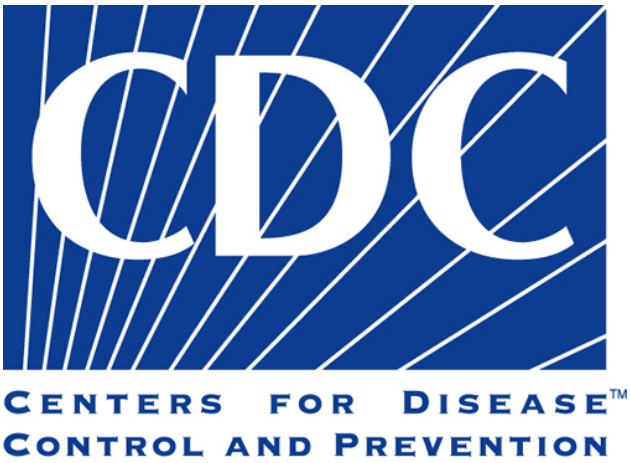


Centers for Disease Control and Prevention

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

Enhanced surveillance of persons with early and late HIV diagnosis to understand system and individual factors associated with new infection and delayed testing

CDC-RFA-PS22-2211

04/26/2022

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-PS22-2211. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Enhanced surveillance of persons with early and late HIV diagnosis to understand system and individual factors associated with new infection and delayed testing

C. Announcement Type: New - Type 1:

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

New – Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PS22-2211

E. Assistance Listings Number:

93.944

F. Dates:

1. Due Date for Letter of Intent (LOI):

The LOI date will generate once the Synopsis is published if Days or a Date are entered.

2. Due Date for Applications:

04/26/2022

11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:

An informational conference call will be held on March 2, 2022, at 2:00pm ET. To attend, register in advance here: https://cdc.zoomgov.com/meeting/register/vJIsfu-grDktGaTBZuwLG7WYxIqKP8jWM-c.

Please refer to https://www.cdc.gov/hiv/funding/announcements/ps22-2211/index.html for more information about the call.

G. Executive Summary:

1. Summary Paragraph

Despite the powerful prevention tools and varied modalities now available to diagnose, treat, and prevent HIV, new HIV infections continue to occur in the United States. Each new HIV infection is considered a failure of HIV prevention. A substantial proportion of new HIV diagnoses in the United States are classified as early (stage 0) or late (stage 3) diagnoses. Early and late diagnoses present opportunities to examine failures of HIV prevention and testing services to reach those who need them most. Enhanced surveillance of people with early and late diagnoses is needed to identify actionable missed opportunities for early diagnosis and prevention. This Notice of Funding Opportunity will support enhanced surveillance among persons with early or late HIV diagnoses to inform understanding of individual- and systems-level barriers that prevent people from fully realizing the benefits of current prevention and testing interventions. Strategies and activities include identifying, contacting, and recruiting people who received an early or late HIV diagnosis in the past year to participate in behavioral interviews to be conducted by a CDC contractor. Recipients will also engage local community partners to ensure appropriateness of recruitment approaches and disseminate findings to the community. These strategies and activities will contribute to efforts to improve uptake of HIV prevention and testing services and ultimately reduce new HIV infections in the United States.

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

CA (Cooperative Agreement)

c. Approximate Number of Awards

10

The number of awards and average award amount will be subject to the availability of funding.

d. Total Period of Performance Funding:

$8,000,000

e. Average One Year Award Amount:

$200,000

Individual award amounts may be proportionate to the expected number of stage 0 and stage 3 diagnoses in the jurisdiction based on historical surveillance data.

f. Total Period of Performance Length:

4

g. Estimated Award Date:

August 01, 2022

h. Cost Sharing and / or Matching Requirements:

No

There is no cost sharing or matching funds required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged as annual level funding is anticipated.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

National HIV Surveillance System (NHSS) data indicate that 37,968 adolescents and adults received an HIV diagnosis in the United States and dependent areas in 2018. During the past five years, from 2015 to 2019, the overall rate of annual diagnoses decreased only slightly, from 12.4 to 11.1 per 100,000 [1]. Although not every jurisdiction reports complete laboratory data needed to identify stage of infection, data from the majority of jurisdictions show that many of these cases were classified as stage 0 (7.9%) or stage 3 (20.2%) infection (i.e., cases diagnosed in early infection or late infection, respectively) [2]. Early and late diagnoses represent recent failures in prevention and testing systems, respectively, as well as opportunities to understand needed improvements in these systems.

The NHSS classifies HIV infections as stage 0 if the first positive HIV test was within 6 months of a negative HIV test [3]. Persons who received a diagnosis at stage 0 (i.e., early diagnosis) were able to access HIV testing shortly after infection yet were unable to benefit from biomedical and behavioral interventions to prevent HIV infection. The *Ending the HIV Epidemic in the U.S.* (EHE) federal initiative prioritizes the provision of HIV preexposure prophylaxis (PrEP), syringe services programs, treatment as prevention efforts, and other proven interventions — as part of the Prevent pillar of the EHE initiative — to prevent new HIV infections [4].

HIV infections are classified as stage 3 (AIDS) by the presence of an AIDS-defining opportunistic infection or by the lowest CD4 lymphocyte test result [3]. Persons with stage 3 infection at the time of their initial HIV diagnosis (i.e., late diagnosis) did not benefit from timely receipt of testing or HIV prevention interventions and were likely unaware of their infection for a substantial length of time. Nationally, an estimated 13.3% of persons with HIV are unaware of their infection [5], contributing to an estimated 40% of all ongoing transmission [6]. Increasing early diagnosis is a key pillar of efforts to end HIV in the United States [4].

