

Centers for Disease Control

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

Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States
CDC-RFA-PS19-1906
Application Due Date: 07/12/2019

Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States
CDC-RFA-PS19-1906
TABLE OF CONTENTS

Part I. Overview Information
- A. Federal Agency Name
- B. Funding Opportunity Title
- C. Announcement Type
- D. Agency Funding Opportunity Number
- E. Assistance Listings (CFDA) Number
- F. Dates
- G. Executive Summary

Part II. Full Text
- A. Funding Opportunity Description
- B. Award Information
- C. Eligibility Information
- D. Application and Submission Information
- E. Review and Selection Process
- F. Award Administration Information
- G. Agency Contacts
- H. Other Information
- I. Glossary

Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-PS19-1906. 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:

Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States

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)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PS19-1906

E. Assistance Listings (CFDA) Number:

93.118

Additional CFDA Number:	93.940

F. Dates:

1. Due Date for Letter of Intent (LOI):	**06/19/2019**
2. Due Date for Applications:	**07/12/2019**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

Component A: June 14, 2019 at 1:00 pm (Eastern Standard Time)

- Call Information
  - Toll-free Number: 800-857-5950
  - Participant Passcode: 2436104
  - Access https://adobeconnect.cdc.gov/rg8be8x4ljxd/ to view the presentation.

Component B: June 14, 2019 at 2:45 pm (Eastern Standard Time)

- Call Information
  - Toll-free Number: 800-857-5950
  - Participant Passcode: 2436104
- Access https://adobeconnect.cdc.gov/rg8be8x4ljxd/ to view the presentation.

G. Executive Summary:

1. Summary Paragraph:

The Centers for Disease Control and Prevention (CDC) is committed to working with public health systems, hospitals, and healthcare providers to ensure that planners, developers, and implementers of public health initiatives possess the skills and resources needed to better address HIV in the U.S. and its territories. CDC announces the availability of fiscal year 2019 funds for a Notice of Funding Opportunity (NOFO) to support CDC human immunodeficiency virus (HIV) related policies and programs. This program will support strategic partnerships; communication; peer-to-peer technical assistance (TA) for all CDC-funded state and local health departments; and jurisdictional planning efforts to address emerging needs of targeted jurisdictions through CDC-funded state and local health departments and their ability to end the HIV epidemic in the U.S. Despite many treatment and prevention advances, reducing HIV infections and improving health outcome for people with HIV in the U.S. remains a challenge. In February 2019, the Ending the HIV Epidemic in America initiative was announced. The initiative will leverage powerful data, tools and resources to reduce all new HIV infections by 75% during the first 5 years of the initiative and by 90% in 10 years.

a. Eligible Applicants: Limited
b. NOFO Type: Cooperative Agreement
c. Approximate Number of Awards: 33

- Component A: National Network to Enhance Strategic Communications, Partnerships, Policy Analysis and Interpretation- 1 award
- Component B: Accelerating State and Local HIV Planning to End the HIV Epidemic- 32 awards

d. Total Period of Performance Funding: $19,500,000

- Component A: National Network to Enhance Strategic Communications, Partnerships, Policy Analysis and Interpretation- $7,500,000 (5 years)
- Component B: Accelerating State and Local HIV Planning to End the HIV Epidemic- $12,000,000 (1 year)

e. Average One Year Award Amount: $0

- Component A: National Network to Enhance Strategic Communications, Partnerships, Policy Analysis and Interpretation- $1,500,000 Per Budget Period
- Component B: Accelerating State and Local HIV Planning to End the HIV Epidemic- $375,000 Per Budget Period

f. Total Period of Performance Length: 5
g. Estimated Award Date: 09/30/2019
h. Cost Sharing and / or Matching Requirements: N

Part II. Full Text

1. Background

a. Overview

For over 30 years, the human immunodeficiency virus (HIV) has affected millions throughout the United States. In recent years, deaths among persons living with HIV have declined, while the number of people living with HIV has increased. An estimated 1.1 million persons are living with HIV and approximately 162,500 (15%) are unaware of their infection.[1] Persons living with HIV who use antiretroviral therapy (ART) and achieve undetectable levels of the virus (suppressed viral load) can have a nearly normal life expectancy and have effectively no risk of transmitting HIV to others.[2] If untreated, HIV infection leads to illness, premature death, and potential transmission to others.

To reduce new HIV infections in the United States, it is critical to ensure that everyone with HIV is aware of their infection, linked to and retained in HIV medical care, and maintains viral suppression.[3] CDC's approach to reducing HIV infections in the United States, High Impact Prevention (HIP), supports the ultimate national HIV prevention goals to achieve and sustain viral suppression and reduce new infections. Viral suppression is the central tenet of these national HIV prevention efforts and is associated with improved health outcomes and longer lifespans for persons living with HIV and greatly reduces the likelihood of transmitting HIV to others. In 2016, 76% of persons living with diagnosed HIV were linked to care within one month, 57% were retained in care, and 60% had evidence of viral suppression.[4] While the nation has made progress overall, further efforts are necessary. Each step along the HIV care continuum (HIV diagnosis, prompt and sustained HIV medical care, and continuous use of ART) is essential for achieving a suppressed viral load.[2] Behavioral strategies (e.g., use of condoms and reduction in number of partners) are effective in reducing risk of HIV infection.[5] Targeted HIV prevention efforts to HIV-negative persons at risk for infection are also important. These efforts supplement prevention efforts among persons living with HIV to help prevent new HIV infections as well as other sexually transmitted infections not protected by ART. This includes support for community-level HIV prevention activities, pre-exposure prophylaxis (PrEP), and other targeted prevention strategies. PrEP is a highly effective intervention that can reduce the number of new HIV infections when supported by behavioral and structural strategies.[6] A high-impact prevention approach to achieving national HIV prevention goals requires a strategic combination of scientifically proven, cost-effective, and scalable structural, behavioral, and biomedical interventions. These interventions should target persons living with HIV and populations at risk for infection in geographic areas highly affected by HIV.

Since the late 1980s, CDC has formally partnered with state and local health departments to conduct HIV surveillance and expand the impact and reach of HIV prevention in affected communities. State and local health departments remain important partners in providing comprehensive high-impact HIV prevention services. Building individual competencies and technical expertise among health department staff, and improving organizational capacities and supportive structural environments, are key operational and foundational activities for HIV

prevention programs and services.

b. Statutory Authorities

Section 318 of the Public Health Service Act [42 U.S.C. § Section 247c], as amended and the Consolidated Appropriation Act of 2016 (Pub. L. 114-113).

c. Healthy People 2030

This NOFO addresses the Healthy People 2020 focus on HIV: http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=22

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

The HHS Strategic Plan, FY 2018-2022: https://www.hhs.gov/about/strategic-plan/strategic-goal-2/index.html

National HIV/AIDS Strategy: Update 2020: https://www.hiv.gov/federal-response/national-hiv-aids-strategy/nhas-update

CDC Division of HIV/AIDS Prevention Strategic Plan 2017-2020: https://www.cdc.gov/hiv/pdf/dhap/cdc-hiv-dhap-external-strategic-plan.pdf

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

HIV Care Continuum:https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum

e. Relevant Work

This NOFO builds upon previous and current programs, including:

PS14-1405: Technical Assistance to Support AIDS Directors and HIV Prevention Program Managers in the 50 States, District of Columbia, the Commonwealth of Puerto Rico, the US Virgin Islands, and the Pacific Islands

PS14-1409: Assisting Directly Funded AIDS Directors in Urban Jurisdictions and Other HIV Prevention Partners in Meeting the Changes in the Public Healthcare Systems and HIV Prevention Landscape

PS18-1802: Integrated HIV Surveillance and Preventions Programs for Health Departments

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

PS19-1906: Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the U.S.

