

Centers for Disease Control and Prevention

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

Expanding Rapid Initiation of Antiretroviral Therapy in Non-traditional Settings: Emergency Department

RFA-PS-23-005

03/27/2023

Table of Contents

Section I. Funding Opportunity Description 4
Section II. Award Information....19
Section III. Eligibility Information 20
Section IV. Application and Submission Information....24
Section V. Application Review Information 36
Section VI. Award Administration Information 44
Section VII. Agency Contacts 57
Section VIII. Other Information 58

Overview

Participating Organization(s)

Centers for Disease Control and Prevention

Components of Participating Organizations

Components of Participating Organizations:
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Notice of Funding Opportunity (NOFO) Title

Expanding Rapid Initiation of Antiretroviral Therapy in Non-traditional Settings: Emergency Department

Activity Code

U01 - Research Project - Cooperative Agreement

Notice of Funding Opportunity Type

New

Agency Notice of Funding Opportunity Number

RFA-PS-23-005

Assistance Listings Number(s)

93.084

Category of Funding Activity

HL - Health

NOFO Purpose

The purpose of this Notice of Funding Opportunity (NOFO) is to support implementation research on the rapid or immediate initiation of HIV antiretroviral therapy (ART) for persons newly diagnosed with HIV or for persons with HIV (PWH) returning to care in emergency department (ED) settings. The rapid ART model, defined as immediate diagnosis, linkage to care, and ART initiation on the same day as a new HIV diagnosis or return to care, should offer an accelerated entry into HIV medical care. Rapid ART confers a higher rate of engagement in care, reduces the time to viral suppression, and improves morbidity and mortality in PWH. The ED offers a unique setting to immediately engage with patients who are not accessing HIV care services. The implementation research supported by this funding will deploy rapid ART models in ED settings and evaluate acceptability, perceived barriers and facilitators, feasibility, sustainability, and HIV care continuum outcomes. Applied research resulting from this funding is expected to decrease HIV infections and quickly achieve viral suppression among PWH. This research is aligned with the HIV National Strategic Plan (2022-2025) and the Ending the HIV Epidemic in the U.S. (EHE) initiative “Treat” Pillar.

Key Dates

Publication Date:

To receive notification of any changes to RFA-PS-23-005, return to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notification Emails" link. An email address is needed for this service.

Letter of Intent Due Date:

02/21/2023
02/21/2023

Application Due Date:

03/27/2023
03/27/2023

On-time submission requires that electronic applications be error-free and made available to CDC for processing from the NIH eRA system on or before the deadline date. Applications must be submitted to and validated successfully by Grants.gov no later than 11:59 PM U.S. Eastern Time.

Applicants will use a system or platform to submit their applications through Grants.gov and eRA Commons to CDC. ASSIST, an institutional system to system (S2S) solution, or Grants.gov Workspace are options. ASSIST is a commonly used platform because it provides a validation of all requirements prior to submission and prevents errors.

For more information on accessing or using ASSIST, you can refer to the ASSIST Online Help Site at: https://era.nih.gov/erahelp/assist. Additional support is available from the NIH eRA Service desk via http://grants.nih.gov/support/index.html.

- E-mail: commons@od.nih.gov
- Phone: 301-402-7469 or (toll-free) 1-866-504-9552
- Hours: Monday - Friday, 7 a.m. to 8 p.m. Eastern Time, excluding Federal holidays

Note: HHS/CDC grant submission procedures do not provide a grace period beyond the application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

Scientific Merit Review:
05/24/2023

Secondary Review:
06/20/2023

Estimated Start Date:
09/30/2023

Expiration Date:
03/28/2023

Required Application Instructions

It is critical that applicants follow the instructions in the How to Apply - Application Guide except where instructed to do otherwise in this NOFO. Conformance to all requirements (both in the Application Guide and the NOFO) is required and strictly enforced. Applicants must read and follow all application instructions in the Application Guide as well as any program-specific instructions noted in Section IV. When the program-specific instructions deviate from those in the Application Guide, follow the program-specific instructions.

Note: The Research Strategy component of the Research Plan is limited to 25 pages.

Page Limitations: Pages that exceed the page limits described in this NOFO will be removed and not forwarded for peer review, potentially affecting an application's score.

Applications that do not comply with these instructions may be delayed or may not be accepted for review.

Telecommunications for the Hearing Impaired: TTY 1-888-232-6348

Executive Summary

- **Purpose:** The purpose of this Notice of Funding Opportunity (NOFO) is to support implementation research on the rapid or immediate initiation of HIV antiretroviral therapy (ART) for persons newly diagnosed with HIV or for persons with HIV (PWH) returning to care in emergency department (ED) settings. The rapid ART model, defined as immediate diagnosis, linkage to care, and ART initiation on the same day as a new HIV diagnosis or return to care, should offer an accelerated entry into HIV medical care. Rapid ART confers a higher rate of engagement in care, reduces the time to viral suppression, and improves morbidity and mortality in PWH. The ED offers a unique setting to immediately engage with patients who are not accessing existing HIV services. This NOFO supports research to result in increasing HIV testing for all adults, increasing usage of the rapid ART model, and removing barriers to HIV diagnosis and treatment in all care settings. The implementation research supported by this funding should deploy rapid ART models in ED settings and evaluate acceptability, perceived barriers and facilitators, feasibility, sustainability, and HIV care continuum outcomes. Applied

research resulting from this funding is expected to decrease HIV infections and quickly achieve viral suppression among PWH. This research is aligned with the HIV National Strategic Plan (2022-2025) and the Ending the HIV Epidemic in the U.S. (EHE) initiative "Treat" Pillar.

- **Mechanism of Support:** U01 – Research Project - Cooperative Agreement
- **Funds Available and Anticipated Number of Awards:** The estimated total funding available, including direct and indirect costs, for the entire four (4)-year project period is $6,000,000. The estimated number of awards is three (3). Awards issued under this NOFO are contingent upon availability of funds and a sufficient number of meritorious applications. Because the nature and scope of the proposed research will vary from application to application, it is also anticipated that the size and duration of each award may also vary. The total amount awarded, and the number of awards will depend upon the number, quality, duration and cost of the applications received.
- **Budget and Project Period:** The estimated total funding (direct and indirect) for the first year (12-month budget period) is $1,500,000 with individual awards ranging from $400,000 to $500,000 for the first year. The estimated total funding (direct and indirect) for the entire project period is $6,000,000. The project period is anticipated to run from 09/30/2023 to 09/29/2027.
- **Application Research Strategy Length:** Page limits for the Research Strategy are clearly specified in Section IV. "Application and Submission Information" of this announcement.
- **Eligible Institutions/Organizations.** Institutions/organizations listed in Section III. of this announcement are eligible to apply.
- **Eligible Project Directors/Principal Investigators (PDs/PIs).** Individuals with the skills, knowledge, and resources necessary to carry out the proposed research are invited to work with their institution/organization to develop an application for support. **NOTE:** CDC does not make awards to individuals directly. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply.
- **Number of PDs/PIs.** There will only be one PD/PI for each application.
- **Number of Applications.** Only one application per institution (normally identified by having a unique entity identifier [UEI] number) is allowed.
- **Application Type.** New.
- **Application Materials.** See Section IV.1 for application materials. Please note that SF424 (R&R) FORMS-H is to be used when completing the application package. Please see https://grants.nih.gov/grants/how-to-apply-application-guide.html

Section I. Funding Opportunity Description

Statutory Authority

Public Health Service Act, Sections 301(a) [42 USC 241(a)], 317(k)(2) [42 USC 247b(k)(2)], and 318 [42 USC 247c], as amended.

1. Background and Purpose

Immediate initiation of antiretroviral therapy (ART) is now recommended for anyone newly diagnosed with HIV, regardless of CD4 count. In the treatment as prevention paradigm, population-level viral load suppression is strongly associated with decreases in HIV incidence. The rapid ART model, defined as immediate diagnosis, linkage to care, and ART initiation on the same day as a new HIV diagnosis or return to care, offers an accelerated entry into HIV medical care. Rapid ART reduces the time to viral suppression and improves morbidity and mortality in persons living with HIV. Initiating ART at the time of diagnosis, or soon afterwards, is now the standard of care in "traditional" care settings, based on its improved efficacy, safety, and acceptability.

Delays in initiating ART are associated with subsequent lower rates of viral suppression and retention in care, and with earlier development of first AIDS event. To achieve rapid ART, a person with a new HIV diagnosis needs to be immediately linked to care. Structural, personal or provider-related barriers may impede initiation of ART. Programs are underway to study and expand rapid ART in HIV clinics in the United States; however, patients from groups that have been economically or socially marginalized may not be accessing these programs. To achieve the Ending the HIV Epidemic's (EHE) "Treat" Pillar goal of treating people with HIV rapidly and effectively to reach sustained viral suppression, expanding rapid ART initiation to novel settings may be needed.

The emergency department (ED) is a key venue where persons with undiagnosed HIV infection can be diagnosed and linked to care. The ED may be the only point of entry into the healthcare system for some PWH. However, diagnosis and linkage to care from EDs has, to date, been suboptimal, even for patients seen for concurrent STIs. The ED offers a unique setting to immediately engage with patients who may be missed in traditional care models.

Studies suggest the rapid ART model can be applied to a diverse range of clinical contexts. In ambulatory clinic settings, multi-site qualitative research has identified important elements associated with successful rapid ART program implementation. These include an implementation champion, comfort and competence in prescribing rapid ART, expedited access to ART medications, expertise in benefits, linkage, and care navigation, commitment to a patient-centered approach, and strong communication methods and culture. In the pre-rapid ART era, Los Angeles County and the University of Southern California's (LAC+USC) ED developed criteria for empiric ART for suspected cases of acute HIV utilizing HIV specialists. Of 16 cases of acute HIV infection, 11 met their criteria for empiric ART and agreed to treatment, suggesting feasibility and acceptability among patients in a small trial for clinical acute HIV infections.

This NOFO supports research to investigate how to deploy and optimize rapid ART delivery in EDs that are currently routinely screening for HIV infection. The research may incorporate lessons learned from the growing expertise of implementing rapid ART in other settings, the advancements in ART provision, and HIV testing technologies. The ED offers a unique and novel opportunity to immediately engage with newly diagnosed patients to initiate ART and provide linkage to an HIV provider in the community. The overarching purpose of the research is to enhance HIV screening, which may include implementing alternative HIV tests, and provide rapid ART initiation in the EDs. The project should utilize opt-out HIV testing in EDs and the novel strategy of providing rapid ART in EDs. This research may help determine whether HIV

testing and rapid ART in EDs can improve engagement, linkage and retention in care, and viral suppression among newly diagnosed people with HIV (PWH), as well as those previously diagnosed with HIV but who are not engaged in care. Findings from this implementation research project may have the potential to decrease HIV infections through decreased time to viral suppression among PWH. This study is aligned with the HIV National Strategic Plan (2022-2025) and the Ending the HIV Epidemic in the U.S. (EHE) initiative "Treat" Pillar.

Relevant References:

1. U.S. Department of Health and Human Services. Panel on antiretroviral guidelines for adults and adolescents. Guidelines for the use of antiretroviral agents in adults and adolescents living with HIV. https://hivinfo.nih.gov/hiv-source/medical-practice-guidelines/hiv-treatment-guidelines/hiv-treatment-guidelines-adults-and

2. Solomon SS, Mehta SH, McFall AM, *et al*. Community viral load, antiretroviral therapy coverage, and HIV incidence in India: a cross-sectional, comparative study. *Lancet HIV*. 2016;3(4):e183-e190. doi:10.1016/S2352-3018(16)00019-9.

3. Hansoti B, Mwinnyaa G, Hahn E, *et al*. Targeting the HIV Epidemic in South Africa: The Need for Testing and Linkage to Care in Emergency Departments. *EClinicalMedicine*. 2019;15:14-22. Published 2019 Aug 19. doi:10.1016/j.eclinm.2019.08.007

4. Coffey S, Bacon O. Immediate ART Initiation & Restart: Guide for Clinicians. AETC National Coordinating Resource Center. 2021 Jun 10. Accessed September 2, 2021. https://aidsetc.org/resource/immediate-art-initiation-restart-guide-clinicians

5. Koenig SP, Dorvil N, Dévieux JG, *et al*. Same-day HIV testing with initiation of antiretroviral therapy versus standard care for persons living with HIV: A randomized unblinded trial. *PLoS Med*. 2017;14(7):e1002357. Published 2017 Jul 25. doi:10.1371/journal.pmed.1002357

6. Labhardt ND, Ringera I, Lejone TI, *et al*. Effect of Offering Same-Day ART vs Usual Health Facility Referral During Home-Based HIV Testing on Linkage to Care and Viral Suppression Among Adults With HIV in Lesotho: The CASCADE Randomized Clinical Trial. *JAMA*. 2018;319(11):1103-1112. doi:10.1001/jama.2018.1818

7. Mateo-Urdiales A, Johnson S, Smith R, Nachega JB, Eshun-Wilson I. Rapid initiation of antiretroviral therapy for people living with HIV. *Cochrane Database Syst Rev*. 2019;6(6):CD012962. Published 2019 Jun 17. doi:10.1002/14651858.CD012962.pub2.

