

Centers for Disease Control and Prevention

National Center for HIV-AIDS, Viral Hepatitis, STD, and TB Prevention

Strategies to Maintain HIV Viral Suppression Among State Prison Inmates Released to the Community

CDC-RFA-PS20-2011

Application Due Date: 06/29/2020

Strategies to Maintain HIV Viral Suppression Among State Prison Inmates Released to the Community

CDC-RFA-PS20-2011

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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 "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-PS20-2011. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

Strategies to Maintain HIV Viral Suppression Among State Prison Inmates Released to the Community

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

New - Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PS20-2011

E. Assistance Listings (CFDA) Number:

93.941

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**06/29/2020**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

Not applicable.

G. Executive Summary:

1. Summary Paragraph:

CDC announces the availability of fiscal year 2020 funds for a cooperative agreement to develop, implement, and evaluate effective, sustainable, and replicable program models that support continuity of HIV medical care for persons with HIV (PWH) released from state prisons into the community, emphasizing (1) linkage to and retention in community HIV medical care, (2) adherence to HIV treatment, and (3) suppression of HIV viral load. Secondarily, models developed should include strategies for identifying PWH and HIV-negative persons at risk for HIV among sex and drug injection partners, and associates of program participants and linking them to care and prevention services. Programs will use a systems-level approach, supported by health department field services expertise and clinical care coordination through partnerships with community-based healthcare and service providers, to ensure participants have access to

services that reduce barriers to retention in care and sustained viral suppression. The primary outcome measures will be patient (i.e., formerly incarcerated program participants) linkage to community HIV care, retention in HIV care, and viral suppression.

a. Eligible Applicants:	Open Competition
b. NOFO Type:	Cooperative Agreement
c. Approximate Number of Awards:	3
d. Total Period of Performance Funding:	$9,000,000
e. Average One Year Award Amount:	$750,000
f. Total Period of Performance Length:	4
g. Estimated Award Date:	08/28/2020
h. Cost Sharing and / or Matching Requirements:	N

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

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Approximately 1.5 million persons are incarcerated in U.S. prisons; the prevalence of HIV among incarcerated persons is approximately 1.3 percent. Persons adherent to anti-retroviral therapy with an undetectable viral load have effectively no risk of sexually transmitting HIV. Inmates with diagnosed HIV have access to regular HIV treatment during confinement. However, each year, approximately 6,500 persons with HIV (PWH) are released from prison, and programs with demonstrated effectiveness at retaining them in medical care after release are lacking.

High rates of viral suppression can be achieved for incarcerated PWH, but health benefits achieved during incarceration are often not maintained after release. A study in the California state prison system identified high rates of linkage to care (99%), retention in care (98%), and viral suppression (88%) among incarcerated PWH. However, among those released who had a viral load test between 91 days and 12-months after release, only 11% were virally suppressed. Given the number of PWH released from prisons annually, lack of effective long-term post-release follow-up contributes to the number of PWH in the community who are not virally suppressed. Effective programs are needed to help PWH maintain viral suppression after release from prison. This will contribute to federal and state efforts that are aligned with meeting the goals of the ‘Ending the HIV Epidemic’ Presidential Initiative that aims to reduce new HIV

infections in the U.S. by at least 90 percent within 10 years.

This NOFO aims to develop effective, sustainable, and replicable program models that support continuity of HIV care for PWH released from state prisons into the community. Programs will emphasize linkage to and retention in community HIV care, adherence to HIV treatment, and suppression of HIV viral load. Programs should also identify sex and injection partners in the client's social network to link them to HIV treatment and prevention services.

Programs will use HIV surveillance data, department of corrections data, and other data to identify PWH incarcerated in state prisons and projected to be released in ≤ 6 months. Post-release programs should use a systems-level approach, supported by health department field services expertise and clinical care coordination through partnerships with community-based healthcare and service providers, to ensure participants have access to services that reduce barriers to retention in care and sustained viral suppression. Services should include health benefits navigation, other medical services, behavioral health services, and social services. These services are important to improving both HIV outcomes and recidivism. Programs may employ innovative approaches for service delivery (e.g., telemedicine, video- based counseling). The project will require collaboration among state and local health departments, departments of corrections, community-based healthcare providers, behavioral health and social service providers, and other stakeholders (e.g., parole agencies, CBOs).

Primary outcome measures will be post-release linkage to community HIV medical care, retention in care, and HIV viral load suppression. Data-to-care methods should be used to follow PWH for at least 18 months after release. Recipients may need to augment existing data systems to capture data on services used by participants and relevant contextual data to interpret project findings. State or local laws or regulations related to "vulnerable populations" may require Institutional Review Board review and approval.

b. Statutory Authorities

This program is authorized under sections 301 and 318 of the Public Health Service Act (42 U.S.C. Sections 241 and 247c), as amended.

c. Healthy People 2030

This notice of funding opportunity (NOFO) addresses the "Healthy People 2020" focus area of HIV.

http://www.healthypeople.gov/2020/topics-objectives/topic/hiv/objectives

d. Other National Public Health Priorities and Strategies

Ending the HIV Epidemic: A Plan for America: https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview

National HIV Prevention Goals: https://www.hiv.gov/federal-response/national-hiv-aids-strategy/overview

CDC National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Strategic Plan: http://www.cdc.gov/nchhstp/docs/;NCHHSTP-Strategic-Plan-through-2020-508.pdf

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

Additional information about the goals and strategies of NCHHSTP is available: http://www.cdc.gov/nchhstp

e. Relevant Work

This NOFO builds upon the following previous and current HIV prevention programs, including:

CDC-RFA-PS-20-2010, Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States: https://www.cdc.gov/hiv/funding/announcements/ps20-2010/index.html

CDC-RFA-PS-18-1802, Integrated HIV Surveillance and Prevention Programs for Health Departments: https://www.cdc.gov/hiv/pdf/funding/announcements/ps18-1802/cdc-hiv-ps18-1802-nofo.pdf

CDC-RFA-PS14-1410: Partnerships for Care (P4C): Health Departments and Health Centers Collaborating to Improve HIV Health Outcomes: https://www.cdc.gov/hiv/research/demonstration/p4c/index.html

CDC Contract #200-2013-57341-4: The Data to Care (D2C) Public Health Strategy: Successes, Challenges, and Lessons Learned in Identifying, Linking, and Reengaging Persons Diagnosed with HIV to Medical Care

CDC-RFA-PS13-1302: National HIV Surveillance System (NHSS): http://www.cdc.gov/hiv/funding/announcements/ps13-1302/index.html

CDC-RFA-PS12-1201: Comprehensive HIV Prevention Programs for Health Departments: http://www.cdc.gov/hiv/funding/announcements/ps12-1201/index.html

CDC-RFA-PS12-1210: The Care and Prevention in the United States (CAPUS) Demonstration Project: http://www.cdc.gov/hiv/research/demonstration/capus/index.html

Relevant federal implementation tools: ;https://targethiv.org/ihip/jails; ;https://nextlevel.targethiv.org/deii/jails