Given the continued occurrence of HIV infections in the United States, the barriers and gaps associated with low uptake of HIV testing and prevention services must be addressed to reduce new infections and facilitate timely diagnosis and treatment. Individual- and systems-level factors are likely to contribute to barriers and gaps in testing and prevention.

CDC's Medical Monitoring Project (MMP) recruits a random sample of persons with diagnosed HIV in funded project areas to assess HIV prevention and care outcomes; however, MMP does not oversample persons with a recent stage 0 or 3 diagnosis, leading to insufficient sample sizes to assess outcomes that may be specific to these groups. Thus, the current project aims to identify and recruit persons who received a diagnosis at stage 0 or 3 in the past year to improve understanding of the individual and systems barriers that contributed to prevention and testing failures and to enhance efforts to improve outcomes in these key groups. Increasing uptake of prevention services such as PrEP and improving early diagnosis will be necessary to end the HIV epidemic in the United States.

This project is intended to develop a new, enhanced surveillance activity with the potential for regular and ongoing monitoring of the frequency and distribution of testing and prevention failures and other relevant characteristics of persons with a recent diagnosis at stage 0 or stage 3.

b. Statutory Authorities

Section 318(b-c) of the Public Health Service Act (42 USC § 247c(b-c)), as amended.

c. Healthy People 2030

This project specifically addresses or contributes to multiple objectives included in Healthy People 2030: reducing the number of new HIV infections (HIV-01), increasing knowledge of HIV status (HIV-02), reducing the number of new HIV diagnoses (HIV-03), and increasing linkage to HIV medical care (HIV-04).
For additional details on the Healthy People 2030 goals listed above, visit:
https://health.gov/healthypeople/search?query=hiv

d. Other National Public Health Priorities and Strategies

This project specifically addresses or contributes to the following:

HIV National Strategic Plan (2021-2025) https://www.hiv.gov/federal-response/hiv-national-strategic-plan/hiv-plan-2021-2025

"Ending the HIV Epidemic in the U.S." https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview

e. Relevant Work

This NOFO is a re-announcement of CDC-RFA-PS22-2202 "Enhanced surveillance of persons with early and late HIV diagnosis to understand system and individual factors associated with new infection and delayed testing," which was published on 10/08/21 and cancelled on 1/19/22. **Applicants to CDC-RFA-PS22-2202 must submit an application to CDC-RFA-PS22-2211 to be considered for this funding opportunity.**
This project relates to the ongoing work of CDC-RFA-PS20-2005 "Medical Monitoring Project (MMP)" but is not limited to MMP funded project areas. The project will enable more robust recruitment of persons with infection recently diagnosed at stage 0 and 3.

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-PS22-2202 Logic Model: Enhanced surveillance of persons with early and late HIV diagnosis to understand system and individual factors associated with new infection and delayed testing

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
<u>Preparation and Training</u> • Obtain local regulatory approvals • Develop, update, and maintain local protocols and procedural documents for identification and recruitment • Hire, train, and retain professional staff • Attend trainings on centralized scheduling and interviewing system provided by CDC contractor **<u>Identification and Recruitment</u>** • Generate deduplicated list of adults with HIV diagnosed in the past year at stage 0 or stage 3 based on local case surveillance data and update list routinely to include new eligible persons	• **Improved identification and recruitment of people recently diagnosed at stage 0 or stage 3** • **Enhanced capacity among health departments to locate PWH and schedule recruited persons for centralized interviews** • **Increased access to HIV care linkage, retention services, and ancillary services among recruited personEnhanced capacity among health departments to improve surveillance activities for**	• **Enhanced local capacity to prevent new HIV infections and identify new infections as early as possible** • **Enhanced CDC capacity to implement centralized interviewing system to improve local and national HIV surveillance methods and to reduce the burden on state and local health departments** • **Increased knowledge among HIV prevention and care programs about individual and systems-level factors**	• Enhanced use of data on persons with early and late diagnoses to inform allocation of HIV funding and resources • Evidence-based local and national decisions to improve uptake of HIV testing and prevention services • Reduction in new HIV infections, HIV-associated morbidity, late diagnoses, and disparities in health outcomes

• Locate, contact, and recruit all persons included in case list to participate in interviews conducted by CDC contractor • Use secure data system to maintain unique identifiers linked to personal contact information • Use centralized scheduling system provided by CDC contractor to schedule interviews • Track, monitor, and report disposition of contacted and recruited persons • Facilitate access to referrals for ancillary services for all recruited persons and to care linkage and retention services for all recruited persons not in HIV care	**people with a recent diagnosis at stage 0 or stage 3**	**that contribute to testing and prevention barriers among people recently diagnosed at stage 0 or stage 3**	
<u>Collaboration and Community Engagement</u> • Engage community partnersto ensure			

appropriateness of recruitment and dissemination activities • Lead dissemination of results to community partners			

i. Purpose

This NOFO will support identification and recruitment of adults with recent HIV diagnoses at stage 0 and stage 3 to improve understanding of barriers and gaps associated with new infection and late diagnosis in the era of multiple testing modalities and prevention options such as PrEP. These enhanced surveillance activities will identify actionable missed opportunities for early diagnosis and prevention, thus informing allocation of resources, development and prioritization of interventions, and evidence-based local and national decisions to improve HIV testing and address prevention gaps.

ii. Outcomes

As depicted in the logic model (bolded outcomes), the recipient will be expected to show progress in the following:

Short Term Outcomes

- Improved identification and recruitment of people recently diagnosed at stage 0 or stage 3.
- Enhanced capacity among health departments to locate PWH and schedule recruited persons for centralized interviews
- Increased access to HIV care linkage, retention services, and ancillary services among recruited persons
- Enhanced capacity among health departments to improve surveillance activities for people recently diagnosed at stage 0 and stage 3

Intermediate Outcomes

- Enhanced local capacity to prevent new HIV infections and identify new infections as early as possible
- Enhanced CDC capacity to implement centralized interviewing system to improve local and national HIV surveillance methods and to reduce the burden on state and local health departments

- Increased knowledge among HIV prevention and care programs about individual and systems-level factors that contribute to testing and prevention barriers among people with a recent diagnosis at stage 0 or stage 3

iii. Strategies and Activities

The overall approach of this NOFO is to identify and recruit adults receiving an HIV diagnosis in the past year at stage 0 or stage 3 infection to complete behavioral interviews conducted by a CDC contractor. Additionally, recipients will connect recruited persons who are not receiving HIV care to care or ancillary services as needed. Recipients will also disseminate findings to local community partners to inform prevention and care programs.

As depicted in the logic model, recipients will be expected to undertake three strategies. Note that all activities need to be implemented according to CDC-approved protocols and procedures.

Strategy 1. Preparation and Training

- Obtain local regulatory approvals: Obtain regulatory approvals to conduct the activities in this NOFO as required locally, including, but not limited to Institutional Review Board approval, approval to conduct activities under surveillance authority, and/or other approvals to conduct other activities as necessary.
- Develop, update, and maintain local protocols and procedural documents for identification and recruitment: Develop local protocols and standard operating procedures for identifying, contacting, and recruiting persons aged 18 years and older with a diagnosis in the past year at stage 0 or stage 3. These protocols and procedures should include management of adverse events, strategies to address urgent needs identified during contact with participants such as linkage to and re-engagement in HIV care, methods for interstate deduplication of cases, data security and confidentiality procedures compliant with NCHHSTP's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (and any updated data security and confidentiality guidelines that may be released during the period of performance), tools to assess quality of local HIV case surveillance and lab reporting data and update data or correct errors in surveillance data, and procedures to track and monitor disposition data of contacted and recruited persons. Local protocols and procedural documents must be consistent with CDC protocols and operational guidance.
- Hire, train, and retain professional staff: Develop a personnel plan to hire, train, and retain professional staff as needed to conduct all activities. Develop a contingency plan for staff vacancies to avoid negative impact on recruitment and data collection. Where possible, consider hiring people with HIV or at a minimum, staff with experience or ability to demonstrate cultural competency with people with HIV in the local area (including language competency).
- Attend trainings on centralized scheduling and interviewing system provided by CDC contractor: Ensure staff are adequately trained on all processes and activities.

Strategy 2. Identification and Recruitment

- Generate deduplicated list of adults with a diagnosis in the past year at stage 0 or stage 3 based on local case surveillance data and update list routinely to include new eligible persons: Standard or existing local procedures (e.g., Soundex) can be used to deduplicate

cases (including interstate deduplication when possible). Stage 0 and stage 3 cases should be identified according to the 2014 revised surveillance case definition [3]. The case list should be generated prior to the start of data collection and updated routinely thereafter to include newly reported stage 0 and stage 3 diagnoses. Recipients will need to have complete reporting of HIV information from laboratories in the jurisdiction to identify stage of infection for all reported cases (e.g., CD4+ T-lymphocyte counts) [2].

- Locate, contact, and recruit all persons included in case list to participate in interviews conducted by CDC contractor: Use information from the funded jurisdiction's local surveillance data to locate and contact identified persons. This could include searching additional databases to find more current or accurate locating information, contacting identified persons via mail, making phone calls or sending text messages to recruit identified persons, conducting home visits to recruit identified persons, conducting intercept visits at identified persons' medical facilities to recruit them, or recruiting during routine case investigations conducted by disease intervention specialists (DIS) or other health department staff. Potential participants' identity and eligibility (including age 18 years or over and past-year HIV diagnosis) should be confirmed prior to recruitment. CDC will provide data collection instruments for the project. Throughout the data collection period, the CDC contractor will provide local interim and final interview datasets to the recipient. Recipients are required to use locating and interview data to update information and correct errors in local HIV case surveillance data as needed.
- Use secure data system to maintain unique identifiers linked to personal contact information: Recipients will not be able to share participants' personal information (e.g., names and contact information) directly with the CDC contractor. Therefore, recipients should develop standard procedures following CDC protocols or operational guidance to assign unique participant ID numbers for use by the contractor and link these IDs to personal information to be stored securely by the recipient. Recipients will develop the system and methods to do this while adhering to the NCHHSTP Data Security and Confidentiality Guidelines (and any updated guidelines that may be released during the period of performance).
- Use centralized scheduling system provided by CDC contractor to schedule interviews: Recipients will verify participant eligibility, including that the date of diagnosis is within the past year. Recipients will schedule interviews using the centralized scheduling system provided by the CDC contractor. The CDC contractor will provide the centralized scheduling system and required training. Recipients will be responsible for scheduling interviews, monitoring whether interviews were completed, and attempting recontact of recruited persons if interviews were not completed as scheduled.
- Track, monitor, and report disposition of contacted and recruited persons: Collect and manage contact tracking and recruitment data such as number of phone calls made including date and time, when mailings were sent and whether they were returned unable to deliver, notation of incorrect address/phone number, home visits, and final disposition of eligible cases, contacted persons, and recruited persons. Disposition data will be maintained in a system provided by CDC or the CDC contractor so that data can be routinely reported to CDC. Recipients, the CDC contractor, and CDC will regularly communicate updates on recruitment, scheduled interviews, implementation successes, challenges, and lessons learned from the field during the entire data collection period.