8. Pilcher CD, Ospina-Norvell C, Dasgupta A, *et al*. The Effect of Same-Day Observed Initiation of Antiretroviral Therapy on HIV Viral Load and Treatment Outcomes in a US Public Health Setting. *J Acquir Immune Defic Syndr*. 2017;74(1):44-51. doi:10.1097/QAI.0000000000001134

9. Colasanti J, Sumitani J, Mehta CC, *et al*. Implementation of a Rapid Entry Program Decreases Time to Viral Suppression Among Vulnerable Persons Living With HIV in the Southern United States. *Open Forum Infect Dis*. 2018;5(6):ofy104. Published 2018 Jun 28. doi:10.1093/ofid/ofy104

10. Grabowski MK, Serwadda DM, Gray RH, *et al*. HIV Prevention Efforts and Incidence of HIV in Uganda. *N Engl J Med*. 2017;377(22):2154-2166. doi:10.1056/NEJMoa1702150

11. Dombrowski JC, Simoni JM, Katz DA, Golden MR. Barriers to HIV Care and Treatment Among Participants in a Public Health HIV Care Relinkage Program. *AIDS Patient Care STDS*. 2015;29(5):279-287. doi:10.1089/apc.2014.0346

12. HRSA. Health Resources and Services Administration. (2021). About the Ryan White HIV/AIDS Program, Part F: Special Projects of National Significance (SPNS) Program. HIV/AIDS Bureau. https://hab.hrsa.gov/about-ryan-white-hivaids-program/about-ryan-white-hivaids-program

13. Kapadia SN, Singh HK, Jones S, Merrick S, Vaamonde CM. Missed Opportunities for HIV Testing of Patients Tested for Sexually Transmitted Infections at a Large Urban Health Care System From 2010 to 2015. *Open Forum Infect Dis*. 2018;5(7):ofy165. Published 2018 Jul 19. doi:10.1093/ofid/ofy165

14. Amanda Hirsch, BA, Christopher F Carpenter, MD, MHSA, 954. Missed opportunities for HIV Screening in the Emergency Department, Open Forum Infectious Diseases, Volume 7, Issue Supplement_1, October 2020, Pages S508–S509, https://doi.org/10.1093/ofid/ofaa439.1140

15. Hoover KW, Huang YA, Tanner ML, *et al*. HIV Testing Trends at Visits to Physician Offices, Community Health Centers, and Emergency Departments — United States,

2009–2017. MMWR Morb Mortal Wkly Rep 2020;69:776–780. DOI: http://dx.doi.org/10.15585/mmwr.mm6925a2

16. Koester KA, Moran L, LeTourneau N, *et al*. Essential elements of and challenges to rapid ART implementation: a qualitative study of three programs in the United States. BMC Infect Dis. 2022;22(1):316. doi:10.1186/s12879-022-07297-3

17. Jacobson KR, Arora S, Walsh KB, *et al*. High Feasibility of Empiric HIV Treatment for Patients With Suspected Acute HIV in an Emergency Department. *J Acquir Immune Defic Syndr*. 2016;72(3):242-245. doi:10.1097/QAI.0000000000001006

Health Equity:

CDC supports efforts to improve the health of populations disproportionately affected by infectious diseases by maximizing the health impact of public health services, reducing disease incidence, and advancing health equity.

A health disparity occurs when a health outcome is seen to a greater or lesser extent between populations. Health disparities in infectious diseases are inextricably linked to a complex blend of social determinants that influence which populations are most disproportionately affected by these infections and diseases.

Social determinants are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes (https://www.cdc.gov/socialdeterminants/index.htm). These include conditions for early childhood development; education, employment, and work; food security, health services, housing, income, and social exclusion. Health equity is a desirable goal that entails special efforts to improve the health of those who have experienced social or economic challenges. It requires:

- Continuous efforts focused on elimination of health disparities, including disparities in health and in the living and working conditions that influence health, and
- Continuous efforts to maintain a desired state of equity after health disparities are eliminated.

The application should use data, including social determinants data, to identify communities within their jurisdictions that are disproportionately affected by infectious diseases and related diseases and conditions, and plan activities to help eliminate health disparities. In collaboration with partners and appropriate sectors of the community, consideration should be given to social determinants of health in the development, implementation, and evaluation

of specific efforts and use culturally appropriate interventions and strategies that are tailored for the communities for which they are intended.

Healthy People 2030 and other National Strategic Priorities

Healthy People 2030 Goals

- HIV-1: Reduce the number of new HIV infections
- HIV-2: Increase knowledge of HIV status
- HIV-3: Reduce the number of new HIV diagnoses
- HIV-5: Increase viral suppression

National Goals

- HIV National Strategic Plan (2022-2025) https://www.hiv.gov/federal-response/national-hiv-aids-strategy/national-hiv-aids-strategy-2022-2025
    - Goal 1: Prevent new HIV infections
        - 1.2: Increase knowledge of HIV status
    - Goal 2: Improve HIV-related health outcomes of people with HIV
        - 2.1: Link people to care immediately after diagnosis and provide low-barrier access to HIV treatment
        - 2.4: Increase the capacity of the public health, health care delivery systems, and health care workforce to effectively identify, diagnose, and provide holistic care and treatment for people with HIV
    - Goal 3: Reduce HIV-Related Disparities and Health Inequities
        - 3.2: Reduce disparities in new HIV infections, in knowledge of status, and along the HIV care Continuum
        - 3.4: Address social and structural determinants of health and co-occurring conditions that impede access to HIV services and exacerbate HIV-related disparities
- Ending the HIV Epidemic in the U.S. https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview
    - Goal: Reducing new HIV infections by 75% by 2025 and 90% by 2030.

Public Health Impact

To achieve a 90% reduction in new HIV infections by 2030, people with HIV (PWH) will need to be diagnosed as early as possible and treated with ART rapidly and effectively to reach sustained viral suppression. Increasing the number of PWH rapidly initiated on ART, who adhere to ART, and achieve viral suppression, will help reduce new HIV infections in the United

States and further the goals of Ending the HIV Epidemic (EHE) initiative in narrowing HIV-related health disparities. Educating healthcare providers and staff about rapid ART best practices and implementing rapid ART protocols may increase awareness and understanding of ART in patients newly diagnosed with HIV. Implementation research can increase understanding of the "real-world" acceptability and feasibility of rapid ART in hospital settings such as EDs, among patients, providers, and staff. The identification of barriers and facilitators to rapid ART initiation, use, and adherence should lead to the development of culturally competent, setting specific, training materials and workflow strategies for integrating rapid ART in emergency departments and other similar settings. Findings from the research supported by this NOFO may be used to support strengthening and expanding rapid ART across the United States and may inform future guidelines and recommendations to be incorporated into service delivery.

Rapid start of ART in the ED is an intervention that helps ensures all PWH can be started on ART at the time of diagnosis with potential cost benefit. Rapid ART should be accessible and immediate for all newly diagnosed PWH regardless of sociodemographic status. Rapid start also holds promise for engaging or re-engaging in care persons who were previously diagnosed with HIV but never entered or had disengaged from HIV care. The intervention may improve equity and greatly expand accessibility of ART for people who may not have access through traditional health care services. The research supported by this NOFO should include PWH in EHE jurisdictions disproportionately impacted by HIV. PWH should receive a timely HIV diagnosis, ensure that they are rapidly started on ART, and linked to care prior to discharge from the ED. Results from this research may accelerate the progress along the HIV care continuum from diagnosis to linkage and ultimately to viral suppression.

Relevant Work

Published programmatic announcements related to Ending the HIV Epidemic in the United States, and the elimination of viral hepatitis in the United States, include:

- PS19-1906: Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States: https://www.grants.gov/web/grants/view-opportunity.html?oppId=316989
- PS20-2010: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States: https://www.grants.gov/web/grants/view-opportunity.html?oppId=32386
- HRSA-20-113: Building Capacity to Implement Rapid Antiretroviral (ART) Initiation for Improved Care Engagement – Evaluation and Technical Assistance Provider: https://www.hrsa.gov/grants/find-funding/hrsa-20-113
- HRSA-20-114: Building Capacity to Implement Rapid Antiretroviral (ART) Initiation for Improved Care Engagement – Implementation Sites: https://www.hrsa.gov/grants/find-funding/hrsa-20-114

2. Approach

Logic Model: Expanding Rapid Initiation of Antiretroviral Therapy in Non-traditional Settings: Emergency Department

Strategies & Activities	**Short-term Outcomes**	**Intermediate-term Outcomes**	**Long-term Outcomes**
Strategy 1: **Accurately and effectively diagnose new HIV infections or PWH returning to care in the emergency department.**			**L-T Outcome 1:** Increased number of people tested for HIV in the ED **L-T Outcome 2:** Increased viral suppression among PWH **L-T Outcome 3:** Decreased transmission of HIV from PWH and reduced new HIV infections **L-T Outcome 4:** Improved HIV-related health outcomes and overall quality of life for PWH **L-T Outcome 5:** Reduced HIV-related health disparities and improved health equity **L-T Outcome 6:** Integrated and coordinated programming for testing for HIV and rapid ART
Activity 1.1: Provide and encourage an "opt-out" universal HIV testing strategy in the ED to all patients, utilizing point-of-care testing or other rapid diagnostics **Activity 1.2:** Establish collaboration between hospital laboratory and hospital emergency room to prioritize HIV testing and communication of positive tests to ED providers	**S-T Outcome 1.1:** Increased identification of new diagnoses of HIV or PWH returning to care in ED settings .	**I-T Outcome 1.1.:** Increased availability of HIV testing for patients **I-T Outcome 1.2:** Improved notification of HIV testing results to provider/patient	
Strategy 2: **Expand rapid ART initiation to patients on the same day as diagnosis or the same day PWH return to care in the ED, and conduct pre- & post- implementation clinical outcome monitoring**			
Activity 2.1: Develop and design an effective implementation study to facilitate rapid ART initiation in EDs **Activity 2.2:** Examine acceptability and barriers to implementation of	**S-T Outcome 2.1:** Development of a combined HIV treatment and service practice model to scale up rapid ART **S-T Outcome 2.2:**	**I-T Outcome 2.1:** Improved capacity of EDs to provide rapid start with increased availability of & access to HIV treatment **I-T Outcome 2.2:** Increased knowledge of barriers and	

rapid ART in the ED from both patient and staff perspectives **Activity 2.3:** Establish collaboration between ED site, community/affiliated HIV clinics/providers, and health department, to enhance pre-and post- implementation monitoring	Improved awareness and understanding of rapid ART by staff, clients, and patients **S-T Outcome 2.3:** Improved local stakeholder engagement and mobilization for rapid initiation of HIV treatment	facilitators to rapid ART in ED settings **I-T Outcome 2.3:** Increased number of PWH rapidly initiated on ART **I-T Outcome 2.4:** Enhanced monitoring of HIV health outcomes in patients diagnosed from the ED or returning to care to the ED	
Strategy 3: **Provide linkage to care services to patients initiated on ART in the ED.**			
Activity 3.1: Implement a patient navigator model in the ED to assist with linkage to HIV care **Activity 3.2:** Establish collaboration and communication channels between ED and community/affiliated HIV clinics/specialist/health departments to ensure linkage to care	**S-T Outcome 3.1:** Increased availability of linkage to care and other support services for PWH	**I-T Outcome 3.1:** Greater number of PWH initiating ART, linked to care, and retained in care over 6–12-month period	

This NOFO supports research to compare the implementation of rapid initiation of ART with the standard of care HIV services conducted in at least three (3) ED sites located in high HIV prevalence communities, each partnering with their affiliated HIV clinics and specialists. The applicant should develop a study protocol that combines implementation and effectiveness outcomes, which should include acceptability, fidelity, and cost, in addition to clinical outcomes such as proportion of patients screening for HIV, initiated on rapid ART, retained in care, and who have achieved viral suppression. A pre-to-post comparison design may be considered to compare rapid ART deployment with the standard of care HIV services pre-rapid ART

implementation. Pre-implementation data may be actively obtained during the first phase of the study or through retrospective review through electronic health record systems. Additional design alternatives may include randomization of individual ED sites to same day ART versus immediate referral to clinic and linkage to care.