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Logic Model – PS20-2011: Strategies to Maintain HIV Viral Suppression Among State Prison Inmates Released to the Community			
Strategies & Activities	**Short-term Outcomes**	**Intermediate-term Outcomes**	**Long-term Outcomes**
Strategy 1:			**L-T Outcome 1:**

<table>
<tr><td colspan="3">Use HIV surveillance and other available data to identify incarcerated persons with diagnosed HIV (PWH) and monitor their HIV care status and clinical outcomes pre- and post-release</td><td rowspan="4">Increased HIV viral suppression among PWH released from prison
<u>L-T Outcome 2</u>:
Increased HIV viral suppression among HIV-positive partners and associates of PWH released from prison
<u>L-T Outcome 3</u>:
Improved HIV-related health outcomes and overall quality of life for PWH released from prison and their HIV-positive partners and associates
<u>L-T Outcome 4</u>:
Decreased transmission of HIV from PWH released from prison and their HIV-positive partners and associates
<u>L-T Outcome 5</u>:
Decreased new HIV infections among HIV-negative partners and associates of PWH released from</td></tr>
<tr><td rowspan="2"><u>Activity 1.1</u>:
Establish collaboration between state health and corrections departments to use HIV surveillance, corrections, and other data to (1) identify incarcerated PWH projected to be released in ≤ 6 months, so enhanced pre-release planning can be conducted; and (2) monitor their HIV care status and clinical outcomes pre- and post-release</td><td rowspan="2"><u>S-T Outcome 1.1.1</u>:
Increased identification and monitoring of PWH incarcerated in state prison and projected to be released to the community within six months</td><td><u>I-T Outcome 1.1.1</u>:
Increased pre-release HIV prevention and care planning for PWH incarcerated in state prison and projected to be released within six months</td></tr>
<tr><td><u>I-T Outcome 1.1.2</u>:
Increased timely identification of PWH not linked to HIV medical care within 30 days after release</td></tr>
<tr><td colspan="3"><u>Strategy 2</u>:
Enhance pre-release planning for incarcerated PWH and strengthen and coordinate medical, behavioral health, and social services for those released from state prison to the community</td></tr>
<tr><td><u>Activity 2.1</u>:
Implement a sustainable program to (1) facilitate continuity of care and sustained HIV viral suppression for PWH released from state prison, and (2) help bridge the prison-to-community transition</td><td><u>S-T Outcome 2.1.1</u>:
Increased availability of and access to HIV medical care & other services to support continuity of care and HIV viral suppression for PWH released from prison</td><td><u>I-T Outcome 2.1.1</u>:
Improved timely linkage to and continuity of HIV medical care and service delivery for PWH released from state prison</td></tr>
<tr><td><u>Activity 2.2</u>:
Facilitate enhanced, coordinated pre-release</td><td><u>S-T Outcome 2.2.1</u>:
Improved cross-agency coordination of</td><td><u>I-T Outcome 2.2.1</u>:
Increased retention in HIV medical care and</td></tr>
</table>

planning for PWH projected to be released from state prison in ≤ 6 months; follow up on clinical outcomes post-release; & intervene with those not linked to & retained in care or virally suppressed	pre-release planning for incarcerated PWH projected to be released from state prison within six months	**sustained HIV viral load suppression for PWH released from state prison**	prison and their HIV-positive partners and associates
<u>Strategy 3</u>: **Provide partner services and conduct testing to identify other persons in need of HIV and STI treatment or prevention services**			
<u>Activity 3.1</u>: Among sex and drug-injection partners and associates of PWH released from state prison, use partner services and testing to (1) identify PWH in need of HIV treatment and link them to care; and (2) identify persons not infected with HIV, but at substantial risk for becoming infected, and link them to HIV prevention services, including pre-exposure prophylaxis (PrEP)	**<u>S-T Outcome 3.1.1</u>:** **Increased awareness of HIV status among HIV-infected partners and associates of PWH released from state prison**	**<u>I-T Outcome 3.1.1</u>:** **Increased receipt of HIV medical care by HIV-infected partners and associates of PWH released from state prison**	
	<u>S-T Outcome 3.1.2</u>: **Increased awareness of risk for HIV among HIV-negative partners and associates of PWH released from state prison**	**<u>I-T Outcome 3.1.2</u>:** **Increased receipt of HIV prevention services, including PrEP, by HIV-negative partners and associates of PWH released from state prison**	

Outcomes in **bold font** are period-of-performance outcomes that will be measured

i. Purpose

This NOFO's primary purpose is to develop effective, sustainable, and replicable program models that support continuity of HIV medical care for PWH released from state prisons into the community. Programs will emphasize linkage to and retention in HIV medical care, adherence to ART, and HIV viral load suppression. Secondarily, program models should include strategies for (1) identifying PWH and HIV-negative persons at risk for HIV among sex and drug injection partners and associates of program participants, and (2) linking them to care

and prevention services.

ii. Outcomes

As displayed in the logic model, recipients are expected to demonstrate progress toward achieving the following intended outcomes by the end of the period of performance. A complete list of outcomes and associated indicators will be finalized in collaboration with recipients in the first 6-months post award.

Strategy 1:

Use HIV surveillance and other available data to identify incarcerated persons with diagnosed HIV (PWH) and monitor their HIV care status and clinical outcomes pre- and post-release:

- **Short-term Period-of-Performance Outcomes:**
  - S-T Outcome 1.1.1: Increased identification and monitoring of PWH incarcerated in state prison and projected to be released to the community within six months

- **Intermediate-term Period-of-Performance Outcomes:**
  - I-T Outcome 1.1.1: Increased pre-release HIV prevention and care planning for PWH incarcerated in state prison and projected to be released within six months
  - I-T Outcome 1.1.2: Increased timely identification of PWH not linked to HIV medical care within 30 days after release

Strategy 2:

Enhance pre-release planning for incarcerated PWH and strengthen and coordinate medical, behavioral health, and social services for those released from state prison to the community:

- **Intermediate-term Period-of-Performance Outcomes:**
  - I-T Outcome 2.1.1: Improved timely linkage to and continuity of HIV medical care and service delivery for PWH released from state prison
  - I-T Outcome 2.2.1: Increased retention in HIV medical care and sustained HIV viral load suppression for PWH released from state prison

Strategy 3:

Provide partner services and conduct testing to identify other persons in need of HIV and STI treatment or prevention services:

- **Short-term Period-of-Performance Outcomes:**
  - S-T Outcome 3.1.1: Increased awareness of HIV status among HIV-infected partners and associates of PWH released from state prison
  - S-T Outcome 3.1.2: Increased awareness of risk for HIV among HIV-negative partners and associates of PWH released from state prison

- **Intermediate-term Period-of-Performance Outcomes:**
  - I-T Outcome 3.1.1: Increased receipt of HIV medical care by HIV-infected partners and associates of PWH released from state prison

- I-T Outcome 3.1.2: Increased receipt of HIV prevention services, including PrEP, by HIV-negative partners and associates of PWH released from state prison

iii. Strategies and Activities

Recipients will undertake the project in two phases: (1) a development phase, and (2) an implementation and evaluation phase. The development phase of the project will be a 9- to 12-month period to design program strategies and activities (described below), complete a monitoring and evaluation plan, and obtain local IRB approval, if needed. The scope of the project in each funded jurisdiction will be determined by the recipient, based on cost, contextual considerations, feasibility, and ability to integrate with or leverage existing staff and services. Following completion of the development phase, the implementation and evaluation phase will last for the duration of the four-year period of performance.