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Component A1: Strategic Communications and Partnerships			
1. Collaborate and engage with national organizations that have common interests and that represent state, territorial, and local health department integrated HIV programs. 2. Establish, cultivate, and maintain collaborative strategic partnership(s) with other national partner(s) to support of Integrated HIV programs 3. Develop and disseminate timely and relevant information on key HIV-related issues and topics 4. Use established partnerships and communication channels to assist CDC with addressing emerging issues that affect integrated HIV programs 5. Facilitate and host national stakeholder planning and collaboration meetings 6. Work with partners to increase visibility of integrated HIV programs among stakeholders 7. Support and facilitate active communication and consultation between the national organizations and CDC, as well as between CDC and the health department integrated HIV program staff 8. Collaborate with appropriate CDC-funded Capacity building assistance providers in the dissemination of information and provision of technical assistance to health departments, as appropriate	**1. Increased awareness and knowledge of integrated HIV programs among relevant national partners** **2. Increased integration of procedures to interpret and share data** **3. Increased identification and addressing of emerging issues** **4. Increased development and strengthening of partnerships with private and public entities to sustain effective integrated HIV programs** **5. Increased capacity of health departments to support the implementation of integrated HIV programs**	1. Enhanced representation of integrated HIV program interests in relevant national discussions 2. **Increased sharing of program successes and challenges among HIV program staff** 3. Increased ability for CDC to respond effectively to emerging issues 4. Increased capacity of HIV program staff to engage in relevant discussions 5. **Increased support for development and implementation of procedures to share data within health department units and between health departments and community partners** 6. Increased communication and consultation about integrated HIV programs between CDC, health departments and national partner organizations	1. Increased effectiveness of comprehensive HIV programs 2. Reduced new HIV infections 3. Increased access to care for people living with HIV 4. Improved health outcomes for people living with HIV 5. Reduced HIV-related health disparities and health inequities 6. Achieve a more coordinated national response to the HIV epidemic
Component A2. Policy Analysis and Interpretation			
9. Track state and territory level activity on policies relevant to HIV programs 10. Develop and disseminate policy-related educational and informational products 11. Analyze and interpret national and jurisdiction-level data in areas of HIV policies and programs 12. Provide support and technical assistance to health departments on ways to effectively communicate with and educate policymakers about their HIV programs	7. **Increased awareness and knowledge about the policy environment and the impact of state and local policies on integrated HIV programs among HIV program staff** 8. Increased incorporation of communication strategies to facilitate effective communication and information sharing related to program and policy changes	7. **Increased awareness and knowledge about integrated HIV programs among policy stakeholders** **8. Increased opportunities for HIV program staff to effectively communicate with policy stakeholders about the importance of their HIV program work**	
Component B. Accelerating Local and State HIV Planning to End the HIV Epidemic			
1. Engage with existing local care and prevention planning bodies for a rapid planning process to develop jurisdictional EtHE plan 2. Prepare current epidemiologic profile for jurisdiction 3. Prepare brief situational analysis for jurisdiction 4. Engage with local community partners 5. Engage with local provider partners 6. Reach concurrence on EtHE plan with local HIV planning groups 7. Prepare a final/revised EtHE plan for jurisdiction	**1. Increased engagement of partners, including local care and prevention planning bodies, local providers, and community** **2. Increased understanding of epidemiological profile of the relevant jurisdictions** **3. Increased understanding of the HIV care and Prevention context/situation for the relevant jurisdictions**	**1. Improved ability to rapidly implement activities to meet the HIV care and prevention needs of the local jurisdictions consistent with the goals of the Ending the HIV Epidemic Initiative.**	

i. Purpose

The purpose of this NOFO is to fund:

- A national organization to enhance the health departments' capacity to support integrated HIV programs; ensure development and maintenance of strategic communication channels and partnerships that advance national HIV prevention goals and contribute to ending the HIV epidemic in the U.S.
- Eligible health departments to conduct a rapid planning process that engages the community, HIV planning bodies, HIV prevention and care providers, and other partners in aligning resources and activities to develop jurisdictional End the HIV Epidemic plans.

ii. Outcomes

The program is expected to demonstrate measurable progress toward addressing the short-term outcomes that appear in bold in the NOFO logic model. Indicators that quantify these outcomes are described in the section entitled CDC Evaluation and Performance Measurement Strategy.

- The Component A expected short-term outcomes of the award include:
    - Increased awareness and knowledge of integrated HIV programs, including activities related to ending the HIV epidemic, among relevant national partners
    - Increased integration of procedures to interpret and share data
    - Increased assistance to CDC in identifying and addressing emerging issues
    - Increased development and strengthening of partnerships with private and public entities to sustain effective integrated HIV programs
    - Increased technical assistance (TA) provided to health departments to support implementation of integrated HIV programs
    - Increased awareness and knowledge about the policy environment and the impact of state and local policies and laws on integrated HIV programs among HIV program staff

- The Component A expected intermediate outcomes of the award include:
    - Increase sharing of program successes and challenges among HIV program staff
    - Increased awareness and knowledge about integrated HIV programs among policy stakeholders
    - Increased support for development and implementation of procedures to share data within health department units and between health departments and community partners
    - Increased opportunities for HIV program staff to effectively communicate with policy stakeholders about the importance of their HIV program work

- The Component B expected short-term outcomes of the award include:
    - Increased engagement of HIV service partners, including local care and prevention planning bodies, local providers, persons with HIV, and other community members impacted by HIV
    - Increased understanding of epidemiological profile of the relevant jurisdictions
    - Increased understanding of the HIV care and Prevention context/situational for the

relevant jurisdictions

- The Component B expected intermediate outcomes of the award include:
    - Improved ability to rapidly implement activities to meet the HIV care and prevention needs of the local jurisdictions consistent with the goals of the Ending the HIV Epidemic Initiative

iii. Strategies and Activities

Component A of this cooperative agreement will fund a national organization, and its selected partners, to assist CDC in supporting HIV programs in a changing health care environment through the development of strategic national partnerships and enhanced communication efforts. CDC recognizes the benefit of collaborating with a national organization that can assist with the critical and complex functions of bridging programs with national partners and cutting-edge communications.

Component B of this cooperative agreement will fund select health departments to engage local partners in an accelerated ending the HIV epidemic planning process. Such efforts are essential to the goals of both CDC and the HIV programs it supports. HIV programs, together with other national, state, and local programs, can maximize their reach and advance HIV prevention efforts at all levels. Moreover, the network of HIV programs that CDC supports directly is diverse in its geography, epidemiology, and organizational context.

The broad goals of this program are to achieve maximum impact in ending HIV in the U.S.; enhancing the quality and performance of the HIV workforce; and improving organizational structures to address changes in the HIV prevention landscape. The program will also support the enhancement of healthcare systems for integrated HIV prevention and surveillance programs in support of a high-impact prevention approach focused on reducing HIV-related disparities and health inequities within the US and its territories.

To successfully implement strategies supported in this NOFO, applicants must propose the development of programs that support all of the activities listed under the Component for which they are applying, *Component A: National Network to Enhance Strategic Communications, Partnerships, Policy Analysis and Interpretation* or *Component B: Accelerating HIV Planning to End the HIV Epidemic*.

Component A: National Network to Enhance Strategic Partnerships, Communication, Policy Analysis and Interpretation

This cooperative agreement requires the recipient to actively assist participants in CDC-supported multi-sectoral national and state partnerships, support communication channels, and provide peer-to-peer TA to participants that include state and local HIV prevention, care, and treatment programs, national partners, the community, and other stakeholders. It is important for HIV program staff to understand how policies affect the work they do, and how to effectively communicate their work to others. Moreover, staff in HIV programs need support to better promote the important work being done to prevent new HIV infections. Applicants must propose a program that describes how they will collaborate with CDC and other partners to implement the following strategies and activities.

A1. Strategic Partnerships and Communication

1. Collaborate and engage with a broad spectrum of national organizations, including organizations that represent sexually transmitted infection (STI) programs, that have common interests and that represent state, territorial, and local health department HIV prevention and surveillance programs.
2. Establish, cultivate, and maintain collaborative strategic partnership(s) with other national partner(s) to carry out the requirements of the NOFO in support of HIV prevention and surveillance programs.
    a. In an effort to maximize the reach of this program, recipients should establish contractual partnerships(s) with other national partner(s) to strengthen their ability to support the required strategies and activities of this NOFO.
    b. Applicants may propose to execute contractual partnerships with up to two national partners to support the implementation of the NOFO requirements.
3. Develop and disseminate timely and relevant information on key HIV-related issues and topics, to include the integration of HIV and STI prevention and treatment, surveillance, science, policy (e.g., data sharing), and education to HIV program staff, national partners and community partners.
    a. Support the development and rollout of guidance documents intended to support the implementation of HIV prevention and surveillance activities at state and local levels.
    b. Support the dissemination of information on strategies that address disparities among specific populations.
4. Use established partnerships and communication channels to assist CDC with addressing emerging issues and special projects that affect HIV prevention and surveillance programs nationwide.
    a. Establish partnerships and communication channels with CDC-funded state and local health departments to assist CDC in addressing emerging issues, policies, and new and innovative biomedical breakthroughs.
5. Facilitate and host national stakeholder planning and collaboration meetings.
    a. Provide educational advancement opportunities on topics relevant to advancements in HIV and STI prevention, such as PrEP, mathematical modeling (e.g., financing models), Data-to-Care (D2C) models, etc.
        - This activity includes supporting the dissemination of CDC social marketing campaign messaging, materials, and resources that support HIV prevention, care, and treatment at the state and local levels.
6. Work with partners to increase visibility of HIV prevention and surveillance programs among stakeholders.
7. Support and facilitate active communication and consultation between the national organizations and CDC, as well as between CDC and the health department HIV prevention and surveillance program staff (i.e., AIDS directors, managers and surveillance coordinators), via the development and utilization of various communication strategies to support the implementation of high impact HIV prevention and surveillance programs.
    a. Identify and establish mechanisms to promote and facilitate active and increased communication between national partners, federal partners, state and local health departments, community-based organizations (CBO), and other relevant agencies. Focus should be on: 1) obtaining input in the development and implementation of HIV prevention activities; 2) educating state and local health departments on

policies that are relevant to HIV programs; and 3) addressing health inequities.
    b. Maintain and enhance processes that allow for peer-to-peer collaboration, communication, and information exchange between state and local health department AIDS directors, HIV prevention program managers, and epidemiologists about relevant issues (e.g., data sharing).
8. Collaborate with appropriate CDC-funded capacity building assistance providers in the dissemination of information and the provision of TA to health departments, as appropriate.
    a. Examples of collaboration and coordination include, but are not limited to, facilitating peer-to-peer technical assistance opportunities to support the development of an End the Epidemic plan, participation on capacity building assistance (CBA) specific webinars, presentations at CDC meetings and professional conferences.

Examples of ways the recipient may implement these strategies include (but are not limited to): representing HIV program interests at relevant national meetings and workgroups; and engaging in strategic partnerships with other agencies working in the areas of STI, family planning, maternal and child health, adolescent health, school health, violence prevention, substance abuse, mental health, Lesbian, Gay, Bisexual and Transgender (LGBT) health, correctional health, and primary care. To foster communication, the recipient may produce regular updates and other periodic communications to HIV programs, as well as maintain a strong social media and web presence to serve HIV programs, its partner agencies, and the community. The recipient will produce communication materials such as press releases, fact sheets, and other educational materials as part of this program. To assist CDC with addressing emerging issues, the recipient may establish a mechanism to help CDC respond to urgent information needs related to pressing HIV program issues and sharing of critical HIV prevention and surveillance information.

A2. Policy Analysis and Interpretation

1. Track state and local level activity on policies and laws relevant to HIV programs.
    a. Disseminate state level activity on policies and reporting laws relevant to the implementation of HIV prevention and surveillance programs.
2. Develop and disseminate policy-related educational and informational products in support of the above-referenced Strategy A1 activities.
3. Analyze, and interpret national and jurisdictional-level data in areas of HIV prevention and surveillance policies and programs.
    a. Analyze health department policies nationally to support programmatic activities.
    b. Gather information nationally on the Integrated Planning process to inform the development of future guidance.
4. Provide support and technical assistance to health departments on ways to effectively communicate with and educate policymakers about jurisdictions' HIV prevention, surveillance, care, and treatment programs.
    a. Work with jurisdictions, as needed, to develop comprehensive policies that support the development and implementation of jurisdictional End the Epidemic plans.

Examples of ways the recipient may implement these strategies include (but are not limited to):

developing briefs, fact sheets, program impact reports, investment strategies, professional judgements, etc., and/or success stories for HIV program staff and their key stakeholders for the purpose of educating policy makers and informing policy setting. Activities may also include forging new partnerships to help advance HIV program interests, speaking at conferences and meetings attended by decision makers and key stakeholders about HIV programs, and providing information and guidance on policy issues and education to individual HIV programs.

Component B: Accelerating State and Local HIV Planning to End the HIV Epidemic
This cooperative agreement requires participating Phase 1 health departments (refer to the *Additional Information on Eligibility* section) to engage local partners in an accelerated and collaborative planning process to develop ending the HIV epidemic plans tailored for the local jurisdictions. This collaborative planning process will allow health departments to address local needs and provide flexibility to address local challenges that vary from one community to another, consistent with the HIV integrated planning process. Recipients will be expected to engage in the following activities to support the purpose and outcomes of the NOFO. Note that additional guidance regarding these activities will be issued post-award.

1. *Engage with existing local prevention and care integrated planning bodies*. Recipients will engage with existing local HIV prevention and care integrated planning bodies as key participants in the planning process. These planning bodies have experience representing key local populations and stakeholders in the discussion about local HIV prevention and care strategies. These groups also have existing and ongoing relationships with multiple community and service provider partners in the jurisdiction and are the groups that will provide concurrence to any new or realigned local HIV prevention and care integrated plan. If not already included, these bodies should be expanded to include participants from the Phase 1 counties to ensure adequate representation and inclusion in the planning process. These efforts should also include working with the relevant HRSA-funded Ryan White Part A and B recipients. Planning should occur at the local level and planning bodies should have representation from the affected counties.
2. *Prepare current epidemiologic profile for jurisdiction.* To prepare or update a current epidemiologic profile, recipients should use the most current local data available to synthesize a comprehensive overview of the local HIV epidemic. As this tool will be critical to local planning activities it should be shared with local planning bodies and partners.
3. *Prepare a brief situational analysis for jurisdiction.* Recipients will develop (or update) and submit a brief situational analysis that provides an overview of strengths, challenges and identified needs with respect to several key aspects of HIV prevention and care activities. This analysis should synthesize information from the local epidemiologic profile, from the engagement with local planning bodies, and from other local partners and local community engagement efforts. The situational analysis should be informed by and include consultation of other federally- and state/locally-funded implementation partners (e.g., Community-based Organizations, HRSA-funded Ryan White HIV/AIDS Program Clinics and Community Health Centers, SAMHSA or HUD recipients, CMS, Local Education Agencies supported under PS18-1807, etc.). Previously developed Integrated HIV Prevention and Care plans, as well as any locally-relevant "Getting to Zero", "Ending the Epidemic" plans, or "Fast Track City" commitments should also be considered.