The site should operate within, or be affiliated with, clinical facilities that have the infrastructure and staff for insurance/payor benefits navigation and ART medication initiation and administration. The application should describe collaborative partners, including pharmacy, clinic, and health department partnerships and rapid ART ED champions/leaders. In addition, the application should provide letters of support from the hospital or ED director/supervisor indicating willingness to participate. The application should also describe current organizational capacity and the capacity to implement rapid start of ART. The application should demonstrate adequate power for the proposed sample size. The research may be completed in two phases:

Phase 1:

The application should describe the development of the study protocol, instruments, and obtaining appropriate approvals. Recipients should conduct formative work, use evaluative and iterative strategies to assess rapid ART readiness in the ED, and use pilot evaluation data in order to define and then refine the intervention model. The application should demonstrate statistical power to achieve study goals for their proposed sample size. Consultation with and engagement of diverse sets of collaborators (e.g., outpatient HIV clinics/specialists, local and state public health departments, emergency departments, and hospital leadership) is encouraged. Program evaluation data relevant to the pre-implementation standard of care operations and potential post-implementation operations, staffing, and workflow should be assembled. Results from formative and assessment work should be used to design a rapid ART model and linkage to care model (i.e., patient navigator model) that can be integrated into the emergency departments. This phase may last up to 12 months.

Phase 2:

This phase may involve training project staff, fielding the study protocol, the intervention implementation, and data collection. An example workflow could be as follows: When HIV screening results are positive (whether through testing such as antibody, antigen, or nucleic acid amplification or confirmatory testing), the ED clinician is notified, who then notifies the “HIV Team”. The “HIV Team” may consist of a case manager/navigator to assist with linkage to care and appointments, a prescribing provider, and the ED Pharmacy. If an “HIV Team” member is not available, the ED provider can assume these roles, if able. The provider should follow a protocol and see the patient to discuss the new diagnosis of HIV, risks/benefits of treatment, and treatment initiation (either through a treatment starter pack or prescription sent to the pharmacy). ART should be initiated as soon as possible following the protocol, including if the patient is admitted to the hospital. The ED Pharmacy may also be notified of the positive HIV result and be available for support. Follow-up and linkage to care may then be coordinated by the case manager/navigator with the partnering HIV clinic, where a patient may be anticipated to continue their HIV care post-ED/hospital release. The team may also be available for consultation via telehealth. Test results that may return after the patient is discharged, such as HIV genotype,

should be sent to the partnering HIV clinic for follow-up.

Rapid ART training should be standardized across participating EDs, to the extent possible. The application should describe plans for training, roles and responsibilities, and desired competencies of staff. The recipient should create a data sharing partnership between the ED, the partnering HIV clinic, and/or health department. Enrollment in the study should be continuous over 2 years, or until enrollment goals are met. EHE jurisdictions should be prioritized, as these will have the highest expected participants. Participating patients should be followed for up to 12 months. Collaborating clinics and health departments may assist with providing data after the initial encounter. Baseline surveys/interviews and serial surveys of staff and patients should be considered to gather data relevant to evaluating project implementation and monitoring project outcomes (please see the Objectives/Outcomes section of this NOFO).

Objectives/Outcomes

This implementation study should address the following research questions:

1. Is ART initiation in the ED acceptable, feasible, and tolerable for patients, providers, patient navigators and other members of the care team (in the ED as well as in the clinic receiving referral)?
2. What are the challenges to implementing rapid ART in the ED setting?

Overall research objectives are to:

1. Enhance "opt-out" HIV testing strategies in the selected EDs and expand point of care HIV testing.
2. Implement rapid ART initiation (same day as HIV diagnosis or in PWH returning to care) in emergency ED settings.
3. Implement a patient navigator model in the ED to assist with linkage to HIV care.
4. Assess whether the above activities improve engagement and retention in care, linkage, and viral suppression among newly diagnosed PWH or those returning to care.
5. Analyze logistics and cost of implementing rapid ART initiation in emergency ED settings.

A complete list of outcomes and associated indicators should be finalized by recipients in the first 6-months post award. Study research variables, outcomes, and tools could include (but are not limited to):

Research Variable Assessed	**Study Sample(s)**	**Data Collection Tool(s)**
Health Outcomes *Primary*: proportion of patients rapidly initiated on ART at diagnosis, linked to HIV medical care, retained in care, achieved viral	Patients	Electronic Health Records (in the ED, and in the partnering HIV clinic)

suppression. *Secondary*: HIV screening rates and diagnostic yield, time to specific milestones such as time to ART initiation, viral suppression or first clinic appointment, treatment modification incidence.		
Implementation Process Measures (strategies, adaptation, barriers, structural challenges, facilitators, fidelity)	Staff, Leadership	Survey, Interview
Implementation Context and Outcomes (reach, fidelity, appropriateness, acceptability, feasibility, adherence, and sustainability)	Staff, Leadership, Patients	Survey, Interview
Cost (labor and non-labor)	Staff/Location Setting	Cost Questionnaires

Implementation process measures and outcomes (assessed through serial surveys and interviews with physicians, pharmacists, ED staff, and PWH (if possible):

- Feasibility and acceptability by patients, pharmacists, and clinicians
    - Organizational/structural challenges to rapid ART initiation
    - Understanding and awareness of rapid ART
    - Examining refusal rates by PWH and reasons for refusal
    - Reach (number and proportion of individuals willing to participate in the intervention by staff and/or patients
- Assessment of barriers to care
    - Insurance and payment structure

Health outcomes:

- HIV screening rates in the ED (number of tests performed, percent positive, percent of new versus longstanding HIV diagnoses determined by patient report/health department surveillance, differences by demographics, and diagnostic yield)
- Uptake of ART (proportion of eligible PWH offered ART who initiated the therapy, proportion of patients who refused ART, reasons for refusal, differences by demographics)
- Linkage to HIV care clinic within 1, 3, 6 or 12 months
- Viral loads, CD4 count, achieving viral suppression (HIV VL<50 cp/mL) by 3, 6, or 12 months, durable viral suppression (i.e., two consecutive suppressed viral load results at least 3 months apart within 12 months)
- Retention in care (i.e., 2 clinic and/or, telehealth visits with lab measurements at least 3 months apart within 12 months)
- Time to specific milestones (to first clinic visit, to VL suppression)
    - From ED check in to HIV test, HIV result, test disclosure to patient

    - From positive result to clinic contact/referral, ART initiation (first prescription date, starter pack given), first clinic visit
    - From ART initiation to clinic visit, first refill date, first viral load suppression, missed appointment
    - Adherence (documented by self-report, pill count, pharmacy refills, or real-time electronic monitors)
- Assessment of cost-effectiveness of intervention using cost data and savings
    - Cost questionnaires

Target Population

The target population for this research study includes all persons ≥ 18 years old with either newly diagnosed HIV or who have been previously diagnosed with HIV but are not engaged in care. Not engaged in care shall be defined as not having a clinic visit or HIV viral load test in the past 12 months and not currently taking or being prescribed ART. Populations may include, but are not limited to, American Indian or Alaska Native, Asian, Black/African American, Native Hawaiian or other Pacific Islanders, White, Hispanic/Latino, migrant populations, women, older people (65+), the general public, men who have sex with men, and/or persons who inject drugs.

Collaboration/Partnerships

The application should propose formal partnerships with emergency departments that are eligible to participate in this study (referred to in this NOFO as "participating EDs"). A participating ED is defined as an ED that agrees to partner with the recipient to implement study activities.

Memoranda of Agreement or Understanding (MOA/MOU), letters of commitment, or service agreements should be used to document proposed and current partnerships with participating clinics.

Guidelines for an MOU/MOA with Participating Clinics
Applications should demonstrate that there is an MOU/MOA with all participating EDs and participating clinics signifying commitment to engage in the proposed study activities. Each MOU/MOA should be submitted with the application.

The purpose of each MOU/MOA is to set forth the responsibilities of the applicant and the participating clinic relative to the proposed goals of the project. The MOU/MOA should indicate a commitment of participation for the entire four-year project period.

Each MOU/MOA should include:

- An effective date range that aligns with all four (4) years of the NOFO.
- Acknowledgment that the clinic meets each of the participating clinic eligibility criteria stated in the NOFO.

- Overview of the participating clinic's plan and the estimated budget for implementing required study activities.
- Agreement that the recipient will engage clinic representatives in relevant study-related meetings and processes, where appropriate, and that the clinic will participate accordingly.
- Commitment of the recipient to work with the clinic and other collaborative partners to address project requirements, including the designation of a point of contact among the study team dedicated to the implementation of study activities.
- Commitment of the clinic to either participate in, or assist recipient with, required data reporting and evaluation activities, including EMR data abstraction.
- Signatures for both parties by authorized representatives, including the Principal Investigator or Emergency Department Director and the Clinic Director.

Applications should identify expected implementation research collaborators and established partnerships. The application should describe plans to collaborate with emergency departments that are performing universal opt-out HIV screening. Applications should describe operation of, or capability to provide, ART initiation and administration. The application should describe any experience of effective collaboration with ED/facility clinical providers and outpatient clinics or a strong potential to do so. The application should also establish state or local health department collaborators in selected jurisdictions who will have expertise in HIV surveillance in the state/local area selected.

Award recipients should establish memoranda of understanding, and data sharing and use agreements, as appropriate, to ensure rapid start program-related data are collected per protocol. The recipient is expected to develop an effectiveness-implementation study protocol, manual of operations and tools, including refining and detailing the target study enrollment, objectives and outcomes, conduct the study and data analyses, and disseminate aggregated findings.

Evaluation/Performance Measurement

The application should include measurable goals and aims based on a four (4)-year research project period. The application should describe specific, measurable, achievable, realistic, and time-phased (SMART) project objectives for each activity described in the application's project plan and describe the development and implementation of project performance measures based on specific programmatic objectives.

The evaluation plan should align with the stated purpose and outcomes described in the NOFO. Applications should develop an implementation plan that includes a timeline to achieve study milestone and a staffing, recruitment, and enrollment plan. The evaluation plan should also describe the inclusion of relevant protocols, including human subjects research protocol development and approval, collaboration with CDC to develop and submit necessary Office of Management and Budget (OMB) protocols for OMB-PRA approval, as well as a quality assurance plan that ensures that the educational materials provided to patients and staff is accurate and up-to-date and that survey, focus group, and interview protocols are culturally appropriate and tailored for the people with HIV. The application should also describe the

collection and summarization of background data on all participating emergency departments, including their location, HIV prevalence in the metropolitan statistical area, and HIV care and treatment continuum outcomes among PWH in that area.

The application should describe an evaluation plan including the following components:

- Assessment of provider/staff knowledge, attitudes, and beliefs about rapid initiation of ART, and feasibility/acceptability of rapid ART in emergency departments using qualitative, quantitative, or mixed methods
- Assessment of patient knowledge, attitudes, and beliefs about rapid initiation of ART and feasibility/acceptability of rapid ART in emergency departments using qualitative, quantitative, or mixed methods
- Identification of barriers including organizational or structural challenges/ facilitators to expanding rapid ART initiation to emergency departments
- Establishing collaborator interrelationships and roles, including identifying potential ED rapid ART project champions/leaders
- Orientation and training of staff or partners in conducting opt-out HIV tests at all ED encounters
- Orientation and training of staff or partners in initiating rapid ART in the ED
- Identification and training of clinic sites for linkage of HIV care
- Tailoring of an intervention to local context and participating sites
- Integration of rapid start of ART into routine ED workflow
- Equitable enrollment of eligible PWH by sex, age, and race/ethnicity
- Quantitative assessment of implementation, service, and patient objectives/outcomes described above
- Post-study assessment of provider and patient experiences with rapid ART
- Cost of the rapid start in the ED intervention at each site/location, including identifying resources, labor and non-labor costs

Rapid ART related patient evaluation measures:

- Completion of participant surveys to ascertain behaviors, social determinants of health, attitudes around rapid ART, and adherence to ART
- Number of patients screened for HIV
- Number of patients with positive HIV test
- Number of new HIV diagnoses versus previously diagnosed but not on treatment (determined by patient report/health department surveillance)
- Number of patients initiated on rapid ART
- Number retained in care
- Number of patients virally suppressed

Translation Plan

The strategies to rapidly initiate ART in different care settings and increase opportunities for treatment initiation may be evaluated to identify best practices for rapid ART implementation in non-traditional settings, such as emergency departments. These best practices may be incorporated into guidelines and support materials and could also serve as the basis for future implementation studies that aim to scale-up and expand rapid ART in different settings. Key findings should be disseminated at national and international meetings and in peer-reviewed journals, as warranted.