Recipients will conduct the following required strategies and activities to achieve project outcomes:

Strategy 1: Use HIV surveillance and other available data to identify incarcerated persons with diagnosed HIV (PWH) and monitor their HIV care status and clinical outcomes pre- and post-release.

- **Activity 1.1:** Establish collaboration between state health and corrections departments to use HIV surveillance, corrections, and other data to (1) identify incarcerated PWH to be released in ≤ 6 months, so enhanced pre-release planning can be conducted; and (2) monitor their HIV care status and clinical outcomes pre- and post-release. The program should do the following:
  - Sub-activity 1.1.a: On an ongoing basis, identify PWH incarcerated in state prison. This should include routine use of data matches and other strategies to confirm HIV diagnoses of known PWH and identify those who may not be known to corrections or surveillance.
  - Sub-activity 1.1.b: Use department of corrections and other data sources to routinely generate lists of PWH projected to be released to the community in ≤ 6 months, so enhanced pre-release planning can be implemented.
  - Sub-activity 1.1.c: Determine HIV medical care status (i.e., receiving care, not receiving care) and HIV viral load of PWH projected to be released in ≤ 6 months, and continue to routinely monitor their care status and viral load until they are released.
  - Sub-activity 1.1.d: For PWH released to the community, monitor HIV medical care status and clinical outcomes, including HIV viral suppression, for at least 18 months after release.

Strategy 2: Enhance pre-release planning for incarcerated PWH and strengthen and coordinate medical, behavioral health, and social services for those released from state prison to the community.

- **Activity 2.1:** Implement a sustainable program to (1) facilitate continuity of care and sustained HIV viral suppression for PWH released from state prison, and (2) help bridge

the prison-to-community transition. Ideally, the program should do the following:

- Sub-activity 2.1.a: Establish and maintain a coordinated network of existing service providers to make HIV medical care and other services available and accessible to PWH who are released from state prison facilities and voluntarily elect to take advantage of the network's services ("participants"). In addition to HIV-specific medical care, the network should provide access to other existing services that may ameliorate factors that can interfere with retention in care and sustained viral suppression, including (1) health benefits navigation, (2) other medical services, (3) behavioral health services, and (4) social services. The following are examples of services that might be included in each of these categories:
  - Health benefits navigation – Assessment of health benefits needs, options for addressing identified needs, and assistance with enrolling in applicable health benefits programs.
  - Other medical services – Medication adherence support, primary health care (including dental and vision care), screening and treatment for sexually transmitted infections (STIs) and hepatitis C, and reproductive health services.
  - Behavioral health services – Mental health diagnosis and treatment, alcohol and other substance use treatment programs, and domestic violence screening and intervention.
  - Social services – Case management, transportation for health care appointments, housing assistance, child care/child support, family reunification, job training, employment assistance, expungement services, and educational programs.
- Sub-activity 2.1.b: Establish and maintain a system to (1) help participants access and navigate the service network, and (2) provide follow up to ensure that participants successfully receive necessary network services.
- Sub-activity 2.1.c: Establish and maintain a communication system to ensure that network providers are aware of the network services each participant is receiving post-release, in order to avoid potential duplication of, or gaps in, medical care and other services.

- **Activity 2.2:** Facilitate enhanced, coordinated pre-release planning for PWH projected to be released from state prison in ≤ 6 months; follow up on clinical outcomes post-release; and intervene with those not linked to and retained in care or virally suppressed. Ideally, the program should incorporate evidence-based approaches, and should do the following:
  - Sub-activity 2.2.a: Facilitate enhanced pre-release planning with PWH projected to be released in ≤ 6 months. Ideally, this should include establishing personal contact with each potential participant prior to release from prison (e.g., 2–4 weeks) to inform the person about: (1) the importance of maintaining continuity of care for their ongoing health and well-being; (2) services available through the network and how to access them after release; and (3) scheduling a post-release follow-up meeting or call.
  - Sub-activity 2.2.b: During pre-release planning, communicate and coordinate with other persons or organizations involved in the participant's pre-release

planning to avoid duplication of, or gaps in, services.
    - Sub-activity 2.2.c: Facilitate post-release follow up to: (1) ensure that the participant has successfully accessed HIV medical care (or will access care) within 30 days after release, (2) review services available through the network and how to access them, and (3) arrange for other network services the participant may need (see Sub-activity 2.1.a.).
    - Sub-activity 2.2.d: Follow program participants for at least 18 months after release from state prison to identify and address issues that may interfere with HIV care and treatment.
    - Sub-activity 2.2.e: Engage and intervene with PWH released from state prison who did not link to care, fell out of care, or have persistently elevated viral load.

Strategy 3: Provide partner services and conduct testing to identify other persons in need of HIV and STI treatment or prevention services.

- **Activity 3.1:** Among sex and drug-injection partners and associates of PWH released from state prison, use partner services and testing to (1) identify PWH in need of HIV treatment and link them to care; and (2) identify persons not infected with HIV, but at substantial risk for becoming infected, and link them to HIV prevention services, including PrEP. Ideally, the program should do the following:
    - Sub-activity 3.1.a: Provide partner services to PWH released from state prison, whenever indicated (e.g., incident STI).
    - Sub-activity 3.1.b: Provide HIV and STI testing to associates of PWH released from state prison.
    - Sub-activity 3.1.c: Link HIV-positive partners and associates to HIV medical care and treatment.
    - Sub-activity 3.1.d: Link HIV-negative partners and associates to HIV prevention services, including PrEP/nPEP.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

Recipients will collaborate as partners with CDC on this project. Recipients should establish and maintain working partnerships with other CDC recipients in the jurisdiction (e.g., city and county health departments; directly-funded CBOs; and the state health department, if it is not the recipient of this award), as needed, and should communicate, collaborate, and coordinate with them to ensure effective delivery of HIV prevention activities consistent with CDC standards and guidance.

b. With organizations not funded by CDC:

Recipients should establish, build, and maintain collaborative relationships with organizations not funded by CDC that will support implementation of the proposed program. Strategic partnerships might include the following types of organizations: (1) state departments of corrections, affiliated prisons, parole agencies, and other state and relevant local government agencies; (2) non-CDC-funded CBOs and other agencies providing case management and social services (e.g., housing support, job training); (3) medical facilities including federally qualified

health centers (FQHCs), Ryan White HIV/AIDS Program treatment clinics, Veteran's Administration facilities, LGBT health centers, STD clinics, hospitals, and specialty clinics; (4) substance use and mental health treatment centers; (5) other relevant federal agencies (e.g., the Health Resources and Services Administration [HRSA], the Centers for Medicaid and Medicare Services [CMS], and the Substance Abuse and Mental Health Services Administration [SAMHSA]; and (6) community advocates; community members; and other stakeholders that may have a vested interest in promoting health through HIV prevention, care, and treatment. Programmatic expectations for these collaborations will require the development of data sharing processes and agreements to identify gaps, track client outcomes and facilitate evaluation of program effectiveness. In particular, Ryan White HIV/AIDS Program grant recipients across Part A (local jurisdictions), Part B (state health departments), Part C and Part D (community-based clinics and organizations) could be important partners in this program. Ryan White HIV/AIDS Program grant recipients have flexibility to provide core medical and support services in state prisons, on a transitional basis, if those services are not required to be provided by the prison (See HRSA HIV/AIDS Bureau Policy Clarification Notice 18-02 The Use of Ryan White HIV/AIDS Program Funds for Core Medical Services and Support Services for People Living with HIV Who Are Incarcerated and Justice Involved).