Recipients will also be responsible for delivering incentives to participants after survey completion.

- Facilitate access to referrals for ancillary services for all recruited persons and to care linkage and retention services for all recruited persons not in HIV care. Recipients will report referral outcomes to CDC.

Strategy 3. Collaboration and Community Engagement

- Engage community partners to ensure appropriateness of recruitment and dissemination activities: Recipients will consult with local community partners or advisory board members on recruitment, data dissemination, and other activities as needed.
- Lead dissemination of results to community partners: Recipients will forge and foster local and national partnerships to share and disseminate data and enhance HIV prevention efforts.

To successfully implement these strategies and activities, recipients will be expected to have complete laboratory reporting as defined above and occurrence of an adequate number of stage 0 diagnoses per year to conduct surveillance in this group (e.g., at least 40 stage 0 diagnoses per year or at least 8% of all annual reported diagnoses occurring at stage 0).

1. Collaborations

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

Recipients are required to collaborate with a CDC contractor to schedule interviews using a system provided by the contractor while maintaining security and confidentiality of participant information. Additionally, recipients are required to maintain local collaborations with CDC-funded health department HIV case surveillance staff and prevention program staff as appropriate to ensure efficiency of operations, accuracy and completeness of case identification, location, and recruitment activities, and that data collected during the project are used to inform programs and policy. Recipients should collaborate with prevention program staff as appropriate to facilitate referrals to ancillary and HIV treatment services.

b. With organizations not funded by CDC:

Recipients are required to engage relevant community partners to ensure appropriateness of recruitment methods and share key findings. Relevant partners might include existing or new community advisory boards, jurisdictional HIV planning groups, community-based organizations, HIV care providers, STD specialty clinics, people with HIV, or other new or existing partnerships. Applicants should describe relevant community partners or explain how potential partners will be identified and engaged. Applicants should also describe plans for collaboration with organizations or partners to facilitate referrals to ancillary and HIV treatment services.

2. Target Populations

All living adults who received a recent (i.e., past 12 months) HIV diagnosis meeting the 2014 revised surveillance case definition for stage 0 or stage 3 HIV infection.

a. Health Disparities

This NOFO will support the location, contact, and recruitment of people with a recent HIV diagnosis at stage 0 or stage 3. Data collected as a result of NOFO activities will be used to

identify disparities in early diagnosis, access to and use of HIV prevention services, and other health outcomes and describe their relationship with social determinants of health. These data will inform local and national HIV prevention and care efforts to reduce disparities and address social determinants of health.

iv. Funding Strategy

The number of awards and award amounts will be subject to the availability of funding. Award amounts may be proportionate to the expected number of diagnoses at stage 0 and stage 3 in the jurisdiction based on historical surveillance data.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will work with recipients to develop evaluation and performance measurement plans to ensure appropriate and successful implementation of the strategies and activities (see process measures below). In addition, CDC will work with recipients to assess progress in achieving intended outcomes and/or understanding the barriers to such progress during the period of performance (see outcome measures below). CDC will further work with recipients to develop a feasible scheme for use of measurement and evaluation data to improve processes and to achieve intended outcomes. Recipients may also be expected to participate in special evaluations as needed throughout the period of performance using existing or newly collected data. Key evaluation questions and data sources for such evaluations will be determined throughout the period of performance to appropriately meet the specific evaluation needs of this project.

CDC will use the below process and outcome measures to evaluate recipient performance and progress toward intended outcomes, respectively. The extent to which applicants include and describe these measures in the evaluation and performance measurement plan will be considered during application review. For example, applicants should consider how performance measure data will be collected, analyzed, and used for continuous quality improvement.

Activity: Obtain local regulatory approvals

- Process Measure: All local regulatory approvals obtained prior to start of data collection

Activity: Develop, update, and maintain local protocols and procedural documents for identification and recruitment

- Process Measure: All local protocols and procedural documents developed prior to start of data collection

Activity: Hire, train, and retain professional staff

- Process Measure: Personnel plan and contingency plan finalized prior to start of data collection

Activity: Attend trainings on centralized scheduling and interviewing system provided by CDC contractor

- Process Measure: Attendance of all local staff at required trainings provided by CDC and/or CDC contractor throughout performance period

Activity: Generate deduplicated list of adults with HIV diagnosed in the past year at stage 0 or stage 3 based on local case surveillance data and update list routinely to include new eligible persons

- Process Measure: Local procedures for generating and updating deduplicated case list developed by the beginning of data collection period

Activity: Locate, contact, and recruit all persons included in case list to participate in interviews conducted by CDC contractor

- Process Measure: Average number of information sources used to locate persons included in case list
- Process Measure: Number of contact attempts, types of contact attempts (e.g., phone, mailing), and contact information sources for each eligible person
- Process Measure: Percentage of persons successfully contacted by stage of infection and contact method
- Process Measure: Percentage of successfully contacted persons who refused to participate and reasons for refusals by stage
- Process Measure: Percentage of successfully contacted persons who were found to be ineligible and reason for ineligibility by stage

Activity: Use secure data system to maintain unique identifiers linked to personal contact information

- Process Measure: All contacted persons assigned unique identifier shared with CDC contractor

Activity: Use centralized scheduling system provided by CDC contractor to schedule interviews