Questions to consider in preparing this section of the application include:

- How will successful activities of this implementation research be identified?
- How will successful activities be incorporated into routine clinical practice?
- How will this work guide scale-up of rapid ART use and delivery models in the United States?
- How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs, hospitals, or practices?
- How will findings advance or guide future research efforts or related activities?

3. Funding Strategy

N/A

Section II. Award Information

Funding Instrument Type:
CA (Cooperative Agreement)
A support mechanism used when there will be substantial Federal scientific or programmatic involvement. Substantial involvement means that, after award, scientific or program staff will assist, guide, coordinate, or participate in project activities.

Application Types Allowed:
New - An application that is submitted for funding for the first time. Includes multiple submission attempts within the same round.

Estimated Total Funding:
$6,000,000

Estimated Total Annual Budget Period Funding, including direct and indirect costs:

Year 1: $1,500,000
Year 2: $1,500,000
Year 3: $1,500,000
Year 4: $1,500,000

Estimated total funding available for the first year (first 12 months), including direct and indirect costs: $1,500,000

Estimated total funding available for the entire project period, including direct and indirect costs: $6,000,000

Anticipated Number of Awards:
3
Awards issued under this NOFO are contingent on the availability of funds and submission of a sufficient number of meritorious applications.

Award Ceiling:
$500,000
Per Budget Period

Award Floor:
$400,000
Per Budget Period

Total Period of Performance Length:
4 year(s)

Throughout the Period of Performance, CDC's commitment to continuation of awards will depend on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and CDC’s determination that continued funding is in the best interest of the Federal government.

HHS/CDC grants policies as described in the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf) will apply to the applications submitted and awards made in response to this NOFO.
If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR Part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Section III. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

04 (Special district governments)

05 (Independent school districts)

06 (Public and State controlled institutions of higher education)

07 (Native American tribal governments (Federally recognized))

08 (Public housing authorities/Indian housing authorities)

11 (Native American tribal organizations (other than Federally recognized tribal governments))

12 (Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education)

13 (Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education)

20 (Private institutions of higher education)

22 (For profit organizations other than small businesses)

23 (Small businesses)

Additional Eligibility Category:

The following types of Higher Education Institutions are always encouraged to apply for CDC support as Public or Private Institutions of Higher Education:

Hispanic-serving Institutions

Historically Black Colleges and Universities (HBCUs)

Tribally Controlled Colleges and Universities (TCCUs)

Alaska Native and Native Hawaiian Serving Institutions

Nonprofits (Other than Institutions of Higher Education):

Nonprofits (Other than Institutions of Higher Education)

Governments:

Eligible Agencies of the Federal Government

U.S. Territory or Possession

Other:

Faith-based or Community-based Organizations

Bona Fide Agents: A Bona Fide Agent is an agency/organization identified by the state as eligible to submit an application under the state eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required. Attach with "Other Attachment Forms."

Federally Funded Research and Development Centers (FFRDCs): FFRDCs are operated, managed, and/or administered by a university or consortium of universities, other not-for-profit or nonprofit organization, or an industrial firm, as an autonomous organization or as an

identifiable separate operating unit of a parent organization. A FFRDC meets some special long-term research or development need which cannot be met as effectively by an agency's existing in-house or contractor resources. FFRDC's enable agencies to use private sector resources to accomplish tasks that are integral to the mission and operation of the sponsoring agency. For more information on FFRDCs, go to https://gov.ecfr.io/cgi-bin/searchECFR.

2. Foreign Organizations

Foreign Organizations **are not** eligible to apply.

Foreign components of U.S. Organizations are not eligible to apply.

For this announcement, applicants may not include collaborators or consultants from foreign institutions. All applicable federal laws and policies apply.

3. Additional Information on Eligibility

4. Justification for Less than Maximum Competition

N/A

5. Responsiveness

If an applicant requests a funding amount greater than the ceiling for the first budget period as indicated in Section II. of this NOFO, HHS/CDC will consider the application non-responsive and it will not enter into the review process. HHS/CDC will notify the applicant that the application did not meet the submission requirements.

Applications should demonstrate that there is an MOU/MOA with all participating EDs and participating clinics signifying commitment to engage in the proposed study activities. Each MOU/MOA should be submitted with the application.

6. Required Registrations

Applicant organizations must complete the following registrations as described in the SF 424 (R&R) Application Guide to be eligible to apply for or receive an award. Applicants must have a valid Unique Entity Identifier (UEI) number in order to begin each of the following registrations.

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

- (Foreign entities only): Special Instructions for acquiring a Commercial and Governmental Entity (NCAGE) Code: NCAGE Tool / Products / NCS Help Center (nato.int).

- System for Award Management (SAM) – must maintain current registration in SAM (the replacement system for the Central Contractor Registration) to be renewed annually, SAM.gov.
- Grants.gov
- eRA Commons

All applicant organizations must register with Grants.gov. Please visit www.Grants.gov at least 30 days prior to submitting your application to familiarize yourself with the registration and submission processes. The one-time registration process will take three to five days to complete. However, it is best to start the registration process at least two weeks prior to application submission.

All Senior/Key Personnel (including Program Directors/Principal Investigators (PD/PIs) must also work with their institutional officials to register with the eRA Commons or ensure their existing Principal Investigator (PD/PI) eRA Commons account is affiliated with the eRA commons account of the applicant organization. All registrations must be successfully completed and active before the application due date. Applicant organizations are strongly encouraged to start the eRA Commons registration process at least four (4) weeks prior to the application due date. ASSIST requires that applicant users have an active eRA Commons account in order to prepare an application. It also requires that the applicant organization's Signing Official have an active eRA Commons Signing Official account in order to initiate the submission process. During the submission process, ASSIST will prompt the Signing Official to enter their Grants.gov Authorized Organizational Representative (AOR) credentials in order to complete the submission, therefore the applicant organization must ensure that their Grants.gov AOR credentials are active.

7. Universal Identifier Requirements and System for Award Management (SAM)

All applicant organizations **must obtain** a Unique Entity Identifier (UEI) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The UEI number is a twelve-digit number assigned by SAM.gov. An AOR should be consulted to determine the appropriate number. If the organization does not have a UEI number, an AOR should register through SAM.gov. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a UEI number.

Additionally, organizations must maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later.

SAM.gov is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at SAM.gov and the SAM.gov Knowledge Base.

If an award is granted, the recipient organization **must** notify potential sub-recipients that no

organization may receive a subaward under the grant unless the organization has provided its UEI number to the recipient organization.

8. Eligible Individuals (Project Director/Principal Investigator) in Organizations/Institutions

Any individual(s) with the skills, knowledge, and resources necessary to carry out the proposed research as the Project Director/Principal Investigator (PD/PI) is invited to work with his/her organization to develop an application for support. Individuals from underrepresented racial and ethnic groups as well as individuals with disabilities are always encouraged to apply for HHS/CDC support.

9. Cost Sharing

This NOFO does not require cost sharing as defined in the HHS Grants Policy Statement (http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

10. Number of Applications

As defined in the HHS Grants Policy Statement, (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf), applications received in response to the same Notice of Funding Opportunity generally are scored individually and then ranked with other applications under peer review in their order of relative programmatic, technical, or scientific merit. HHS/CDC will not accept any application in response to this NOFO that is essentially the same as one currently pending initial peer review unless the applicant withdraws the pending application.

Only one application per institution (normally identified by having a unique entity identifier [UEI] number) is allowed.

Section IV. Application and Submission Information

1. Address to Request Application Package

Applicants will use a system or platform to submit their applications through Grants.gov and eRA Commons to CDC. ASSIST, an institutional system to system (S2S) solution, or Grants.gov Workspace are options. ASSIST is a commonly used platform because, unlike other platforms, it provides a validation of all requirements prior to submission and prevents errors.

To use ASSIST, applicants must visit https://public.era.nih.gov where you can login using your eRA Commons credentials, and enter the Notice of Funding Opportunity Number to initiate the application, and begin the application preparation process.

If you experience problems accessing or using ASSIST, you can refer to the ASSIST Online Help Site at: https://era.nih.gov/erahelp/assist. Additional support is available from the NIH eRA Service desk via: http://grants.nih.gov/support/index.html

- Email: commons@od.nih.gov

- Phone: 301-402-7469 or (toll-free) 1-866-504-9552.
  Hours: Monday - Friday, 7 a.m. to 8 p.m. Eastern Time, excluding Federal holidays.

2. Content and Form of Application Submission

Applicants must use FORMS-G application packages for due dates on or before January 24, 2023 and must use FORMS-H application packages for due dates on or after January 25, 2023.

Application guides for FORMS-G and FORMS-H application packages are posted to the How to Apply - Application Guide page.

It is critical that applicants follow the instructions in the SF-424 (R&R) Application Guide How to Apply - Application Guide except where instructed in this Notice of Funding Opportunity to do otherwise. Conformance to the requirements in the Application Guide is required and strictly enforced. Applications that are out of compliance with these instructions may be delayed or not accepted for review. The package associated with this NOFO includes all applicable mandatory and optional forms. Please note that some forms marked optional in the application package are required for submission of applications for this NOFO. Follow the instructions in the SF-424 Application Guide to ensure you complete all appropriate "optional" components.

When using ASSIST, all mandatory forms will appear as separate tabs at the top of the Application Information screen; applicants may add optional forms available for the NOFO by selecting the Add Optional Form button in the left navigation panel.

- **Please note that SF424 (R&R) FORMS-H is to be used when completing the application package. Please see https://grants.nih.gov/grants/how-to-apply-application-guide.html**

- **Letters of Support from partners or other organizations should be placed in the PHS 398 Research Plan "Other Research Plan Section" of the application under "9. Letters of Support".**

- **Please note: Follow the instructions in this NOFO for including a Data Management Plan in the Resource Sharing Plan section of the PHS 398 Research Plan Component of your application.**

- **If requesting indirect costs in the budget based on a federally negotiated rate, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.**

Please include all of the eight (8) mandatory forms listed below in the application package:

Mandatory

1. SF424(R&R);
2. PHS 398 Cover Page Supplement;
3. Research and Related Other Project Information;
4. Project/Performance Site Location(s);
5. Research and Related Senior/Key Person Profile (Expanded);
6. Research and Related Budget;
7. PHS 398 Research Plan;
8. PHS Human Subjects and Clinical Trials Information.

If multiple collaborating institutions will be involved, please include in this section of the application your single IRB (sIRB) Plan:

- Describe how you will comply with the single IRB review requirement under the Revised Common Rule at 45 CFR 46.114 (b) (cooperative research). If available, provide the name of the IRB that you anticipate will serve as the sIRB of record.
- Indicate that all identified engaged institutions or participating sites will agree to rely on the proposed sIRB and that any institutions or sites added after award will rely on the sIRB.
- Briefly describe how communication between institutions and the sIRB will be handled.
- Indicate that all engaged institutions or participating sites will, prior to initiating the study, sign an authorization/reliance agreement that will clarify the roles and responsibilities of the sIRB and participating sites.
- Indicate which institution or entity will maintain records of the authorization/reliance agreements and of the communication plan.
- Note: Do not include the authorization/reliance agreement(s) or the communication plan(s) documents in your application.
- Note: If you anticipate research involving human subjects but cannot describe the study at the time of application, include information regarding how the study will comply with the single Institutional Review Board (sIRB) requirement prior to initiating any multi-site study in the delayed onset study justification.

Applications should demonstrate that there is an MOU/MOA with all participating EDs and participating clinics signifying commitment to engage in the proposed study activities. Each MOU/MOA should be submitted with the application

Please include the one (1) optional form listed below, if applicable, in the application package:

Optional

1. R&R Subaward Budget Attachment(s) Form 5 YR 30 ATT.

3. Letter of Intent

Due Date for Letter Of Intent 02/21/2023

02/21/2023
Although a letter of intent is not required, is not binding, and does not enter into the review of a subsequent application, the information that it contains allows CDC staff to estimate the potential review workload and plan the review.