4. *Engage with local community partners.* To produce the outcomes expected from this NOFO, recipients will engage directly with local community partners. Local communities most heavily impacted by HIV are crucial partners in the process to develop or refine an HIV prevention and care plan. Their participation in the planning process and input to the final plan will ensure the proposed programmatic activities are conducted in ways that are acceptable to the local population. This aspect of the planning process is critical for successfully increasing reach to people in communities experiencing health disparities, and that have either not had access to prevention and care programs or who have not felt included as part of the intended audience for such programs.
5. *Engage with local HIV service provider partners.* Local HIV service providers are another segment of key partners in planning for local HIV prevention and care programs. Recipients are expected to engage with local partners who provide prevention, care and other essential services for people with HIV. Some jurisdictions may have an existing network of providers to engage and others may need to develop or expand one. As a group that interacts with and provides so many services to key local populations with HIV, the input on planning from these partners is critical in developing a *feasible and potentially sustainable plan.*
6. *Reach concurrence on an Ending the HIV Epidemic plan with local HIV planning groups.* Many jurisdictions have an existing HIV prevention and care integrated plan for which local planning groups have provided concurrence. Any newly developed, updated or realigned plan consistent with the Ending the HIV Epidemic initiative must go through the same process to reach concurrence.
7. *Prepare a final/revised Ending the HIV Epidemic plan for jurisdiction.* This planning document will describe the justification for specific strategies to achieve the objectives outlined in the Ending the HIV Epidemic initiative, and will be used to guide future funding of Ending the HIV Epidemic programmatic activities.

1. Collaborations

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

Component A and B recipients must establish, build, and/or maintain working partnerships with CDC and other CDC-funded organizations (e.g., national partner organizations, state and local health departments, directly funded CBOs, STI programs- including STD clinics, health centers) to ensure communication, collaboration, and coordination for the national delivery of a comprehensive and integrated HIV surveillance and prevention program for Component A and an End the HIV Epidemic plan for Component B. Both should be consistent with CDC standards and guidance. If necessary, memoranda of agreements/memoranda of understandings (MOAs/MOUs) should be established.

Component B recipients are encouraged to include the local education agencies (LEA) within their county in the planning efforts to address primary prevention activities for school-age youth. Where multiple school districts exist, recipients are encouraged to align with school districts of highest disease burden. In counties where CDC currently provides funding support through CDC-RFA-PS18-1807 to promote adolescent health through school-based HIV prevention, recipients should include the LEAs in the planning process.

b. With organizations not funded by CDC:

The recipient should establish, build, and/or maintain collaborative relationships with organizations not funded by CDC that will support the implementation of the proposed program for Component A and an End the Epidemic plan for Component B. Consideration should be given to developing strategic partnerships with the following types of organizations: federal agencies (e.g., the Health Resources and Services Administration, the Centers for Medicaid and Medicare Services, Substance Abuse and Mental Health Services Administration) and their recipients; public health departments; tribal governments and/or tribally designated organizations; local and state education agencies; colleges and universities; non-CDC funded CBOs; capacity building assistance organizations; faith-based organizations; for-profit organizations; clinics and hospitals; non-governmental organizations; state and local governments; community advocates; community members; and other stakeholders that may have a vested interest in promoting health through HIV prevention, care, and treatment. If necessary, memoranda of agreements/memoranda of understandings (MOAs/MOUs) should be established.

2. Target Populations

The Component A recipient must provide support to and collaborate with state and local health department HIV program staff (e.g., HIV/AIDS directors, HIV prevention managers, HIV surveillance coordinators). The Component B recipients must engage in planning activities that focus on HIV care and prevention programming for persons with HIV and at risk of acquiring HIV in Phase 1 geographical hotspots identified in the Ending the HIV Epidemic Initiative.

a. Health Disparities

Health disparities in HIV are inextricably linked to a complex blend of social determinants that influence populations most severely affected by this disease. Health equity is a desirable goal that entails special efforts to improve the health of those who have experienced social or economic disadvantage. Social determinants of health affect disparities in HIV, viral hepatitis, STD and TB. Environmental factors such as housing conditions, social networks, and social support are also key drivers for acquisition and transmission of HIV, viral hepatitis, STDs, and TB. This NOFO supports efforts to improve the health of populations disproportionately affected by HIV by maximizing the health impact of public health services, reducing disease prevalence, and promoting health equity.

Where applicable, the recipient should assist the jurisdictions with the use of epidemiologic and social determinants data to identify communities within their jurisdictions disproportionately affected by HIV and related diseases and conditions. Likewise, the recipient should use data describing the social determinants of diseases in their coverage areas to accurately focus activities for reducing health disparities and to identify strategies to promote health equity. In collaboration with partners and appropriate sectors of the community, the recipient should consider social determinants of health in the development, implementation, and evaluation of program-specific efforts and use culturally appropriate prevention messages, strategies, and interventions that are tailored for the communities for which they are intended. For additional resources to identify disability social determinants of health, visit the Disability and Health Data System website (http ://dhds.cdc.gov).

Details of the health equity strategy and approach are outlined in the NCHHSTP Social Determinants of Health White Paper (https://www.cdc.gov/nchhstp/socialdeterminants/docs/SDH-White-Paper-2010.pdf) and updates on the approach are described in Public Health Reports special supplement (Dean HD, Williams KM, Fenton KA. From Theory to Action: Applying Social Determinants of Health to Public Health Practice. Public Health Reports. 2013;128(Suppl 3):1-4.).

iv. Funding Strategy

Not applicable.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC's approach to evaluation and performance measurement strategy involves assessing the performance of the awardee, to ensure quality of product development and dissemination, effective program implementation, and accountability of funds. Program evaluation includes collection and analysis of program implementation and performance data submitted by recipients, tracking of key performance indicators and process and outcome standards, review of required reports, conference calls with awardees, and site visits. During the period of performance, CDC may partner with recipients on evaluation activities.

Evaluation and performance measurements help demonstrate achievement of program outcomes; build a stronger evidence base for specific program interventions; clarify applicability of the evidence base to different populations, settings, and contexts; and drive continuous program improvement. Collection of key data that can show the impact of these funds toward the intended outcomes is a critical component of this award. CDC will work with the Component A recipient in the first quarter of the award, and periodically throughout the five-year period of performance, to determine what information will be collected and how it will be used to demonstrate program impact through process evaluation, and short and intermediate-term outcome evaluation. Process and outcome evaluation methods will be used to assess the extent to which planned program activities have been implemented and have led to desired programmatic outcomes, and to demonstrate the feasibility and sustainability of the strategies. Short-term and intermediate outcome evaluation will assess when Ending the HIV Epidemic CDC-funded activities are leading to intended long-term outcomes. The indicators and method used to assess the outcomes below will be determined with CDC after award.

Data collected are used for program accountability, monitoring, evaluation, and improvement. Findings will be systematically reviewed by CDC to identify challenges encountered by recipients, identify capacity-building assistance needs and actions needed to improve overall project performance, demonstrate the value of the NOFO, and contribute to the evidence base for NOFO strategies and activities. Data will also be used to produce reports on project accomplishments, project feedback reports, fact sheets, and other monitoring and evaluation reports.

Component A: National Network to Enhance Strategic Communications, Partnerships, Policy Analysis and Interpretation
Strategy A1. Strategic Partnerships and Communication

Activity 1: Collaborate and engage with a broad spectrum of national organizations, including organizations that represent sexually transmitted infection (STI) programs, that have common **interests and that represent state, territorial, and local health department integrated HIV programs.**

Outputs:

- Engagement plan/protocol developed
- Collaborative meetings/conference calls held
- Number of organizations and health department involved
- Collaboration as reflected by signed MOU/MOA

Outcomes:

- Increased awareness and knowledge of integrated HIV programs, including activities related to ending the HIV epidemic, among relevant national partners
- Enhanced representation of integrated HIV programs in relevant national discussions

Activity 2: Establish, cultivate, and maintain collaborative strategic partnership(s) with other national partner(s) to carry out the requirements of the NOFO in support of integrated HIV programs

Outputs:

- Efforts (e.g., joint meetings, calls, consultations) to establish, cultivate, and maintain partnerships with other national partners
  Number of other national partners engaged in partnerships

Outcomes:

- Increased awareness and knowledge of integrated HIV programs among relevant national partners

Activity 3: Develop and disseminate timely and relevant information on key HIV-related issues and topics

Outputs:

- Dissemination plan/protocol developed
- Development and distribution of informational materials
- Coverage of key HIV-rated issues
- Reach of people, health departments, and other organizations

Outcome:

- Increased sharing of program successes and challenges among HIV program staff

Activity 4: Use established partnerships and communication channels to assist CDC with addressing emerging issues that affect integrated HIV programs

Outputs:

- Communication plan/protocol developed
- Type and number of communication channels identified and utilized
- Frequency and amount of technical assistance provided to CDC

Outcomes:

- Increased identification and addressing of emerging issues
- Increased ability for CDC to respond effectively to emerging issues

Activity 5: Facilitate and host national stakeholder planning and collaboration meetings

Outputs:

- Meeting plans developed
- Number of meetings hosted and facilitated
- Number and type of stakeholders engaged in meetings

Outcomes:

- Increased development and strengthening of partnerships with private and public entities to sustain effective integrated HIV programs
- Enhanced representation of integrated HIV programs in relevant national discussions

Activity 6: Work with partners to increase visibility of integrated HIV programs among stakeholders

Outputs:

- Number of events held to improve visibility of HIV prevention and surveillance programs
- Development and distribution of materials to increase visibility of HIV prevention and surveillance programs
- Number and type of stakeholders reached through events and materials designed to increase visibility of HIV prevention and surveillance programs

Outcomes:

- Increased awareness and knowledge of integrated HIV programs among relevant national partners

Activity 7: Support and facilitate active communication and consultation between the national organizations and CDC, as well as between CDC and the health department integrated HIV program staff

Outputs:

- Communication/consultation plan/protocol developed
- Communication/consultation events between CDC and health departments

- Communication/consultation events between CDC and national organizations

Outcomes:

- Increased communication and consultation about integrated HIV programs between CDC, health departments and national partner organizations
- Increased support for development and implementation of procedures to share data within health department units and between health departments and community partners

Activity 8: Collaborate with appropriate CDC-funded capacity building assistance providers in the dissemination of information and provision of technical assistance to health departments, as appropriate.

Outputs:

- Efforts (e.g., joint meetings, calls, material exchanges) to collaborate with CDC-funded capacity building assistance providers
- Technical assistance (TA) provided to health departments to support the implementation of integrated HIV programs

Outcome:

- Increased capacity of health departments to support the implementation of their integrated HIV programs

Strategy A2. Policy Analysis and Interpretation

Activity 9. Track state and territory level activity on policies and laws relevant to HIV programs.

Outputs:

- Policy tracking protocol/tool developed
- Number of policy briefs or reports developed/shared
- Number of persons/organizations/Health Departments reached

Outcome:

- Increased awareness and knowledge about the policy environment and the impact of state and local policies on HIV programs among HIV program staff
- Increased opportunities for HIV program staff to effectively communicate with policy stakeholders about the important work of their programs

Activity 10. Develop and disseminate educational and informational products

Outputs:

- Number and type of educational/informational materials developed
- Distribution of educational/informational materials

- Number of persons, health departments, and partner organizations reached

Outcome:

- Increased awareness and knowledge about the policy environment and the impact of state and local policies on HIV programs among HIV program staff
- Increased opportunities for HIV program staff to effectively communicate with policy stakeholders about the important work of their programs

Activity 11. Analyze and interpret national and jurisdictional-level data in areas of HIV prevention and surveillance policies and programs

Outputs:

- Data analysis plan/protocol developed
- Analysis of HIV prevention and surveillance programs and policies
- Production of analytic products (e.g., briefs, reports)
- Discussions, interpretation, dissemination of analytic findings

Outcome:

- Increased awareness and knowledge about the policy environment and the impact of state and local policies on HIV programs among HIV program staff
- Increased ability of HIV program staff to effectively communicate with policy stakeholders about the important work of their programs

Activity 12. Provide support and technical assistance to health departments on ways to effectively communicate with and educate policymakers about their HIV prevention, surveillance, care, and treatment programs

Outputs:

- Technical assistance plan/protocol developed
- Number of organizations and health department provided technical assistance
- Number and type of strategies or tools developed to educate policymakers about integrated HIV programs

Outcome:

- Increased awareness and knowledge about the policy environment and the impact of state and local policies and laws on HIV programs among HIV program staff
- Increased opportunities for HIV program staff to effectively communicate with policy stakeholders about the important work of their programs

Component B: Accelerating State and Local HIV Planning to End the HIV Epidemic

To monitor progress on recipient implementation of planning activities, recipients will submit performance measures to CDC. These will include a detailed planning timeline with associated milestone and draft documents describing results and/or outcome for each activity. These

outcomes will demonstrate the result of accelerated planning efforts supported by this NOFO. Existing information already available to the state and local award recipients will be used to generate or update the resulting local plan.

CDC will use findings from this NOFO to support implementation of Ending the HIV Epidemic activities and to support planning for Phase 2 jurisdictions in the future. Since this NOFO does not involve the generation or collection of public health data, a Data Management Plan is not required for this NOFO.

Activity 1: Engage with existing local prevention and care integrated planning bodies.

Outcome:

- Increased engagement of partners, including local care and prevention planning bodies, local HIV service providers, persons with HIV, and other community members impacted by HIV

Activity 2: Prepare current epidemiologic profile for jurisdiction

Output:

- Updated (current) epidemiological profile for the relevant jurisdiction(s)

Outcome:

- Increase understanding of epidemiologic profile of the relevant jurisdictions

Activity 3: Prepare a brief situational analysis for jurisdiction

Output:

- Completed current situational analysis for the relevant jurisdiction(s)

Outcome:

- Increase understanding of the HIV care and prevention context/situation for the relevant jurisdictions

Activity 4: Engage with local community partners

Outcome:

- Increased engagement of partners, including local care and prevention planning bodies, local HIV service providers, persons with HIV, and other community members impacted by HIV

Activity 5: Engage with local HIV service provider partners

Outcome:

- Increased engagement of partners, including local care and prevention planning bodies, local HIV service providers, persons with HIV, and other community members impacted

by HIV

Activity 6: Reach concurrence on an Ending the HIV Epidemic plan with local HIV planning groups

Outcome:

- Increased engagement of partners, including local care and prevention planning bodies, local HIV service providers, persons with HIV, and other community members impacted by HIV

Activity 7: Prepare a final/revised Ending the HIV Epidemic plan for jurisdiction

Output

- Completed final (revised) implementation plan aligned with the goals of the Ending the HIV Epidemic initiative and that reflects the HIV prevention and care needs of the community, implementation partners, and planning bodies

Outcome:

- Improved ability to rapidly implement activities to meet the HIV care and prevention needs of the local jurisdictions consistent with the goals of the Ending the HIV Epidemic Initiative.

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.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must demonstrate their existing or forthcoming capacity to successfully execute all proposed strategies and activities to meet the program requirements. Applicants must demonstrate expertise, experience, and/or capacity to develop, implement, and evaluate the required program strategies and activities. Regarding Component A, working with other national organizations, state, tribal, local, and/or territorial health departments, community health centers, health care providers, laboratories, and other stakeholders within the jurisdiction is integral to program implementation. Applicants should describe their mission, organizational structure, overall organizational budget and funding sources, staff size and expertise, the nature and scope of their work and capabilities, long-term sustainability plan, and other information that would help CDC assess the organization's infrastructure and capacity to implement the proposed program. Regarding Component B, the following are integral to activities required by this NOFO: a history of working with care and prevention planning bodies, local providers, persons with HIV, and other community members impacted by HIV; experience and capacity to implement the proposed activities; and accessing and summarizing relevant local available data (i.e., HIV surveillance data). All applicants should address the physical infrastructure as it relates to equipment, electronic information and data systems, ensuring data security and confidentiality, and communication systems to implement the award.

Workforce Capacity

Applicants must provide details on their workforce capacity, competence, expertise and experience as they relate to all specific program strategies and activities. Applicants must have a strategy to ensure that the development, implementation, and delivery of services are appropriate to meet the needs of the state and local health departments.

Staffing

Applicants must provide evidence of adequate program management/staffing plans, performance measurement, evaluation, financial reporting, management of travel requirements, and workforce development and training. Applicants should identify key staff, including program management, with expertise in HIV programs (Principal Investigator or Co-Principal Investigator) and must have a plan to ensure that program staff has adequate skills and relevant experience and capacity to implement the activities and achieve the project outcomes, including the evaluation plan. The staffing plan and project management structure should be sufficient to achieve the project outcomes (e.g., staff technical expertise, data management and data analysis capacity, and a plan for accessing capacity building assistance to support workforce development), inclusive of

subcontractors and consultants if applicable, throughout the duration of the five-year project. Staff must have the breadth of subject matter expertise and experience required to conduct all proposed work. Applicants should describe how they will assess staff competencies and develop a plan to address gaps through organizational and individual training and development opportunities. Additionally, a curriculum vitae or resume must be submitted for each existing key personnel who will be affiliated with this program. Applicant organizations are also required to provide an agency-wide organizational chart and an organizational chart for the proposed program.

In addition, applicants must:

- Provide evidence of existing communication channels that provide opportunities for regular and on-going communication with state and local HIV programs. Examples of evidence include, but are not limited to membership newsletters; meeting minutes, etc.
- Demonstrate experience working on HIV-related issues at a national level for at least five years, and provide documentation of how this work involved or was communicated to state and local health department HIV program staff. Applicants must provide evidence of existing communication channels that provide opportunities for regular and on-going communication with their membership of state and local HIV programs.
- Describe the anticipated capacity building assistance or technical assistance needed to execute the award successfully.
- Provide evidence of experience providing the proposed services at a national level and of a public health mission.
- Provide existence of communication, technological, and data systems required to implement the activities in an effective manner.
- Provide evidence of the nature of their relationship and history, to include number of years serving or working with state and local health departments HIV programs and their experience and expertise related to required strategies and activities.
- Demonstrate the ability to establish and maintain appropriate contractual agreements and MOA/MOUs.

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

Component A applicants must file contractural agreements with other national partners, as described in A1. Strategic Partnership and Communication section, name the file(s) "Contractural Partnership," and upload the document(s) as a PDF file under "Other Attachments Forms"

Component A applicants must file organizational chart(s), name the file "Org Chart," and upload the document(s) as a PDF file under "Other Attachments Forms"

d. Work Plan

Applicants are required to provide a work plan that provides both a high-level overview of the entire five-year period of performance for Component A only and a detailed description of the first year of the award for Components A and B. The work plan should incorporate all NOFO-related program strategies and activities. Applicants should propose specific, measurable, achievable, realistic, and time-based (SMART) process and/or outcome objectives for each activity aligned with the related NOFO performance outcomes. The work plan should include training, capacity building, and TA needs to support the implementation of the proposed program

for Component A and the planning activities for Component B. In addition, a concise description on how the recipient plans to implement and monitor each program activity should be included in the work plan.

Note: Post-award, proposed work plan activities may be adjusted in collaboration with CDC to better address the overarching goals of the project.

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

- Five-Year Overview of Project (include narrative) for Component A only
    - Intended outcomes for the entire five-year period of performance
- Year 1 Detailed Work Plan (Components A and B)
    - Program strategies and activities
    - Outcomes aligned with program strategies and activities
    - SMART objectives aligned with performance targets (including quantitative baselines and targets, based on the proposed program, that lead to an increase, decrease, or maintenance over time
    - Activities aligned with program outcomes
    - Timeline for implementation (including staffing of the proposed program, training, etc.)

Below is a sample work plan format to show the alignment with the logic model and narrative. The table should be completed for each period of performance outcome. If a particular activity leads to multiple outcomes, it should be described under each outcome measure:

Proposed Project Outcome (from Outcomes section and/or logic model		Outcome Measure (from Evaluation and Performance Measurement Section)	
Strategies and Activities	Process Measures (from Evaluation and Performance Measurement Section)	Responsible Position/Party	Completion Date

The work plan can be uploaded as a separate attachment to be submitted with the application. Name the file "work plan", and upload the document(s) as a PDF file under "Other Attachments".

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.

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

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

- 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 ensure coordination and provide policy and program information for rapid dissemination and implementation.
- Work with recipients to identify and address capacity building assistance (CBA) and TA needs that are essential to the success of the project.
    - Provide access to training and TA that will strengthen staff capacity relevant to all required strategies and activities of the program.
- Provide guidance to the recipient and set standards on data collection, use, and submission requirements.
- Provide technical advice in the development of systems to implement and advance CDC policies, initiatives and programs.
- Collaborate to ensure coordination and implementation of technical assistance services to state and local health department HIV program staff.
- Collaborate in assessing progress toward meeting goals/outcomes and in establishing measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices
- Provide guidance and coordinate with the recipient to improve the quality and effectiveness of the proposed program. This may include revision of the work plan, evaluation strategy, products and services, among others.
- Foster and support ongoing opportunities for networking, communication, coordination, and collaboration.
- Provide consultation in planning, operating, analyzing and evaluating HIV surveillance

and prevention programs, including HIV prevention planning, CDC special initiatives, (e.g., program integration, comprehensive HIV prevention programs, and program evaluation activities.)

- Monitor recipient program performance using multiple approaches, such as standardized review of performance, recipient feedback and other data reports, to support program development, implementation, evaluation, and improvement.
- Provide support and facilitate program collaboration with other CDC programs and HHS offices to enhance and improve integration of services.
- Assist in assessing program operations and in evaluating overall effectiveness of programs.
- Provide capacity building assistance where identified or as needed to the recipient.
- Collect and disseminate information, best practices, lessons learned, and evaluation results (e.g., through conferences, guidance, material development, webinars, data sharing publications, other social media, participation in meetings, committees, and working groups related to the cooperative agreement).
- Provide requirements and expectations for standardized and other data reporting and support monitoring and evaluation activities.

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:	U65
3. Fiscal Year:	2019
4. Approximate Total Fiscal Year Funding:	$13,500,000
5. Approximate Period of Performance Funding:	$19,500,000

This amount is subject to the availability of funds.

- Component A: National Network to Enhance Strategic Communications, Partnerships, Policy Analysis and Interpretation- $7,500,000 (5 years)
- Component B: Accelerating State and Local HIV Planning to End the HIV Epidemic- $12,000,000 (1 year)

Estimated Total Funding:	$13,500,000
6. Approximate Period of Performance Length:	5 year(s)
7. Expected Number of Awards:	33

- Component A: National Network to Enhance Strategic Communications, Partnerships, Policy Analysis and Interpretation- 1 award
- Component B: Accelerating State and Local HIV Planning to End the HIV Epidemic-

32 awards

8. Approximate Average Award: $0 Per Budget Period

- Component A: National Network to Enhance Strategic Communications, Partnerships, Policy Analysis and Interpretation- $1,500,000 Per Budget Period
- Component B: Accelerating State and Local HIV Planning to End the HIV Epidemic- $375,000 Per Budget Period

9. Award Ceiling: $0 Per Budget Period

This amount is subject to the availability of funds.

Not applicable

10. Award Floor: $0 Per Budget Period

- Component A: National Network to Enhance Strategic Communications, Partnerships, Policy Analysis and Interpretation- $1,500,000 Per Budget Period
- Component B: Accelerating State and Local HIV Planning to End the HIV Epidemic- $200,000 Per Budget Period

11. Estimated Award Date: 09/30/2019

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:

State governments
County governments
City or township governments
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)
Local governments or their bona fide agents
Territorial governments or their bona fide agents in 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.

2. Additional Information on Eligibility

Component A:
Component A of this NOFO is open to national non-profit organizations with an established 501(c)(3) IRS status (other than institutions of higher education) with experience working across HIV prevention and surveillance programs and with health department HIV/AIDS directors, HIV prevention managers, and HIV surveillance coordinators; and federal, state, and local entities.

- Applicants must provide a copy of the organization's tax exempt 501(c)(3) IRS status letter as documentation of the non-profit 501(c)(3) status. Name the file "IRS letter", and upload to grants.gov as a PDF file under "Other Attachments".

Applicants must have ongoing access to a partnership system that represents state and local health department HIV programs and staff (e.g., HIV/AIDS directors, HIV prevention, program managers, epidemiologist, etc.).

- Applicants must submit proof of an existing partnership system that represents state and local health department HIV programs and staff. Examples of documentation include membership rosters, organization bylaws or policies and procedures that includes language that is supportive of an established partnership system, etc. Name the file(s) "Proof of Representation", and upload the document(s) to grants.gov as a PDF file under "Other Attachments".

If any of the above referenced required documents are missing, the application will be deemed non-responsive and will not be passed along for further review.

Component B:

Eligible applicants include state, local and territorial health departments or their Bona Fide Agents that serve counties, states or territories identified in Phase 1 of the Ending the HIV Epidemic Initiative and that have a current direct funding relationship with CDC (identified in the table below). Eligibility for funding to operationalize the proposed Ending the Epidemic plan is contingent upon responsiveness to Component B of this NOFO or the existence of a comprehensive Ending the HIV Epidemic plan.

Eligible Phase I jurisdictions and corresponding CDC funded health department	
Phase 1 State or County	*Eligible Entity*
Alabama	Alabama Health Department
Arkansas	Arkansas Health Department
Arizona	
Maricopa County	Arizona Health Department
California	
Los Angeles County	Los Angeles County Health Department
San Francisco County	San Francisco Health Department
Alameda County	California Health Department
Orange County	California Health Department
Riverside County	California Health Department
Sacramento County	California Health Department
San Bernardino County	California Health Department
San Diego County	California Health Department
Florida	
Broward County	Florida Health Department
Duval County	Florida Health Department
Hillsborough County	Florida Health Department

Miami-Dade County	Florida Health Department
Orange County	Florida Health Department
Palm Beach County	Florida Health Department
Pinellas County	Florida Health Department
Georgia	
Cobb County	Georgia Health Department
DeKalb County	Georgia Health Department
Fulton County	Georgia Health Department
Gwinnett County	Georgia Health Department
Illinois	
Cook County	City of Chicago Health Department
Indiana	
Marion County	Indiana Health Department
Kentucky	Kentucky Health Department
Louisiana	
East Baton Rouge Parish	Louisiana Health Department
Orleans Parish	Louisiana Health Department
Maryland	
Baltimore City	Baltimore City Health Department
Montgomery County	Maryland Health Department
Prince George's County	Maryland Health Department
Massachusetts	
Suffolk County	Massachusetts Health Department
Michigan	
Wayne County	Michigan Health Department
Mississippi	Mississippi Health Department
Missouri	Missouri Health Department
Nevada	

Clark County	Nevada Health Department
New Jersey	
Essex County	New Jersey Health Department
Hudson County	New Jersey Health Department
New York	
Bronx County	New York City Health Department
Kings County	New York City Health Department
New York County	New York City Health Department
Queens County	New York City Health Department
North Carolina	
Mecklenburg County	North Carolina Health Department
Ohio	
Cuyahoga County	Ohio Health Department
Franklin County	Ohio Health Department
Hamilton County	Ohio Health Department
Oklahoma	Oklahoma Department of Health
Pennsylvania	
Philadelphia County	City of Philadelphia Health Department
South Carolina	South Carolina Health Department
Tennessee	
Shelby County	Tennessee Health Department
Texas	
Harris County	Houston Health Department
Bexar County	Texas Health Department
Dallas County	Texas Health Department
Tarrant County	Texas Health Department
Travis County	Texas Health Department
Washington	

King County	Washington State Health Department
Washington, DC	District of Columbia Health Department
Puerto Rico	
San Juan Municipio	Puerto Rico Territorial Health Department

Jurisdictions with both eligible state and local (city or county) health departments listed in the table above must collaborate on the accelerated planning process and discuss the following: (1) Ensuring that the proposed approach emphasizes the identified counties in the jurisdictional Ending the HIV Epidemic plans; (2) Outlining how the state or directly funded city and local area will collaborate during the project period to ensure that appropriate coverage and coordination of planning efforts within the identified county occurs; (3) Ensuring that fiduciary arrangements specify that the funding resources are directed towards the Phase 1 local county, as appropriate; (4) Documenting any agreements reached in a letter of agreement (LOA) which must be submitted as part of their application. Additionally, as appropriate, plans should include coordinating and collaborating with HRSA-funded Ryan White HIV/AIDS Programs Parts A and B.

3. Justification for Less than Maximum Competition

Component A:
Eligibility is limited to national non-profit organizations with an established 501(c)(3) IRS status (other than institutions of higher education) with experience working across HIV prevention and surveillance programs and with health department HIV/AIDS directors, HIV prevention managers, and HIV surveillance coordinators; and federal, state, and local entities. Applicants must have ongoing access to a partnership system that represents state and local health department HIV/programs and staff (e.g., HIV/AIDS directors, HIV prevention, program managers, epidemiologist, etc.).

CDC has formally partnered with state and local health departments to conduct HIV surveillance and expand the impact and reach of HIV prevention efforts in affected communities. Health departments remain important partners in providing comprehensive high-impact HIV prevention services. Building individual competencies and technical expertise among health department staff, and improving organizational capacities and supportive structural environments are key operational and foundational activities for HIV prevention programs and services.

Component B:
Eligible applicants include state, local and territorial health departments or their Bona Fide Agents identified in Phase 1 of the Ending the HIV Epidemic Initiative and that have a current direct funding relationship with CDC (see attached table). Eligibility for funding to operationalize the proposed Ending the Epidemic plan is contingent upon responsiveness to Component B of this NOFO or the existence of a comprehensive Ending the HIV Epidemic plan.

The Ending the HIV Epidemic in America is a new initiative announced by the President in February 2019. The phase 1 jurisdictions represent more than 50% of new HIV diagnoses in only 48 counties, Washington, D.C., and one municipality, San Juan, Puerto Rico. In addition, 7 states have a substantial rural burden with over 75 cases and 10% or more of the diagnoses in rural areas.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS	1-2 Business Days	To confirm that you have been issued a new

	System (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		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: **06/19/2019**

b. Application Deadline

Due Date for Applications: **07/12/2019** , 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

Component A: June 14, 2019 at 1:00 pm (Eastern Standard Time)

- Call Information
  - Toll-free Number: 800-857-5950
  - Participant Passcode: 2436104
  - Access https://adobeconnect.cdc.gov/rg8be8x4ljxd/ to view the presentation.

Component B: June 14, 2019 at 2:45 pm (Eastern Standard Time)

- Call Information
  - Toll-free Number: 800-857-5950
  - Participant Passcode: 2436104
- Access https://adobeconnect.cdc.gov/rg8be8x4ljxd/ to view the presentation.

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

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. The LOI is requested, but not required.

LOI must be sent via email to:
Dr. Renata D. Ellington
CDC, NCHHSTP/DHAP/ Office of the Director
Email address: PS19-1906@cdc.gov

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.

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

Component A applicants must file MOUs/MOAs with other providers, as appropriate, name the file(s) MOUs," and upload the document(s) as a PDF file under "Other Attachments Forms"

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.

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.

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:35

Evaluate the extent to which the applicant:

- Describes an overall strategy and activities consistent with the NOFO and logic model. (10 points)
- Describes each strategy and the associated activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable). (10 points)
- Presents a work plan that is aligned with each of the required strategies and associated activities, outcomes, and performance measures in the NOFO. (10 points)

- Presents outcomes that are consistent with the period of performance outcomes in the NOFO and logic model. (5 points)

ii. Evaluation and Performance Measurement — Maximum Points:25

Evaluate the extent to which the applicant:

- Proposes an evaluation plan that is consistent with their work plan and the CDC evaluation performance strategy, and that is feasible and likely to demonstrate grantee performance outcomes, including successes and needed improvements. (15 points)
    - Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
    - Develops measures of effectiveness that are consistent with the objectives identified in the work plan and are likely to measure the intended outcomes.
    - Describes how activities used to implement strategies will be monitored.
    - Describes how HIV prevention and surveillance staff will be engaged in the evaluation and performance measurement planning processes.
    - Describes the type of evaluations to be conducted (i.e. process and/or outcome).
    - Describes key evaluation questions to be answered that are consistent with the proposed activities and outcomes.
    - Describes other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that should be included.
    - Describes potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
    - Describes how evaluation findings will be used for continuous program and quality improvement.
- Shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach. (10 points)

iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points:40

Evaluate the extent to which the applicant:

- Organizational Capacity (15 points)
    - Demonstrates having in place the infrastructure and capacity required to implement the proposed program and achieve the proposed objectives and outcomes.
- Relationship with state and local health department HIV prevention and surveillance staff (15 points)
    - Describes having significant access to the target audience.
    - Provides examples of experience providing the proposed services to the target audience.
- Project Management and Staffing (10 points)
    - Describes appropriate staff experience and staff capacity to accomplish the

proposed program goals; and clearly defines roles for staff members that are in alignment with the proposed strategies and activities, and describes sufficient.

Budget

Reviewed, but not scored.

c. Phase III Review

The next step of the review process for Component A only, may include a pre-decisional site visit (PDSV). Component A applicants can receive a maximum of 200 points. If the proposal fails to score at least 140 points during the PDSV, the applicant will not be considered for funding. Component A applicants applying for funding will be selected to receive a PDSV based on scores from the Objective Review process and CDC's funding preferences.

During PDSVs, CDC staff will meet with appropriate project management and staff, which may include representatives of governing bodies, executive director, program manager, etc. The PDSV (1) facilitates a technical review of the application and discussion of the proposed program; (2) further assesses an applicant's capacity to implement the proposed program; and (3) identifies unique programmatic conditions that may require further training, technical assistance, or other CDC resources. Final funding determinations will be based on application scores from the objective review panels, scores from the PDSV, and CDC's funding preferences.

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 awards will be announced by September 30, 2019.

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 2020

AR-12: Lobbying Restrictions

AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities

AR-14: Accounting System Requirements

AR-15: Proof of Non-profit Status

AR-16: Security Clearance Requirement

AR-21: Small, Minority, And Women-owned Business

AR 23: Compliance with 45 C.F.R. Part 87

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

AR-27: Conference Disclaimer and Use of Logos

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

AR-30: 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.

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan	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
Data on Performance Measures	No later than 120 days before end of budget period.	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

CDC seeks to maximize the benefit of reporting by requiring high-impact data, while streamlining reporting to minimize the burden on recipients. Reporting allows for continuous program monitoring and identifies successes and challenges encountered throughout the award. Reporting is also necessary for recipients to apply for yearly continuation of funding.

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.

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.

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:

Renata D. Ellington, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS D-21

Atlanta, GA 30333

Email: PS19-1906@cdc.gov

Grants Staff Contact

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

Constance Jarvis, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Road, MS E-15

Atlanta, GA 30341

Telephone: (770) 488-5859
Email: abq3@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:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

- Work plan

PS19-1906 website: https://www.cdc.gov/hiv/funding/announcements/ps19-1906/index.html

***PS19-1906 application package and CDC Assurances of Compliance must be downloaded from https://www.grants.gov/

References

1. Satcher Johnson A, Song R, Hall IH. State-level estimates of HIV incidence, prevalence, and undiagnosed infection. 2017. Presented at Conference on Retrovirus and Opportunistic Infections. February 2017. Seattle, WA
2. CDC. HIV Surveillance Report, 2017; vol. 29. Published November 2018. https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf
3. National HIV/AIDS Strategy for the United States: Updated to 2020. Published July 2015. https://www.hiv.gov/federal-response/national-hiv-aids-strategy/nhas-update
4. CDC. Understanding the HIV Care Continuum. Published June 2018. https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf
5. CDC. Effective Interventions, behavioral interventions. https://effectiveinterventions.cdc.gov
6. US Public Health Service. Preexposure prophylaxis for the prevention of HIV infection in the United States – 2014.

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.
Assitance 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