- Process Measure: Local procedures for scheduling interviews while maintaining participant confidentiality developed by the beginning of data collection period
- Process Measure: Percentage of recruited persons scheduled for interview at initial contact
- Process Measure: Percentage of recruited persons who do not attend scheduled interview and are successfully rescheduled
- Process Measure: Percentage of recruited persons who do not attend scheduled interview and are not successfully rescheduled

Activity: Track, monitor, and report disposition of contacted and recruited persons

- Process Measure: Percentage of persons successfully contacted by stage of infection and contact method
- Process Measure: Percentage of successfully contacted persons who refused to participate and reasons for refusals by stage
- Process Measure: Percentage of successfully contacted persons who were found to be ineligible and reason for ineligibility by stage
- Process Measure: Percentage of contacted, eligible persons who completed interviews by stage

Activity: Facilitate access to referrals for ancillary services for all recruited persons and to care linkage and retention services for all recruited persons not in HIV care

- Process Measure: Percentage of all recruited persons referred to each type of ancillary service and care linkage and retention service

Activity: Engage community partners to ensure appropriateness of recruitment and dissemination activities

- Process Measure: Written plan to engage community partners to ensure appropriateness of recruitment of participants, by stage of infection, completed and shared with CDC by the beginning of data collection period
- Process Measure: Number of partners engaged
- Process Measure: Number of meetings held with community partners

Activity: Lead dissemination of results to community partners

- Process Measure: Number and type of partners with whom results were shared
- Process Measure: Number of dissemination meetings held or dissemination products developed

Outcome: Improved identification and recruitment of people recently diagnosed in stage 0 or stage 3

- Outcome Measure: Number of completed interviews by stage
- Outcome Measure: Percentage of persons included in case list by stage who completed interview

Outcome: Enhanced capacity among health departments to locate PWH and schedule recruited persons for centralized interviews

- Outcome Measure: Percentage of persons included in case list successfully contacted
- Outcome Measure: Percentage of persons contacted successfully scheduled for interviews

Outcome: Increased access to HIV care linkage, retention services, and ancillary services among recruited persons

- Outcome Measure: Plans for referral to ancillary services and facilitating linkage to and re-engagement in HIV care completed and approved by CDC by the start of the data collection period
- Outcome Measure: Number and types of referrals made to HIV care or ancillary services by stage

Outcome: Enhanced capacity among health departments to improve surveillance activities for people with a recent diagnosis at stage 0 or stage 3

- Outcome Measure: Number of cases in local case surveillance database with information updated or corrected as a result of project activities

Outcome: Enhanced local capacity to prevent new HIV infections and identify new infections as early as possible

- Outcome Measure: Number of new HIV diagnoses at stage 0 and stage 3

Outcome: Enhanced CDC capacity to implement centralized interviewing system to improve local and national HIV surveillance methods and to reduce the burden on state and local health departments

- Outcome Measure: Number of FTE hours spent to locate, contact, and recruit participants
- Outcome Measure: Number of interview hours spent by CDC contractor

Outcome: Increased knowledge among HIV prevention and care programs about individual and systems-level factors that contribute to testing and prevention barriers among people recently diagnosed at stage 0 or stage 3

- Outcome Measure: Number of recipient programs or activities with implementation changes made in response to project findings
- Outcome Measure: Number of partner programs or activities with implementation changes made in response to project findings

Applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. See web link for additional information: https://www.cdc.gov/grants/additionalrequirements/ar-25.html. At a minimum, the DMP must include the following:

- A description of the data to be collected or generated in the proposed project (e.g., locating and disposition data, interview data collected by the CDC contractor using instruments provided by CDC and shared with recipients);

- The standards to be used for the collected or generated data;
- Mechanisms for, or limitations to, providing access to the data, including a description of the provisions for the protection of privacy, confidentiality, security, and intellectual property, or other rights;
- Statement of the use of data standards that ensures all documentation that describes the method of collection, what the data represent, and
- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified; and,
- Other additional requirements based on the program.

Applicants must include a DMP that is as complete as possible. The DMP may be submitted as a checklist, paragraph, or other format, as currently, HHS/CDC does not have a standardized DMP template or checklist. However, below are DMP examples that may help guide applicants as they develop their DMP:

- UCLA: http://guides.library.ucla.edu/c.php?g=180539&;p=1189314#s-lg-box-3586594

- ICPSR: http://www.icpsr.umich.edu/icpsrweb/content/datamanagement/dmp/plan.html

ii. Applicant Evaluation and Performance Measurement Plan

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

- How the 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) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additional-requirements/ar-25.html.

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

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

- Describe other information (e.g., measures, data sources).

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

The extent to which applicants describe how measures will be collected, possible data sources, key partner engagement and participation in the evaluation process, proposed additional performance measures, and use of evaluation findings for continuous program quality improvement will be evaluated during review of applications.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants must have the legal authority to conduct HIV surveillance activities within their jurisdiction. To the extent possible, applicants should have complete laboratory reporting of CD4 and viral load test results to allow identification of infection stage. Complete laboratory reporting is defined as the presence of laws or regulations requiring the reporting of all levels of CD4 and viral load results to the state or local health department, a minimum of 95% of HIV-related test results reported by laboratories to the state or local health department, and at least 95% of all CD4 and viral load test results reported by the jurisdiction to CDC [2]. Applicants must have access to the Enhanced HIV/AIDS Reporting System (eHARS) and the capacity to develop and run SAS programs for sampling and analysis. Applicants should have a staffing plan and structure to reflect an appropriate level of effort to contact and recruit the expected number of persons with diagnoses in the past year at stage 0 or stage 3 based on surveillance data. Additionally, the staffing plan must include contingency plans and coverage for staff vacancies and emergency details to ensure continuation of project activities including contacting and recruiting eligible persons. Please include CVs for key staff or note whether hiring new staff will be required. If hiring new staff, please include approximate timelines for onboarding new staff. Applicants should state whether key staff members have experience with or knowledge of HIV case surveillance and/or sampling, contacting, or recruiting patients from the eHARS database or people with HIV. In addition to staffing plans and management, applicants must have the capacity to support all strategies and activities outlined in Section II, A 2 iii. This includes submitting a budget with resources for all activities including support for in- and out-of-state travel, funds to support engagement with community partners, and necessary equipment and software needed to conduct project activities.