By the date listed in Part 1. "Overview Information", prospective applicants are asked to submit a letter of intent that includes the following information:

Name of the applicant organization
Descriptive title of proposed research
Name, address, and telephone number of the PD(s)/PI(s)
Names of other key personnel
Participating institutions
Number and title of this notice of funding opportunity

The letter of intent should be sent to:
Gregory Anderson, MPH, MS
Extramural Research Program Office
Office of the Associate Director of Science
National Center for HIV, Viral Hepatitis, STD and TB Prevention
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
1600 Clifton Road, MS US8-1
Atlanta, GA 30329
Telephone: 404-718-8833
Email: GAnderson@cdc.gov

4. Required and Optional Components

A complete application has many components, both required and optional. The forms package associated with this NOFO in Grants.gov includes all applicable components for this NOFO, required and optional. In ASSIST, all required and optional forms will appear as separate tabs at the top of the Application Information screen.

5. PHS 398 Research Plan Component

The SF424 (R&R) Application Guide includes instructions for applicants to complete a PHS 398 Research Plan that consists of components. Not all components of the Research Plan apply to all Notices of Funding Opportunities (NOFOs). Specifically, some of the following components are for Resubmissions or Revisions only. See the SF 424 (R&R) Application Guide at How to Apply - Application Guide for additional information. Please attach applicable sections of the following Research Plan components as directed in Part 2, Section 1 (Notice of Funding Opportunity Description).

Follow the page limits stated in the SF 424 unless otherwise specified in the NOFO. As applicable to and specified in the NOFO, the application should include the bolded headers in this section and should address activities to be conducted over the course of the entire project, including but not limited to:

1. **Introduction to Application** (for Resubmission and Revision ONLY) - provide a clear description about the purpose of the proposed research and how it addresses the specific requirements of the NOFO.
2. **Specific Aims** – state the problem the proposed research addresses and how it will result in public health impact and improvements in population health.
3. **Research Strategy** – the research strategy should be organized under 3 headings: Significance, Innovation and Approach. Describe the proposed research plan, including staffing and time line.
4. **Progress Report Publication List** (for Continuation ONLY)

Other Research Plan Sections

5. **Vertebrate Animals**
6. **Select Agent Research**
7. **Multiple PD/PI Leadership Plan.**
8. **Consortium/Contractual Arrangements**
9. **Letters of Support**
10. **Resource Sharing Plan(s)**
11. **Authentication of Key Biological and/or Chemical Resources**
12. **Appendix**

All instructions in the SF424 (R&R) Application Guide at How to Apply - Application Guide must be followed along with any additional instructions provided in the NOFO.

Applicants that plan to collect public health data must submit a Data Management Plan (DMP) in the Resource Sharing Plan section of the PHS 398 Research Plan Component of the application. A DMP is required for each collection of public health data proposed. Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds.

The DMP may be outlined in a narrative format or as a checklist but, at a minimum, should include:

- A description of the data to be collected or generated in the proposed project;
- Standards to be used for the collected or generated data;
- Mechanisms for, or limitations to, providing access to and sharing of the data (include a description of provisions for the protection of privacy, confidentiality, security,

intellectual property, or other rights - this section should address access to identifiable and de-identified data);
- Statement of the use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; and
- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified (this section should address archiving and preservation of identifiable and deidentified data).

CDC OMB approved templates may be used (e.g. NCCDPHP template https://www.cdc.gov/chronicdisease/pdf/nofo/DMP-Template-508.docx)

Other examples of DMPs may be found here: USGS, http://www.usgs.gov//products/data-and-tools/data-management/data-management-plans

Applicants must use FORMS-G application packages for due dates on or before January 24, 2023 and must use FORMS-H application packages for due dates on or after January 25, 2023.

Application guides for FORMS-G and FORMS-H application packages are posted to the How to Apply - Application Guide page.

- **Please use the form and instructions for SF424 (R&R) FORMS-H for this application.**
- **Letters of Support from partners or other organizations should be placed in the PHS 398 Research Plan "Other Research Plan Section" of the application under "9. Letters of Support".**
- **If requesting indirect costs in the budget based on a federally negotiated rate, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.**
- **Please note: Follow the instructions in this NOFO for including a Data Management Plan in the Resource Sharing Plan section of the PHS 398 Research Plan Component of your application.**

6. Appendix

Do not use the appendix to circumvent page limits. A maximum of 10 PDF documents are allowed in the appendix. Additionally, up to 3 publications may be included that are not publicly

available. Follow all instructions for the Appendix as described in the SF424 (R&R) Application Guide.

PLEASE NOTE: If applications go beyond the page limit designated for a given section of this NOFO, excess pages will be removed from the application prior to peer review and may negatively affect the application's scoring.

7. Page Limitations

All page limitations described in this individual NOFO must be followed. For this specific NOFO, the Research Strategy component of the Research Plan narrative is limited to 25 pages. Supporting materials for the Research Plan narrative included as appendices may not exceed 10 PDF files with a maximum of 35 pages for all appendices. Pages that exceed page limits described in this NOFO will be removed and not forwarded for peer review, potentially affecting an application's score.

8. Format for Attachments

Designed to maximize system-conducted validations, multiple separate attachments are required for a complete application. When the application is received by the agency, all submitted forms and all separate attachments are combined into a single document that is used by peer reviewers and agency staff. Applicants should ensure that all attachments are uploaded to the system.

CDC requires all text attachments to the Adobe application forms be submitted as PDFs and that all text attachments conform to the agency-specific formatting requirements noted in the SF424 (R&R) Application Guide at .How to Apply - Application Guide.

Applicants must use FORMS-G application packages for due date on or before January 24, 2023 and must use FORMS-H application packages for due dates on or after January 25, 2023.

Application guides for FORMS-G and FORMS-H application packages are posted to the How to Apply - Application Guide page.

Please use the form and instructions for SF424 (R&R) FORMS-H for this application.

9. Submission Dates & Times

Part I. Overview Information contains information about Key Dates. Applicants are strongly encouraged to allocate additional time and submit in advance of the deadline to ensure they have time to make any corrections that might be necessary for successful submission. This includes the time necessary to complete the application resubmission process that may be necessary, if errors are identified during validation by Grants.gov and the NIH eRA systems. The application package is not complete until it has passed the Grants.gov and NIH eRA Commons submission and validation processes. Applicants will use a platform or system to submit applications.

ASSIST is a commonly used platform because it provides a validation of all requirements prior to submission. If ASSIST detects errors, then the applicant must correct errors before their application can be submitted. Applicants should view their applications in ASSIST after submission to ensure accurate and successful submission through Grants.gov. If the submission is not successful and post-submission errors are found, then those errors must be corrected and the application must be resubmitted in ASSIST.

Applicants are able to access, view, and track the status of their applications in the eRA Commons.

Information on the submission process is provided in the SF-424 (R&R) Application Guidance and ASSIST User Guide at https://era.nih.gov/files/ASSIST_user_guide.pdf.

Note: HHS/CDC grant submission procedures do not provide a grace period beyond the grant application due date time to correct any error or warning notices of noncompliance with application instructions that are identified by Grants.gov or eRA systems (i.e., error correction window).

Applicants who encounter problems when submitting their applications must attempt to resolve them by contacting the NIH eRA Service desk at:
Toll-free: 1-866-504-9552; Phone: 301-402-7469
http://grants.nih.gov/support/index.html
Hours: Mon-Fri, 7 a.m. to 8 p.m. Eastern Time (closed on Federal holidays)

Problems with Grants.gov can be resolved by contacting the Grants.gov Contact Center at:
Toll-free: 1-800-518-4726
https://www.grants.gov/web/grants/support.html
support@grants.gov
Hours: 24 hours a day, 7 days a week; closed on Federal holidays

It is important that applicants complete the application submission process well in advance of the due date time.

After submission of your application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. A third and final e-mail message is generated once the applicant's application package has passed validation and the grantor agency has confirmed receipt of the application.

Unsuccessful Submissions: If an application submission was unsuccessful, the **applicant** must:

1. Track submission and verify the submission status (tracking should be done initially regardless of rejection or success).

    a. If the status states "rejected," be sure to save time stamped, documented rejection notices, and do #2a or #2b

2. Check emails from both Grants.gov and NIH eRA Commons for rejection notices.

a. If the deadline has passed, he/she should email the Grants Management contact listed in the Agency Contacts section of this announcement explaining why the submission failed.

b. If there is time before the deadline, correct the problem(s) and resubmit as soon as possible.

Due Date for Applications 03/27/2023

03/27/2023
Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

10. Funding Restrictions

Expanded Authority:

For more information on expanded authority and pre-award costs, go to https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf and speak to your GMS.

All HHS/CDC awards are subject to the federal regulations, in 45 CFR Part 75, terms and conditions, and other requirements described in the HHS Grants Policy Statement. Pre-award costs may be allowable as an expanded authority, but only if authorized by CDC.

Public Health Data:

CDC requires that mechanisms for, and cost of, public health data sharing be included in grants, cooperative agreements, and contracts. The cost of sharing or archiving public health data may also be included as part of the total budget requested for first-time or continuation awards.

Data Management Plan:

Fulfilling the data-sharing requirement must be documented in a Data Management Plan (DMP) that is developed during the project planning phase prior to the initiation of generating or collecting public health data and must be included in the Resource Sharing Plan(s) section of the PHS398 Research Plan Component of the application.

Applicants who contend that the public health data they collect or create are not appropriate for release must justify that contention in the DMP submitted with their application for CDC funds (for example, privacy and confidentiality considerations, embargo issues).

Recipients who fail to release public health data in a timely fashion will be subject to procedures normally used to address lack of compliance (for example, reduction in funding, restriction of funds, or award termination) consistent with 45 CFR 74.62 or other authorities as appropriate. For further information, please see: https://www.cdc.gov/grants/additional-requirements/ar-25.html

Human Subjects:

Funds relating to the conduct of research involving human subjects will be restricted until the appropriate assurances and Institutional Review Board (IRB) approvals are in place. Copies of

all current local IRB approval letters and local IRB approved protocols (and CDC IRB approval letters, if applicable) will be required to lift restrictions.

If the proposed research project involves more than one institution and will be conducted in the United States, awardees are expected to use a single Institutional Review Board (sIRB) to conduct the ethical review required by HHS regulations for the Protections of Human Subjects Research, and include a single IRB plan in the application, unless review by a sIRB would be prohibited by a federal, tribal, or state law, regulation, or policy or a compelling justification based on ethical or human subjects protection issues or other well-justified reasons is provided. Exceptions will be reviewed and approved by CDC in accordance with Department of Health and Human Services (DHHS) Regulations (45 CFR Part 46), or a restriction may be placed on the award. For more information, please contact the scientific/research contact included on this NOFO.

Note: The sIRB requirement applies to participating sites in the United States. Foreign sites participating in CDC-funded, cooperative research studies are not expected to follow the requirement for sIRB.

Additional Funding Restrictions:

1) Applications submitted under this notice of funding opportunity must not include activities that overlap with simultaneously funded research under other awards (no scientific, budgetary or percent effort overlap allowed).

2) **Please note:** Certain grants or recipients are not eligible for expanded authorities. In addition, one or more expanded authority may be overridden by a special term or condition of the award. The Notice of Award (NoA) will indicate the applicability of expanded authorities by reference to the HHS Grants Policy Statement or through specific terms and conditions of the award. Therefore, recipients must review the NoA to determine whether and to what extent they are, or are not, permitted to use expanded authorities.

3) Funds relating to the conduct of research involving human subjects will be restricted until the appropriate assurances and Institutional Review Board (IRB) approvals are in place. Copies of all current local IRB approval letters and local IRB approved protocols (and CDC IRB approval letters, if applicable) will be required to lift restrictions. Please see Section IV.2 of this NOFO, "Content and Form of Application Submission" for guidance on single IRB (sIRB) Plan content.

4) Funds relating to the conduct of research involving vertebrate animals will be restricted until the appropriate assurances and Institutional Animal Care and Use Committee (IACUC) approvals are in place. Copies of all current local IACUC approval letters and local IACUC approved protocols will be required to lift restrictions.

