic validation process before the application is made available to CDC.

c. **Validation Process:** Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" email generated by www.grants.gov. A second email message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. Non-validated applications will not be accepted after the published application deadline date.

   If an applicant does not receive a "validation" email within two business days of application submission, the applicant should contact www.grants.gov. For instructions on how to track an application, refer to the email message generated at the time of application submission or the Application User Guide, Version 3.0, page 57.

d. **Technical Difficulties:** If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by email at support@www.grants.gov. Application submissions sent by email or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. **Paper Submission:** If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or email them at support@www.grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may email or call CDC GMO/GMS, *before the deadline*, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

   An applicant's request for permission to submit a paper application must:
   1. Include the www.grants.gov case number assigned to the inquiry;
   2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
   3. Be postmarked at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies

of the application by U.S. mail or express delivery service).

18. Additional Requirements:

Applicant organizations are required to do the following:

1. Submit a copy of any proposed materials to CDC's Grants Management Office for approval if the organization plans to use materials and include the name or logo of either CDC or the Department of Health and Human Services.
2. Convene a local materials review panel or utilize the local health department materials review panel to comply with CDC's Assurance of Compliance with the Requirements for Contents of AIDS Related Written Materials Form (See Attachment F: CDC Form 0.1113 Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials.) There must be a health department representative on the materials review panel, if the health department's local review panel is not used. The current guidelines and form may also be downloaded from the CDC website: http://www.cdc.gov/od/pgo/funding/grants/app_and_forms.shtm.
3. Submit any newly-developed public information resources and materials to the CDC National Prevention Information Network (NPIN) so they can be added to the database and accessed by other organizations and agencies. NPIN can be accessed through the following link: http://www.cdcnpin.org/scripts/index.asp.

E. Application Review Information

1. Review and Selection Process: Applications will be reviewed in three phases.

a. Phase I Review:

All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC NCHHSTP/DHAP/PPB and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility or published submission requirements.

b. Phase II Review:

An objective review panel will evaluate complete, eligible applications in accordance with the *Criteria* section of the FOA. The applications will be objectively reviewed and scored by an independent review panel assigned by CDC, known as a Special Emphasis Panel (SEP).

i. Approach (50 points)
- Project Overview (total of 10 points)
  - Justification of Need (4 points)
  - Consumer Advisory Board (2 points)
  - Cultural competence and sensitivity (2 points)
  - Appropriate staffing (2 points)
- Formalized Collaborations (5 points)
  - Includes the quality and appropriateness of the organization's plans to enhance existing and/or establish new formalized collaborations

with HIV medical care providers and prevention and essential support service providers.
    - Note: If the applicant fails to provide at least one service agreement with an HIV medical care provider and at least one MOU/MOA or service agreement with a prevention and essential support service provider, their application will not be reviewed.
    - CBO HIV Prevention Partnership (optional) Note: If the applicant opts to establish a CBO HIV Prevention Partnership with other organizations in the proposed service area(s) a service agreement for all members of a Partnership must be submitted.
- Program Promotion, Outreach, and Recruitment (5 points)
    - The extent to which the applicant demonstrates a plan to deliver strategic, culturally competent, community-based program marketing campaigns to increase public awareness of services available via the proposed program.
- Targeted HIV testing (10 points) Note: If the applicant fails to provide the required documentation listed in Attachment I: Sample Table of Contents under the HIV Testing Documentation Requirements bullet, their proposal for HIV testing will not be reviewed. The documentation includes a Health Department Targeted HIV Testing and Partner Services Letter of Agreement (Attachment C), a Letter of Intent from a Physician for State Regulations and HIV Testing Activities (Attachment D), and a CLIA waiver.
- HIV prevention for HIV-positive persons (10 points)
    - Includes the quality and appropriateness of the organization's plans to recruit HIV-positive persons into the program and retain them throughout the duration of the program.
- HIV prevention for High-risk HIV-negative persons (5 points).
    - Includes the quality and appropriateness of the organization's plans to recruit high-risk HIV-negative persons and continually engage high-risk HIV-negative persons throughout the duration of the program.
- Condom distribution (5 points)
  The extent to which the applicant demonstrates a plan to implement a condom distribution program for HIV-positive and high-risk HIV-negative persons that: 1) provides condoms free of charge; 2) implements social marketing efforts to promote condom use; and 3) includes promotion and distribution activities at the individual, organizational, and community levels.
- HIV and Organizational Planning (Reviewed, but not scored)
  In collaboration with the CDC, applicants must develop or revise (develop an addendum) their organizational strategic plan to ensure that the proposed program aligns with the overall mission of the organization as well as to ensure organizational support of the provision of a continuum of HIV prevention and care services.

