

Centers for Disease Control and Prevention

NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STDS AND TB PREVENTION

The National Network of Sexually Transmitted Diseases Clinical Prevention Training Centers (NNPTC) Program Supplement

CDC-RFA-PS20-20040401SUPP23

04/13/2023

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Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Notice of Funding Opportunity (NOFO) Title:

The National Network of Sexually Transmitted Diseases Clinical Prevention Training Centers (NNPTC) Program Supplement

Announcement Type:

Non Competing Supplement

Agency Notice of Funding Opportunity Number:

CDC-RFA-PS20-20040401SUPP23

Assistance Listings Number:

93.978

Key Dates:

Due Date for Applications 04/13/2023

04/13/2023
Application must be successfully submitted to Grants.gov by 11:59 pm Eastern Standard Time on the deadline date.

Additional Overview Content:

Executive Summary

Mpox is a zoonotic infection caused by mpox virus, an orthopoxvirus with an unknown animal reservoir endemic in several Central and West African countries. Since mid-May 2022, the United States and many other countries without a history of mpox activity, have witnessed an increase in reported mpox cases. The National Network of Sexually Transmitted Diseases Clinical Prevention Training Centers (NNPTC) are regional and national centers created in partnership with health departments and universities. The NNPTCs are well positioned to address mpox in the United States for several reasons including: 1) established expertise in infections transmitted through sexual contact 2) content expertise focused on MSM (men who have sex with men) populations; 3) broad geographical reach of the network which covers the entire United States; 4) faculty with deep expertise in infectious diseases and public health. The purpose of this non-competitive supplemental Notice of Funding Opportunity (NOFO) is to fund components A, B, and C of the PS20-2004 NNPTC NOFO. This supplemental NOFO leverages the strengths of the NNPTCs to support public health efforts to address the mpox epidemic using a syndemic approach. PS20-2004 recipients will develop an implementation strategy to train and provide technical assistance to healthcare providers and clinical settings for the purposes of supporting the integration of mpox vaccination, diagnosis, and treatment activities into routine sexual health care using a syndemic approach. The training and technical assistance to be developed and delivered through this supplement will include aspects of epidemiology, transmission, clinical presentation, diagnosis, treatment, vaccination, and prevention.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STDS AND TB PREVENTION

GPRA goal(s)

Goal 1: Reduce Incidence of HIV, Viral Hepatitis, STIs, and TB

Goal 2: Reduce Morbidity and Mortality of HIV, Viral Hepatitis, STD, and TB Infections

Goal 3: Reduce Disparities and Promote Health Equity

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.govregs.com/regulations/title42_chapterI_part2_subpartD_section2.52. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

Section I. Funding Opportunity Description

Statutory Authority

This program is authorized under Section 317(k)(2) of the PHS Act, 42 U.S.C. Section 247b(k)(2).

Background

Mpox is a zoonotic infection caused by mpox virus, an orthopoxvirus with an unknown animal reservoir endemic in several Central and West African countries. Since mid-May 2022, the United States and many other countries without a history of mpox activity, have witnessed an increase in reported mpox cases. Although the primary mode of mpox transmission is close contact, meaning that anyone, regardless of gender identity or sexual orientation, can acquire mpox, most of those affected in the current global outbreaks are gay, bisexual, or other men who have sex with men (MSM). Close contact, sustained skin-to-skin contact including sexual contact with a person with mpox or contact with contaminated fomites (e.g., shared linens) are the most significant risk factors associated with human-to-human transmission of mpox virus and many have called to consider mpox a sexually transmitted infection (STI). Not only is the clinical presentation of mpox similar to some STIs, such as syphilis, herpes, lymphogranuloma venereum (LGV), or other etiologies of proctitis, but co-infections of mpox with STIs are common. Although the case-fatality rate for mpox in the current outbreak is low, infection can cause a significant degree of pain and morbidity, including hospitalization. There is no treatment specifically for mpox. However, because the mpox and smallpox viruses are closely related, drugs and vaccines developed to protect against smallpox may be used to prevent and treat mpox virus infections. Vaccination can be given as post-exposure prophylaxis (PEP) or as pre-exposure prophylaxis (PrEP).