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

6) On September 24, 2014, the Federal government issued a policy for the oversight of life sciences "Dual Use Research of Concern" (DURC) and required this policy to be implemented by September 24, 2015. This policy applies to all New and Renewal awards issued on applications submitted on or after September 24, 2015, and to all non-competing continuation awards issued on or after that date. CDC grantee institutions and their investigators conducting life sciences research subject to the Policy have a number of responsibilities that they must fulfill. Institutions should reference the policy, available at http://www.phe.gov/s3/dualuse, for a comprehensive listing of those requirements. Non-compliance with this Policy may result in suspension, limitation, or termination of US Government (USG) funding, or loss of future USG funding opportunities for the non-compliant USG-funded research project and of USG funds for other life sciences research at the institution, consistent with existing regulations and policies governing USG funded research and may subject the institution to other potential penalties under applicable laws and regulations.

7) Please note the requirement for inclusion of a Data Management Plan (DMP) in applications described above under "Funding Restrictions" and also in AR-25 in the Additional Requirements section of this NOFO (https://www.cdc.gov/grants/additional-requirements/ar-25.html). Funding restrictions may be imposed, pending submission and evaluation of a Data Management Plan.

11. Other Submission Requirements and Information

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 UEI.

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 under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

Please note the new requirement for a **Risk Assessment Questionnaire** (described above) that should be uploaded as an attachment in the "12. Other Attachments" section of the "RESEARCH & RELATED Other Project Information" section of the application. Documents submitted in response to the Risk Assessment are not included in the page limitations.

Please also note: If requesting indirect costs in the budget based on a federally negotiated rate, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.

Applications should demonstrate that there is an MOU/MOA with all participating EDs and participating clinics signifying commitment to engage in the proposed study activities. Each MOU/MOA should be submitted with the application.

Application Submission

Applications must be submitted electronically following the instructions described in the SF 424 (R&R) Application Guide. **PAPER APPLICATIONS WILL NOT BE ACCEPTED.**

Applicants must complete all required registrations before the application due date. Section III.6 "Required Registrations" contains information about registration.

For assistance with your electronic application or for more information on the electronic submission process, visit Applying Electronically (http://grants.nih.gov/grants/guide /url_ redirect.htm? id=11144).

Important reminders:
All Senior/Key Personnel (including any Program Directors/Principal Investigators (PD/PIs) must include their eRA Commons ID in the Credential field of the Senior/Key Person Profile Component of the SF 424(R&R) Application Package. Failure to register in the Commons and to include a valid PD/PI Commons ID in the credential field will prevent the successful submission of an electronic application to CDC.

It is also important to note that for multi-project applications, this requirement also applies to the individual components of the application and not to just the Overall component.

The applicant organization must ensure that the UEI number it provides on the application is the same number used in the organization's profile in the eRA Commons and for the System for Award Management (SAM). Additional information may be found in the SF424 (R&R) Application Guide.

If the applicant has an FWA number, enter the 8-digit number. Do not enter the letters "FWA" before the number. If a Project/Performance Site is engaged in research involving human subjects, the applicant organization is responsible for ensuring that the Project/Performance Site operates under and appropriate Federal Wide Assurance for the protection of human subjects and complies with 45 CFR Part 46 and other CDC human subject related policies described in Part II of the SF 424 (R&R) Application Guide and in the HHS Grants Policy Statement.

See more resources to avoid common errors and submitting, tracking, and viewing applications:

- http://grants.nih.gov/grants/ElectronicReceipt/avoiding_errors.htm
- http://grants.nih.gov/grants/ElectronicReceipt/submit_app.htm
- https://era.nih.gov/files/ASSIST_user_guide.pdf
- http://era.nih.gov/erahelp/ASSIST/

Upon receipt, applications will be evaluated for completeness by the CDC Office of Grants Services (OGS) and responsiveness by OGS and the Center, Institute or Office of the CDC. Applications that are incomplete and/or nonresponsive will not be reviewed.

Section V. Application Review Information

1. Criteria

Only the review criteria described below will be considered in the review process. As part of the CDC mission (https://www.cdc.gov/about/organization/mission.htm), all applications submitted

to the CDC in support of public health research are evaluated for scientific and technical merit through the CDC peer review system.

Overall Impact
Reviewers will provide an overall impact/priority score to reflect their assessment of the likelihood for the project to exert a sustained, powerful influence on the research field(s) involved, in consideration of the following review criteria and additional review criteria (as applicable for the project proposed).

Scored Review Criteria
Reviewers will consider each of the review criteria below in the determination of scientific merit and give a separate score for each. An application does not need to be strong in all categories to be judged likely to have major scientific impact. For example, a project that by its nature is not innovative may be essential to advance a field.

Significance
Does the project address an important problem or a critical barrier to progress in the field? If the aims of the project are achieved, how will scientific knowledge, technical capability, and/or clinical practice be improved? How will successful completion of the aims change the concepts, methods, technologies, treatments, services, or preventative interventions that drive this field?

- Does the work have potential to result in a rapid ART delivery model that increases ART initiation and use among newly diagnosed PWH?
- Will the work help to understand determinants of a successful intervention?
- Will the work provide information for further integration of rapid ART treatment services in the United States?
- Does the application utilize local epidemiologic and other relevant program or clinical data to demonstrate the need for improved implementation strategies to facilitate better outcomes for populations that may benefit from this research?
- Are the proposed set of project activities methodologically strong, and yet realistic to accomplish, such that they will contribute significantly to HIV treatment implementation research in the United States?
- If successful, do the research results have the potential to be scalable and reach a large portion of populations of newly diagnosed PWH?

Investigator(s)
Are the PD/PIs, collaborators, and other researchers well suited to the project? Have they demonstrated an ongoing record of accomplishments that have advanced their field(s)? If the project is collaborative or multi-PD/PI, do the investigators have complementary and integrated expertise; are their leadership approach, governance and organizational structure appropriate for the project?

- Have the investigators conducted health-related implementation research studies in clinical settings such as emergency departments?
- Have the investigators conducted HIV treatment research in clinical settings such as emergency departments?
- Does the investigator team have experience working in EDs that currently provide opt-out testing for HIV?

- Have the investigators published more than one scientific article that reports implementation research study findings in peer-reviewed journals?
- Does the investigatory team have an affiliation or a partnership with outpatient HIV clinics that may serve as study sites for rapid initiation of ART, linkage to care, and follow up?
- Does the application demonstrate that project staff and collaborators are knowledgeable and experienced in implementation science and how it applies to HIV treatment?

Innovation

Does the application challenge and seek to shift current research or clinical practice paradigms by utilizing novel theoretical concepts, approaches or methodologies, instrumentation, or interventions? Are the concepts, approaches or methodologies, instrumentation, or interventions novel to one field of research or novel in a broad sense? Is a refinement, improvement, or new application of theoretical concepts, approaches or methodologies, instrumentation, or interventions proposed?

- Does the application clearly describe the proposed research questions and any innovation that the results may lead to?
- Do the proposed partnerships provide opportunities for innovation?

Approach

Are the overall strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Are potential problems, alternative strategies, and benchmarks for success presented? If the project is in the early stages of development, will the strategy establish feasibility, and will particularly risky aspects be managed?

If the project involves clinical research, are there plans for 1) protection of human subjects from research risks, and 2) inclusion of minorities and members of both sexes/genders, as well as the inclusion of children, justified in terms of the scientific goals and research strategy proposed?

- Does the application demonstrate partnership with one or more emergency departments with outpatient HIV clinic for rapid initiation of ART, linkage to care, and follow up?
- Are the proposed choice of ED and clinic sites justified?
- Does the clinical population volume and retention demonstrate the need for and ability to implement the rapid ART implementation study?
- Is the approach presented in the research plan consistent with the implementation research logic model?
- Does the application describe strategies and capacities for insurance benefits navigation, patient navigation, and other cost issues to support the patient's initiation of ART?
- Does the application describe strategies to conduct formative work and use evaluative and iterative strategies to assess for study readiness?
- Does the application describe an approach to recruit, train, and provide interactive assistance to staff and providers and educate collaborators?
- Does the application describe strategies to support clinicians?

- Does the application describe change infrastructure strategies, to integrate opt-out HIV testing and rapid ART interventions into ED workflow processes?
- Does the application describe a plan to collect and manage the relevant study data elements?

Environment
Will the scientific environment in which the work will be done contribute to the probability of success? Are the institutional support, equipment and other physical resources available to the investigators adequate for the project proposed? Will the project benefit from unique features of the scientific environment, subject populations, or collaborative arrangements?

- Is the institutional support, and other resources available, adequate for the project activities proposed?
- Does the project use critical partnerships or collaborations to maximize the potential for success in study implementation and translation into practice?
- Does the project support key stakeholder involvement throughout the research process?
- Does the application describe plans to conduct the study in geographic areas experiencing issues with new diagnoses of HIV, initiation of ART, linkage to care and/or sustained viral suppression?
- Does the application describe emergency departments currently conducting HIV opt-out testing or have plans to initiate opt-out testing?
- Does the application describe appropriate affiliations with clinical centers that have infrastructure/staff for insurance and cost navigation to prescribe and provide rapid initiation of ART?
- Does the application include letters of collaboration and support from proposed partners that reflect their role and capacity to participate in the research project?

2. Additional Review Criteria

As applicable for the project proposed, *reviewers will evaluate* the following additional items while determining scientific and technical merit, and in providing an overall impact/priority score, but *will not give separate scores* for these items.

Protections for Human Subjects
If the research involves human subjects but does not involve one of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate the justification for involvement of human subjects and the proposed protections from research risk relating to their participation according to the following five review criteria: 1) risk to subjects, 2) adequacy of protection against risks, 3) potential benefits to the subjects and others, 4) importance of the knowledge to be gained, and 5) data and safety monitoring for clinical trials.

For research that involves human subjects and meets the criteria for one or more of the six categories of research that are exempt under 45 CFR Part 46, the committee will evaluate: 1) the justification for the exemption, 2) human subjects involvement and characteristics, and 3) sources of materials. For additional information on review of the Human Subjects section, please refer to the HHS/CDC Requirements under AR-1 Human Subjects Requirements (https://www.cdc.gov/grants/additional-requirements/ar-1.html).

If your proposed research involves the use of human data and/or biological specimens, you must provide a justification for your claim that no human subjects are involved in the Protection of Human Subjects section of the Research Plan.

Inclusion of Women, Minorities, and Children
When the proposed project involves clinical research, the committee will evaluate the proposed plans for inclusion of minorities and members of both genders, as well as the inclusion of children. For additional information on review of the Inclusion section, please refer to the policy on the Inclusion of Women and Racial and Ethnic Minorities in Research (https://www.cdc.gov/women/research/index.htm) and the policy on the Inclusion of Persons Under 21 in Research (https://www.cdc.gov/maso/Policy/policy496.pdf).

Vertebrate Animals
The committee will evaluate the involvement of live vertebrate animals as part of the scientific assessment according to the following four points: 1) proposed use of the animals, and species, strains, ages, sex, and numbers to be used; 2) justifications for the use of animals and for the appropriateness of the species and numbers proposed; 3) procedures for limiting discomfort, distress, pain and injury to that which is unavoidable in the conduct of scientifically sound research including the use of analgesic, anesthetic, and tranquilizing drugs and/or comfortable restraining devices; and 4) methods of euthanasia and reason for selection if not consistent with the AVMA Guidelines on Euthanasia. For additional information on review of the Vertebrate Animals section, please refer to the Worksheet for Review of the Vertebrate Animal Section (https://grants.nih.gov/grants/olaw/VAChecklist.pdf).

Biohazards
Reviewers will assess whether materials or procedures proposed are potentially hazardous to research personnel and/or the environment, and if needed, determine whether adequate protection is proposed.

Dual Use Research of Concern
Reviewers will identify whether the project involves one of the agents or toxins described in the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern, and, if so, whether the applicant has identified an IRE to assess the project for DURC potential and develop mitigation strategies if needed.

For more information about this Policy and other policies regarding dual use research of concern, visit the U.S. Government Science, Safety, Security (S3) website at: http://www.phe.gov/s3/dualuse. Tools and guidance for assessing DURC potential may be found at: http://www.phe.gov/s3/dualuse/Pages/companion-guide.aspx.

3. Additional Review Considerations

As applicable for the project proposed, reviewers will consider each of the following items, but will not give scores for these items, and should not consider them in providing an overall impact/priority score.

Applications from Foreign Organizations
N/A
Resource Sharing Plan(s)
HHS/CDC policy requires that recipients of grant awards make research resources and data readily available for research purposes to qualified individuals within the scientific community after publication. Please see: https://www.cdc.gov/grants/additional-requirements/ar-25.html

New additional requirement: CDC requires recipients for projects and programs that involve data collection or generation of data with federal funds to develop and submit a Data Management Plan (DMP) for each collection of public health data.