2. Target Populations

The target population for this NOFO includes HIV-positive adult persons incarcerated in state prisons who are released to the community during the period of performance.

a. Health Disparities

The program supports efforts to improve the health of persons disproportionately affected by HIV/AIDS, viral hepatitis, sexually transmitted infections, and TB by maximizing the health impact of public health services, reducing disease prevalence, and promoting health equity consistent with national HIV prevention goals.

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Overall approach:

The Division of HIV/AIDS Prevention's (DHAP) approach to monitoring, evaluation, accountability, and quality assurance for this project will include three components:

1. *CDC evaluation and performance measurement* will use data to: (a) monitor and evaluate the overall project; (b) determine if NOFO strategies and activities are being implemented as expected; (c) assess whether intended period-of-performance outcomes are being achieved; (d) assess the effectiveness of key prevention strategies; (e) drive continuous program and system improvement; and (f) improve overall project performance. CDC evaluation and performance measurement is described in more detail below.

2. *Local (recipient) evaluation and performance measurement* will involve use of data by recipients at the local level to monitor, evaluate, and continuously improve program performance. Local (recipient) evaluation and performance measurement is described in more detail below.
3. *Monitoring and accountability of individual recipients* will ensure quality and accountability by using data to track implementation of recipient strategies and activities (process monitoring) and to determine progress toward achieving the intended period-of-performance outcomes (outcome monitoring). This component is described in more detail in the "CDC Monitoring and Accountability Approach" section.

Note: In developing proposals, applicants should plan for sufficient staffing and resources to accomplish all activities related to both CDC and local (recipient) evaluation and performance measurement, including planning, data collection, data entry, data management, reporting data to CDC, data analysis and interpretation, data review, use of data for program improvement, development and dissemination of reports, use of consultants, and attendance at monitoring and evaluation meetings. It has been estimated that adequate monitoring and evaluation typically requires around 10% of total program funds; however, the amount needed may be higher or lower than 10%, depending on a recipient's circumstances and context and the availability of funds from other sources. **In their proposals, recipients must describe how their evaluation activities will be led and staffed and how project funds allocated to support evaluation activities will be used.**

CDC evaluation and performance measurement:

For this project, CDC evaluation and performance measurement will be conducted by DHAP program evaluators, epidemiologists, and project officers. It will be based on a CDC project monitoring and evaluation plan developed collaboratively by DHAP prevention research, evaluation, and surveillance branches, in consultation with recipients. A draft of the plan will be provided by DHAP project staff at the beginning of the project. The measures described in the draft plan will not be final; DHAP staff and recipients will have six months after awards are made to finalize the plan.

CDC evaluation and performance measurement for the project will focus on the performance of the overall project (that is, all recipients, combined), the contributions of individual recipients (jurisdictions) to overall project performance, how NOFO funds are being allocated and spent, and overall progress toward achieving the intended outcomes of the NOFO. It will use multiple methods, such as collection and analysis of quantitative and qualitative data on program implementation and performance submitted by recipients to DHAP; tracking of key, standardized HIV program performance indicators (HPPIs); review of Annual Performance Reports and annual Federal Financial Reports (FFRs); conference calls with recipients; and site visits.

Required data will be limited to those that will be analyzed and used for program improvement, including, but not limited to, National HIV Prevention Program Monitoring and Evaluation (NHM&E) data and National HIV Surveillance System (NHSS) data. Recipients will collect the quantitative and qualitative data required by the CDC project monitoring and evaluation plan and report them to DHAP biannually via CDC-approved systems. Quantitative data will be used by DHAP to calculate HPPIs for each recipient and for the overall project. Qualitative data will be used to provide context and contribute to interpretation of quantitative data. Guidance on

collecting, reporting, and using data will be provided by DHAP throughout the period of performance.

Project monitoring and evaluation data requirements, including processing data to be transferred to CDC, is expected to require the efforts of at least one project staff at a minimum of 50% effort per project year. In total, no more than 6 project staff will be reporting data to CDC for this project. Given that the number of entities reporting data to CDC will be less than ten, and because program monitoring and evaluation will use HIV surveillance and department of corrections data that are already routinely collected, OMB review is not anticipated to be required.

Monitoring and evaluation findings will be reviewed by DHAP staff to (a) identify common challenges encountered by recipients while implementing their programs, (b) identify capacity-building assistance needs, (c) implement actions to continuously improve overall project quality and performance, (d) compare methods and outcomes across recipients to identify promising practices for dissemination among recipients during the period of performance, (e) demonstrate the value of the NOFO (e.g., improved public health outcomes, effectiveness of key prevention strategies and activities), and (f) contribute to the evidence base for NOFO strategies and activities.

Following recipient submission of data to CDC, CDC will provide each recipient a report summarizing its performance, as well as the performance of all other recipients. This report will be reviewed and discussed with the recipient, the project officer, and other appropriate CDC staff. In addition, data may also be used to produce annual reports describing accomplishments related to this NOFO, fact sheets, and other M&E reports. Results may be shared at conferences, through publication in professional journals, and via online reports.

Recipients will be expected to demonstrate measurable progress toward achieving the intended short- and intermediate-term period-of-performance outcomes depicted in the logic model. For each strategy included in this NOFO, a partial list of proposed outcomes and associated measures or indicators is presented below. CDC and recipients will discuss and finalize the indicators during the first six months of the project.