Applicants should demonstrate experience and the capacity to implement the evaluation plan. Organizational charts should be provided. Applicants must upload CVs/Resumes and organizational charts in pdf format at www.grants.gov. These files should be named "CVs/Resumes" and "Organizational Charts," respectively.

The extent to which these elements are addressed will be considered during the phase II review and may affect funding decisions.

d. Work Plan

Applicants must provide a detailed work plan for the first year of this award and a high level work plan for the subsequent years of the award. The detailed work plan must describe the applicant's approach to conduct the required strategies and activities and accomplish each process measure. The work plan must also include a timeline and person responsible for

completing each activity. The budget submitted must be consistent with the work plan and include resources needed to conduct these activities based on the expected number of stage 0 and stage 3 diagnoses in the jurisdiction.

A sample work plan format is presented below to show how a traditional work plan aligns with the logic model and narrative. In this format, the table would be completed for each period of performance outcome. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

Period of Performance Outcome: *[from Outcomes section and/or logic model]*		**Outcome Measure:** *[from Evaluation and Performance Measurement section]*	
Strategies and Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position/Party**	**Completion Date**
1.			
2.			
3.			
4.			
5.			
6.			

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

CDC's approach to monitoring and accountability will include planning and leading a virtual or in-person initial kick-off meeting, joint conference calls, virtual or in-person recipient meetings, and site visits as appropriate. CDC will monitor progress in participant recruitment and provide feedback on performance through routine monitoring calls.

f. CDC Program Support to Recipients

In a cooperative agreement, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring. CDC staff will provide support by:

- Providing guidance and technical support for identifying, locating, contacting, and recruiting persons who received a diagnosis at stage 0 or stage 3 in the past year
- Providing data collection instruments
- Disseminating national findings and jointly disseminating local findings with participating project areas
- Providing guidance and technical support for project management
- Providing training and technical support for data management and data analysis

Obtaining national-level approvals, including Paperwork Reduction Act (PRA) review and CDC non-research determination

B. Award Information

1. Funding Instrument Type:

CA (Cooperative Agreement)

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

2. Award Mechanism:

U62 Prevention/Surveillance Activities/Studies of AIDS

3. Fiscal Year:

2022

4. Approximate Total Fiscal Year Funding:

$2,000,000

5. Total Period of Performance Funding:

$8,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:

$8,000,000

6. Total Period of Performance Length:

4

year(s)

7. Expected Number of Awards:

10

The number of awards and average award amount will be subject to the availability of funding.

8. Approximate Average Award:

$200,000

Per Budget Period

Individual award amounts may be proportionate to the expected number of stage 0 and stage 3 diagnoses in the jurisdiction based on historical surveillance data.

9. Award Ceiling:

$0

Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:

$0

Per Budget Period

11. Estimated Award Date:

August 01, 2022

12. Budget Period Length:

12 month(s)

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

13. Direct Assistance

Direct Assistance (DA) is available through this NOFO.

An official state, local or territorial government applicant may request that CDC provide direct assistance (DA) in the form of federal personnel as a part of the grant awarded through this NOFO. If the request for DA is approved as a part of the award, CDC will reduce the funding amount provided directly to the recipient as a part of the award. The amount by which the award is reduced will be used to provide DA; the funding shall be deemed part of the award and as having been paid to the recipient.

Moreover, DA may include provision of material support, including but not limited to computer hardware, software, or other materials as needed.

Please review CDC's policy on direct financial assistance to Grant and Cooperative Agreement Recipients (https://www.cdc.gov/publichealthgateway/GrantsFunding/direct_assistance.html)

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.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (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

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

2. Additional Information on Eligibility

Eligible applicants for this NOFO include all US State health departments, the six local health departments with independent HIV surveillance programs (City of Chicago Department of Public Health, Houston Department of Health and Human Services, Los Angeles County Department of Public Health, City of Philadelphia Department of Public Health, New York City Department of Health and Mental Hygiene, and San Francisco Department of Public Health), the District of Columbia Department of Health, and the territorial health departments (Commonwealth of Puerto Rico, the U.S. Virgin Islands) or their Bona Fide Agents. This program is authorized under Section 318(b-c) of the Public Health Service Act [42 U.S.C. Section 247c(b-c)], as amended.

Eligibility is limited to the above categories based on Section 318(b-c) of the Public Health Service Act (42 USC § 247c(b-c)), as amended.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:

No

There is no cost sharing or matching funds required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged as annual level funding is anticipated.

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.

PLEASE NOTE: For applications due on or after April 4, 2022, applicants must have a unique entity identifier (UEI) at the time of application submission (SF-424, field 8c). In preparation for the federal government's April 4, 2022 transition to the Unique Entity Identifier (UEI) from the Data Universal Numbering System (DUNS), applicants must obtain a UEI. 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. Entities registering in SAM.gov prior to April 4, 2022 must still obtain a DUNS number before registering in SAM.gov registration. Additional information is available on the GSA website, SAM.gov, and Grants.gov-Finding the UEI.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number to register in SAM.gov prior to April 4, 2022. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B).