Purpose

The National Network of Sexually Transmitted Diseases Clinical Prevention Training Centers (NNPTC) are regional and national centers created in partnership with health departments and universities. NNPTC is dedicated to increasing the knowledge and skills of health professionals in the areas of sexual and reproductive health. The NNPTCs are well positioned to address mpox in the United States for several reasons including: 1) established expertise in infections transmitted through sexual contact 2) content expertise focused on MSM populations; 3) broad geographical reach of the network which covers the entire United States; 4) faculty with deep expertise in infectious diseases and public health.

The purpose of this non-competitive supplemental Notice of Funding Opportunity (NOFO) is to fund components A, B, and C of the PS20-2004 NNPTC NOFO. This supplemental NOFO leverages the strengths of the NNPTCs to support public health efforts to address the mpox epidemic using a syndemic approach. PS20-2004 recipients will develop an implementation strategy to train and provide technical assistance to healthcare providers and clinical settings for the purposes of supporting the integration of mpox vaccination, diagnosis, and treatment activities into routine sexual health care using a syndemic approach. The training and technical support to be developed and delivered through this supplement will include aspects of epidemiology, transmission, clinical presentation, diagnostic testing, treatment, vaccination, and prevention.

NCHHSTP defines a syndemic as the population-level clustering of social and health problems where: 1) two or more diseases or health conditions cluster within a population, 2) contextual and social factors create the conditions for clustering, and 3) results in adverse disease interaction, either biological, social or behavioral, increasing the health burden of the affected population. Holistic, coordinated care is a hallmark of the syndemic approach. Prompt and

successful integration of mpox activities into sustainable sexual health programs is critical in order to prevent future outbreaks. STD clinics are a setting where people who would benefit from mpox vaccination routinely receive care; ensuring clinicians receive training and TA on mpox vaccination will be essential to expand vaccination uptake in populations who have not already accessed vaccine. In addition, the clinical presentation of mpox can be confused with some STIs. Building clinician and STD clinic capacity to provide patient education and vaccination on mpox infection, and to evaluate and manage patients with mpox will reduce mpox transmission in vulnerable communities while supporting HIV and STI prevention.

Program Implementation

Recipient Activities

Component A: Each recipient will develop an implementation strategy to integrate mpox services into routine sexual health services at publicly funded STD clinics. The implementation strategy will include clinic assessment, evaluation of patient flow, gap analysis, and provision of technical assistance to increase clinician knowledge, skills and healthcare capacity related to mpox vaccination, diagnosis and management. Each recipient will also provide funds, services or staff to 18 STD clinics to support integration of mpox services into routine sexual health services.

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Component B: Recipient will facilitate coordination with local health departments and professional organizations, collect data to inform implementation and training strategies, manage a clinical consultation phone line, and coordinate support for PTCs.

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Component C: Recipient will develop resources, curricula and other training modalities to support increased clinician knowledge and skills around mpox, mpox vaccination, evaluation, diagnosis, and management. Recipient will support Component A and B recipients in implementing the activities outlined above.

CDC Activities

n/a

Funding Strategy

Total Project Period Funding: The proposed $4,300,000 in FY23 NNPTC supplemental funding will be allocated consistently across all currently funded organizations.

Component A: $3,800,000 ($250,000 per recipient x 8 recipients; $100,000/clinic x 18 STD clinics)

Component B: $250,000 (1 recipient)

Component C: $250,000 (1 recipient)

Funding for Component A:

PS20-2004 currently funds 8 regional training centers and each Center provides training and technical to clinical settings supporting one or more public STD clinics. Funding for each regional training center will include a base award of $250,000 and an additional $100,000 per STD clinic receiving support. For example, Johns Hopkins University will receive $350,000 to provide training and technical assistance to one clinic, and the University of Washington, St. Louis will receive $750,000 to provide services to five clinics.

Recipient	**Funding**
Columbia University	$250,000 (Component A)
Johns Hopkins University	$250,000 (Component A)
Washington University – St. Louis	$250,000 (Component A)
The Regents of the University of California, San Francisco	$250,000 (Component A)
University of Alabama at Birmingham/Wake Forest University Health Sciences	$250,000 (Component A)
Commonwealth of Massachusetts	$250,000 (Component A)
University of Washington	$250,000 (Component A) $250,000 (Component C)
Denver Health and Hospital Authority	$250,000 (Component A) $250,000 (Component B)
TOTAL	**$2,500,000**

Recipients will be awarded $100,000/clinic to provide funds, services or staff to each clinic listed below.

Recipient	**Clinic Site**	**Clinic Name**	**Funding**
University of Alabama at Birmingham/Wake Forest University Health Sciences	Cobb and Douglas County (GA)	Cobb and Douglass County Health Department	$100,000
	Gwinnett County (GA)	Gwinnett County Clinic	$100,000
	Mecklenburg County (NC)	Mecklenburg Department of Health	$100,000
Denver Health and Hospital Authority	Denver Sexual Health Clinic (CO)	Denver Sexual Health Clinic	$100,000

	Crossroads (MS)	Crossroads Clinic	$100,000
Johns Hopkins University	Louisville (KY)	Louisville STD Specialty Clinic	$100,000
Commonwealth of Massachusetts	Orange County (FL)	Florida Department of Health, Orange County	$100,000
	Mass Gen (MA)	Sexual Health Clinic, Massachusetts General Hospital	$100,000
Columbia University	Health and Hospitals Morrisania Clinic (NY)	Health and Hospitals Morrisania Clinic	$100,000
	Puerto Rico (PR)	Migrant Health Center	$100,000
University of Washington	Shelby County (TN)	Shelby County Sexual Health Clinic	$100,000
	Southern Nevada (NV)	Southern Nevada Health District Sexual Health Clinic	$100,000
	King County (WA)	King County Public Health Sexual Health Clinic	$100,000
Washington University – St. Louis	Chicago - Austin (IL)	Chicago Austin Clinic	$100,000
	Chicago - Roseland (IL)	Chicago Roseland Clinic	$100,000
	Kansas City (MO)	Kansas City Health Department	$100,000
	The Spot Youth Center (MO)	The Spot Youth Center	$100,000
	Columbia/Boone County Public Health and Human Services (MO)	Columbia/Boone County Public Health and Human Services	$100,000
TOTAL			**$1,800,000**

Section II. Award Information

Type of Award:
CA (Cooperative Agreement)
CDC substantial involvement in this program appears in the Activities Section above.

Award Mechanism:
U62

Fiscal Year Funds:
2023

Approximate Total Supplemental Funding:
$4,300,000
This amount is subject to availability of funds. Includes direct and indirect costs.

Indirect costs on training grants are limited to a fixed rate of 8% of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards in excess of $25,000. Separate budgets are required for each component.

These supplemental funds may be used to support personnel, consultants, contracts travel, and supplies necessary to support the goals and objectives of this supplemental funding.

Approximate Number of Awards:
8

Approximate Average Award:
$550,000
This amount is for the budget period only and includes direct costs and indirect costs as applicable.

Floor of Individual Award Range:
$250,000

Ceiling of Individual Award Range:
$800,000
This ceiling is for a 12-month budget period.

Anticipated Award Date:
May 15, 2023

Budget Period Length:
10 month(s)

Period of Performance Length:
1 year(s)

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR Part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

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

Additional Information on Eligibility
This award will be a program supplement intended only for recipients previously awarded under Component A Core, B Core and C Core of **CDC-RFA-PS20-2004, National Network of Sexually Transmitted Diseases Clinical Prevention Training Centers (NNPTC).**

Required Registrations

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

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website, SAM.gov, and Grants.gov- Finding the UEI.

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

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

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number and a Unique Entity Identifier (UEI). 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 SAM.gov and the SAM.gov Knowledge Base.

c. Grants.gov:

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

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

Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

Other

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The recipient will be notified that the application did not meet the eligibility requirements.

Special Requirements
Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort

Section IV. Application and Submission Information

Address to Request Application Package

Applicants must download the application package associated with this funding opportunity from Grants.gov.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

Unless specifically indicated, this announcement requires submission of the following information:

Project Abstract

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

Project Narrative

A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- 5: Maximum number of pages
- Font size: 12 point unreduced, Times New Roman
- Double spaced
- Page margin size: One inch
- Number of all narrative pages; not to exceed the maximum number of pages.

The narrative should address activities to be conducted over the entire Period of Performance and must include the following items in the order listed.

Recipients must submit a Project Narrative for ***Component A (All), B (Denver Health), and C (University of Washington-Seattle)*** name this file "Project Narrative" and upload it to Grants Solutions. As in the initial submission, the Project Narrative must include all the following headings (including subheadings): Background, Organizational Capacity, and Approach. The Project Narrative must be succinct, self-explanatory, and address outcomes and activities to be conducted over the entire period of performance. Recipients should use the federal plain language guidelines and Clear Communication Index to respond to this supplemental Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this supplemental NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

Applicants must prepare a work plan for ***Component A (All), B (Denver Health), and C (University of Washington-Seattle)***. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation, and performance measurement. Name this file "Work Plan" and upload it to Grants Solutions. CDC encourages applicants to use the suggested work plan template provided by the program.

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in Grants.gov. Note: appendices will not be counted toward the narrative page limit. This additional information includes:

When developing the budget narrative for ***Component A (All), B (Denver Health), and C (University of Washington-Seattle)*** recipients must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. Name this file "Budget Narrative" and upload it to Grants Solutions as a miscellaneous attachment.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.pdf.

Indirect costs on training grants are limited to a fixed rate of 8% of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards in excess of $25,000. Separate budgets are required for each component.

These supplemental funds may be used to support personnel, consultants, contracts travel, and supplies necessary to support the goals and objectives of this supplemental funding.The proposed budget should be based on the federal funding level stated in Section I.

Additional information submitted via Grants.gov must be uploaded in a PDF file format, and should be named:

according to the document type.

_____: Maximum number of allowable electronic attachments

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the recipient will be notified the application did not meet the submission requirements.

This section provides applicants with submission dates and times. Applications that are submitted after the deadlines will not be processed.

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.

Application Deadline Date

Number Of Days from Publication 30

04/13/2023
Explanation of Deadlines: Application must be successfully submitted to Grants.gov by 11:59 pm Eastern Time on the deadline date.

n/a

Pilot Program for Enhancement of Employee Whistleblower Protections

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

Copyright Interest 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.

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, 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.

Funding Restrictions

Funding Restrictions:

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

The recipient can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html

Other Submission Requirements

Application Submission
Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, recipients will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to recipients which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Recipients are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Notice of Funding Opportunity, recipients are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a "validation" email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

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

Applications submitted through www.Grants.gov, are electronically time/date stamped and assigned a tracking number. The Authorized Organizational Representative (AOR) will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves

to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the recipient encounters technical difficulties with Grants.gov, the recipient should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the recipient community. The extended hours will provide recipients support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the Grants Management Specialist/Officer for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the Grants Management Specialist/Officer at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the CDC-RFA-PS20-20040401SUPP23 Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

N/A **Maximum Points:** 0

Review and Selection Process

Review

Eligible applications will be jointly reviewed for responsiveness by NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STDS AND TB PREVENTION and Office of Grants Services (OGS). Incomplete applications and applications that are non-responsive will not advance through the review process. Recipients will be notified in writing of the results.
An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled "Criteria".

Objective review will not occur for noncompetitive supplements, but the program officer will review and notify recipients if any revision to work plan or budget are needed.

Selection
N/A

CDC will provide justification for any decision to fund out of rank order.

Anticipated Announcement and Award Dates

Section VI. Award Administration Information

Award Notices

Successful recipients will receive a Notice of Award (NoA) from the CDC Office of Grants Services. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A copy of the NoA will be emailed to the recipient fiscal officer identified in the application.

Unsuccessful recipients will receive notification of the results of the application review via email.

Administrative and National Policy Requirements

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the NOFO. Recipients must then comply with the ARs listed in the NOFO. Do not include any ARs that do not apply to this NOFO. NOFO Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: https://www.archives.gov/federal-register/cfr. For competing supplements, ARs remain in effect as published in the original announcement.

Continuing Continuations -
AR-4: HIV/AIDS Confidentiality Provisions

AR-7: Executive Order 12372

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2020

AR-12: Lobbying Restrictions (June 2012)

AR-14: Accounting System Requirements

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

AR-25: Data Management and Access

AR-26: National Historic Preservation Act of 1966

AR-27: Conference Disclaimer and Use of Logos

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

AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973 AR-33: Plain Writing Act of 2010

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

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

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Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in which you agree, as a condition of receiving the grant, to administer your programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, age, sex and disability, and agreeing to comply with federal conscience laws, where applicable. This includes ensuring that entities take meaningful steps to provide meaningful access to persons with limited English proficiency; and ensuring effective communication with persons with disabilities. Where applicable, Title XI and Section 1557 prohibit discrimination on the basis of sexual orientation, and gender identity. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider- obligations/index.html and https://www.hhs.gov/civil-rights/for- individuals/nondiscrimination/index.html.

- For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.html.

Reporting

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.

*Reporting Requirements for **Competing and Non-Competing Continuations** with Two or More Years **Only**:*

Each funded recipient must provide CDC with an Annual Performance Report (APR) submitted via www.Grantsolutions.gov:

1. The interim progress report is due no less than 120 days before the end of the budget period [you may choose to INSERT a due date rather than use the "no less than" language]. The Interim Progress report will serve as the non-competing continuation applications, and must contain the following elements:

a. Standard Form ("SF") 424S Form.
b. SF-424A Budget Information-Non-Construction Programs.
c. Budget Narrative.
d. Indirect Cost Rate Agreement.
e. Project Narrative.

Additionally, funded recipients must provide CDC with an original, plus two hard copies of the following reports:

1.. Federal Financial Report (FFR)(SF425): (Required) The annual FFR form (SF-425) is required and must be submitted through the Payment Management System (PMS) 90 days after the end of the budget period.

2. The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS).

Performance Measure Reporting: For a complete description of performance monitoring and evaluation requirements, please refer to the original Notice of Funding Opportunity (NOFO) (CDC-RFA–PS20-2004). Program will work with recipients in updating the submission of the reporting plan for supplement components A, B and C within the first 2 months of award. For

this supplemental funding, reporting shall be limited and focus on integration of mpox services into routine sexual health care, vaccination coverage and uptake through 1) training requests, 2) trainings provided, 3) technical assistance provided; 4) resources developed and 5) other basic reporting criteria to be developed in conjunction with the recipients.

Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

Reporting of Foreign Taxes (International/foreign projects only)

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

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

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign

government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

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

3) Terms: For purposes of this clause:

“Commodity” means any material, article, supplies, goods, or equipment;

“Foreign government” includes any foreign government entity;

“Foreign taxes” means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

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

5) Contents of Reports: The reports must contain:

a. recipient name;

b. contact name with phone, fax, and e-mail;

c. agreement number(s) if reporting by agreement(s);

d. reporting period;

e. amount of foreign taxes assessed by each foreign government;

f. amount of any foreign taxes reimbursed by each foreign government;

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

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

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance and general inquiries**, contact:

First Name:
Alexandra

Last Name:
Coor
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Street 1:

Street 2:

City:

State:

Zip:

Telephone:

Email:
yfu3@cdc.gov
For **financial, grants management, budget assistance and general inquiries**, contact:

Address:

First Name:
Rhonda

Last Name:
Burton
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Street 1:

Street 2:

City:

State:

Zip:

Telephone:

Email:
bgr2@cdc.gov

Section VIII. Other Information

Other CDC Notice of Funding Opportunities can be found at www.grants.gov.