Strategy 1: Use HIV surveillance and other available data to identify incarcerated persons with diagnosed HIV (PWH) and monitor their HIV care status and clinical outcomes pre- and post-release

- Short-term Outcome 1.1.1: Increased identification and monitoring of PWH incarcerated in state prison and projected to be released to the community within six months
  - Outcome Indicator #1: Percentage of PWH released from state prison during a specified evaluation time period who were identified as "scheduled for release" at least four (4) months prior to release
  - Outcome Indicator #2: Percentage of PWH released from state prison during a specified evaluation time period who were virally suppressed at last viral load test prior to release

- Intermediate-term Outcome 1.1.1: Increased pre-release HIV prevention and care planning for PWH incarcerated in state prison and projected to be released within

six months
    - Outcome Indicator #3: Percentage of PWH released from state prison during a specified evaluation time period who received enhanced pre-release HIV prevention and care planning

- Intermediate-term Outcome 1.1.2: Increased timely identification of PWH not linked to HIV medical care within 30 days after release
    - Outcome Indicator #4: Percentage of PWH released from state prison during a specified evaluation time period who were identified within two (2) weeks after missing their first scheduled post-release appointment as "not linked to care"

Strategy 2: Enhance pre-release planning for incarcerated PWH and strengthen and coordinate medical, behavioral health, and social services for those released from state prison to the community

- Intermediate-term Outcome 2.1.1: Improved timely linkage to and continuity of HIV medical care and service delivery for PWH released from state prison
    - Outcome Indicator #5: Percentage of PWH released from state prison during a specified evaluation time period who are linked to HIV medical care within 30 days after release
    - Outcome Indicator #6: Percentage of PWH released from state prison during a specified evaluation time period who are referred for each type of key support service during the 3-month period after their release
    - Outcome Indicator #7: Percentage of PWH released from state prison during a specified evaluation time period whose most recent pre-release HIV viral load was suppressed (i.e., <200 copies/mL) and whose first post-release viral load is suppressed
    - Outcome Indicator #8: Percentage of PWH released from state prison during a specified evaluation time period whose most recent pre-release HIV viral load was not suppressed (i.e., was ≥200 copies/mL) and whose first post-release viral load did not increase by >10%

- Intermediate-term Outcome 2.2.1: Increased retention in HIV medical care and sustained HIV viral load suppression for PWH released from state prison
    - Outcome Indicator #9: Percentage of PWH released from state prison during a specified evaluation time period who have at least two (2) HIV medical care visits at least three (3) months apart during the 12 months following release
    - Outcome Indicator #10: Percentage of PWH released from state prison during a specified evaluation time period who have at least two (2) suppressed HIV viral load tests (i.e., <200 copies/mL) at least six (6) months apart, and no unsuppressed viral load tests (i.e., ≥200 copies/mL), during the 12 months following release
    - Outcome Indicator #11: Percentage of PWH released from state prison during the PS20-2011 period of performance, and subsequently re-incarcerated during a specified evaluation time period, who have an HIV

medical care visit within 30 days after re-incarceration

Strategy 3: Provide partner services and conduct testing to identify other persons in need of HIV and STI treatment or prevention services

- Short-term Outcome 3.1.1: Increased awareness of HIV status among HIV-infected partners and associates of PWH released from state prison
  - Outcome Indicator #12: Percentage of partners and associates of PWH released from state prison, tested for HIV during a specified evaluation time period, who are identified with newly diagnosed HIV infection

- Short-term Outcome 3.1.2: Increased awareness of risk for HIV among HIV-negative partners and associates of PWH released from state prison
  - Outcome Indicator #13: Percentage of partners and associates of PWH released from state prison, tested for HIV during a specified evaluation time period and found to be HIV-negative, who are determined to be eligible for PrEP

- Intermediate-term Outcome 3.1.1: Increased receipt of HIV medical care by HIV-infected partners and associates of PWH released from state prison
  - Outcome Indicator #14: Percentage of partners and associates of PWH released from state prison, with newly diagnosed HIV infection identified during a specified evaluation time period, who are linked to HIV medical care within 30 days after their infection is identified

- Intermediate-term 3.1.2: Increased receipt of HIV prevention services, including PrEP, by HIV-negative partners and associates of PWH released from state prison
  - Outcome Indicator #15: Percentage of partners and associates of PWH released from state prison, found to be HIV-negative and eligible for PrEP during a specified evaluation time period, who are provided or referred for PrEP within 30 days after their negative test

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)

- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

Local (recipient) evaluation and performance measurement will be conducted by recipients, based on local program monitoring and evaluation plans they submit with their applications and expand and finalize during the first six months after awards are made. Draft local plans submitted with applications must address all CDC-specified program strategies, activities, sub-activities, and outcomes described in this NOFO. Applicants may not alter or add to the CDC-specified strategies, activities, or long-term outcomes. They also may not alter the CDC-specified sub-activities or outcome indicators described in this NOFO; however, they may add local sub-activities, short- or intermediate-term outcomes, or outcome measures that will be useful locally to program managers for monitoring and improving their programs. **The NOFO logic model captures all required strategies, activities, and outcomes; therefore, applicants need not submit a logic model.** However, if they intend to add local short- or intermediate-term outcomes, they should add these to the NOFO logic model and include the revised logic model with their draft local monitoring and evaluation plan.

Local evaluation and performance measurement should use multiple methods, such as collection, analysis, and interpretation of surveillance data and quantitative and qualitative data on program implementation and performance; tracking of HPPIs and expenditures; staff conferences and interviews; and periodic reviews of the prevention program.

Monitoring and evaluation findings should be reviewed by recipients at least quarterly and used to monitor, evaluate, and continuously improve program processes and performance and identify promising practices that may be applicable to other programs they conduct or potentially appropriate for dissemination to other recipients funded under this NOFO.

Draft local monitoring and evaluation plans submitted with the application should include at least the following elements:

- Description of evaluation team staffing, if known at the time of application;

- Description of stakeholders (persons or organizations) that will be engaged in the evaluation (name, role in the evaluation, and how and when they will be engaged);
- Proposed sources for all person-level/line-listed or aggregate quantitative data elements needed to calculate the standardized HIV program performance indicators (HPPIs) required by CDC; and
- Description of state or local human subjects protection/institutional review board (IRB) requirements that may apply to this project.

As part of their local evaluation and performance measurement plan, some recipients may elect to conduct in-depth, detailed evaluation of selected program activities or elements, either individually or in collaboration with other recipients. These special evaluation activities might compare the effectiveness of different approaches or strategies the recipient uses to accomplish a project activity and may allow recipients to identify the most effective methods for accomplishing project activities in their specific context and circumstances.

Data Management Plan (DMP):

This NOFO involves the collection or generation of public health data; therefore recipients will be required to provide a DMP. At a minimum, the DMP must include the following:

- Description of the data to be collected or generated in the proposed project;
- Standards to be used for the collected or generated data;
- Mechanisms for, or limitations to, providing access to and sharing of the data (including a description of provisions for the protection of privacy, confidentiality, security, and intellectual property, or other rights); this section should address access to personally identifiable information (PII) and de-identified data;
- Statement of the use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use;
- Plans for archiving and long-term preservation of the data, or an explanation of why long-term preservation and access are not justified; this section should address archiving and preservation of personally identifiable information (PII) and de-identified data; and
- Plans for updating the DMP, if applicable, for accuracy throughout the lifecycle of the project.

Some information needed for a complete DMP may not be available at the time of application. Applicants should provide a DMP that is as complete as possible, based on information available at that time. At minimum, for each type of data to be generated or collected (e.g., person-level, line-listed quantitative data; aggregate quantitative data; qualitative data), the DMP submitted as part of the application should include (1) provisions for data security and (2) provisions for protection of privacy and confidentiality. Costs associated with developing and implementing a DMP, including costs of sharing, archiving, and long-term preservation, may be included in budget submissions for grants and cooperative agreements.