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

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

b. System for Award Management (SAM):

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

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS) (Required until April 4, 2022)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM)	1. Retrieve organizations DUNS number (required until April 4, 2022) 2. Go to SAM.gov and designate an E-Biz POC (You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR)	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account	Register early! Log into grants.gov and check AOR status until it shows you have been approved

		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	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 notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

Due Date for Letter Of Intent 04/01/2022

04/01/2022

b. Application Deadline

Due Date for Applications 04/26/2022

04/26/2022

11:59 pm 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.

This NOFO is a re-announcement of CDC-RFA-PS22-2202 "Enhanced surveillance of persons with early and late HIV diagnosis to understand system and individual factors associated with new infection and delayed testing," which was published on 10/08/21 and cancelled on 1/19/22. **Applicants to CDC-RFA-PS22-2202 must submit an application to CDC-RFA-PS22-2211 to be considered for this funding opportunity.**

Due Date for Information Conference Call

An informational conference call will be held on March 2, 2022, at 2:00pm ET. To attend, register in advance here: https://cdc.zoomgov.com/meeting/register/vJIsfu-grDktGaTBZuwLG7WYxIqKP8jWM-c.

Please refer to https://www.cdc.gov/hiv/funding/announcements/ps22-2211/index.html for more information about the call.

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is

not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

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

7. Letter of Intent

LOI is not required as part of the application for this NOFO, but is encouraged.

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 must be sent via email to:
Marc Pitasi, Project Officer
Centers for Disease Control and Prevention
MPitasi@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

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

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project

Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

Applicants should submit the following Attachments A and B pertaining to the required strategies and activities:

- Attachment A is a statement indicating whether applicant's jurisdiction has complete HIV laboratory reporting. Attachment A should be no more than 2 pages and should be submitted as a PDF named “Attachment A Lab Reporting.” Refer to https://www.cdc.gov/hiv/funding/announcements/ps22-2211/index.html for more information about Attachment A.
- Attachment B provides the following data points using the most recent available data: 1) the annual number of new stage 0 diagnoses in the jurisdiction and 2) the annual percentage of all new diagnoses that occur at stage 0 in the jurisdiction. Applicants can

provide local eHARS data or jurisdiction-specific data from the most recent CDC HIV surveillance report. Attachment B should be no longer than 2 pages and should be submitted as a PDF named "Attachment B Enumeration." Refer to https://www.cdc.gov/hiv/funding/announcements/ps22-2211/index.html for more information about Attachment B.

2. Target Populations and Health Disparities

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

c. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see http://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).

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

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

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

Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

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

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

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 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. Pilot Program for Enhancement of Employee Whistleblower Protections

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

15. 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.

16. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.

- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

17. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the 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/additional-requirements/ar-25.html.

18. Other Submission Requirements

a. Electronic Submission:

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

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a

"submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the NOFO. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.

https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t= Get_Started%2FGet_Started. htm

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

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

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

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

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

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:** 45

1. The extent to which the applicant describes an overall strategy to achieve the outcomes with specific and appropriate timelines. (20 points)

- Presents a detailed work plan for the first year of this award and a high-level work plan for the entire four-year performance period that are aligned with the strategies/activities, outcomes, and performance measures in the approach and are consistent with the content proposed by CDC.
- Work plan presents a timeline and responsible party for each activity.
- Adequately describes plans to identify persons with a recent HIV diagnosis in stage 0 or stage 3 using routinely reported laboratory data, including demonstration of complete laboratory reporting in the jurisdiction [2].
    - Includes Attachment A with clear indication of complete HIV laboratory reporting or lack thereof. Attachment A should be no more than 2 pages and should be submitted as a PDF named "Attachment A Lab Reporting." Refer to https://www.cdc.gov/hiv/funding/announcements/ps22-2211/index.html for more information about Attachment A.
- Adequately demonstrates expected occurrence of at least 40 stage 0 diagnoses per year or at least 8% of all annual reported diagnoses occurring at stage 0.
    - Includes Attachment B with 1) the annual number of new stage 0 diagnoses in the jurisdiction and 2) the annual percentage of all new diagnoses that occur at stage 0 in the jurisdiction using the most recent available data. Applicants can provide local eHARS data or refer to the most recent CDC HIV surveillance report. Attachment B should be no longer than 2 pages and should be submitted as a PDF named "Attachment B Enumeration." Refer to https://www.cdc.gov/hiv/funding/announcements/ps22-2211/index.html for more information about Attachment B.
- Adequately describes plans to locate, contact, and recruit persons recently diagnosed with HIV in stage 0 or stage 3.

2. The extent to which the applicant describes activities that are evidence-based, achievable, and appropriate to meet the outcomes of the project. (10 points)

3. Feasibility of the applicant's plan to meet the outcomes, the extent to which the specific methods described are likely to achieve the outcomes, and whether the proposed use of funds is efficient. (15 points)

- Adequately describes plans to locate, contact, and recruit persons who recently received a diagnosis at stage 0 or stage 3 infection.
- Submitted budget is consistent with the work plan and includes resources needed to conduct activities based on the expected number of stage 0 and stage 3 diagnoses.
- Submitted budget includes support for in- and out-of-state travel, funds to support community engagement activities, and necessary equipment and software to conduct work plan activities.

ii. Evaluation and Performance Measurement **Maximum Points:** 25

1. The extent to which the applicant describes an evaluation plan that includes the following (10 points):

- Clearly identified key evaluation questions
- Type(s) of evaluations to be conducted
- How and by whom evaluations will be conducted
- Data collection and analysis plans
- How data will be reported
- Preliminary data management plan (DMP)
- How evaluation and performance measurement findings will be used to demonstrate the outcomes of the NOFO and for continuous program quality improvement

2. Provides an evaluation plan that is feasible, ethical, methodologically sound, and engages key partners. (10 points)

3. The extent to which the applicant describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base. (5 points)

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 30

1. The extent to which the applicant demonstrates relevant experience and capacity (management, administrative, and technical) to achieve the goals of the project. (10 points)

- Demonstrates experience in or infrastructure necessary for identifying, contacting, and recruiting persons who received a recent diagnosis at stage 0 or stage 3 infection.
- Demonstrates capacity to access the Enhanced HIV/AIDS Reporting System (eHARS) and develop and run SAS programs for sampling and analysis.

