Image Description: Centers for Disease Control

Centers for Disease Control

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

Use of molecular HIV surveillance to identify active HIV transmission networks and implement HIV interventions for Hispanic/Latino men who have sex with men.

CDC-RFA-PS17-1711

Application Due Date: 05/30/2017

Use of molecular HIV surveillance to identify active HIV transmission networks and implement HIV interventions for Hispanic/Latino men who have sex with men.

CDC-RFA-PS17-1711

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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-PS17-1711. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Funding Opportunity Title:

Use of molecular HIV surveillance to identify active HIV transmission networks and implement HIV interventions for Hispanic/Latino men who have sex with men.

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

D. Agency Funding Opportunity Number:

CDC-RFA-PS17-1711

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

93.940

F. Dates:

1. Due Date for Letter of Intent (LOI): **N/A**

2. Due Date for Applications: **05/30/2017**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

G. Executive Summary:

1. Summary Paragraph:

Hispanic/Latino gay, bisexual, and other men who have sex with men (MSM) in the United States (US) are at elevated risk of HIV. This Funding Opportunity Announcement (FOA) supports demonstration projects to implement an innovative strategy that uses molecular HIV surveillance data (i.e., HIV sequences) to pinpoint networks that include Hispanic/Latino MSM in which active HIV transmission is occurring and deliver a combination of high-impact HIV prevention services to persons in the networks. Activities will be conducted by up to 11 state and local health departments that are directly funded by CDC to conduct HIV surveillance within 6 states with substantial numbers of HIV diagnoses among Hispanic/Latino MSM. Supported activities include analysis of HIV sequence data to identify molecular clusters of active HIV transmission among Hispanic/Latino MSM; use of partner services and other data to assess underlying transmission clusters and HIV risk networks; HIV testing through partner services and social network strategies; linkage to or re-engagement of HIV-positive individuals in HIV care and other services to increase viral suppression and reduce onward HIV transmission; linkage of high-risk HIV-negative individuals to pre-exposure prophylaxis (PrEP); and activities to mitigate the effects of social and structural factors that directly impede access to and participation in HIV-related services by Hispanic/Latino MSM.

a. Eligible Applicants:	Limited
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	11

Up to 11 awards are anticipated.

d. Total Project Period Funding:	$21,000,000
e. Average One Year Award Amount:	$636,363
f. Total Project Period Length:	3
g. Estimated Award Date:	08/31/2017
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

Part II. Full Text

1. Background

a. Overview

HIV diagnoses among Hispanic/Latino gay, bisexual, and other men who have sex with men (MSM) increased by 13% during 2010-2014 and decreased or were stable among white and black/African American MSM, respectively.[1] Of all Hispanic/Latino MSM tested for HIV in 2014, 75% knew of their infection,[2] well below the National HIV/AIDS Strategy (NHAS) goal of 90% for serostatus awareness among HIV-positive persons.[3] Participation by Hispanics/Latinos overall in HIV care is suboptimal: in 2014, 74.3% of Hispanics/Latinos aged ≥13 years in 33 jurisdictions were linked to care within 1 month of their diagnosis (NHAS goal=90%); among those diagnosed with HIV by year-end 2012 who were alive at year-end 2013, 57.7% were retained in care (NHAS goal=90%) and 54.2% were virally suppressed (NHAS goal=80%).[4]

The number of HIV diagnoses among Hispanic/Latino MSM varies by jurisdiction. Unpublished CDC data indicate that 8 jurisdictions had ≥ 500 HIV diagnoses among these MSM during 2013-2015: Arizona (500 diagnoses); California (4,311); Florida (2,820); Illinois (683); New Jersey (564); New York (1,979); Texas (2,994); and Puerto Rico (802). These jurisdictions accounted for 81% of all HIV diagnoses during these years among Hispanic/Latino MSM in the U.S. and 6 dependent areas.

CDC uses molecular surveillance data to identify networks of persons with active HIV transmission and develop targeted prevention measures. HIV-infected persons are tested for drug resistance as a standard of care to select treatment options. The sequence data generated from these tests are analyzed by CDC and used to identify groups in greatest need of prevention interventions.

This FOA supports demonstration projects to use molecular HIV surveillance data to pinpoint networks that include Hispanic/Latino MSM in which active HIV transmission is occurring, and target high-impact HIV prevention services for persons in these networks. Networks with active transmission include persons with diagnosed HIV infection who have genetically similar HIV strains (i.e., molecular clusters); HIV-negative persons at risk for acquiring HIV, and persons with undiagnosed HIV infection. Persons with diagnosed HIV include those who have never been linked to or have fallen out of HIV care, and those in care who may or may not be virally suppressed. Persons with undiagnosed HIV-infection in transmission and risk networks

can be identified through use of the proven strategies of partner services and social network testing. [5]

FOA-supported activities include: use of HIV sequence data to identify molecular clusters with active HIV transmission; use of partner services and other data to assess underlying transmission clusters and HIV risk networks; HIV testing through partner services and social network strategies; linkage to or re-engagement of HIV-positive individuals in HIV care and other services to increase viral suppression and reduce HIV transmission; linkage of high-risk HIV-negative individuals to pre-exposure prophylaxis (PrEP) and other prevention services; and activities to mitigate the effects of social-structural factors that directly impede participation by Hispanic/Latino MSM in HIV prevention and related services.

References:

1. https://www.cdc.gov/nchhstp/newsroom/docs/factsheets/hiv-data-trends-fact-sheet-508.pdf
2. https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-hssr-nhbs-msm-2014.pdf
3. https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf
4. https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-21-4.pdf
5. AJPH 2013 Oct;103(10):1851-6.

b. Statutory Authorities

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

c. Healthy People 2020

This FOA addresses the "Healthy People 2020" focus area of HIV. https://www.healthypeople.gov/2020/topics-objectives/topic/hiv/objectives

d. Other National Public Health Priorities and Strategies

This FOA supports the following national strategies:

1. The National HIV/AIDS Strategy: http://www.aids.gov/federal-resources/national-hiv-aids-strategy/overview/
2. CDC Division of HIV/AIDS Prevention (DHAP) Strategic Plan: http://www.cdc.gov/hiv/pdf/policies_D HAP-strategic-plan.pdf
3. HIV Care Continuum Initiative: https://www.aids.gov/federal-resources/policies/care-continuum/
4. Minority AIDS Initiative (MAI): http://www.hhs.gov/ash/ohaidp/initiatives/
5. CDC Winnable Battles: http://www.cdc.gov/winnablebattles/index.html

e. Relevant Work

This FOA builds upon the following HIV prevention programs:

CDC-RFA-PS-12-1210, “Secretary’s Minority AIDS Initiative Funding for Care and Prevention in the United States (CAPUS) Demonstration Project”

http://www.cdc.gov/hiv/policies/funding/annoucements/ps12 -1210/index.html

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

CDC-RFA-PS15-1506, “Health Department Demonstration Projects to Reduce HIV Infections and Improve Engagement in HIV Medical Care among Men Who Have Sex with Men (MSM) and Transgender Persons.”
https://www.cdc.gov/hiv/funding/announcements/ps15-1506/

2. CDC Project Description

a. Approach

Bold indicates project period outcome.

Image Description: Logic%20Model%20CDC%2DRFA%2DPS17%2D1711.jpg

i. Purpose

The purpose of this FOA is to support eligible applicants for using molecular HIV surveillance data to pinpoint networks of active HIV transmission that include Hispanic/Latino MSM and implement high-impact interventions for them. Required activities include identifying molecular clusters and assessing transmission and risk networks; HIV testing; linking/re-engaging HIV-positive persons in care; linking high-risk HIV-negative persons to PrEP; and mitigating the effects of social-structural factors that directly impede access to and participation in HIV-related services by Hispanic/Latino MSM.

ii. Outcomes

Awardees are expected to demonstrate measurable progress toward achieving the short-term and intermediate outcomes depicted in the FOA logic model. Indicators that quantify these outcomes are described in the section entitled CDC Evaluation and Performance Measurement Strategy.

Expected Short-term outcomes (years 1 and 2) include the following:

- Increased internal and external partnerships to support HIV prevention activities
- Increased ability to identify and respond to ongoing molecular clusters and underlying transmission clusters and HIV risk networks that include Hispanic/Latino MSM
- Increased knowledge of HIV status among Hispanic/Latino MSM
- Increased linkage to and re-engagement in HIV care among HIV-positive Hispanic/Latino MSM
- Increased linkage to PrEP-related services by high risk HIV-negative Hispanic/Latino MSM
- Increased knowledge and clinical management skills by providers about PrEP for HIV prevention with Hispanic/Latino MSM
- Increased knowledge about PrEP for HIV prevention among HIV-negative Hispanic/Latino MSM at high risk for HIV infection

Expected Intermediate outcomes (year 3) include the following:

- Decreased time between HIV diagnosis among Hispanic/Latino MSM and engagement in HIV care
- Increased retention of HIV-positive Hispanic/Latino MSM in HIV care
- Increased prescription of PrEP by providers to HIV-negative Hispanic/Latino MSM
- Increased PrEP uptake among high risk HIV-negative Hispanic/Latino MSM
- Increased uptake by Hispanic/Latino MSM of HIV prevention services in addition to PrEP (e.g., HIV testing, condom use) and in HIV care

iii. Strategies and Activities

Demonstration project awardees are required to implement all of strategies and activities listed below.

1. Create new or expand existing partnerships within the health department and between health departments and local (e.g., community-based) organizations to support project activities

- Develop agreements (e.g., Memorandums of Understanding [MOUs]/Memorandums of Agreement [MOAs]) and procedures for data sharing between HIV surveillance and HIV prevention staff within health departments.
- Develop agreements and procedures with local organizations (e.g., community-based organizations,

clinics, etc.) that create new partnerships or expand and strengthen existing partnerships to support planned project activities.
- Develop agreements and procedures that will enable applicants in states with health departments that are independently-funded by CDC for HIV surveillance to collaborate with the other health department(s) to implement the required project activities throughout the state. Activities will include, but are not limited to sharing, analyzing, reviewing, and interpreting molecular and transmission cluster data and intervening as appropriate. Attach MOUs or MOAs to the application, documenting the intention to collaborate on the project.
- Ensure that all agreements address security and confidentiality standards for HIV data described in the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention's (NCHHSTP) Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action, 2011 https://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf

2. Use molecular HIV surveillance data and CDC tools to identify molecular clusters that include Hispanic/Latino MSM; use partner services and other data to assess underlying transmission clusters and HIV risk networks

- Receive training on the use of CDC tools to identify molecular clusters of active HIV transmission
- Implement strategies to improve the collection of HIV sequence data from laboratories
- Identify molecular clusters of active HIV transmission that include Hispanic/Latino MSM
- Review and analyze data (e.g., partner services data and other data) to identify other persons that may be part of the transmission clusters, for whom sequence data are not available
- Develop approaches for improving the integration and management of data from disparate systems
- Design high-impact HIV prevention activities that address features of the identified molecular clusters of active HIV transmission and the associated social and sexual risk networks that include Hispanic/Latino MSM
- Comply with security and confidentiality standards for HIV data as described in the NCHHSTP Data Security and Confidentiality Guidelines
- Follow the HIV Surveillance Technical Guidance for HIV Surveillance Programs for HIV surveillance activities

3. Deliver high-impact prevention services to identified Hispanic/Latino MSM and others in their networks, including HIV testing, linkage to or re-engagement in care, and pre-exposure prophylaxis (PrEP)

HIV Testing

- Train or retrain, as needed, health department and partner organization staff on HIV testing guidelines, policies, cultural competency, and the use of partner services and the social network HIV testing strategy to reach Hispanic/Latino MSM and persons in their networks
- Identify high risk HIV-negative and HIV-positive individuals within Hispanic/Latino MSM sexual/social networks
- Identify other individuals (e.g., friends, sex or drug partners, etc.) who are members of social networks within which active HIV transmission occurs, who are at risk of HIV and who would benefit from HIV testing

Linkage to or Re-Engagement in Care

- Link to HIV care those Hispanic/Latino MSM who are newly and previously diagnosed with HIV and other HIV-positive persons in their networks who are not in care
- Re-engage in HIV care those Hispanic/Latino MSM and other persons in their networks who had been in care and had fallen out of care

PrEP and other Prevention Services

- Develop and implement PrEP-related policies, standard operating procedures (SOPs), protocols, and/or MOUs/MOAs; train health department staff
- Train providers in clinical management procedures and skills
- Link high-risk HIV-negative persons to PrEP and other prevention services

4. Identify and prioritize social-structural factors that negatively affect participation by Hispanic/Latino MSM in HIV prevention and care services and implement activities to mitigate the effects of identified factors

- Design and implement feasible activities to mitigate those social-structural factors that are identified – based on the experiences of health department awardees and local-level partner organizations when serving Hispanic/Latino MSM, and the analysis of jurisdiction-specific data -- as directly impeding participation by Hispanic/Latino MSM in HIV prevention and related services
- Develop and implement procedures and materials that are culturally and linguistically appropriate for Hispanic/Latino MSM

5. Develop and implement performance measurement and evaluation strategies

- Identify and use surveillance and other data sources to implement these performance measurement and evaluation strategies

6. Identify and disseminate promising practices relative to strategies and activities

1. Collaborations

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

Health department awardees will collaborate as partners with CDC. Awardees must establish, build, and/or maintain working partnerships with CDC-funded health departments within their state and with other CDC awardees (e.g., directly-funded CBOs) to ensure communication, collaboration, and coordination for the effective delivery of high-impact HIV prevention activities that are consistent with CDC standards and guidance. Awardees must obtain letters of support and develop MOAs, MOUs, or other agreements and procedures as appropriate, to ensure collaboration between programs within health departments (e.g., surveillance and prevention) and effective communications and data sharing related to identified clusters of active HIV transmission among Hispanic/Latino MSM and their access to, and participation in, HIV-related services. In states with health departments that are independently-funded by CDC to conduct HIV surveillance, these health departments will develop agreements and procedures for sharing data and working collaboratively to analyze, review, and interpret molecular and transmission cluster data and intervene as appropriate. Applicants must include letters of support and any MOUs and MOAs as attachments to their application, documenting their intention to collaborate on the project. Applicants must attach letters of support as a file named "Letters of Support" and upload it as a PDF file at www.grants.gov. Applicants must attach MOUs and MOAs as a file named "MOUs/MOAs" and upload them as PDF files at www.grants.gov.

b. With organizations not funded by CDC:

Health department awardees funded under this announcement will collaborate as needed with non-CDC funded partner organizations such as HIV and other health care providers, community-based organizations, LGBTQ organizations, private providers, clinics and community health centers. Applicants must provide MOUs, MOAs, or letters of support as evidence of planned collaborations that will contribute to the success of the proposed demonstration projects. Applicants must file the MOU or MOA, as appropriate, name the file "MOUs/MOAs", and upload it as a PDF file at www.grants.gov.

2. Target Populations

The target populations for this project are Hispanic/Latino MSM living with HIV infection, HIV-negative Hispanic/Latino MSM at risk for acquiring HIV, and persons in their sexual, social, and risk networks. Disabled individuals within these described categories are also considered to be part of the target populations for this project.

a. Health Disparities

The FOA requires that health department awardees focus on Hispanic/Latino MSM, the population for which HIV diagnoses are increasing, by pinpointing networks that include Hispanic/Latino MSM in which active HIV transmission is occurring, and delivering high-impact HIV prevention services to persons in the networks. The FOA requires that awardees implement activities to mitigate the effects of social-structural factors which their experiences and analyses identify as directly impeding access to and participation by Hispanic/Latino MSM in HIV prevention and care services.

Awardees are also required to implement measures to facilitate access to and participation in project activities by Hispanic/Latino MSM who may be disproportionately Spanish speakers, who may have limited spoken or written English capacity and limited health literacy, and who may be socially marginalized and stigmatized due to their ethnicity, participation in male to male sex, and their possible undocumented presence in the U.S., and do so in a manner that is linguistically and culturally competent and respectful of and sensitive to values and norms that are shared widely by Hispanic/Latino persons and the often difficult circumstances of Hispanic/Latino MSM. These measures, and activities implemented by awardees to mitigate the negative effects of social-structural factors on participation by Hispanic/Latino MSM in HIV-related services, will contribute to reducing HIV-related disparities and addressing social determinants that affect these populations.

iv. Funding Strategy

Anticipated award levels are based on the relative share of the number of people living with diagnosed HIV at the end of 2014 attributable to each eligible jurisdiction. Awards will be allocated using a funding algorithm which is based on 2014 prevalence data and minimum funding level of $120,000 to support organizational infrastructure for the program.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The CDC Evaluation and Performance Measurement Strategy will assess achievement of program goals and objectives in terms of process, organizational change, and short-term and intermediate outcomes. Although long-term outcomes are described in the logic model and can logically be expected to occur as a result of projects funded by this FOA, these outcomes may not be observed during the 3-year implementation period.

For this demonstration project: (1) Performance Measurement will include a core set of measures that will be developed and agreed upon by CDC and health department awardees, and (2) a Special Evaluation that will include process and outcome evaluations conducted in each jurisdiction to closely examine an aspect of the project that will help explain changes in outcomes, identify factors that may have impeded or contributed to project success, and/or assess unintended effects, among others.

The overarching questions that the project will assess include the following:

1. To what extent do grantees successfully collect laboratory HIV surveillance data (i.e., CD4, viral load results, and HIV sequence data) and use it to evaluate the outcomes of linkage to, re-engagement in, and retention in HIV care?
2. To what extent do grantees successfully use molecular data to identify clusters of active transmission involving Hispanic/Latino MSM?

3. To what extent do grantees successfully use partner services or other strategies to identify Hispanic/Latino MSM and others in their networks and deliver high-impact HIV prevention services?
4. To what extent does the project increase knowledge of HIV status among Hispanic/Latino MSM?
5. To what extend do grantees successfully link or re-link HIV-diagnosed Hispanic/Latino MSM into HIV care?
6. To what extent do grantees successfully link high-risk HIV-negative Hispanic/Latino MSM to PrEP and other prevention services?
7. To what extent do grantees reduce the effects of social-structural factors that create barriers to HIV prevention services and care among Hispanic/Latino populations in their jurisdictions?
8. What promising and good practices are identified by grantees relative to the utilization of molecular data to identify HIV transmission clusters; the delivery of high-impact HIV interventions (i.e., HIV testing, Linkage to Care, and PrEP); and efforts at addressing structural factors among Hispanic/Latino MSM?

To fully address the overarching questions Performance Measurement and a Special Evaluation will be conducted. At a minimum, Special Evaluation will focus on question 7 where there is a need to conduct more rigorous process and outcome evaluations for which CDC will provide guidance.

The following Table includes main outputs, outcomes, and corresponding performance metrics that will help track project progress. This is not an exhaustive list since measures will be finalized in collaboration with selected jurisdictions.

OUTPUTS / OUTCOMES	**PERFORMANCE MEASURES / STANDARDS**
OUTPUTS	
• Cluster investigation and intervention protocols and standard operating procedures • Health department staff trained in using molecular cluster analysis tools and cultural competence pertaining to Hispanic/Latino MSM • Strategies to improve collection of HIV sequence data implemented • Molecular clusters of active transmission, including Hispanic/Latino MSM and underlying transmission clusters identified • HIV testing using partner services and social network testing strategy • Culturally and linguistically appropriate activities, including educational materials, developed for providers and Hispanic/Latino MSM • HIV and non-HIV infected Hispanic/Latino MSM HIV referred to HIV care or prevention services, including PrEP • Partners of those HIV infected notified of their exposure • Social and structural barriers faced by	• Number and type of protocols and SOPs on cluster investigation in place • Number of health department staff trained in using molecular cluster analysis tools and cultural competency • Number of HIV diagnoses that have an HIV sequence • Number of identified molecular clusters of active transmission for which underlying transmission networks are identified • Number of persons identified and tested through partner services and social network strategy testing • Number and type of educational activities delivered to providers and Hispanic/Latino MSM concerning HIV testing, PrEP, HIV care, etc. • Number of HIV and non-HIV infected Hispanic/Latino MSM HIV, respectively, referred to HIV care or prevention services, including PrEP • Document describing social-structural factors that create barriers to Hispanic/Latino MSM access to and participation in HIV prevention and care; prioritized factors addressed by

Hispanic/Latino MSM addressed in project activities • Monitoring and evaluation plan implemented • Implementation challenges identified and addressed • Promising practices disseminated	project activities, and description of activities implemented to mitigate the negative effects of identified social-structural factors • Document identifying project implementation challenges and how they are addressed • Report with promising and good practices
SHORT TERM OUTCOMES	
• Increased internal and external partnerships to support HIV prevention activities • Increased ability to identify and respond to ongoing molecular clusters and underlying transmission clusters and HIV risk networks that include Hispanic/Latino MSM • Increased knowledge of HIV status among Hispanic/Latino MSM • Increased linkage to and re-engagement in HIV care among HIV-positive Hispanic/Latino MSM • Increased linkage to PrEP-related services by high risk HIV-negative Hispanic/Latino MSM • Increased knowledge and clinical management skills by providers about PrEP for HIV prevention with Hispanic/Latino MSM • Increased knowledge about PrEP for HIV prevention among HIV-negative Hispanic/Latino MSM at high risk for HIV infection	• Number of MOUs/MOAs (as applicable) and minutes from partnership meetings • Number of Hispanic/Latino MSM and persons in their networks identified with newly diagnosed HIV infection • Number of Hispanic/Latino MSM and persons in their networks diagnosed with HIV and who received results • Number of Hispanic/Latino MSM and persons in their networks who are diagnosed with HIV and are linked to HIV care within 30 days of diagnosis • Number of high risk HIV-negative Hispanic/Latino MSM and persons in their networks linked to PrEP services • Number of providers who attended project trainings to increase their clinical management knowledge • Number of high-risk HIV-negative Hispanic/Latino MSM who receive information about PrEP
INTERMEDIATE OUTCOMES	
• Decreased time between HIV diagnosis among Hispanic/Latino MSM and engagement in HIV care • Increased retention of HIV-positive Hispanic/Latino MSM in HIV care • Increased prescription of PrEP by providers to HIV-negative Hispanic/Latino MSM • Increased PrEP uptake among high risk HIV-negative Hispanic/Latino MSM • Increased uptake by Hispanic/Latino MSM of HIV prevention services in	• Number of days between identification of HIV-diagnosed Hispanic/Latino MSM and persons in their networks and their successful engagement/re-engagement in HIV medical care • Number of Hispanic/Latino MSM and persons in their networks diagnosed with HIV and retained into HIV care • Number of high-risk HIV-negative Hispanic/Latino MSM and persons in their networks prescribed with PrEP • Number of Hispanic/Latino MSM and

addition to PrEP (e.g., HIV testing, condom use) and in HIV care	persons in their networks using HIV prevention and care services

The CDC strategy will require that awardees allocate 8% of the overall budget to support performance measurement and 5% of the overall budget to support special evaluation of funded activities.

Performance measurement data will allow CDC to assess performance of the overall project and will be reported to and supervised by CDC, which will disseminate data in grantee feedback reports in collaboration with jurisdictions. Jurisdictions will be required to submit data to the National HIV Surveillance System, in progress reports annually, and through EvaluationWeb for HIV test events. Findings will ensure ongoing program and system improvement. CDC will also require the implementation of Special Process and Outcome Evaluations to identify good practices and determine how social and structural factors were successfully addressed. Guidance on both Performance Measurement and Special Evaluation will be provided by CDC on an ongoing basis throughout the project period.

Project data management systems will have security controls for management, operational and technical safeguards needed to protect the confidentiality, integrity, and availability of a federal information system and its information that comply with the National Institute of Standards and Technology (NIST) (http://csrc.nist.gov/groups/SMA/fisma/overview.html). The data management systems will have security plans, including an Information System Security Plan, emergency response capabilities, designated individuals who are responsible for security, reporting to Congress, security awareness training, and regular review of the system as specified in OMB Circular A-130. All data collected will be submitted to the CDC Project Officer using government-provided, encrypted USB. Finalizing the details of the data management plan and systems will be the responsibility of the project officer, the grantee funded to conduct the project, and the partnering entities supplying outcome data.

Awardees will collect all required surveillance and other quantitative and qualitative data using CDC approved applications, and submit the data to CDC according to an established schedule, using CDC-approved systems. Details concerning data management plans and systems will be finalized by the CDC project officer, the awardee, and partner organizations that supply outcome data.

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these FOA funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

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

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

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

Awardees will collaborate with CDC to develop a detailed evaluation and performance measurement plan for the entire project within the first six months of the award. The detailed evaluation plan will build on elements described in the initial plan. In addition, awardees will describe baseline and target performance values for each reporting year.

Awardees will address three components in the Evaluation and Performance Measurement Plan.

1. Approach:

- Describe engagement of stakeholders (e.g., HIV-STD program staff, community organizations, MSM and Hispanic/Latino advocates, CDC) in Evaluation and Performance Measurement processes.
- Describe planned channels to use, and audiences (including the public) to target, for dissemination of Performance Measures and Special Evaluation results.

2. Performance Measurement:

- Identify indicators, including those based on surveillance data, to be tracked throughout the project, baseline data, and targets.
- State how frequently (e.g., daily, weekly, monthly) data will be collected on each indicator.
- Describe how performance measures data will be managed and by whom; information system(s) that will be used; plans to ensure quality of performance measures data, how frequently results will be reported and to whom, keeping in mind CDC data submission requirements and the use of local data for routine project oversight.
- Describe how performance measurement results will be used.

3. Special Evaluation

- List up to 3 evaluation questions for which a Special Evaluation will be conducted to determine how well social and structural factors were successfully addressed in this project to ameliorate barriers to HIV prevention services and care among Hispanic/Latino MSM populations in selected jurisdictions
- Identify how findings of Special Evaluation will be utilized by health department and other stakeholders.

Paperwork Reduction Act (PRA) may be applicable depending on the evaluation and reporting methods used for the project.

c. Organizational Capacity of Awardees to Implement the Approach

All applicants must demonstrate their existing capacity to successfully execute all proposed strategies and activities to meet the FOA requirements. Applicants should address infrastructure (the applicant organization's physical space and equipment), workforce capacity and competence, expertise and experience related to all strategies and activities that are described in the FOA narrative and logic model, information and data systems, and electronic information and communication systems to implement the award. Applicants must provide evidence of security and confidentiality verification from CDC, program management/staffing plans, performance measurement, evaluation, financial reporting, management of travel requirements, and workforce development and training. Applicants are encouraged to provide additional information that demonstrates their capacity to efficiently manage fiscal mechanisms (e.g., subcontracts and hiring new staff) in support of the project. Applicants must also demonstrate their capacity to provide, and their successful experience providing, services to Hispanic/Latino individuals who are Spanish speakers,

who may have limited spoken or written English capacity and limited health literacy, and who may be socially marginalized and stigmatized due to their ethnicity, participation in male to male sex, and their possible undocumented presence in the U.S., in a manner that is linguistically and culturally competent and respectful of and sensitive to values and norms that are shared widely by Hispanic/Latino persons and the often difficult circumstances of Hispanic/Latino gay, bisexual and other men who have sex with men. Applicants must submit as attachment CVs/resumes of proposed staff and organizational charts for health departments. Applicants must name these files as "CVs/Resumes" or "Organizational Charts" and upload them at www.grants.gov.

d. Work Plan

Applicants must develop a work plan that describes how proposed activities will contribute to achieving the short and intermediate outcomes outlined in the accompanying logic model. Applicants should cite available local epidemiologic data, cost data or other sources for articulating how the proposed approach will have the greatest impact for their jurisdiction.

Activities in this Funding Opportunity Announcement should expand or enhance current activities or in other ways increase their impact in their jurisdiction in improving HIV outcomes for Hispanic/Latino MSM. To this end, applicants should also explain how the proposed work plan will further extend or leverage other funded activities.

Applicants are required to provide a work plan that provides both a high-level overview of the entire three-year project period and a detailed description of the first year of the award. The work plan should incorporate all FOA-related program strategies and activities. Applicants should describe how they plan to monitor each activity.

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

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

- Three-Year Overview of Project Work Plan:
- Intended outcomes for the entire three-year project period
- Year 1 Detailed Work Plan:
- Program strategies and activities
- Outcomes aligned with program strategies and activities
- Timeline

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 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 deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that 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.

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.

No additional guidance.

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

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

A. Provide or facilitate consultation and technical assistance to awardees on all aspects of the implementation of the funding program as well as all protocols, procedures, and instruments related to the plan, both directly and through CDC's network of awardees and partners.

B. Work with awardees to address various training, capacity building and technical assistance needs that are crucial to the successful execution of the plan, and that are not addressed by other funding sources.

C. Provide specific training, capacity building, and technical assistance on the use of CDC-approved tools for conducting molecular cluster analyses.

D. Monitor awardee progress with implementing planned activities and developing and conducting monitoring and evaluation activities through consultation via site visits, email, telephone conference calls, and review of progress reports, periodic updates, and other data reports.

E. Provide requirements and expectations for standardized and other data reporting and support monitoring and evaluation activities with technical assistance, web-based training on M&E, M&E-related materials such as data collection tools, and on-line TA via the National HIV Monitoring and Evaluation Service Center as appropriate.

F. Facilitate necessary CDC and other clearances.

G. Plan, convene, and facilitate joint awardee meetings during the project period.

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:	U62
3. Fiscal Year:	2017
4. Approximate Total Fiscal Year Funding:	$7,000,000
5. Approximate Project Period Funding:	$21,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:	$21,000,000
6. Total Project Period Length:	3 year(s)
7. Expected Number of Awards:	11

Up to 11 awards are anticipated.

8. Approximate Average Award: $636,363 Per Budget Period

9. Award Ceiling: $1,410,008 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $259,604 Per Budget Period

11. Estimated Award Date: 08/31/2017

12. Budget Period Length: 12 month(s)

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

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: State governments
County governments
City or township governments

Additional Eligibility Category:

Government Organizations:

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

2. Additional Information on Eligibility

Eligibility for this FOA is limited to state and local health departments that have the authority to conduct, and are directly funded by CDC to conduct, HIV surveillance. This program is authorized under section 318(c) of the Public Health Service Act, 42 U.S.C. section 247c(c), as amended.

Applicants must submit documentation demonstrating that they meet **both** of the following two criteria:

(1) Applicants must be located in a state that has reported at least 500 diagnoses of HIV infection among Hispanic/Latino MSM during 2013-2015. To adequately identify HIV molecular clusters that include Hispanic/Latino MSM and have a sizeable impact on new HIV diagnoses, health departments must be located within a state that reported at least 500 diagnoses of HIV infection among Hispanic/Latino MSM during 2013-2015.

To satisfy the first criterion, applicants must complete the following steps:

(a) Use the CDC-developed Atlas Plus application located at https://gis.cdc.gov/grasp/nchhstpatlas/main.html to derive the number of diagnoses of HIV infection among Hispanic/Latino MSM during 2013-2015 in the applicant's state. **The total number for 2013, 2014, and 2015 must add up to at least 500 diagnoses among Hispanic/Latino MSM.**

(b) Submit, as an attachment to their application, a copy of the table that is generated from Atlas Plus that shows the number described in (a) above.

(2) Applicants must have reported HIV sequence data for at least 20% of all HIV diagnoses during 2013-2015. Grantees funded under this program announcement will be required to use HIV sequence data reported to their HIV surveillance program as the primary data source for the analysis of HIV molecular clusters. Identification of molecular clusters relies on (a) collecting HIV sequence data from laboratories as part of routine HIV surveillance activities and (b) demonstrating the capacity to conduct molecular HIV surveillance as evidenced by submission of HIV nucleotide sequence data to CDC for at least 20% of all HIV diagnoses during 2013-2015.

To satisfy the second criterion, applicants must submit, as an attachment to their application, a summary document that provides the following data elements:

(a) The total number of persons who received an HIV diagnosis during 2013–2015 and were residing in the applicant's jurisdiction (i.e., the area funded to conduct HIV surveillance) at the time of diagnosis;

(b) The number of all HIV diagnoses during 2013-2015 in the jurisdiction that had an HIV genetic sequence;

(c) The percentage of all HIV diagnoses during 2013-2015 in the jurisdiction that had an HIV genetic sequence. **The percentage must be at least 20%.**

In addition, applicants must submit a copy of "Table 2. Completeness of HIV Sequences among Diagnoses, by Selected Demographic Characteristics," which is generated by a SAS program that is available to applicants from CDC's HIV Incidence and Case Surveillance Branch, and which applicants are instructed to use in order to calculate the data elements required for Criterion 2 (a), (b), and (c) above. (Detailed instructions to applicants for accessing the SAS program and preparing documentation for the required attachment are provided below.)

Detailed instructions to applicants:

To provide documentation for the attachment required by the second criterion, applicants must use the CDC-developed SAS program titled Local_MHS_Analysis_201704.sas. The program is available on the HIV Incidence and Case Surveillance Branch (HICSB) SharePoint site (https://partner.cdc.gov/Sites/NCHHSTP/HICSB).

In their attachment, applicants must provide a summary document that provides the following data elements based on calculations and generated by the above-referenced SAS program, and contained in the SAS output "Table 2. Completeness of HIV Sequences among Diagnoses, by Selected Demographic Characteristics. " The table must show (1) the total number of persons who received an HIV diagnosis during 2013–2015 and were residing at the time of their diagnosis in the applicant's jurisdiction (as indicated by Column B, rows 44-46 of Table 2); and (2) the percentage of HIV diagnoses in their jurisdiction with any sequence reported during 2013-2015 (as indicated by Column D, rows 44-46 of Table 2).

Applications that do not include documentation demonstrating that both of the criteria listed above are satisfied will be deemed non-responsive to the requirements of this FOA and not passed along for further review.

3. Justification for Less than Maximum Competition

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. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

If funds are awarded to an applicant organization that includes sub-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 can require 10 or more 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 at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the “Get Registered” option atwww.grants.gov.

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

Step	System	Requirements	Duration	Follow Up

1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711Image Description:
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220Image Description:
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized	Same day but can take 8 weeks to be fully registered and approved in the system	Register early! Log into grants.gov and check AOR status until it shows you have been approved

		organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	(note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	

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 OGS staff at 770-488-2700Image Description: or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348Image Description: .

4. Submission Dates and Times

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

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

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

b. Application Deadline

Due Date for Applications: **05/30/2017** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

5. CDC Assurances and Certifications

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

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

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

Duplication of Efforts

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

6. Content and Form of Application Submission

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

7. Letter of Intent

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

LOI may be sent via U.S. express mail, delivery service, fax, or email to:

Carolyn Leighton

CDC, NCHHSTP, DHAP, PRB

Address: 1600 Clifton RD NE, Mailstop E-37, Atlanta, GA 30329-4027

Telephone number: 404-639-1908

Fax: 404-639-1950

Email address: CLeighton@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package. Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

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

10. Project Narrative

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the 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 the Strategies and Activities section of the CDC

Project Description.

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

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)
Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement.

Applicants must develop a work plan that describes how proposed activities will contribute to achieving the short and intermediate outcomes outlined in the accompanying logic model. Applicants should cite available local epidemiologic data, cost data or other sources for articulating how the proposed approach will have the greatest impact for their jurisdiction.

Activities in this Funding Opportunity Announcement should expand or enhance current activities or in other ways increase their impact in their jurisdiction in improving HIV outcomes for Hispanic/Latino MSM. To this end, applicants should also explain how the proposed work plan will further extend or leverage other funded activities.

Applicants are required to provide a work plan that provides both a high-level overview of the entire three-year project period and a detailed description of the first year of the award. The work plan should incorporate all FOA-related program strategies and activities. Applicants should describe how they plan to monitor each activity.

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

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

- Three-Year Overview of Project Work Plan:
- Intended outcomes for the entire three-year project period
- Year 1 Detailed Work Plan:
- Program strategies and activities
- Outcomes aligned with program strategies and activities
- Timeline

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data.
Indirect costs 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).
For guidance on completing a detailed budget, see Budget Preparation Guidelines at: http:// www.cdc.gov

/grants /interested in applying /application resources.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. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Grantees will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide grantees and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.
Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

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

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that 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.

16. Copyright Interests Provisions

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

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- 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 generally is not allowed, unless the CDC provides written approval to the awardee.
- 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.

Funds may not be used for purchase of PrEP medications (e.g., Truvada), payment for laboratory testing related to PrEP (for example, creatinine tests, liver function tests, pregnancy tests, and other clinical tests that could result from evaluation of side effects/toxicities), for molecular sequencing, or for personnel costs for the provision of PrEP medication and recommended clinical care associated with PrEP. Project activities that involve the collection of information from 10 or
more individuals/entities and are funded by a grant/cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB)
under the Paperwork Reduction Act.

18. Data Management Plan

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

19. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically 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 OGS 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 OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@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 OGS 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 Grants.gov Online User Guide. http:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t= Get_Started%2FGet_Started. htm

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

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

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

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach	Maximum Points:30

A. To what extent does the applicant provide a detailed work plan that describes demonstration project activities and program monitoring and evaluation, and quality assurance activities? (3)

B. To what extent does the applicant adequately describe plans to begin implementing the CDC-approved demonstration project activities within 6 months of funding? (2)

C. To what extent does the applicant adequately describe plans to create new or expand existing partnerships to strengthen collaborations and data sharing between surveillance and prevention staff within the health department and between health department staff and local organizations to support HIV prevention activities? (3)

D. To what extent does the applicant adequately demonstrate, using evidence from past successful activities, that they have the capacity to collect and report HIV nucleotide sequence data to CDC? (3)

E. To what extent does the applicant adequately describe plans to analyze molecular HIV surveillance data using CDC tools? (4)

F. To what extent does the applicant adequately describe plans to analyze partner services and other data sources to identify underlying transmission clusters and risk networks that include Hispanic/Latino MSM? (4)

G. To what extent does the applicant adequately describe plans to deliver high-impact prevention services (i.e., HIV testing; timely linkage to, re-engagement and retention in care; and PrEP with condom use) to identified Hispanic/Latino MSM and other persons in their networks? (4)

H. To what extent does the applicant adequately describe plans to increase awareness among providers and Hispanic/Latino MSM concerning PrEP and linkage to or re-engagement in HIV care, and deliver clinical training as needed for providers? (3)

I. To what extent does the applicant adequately describe plans to identify and prioritize social-structural factors that negatively affect participation by Hispanic/Latino MSM in HIV prevention and care services and implement activities to mitigate the negative effects of these factors? (4)

ii. Evaluation and Performance Measurement	Maximum Points:30

A. To what extent does the applicant adequately describe a feasible evaluation and performance management plan, including staff capacity to conduct and report evaluations and performance measurement as specified by CDC in the project description, with project goals and objectives that are specific, measurable, achievable, realistic and time-phased (SMART)? (6)

B. To what extent does the applicant adequately describe clear monitoring and evaluation procedures; i.e., adequately describe plans to identify evaluation questions for program plan objectives, describe when and how data will be collected and analyzed, use of HIV surveillance data to evaluate outcomes, indicate who will be responsible for evaluation-related activities, and describe how the results will be used and shared? (4)

D. To what extent does the applicant adequately describe data management and data quality processes for performance measurement data? (4)

E. To what extent does the applicant adequately identify evaluation questions and identify data sources and analysis methods for conducting Special Evaluations (e.g., concerning social-structural factors that can negatively affect participation of Hispanic/Latino MSM in HIV prevention and related services) appropriate to the project's purpose and budget? (4)

F. To what extent does the applicant adequately describe how performance measurement and special evaluation findings and outcomes of FOA-supported strategies and activities will be incorporated into planning, implementation, and reporting of project activities, and used by the health department and other stakeholders for improvement of program quality? (4)

G. To what extent does the applicant adequately describe plans to disseminate performance measurement and special evaluation findings, FOA-supported outcome findings, and lessons learned from the demonstration project within the jurisdiction (the local level) and, as appropriate, at regional and national levels? (4)

H. To what extent does the applicant adequately describes how evaluation and performance measurement will contribute to developing an evidence base concerning the effectiveness of implemented strategies and activities that may be beneficial to other health department that have not been supported by the FOA and lack a strong evidence base concerning the effectiveness of their program activities? (4)

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

A. To what extent does the applicant adequately describe the quality of the health department's experience and capacity to implement activities that are required to produce the required outcomes of the demonstration project? (4)

B. Does the applicant include a letter of support from the local HIV Planning Group in support of the proposed demonstration project? (1)

C. To what extent does the applicant propose a staffing plan that includes an experienced staff member to direct all demonstration project activities? Does the applicant provide a description of duties, percentage-of-time commitments, and responsibilities of project personnel including clear lines of authority and supervisory capacity to successfully conduct the proposed activities? For staff to be hired, are position descriptions, timelines for staffing, qualifications for each position, and methods for recruiting qualified applicants described in the application? Are resumes/curriculum vitae included for staff listed in the application? Is an organizational chart included? (3)

D. To what extent does the applicant adequately describe existing or planned formal relationships (e.g., MOUs/MOAs) within the health department (i.e., between surveillance and prevention staff) and between health department and external partners (e.g., community-based organizations)? (2)

E. To what extent does the applicant adequately describe its capacity to implement required project activities throughout the entire state? For applicants in states with health departments that are independently-funded by CDC to conduct HIV surveillance, does the applicant provide MOUs or MOAs that will enable them to collaborate with the other health department(s) to implement the required project activities throughout the state? Do these MOUs or MOAs adequately describe plans to share, analyze, review, and interpret molecular and transmission cluster data and intervene as appropriate? Have all MOUs and MOAs been included as attachments, named "MOUs/MOAs", and uploaded as PDF files at www.grants.gov? (5)

F. To what extent does the applicant adequately demonstrate that proposed staff members have experience or a familiarity with identifying, investigating, and intervening on molecular clusters and networks of active HIV transmission? (6)

G. To what extent does the applicant adequately demonstrate that proposed staff members have experience working with, have positive relationships with, and/or have been recruited from Hispanic/Latino MSM and LGBT communities in the jurisdiction? (6)

H. To what extent does the applicant adequately describe plans to ensure that current and new staff members have adequate training to implement activities of the demonstration project?(1)

I. To what extent does the applicant adequately describe plans to ensure that current and new staff are able and willing to establish positive provider-client relationships with individuals who are Spanish speakers, who may have limited spoken or written English capacity and limited health literacy, and who may be socially marginalized and stigmatized due to their ethnicity, participation in male to male sex, and their possible undocumented presence in the U.S.? (3)

J. To what extent does the applicant adequately describe the quality of the health department's experience and capacity to implement complete case surveillance and laboratory reporting, including the collection of CD4 and viral load results and HIV sequence data? (4)

K. To what extent does the applicant adequately describe its capacity to implement and experience with implementing partner services activities? (5)

Budget

A. Is the budget reasonable, itemized, clearly justified, and consistent with the intended use of the funds?

B. Does the budget include itemizations, justifications, scope, and deliverables for consultants or contractors?

C. Does the applicant's budget include approximately 8% of the overall budget to support performance measurement and 5% of the overall budget to support special evaluation of funded activities?

D. Does the applicant's budget include funds for key project staff to attend a Year 1 orientation meeting and annual meetings in Atlanta?

c. Phase III Review

Other factors that will affect the funding decision include 1) burden of HIV infection among Hispanic/Latino MSM, 2) geographic diversity, and 3) evidence by the applicant of its capacity to implement the project activities throughout the state or, for those states with health departments that are independently funded by CDC for HIV surveillance, evidence of existing partnerships or plans to form partnerships with other health department(s) to implement the project activities throughout the state. Applicants must document their intention to collaborate on the project by providing MOUs or MOAs as attachments to their application.

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this funding opportunity announcement.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

The anticipated award date is August 31, 2017.

F. Award Administration Information

1. Award Notices

Awardees will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the 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 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

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

AR-4: HIV/AIDS Confidentiality Provisions

AR-5: HIV Program Review Panel Requirements

AR-6: Patient Care

AR-8: Public Health System Reporting Requirements

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2020

AR-12: Lobbying Restrictions (June 2012)

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

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

AR-24: Health Insurance Portability and Accountability Act

AR-25: Data Management and Access

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-32: Enacted General Provisions

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

For more information on the CFR visit http://www. access.gpo.gov/ nara/cfr/cfr-table- search.html

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.

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. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

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

Performance Measurement

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

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

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

c. Performance Measure Reporting (optional)
CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for 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 90 days after the end of the budget period. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)
This report is due 90 days after the end of the 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.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.
Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the

law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

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

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

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

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

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

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

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

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

g. amount of foreign taxes unreimbursed by each foreign government.

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

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Carolyn Leighton, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton RD NE, Mailstop E-37
Atlanta, GA 30329-4027

Telephone: (404) 639-1908
Email: CLeighton@cdc.gov

Grants Staff Contact

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

Wayne Woods, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Telephone: (770) 488-2948
Email: kuv1@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726Image Description: .
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 Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700Image Description:
E-mail: ogstims@cdc.gov

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international FOAs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the 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 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
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.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 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 activitIes; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.
Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.
Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. FOAs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use FOA plain writing tips when writing FOAs.
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.
Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of 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.

FOA-specific Glossary and Acronyms

HIV drug resistance testing: a standard test that is ordered by HIV care providers for their patients to detect the presence of mutations associated with drug resistance. A drug resistance test generates information about the genetic code of the patient's HIV strain, i.e., HIV nucleotide sequence data.

HIV nucleotide sequence data: the genetic code of HIV nucleic acids (i.e., DNA and RNA).

Molecular HIV surveillance: an integral component of the National HIV Surveillance System. Molecular HIV surveillance incorporates the collection of HIV nucleotide sequence data into routine HIV case reporting.

Molecular cluster: a group of persons with diagnosed HIV infection with genetically similar HIV strains.

Transmission cluster: a group of HIV-positive persons who are related by HIV transmission; includes persons in a molecular cluster and other persons, for whom sequence data are not available, who are identified through partner services or other data as being partners or sexual contacts of persons identified in a molecular cluster.

Risk network: a group of persons with and without HIV infection that includes HIV-positive persons who are in a transmission cluster and their partners who are HIV-negative or have unknown HIV status. Risk networks may include persons with diagnosed HIV infection who have genetically similar HIV strains (i.e., persons in a molecular cluster); diagnosed individuals with no available sequence (including persons who are out of HIV care and persons who are in care, but are or are not virally suppressed); undiagnosed HIV-infected individuals; and HIV-negative persons at risk for acquiring HIV.

Pre-Exposure Prophylaxis (PrEP): Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection by taking a pill every day. The pill (brand name Truvada) contains two medicines (tenofovir and emtricitabine) that are also used in combination with other medicines to treat HIV. When someone is exposed to HIV through sex or injection drug use, these two medicines can work to keep the virus from establishing a permanent infection. When taken consistently, PrEP has been shown to reduce the risk of HIV infection in people who are at high risk by up to 92%. PrEP is much less effective if it is not taken consistently. PrEP is a powerful HIV prevention tool and can be combined with condoms and other prevention methods to provide even greater protection than when used alone. But people who use PrEP must commit to taking the drug every day and seeing their health care provider for follow-up every 3 months. Additional information is provided at: http://www.cdc.gov/hiv/prevention/research/prep/.

Social-Structural Factors: Factors of a social and/or physical nature that can affect access to, participation in, and outcomes of a range of health-related and non-health related conditions, including prevention of and vulnerability to disease threats; these factors contribute to health-related disparities.