All recipients are expected to comply with the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP) 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 recipients, unless otherwise justified. A Certification of Compliance, as described in the Guidelines, signed by an overall responsible party or parties (ORP), will be submitted annually to the CDC Project Officer at the same time the Annual Performance Report (APR) is submitted. Information on the new data security guidelines can be found here:

https://www.cdc.gov/nchhstp/programintegration/data-security.htm

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must have demonstrable expertise, experience, and capacity to develop, implement, and evaluate the required program strategies and activities. Applicants should describe their organizational structure; 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 and sustain the proposed program. Applicants should also describe physical infrastructure, such as electronic information and data systems and communication systems available for implementing the project.

At minimum, applicants should describe the following:

Relevant previous experience:

- Using HIV surveillance and other data to support public health action (e.g., data to care activities);
- Implementing HIV prevention programs in state, city or county correctional systems, outcomes of these programs to date, and current status of the programs;
- Building collaborations with health departments, departments of corrections, community healthcare providers, and other proposed stakeholders; and
- Evaluating and monitoring HIV prevention programs and using findings to improve program performance.

Staffing plan:

- Types of staff, representation of key skill sets, and percentages of time that key personnel will spend on the project; and
- Duties and responsibilities of project personnel, including clear lines of authority and coordination with partnering organizations.

Relevant infrastructure to:

- Use HIV surveillance and other data systems and processes for supporting efficient implementation of data to care; and
- Use data security systems with sufficient security and confidentiality protections.

d. Work Plan

Work plans will allow CDC project officers and recipients, themselves, to monitor (1) implementation of project strategies and activities (i.e., process monitoring) and (2) progress toward achieving period-of-performance outcomes, both for outcomes with CDC-specified targets and those without specified targets (i.e., outcome monitoring). Applicants should

provide a detailed draft work plan for the first year of the project and a high-level work plan for subsequent years. Draft work plans will be expanded and finalized during the first six months of the project and will be updated annually in conjunction with the Annual Performance Report.

Process Monitoring

For process monitoring in Year 1, work plans should (a) describe the tasks or steps to be done in implementing project strategies, activities, and sub-activities, and, for each task (b) designate a responsible party, (c) describe how progress toward completing the task will be measured, and (d) provide process objectives, including a date by which the task is expected to be completed. For subsequent years, work plans should provide a high-level description of process monitoring. Work plans should clearly show how tasks align with the strategies, activities, and outcomes depicted in the project logic model and described in narrative sections of the NOFO.

The tasks described in the work plan can be relatively high-level, summary tasks, or can include more detailed tasks. The level of detail of the tasks included in the plans will be determined by recipients; however, the primary purpose of the work plans submitted to CDC is to allow project officers to ensure that strategies and activities are being implemented on time and as planned, which should not require a high level of detail. The following are some examples of tasks that might be included in a work plan:

- Establish a project advisory board
- Develop written policies, protocols, and procedures to guide project activities
- Hire project staff
- Train project staff
- Implement evaluation procedures

Outcome Monitoring

For outcome monitoring, work plans should also provide specific, annual outcome objectives for period-of-performance outcomes. These objectives indicate the progress recipients expect to make each year toward achieving expected outcome targets. For example, in this NOFO, one indicator proposed for assessing progress toward achieving Intermediate-term Outcome 2.1.1 (Improved timely linkage to & continuity of HIV medical care & service delivery for PWH released from prison), is the percentage of PWH released from state prison during a specified evaluation time period who are linked to HIV medical care within 30 days after release (Outcome Indicator #5). The CDC-specified target for this outcome for all recipients might be that ≥85% of NIC PWH will be linked to care within 30 days after release from prison. However, for a recipient with a baseline of 50% for this indicator, achieving the target of 85% in the first year or two of the program would likely be unrealistic. Therefore, the recipient might establish annual objectives of 60% for year one, 75% for year two, and ≥85% for subsequent years. At minimum, draft work plans should provide a specific Year-1 outcome objective for each period-of-performance outcome, whether or not the outcome has a CDC-specified target. Baseline values for each outcome may also be provided, if available. Initial objectives for subsequent years may be added when work plans are finalized during the first six months of the project.

Note: Applicants do not need to develop or submit a project logic model, because the NOFO logic model captures all required strategies, recipient activities, and expected outcomes.

Some applicants may wish to add local short- or intermediate-term outcomes to the logic model. In this case, they should adapt the NOFO logic model by adding the local outcomes to it and include the revised logic model with their draft local monitoring and evaluation plan.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk recipients.

The third component of DHAP's approach to monitoring, evaluation, accountability, and quality assurance is monitoring of individual recipients (jurisdictions) by DHAP project officers and Office of Grants Solution (OGS) grants management officers and specialists to track each recipient's (a) implementation of program strategies and activities, progress toward meeting annual process objectives, adherence to NOFO requirements, and use of funds (process monitoring); and (b) program performance and progress toward meeting annual outcome objectives related to the NOFO's intended outcomes (outcome monitoring). (Also see section 'CDC Evaluation and Performance Measurement Strategy' for DHAP's complete approach to M&E.)

Recipient monitoring will be accomplished by using multiple methods of information gathering, such as routine and as-needed phone and email communications with recipients; site visits; and review of work plans, program data, Annual Performance Reports (APRs), and annual Federal Financial Reports (FFRs) submitted by recipients to DHAP and OGS. Analyzing this information will allow DHAP to identify problems that individual recipients encounter while implementing their programs, identify their capacity-building assistance needs, and work with them to improve program performance.

Feedback between CDC and recipients will occur regularly through multiple methods, including, but not limited to, phone and email communications, technical reviews of APRs, site visit reports, and project feedback reports. Feedback reports will track trends in key indicators calculated from data submitted by recipients to DHAP.

A draft of DHAP's recipient performance monitoring and accountability approach will be provided at the time of award. CDC and the recipients will have 6-months after award to finalize the approach.

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

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

- Collaborate to ensure coordination and implementation of all strategies and activities outlined in the NOFO;
- Work with recipient to identify any CBA/TA needs that are essential to the success of the project;
- CDC will work with recipient to finalize data collection, use, and submission requirements;
- 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;
- Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the period of performance;
- Collaborate, as appropriate, in assessing progress toward meeting strategic and operational goals/objectives and in establishing measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices;
- Collaborate on strategies to ensure the provision of appropriate and effective HIV prevention services to target populations, as deemed appropriate and as requested; and
- Convene, plan, and facilitate a joint recipient meeting during the period of performance.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U22

U22 - HIV/STD Preventive Services for Racial/Ethnic and Minority Persons

3. Fiscal Year:	2020
4. Approximate Total Fiscal Year Funding:	$2,250,000
5. Approximate Period of Performance Funding:	$9,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:	$9,000,000
6. Approximate Period of Performance Length:	4 year(s)
7. Expected Number of Awards:	3
8. Approximate Average Award:	$750,000 Per Budget Period
9. Award Ceiling:	$850,000 Per Budget Period

This amount is subject to the availability of funds.

The award ceiling for this NOFO is $850,000. CDC will consider any application requesting an award higher than this amount as nonresponsive and it will receive no further review.