Investigators responding to this Notice of Funding Opportunity should include a detailed DMP in the Resource Sharing Plan(s) section of the PHS 398 Research Plan Component of the application. The AR-25 outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

The DMP should be developed during the project planning phase prior to the initiation of collecting or generating public health data and will be submitted with the application. The submitted DMP will be evaluated for completeness and quality at the time of submission.

The DMP should include, at a minimum, a description of the following:

- A description of the data to be collected or generated in the proposed project;
- Standards to be used for the collected or generated data;
- Mechanisms for, or limitations to, providing access to and sharing of the data (include a description of provisions for the protection of privacy, confidentiality, security, intellectual property, or other rights - this section should address access to identifiable and de-identified data);
- Statement of the use of data standards that ensure all released data have appropriate documentation that describes the method of collection, what the data represent, and potential limitations for use; and
- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified (this section should address archiving and preservation of identifiable and de-identified data).

Applications submitted without the required DMP may be deemed ineligible for award unless submission of DMP is deferred to a later period depending on the type of award, in which case, funding restrictions may be imposed pending submission and evaluation.

CDC OMB approved templates may be used (e.g. NCCDPHP template https://www.cdc.gov/chronicdisease/pdf/nofo/DMP-Template-508.docx

Other examples of DMPs may be found here USGS, http://www.usgs.gov//products/data-and-tools/data-management/data-management-plans

Budget and Period of Support
Reviewers will consider whether the budget and the requested period of support are fully

justified and reasonable in relation to the proposed research. The applicant can obtain budget preparation guidance for completing a detailed justified budget on the CDC website, at the following Internet address: https://www.cdc.gov/grants/applying/application-resources.html. Following this guidance will also facilitate the review and approval of the budget request of applications selected for award.

The budget can include both direct costs and indirect costs as allowed.

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 modified total direct costs 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.

Indirect costs on training grants are limited to a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and sub-awards in excess of $25,000.

If requesting indirect costs in the budget based on a federally negotiated rate, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.

4. Review and Selection Process

Applications will be evaluated for scientific and technical merit by an appropriate peer review group, in accordance with CDC peer review policy and procedures, using the stated review criteria.
As part of the scientific peer review, all applications:

- Will undergo a selection process in which only those applications deemed to have the highest scientific and technical merit (generally the top half of applications under review), will be discussed and assigned an overall impact/priority score.
- Will receive a written critique.

Applications will be assigned to the appropriate HHS/CDC Center, Institute, or Office. Applications will compete for available funds with all other recommended applications submitted in response to this NOFO. Following initial peer review, recommended applications will receive a second level of review. The following will be considered in making funding recommendations:

- Scientific and technical merit of the proposed project as determined by scientific peer review.
- Availability of funds.
- Relevance of the proposed project to program priorities.

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 with 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 45 CFR Part 75, subpart F, 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.

5. Anticipated Announcement and Award Dates

After the peer review of the application is completed, the PD/PI will be able to access his or her Summary Statement (written critique) and other pertinent information via the eRA Commons.

Section VI. Award Administration Information

1. Award Notices

Any applications awarded in response to this NOFO will be subject to the UEI, SAM Registration, and Transparency Act requirements. If the application is under consideration for funding, HHS/CDC will request "just-in-time" information from the applicant as described in the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

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

A formal notification in the form of a Notice of Award (NoA) will be provided to the applicant organization for successful applications. The NoA signed by the Grants Management Officer is the authorizing document and will be sent via email to the grantee's business official.

Recipient must comply with any funding restrictions as described in Section IV.11. Funding Restrictions. Selection of an application for award is not an authorization to begin performance. Any costs incurred before receipt of the NoA are at the recipient's risk. These costs may be allowable as an expanded authority, but only if authorized by CDC.

2. CDC Administrative Requirements

Overview of Terms and Conditions of Award and Requirements for Specific Types of Grants
Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. Recipients must comply with administrative and national policy requirements as appropriate. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration: https://www.archives.gov/

Specific requirements that apply to this NOFO are the following:

AR-1: Human Subjects Requirements

AR-2: Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR-3: Animal Subjects Requirements

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2030

AR-12: Lobbying Restrictions

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

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

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

AR-22: Research Integrity

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

AR-26: National Historic Preservation Act of 1966

AR-28: Inclusion of Persons Under the Age of 21 in Research

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

AR-30: Information Letter 10-006, - Compliance with Section 508 of the Rehabilitation Act of 1973

AR-31: Research Definition

AR-32: Appropriations Act, General Provisions

AR-33: United States Government Policy for Institutional Oversight of Life Sciences Dual Use Research of Concern

AR-36: Certificates of Confidentiality

AR-37: Prohibition on certain telecommunications and surveillance services or equipment for all awards issued on or after August 13, 2020.

ARs applicable to HIV/AIDS Awards:

AR-4: HIV/AIDS Confidentiality Provisions

AR-5: HIV Program Review Panel Requirements

AR-6: Patient Care

Organization Specific ARs:

AR-8: Public Health System Reporting Requirements

AR-15: Proof of Non-profit Status

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

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

To view brief descriptions of relevant CDC requirements, visit: https://www.cdc.gov/grants/additional-requirements/

3. Additional Policy Requirements

The following are additional policy requirements relevant to this NOFO:

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

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

HHS Policy on Promoting Efficient Spending: Use of Appropriated Funds for Conferences and Meetings, Food, Promotional Items and Printing Publications This policy supports the Executive Order on Promoting Efficient Spending (EO 13589), the Executive Order on

Delivering and Efficient, Effective, and Accountable Government (EO 13576) and the Office of Management and Budget Memorandum on Eliminating Excess Conference Spending and Promoting Efficiency in Government (M-35-11). This policy applies to all new obligations and all funds appropriated by Congress. For more information, visit the HHS website at: https://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/index.html.

Federal Funding Accountability and Transparency Act of 2006 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 grants, contracts, loans and other assistance and payments through a single, publicly accessible website, www.usaspending.gov. For the full text of the requirements, please review the following website: https://www.fsrs.gov/.

Plain Writing Act The Plain Writing Act of 2010, Public Law 111-274, was signed into law on October 13, 2010. The law requires that federal agencies use "clear Government communication that the public can understand and use" and requires the federal government to write all new publications, forms, and publicly distributed documents in a "clear, concise, well-organized" manner. For more information on this law, go to: https://www.plainlanguage.gov/.

Employee Whistleblower Rights and Protections Employee Whistleblower Rights and Protections: All recipients of an award under this NOFO will be subject to a term and condition that applies the requirements set out in 41 U.S.C. § 4712, "Enhancement of contractor protection from reprisal for disclosure of certain information" and 48 Code of Federal Regulations (CFR) section 3.9 to the award, which includes a requirement that recipients and subrecipients inform employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. § 4712. For more information see: https://oig.hhs.gov/fraud/whistleblower/.

Copyright Interests Provision 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.

Language Access for Persons with Limited English Proficiency Recipients of federal financial assistance from HHS must administer their programs in compliance with federal civil rights law. This means that recipients of HHS funds must ensure equal access to their programs without regard to a person's race, color, national origin, disability, age and, in some circumstances, sex and religion. This includes ensuring your programs are accessible to persons with limited English proficiency. Recipients of federal financial assistance must take reasonable steps to provide meaningful access to their programs by persons with limited English proficiency.

Dual Use Research of Concern On September 24, 2014, the US Government Policy for the Institutional Oversight of Life Sciences Dual Use Research of Concern was released. Grantees (foreign and domestic) receiving CDC funding on or after September 24, 2015 are subject to this policy. Research funded by CDC, involving the agents or toxins named in the policy, must be reviewed to determine if it involves one or more of the listed experimental effects and if so, whether it meets the definition of DURC. This review must be completed by an Institutional Review Entity (IRE) identified by the funded institution.

Recipients also must establish an Institutional Contact for Dual Use Research (ICDUR). The award recipient must maintain records of institutional DURC reviews and completed risk mitigation plans for the term of the research grant, cooperative agreement or contract plus three years after its completion, but no less than eight years, unless a shorter period is required by law or regulation.

If a project is determined to be DURC, a risk/benefit analysis must be completed. CDC will work collaboratively with the award recipient to develop a risk mitigation plan that the CDC must approve. The USG policy can be found at http://www.phe.gov/s3/dualuse.

Non-compliance with this Policy may result in suspension, limitation, restriction or termination of USG-funding, or loss of future USG funding opportunities for the non-compliant USG-funded research project and of USG-funds for other life sciences research at the institution, consistent with existing regulations and policies governing USG-funded research, and may subject the institution to other potential penalties under applicable laws and regulations.

Data Management Plan(s)

CDC requires that all new collections of public health data include a Data Management Plan (DMP). For purposes of this announcement, "public health data" means digitally recorded factual material commonly accepted in the scientific community as a basis for public health findings, conclusions, and implementation.

This new requirement ensures that CDC is in compliance with the following; Office of

Management and Budget (OMB) memorandum titled “Open Data Policy–Managing Information as an Asset” (OMB M-13-13); Executive Order 13642 titled “Making Open and Machine Readable the New Default for Government Information”; and the Office of Science and Technology Policy (OSTP) memorandum titled “Increasing Access to the Results of Federally Funded Scientific Research” (OSTP Memo).

The AR-25 https://www.cdc.gov/grants/additional-requirements/ar-25.html outlines the components of a DMP and provides additional information for investigators regarding the requirements for data accessibility, storage, and preservation.

Certificates of Confidentiality: Institutions and investigators are responsible for determining whether research they conduct is subject to Section 301(d) of the Public Health Service (PHS) Act. Section 301(d), as amended by Section 2012 of the 21st Century Cures Act, P.L. 114-255 (42 U.S.C. 241(d)), states that the Secretary shall issue Certificates of Confidentiality (Certificates) to persons engaged in biomedical, behavioral, clinical, or other research activities in which identifiable, sensitive information is collected. In furtherance of this provision, CDC-supported research commenced or ongoing after December 13, 2016 in which identifiable, sensitive information is collected, as defined by Section 301(d), is deemed issued a Certificate and therefore required to protect the privacy of individuals who are subjects of such research. Certificates issued in this manner will not be issued as a separate document, but are issued by application of this term and condition to this award. See Additional Requirement 36 to ensure compliance with this term and condition. The link to the full text is at: https://www.cdc.gov/grants/additional-requirements/ar-36.html.

4. Cooperative Agreement Terms and Conditions

The following special terms of award are in addition to, and not in lieu of, otherwise applicable U.S. Office of Management and Budget (OMB) administrative guidelines, U.S. Department of Health and Human Services (DHHS) grant administration regulations at 45 CFR Part 75, and other HHS, PHS, and CDC grant administration policies. The administrative and funding instrument used for this program will be the cooperative agreement, an "assistance" mechanism (rather than an "acquisition" mechanism), in which substantial CDC programmatic involvement with the awardees is anticipated during the performance of the activities. Under the cooperative agreement, the HHS/CDC purpose is to support and stimulate the recipients' activities by involvement in and otherwise working jointly with the award recipients in a partnership role; CDC Project Officers are not to assume direction, prime responsibility, or a dominant role in the activities. Consistent with this concept, the dominant role and prime responsibility resides with the awardees for the project as a whole, although specific tasks and activities may be shared among the awardees and HHS/CDC as defined below.

The PD(s)/PI(s) will have the primary responsibility for:

- Complying with the responsibilities for the Extramural Investigators as described in the Policy on Public Health Research and Non-research Data Management and Access: https://www.cdc.gov/grants/additional-requirements/ar-25.html

- Ensuring the protection of human subjects through ethical review of all protocols involving human subjects at the local institution and at CDC and obtaining the appropriate Institutional Review Board approvals for all institutions or individuals engaged in the conduct of the research project.
- Working with CDC scientists to obtain OMB-PRA approvals, as needed.
- PUBLICATIONS/PRESENTATIONS: Publications, journal articles, presentations, etc. produced under a CDC grant-supported project must bear an acknowledgment and disclaimer, as appropriate, for example: "This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention". In addition, the PI/PD must provide to CDC Program abstracts or manuscripts prior to any publication related to this funding. The recipient will not seek to publish or present results or findings from this project without prior clearance and approval from CDC.
- Complying with the responsibilities for the PI as described in the United States Government Policy for Institutional Oversight of Life Science Dual Use Research of Concern (DURC) http://www.phe.gov/s3/dualuse/Documents/durc-policy.pdf).
- Awardees will retain custody of and have primary rights to the data and software developed under these awards, subject to Government rights of access consistent with current DHHS, PHS, and CDC policies.

CDC staff have substantial programmatic involvement that is above and beyond the normal stewardship role in awards, as described below:

- Assisting the PI, as needed, in complying with the Investigator responsibilities described in the Policy on Public Health Research and Non-research Data Management and Access: https://www.cdc.gov/grants/additional-requirements/ar-25.html
- Preparing the paperwork necessary for submission of research protocols to the CDC Institutional Review Board for review, as needed.
- Obtaining Office of Management and Budget approval per the Paperwork Reduction Act, if necessary.
- Assisting the PI, as needed, in complying with the PI responsibilities described in the United States Government Policy for Institutional Oversight of Life Science Dual Use Research of Concern (DURC) http://www.phe.gov/s3/dualuse/Documents/durc-policy.pdf
- Collaborating in the development of human subject research protocols and additional documents for IRB review by all cooperating institutions participating in the project and for OMB review, if needed.
- For applications that are successfully funded under this NOFO, the recipient agrees that upon award, the application, and the summary of reviewers' comments for the application may be shared with the CDC staff who will provide technical assistance, as described above. The recipient organization will retain custody of and have primary rights to the information, data, and software developed under this award, subject to U.S. Government rights of access and consistent with current HHS/CDC grant regulations and policies.

Additionally, a Scientific Program Officer in the NCHHSTP Extramural Research Program Office (ERPO) will be responsible for the normal scientific and programmatic stewardship of the award as described below:

- Named in the Notice of Award as the Program Official to provide overall scientific and programmatic stewardship of the award.
- Serve as the primary point of contact for official pre-award activities and for all award-related activities, including an annual review of the grantee's performance as part of the request for continuation application.
- Make recommendations on requests for changes in scope, objectives, and or budgets that deviate from the approved peer-reviewed application.
- Carry out continuous review of all activities to ensure objectives are being met.
- Attend committee meetings and participate in conference calls for the purposes of assessing overall progress, and for program evaluation purposes.
- Monitor performance against approved project objectives.

5. Reporting

Recipients will be required to complete Research Performance Progress Report (RPPR) in eRA Commons at least annually
(see https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/forms/report_on_grant.htm) and financial statements as required in the HHS Grants Policy Statement.

A final progress report, invention statement, equipment inventory list and the expenditure data portion of the Federal Financial Report are required for closeout of an award, as described in the HHS Grants Policy Statement.

Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity depend upon the availability of funds, 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 Federal Funding Accountability and Transparency Act of 2006 (Transparency Act), includes a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or later.

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 recipients:
1) Information on executive compensation when not already reported through the SAM Registration; and
2) Similar information on all sub-awards/ subcontracts/ consortiums over $25,000. It is a requirement for recipients of Federal grants to report information about first-tier subawards and executive compensation under Federal assistance awards issued in FY2011 or

later. All recipients of applicable CDC grants and cooperative agreements are required to report to the Federal Subaward Reporting System (FSRS) available at www.fsrs.gov on all subawards over $25,000. See the HHS Grants Policy Statement (https://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf).

A. Submission of Reports

The Recipient Organization must submit:

1. **Yearly Non-Competing Grant Progress Report** is due 90 to 120 days before the end of the current budget period. The RPPR form (https://grants.nih.gov/grants/rppr/index.htm; https://grants.nih.gov/grants/rppr/rppr_instruction_guide.pdf) is to be completed on the eRA Commons website. The progress report will serve as the non-competing continuation application. Although the financial plans of the HHS/CDC CIO(s) provide support for this program, awards pursuant to this funding opportunity are contingent upon the availability of funds, 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.
2. **Annual Federal Financial Report (FFR) SF 425 (**Reporting | Grants | CDC) is required and must be submitted to the Payment Management System accessed through the FFR navigation link in eRA Commons or directly through PMS **within 90 days after the budget period ends.**
3. **A final progress report**, invention statement, equipment/inventory report, and the final FFR are required **90 days after the end of the period of performance.**

B. Content of Reports

1. Yearly Non-Competing Grant Progress Report: The grantee's continuation application/progress should include:

    - Description of Progress during Annual Budget Period: Current Budget Period Progress reported on the RPPR form in eRA Commons (https://grants.nih.gov/grants/rppr/index.htm). Detailed narrative report for the current budget period that directly addresses progress towards the Measures of Effectiveness included in the current budget period proposal.
    - Research Aims: list each research aim/project

    a) Research Aim/Project: purpose, status (met, ongoing, and unmet), challenges, successes, and lessons learned

    b) Leadership/Partnership: list project collaborations and describe the role of external partners.

    - Translation of Research (1 page maximum). When relevant to the goals of the research project, the PI should describe how the significant findings may be used to promote, enhance, or advance translation of the research into practice or may be used to inform public health policy. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health

programs, healthcare institutions, professional organizations, community groups, researchers, and other potential users. The PI should identify the research findings that were translated into public health policy or practice and how the findings have been or may be adopted in public health settings. Or, if they cannot be applied yet, this section should address which research findings may be translated, how these findings can guide future research or related activities, and recommendations for translation. If relevant, describe how the results of this project could be generalized to populations and communities outside of the study. Questions to consider in preparing this section include:

- How will the scientific findings be translated into public health practice or inform public health policy?
- How will the project improve or effect the translation of research findings into public health practice or inform policy?
- How will the research findings help promote or accelerate the dissemination, implementation, or diffusion of improvements in public health programs or practices?
- How will the findings advance or guide future research efforts or related activities?

- Public Health Relevance and Impact (1 page maximum). This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project relate beyond the immediate study to improved practices, prevention or intervention techniques, inform policy, or use of technology in public health. Questions to consider in preparing this section include:
- How will this project lead to improvements in public health?
- How will the findings, results, or recommendations been used to influence practices, procedures, methodologies, etc.?
- How will the findings, results, or recommendations contribute to documented or projected reductions in morbidity, mortality, injury, disability, or disease?

- Current Budget Period Financial Progress: Status of obligation of current budget period funds and an estimate of unobligated funds projected provided on an estimated FFR.

- New Budget Period Proposal:
- Detailed operational plan for continuing activities in the upcoming budget period, including updated Measures of Effectiveness for evaluating progress during the upcoming budget period. Report listed by Research Aim/Project.
- Project Timeline: Include planned milestones for the upcoming year (be specific and provide deadlines).

- New Budget Period Budget: Detailed line-item budget and budget justification for the new budget period. Use the CDC budget guideline format.

- Publications/Presentations: Include publications/presentations resulting from this CDC grant only during this budget period. If no publication or presentations have been made at this stage in the project, simply indicate "Not applicable: No publications or presentations have been made."

- IRB Approval Certification: Include all current IRB approvals to avoid a funding restriction on your award. If the research does not involve human subjects, then please state so. Please provide a copy of the most recent local IRB and CDC IRB, if applicable. If any approval is still pending at time of APR due date, indicate the status in your narrative.

- Update of Data Management Plan: The DMP is considered a living document that will require updates throughout the lifecycle of the project. Investigators should include any updates to the project's data collection such as changes to initial data collection plan, challenges with data collection, and recent data collected. Applicants should update their DMP to reflect progress or issues with planned data collection and submit as required for each reporting period.

- Additional Reporting Requirements:

N/A

2. Annual Federal Financial Reporting The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through the Payment Management System (PMS) within 90 days after the end of the budget period. The FFR should only include 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 in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.

Additional resources on the Payment Management System (PMS) can be found at https://pms.psc.gov.

Recipients must submit closeout reports in a timely manner. Unless the Grants Management Officer (GMO) of the awarding Institute or Center approves an extension, recipients must submit a final FFR, final progress report, and Final Invention Statement and Certification within 90 days of the period of performance. Failure to submit timely and accurate final reports may affect future funding to the organization or awards under the direction of the same Project

Director/Principal Investigator (PD/PI).

Organizations may verify their current registration status by running the "List of Commons Registered Organizations" query found at: https://era.nih.gov/registration_accounts.cfm. Organizations not yet registered can go to https://commons.era.nih.gov/commons/ for instructions. It generally takes several days to complete this registration process. This registration is independent of Grants.gov and may be done at any time.

The individual designated as the PI on the application must also be registered in the Commons. The PI must hold a PI account and be affiliated with the applicant organization. This registration must be done by an organizational official or their delegate who is already registered in the Commons. To register PIs in the Commons, refer to the eRA Commons User Guide found at: https://era.nih.gov/docs/Commons_UserGuide.pdf.

3. Final Reports: Final reports should provide sufficient detail for CDC to determine if the stated outcomes for the funded research have been achieved and if the research findings resulted in public health impact based on the investment. The grantee's final report should include:

- Research Aim/Project Overview: The PI should describe the purpose and approach to the project, including the outcomes, methodology and related analyses. Include a discussion of the challenges, successes and lessons learned. Describe the collaborations/partnerships and the role of each external partner.
- Translation of Research Findings: The PI should describe how the findings will be translated and how they will be used to inform policy or promote, enhance or advance the impact on public health practice. This section should be understandable to a variety of audiences, including policy makers, practitioners, public health programs, healthcare institutions, professional organizations, community groups, researchers and other potential end users. The PI should also provide a discussion of any research findings that informed policy or practice during the course of the Period of Performance. If applicable, describe how the findings could be generalized and scaled to populations and communities outside of the funded project.
- Public Health Relevance and Impact: This section should address improvements in public health as measured by documented or anticipated outcomes from the project. The PI should consider how the findings of the project related beyond the immediate study to improved practices, prevention or intervention techniques, or informed policy, technology or systems improvements in public health.
- Publications; Presentations; Media Coverage: Include information regarding all publications, presentations or media coverage resulting from this CDC-funded activity. Please include any additional dissemination efforts that did or will result from the project.
- Final Data Management Plan: Applicants must include an updated final Data Management Plan that describes the data collected, the location of where the data is

stored (example: a repository), accessibility restrictions (if applicable), and the plans for long term preservation of the data.

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.

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

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

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

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

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

3) Terms: For purposes of this clause:

"Commodity" means any material, article, supplies, goods, or equipment;

"Foreign government" includes any foreign government entity;

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

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

5) Contents of Reports: The reports must contain:

a. recipient name;

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

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

d. reporting period;

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

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

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

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

Section VII. Agency Contacts

We encourage inquiries concerning this funding opportunity and welcome the opportunity to answer questions from potential applicants.

Application Submission Contacts

Grants.gov Customer Support (Questions regarding Grants.gov registration and submission, downloading or navigating forms)
Contact Center Phone: 800-518-4726
Email: support@grants.gov
Hours: 24 hours a day, 7 days a week; closed on Federal holidays

eRA Commons Help Desk (Questions regarding eRA Commons registration, tracking application status, post submission issues, FFR submission)
Phone: 301-402-7469 or 866-504-9552 (Toll Free)
TTY: 301-451-5939

Email: commons@od.nih.gov
Hours: Monday - Friday, 7am - 8pm U.S. Eastern Time

Scientific/Research Contact
Jocelyn Patterson Mosley, MPH, MA
Extramural Research Program Office
Office of the Associate Director of Science
National Center for HIV, Viral Hepatitis, STD and TB Prevention
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
1600 Clifton Road, MS US8-1
Atlanta, GA 30329
Telephone: 404-639-6437
Email: jpatterson@cdc.gov

Peer Review Contact
Gregory Anderson, MPH, MS
Extramural Research Program Office
Office of the Associate Director of Science
National Center for HIV, Viral Hepatitis, STD and TB Prevention
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
1600 Clifton Road, MS US8-1
Atlanta, GA 30329
Telephone: 404-718-8833
Email: GAnderson@cdc.gov

Financial/Grants Management Contact
Sharon Cassell
Office of Financial Services/Office of Grants Services
Centers for Disease Control and Prevention
U.S. Department of Health and Human Services
1600 Clifton Road, MS TV-2
Atlanta, GA 30329
Telephone: 770-488-2703
Email: SCassell@cdc.gov

Section VIII. Other Information

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

All awards are subject to the terms and conditions, cost principles, and other considerations described in the HHS Grants Policy Statement.

Authority and Regulations

Awards are made under the authorization of Sections of the Public Health Service Act as amended and under the Code of Federal Regulations.

Public Health Service Act, Sections 301(a) [42 USC 241(a)], 317(k)(2) [42 USC 247b(k)(2)], and 318 [42 USC 247c], as amended.