2. The extent to which the applicant demonstrates experience and capacity to implement the evaluation plan. (5 points)

3. The extent to which the applicant provides a staffing plan and project management structure that will be sufficient to meet the goals of the project and which clearly defines staff roles; if hiring new staff, provides approximate timelines for onboarding new staff. (10 points)

4. Provides an organizational chart. (5 points)

Budget **Maximum Points:** 0

The extent to which the budget is reasonable, clearly itemized and justified, consistent with the intended use of funds, aligned with the work plan, and demonstrates the capacity to support project activities.

c. Phase III Review

Phase III Review will be conducted after CDC's internal objective review process. Applicants will be funded in order by score and rank determined by the review panel. The following factors may affect the funding decision and CDC's decision not to fund in order by score and rank:

- Complete HIV laboratory reporting: applicants that have complete reporting of HIV laboratory information and the capacity to identify stage 0 and stage 3 HIV at diagnosis [2] will be prioritized. Applicants that do not have complete laboratory reporting will not be considered.
- Number and percentage of stage 0 HIV diagnoses: applicants that demonstrate occurrence of at least 40 stage 0 diagnoses per year or at least 8% of all annual reported diagnoses occurring at stage 0 in applicant's jurisdiction (using national surveillance data [2] or applicant's local surveillance data) may be prioritized.
- Geographic diversity: applicants may be awarded to maximize geographic diversity of recipients (e.g., at least one recipient representing each of the four U.S. Census regions)

Review of risk posed by applicants.

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

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

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

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

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Successful applicants will be notified by email no later than August 8, 2022.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at https://www.cdc.gov/grants/additional-requirements/index.html.

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-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2030
- AR-12: Lobbying Restrictions
- AR-14: Accounting System Requirements
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)

ARs applicable to awards associated with HIV/AIDS issues:

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

Organization-specific ARs:

- AR-8: Public Health System Reporting (community-based, nongovernment organizations)

For more information on the C.F.R., visit the National Archives and Records Administration at http://www.access.gpo.gov/nara/cfr/cfr-table-search.html.

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

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy).This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. 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.

• Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. 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 taking appropriate steps 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.

3. Reporting

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

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

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes

Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC will provide guidance related to reporting frequency and analysis of data to inform program improvement.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)

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

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

Performance Measurement

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.

- Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
- Indirect Cost Rate Agreement.

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

The carryover request must:

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

Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

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

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

CDC will provide guidance related to reporting frequency and analysis of data to inform program improvement.

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

e. Final Performance and Financial Report (required)
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). CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.

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

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

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

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

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

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

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

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed

with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during the reporting period.]

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

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

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

5) Contents of Reports: The reports must contain:

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

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

6. 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.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

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

Address:
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Road NE, MS US8-4
Atlanta, GA 30329

Telephone:
(404) 639-6361
Email:
MPitasi@cdc.gov

Grants Staff Contact

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

First Name:
Edna
Last Name:
Green
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
Department of Health and Human Services
Office of Grants Services
District of Chamblee

2939 Flowers Rd MS TV-2
Atlanta, GA 30341

Telephone:
(770) 488-2858
Email:
EGreen@cdc.gov
For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

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

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

H. Other Information

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

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Resumes / CVs

Position descriptions

Letters of Support

Organization Charts

Indirect Cost Rate, if applicable

Memorandum of Understanding (MOU)

Applicants should also submit the following Attachments A and B:

- Attachment A: Indication of Complete HIV Laboratory Reporting (limit to no more than 2 pages and submit as a PDF named “Attachment A Lab Reporting.”

- Attachment B: Enumeration of Stage 0 Diagnoses (limit to no longer than 2 pages and submit as a PDF named "Attachment B Enumeration."

For additional information about this funding opportunity, refer to https://www.cdc.gov/hiv/funding/announcements/ps22-2211/index.html.

References

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- Centers for Disease Control and Prevention. Revised surveillance case definition for HIV infection — United States, 2014. *MMWR Recomm Rep* 2014; 63(RR-03):1-10.
- Fauci AS, Redfield RR, Sigounas G, et al. Ending the HIV epidemic: A plan for the United States. *JAMA* 2019; 321(9): 844-5.
- Centers for Disease Control and Prevention. Estimated HIV incidence and prevalence in the United States, 2015–2019. *HIV Surveillance Supplemental Report* 2021;26(No. 1). http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html. Published May 2021. Accessed June 17, 2021.
- Gopalappa C, Farnham PG, Chen YH, Sansom SL. Progression and transmission of HIV/AIDS (PATH 2.0). *Med Decis Making* 2017; 37: 224-33.

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see .https://www.cdc.gov/grants/additional-requirements/index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings: A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

Assistance Listings Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. https://www.cdc.gov/grants/additional-requirements/index.html.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet,

obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

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

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

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

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

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the

public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

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

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

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

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms