Centers for Disease Control and Prevention

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

Evaluation of STD Programs Deploying Disease Intervention Specialist (DIS) to Improve Human Immunodeficiency Virus (HIV) Outcomes

CDC-RFA-PS15-1511

Application Due Date: 08/25/2015

Evaluation of STD Programs Deploying Disease Intervention Specialist (DIS) to Improve Human Immunodeficiency Virus (HIV) Outcomes

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-PS15-1511. 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)

B. Funding Opportunity Title:

Evaluation of STD Programs Deploying Disease Intervention Specialist (DIS) to Improve Human Immunodeficiency Virus (HIV) Outcomes

C. Announcement Type: New - Type 1

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

D. Agency Funding Opportunity Number:

CDC-RFA-PS15-1511

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

93.977

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**08/25/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**N/A**

G. Executive Summary:

1. Summary Paragraph:

This FOA will support a limited number of State or local STD programs to conduct evaluation of their use of enhanced use of Disease Intervention Specialists (DIS) or equivalent public health staff to improve HIV outcomes, including diagnosis of new HIV cases, linkage and re-engagement in care, viral suppression, and linkage or referral to HIV prevention services, such as Pre-Exposure Prophylaxis or PrEP. Each evaluation will include process, outcome, and cost aspects, in order to comprehensively describe and assess the benefits and costs of this relatively new program strategy. The overall objective is to strengthen the evidence base and documentation of this program strategy, to inform STD and HIV program planning nationwide.

a. Eligible Applicants:	Limited
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	4
d. Total Project Period Funding:	$4,000,000
e. Average One Year Award Amount:	$0

For year 1 the approximate average award amounts are: Part A: $100,000 and Part B: $250,000

f. Number of Years of Award:	3
g. Estimated Award Date:	09/30/2015
h. Cost Sharing and / or Matching Requirements:	N

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

This FOA helps address the need to advance National HIV/AIDS Strategy goals related to diagnosing people with HIV, linking and re-engaging them in care (US NHAS 2010), and to advance HIV prevention through use of Pre-Exposure and Post-Exposure Prophylaxis (PrEP and PEP). The intervention to be evaluated under this proposal is the deployment of the skilled Disease Investigation Specialist (DIS) workforce to focus on these HIV outcomes in their routine interactions with people at high risk of HIV.

For decades, state and local STD programs have supported Disease Intervention Specialists (DIS) to conduct partner services and various other critical public health functions. DIS are specialized public health outreach workers who concentrate on finding, counseling, and bringing STD-infected persons and their contacts to testing and treatment. The work of the DIS is intensive, and can involve confidentially visiting persons at home, on the streets, or in any location where the patient might be found. DIS are experts at eliciting sexual and other contacts from patients, as well as using databases and other available resources in order to both locate patients and link them with medical care. In doing this, they are very familiar with the communities in which they operate, including relevant provider and CBO networks in those communities.

Through this work, DIS have long served as gateways to HIV services for their clients. It is well-established that STD infection among some populations, particularly men-who-have-sex-with-men, is a marker of increased risk for HIV. For this reason, clinical guidelines have recommended testing STD patients for HIV for decades, and partner services guidelines recommend HIV testing of patients and their partners as well. Risk reduction counseling, education and referrals to HIV prevention and care services, and to other medical and social services, are part and parcel of DIS' work with patients and their contacts or partners.

While HIV has been a part of the work of DIS for a long time, it has been heightened and enhanced in recent years due to various convergent forces, including 1) release of the US National HIV/AIDS Strategy, 2) release of new guidelines for PrEP, 3) increases in information technology capacity at the health department and clinic levels, 4) closer integration of programs at the health department level, and 5) data demonstrating the extent of both co-infection of STDs and HIV (particularly for syphilis). Today, many programs are exploring new ways to build upon these opportunities and use DIS to extend their public health contributions. In some areas, this workforce is beginning to devote even more time towards HIV case identification, linkage to pre-exposure prophylaxis for HIV (PrEP), linkage to HIV care, and re-engagement in HIV care.

As promising as this model seems, however, not much is known or documented about how best to implement this enhanced approach within state and local health department contexts, and what the costs/benefits are for patients and program. Under this FOA, a select number of STD programs across the country will conduct process and outcome evaluations of their strategies that deploy DIS to improve various HIV outcomes. This multi-site evaluation will assess the effectiveness of integrating HIV outcomes into DIS work and will identify practical lessons for further implementation in those areas and in settings nationwide that are considering similar shifts.

b. Statutory Authorities

Funding for the Minority AIDS Initiative (MAI) was first authorized under the Omnibus Consolidated and Emergency Supplemental Appropriations Act, 1999 (PL 105-277), October 21, 1998. The Division of STD Prevention's program work is authorized under Section 318 (a) (b) (c) of the Public Health Service Act [42 U.S.C. Section 247c (a) (b) and (c)], as amended.

c. Healthy People 2020

This FOA supports efforts to reach the following HP 2020 goals

- HIV-2: Reduce the number of new HIV infections among adolescents and adults
- HIV-3: Reduce the rate of HIV transmission among adolescents and adults
- HIV-13: Increase the proportion of persons living with HIV who know their serostatus
- HIV-14: Increase the proportion of adolescents and adults who have been tested for HIV in the past 12 months
- HIV-19: (Developmental) Increase the proportion of persons who are linked to HIV medical care (had a routine HIV medical visit) within 3 months of HIV diagnosis
- HIV-20: (Developmental) Increase the proportion of persons with an HIV diagnosis who had at least one HIV medical care visit in each 6 month period of the 24 month measurement period, with a minimum of 60 days between medical visits
- These and others can be found at the following link (last accessed 6/16/2015): http://www.healthypeople.gov/2020/topics-objectives/topic/hiv/objectives

d. Other National Public Health Priorities and Strategies

This FOA supports work under the National HIV/AIDS Strategy, particularly related to supporting the continuum of care as well as HIV prevention among people at high risk of HIV. https://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf

e. Relevant Work

This FOA builds off CDC-RFA-PS14-1402, Improving Sexually Transmitted Disease Prevention through Assessment, Assurance, Policy, and Prevention Services (STD AAPPS), an FOA for state/local health department STD programs. The FOA will evaluate program strategies conducted and funded under that FOA. This FOA also relates to the supplemental FOA CDC-RFA-PS14-14020201SUPP15 "STD AAPPS Supplemental Funding for Enhanced Program Evaluation," which also supports evaluation of this same topic.

2. CDC Project Description

a. Approach

Approach:

Grantees will plan and conduct process and outcome evaluation activities to monitor and evaluate the effects of DIS activities on key measures. These activities should be supported by cross-cutting efforts that support the planning, implementation, dissemination and use of the evaluation findings to improve local DIS activities and identify lessons relevant to other jurisdictions.

Logic Model for PS15-1511: Evaluation of enhanced strategies to deploy disease intervention specialists (DIS) to improve HIV outcomes

(Bold = expected outcomes under the FOA project period)

Strategies and Activities	Short-Term Outcomes	Intermediate & Long-term Outcomes
• Determine appropriate process, outcome, and cost-related measures, and appropriate evaluation methods to ensure ability to achieve outcomes for the following evaluation questions: • What is involved in implementing this kind of program model? • How are these program models and strategies adapted over time? What constrains and facilitates implementation? • What are the effects of those strategies on their intended HIV-related outcomes? On STD-related outcomes? • What are the costs and cost-effectiveness of those strategies? Related evaluation activities • Cultivate and maintain relationships with key stakeholders in the evaluation • Implement all planned evaluation activities • Disseminate evaluation findings among STD and HIV programs in other jurisdictions and utilize evaluation findings for awardee program improvement	• **Improved DIS programs, among awardees conducting the evaluation** • **Increased knowledge and information among HIV and STD program managers across the US about ways STD program DIS can support HIV outcomes** • **Strengthened body of scientific evidence about the effectiveness of the use of DIS to improve HIV outcomes**	Intermediate • Stronger STD and HIV programs nationwide • Improved ability to identify undiagnosed HIV-positive persons and link to care • Improved ability to re-engage HIV-positive persons in HIV care • Improved ability to find and link target population to HIV prevention services, including PrEP Long-Term • Decreased HIV incidence • Improved population-level HIV outcomes • Decrease in HIV morbidity and mortality

i. Purpose

This FOA will help advance the goals of the National HIV/AIDS Strategy, by evaluating STD program models that use DIS workforce to improve HIV outcomes, particularly those related to identification of new HIV cases, linkage and re-engagement in HIV care, and linkage and referral to HIV prevention services, including PrEP.

ii. Outcomes

As identified in the logic model, the awardee is expected to achieve the following short-term outcomes during the project period:

- Improved DIS programs, among awardees conducting the evaluation,
- Increased knowledge and information among HIV and STD program managers across the US about ways STD program DIS can support HIV outcomes, and
- Strengthened body of scientific evidence about the effectiveness of the use of DIS to improve HIV outcomes.

iii. Strategies and Activities

Awardees' strategies and activities relate to conducting a high quality evaluation of their enhanced or innovative strategies to deploy DIS to improve HIV outcomes. Awardees first must be implementing enhanced or innovative straegies that are ready for process and outcome evaluation over the course of this FOA. This FOA will support the evaluation of those strategies. To that end, awardees' activities under this FOA revolve around evaluation planning, implementation, dissemination, and utilization, for the purpose of answering some key evaluation questions, outlined in the logic model and described further below. Awardees will:

Determine appropriate process, outcome, and cost-related measures & determine appropriate evaluation methods to ensure ability to achieve outcomes. Awardees are expected to carry out process, outcome, and cost evaluation components under this FOA.

Process evaluation key questions include:

1) What is involved in implementing a DIS model focused on improving HIV-related outcomes? (e.g., training and workforce needs, partnerships required, IT infrastructure used, policy changes, etc.)

2) How are these program models and strategies adapted over time? What programmatic or other contextual factors constrain and facilitate implementation?

For the process evaluation, awardees will use case study methodologies to document the process of incorporating HIV-related services into STD partner services and field investigation. Each site will describe how decisions were made to focus on this set of HIV related outcomes, what processes have been instituted, barriers and facilitators to implementing these interventions, workforce training needs, any partnerships that have been developed, and collaboration/ integration with HIV programs. An evaluation of DIS-related activities will also include: (1) a time-motion or work flow study to describe the time spent by a sample of DIS on key activities, including partner services interviews, linkage to HIV and STD-related services, and provider and patient education; and (2) a characterization of caseload and work activities for DIS.

Outcome evaluation key questions include:

3) What are the effects of those strategies on their intended HIV-related outcomes? On STD-related outcomes?

It is understood that awardees may vary in the specific way that DIS are deployed to improve HIV outcomes, and therefore the specific HIV-related outcomes that awardees will focus on for their respective outcome evaluation may also vary. The outcomes tracked in this evaluation should match those that the STD program's DIS in each jurisdiction are aiming to improve. High priority outcomes for this FOA include: Referral to HIV prevention services, including PrEP; HIV testing and positivity; linkage to care and re-engagement in care; viral suppression; and partner services. Where applicable, applicants should align proposed measures with those used under the National HIV/AIDS Strategy. An update to NHAS is expected in 2015, and measures assessed under this FOA should align with the revised NHAS. However, applicants are not limited to tracking only those measures.

Awardees focusing on HIV testing and diagnosis of HIV cases should include, at a minimum, calculation of the proportion of patients and their contacts/partners who were tested for HIV, and the number and prevalence of new HIV diagnoses. Awardees focusing on HIV prevention services, including PrEP, should track at a minimum, referral to those services. Those awardees focusing on PrEP may also track the number of proportion of eligible cases who initiate and remain on PrEP over time. Factors associated with PrEP initiation and retention may also be assessed. Awardees focusing on linkage or re-engagement in care should plan to monitor their efforts to identify persons with HIV who are not adequately engaged in HIV care through pro-active use of matched STD-HIV data, and to use that data to relink them to care. They also should determine the proportion of interviewed HIV-infected STD cases (whether identified through matched data or not) who are inadequately engaged in HIV care, and the proportion of cases that are out of care that are successfully linked to HIV care through STD partner services. Temporal trends in these outcomes, using the core NHAS measures, should be monitored, if possible.

In order to assess the strategy's effects on partner services capacity more generally, each awardee should assess temporal trends in, at a minimum, 1) the number of cases worked per DIS, 2) the proportion of all cases and prioritized cases that are interviewed, 3) the proportion of partners treated, and 4) the number of partners treated per interviewed case. Stratification by type of infection (e.g., STD vs. HIV) or other index case characteristics may also be conducted, to better characterize whether and how partner services outcomes for STD cases and HIV cases may be affected by their programs' shift in DIS focus. If feasible, awardees should compare these kinds of outcomes from the period before and during incorporation of new HIV-related strategies.

Cost evaluation key questions include:

4) What are the costs and cost-effectiveness of those strategies?

Each site will conduct some degree of cost-effectiveness analyses for their respective DIS strategy. Each site should consider the cost-effectiveness of partner services for syphilis and HIV separately, and may include the following outcomes: cost per case detected of the relevant STD; cost per person treated; cost per case of HIV detected. Additional cost analysis may also be proposed to enhance the scope of this aspect of the evaluation.

Related evaluation activities

Cultivate and maintain relationships with key stakeholders in the evaluation. Awardees will be responsible for identifying appropriate partners in their project areas to participate in the evaluation. Awardees will need to identify those stakeholders and appropriate means for communicating with them on the program evaluation, over the course of the evaluation project. Engagement methods should be meaningful and authentic, as well as efficient.

Within each awardee's jurisdiction, a formal advisory group involving key stakeholders should be convened, to promote communication and collaboration throughout all phases of the evaluation. Each Advisory Group should meet at least bi-annually, with regular, interim communication and updates from senior evaluation staff. In all cases, the groups will serve to ensure broad understanding of the goals and approach of the work being performed and the evaluation being conducted, with members charged with advocating for the work in their respective professional arenas. The groups will also help refine the evaluation plan over time, discuss any barriers to implementation, review preliminary results, and help disseminate final results more broadly.

For some stakeholders, it might be appropriate to provide them with more extensive training or education in the evaluation methods, data collection instruments, and dissemination approaches proposed.

Implement all planned evaluation activities. Awardees are expected to carry out their evaluation plan. Awardees should provide sufficient technical oversight and guidance to ensure scientific integrity of any data they are responsible for obtaining or using, and provide on-going assessment of their quality. Awardees should be prepared to rapidly identify problems and implement appropriate solutions as related to data utilization, quality, and collection. Awardees will be expected to track progress on the evaluation and be able to provide updates in writing to DSTDP on at least a quarterly basis. Awardees should regularly discuss barriers and solutions to implementing the plan, and propose and discuss changes to the evaluation plan with DSTDP, as needed. Awardees are responsible for providing the expertise needed to conduct any data management and analysis appropriately and efficiently. This expertise will likely involve qualitative, quantitative, and economic evaluation analytic skills.

Disseminate evaluation findings among STD and HIV programs in other jurisdictions and utilize evaluation findings for awardee program improvement. Dissemination of useful findings from the evaluation work will not wait until the end of each program evaluation project. Awardees will be expected to help identify interim findings that may be useful to their own stakeholders, other project areas, or DSTDP and share those through presentations, manuscripts, webinars, and other means. The awardee will be expected to contribute significantly towards one or more final evaluation report(s) and manuscript(s) that summarize the evaluation(s) results and recommendations.

1.Collaborations

a. With CDC-funded programs:

Collaboration is expected with relevant state/ local HIV programs funded by CDC at both health departments and community based organizations (CBOs). Both types of partners may be essential to gaining access to key dat and populations for this evaluation work. Letters of support are not required.

b. With organizations external to CDC:

The success of this FOA relies on collaboration of multiple agencies at the local, state, and federal levels. At each level, key stakeholders should include, at a minimum, representatives from not only STD prevention and control programs, but also HIV surveillance, HIV care, primary care, and community-based organizations involved in supporting the HIV cascade and other referrals. All have central roles in both the DIS models being implemented and the evaluation of those models. Evaluation partners, such as those working in universities and private firms, may also be key partners. Letters of support are not required.

2. Target Populations

In each awardee's jurisdictions, target populations are expected to include people at high risk of HIV, in particular people with STDs and the partners of those individuals. STD surveillance data show that STDs disproportionately affect men-who-have-sex-with-men (syphilis) as well as young people (Chlamydia), and ethnic/racial minorities (Chlamydia and Gonorrhea).

a. Inclusion

The target populations described above often include groups facing health, social, or economic disparities, such as MSM, some ethnic/racial minority groups, and communities with high burden of STDs. People of limited English language ability may also be included in the work evaluated under this FOA, depending on the demography of the awardee's jurisdictions.

iv. Funding Strategy (for multi-component FOAs only)

This FOA has two components, **Part A** and **Part B**. Both Part A and Part B will serve a similar purpose and general scope of work. Part A is simply adapted for those already receiving funding from CDC to evaluate this kind of program model.

Part A is for applicants who already receive funding from DSTDP under the "STD AAPPS Supplement for Enhanced Evaluation" to evaluate their innovative programs to use DIS to improve HIV outcomes. Part A applicants can apply for additional funding to complement their other funding to expand the scope of their evaluation activities on this topic, to be further in line with the comprehensive evaluation approach described above. Under this new FOA, they may choose to propose additional outcomes to track in their process, outcome, or cost evaluations; more rigorous or additional evaluation methods; or more sites' involvement, among other options. They are not expected to submit applications that mirror the full scope of evaluation activities represented above.

Part B is for applicants who do not already receive funding under the "STD AAPPS Supplement for Enhanced Evaluation" to evaluate this kind of work.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

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Below are sample metrics or domains that awardees may use to track or monitor for each evaluation questions listed above. As mentioned above, where applicable, applicants must align proposed measures with those used under the National HIV/AIDS Strategy. An update to NHAS is expected in 2015, and measures assessed under this FOA should align with the revised NHAS. However, applicants are not limited to tracking only those measures.

Eval Question #1) What is involved in implementing this kind of program model?

- Average hours/week spent on linkage to care support
- Average hours/week spent on public health detailing
- Average hours/week spent on non-HIV partner services
- Average STD and HIV cases worked/month
- Costs associated with additional training needed to implement workforce shift

Eval Question #2) How are these program models adapted over time? What factors constrain or facilitate implementation?

- Barriers and facilitators to implementing the model
- Solutions and modifications to the model implemented, rationale for those
- Perceived benefits and costs of the model, including opportunity costs
- Ways to improve the model and the evaluation

Eval Question #3) What are the effects of those approaches on their intended HIV-related and on STD-related partner services outcomes?

- #/% HIV testing among cases and partners
- #/% HIV positivity among those tested (above)
- # of new HIV diagnosis among cases and partners
- #/% of cases and partners in need of linkage/re-engagement in HIV care
- Linkage to HIV medical care (NHAS definition)
- Retention in HIV medical care (NHAS definition)
- Viral suppression (NHAS definition)
- #/% of eligible HIV-negative and HIV-positive persons referred for HIV prevention services
- #/% initiating PrEP, 3/% still using PrEP at 6 and 12 months
- #/% of HIV cases interviewed\ with a partner tested
- #/% of early syphilis cases and GC cases interviewed\contacts examined\contacts treated

Eval Question #4) What are the costs and cost-effectiveness of those approaches?

- Cost per new HIV case
- Cost per new HIV case linked to care
- Cost per STD case detected
- Cost per STD case treated

In addition, CDC will monitor and evaluate the work of awardees by tracking completion of key milestones and by documenting the quality and use of evaluation findings obtained. Key performance measures may include:

- Timely completion of evaluation plans
- Timely completion of products that summarize interim and final results from the various evaluation components
- Timely dissemination of findings to relevant audiences through appropriate means
- Qualitative evidence of changes made within awardees' own DIS programs in response to evaluation findings
- Qualitative evidence of use or uptake of findings among STD programs who are not awardees
- Publication of manuscripts based on evaluation findings in peer-reviewed scientific journals.

The specific output and outcome measures will be determined in consultation with awardees, within 3 months of award, and revised accordingly over the course of this FOA.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that is consistent with the CDC strategy. Their plan must:

- Affirm their ability to collect the performance measures and respond to the evaluation questions specified in the CDC strategy.
- Describe how key program partners will participate in the evaluation and performance measurement planning processes.
- Describe how evaluation findings will be used for continuous program quality improvement.

The applicant evaluation and performance measurement plan should specifically focus on providing more detail on 1) how the applicant proposes to measure the key HIV-related and DIS-related process, outcome, and cost evaluation outcomes that they propose to assess in the course of their evaluation and 2) how the applicant proposes to assess the short-term outcomes of this FOA, as described in the CDC evaluation and performance measurement section (e.g., usefulness and relevance of findings).

c. Organizational Capacity of Awardees to Execute the Approach

Applicants must demonstrate the ability to successfully implement a comprehensive evaluation of their DIS or field services strategies, as described above.

To demonstrate evaluation capacity, awardees must ensure sufficient skills and experience in the following areas: 1) planning, managing, and conducting program evaluation, 2) collecting quantitative data for program evaluation, 3) collecting qualitative data for program evaluation, 4) analyzing quantitative and qualitative data for program evaluation, 5) maintaining client records and managing data for program activities, (including maintaining client confidentiality and data security), 6) conducting quality assurance for program activities, and 7) producing reports, engaging partners, ensuring usable evaluation, and disseminating results to a variety of audiences.

d. Work Plan

Applicants must provide a high-level work plan that covers the duration of the project, with more detail for the first year of the project period. The work plan should crosswalk the strategies, activities, and outcomes described above with their proposed approaches. Applicants can use any template they wish for the more detailed first year evaluation work plan, so long as it provides sufficiently-detailed information on key activities, milestones, target dates, and persons responsible for meeting those milestones.

e. CDC Monitoring and Accountability Approach

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

- Tracking awardee progress in achieving the desired outcomes.
- Ensuring the adequacy of awardee 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:

- Ensuring that work plans are feasible based on the budget and consistent with the
- intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees 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.

Other activities deemed necessary to monitor the award, if applicable.

These activities may include 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 grantees.

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Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee 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 awardee progress in achieving the desired outcomes.
- Ensuring the adequacy of awardee 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:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees 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.

Other activities deemed necessary to monitor the award, if applicable.

These activities may include 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 grantees.

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

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine monitoring of the cooperative agreement. CDC activities will include:

- Coordinating evaluations across sites, and offering the leadership and communication structures needed to do so effectively,
- Providing technical/scientific expertise and staff time, for planning and implementing each evaluation plan, and
- Collaborating on dissemination of findings.

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.

2. Award Mechanism: H25 Venereal Di

3. Fiscal Year: 2015

Estimated Total Funding: $4,000,000

4. Approximate Total Fiscal Year Funding: $750,000

5. Approximate Project Period Funding: $4,000,000

6. Total Project Period Length: 3 year(s)

7. Expected Number of Awards: 4

8. Approximate Average Award: $0 Per Budget Period

For year 1 the approximate average award amounts are: Part A: $100,000 and Part B: $250,000

9. Award Ceiling: $750,000 Per Budget Period

10. Award Floor: None

11. Estimated Award Date: 09/30/2015

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

12. Budget Period Length: 12 month(s)

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

State governments
County governments
City or township governments
Special district governments
Others (see text field entitled "Additional Information on Eligibility" for clarification)

2. Additional Information on Eligibility

Applicants are limited to the 59 state and local health departments funded for the "Improving STDs through Assessment, Assurance, Policy, and Prevention Services" (STD AAPPS) FOA. These include Government Organizations:

The award ceiling for this FOA is $750,000. CDC will consider any application requesting an award higher than this amount as non- responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. (http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf)

3. Justification for Less than Maximum Competition

Eligibility for this FOA is limited to current awardees of PS14-1402 "Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy, and Prevention Strategies" (STD AAPPS). Current awardees of STD AAPPS include 59 states, territories, and city health departments. Eligibility for STD AAPPS was limited to those 59 entities, based on existing public health infrastructure and STD epidemiology. The limited eligibility memo for STD AAPPS was approved on January 8, 2013.

The purpose of the new FOA is to conduct enhanced evaluation of STD program strategies to use DIS to improve HIV outcomes – work conducted with the support of STD AAPPS (and potentially other funds). That program strategy was selected for additional evaluation support because of its importance to many individual project areas, which are developing or implementing similar approaches. However, there are not sufficient resources to conduct in-depth evaluations of that approach in every project area. Therefore, this FOA was designed to support evaluation in a select number of areas. Interim and final results from the evaluation work conducted under this FOA will be shared with other awardees not funded under this FOA, to help them glean lessons that will help them improve their own program strategies.

By allowing entities that are not current awardees of STD AAPPS to apply, the program risks supporting evaluation work with little impact or relevance beyond the immediate awardees. The reason this topic was selected for additional funding and support is its potential importance across STD programs. Current awardees of STD AAPPS are the only entities that can carry out this program evaluation project because they are implementing the strategy being evaluated, and therefore have the knowledge and partnerships needed to conduct evaluation more efficiently and effectively.

The impact of not approving this supplement would be a lack of critical information about the effects of high priority STD program strategies. Identifying people with HIV, linking and re-engaging them in care, and advancing HIV prevention through use of Pre-Exposure and Post-Exposure Prophylaxis (PrEP and PEP) are part of the National HIV/AIDS Strategy. Funding for evaluating their work to improve these outcomes through strategic deployment of their DIS staff would build the science around this particular program strategy, leading to stronger programs designed to support these outcomes. Funding – even if for evaluation and not the program strategies themselves -- also galvanizes a program and relevant staff, leading to more program effort in this domain and, therefore, potential, immediate benefit to the populations served.

This FOA has two parts, with different eligibility criteria, but in both cases applicants are current awardees of STD AAPPS 14-1402. Part B is open to all current awardees of STD AAPPS 14-1402, and Part A is limited to a subset of current awardees of STD AAPPS 14-1402, namely those who already received funding for this topic under the Supplemental FOA for Enhanced Evaluation. The scope of work is generally the same under Parts A and B. Part A is adapted to take into account the fact that some awardees of STD AAPPS 14-1402 already have some funding to support evaluation of this particular topic.

A similar deviation to limit eligibility to all current awardees of STD AAPPS 14-1402 was requested and approved for a related funding mechanism, namely the STD AAPPS Supplement for Enhanced Evaluation (LEJ approved May 9, 2014). This new FOA mirrors one of the topics offered for evaluation in that Supplemental FOA, thus the justification for limited eligibility is nearly identical.

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

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

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System: All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at http:// fedgov.dnb.com/webform/displayHomePage.do. The DUNS number will be provided at no charge.If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

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

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

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

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

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

4. Submission Dates and Times

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

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

N/A

b. Application Deadline

Due Date for Applications: **08/25/2015**, 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.

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html.

- Complete the applicable assurances and certifications on an annual basis, name the file "Assurances and Certifications" and upload it as a PDF file at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc. gov/grantassurances/(S(mj444mxct51lnrv1hljjimaa))/ 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.

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

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

8. Table of Contents

(No page limit and not included in Project Narrative 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
(Maximum of 20 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 20 pages will not be considered. The 20 page limit includes the work plan. For a multi-component FOA, maximum page limit is 25.)

The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section. Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov.

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

b. Approach

i. Purpose
Applicants must describe in 2-3 sentences specifically how their application will address the 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. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

iii. Strategies and Activities
Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period 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 CDC Project Description: Strategies and Activities section.)

1. Collaborations
Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC.

For this FOA, the project narrative page limit is as follows:

- **Part A:** Maximum of 5 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 5 pages will not be considered. The 5 page limit includes the work plan.
- **Part B:** Maximum of 15 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Context beyond 15 pages will not be considered. The 15 page limit includes the work plan.

Part A applicants should submit a concise narrative that describes the evaluation activities that they hope to carry our under this new FOA. Part A applicants do not need to describe in detail all of the activities they are currently carrying out under the "Supplemental FOA for Enhanced Evaluation" on this topic. However, Part A applicants should make clear how the additional activities funded under this FOA would complement and add to those already funded. Because they do not need to describe their entire evaluation project of this topic in equal detail, project narratives for Part A applicants should be shorter than those submitted by Part B applicants.

Part B applicants should submit a comprehensive narrative that describes in full the evaluation activities that they propose under this FOA. The narrative should also describe the DIS program context and demonstrate readiness of that program context for evaluation under this FOA.

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

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

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

b. **Approach**

i. **Purpose:** Applicants must describe in 2-3 sentences specifically how their application will address the 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. outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

iii. **Strategy and Activities:** Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. 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 CDC Project Description: Strategies and Activities section.)

2. Target Populations
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. Refer back to the CDC Project Description section – Approach: Target Population.

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. refer back to the CDC Project Description section - Approach: Target Population.

c. Applicant Evaluation and Performance Measurement Plan
Applicants must provide an overall evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Affirm the ability to collect the performance measures and respond to the evaluation questions specified in the CDC strategy. (For guidance regarding the Paperwork Reduction Act, please visit http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html)
- Describe how key program partners will participate in the evaluation and performance measurement planning processes.
- Describe how evaluation findings will be used for continuous program quality improvement.

Where the applicant chooses to, or is expected to, take on specific evaluation studies:

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

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first 6 months of the project, as outlined in the reporting section of the FOA.

d. Organizational Capacity of Applicants to Implement the Approach
Applicant must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan
(Included in the Project Narrative's 20 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 awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement.

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

Like for the Project Narrative, **Part A** applicants can opt to describe only those components that this FOA would cover in FY15, not all of the evaluation activities that are funded through the STD AAPPS Supplemental FOA for Enhanced Evaluation. If they include all activities related to their evaluation of this topic, they should make clear which ones would be funded under this application vs. those already funded.

12. Budget Narrative
Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

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

- Total Direct costs
- Total Indirect costs

Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities). The CDC will not reimburse indirect costs unless the recipient has an indirect cost rate covering the applicable activities and period.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: http://www.cdc.gov/grants/interestedinapplying/applicationresources.html .

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 FOA 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 FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

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

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

Tobacco Policies:

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

Nutrition Policies:

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

http://www.cdc.gov/ nccdphp/dnpao/hwi/ toolkits/ tobacco/index.htm

http://www. thecommunityguide.org/ tobacco/index.html

http:// www.cdc.gov /obesity /strategies /food-serv-guide.html

14. Health Insurance Marketplaces

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

15. Intergovernmental Review

Executive Order 12372 does not apply to this program.

16. 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 CFR section 3.908 to the award and requires that grantees 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.

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See http:// www.cdc.gov /grants /additional requirements /index.htm l#ar12 for detailed guidance on this prohibition and http://www. cdc.gov/ grants /documents/Anti- Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf

- 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.

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees .
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

18. Other Submission Requirements

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

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

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

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an 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 FOA. 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 Applicant User Guide, Version 1.1, page 102.

http:// www.grants.gov /documents /19/18243 /Grantsgov ApplicantUserGuide .pdf /ce754626 -c2aa-44bc- b701 -30a75bf428c8

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@www.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@www.grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail or call CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

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

E. Review and Selection Process

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

a. Phase I Review

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

b. Phase II Review

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

Part A Applicants - Approach — **Maximum Points: 50**

A review panel will evaluate complete, eligible applications in accordance with the criteria below. Part A applications will differ from Part B applications, so the review criteria are described separately.

Evaluate the extent to which the applicant:

Describes what they are currently funded to do under the Supplemental FOA for Enhanced Evaluation, for this topic

- Describes how they plan to extend those evaluation activities under this FOA and how the additional activities complement those already underway or planned with other funding sources
- Describes an approach that is consistent with the CDC Project Description and logic model above
- For each proposed additional activity, describes the approaches to be taken, using approach scientific/evaluation rigor and ensuring both feasibility and usefulness
- Presents a work plan that is consistent, feasible, and connects clearly with the metrics and outcomes described in more detail in the awardee's "Evaluation and Performance Measurement" section

Part A - Evaluation and Performance Measurement — **Maximum Points: 25**

Evaluate the extent to which the applicant:

- Describes a feasible approach to assessing the FOA's short-term outcomes, including the usefulness and relevance of the evaluation work to awardees and other jurisdictions
- Describes in more detail the key HIV-related and DIS-related process, outcome, and cost outcomes metrics, including whether, when appropriate, they align with those from the National HIV/AIDS Strategy
- Demonstrates experience with using program or evaluation data for program improvement and quality improvement

Part A - iii. Applicants Organizational Capacity to Implement the Approach — **Maximum Points: 25**

Evaluate the extent to which the applicant:

- Summarizes specific experience relevant to obtaining or collecting data for each of the proposed additional evaluation activities
- Summarizes specific experience relevant to analyzing data for each of the proposed additional evaluation activities

Part B Applicants - Approach — **Maximum Points: 50**

Evaluate the extent to which the applicant:

- Provides a strong rationale for why their STD DIS program strategies merit evaluation under this FOA and demonstrates that their STD field services program context is a good candidate for evaluation under this FOA (i.e., has been, or is being, re-oriented to focus further on improving HIV outcomes relevant to the priority outcomes of this FOA or is taking a particularly innovative approach to doing so)
- Describes a coherent plan for answering each of the evaluation questions listed in the CDC Project Description that is consistent with the logic model and includes process, evaluation, and cost components
- Describes clearly how the scope and focus of the evaluation work proposed are appropriate for the STD program model they are evaluating
- Describes the approaches to be taken, using approach scientific/evaluation rigor and ensuring both feasibility and usefulness
- Presents a work plan that is consistent, feasible, and connects clearly with the metrics described in "Evaluation and Performance Measurement"

Part B Applicants - Evaluation and Performance Measurement — **Maximum Points: 25**

Evaluate the extent to which the applicant:

- Describes a feasible approach to assessing the FOA's short-term outcomes, including the usefulness and relevance of the evaluation work to awardees and other jurisdictions
- Describes in more detail the key HIV-related and DIS-related process, outcome, and cost outcomes metrics, including whether, when appropriate, they align with those from the National HIV/AIDS Strategy
- Demonstrates experience with using program or evaluation data for program improvement and quality improvement

Part B Applicants - Applicants Organizational Capacity to Implement the Approach **Maximum Points: 25**

Evaluate the extent to which the applicant:

- Summarizes specific experience relevant to obtaining or collecting data for each of the proposed evaluation approaches (i.e., qualitative, quantitative, process, outcome, cost)
- Summarizes specific experience relevant to analyzing data for each of the proposed evaluation approaches (i.e., qualitative, quantitative, process, outcome, cost)
- Summarizes specific experience relevant to dissemination and using data for each of the proposed evaluation approaches (i.e., qualitative, quantitative, process, outcome, cost)

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.

c. Phase III Review

Applications will be funded in order by score and rank determined by the review panel. **Part A** and **Part B** applicants will be considered ranked separately.

2. Announcement and Anticipated Award Dates

Awardees will be notified by the Procurement and Grants Office (PGO) on or about September 30, 2015. Awardees will receive an electronic copy of the Notice of Award (NOA) from CDC PGO.

F. Award Administration Information

1. Award Notices

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

Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

Awardees must comply with the administrative and public policy requirements outlined in 45 C.F.R. Part 74 or Part 92 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html

The HHS Grants Policy Statement is available at http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf.

*Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Awardees must comply with the administrative and public policy requirements outlined in 45 C.F.R. Part 74 or Part 92 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm. The HHS Grants Policy Statement s available at http://www.hhs.gov/asfr/ogapa/aboutog /hhsgps107.pdf

*Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

The following Administrative Requirements (AR) apply to this project:

Generally applicable ARs:

- AR-7: Executive Order 12372
- AR-9: Paperwork Reduction Act http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-29: Compliance with EO13513, "Federal Leadership on ; Reducing Text Messaging while Driving,"; October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation ; Act of 1973
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)
- AR-35: Nutrition Policies

ARs applicable to awards associated with HIV/AIDS issues:

- AR-4: HIV/AIDS Confidentiality Provisions
- AR-5: HIV Program Review Panel
- AR-6: Patient Care

Projects that involve the collection of information, or identical record keeping or reporting from 10 or more entities/individuals and are funded by a grant/cooperative agreement and constitute a burden of time, effort, and or resources expended to collect and or disclose the information will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act (PRA).

For more information on the C.F.R. visit http://www.ecfr.gov/cgi-bin/ECFR?page=browse.

3. Reporting

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

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

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 FOA copying the CDC Project Officer.

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan	6 months into award	Yes
Annual Performance Report (APR)	120 days before end of budget period. Serves as yearly continuation application.	Yes

Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes

a. Awardee Evaluation and Performance Measurement Plan (required)
With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award.

This plan should provide additional detail on the following:

- The frequency that evaluation and performance data are to be collected.
- How data will be reported.
- How evaluation findings will be used for continuous quality and program improvement.
- How evaluation and performance measurement will yield findings to demonstrate the value of the FOA (e.g., improved public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

b. Annual Performance Report (APR) (required)
The awardee must submit the APR via www.grants.gov 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.

This report must include the following:

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

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

The carryover request must:

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

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

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 awardees 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 through eRA Commons 90 days after the end of the calendar quarter in which the budget period ends. 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, awardees are required to submit a letter of explanation to PGO 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 project period. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire project period and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Awardees must report final performance data for all process and outcome performance measures.
- Evaluation Results – Awardees must report final evaluation results for the project period for any evaluations conducted.
- Impact/Results/Success Stories – Awardees 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.
- 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)
The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible website, www.USASpending.gov.

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than $25,000. For the full text of these requirements, see: http://www.gpo.gov /fdsys/browse/ collection.action?collectionCode= BILLS.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact
For programmatic technical assistance, contact:

Marion Carter, Project Officer

Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Rd NE
MS E-80
Atlanta, GA 30329
Telephone: (404) 639-8035
Email: mcarter1@cdc.gov

Grants Staff Contact

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

Bernadette Cunningham, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Rd
MS E-15
Atlanta, GA 30341
Telephone: (770) 488-6135
Email: BRCunningham@cdc.gov

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

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

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: pgotim@cdc.gov

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

H. Other Information

Following is a list of 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
- Table of Contents for Entire Submission

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Letters of Support

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 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http://www.cdc.gov/grants/additional requirements/index.html. Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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.

Catalog of Federal Domestic Assistance (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.

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

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 project period (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 awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

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 FOA evaluation plan is used to describe how the awardee 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.

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

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: http://www.whitehouse.gov/omb/ grants_spoc/.

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 activites; 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.

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

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 FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Project Period Outcome: An outcome that will occur by the end of the FOA's funding period.

Public Health Accreditation Board (PHAB): 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.

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 project period 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.