- Capacity Building (Reviewed, but not scored)
  The extent to which the applicant describes anticipated CBA/TA needs and the plan for obtaining CBA. The applicant should specifically identify and describe what capacity building assistance services they will require in order to successfully implement the proposed program within the first year of award.

ii. Evaluation and Performance Management (10 points)
The extent to which the applicant proposes an evaluation and performance measurement plan that is consistent with their work plan and the CDC evaluation and performance measurement strategy.

iii. Applicant's Organizational Capacity to Implement the Approach (25 points)
The extent to which the applicant:

- Establishes that they have the requisite experience and credibility in working with the proposed target population within the past 24 months. Specific elements considered as part of the assessment include, but are not limited to, length of service, outcomes of the services, and the applicant's overall relationship with the community (5 points).
- Demonstrates that they have substantial experience providing HIV prevention and/or care services to the proposed target population(s) (5 points).
- Demonstrates their existing or forthcoming capacity to successfully execute all proposed strategies and activities to meet program requirements of the selected funding category (5 points).
- Demonstrates that staff members have experience providing services to the target population(s) and/or describes plans to hire staff that have experience working with the target population(s) (5 points).
- Provides information that establishes evidence of adequate program management/staffing plans, performance measurement, evaluation, financial reporting, management of travel requirements, and workforce development and training (3 points).
- Demonstrates the ability to enhance existing and establish new formalized collaborative partnerships (2 points).

iv. Work Plan (15 points)
The extent to which the applicant described the five-year overview and detailed Year 1 work plan that incorporates all FOA-related program strategies and activities described in the *Approach* section.

v. Budget and Justification (Reviewed, but not scored)
Although the budget is not scored the applicant should consider the following in development of their budget. Is the itemized budget for conducting the project,

and justification reasonable and consistent with stated objectives and planned program activities?

No more than 30 days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

c. Phase III Review:

The next step of the review process is conducted during a pre-decisional site visit (PDSV). For HIV Prevention Program proposals, applicants can receive a maximum PDSV score of 550 points. If the HIV Prevention Program proposal fails to score at least 400 points during the PDSV, the applicant will not be considered for funding. Applicants applying for funding will be selected to receive a PDSV based on scores from the SEP process, geographic location, CDC's funding preferences, and the proposed populations to be targeted.

During PDSVs, CDC staff will meet with appropriate project management and staff, which may include representatives of governing bodies, executive director, program manager, etc. The PDSV (1) facilitates a technical review of the application and discussion of the proposed program; (2) further assesses an applicant's capacity to implement the proposed program; and (3) identifies unique programmatic conditions that may require further training, technical assistance, or other CDC resources. CDC will contact the health department during the PDSV process to verify data submitted by the applicant (e.g., target population data). Final funding determinations will be based on application scores from the special emphasis panel review, scores from the PDSV, and CDC's funding preferences.

Applications will be funded in order by score and rank determined by the review panel. The following factors also may affect the funding decision:

- Preference to ensure equitable balance in terms of targeted racial or ethnic minority groups. (The number of funded applicants serving each racial or ethnic minority group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)
- Preference to avoid unnecessary duplication of services.
- Preference for applicants that propose to implement HIV prevention services among target populations not addressed by higher-ranking applicants.
- Preference for the balance of funded applicants based on (1) burden of HIV infection within jurisdictions; and (2) disproportionately affected geographic areas, as measured by CDC.
- Preference for applicants that propose cost-effective programs that fully maximize the impact of CDC's fiscal resources.
- Preference for applicants with extensive experience (at least 24 months) serving the proposed target population(s).

2. Announcement and Anticipated Award Dates:

Announcement Date: June 1, 2015

Anticipated award date: July 1, 2015

F. Award Administration Information
1. Award Notices:
Awardees will receive an electronic copy of the Notice of Award (NoA) from CDC PGO. The NoA shall be the only binding, authorizing document between the awardee and CDC. The NoA will be signed by an authorized GMO and emailed to the awardee program director. Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements. Unsuccessful applicants will receive notification of these results by email with delivery receipt or by U.S. mail.
2. Administrative and National Policy Requirements:
Awardees must comply with the administrative requirements outlined in 45 C.F.R. Part 74 or Part 92, as appropriate. Brief descriptions of relevant provisions are available at http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm. The following Administrative Requirements (AR) apply to this project: • AR-4: HIV/AIDS Confidentiality Provisions • AR-5: HIV Program Review Panel • AR-6: Patient Care • AR-8: Public Health System Reporting (community-based, nongovernment organizations) • AR-9: Paperwork Reduction Act • AR-10: Smoke-Free Workplace • AR-11: Healthy People 2020 • AR-12: Lobbying Restrictions • AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities • AR-14: Accounting System Requirements • AR-15: Proof of Non-profit Status (nonprofit organizations) • AR-16: Security Clearance Requirement • AR-21: Small, Minority, And Women-owned Business • AR 23: Compliance with 45 C.F.R. Part 87 (faith-based organizations) • AR-24: Health Insurance Portability and Accountability Act • AR-25: Release and Sharing of Data • AR-26: National Historic Preservation Act of 1966 • AR-27: Conference Disclaimer and Use of Logos • AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving,” October 1, 2009

- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)
- AR-35: Nutrition Policies

For more information on the C.F.R., visit the National Archives and Records Administration at http://www.access.gpo.gov/nara/cfr/cfr-table-search.html.

3. Reporting

a. CDC Reporting Requirements:

Reporting provides continuous program monitoring and identifies successes and challenges that awardees encounter throughout the project period. Also, reporting is a requirement for awardees who want to apply for yearly continuation of funding. Reporting helps CDC and awardees because it:

- Helps target support to awardees, particularly for cooperative agreements;
- Provides CDC with periodic data to monitor awardee progress towards meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings to validate continuous program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the FOA.

As described in the following text, awardees must submit an annual performance report, ongoing performance measures data, administrative reports, and a final performance and financial report. A detailed explanation of any additional reporting requirements will be provided in the Notice of Award to successful applicants.

Awardees must report all required program performance data, including NHM&E data, at the end of each budget period to CDC's Division of HIV/AIDS Prevention via CDC-approved data systems. These reporting requirements are inclusive of the data required for fulfillment of the annual performance report described in the following text.

b. Specific Reporting Requirements:

i. **Awardee Evaluation and Performance Measurement Plan**: Awardees must provide a more detailed evaluation and performance measurement plan within the first six months of the project. This more detailed plan must be developed by awardees as part of first-year project activities, with support from CDC. This more detailed plan must build on the elements stated in the initial plan and must be no more than 25 pages. At a minimum, and in addition to the elements of the initial plan, this plan must:

- Indicate the frequency that evaluation and performance data are to

be collected.

- Describe how data will be reported.
- Describe how evaluation findings will be used to ensure continuous quality and program improvement.
- Describe how evaluation and performance measurement will yield findings that will demonstrate the value of the FOA (e.g., effect on improving public health outcomes; effectiveness of FOA as it pertains to performance measurement, cost-effectiveness, or cost-benefit).
- Describe dissemination channels and audiences (including public dissemination).
- Describe other information requested and as determined by the CDC program.

When developing evaluation and performance measurement plans, applicants are encouraged to use the Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, available at: http://www.cdc.gov/eval/guide/index.htm.

Applicants are also encouraged to follow guidance provided by the Program Evaluation Branch, available at: http://www.cdc.gov/hiv/policies/funding/announcements/ps15-1502/index.html.

ii. **Annual Performance Report:** This report must not exceed 45 pages, excluding administrative reporting. Attachments are not allowed, but Web links are allowed.

The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period. In addition, the awardee must submit an annual Federal Financial Report within 90 days after the end of the calendar quarter in which the budget year ends.

This report must include the following:

- **Performance Measures** (including outcomes)–Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results**–Awardees must report evaluation results for the work completed to date (including any data about the effects of the program).
- **Work Plan**–Awardees must update their work plan each budget period.
- **Successes**
  - Awardees must report progress on completing activities outlined in the work plan.

- Awardees must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year.
- Awardees must describe success stories.

- **Challenges**
  - Awardees must describe any challenges that might affect their ability to achieve annual and project-period outcomes, conduct performance measures, or complete the activities in the work plan.
  - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
  - Awardees must describe how CDC could help them overcome challenges to achieving annual and project-period outcomes and performance measures, and completing activities outlined in the work plan.
- **Administrative Reporting** (No page limit)
  - SF-424A Budget Information–Non-Construction Programs.
  - Budget Narrative–must use the format outlined in the *Content and Form of Application Submission, Budget Narrative* section.
  - Indirect Cost-Rate Agreement.

For Year 2 and beyond of the award, awardees may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and
- Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period.

iii. Performance Measure Reporting: CDC programs must require awardees to submit performance measures annually as a minimum, and may require reporting more frequently. Performance measure reporting must be limited to data collection. When funding is awarded initially, CDC programs must specify required reporting frequency, data fields, and format.

Awardees must report all required program performance data, including

NHM&E data, to CDC via CDC-approved data systems twice per year on a schedule defined by CDC.

iv. **Federal Financial Reporting (FFR):** The annual FFR form (SF-425) is required and must be submitted through eRA Commons, https://commons.era.nih.gov/commons/, within 90 days after each budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. The final FFR expenditure data and the Payment Management System's (PMS) cash transaction data must correspond; no discrepancies between the data sets are permitted. Failure to submit the required information by the due date may affect adversely the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation and include the date by which the information will be provided.

v. **Final Performance and Financial Report:** At the end of the project period, awardees must submit a final report including a final financial and performance report. This report is due 90 days after the project period ends. (CDC must include a page limit for the report with a maximum of 40 pages).

At a minimum, this report must include:

- Performance Measures (including outcomes)–Awardees must report final performance data for all performance measures for the project period.
- Evaluation Results–Awardees must report final evaluation results for the project period.
- Impact/Results–Awardees must describe the effects or results of the work completed over the project period, including success stories.
- Additional forms as described in the Notice of Award, including Equipment Inventory Report and Final Invention Statement.

Awardees must email the report to the CDC Project Officer and the Procurement and Grants Management Office GMS listed in the "Agency Contacts" section of the FOA.

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA):

The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible Web site, www.USASpending.gov.

Compliance with these mandates is primarily the responsibility of the federal agency. However,

two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than $25,000.

For the full text of these requirements, see: http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=BILLS.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

For **programmatic technical assistance**, contact:

Renata D. Ellington, Program Leader, CBO Initiatives
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Road, NE, Mailstop E-58
Atlanta, GA 30333
Telephone: 404-639-8330
Email: cbofoa@cdc.gov

For **financial, awards management, or budget assistance**, contact:

Freda Johnson, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS-E15
Atlanta, GA 30341
Telephone: 770-488-3107
Email: FJohnson5@cdc.gov

For assistance with **submission difficulties related to www.grants.gov,** contact the Contact Center by phone at 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: pgotim@cdc.gov

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348.

H. Other Information

Following is a list of required attachments that applicants must upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances of Compliance (Must be downloaded from www.grants.gov)
- Work Plan
- Table of Contents for Entire Submission*
- Resumes/CVs
- HIV Testing Documentation Requirements
  - Health Department Targeted HIV Testing/Partner Services Letter of Agreement*
  - Letter of Intent from a Physician for State Regulations and HIV Testing Activities, if required*
  - CLIA waiver
- Health Department Letter of Support *
- Other Organization Letters of Support (maximum of 3)
- Organizational Charts
  - Agency-wide, and
  - HIV prevention program specific
- Non-profit Organization IRS Status Forms
- Indirect Cost Rate (if applicable)
- Service Agreements for HIV Medical Care
- Memorandums of Agreement/Understanding (MOAs/MOUs)
- One of the Following to Support Evidence of Service, Location, and History Serving the Proposed Target Population:
  - A copy of a progress report from a funder
  - Letter from an applicant's funding source, other than CDC, documenting the applicant's service to the target population
- Historical Data Table*
- CBO HIV Prevention Partnership Form*
- Proposed Target Population Worksheet*

*Templates and/or samples of these documents are located at http://www.cdc.gov/hiv/policies/funding/announcements/ps15-1502/index.html

PS15-1502 List of Attachments

All attachments are located at http://www.cdc.gov/hiv/policies/funding/announcements/ps15-1502/index.html. Attachment F must be downloaded along with the PS15-1502 application package from www.grants.gov.

Attachment A: CBO HIV Prevention Partnership Form
Attachment B: Proposed Target Population Worksheet (required for the lead applicant organization only)
Attachment C: Health Department targeted HIV Testing and Partner Services Letter of Agreement
Attachment D: Letter of Intent from a Physician
Attachment E: HIV Testing Reporting Requirements
Attachment F: CDC Assurances of Compliance (must be downloaded from www.grants.gov)
Attachment G: Health Department Letter of Support
Attachment H: Historical Data Table (required for the lead applicant organization only)
Attachment I: Sample Table of Contents
Attachment J: Letter of Intent to Apply for Funding

References

[1] CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 U.S. dependent areas—2011. *HIV Surveillance Supplemental Report* 2013; 18 (No. 5). Published October 2013.

[2] CDC. Estimated HIV incidence in the United States, 2007–2010. HIV Surveillance Supplemental Report 2012; 17 (No. 4). Published December 2012.

[3] CDC. HIV Surveillance Report, 2011; vol. 23. http://www.cdc.gov/hiv/topics/surveillance/resources/reports/. Published February 2013.

Important Resources

PS15-1502 website: http://www.cdc.gov/hiv/policies/funding/announcements/ps15-1502/index.html

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: http://www.cdc.gov/nchhstp/

Program Collaboration and Service Integration: http://www.cdc.gov/nchhstp/programintegration/docs/207181-C_NCHHSTP_PCSI%20WhitePaper-508c.pdf

Division of HIV/AIDS Prevention: http://www.cdc.gov/hiv/dhap/about.html

HIV/AIDS Care Continuum: http://aids.gov/federal-resources/policies/care-continuum/

Sexual Health: http://www.cdc.gov/sexualhealth

CDC's Imperatives for High-Impact Prevention

High-Impact HIV Prevention: CDC's Approach to Reducing HIV Infections in the United States: http://www.cdc.gov/hiv/pdf/policies_NHPC_Booklet.pdf

HIV/AIDS Care Continuum: http://aids.gov/federal-resources/policies/care-continuum/

HRSA. Continuum of HIV Care among Ryan White HIV/AIDS Program Clients: http://hab.hrsa.gov/data/reports/continuumofcare/continuumabstract.html

Vital signs: HIV prevention through care and treatment – United States. MMWR 2011; 60(47); 1618-1623. Available at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6047a4.htm

Pre-Exposure Prophylaxis: http://www.cdc.gov/hiv/prevention/research/prep/

Pre-Exposure Prophylaxis For the Prevention of HIV Infection In the United States – 2014: A Clinical Practice Guideline. Available at http://www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf

Recommendations for post-exposure interventions to prevent infection with Hepatitis B virus, Hepatitis C virus, or human immunodeficiency virus, and Tetanus in persons wounded during bombings and other mass-casualty events – United States, 2008. MMWR 2008; 57(RR06); 1-19. Available at http://www.nejm.org/doi/full/10.1056/NEJMoa1105243#t=articleTop

HIV Prevention Trials Network. A randomized trial to evaluate the effectiveness of antiretroviral therapy plus HIV primary care versus HIV primary care alone to prevent the sexual transmission of HIV-1 in serodiscordant couples. Available at Http://www.hptn.org/research_studies/hptn052.asp

Prevention of HIV-1 infection with early antiretroviral therapy. NEJM. 2011, 365: 493-505. Available at http://www.nejm.org/doi/full/10.1056/NEJMoa1105243#t=articleTop

U.S.C. Public Law 111 - 148 - Patient Protection and Affordable Care Act of 2010. Available at http://www.healthcare.gov/law/full/index.html

CDC. The Affordable Care Act helps people living with HIV/AIDS. Available at http://www.cdc.gov/hiv/strategy/affordablecare.html

CDC-Supported Programmatic Guidance Documents and Recommendations (including but not limited to the following)

The CDC Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health Care Settings: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm

Program Manager's Guide - Planning and Implementing HIV Testing and Linkage Programs in Non-Clinical Settings: http://www.effectiveinterventions.org/Libraries/Public_Health_Strategies_Docs/HIVTestingImp

lementationGuide_Final.sflb.ashx

Evaluation Guide - HIV Testing and Linkage Programs in Non-Clinical Settings: http://www.effectiveinterventions.org/Libraries/Public_Health_Strategies_Docs/Final-_HIV_Testing_in_NonClinical_Evaluation_Manual.sflb.ashx

HIV Prevention with Positives: http://hivpwp.org

Sexually Transmitted Diseases Treatment Guidelines, 2010 http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5912a1.htm?s_cid=rr5912a1_e

Combating the Silent Epidemic of Viral Hepatitis: Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis: http://www.hhs.gov/ash/initiatives/hepatitis/

The CDC, the Health Resources and Services Administration (HRSA), the National Institutes of Health (NIH), and the HIV Medicine Association of the Infectious Disease Society of American (IDSA) Guidelines for Incorporating HIV Prevention into the Medical Care of Persons Living with HIV: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5212a1.htm

The CDC Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydial Infection: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5709a1.htm

Compendium of Evidence-Based HIV Prevention Interventions: http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm

Anti-Retroviral Treatment and Access to Services (ARTAS): http://www.effectiveinterventions.org/en/HighImpactPrevention/PublicHealthStrategies/ARTAS.aspx

Condom Distribution Programs: http://www.effectiveinterventions.org/en/HighImpactPrevention/StructuralInterventions/CondomDistribution.aspx

Third-Party Billing Resources

Shifting to Third-Party Billing Practices for Public Health STD Services: Policy Context and Case Studies (National Coalition of STD Directors) http://www.ncsddc.org/third-party-billing-practices

The National Academy for State Health Policy (NASHP): Tips on Enhancing Billing Capacities http://www.nashp.org/sites/default/files/SNP.tips.billing.capacities.pdf

Target Center- Tools for the Ryan White Community: https://careacttarget.org/

I. Glossary

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

Application: A formal request to CDC for HIV prevention funding. The application contains a written narrative and budget reflecting the priorities described in the program announcement and the jurisdiction's comprehensive HIV prevention plan.

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Behavioral Interventions: The use of behavioral approaches designed to moderate intra- and interpersonal factors to prevent acquisition and transmission of HIV infection.

Biomedical Interventions: The use of medical, clinical, and public health approaches designed to moderate biological and physiological factors to prevent HIV infection, reduce susceptibility to HIV, and/or decrease HIV infectiousness.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Capacity Building: Activities that strengthen the core competencies of an organization and contribute to its ability to develop and implement an effective HIV prevention intervention and sustain the infrastructure and resource base necessary to support and maintain the intervention.

Capacity Building Assistance (CBA): Activities that strengthen and maintain the organizational infrastructure and resources necessary to support HIV prevention services. Capacity building enhances the abilities of key personnel to plan and implement intervention activities. It may also focus on community development to support the delivery of effective HIV prevention services.

Capacity Building Assistance Consumers: Community-based organizations, health departments, HIV planning groups, and other community stakeholders serving high-risk and/or racial ethnic minority populations are the prioritized audience for HIV prevention CBA services.

CBA Providers: National and regional organizations funded by the CDC to provide expert programmatic, scientific, and technical support to health departments, community-based organizations, and communities in the design, implementation, and evaluation of HIV prevention interventions and programs.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A catalog published twice a year that describes domestic assistance programs administered by the federal government. This catalog lists projects, services, and activities that provide assistance or benefits to the American public. This catalog is available at https://www.cfda.gov/index?s=agency&mode=form&id=0bebbc3b3261e255dc82002b83094717&tab=programs&tabmode=list&subtab=list&subtabmode=list.

Centers for Disease Control and Prevention (CDC): The lead federal agency for protecting the health and safety of people, providing credible information to enhance health decisions, and promoting health through strong partnerships. Based in Atlanta, Georgia, this agency of the U.S. Department of Health and Human Services serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.

CDC Assurances and Certifications: Standard government-wide grant application forms.

CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.

Clinical Laboratory Improvement Amendment Program (CLIA): U.S. federal regulatory standards for the accuracy, reliability, and timelines of all clinical laboratory testing performed on humans except as a part of research. CLIA requires that any facility examining human specimens for diagnosis, prevention, and treatment of a disease or for assessment of health must register with federal Centers for Medicare and Medicaid Services (CMS) and obtain CLIA certification.

CLIA Certificate of Waiver: One of four types of certificates issued under CLIA, it is issued when tests have been approved by the FDA and are simple to use, require very little training to perform, and are highly accurate. Non-clinical testing sites that plan to offer waived rapid HIV tests must either apply for their own CLIA certificate of waiver or establish an agreement to work under the CLIA certificate of an existing laboratory.

Collaboration: Working with another person, organization, or group for mutual benefit by

exchanging information, sharing resources, or enhancing the other's capacity, often to achieve a common goal or purpose.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the "life" of the award).

Comprehensive HIV Prevention Plan: A plan that identifies prioritized target populations and describes what interventions will best meet the needs of each prioritized target population. The primary task of the community planning process is developing a comprehensive HIV prevention plan through a participatory, science-based planning process. The contents of the plan are described in the HIV Prevention Planning Guidance, and key information necessary to develop the comprehensive HIV prevention plan is found in the epidemiologic profile and the community services assessment.

Condom Distribution: The means by which condoms are transferred, disseminated, or delivered from a community resource (e.g., health department, community-based organization, or health care organization).

Confidentiality: Ensuring that information is accessible only to those authorized to have access.

Confirmatory Testing: Additional testing performed to verify the results of an earlier (screening) test. For HIV diagnosis a Western blot or, less commonly, an immunofluorescence assay (IFA) are typically used, though additional more sensitive tests may also be considered.

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument that establishes a binding, legal procurement relationship between CDC and a recipient, and obligates the recipient to furnish a product.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award.

Coordination: Aligning processes, services, or systems, to achieve increased efficiencies, benefits, or improved outcomes. Examples of coordination may include sharing information, such as progress reports, with state and local health departments or structuring prevention delivery systems to reduce duplication of effort.

Cost Sharing or Matching: Refers to program costs not borne by the federal government but by the awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

Counseling and Testing: A process through which an individual receives information about HIV transmission and prevention, HIV tests, and the meaning of tests results; is provided HIV prevention counseling to reduce their risk for transmitting or acquiring HIV; and is provided testing to detect the presence of HIV antibodies.

Culturally Appropriate: Conforming to a culture's acceptable expressions and standards of behavior and thoughts. Interventions and educational materials are more likely to be culturally appropriate when representatives of the intended target audience are involved in planning, developing, and pilot testing them.

Direct Assistance: An assistance support mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. Direct assistance generally involves the assignment of Federal personnel or the provision of equipment or supplies, such as vaccines. http://intranet.cdc.gov/ostlts/directassistance/index.html.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/webform/displayHomePage.do.

Effective: Demonstrating the desired effect when widely used in practice or under real-world conditions that are considerably less rigorous and controlled, rather than in environments that test efficacy but are still designed to ensure that the desired effect can be attributed to the intervention in question.

Epidemic: The occurrence of cases of an illness, specific health-related behavior, or other health-related events in a community or region in excess of normal expectancy.

Ethnicity: The cultural characteristics that connect a particular group or groups of people to each other, such as people of Hispanic or Latino origin.

Evidence-based: Behavioral, social, and structural interventions relevant to HIV risk reduction that have been tested using a methodologically rigorous design and have been shown to be effective in a research setting. These evidence- or science-based interventions have been evaluated using behavioral or health outcomes; have been compared to a control/comparison group(s) (or pre-post data without a comparison group if a policy study); had no apparent bias when assigning persons to intervention or control groups or were adjusted for any apparent assignment bias; and produced significantly greater positive results when compared to the

control/comparison group(s), while not producing adverse consequences.

Faith-based Organization: A faith-based organization is a non-governmental agency owned by religiously affiliated entities such as (1) individual churches, mosques, synagogues, temples, or other places of worship or (2) a network or coalition of churches, mosques, synagogues, temples, or other places of worship.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Funding Opportunity Announcement (FOA): A CDC announcement informing the public of the availability of funds to develop and implement programs that meet a public health goal, including a solicitation of applications for funding. The FOA describes required activities and asks the applicants to describe how they will carry out the required activities.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" Web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: A desirable goal that entails special efforts to improve the health of those who have experienced social or economic disadvantage. It requires continuous efforts focused on elimination of health disparities, including disparities in the living and working conditions that influence health, and continuous efforts to maintain a desired state of equity after particular health disparities are eliminated.

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

High-risk Individuals: Individuals at substantial risk for HIV.

- For sexual transmission, this includes (1) anyone who is in an ongoing relationship with an HIV-positive partner; (2) anyone who is not in a mutually monogamous relationship with a partner who recently tested HIV-negative and is a gay or bisexual man who has had anal sex without a condom or been diagnosed with an STD in the past 6 months; and (3) any heterosexual man or woman who does not regularly use condoms during sex with partners of unknown HIV status who are at substantial risk of HIV infection (e.g., people who inject drugs or have bisexual male partners).
- For people who inject drugs, this includes those who have injected illicit drugs in the past 6 months and who have shared injection equipment or been in drug treatment for injection drug use in the past 6 months.

HIV Planning Group (HPG): A group of local health officials, representatives from HIV-affected communities, and technical experts who share responsibility for developing a comprehensive HIV prevention plan for their community. The intent of the process is to increase meaningful community involvement in prevention planning, improve the scientific basis of program decisions, and target resources to those communities at highest risk for HIV transmission and acquisition.

HIV Medical Care/Evaluation/Treatment: Medical services that address HIV infection, including evaluation of immune system function and screening, treatment, and prevention of opportunistic infection.

HIV Prevention Counseling: An interactive process between client and counselor aimed at reducing risky sex and drug-injection behaviors related to HIV acquisition or transmission.

HIV Screening: HIV testing strategy of all persons in a defined population.

HIV Testing Strategy: The approach an agency or a person uses when conducting HIV testing in order to decide who will be tested. Testing strategies include HIV screening that is population-based and targeted testing of subpopulations of persons at higher risk.

Incentive: A type of reward (e.g., voucher for transportation, food, money, or other small reward) given as compensation for a person's time and participation in a particular activity.

Incidence: The number of new cases in a defined population within a certain time period (often a year). It is important to understand the difference between HIV incidence, which refers to new HIV infections, and new HIV diagnosis. New HIV diagnosis is a person who is newly diagnosed as HIV-infected, usually through HIV testing. These persons may have been infected recently or at some time in the past.

Inclusion: Both the meaningful involvement of a community's members in all stages of the

program process and the maximum involvement of the target population(s) that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Injection Drug User (IDU): Someone who uses a needle to inject drugs into his or her body.

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following Web address to get the current SPOC list: http://www.whitehouse.gov/omb/grants_spoc/.

Intervention: A specific activity (or set of related activities) intended to reduce the risk of HIV transmission or acquisition. Interventions may be either biomedical or behavioral and have distinct process and outcome objectives and protocols outlining the steps for implementation.

Lead Organization in a Collaborative Contractual Partnership: For the purposes of PS15-1502, the lead organization is defined as the organization that is the direct and primary applicant in a cooperative agreement program, but intends to formally collaborate through a contractual agreement with one or two additional organizations that will share in the proposed program activities. The lead organization must perform a substantial role (no less than 51%) in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Linkage: Actively assisting clients with accessing needed services through a time-limited professional relationship. The active assistance typically lasts a few days to a few weeks and includes a follow-up component to assess whether linkage has occurred. Linkage services can include assessment, supportive counseling, education, advocacy, and accompanying clients to initial appointments.

Linkage to Medical Care: This occurs when a patient is seen by a health care provider (e.g., physician, a physician's assistant, or nurse practitioner) to receive medical care for his/her HIV infection, usually within a specified time. Linkage to medical care can include specific referral to

care service immediately after diagnosis and follow-up until the person is linked to long-term case management.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grassroots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Local Health Department: A health department and/or health department facility responsible for providing and/or supporting the provision of direct client services in a county or city.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other nongovernment sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Medication Adherence: The extent to which patients take their medication as prescribed by their doctors.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Men who Have Sex with Men (MSM): Men who report sexual contact with other men (i.e., homosexual contact) and men who report sexual contact with both men and women (i.e., bisexual contact), whether or not they identify as “gay.”

MSM/IDU: Men who report both sexual contacts with other men and injection drug use as risk factors for HIV infection.

National HIV/AIDS Strategy (NHAS): A comprehensive plan focused on reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities.

National HIV Monitoring and Evaluation (NHM&E) Data Set: The official database containing

the full set of National HIV Prevention Program Monitoring and Evaluation data variables.

Navigation Services: Patient navigation assistance is the process of helping a person obtain timely and appropriate medical or social services, given provider preferences, insurance status, scheduling issues, and other factors that may complicate access or utilization of services.

Navigator: Patient navigators are peers, volunteers, and staff members of clinics, health departments, and community-based organizations. Patient navigators may be lay persons, paraprofessionals, or medical professionals (e.g., RNs, LPNs).

New FOA: Any FOA that is not a continuation or supplemental award.

Nongovernment Organization (NGO): Any nonprofit, voluntary citizens' group that is organized on a local, national, or international level.

Notice of Award (NoA): The only binding, authorizing document between the recipient and CDC that confirms issue of award funding. The NoA will be signed by an authorized GMO and provided to the recipient fiscal officer identified in the application.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The observable benefits or changes for populations or public health capabilities that are associated with or will result from a particular program strategy.

Outcome Evaluation: Collection of data about outcomes before and after the intervention for clients as well as a similar group that did not participate in the intervention being evaluated (i.e., control group); determines if the intervention resulted in the expected outcomes.

Outcome Monitoring: Involves the routine documentation and review of program-associated outcomes (e.g., individual-level knowledge, attitudes, and behaviors or access to services; service delivery; community or structural factors) in order to determine whether the anticipated outcomes have occurred and thus define the extent to which program goals and objectives are being met.

Outreach: A process of engaging face-to-face with high-risk persons in their own neighborhoods or venues where they typically congregate to provide HIV testing or referrals for testing. Outreach is often conducted by peers or paraprofessional educators.
Partner Services (PS): A systematic approach to notifying sex and needle-sharing partners of HIV-infected persons of their possible exposure to HIV so they can be offered HIV testing and learn their status or, if already infected, prevent transmission to others. PS helps partners gain

earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Plain Writing Act of 2010: Requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.

Pre-Decisional Site Visit (PDSV): A PDSV is the second step of the review process. It involves a site visit to the highest ranked agencies that are being considered for funding.

Prevalence: The total number of cases of a disease in a given population at a particular point in time. HIV/AIDS prevalence refers to persons living with HIV, regardless of time of infection or diagnosis date. Prevalence does not give an indication of how long a person has had a disease and cannot be used to calculate rates of disease. It can provide an estimate of risk that an individual will have a disease at a point in time.

Prevention Program: An organized effort to design and implement one or more interventions to achieve a set of predetermined goals, e.g., to increase condom use with non-steady partners.

Prevention Services: Any service or intervention directly aimed at reducing risk for transmitting or acquiring HIV infection (e.g., prevention counseling, behavior interventions, risk reduction counseling, substance abuse and mental health services, and other services focused on social determinants of health). The goal is to provide a comprehensive health service to clients to reduce their risk of transmitting or acquiring HIV infection.

Program Strategies: Public health interventions or public health capabilities.

Program Official: Person responsible for developing the FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Project Period Outcome: An outcome that will occur by the end of the FOA's funding period.
Public Health Accreditation Board (PHAB): National, nonprofit organization that improves tribal, state, local, territorial, and U.S. public health departments and strengthens their quality and performance through accreditation.

Qualitative Data: Non-numeric data, including information from sources such as narrative behavior studies, focus group interviews, open-ended interviews, direct observations, ethnographic studies, and documents. Findings from these sources are usually described in terms of underlying meanings, common themes, and patterns of relationships, rather than numeric or statistical analysis. Qualitative data often complement and help explain quantitative data.

Quantitative Data: Numeric information, such as numbers, rates, and percentages, representing counts or measurements suitable for statistical analysis.

Race: A client's self-reported classification of the biological heritage with which they most closely identify. Standard OMB race codes are applied.

Recruitment: The process by which persons are identified and invited to become participants in an intervention or other HIV prevention service, such as counseling, testing, and referral (CTR).

Referral: Directing clients to a service in person or through telephone, written, or other form of communication. Generally, a one-time event. Referral may be made formally from one clinical provider to another, within a case management system by professional case managers, informally through support staff, or as part of an outreach services program.

Risk Behaviors: Behaviors that can directly expose persons to HIV or transmit HIV, if the virus is present (e.g., sex without a condom, sharing unclean needles). Risk behaviors are actual behaviors by which HIV can be transmitted, and a single instance of the behavior can result in transmission.

Risk Factors: Factors based on observations of behaviors and contexts in which HIV is likely to be transmitted (e.g., lifetime number of sex partners, crack use, environmental factors like membership in a demographic group highly impacted by HIV, using expired-date condoms, Internet use). Influencing factors of behavioral risk refer to associations with risk (risk correlates and risk contexts), not behavioral determinants.

Risk Reduction Activities (RRA) (formerly known as Health Education/Risk Reduction [HE/RR]): Organized efforts to reach people at increased risk of becoming HIV-infected or, if already infected, transmitting the virus to others. The goal is to reduce the spread of infection. Activities range from individual HIV prevention counseling to broad, community-based interventions.

Risk Reduction Education: Providing brief HIV facts on how HIV is transmitted, explanation of the HIV test procedure, information about the window period, and the meaning of the potential test results.

Ryan White Treatment Modernization Act: The name given to the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act when it was reauthorized in 2006. This is the primary federal legislation that addresses the needs of persons in the United States living with HIV/AIDS and their families. The original CARE Act was enacted in 1990.

Seroprevalence: The number of people in a population who test HIV-positive, based on serology (blood serum) specimens. Seroprevalence is often presented as a percent of the total specimens tested or as a rate per 1,000 persons tested.

Single Organization: For the purposes of PS15-1502, a single organization is defined as one organization that is the only applicant in a cooperative agreement program and will be the sole provider of activities in their proposed program.

Social Determinants: The economic and social conditions that influence the health of persons, communities, and jurisdictions and include conditions for early childhood development; education, employment, and work; food security; health services; housing; income; and social exclusion.

Social Network: A map of the relationships between persons, indicating the ways in which they are connected through various social familiarities, ranging from casual acquaintance to close familial bonds.

Social Networking: A recruitment strategy in which a chain of referrals is based on high-risk persons using their personal influence to enlist their peers they believe to be high-risk.

Substance Abuse Services: Services for the treatment and prevention of drug or alcohol use.

Surveillance: The ongoing and systematic collection, analysis, and interpretation of data about occurrences of a disease or health condition.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations. *Black's Law Dictionary 2 Kent, Comma 450.*

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Target Populations: The primary groups of people or organizations that a program, strategy, or intervention is designed to affect.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Transgender Female to Male (FTM): An individual whose physical or birth sex is female but whose gender expression and/or gender identity is male.

Transgender Male to Female (MTF): An individual whose physical or birth sex is male but whose gender expression and/or gender identity is female.

Transmission Risk: A behavior that places the priority population at potential risk for HIV infection or transmission.

Work Plan: The summary of annual strategies and activities, personnel and/or partners who will complete them, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.