10. Award Floor:	$650,000 Per Budget Period
11. Estimated Award Date:	08/28/2020
12. Budget Period Length:	12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (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 period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

Direct Assistance (DA) is not available through this NOFO.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:	Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

Additional Eligibility Category:

2. Additional Information on Eligibility

To be considered responsive, applicants must be able to document all of the following:

1. Complete laboratory reporting of all HIV viral load and CD4 data to the state health department.
2. There are at least 250 HIV-positive persons confined in the state prison system. These data should be based upon the most recent available information compiled by the Department of Justice/Bureau of Justice Statistics. https://www.bjs.gov/index.cfm?ty=pbdetail&;iid=6026
3. At least 100 HIV-positive prison inmates were released from the state prison system over the most recent 12-month reporting period available. Release information for HIV-positive prison inmates can be based upon calculations using general release data collected by the Department of Justice/Bureau of Justice Statistics. http://www.bjs.gov/index.cfm?ty=pbdetail&;iid=6187
4. Letter(s) of support signed by senior leadership from both the state health department and the department of corrections stating a clear commitment to achieving the goals of the program. The letter of support from the state health department should include a clear commitment to the overall goals of the project from both the HIV surveillance and prevention program units.

Applicants should provide a one-page brief that summarizes how they meet the four elements of responsiveness. The brief should include a list of all agencies and management personnel who have signed letters of support that are attached to the application. The brief should also include page numbers referencing where more information can be found in the application narrative. Applicants should upload this document (file name: 'Summary of Responsiveness') to www.grants.gov as a component of their application package.

Applicants that have not provided evidence of all four elements will be deemed non-responsive and will not be passed along for further review. Applicants requesting more than the award ceiling will be considered non-responsive.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

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-recipients, those sub-recipients 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 a recipient. 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 can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at https://www.sam.gov/SAM/.

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711

2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to https://www.sam.gov/SAM/ and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

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 notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the NOFO, it will not be processed. Office of Grants Services (OGS) 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 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

OGS.

a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter of Intent: **N/A**

b. Application Deadline

Due Date for Applications: **06/29/2020** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

Not applicable.

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.
Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with 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(mj444mxct51lnrv1hljjjmaa))/ 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 by the applicant within one year of the submission date.

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS. When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

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 is not requested or required as part of the application for this NOFO.

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

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

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. 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 period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose
Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

ii. Outcomes
Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended

direction of change (e.g., increase, decrease).

iii. Strategies and Activities
Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations
Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

2. Target Populations and Health Disparities
Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see https://www.cdc.gov/od/science/integrity/reducePublicBurden/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

Please see Part II Section A.2.b.iI (pg. 15) for information regarding the Applicant Evaluation and Performance Measurement Plan.

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

(Included in the Project Narrative's page limit)
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 recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

Please see Part II Section 2.d. (pg. 18) for information regarding the Work Plan.

12. Budget Narrative

Applicants must submit an itemized budget narrative. 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
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna 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 NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

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 costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the

subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

16. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting

authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

17. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients 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 generally is not allowed, unless the CDC provides written approval to the recipient.
- 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 recipients.
- 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.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

19. Other Submission Requirements

a. Electronic Submission:
Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

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 e-mail 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" e-mail generated by www.grants.gov. A second e-mail 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 NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

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 e-mail at support@grants.gov. Application submissions sent by e-mail 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 e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail 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 received via e-mail to the GMS/GMO listed below 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, OGS 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).

E. Review and Selection Process

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

a. Phase 1 Review
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified

electronically if their application does not meet eligibility or published submission requirements.

i. Approach Maximum Points:50

Evaluate the following:

Background (5 points)

- Strength of the applicant's description of the epidemiology of HIV among incarcerated persons in the jurisdiction's state prison system, including the number of persons with HIV (PWH) incarcerated, number of PWH released annually, medical services available to PWH during confinement, and HIV prevention services available following release.
- Strength of the applicant's description of existing gaps in the jurisdiction's HIV prevention and care services for PWH released from state prisons and how this project would fill those gaps.

Project Development (5 points)

- Strength of the applicant's plan for conducting the project in two distinct phases – a development phase and an implementation phase – in which the development phase includes an initial period to (1) develop a project protocol and obtain IRB review and approval, if required, and collaborate with CDC to obtain OMB approval, where applicable, prior to implementing the program; and (2) work with CDC to finalize the evaluation and performance measurement strategy.
- Inclusion of letters of support from all proposed collaborators (e.g., Public Health agencies, Department of Corrections, HIV service agencies, and health care providers) indicating roles and responsibilities and intent to collaborate fully with the applicant to achieve the project's intended outcomes. Do the letters of support include any restrictions that might impede the applicant's ability to implement the proposed activities (e.g., limited access to incarcerated persons, restrictions on data sharing)?

Data to Care (10 points)

- Strength of the applicant's plan for establishing collaboration between the state department of health and department of corrections (DOC) to use HIV surveillance, DOC, and other data to (1) identify incarcerated PWH projected to be released in ≤ 6 months so enhanced pre-release planning can be conducted and (2) monitor their HIV care status and clinical outcomes pre- and post-release. The plan should clearly and fully address Activity 1.1, including Activities 1.1.a – 1.1.e, as described in Part II Section A.2.a.iii., *Strategies and Activities* of this NOFO.

HIV Care Coordination (25 points)

- Strength of the applicant's plan for developing and implementing a sustainable program within proposed catchment areas to: (1) facilitate continuity of care and sustained HIV viral suppression, and (2) help bridge the prison-to-community transition for PWH released from state prison. The plan should include documented scientific evidence-

based activities (e.g., transitional care coordination services, patient navigation-enhanced case management), and should clearly and fully address Activity 2.1, including Activities 2.1.a – 2.1.c, as described in Part II Section A.2.a.iii., *Strategies and Activities* of this NOFO.

- Strength of the applicant's plan for: (1) facilitating enhanced, coordinated pre-release planning for PWH scheduled for release within six months; (2) conducting post-release follow up of clinical outcomes; and (3) intervening with those not linked to and retained in care or virally suppressed. The plan should clearly and fully address Activity 2.2, including Activities 2.2.a – 2.2.e, as described in Part II Section A.2.a.iii., *Strategies and Activities* of this NOFO.
- Strength of the applicant's plan to address provider stigma and discrimination.
- Strength of the applicant's plan to establish medical homes, HIV and primary care services with Ryan White HIV/AIDS Program providers as well as FQHCs within the participant's community.
- Strength of the applicant's plans for sustaining the program after PS20-2011 funding expires, if it successfully improves retention in care and viral suppression of PWH after release from state prison.

Partner Services and Testing (5 points)

- Strength of the applicant's plan for using partner services and testing among partners and associates of PWH released from state prison to (1) identify PWH in need of HIV treatment and link them to care, and (2) identify persons not infected with HIV but at substantial risk for becoming infected & link them to HIV prevention services, including PrEP. The plan should clearly and fully address Activity 3.1, including Activities 3.1.a – 3.1.d, as described in Part II Section A.2.a.iii., *Strategies and Activities* of this NOFO.

ii. Evaluation and Performance Measurement Maximum Points:25

Evaluate the following:

Work Plan and Objectives (10 points)

- Process Monitoring – Strength of the applicant's description of the tasks to be performed in implementing each required activity, the appropriateness of the process measures proposed for assessing whether the project is being implemented as planned, and the appropriateness of the process objectives proposed, including timeframes.
- Outcome Monitoring – Appropriateness of the applicant's proposed Year-1 outcome objectives for period-of-performance outcomes.

Data Collection, Quality Assurance, and Data Transmission (5 points)

- Strength of the applicant's plan for accessing and collecting CDC-required HIV surveillance data, Department of Corrections data, and other required data, including proposed sources for (1) all person-level/line-listed or aggregate quantitative data

elements needed to calculate the standardized HIV program performance indicators (HPPIs) required by CDC, (2) all qualitative data required by CDC, and (3) data needed to calculate any outcome measures proposed for local monitoring and evaluation.

Data Management Plan (5 points)

- Strength of the applicant's plan for ensuring data security, privacy, and confidentiality in all aspects of the project.
- Strength of the applicant's preliminary Data Management Plan (DMP) and the extent to which it addresses DMP requirements described in the Applicant Evaluation and Performance Measurement Plan section, including a plan to update the DMP for accuracy throughout the duration of the project.

Analysis and Use of Data for Program Improvement (5 points)

- Strength of the applicant's plan for reviewing the data at least quarterly and using the findings for continuous program improvement.

Local Evaluation (reviewed but not scored)

- If the applicant proposes additional local evaluation, beyond that required by CDC, the strength of their local evaluation plan, including design (e.g., cross-sectional, longitudinal), evaluation questions, measures or indicators, proposed analyses, and review and use of data for program improvement.

iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points:25

Evaluate the following:

Experience (10 points)

- Extent of the applicant's previous experience using HIV surveillance and other data to support the steps of the HIV Care Continuum (i.e., Data to Care).
- Extent of the applicant's previous experience successfully implementing HIV prevention programs in their state, city or county correctional systems, outcomes of these programs to-date, current status of the programs, and success in sustaining them over time.
- Extent of the applicant's previous experience building collaborations with the State Department of Corrections and other proposed stakeholders. This could include other state agencies, health-care providers, and other organizations (e.g., parole and probation agencies, public and subsidized housing coalitions, and community-based organizations).
- Relevant expertise of key program staff in program evaluation and methodology.

Staffing (10 points)

- Appropriateness of the applicant's plan for staffing the project, including types of staff,

representation of key skill sets, and percentages of time that key personnel will spend on the project.
- Appropriateness of the applicant's description of duties and responsibilities of project personnel, including clear lines of authority and coordination with partnering organizations.

Infrastructure (5 points)

- Adequacy of the applicant's HIV surveillance and other data systems and processes for supporting efficient implementation of Data to Care.
- Adequacy of the applicant's data security systems with sufficient security and confidentiality protections.

Budget

Appropriateness of the applicant's detailed budget for the first year of the project. Is the proposed budget reasonable, consistent, and balanced appropriately by the primary, secondary, and tertiary goals of the NOFO (i.e., programmatic strategies 1-3)?

c. Phase III Review

Funding decisions may not be made in rank order to accommodate geographic diversity. This will be done to maximize national representation so that the project is able to address the range of social and structural determinants of health and other environmental and public health factors impacting persons released from prison across different regions of the country.

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.
In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.
CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a

Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.
In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

The Notice of Award sets forth the amount of funds granted, the terms and conditions of the award, the effective date of the award, the budget period for which initial support will be given, and the total period of performance for which support is contemplated. Signed by the Grants Management Officer, it is sent to the applicant's Authorized Organization Representative and Principal Investigator and reflects the only authorizing document. It will be sent prior to the project start date by email notification.

F. Award Administration Information

1. Award Notices

Recipients will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the recipient and CDC. The NOA will be signed by an authorized GMO and emailed to the Recipient Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this Notice of Funding Opportunity 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 e-mail with delivery receipt

or by U.S. mail.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

AR-4: HIV/AIDS Confidentiality Provisions

AR-5: HIV Program Review Panel Requirements

AR-6: Patient Care

AR-8: Public Health System Reporting Requirements

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2030

AR-12: Lobbying Restrictions

AR-14: Accounting System Requirements

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009

AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973

AR-32: Appropriations Act, General Provisions

AR-34: Language Access for Persons with Limited English Proficiency

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

3. Reporting

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

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting

the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance 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 NOFO.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the "Agency Contacts" section of the NOFO copying the CDC Project Officer.

The table below includes specific reporting requirements for this NOFO.

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30.	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)
With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.

• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their

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

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 unliquidated funds are not considered carryover.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

c. Performance Measure Reporting (optional)
CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for recipients at the beginning of the award period.

Required data will be limited to those that will be analyzed and used for program improvement. These will include, but will not be limited to, National HIV Prevention Program Monitoring and Evaluation (NHM&E) data and National HIV Surveillance System (NHSS) data. Recipients will report the quantitative and qualitative data required by the PS20-2011 project monitoring and evaluation plan and report them to DHAP biannually via CDC-approved systems.

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)
This report is due 90 days after the end of the period of performance. CDC programs must

indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against

commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:
a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Carolyn Leighton, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: (404) 639-1908
Email: CLeighton@cdc.gov

Grants Staff Contact

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

Edna Green, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Telephone: (770) 488-2858
Email: EGreen@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.

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

H. Other Information

Following is a list of acceptable attachments **applicants** can 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 and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Letters of Support

- Summary of Eligibility

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 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 NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Assistance Listings (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency
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.
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.
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.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
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. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /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.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.
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.
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.
Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
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: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2030: 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.
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 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.
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: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.
Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

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. Grass roots 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.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

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 non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

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.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

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 results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

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.

Period of performance –formerly known as the project period - : The time during which the

recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.
Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period
Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.
Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).
Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.
Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
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.
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.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

PWH: Persons with HIV

Data to Care (D2C): A public health strategy that uses HIV surveillance and other data to support the steps of the HIV Care Continuum, by identifying persons with HIV who are in need of HIV medical care or other services and facilitating linkage to these services. The primary

goals of D2C are to increase the number of persons with diagnosed HIV who are engaged in HIV medical care and to increase the number of HIV-diagnosed persons who are virally suppressed, which are consistent with national HIV prevention goals.

Health Disparity: A particular type of health difference that is closely linked with social or economic disadvantage based on their racial or ethnic group, religion, socioeconomic status, gender, mental health, cognitive, sensory, or physical disability, sexual orientation, geographic location, or other characteristics historically linked to discrimination or exclusion.

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

Health Equity: A desirable goal that entails special efforts to improve the health of those who have experienced social or economic disadvantage. It requires, 1) Continuous efforts focused on elimination of health disparities, including disparities in health and in the living and working conditions that influence health, and 2) Continuous efforts to maintain a desired state of equity after particular health disparities are eliminated.