

Centers for Disease Control and Prevention

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

National Network of Sexually Transmitted Diseases Clinical Prevention Training Centers (NNPTC)
CDC-RFA-PS20-2004
Application Due Date: 11/12/2019

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

CDC-RFA-PS20-2004

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-PS20-2004. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

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

C. Announcement Type: New - Type 1

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

New -- Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PS20-2004

E. Assistance Listings (CFDA) Number:

93.978

F. Dates:

1. Due Date for Letter of Intent (LOI):	**09/25/2019**
2. Due Date for Applications:	**11/12/2019**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

Letters of Intent are optional and encouraged, and are due no later than 9/25/19 at 11:59PM U.S. Eastern Standard Time. Applications are due no later than 11/12/2019, at 11:59pm U.S. Eastern Standard Time.

3. Date for Informational Conference Call:

The informational conference call will be held on 9/10/2019 at 2:00pm U.S. Eastern Standard Time. Please register to attend at: https://cc.readytalk.com/r/m8dquplqfb1d&;eom

G. Executive Summary:

1. Summary Paragraph:

CDC announces the availability of FY2020 funds for a cooperative agreement to strengthen STD clinical services through the development and delivery of training (T) and technical assistance (TA) to promote STD prevention and care at the clinical provider, healthcare organization and system levels. All T/TA will be based on the CDC STD Treatment Guidelines, other CDC recommendations, and emerging clinical science. This NOFO has three

components: **Component A** Regional Centers, **Component B** National STD Prevention Training Centers Coordination Center ($NPTC_3$), and **Component C** National STD Curriculum Center (NSTDC). It supports the following strategies under each Component: **Component A**- assess training needs and service gaps, develop and deliver STD clinical prevention, provide T/TA for providers; *Subcomponent (SC) A1* - support providers and clinical settings to integrate HIV preventive services in STD specialty clinics; *SC A2* - support the fellow training program; **Component B**- facilitate coordination and promote the NNPTC, collect data to inform training strategies, manage a clinical consultation line; *SC B1* - coordinate support for PTCs participating in *SC A1*; **Component C**- develop an online STD curriculum, develop and facilitate national learning communities, work with regional PTCs to scale up ECHO and other distance learning approaches; *SC C1* - develop resources, curricula and learning communities to support the increase of HIV preventive services in STD specialty clinics.

a. Eligible Applicants: Open Competition
b. NOFO Type: Cooperative Agreement
c. Approximate Number of Awards: 12

Component A (core) and Subcomponent A1 up to 8; Subcomponent A2 up to 6; Component B (core) and Subcomponent B1 – 1; Component C (core) and Subcomponent C1 - 1 .

Applicants may apply for core funding under Component A, Component B, and/or Component C. Only recipients of Component A (Core) will be considered for funding under Subcomponent A1 and A2; The recipient of Component B (Core) will be considered for funding under Subcomponent B1; Only the recipient of Component C (Core) funding will be considered for Subcomponent C1 funding. Applicants must include separate project narratives, work plans and budgets for each component and subcomponent.

d. Total Period of Performance Funding: $50,000,000

e. Average One Year Award Amount: $0
Component A Regional Centers Core funding - $600,000

Subcomponent A1 (Scaling up HIV Prevention Services in STD Specialty Clinics) - $300,000

Subcomponent A2 (STD Clinical Prevention Fellowship) - $150,000

Component B National STD PTC Coordination Center ($NPTC_3$) core funding - $500,000

Subcomponent B1 (Scaling up HIV Prevention Services in STD Specialty Clinics) - $250,000

Component C National STD Curriculum Center (NSTDC) core funding - $750,000

Subcomponent C1 (Scaling up HIV Prevention Services in STD Specialty Clinics) - $500,000

f. Total Period of Performance Length: 5
g. Estimated Award Date: 03/01/2020
h. Cost Sharing and / or Matching Requirements: N

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources including program income to promote sustainability is strongly encouraged. However, cost sharing will not be factored during the review and selection process.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Sexually transmitted diseases (STDs) adversely impact Americans' health, adding burden to the U.S. economy. [1-3] The 2017 CDC STD Surveillance Report documented steep and sustained increases in gonorrhea (GC), chlamydia (CT) and syphilis, with congenital syphilis rates reaching a 20-year high. [4] While most STDs are asymptomatic, lack of effective and timely treatment is associated with severe consequences, including increased risk of HIV transmission and acquisition, pelvic inflammatory disease (PID), and subsequent infertility, ectopic pregnancy and chronic pelvic pain in women. Untreated syphilis during pregnancy can lead to infection of the fetus in 80% of cases and the direct medical cost of neonatal hospitalizations associated with congenital syphilis alone was estimated to be over $12 million in 2017. [5]

Healthcare providers, clinics and health systems remain at the forefront of the battle against STDs, and a National Network of STD Clinical Prevention Training Centers (NNPTC) plays a key role in optimizing the delivery of STD prevention at each level of care.[6-8] STD clinical care in the U.S. remains sub-optimal, despite the availability of accurate diagnostic tests and effective treatment for many STDs . STD-related content in professional schools also remains inadequate, leaving providers with additional training and resource needs to increase knowledge, skill, and capacity to manage STDs. [9,10]

Systems approaches are critical in order to implement lasting change in STD prevention practices.[11,12] A dynamic and complex healthcare landscape demands innovative methods to reach providers and health systems. With widespread availability of health insurance, STD care has shifted to primary care (PC) providers in some areas of the country, while STD clinics continue to provide the majority of STD care in others. In addition to serving as a resource of subject matter expertise (SME) and excellence in timely, culturally sensitive STD care for the community, STD specialty clinics provide safety net services for uninsured and under-insured individuals, as well as those who are disproportionately impacted by STDs/HIV. Optimization of services in STD specialty clinics remains a cornerstone of the STD control strategy in the U.S. However, most STDs are diagnosed in PC and other settings necessitating a multi-pronged approach to address a variety of training demands. This NOFO will support **The National Network of Sexually Transmitted Diseases Clinical Prevention Training Centers (NNPTC)**, a network charged with improving the capacity of providers, clinical sites and healthcare systems to employ state-of-the-art knowledge and resources to diagnose, manage, treat and counsel individuals with/at-risk for STDs in order to reduce morbidity and improve sexual health on an individual, local and national level. This new NOFO was informed by

lessons learned through the prior NOFO (PS-14-1407) including the importance of: tailoring training to specific regions and providers, employing technology as a scalable method to reach providers in a broad range of settings, using data to drive training strategy, and training future leaders in STD clinical prevention.[6-8, 11-13]

b. Statutory Authorities

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

c. Healthy People 2030

This NOFO addresses the Healthy People 2020 focus area(s) of Sexually Transmitted Diseases. It also addresses: Maternal, Infant, and Child Health, HIV infection, Immunizations and Infectious Diseases, Access to Quality Health Services, Cancer, Public Health Infrastructure.

d. Other National Public Health Priorities and Strategies

This NOFO supports CDC priorities including:

Division of STD Prevention's Strategic Plan 2017-2022

CDC Call to Action: Lets Work Together to Stem the Tide of Rising Syphilis in the US

National Strategy for Combating Antibiotic-Resistant Bacteria

National Public Health Action Plan for the Detection, Prevention, and Management of Infertility

National Stakeholder Strategy for Addressing Health Equity

Presidents Initiative: Ending the HIV Epidemic: A Plan for America

CDCs National Center for HIV, Viral Hepatitis, STD, and TB Prevention’s (NCHHSTP) Strategic Plan Through 2020

National HIV/AIDS Strategy

CDC Winnable Battles

e. Relevant Work

This NOFO builds upon CDC programs including:

- PS14-1407: National Network of STD Clinical Prevention Training Centers
- PS14-1402: Improving STD Programs through Assessment, Assurance, Policy Development, &; Prevention Strategies

- PS19-1901: Strengthening STD Prevention &; Control for Health Departments
- PS18-1808: National Network to Enhance Capacity of State &; Local STD Prevention Programs
- PS17-1707: Community Approaches to Reducing STDs
- PS14-1408: DIS Training Centers
- PS19-1904: Capacity Building Assistance (CBA) for High Impact HIV Prevention Progr

am Integration
- PS18-1802: Integrated HIV Surveillance &; Prevention Programs for Health Departments
- PS19-1907: STD Surveillance Network (SSuN)

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short-term outcomes	Intermediate outcomes	Long-term Outcomes
Component A Regional Centers			
Core Assess training needs and service gaps Develop and deliver STD clinical preventive services, training/technical assistance (T/TA) consistent with CDC guidelines and recommendations Establish and grow learning communities of key providers including emerging leaders in the STD field Collaborate with the National STD PTC Coordination Center ($NPTC_3$) and the National STD Curriculum Center (NSTDC)	**Improved access to and reach of T/TA for priority providers** **Increased partnerships between STD PTCs and stakeholders** **Increased learning communities** **Increased provider knowledge and skill to provide STD clinical preventive services to persons at risk for STDs** **Increased participation in the STD Clinical Consultation Network (CCN)** **Increased provider use of externally facing NNPTC newsletter**	**Increased capacity of STD specialty clinics and other clinical settings serving key populations in priority areas to provide culturally informed STD preventive clinical services** **Increased provision of STD clinical preventive services by STD specialty clinics and other priority clinical settings** Increased receipt of timely STD preventive services for persons at-risk for STDs Increased STD clinical SMEs in academia and state health department STD programs	Increased availability and accessibility of a trained, skilled and competent clinical workforce to prevent and control STDs in the U.S. Increased fellows who remain in STD academic and/or public health careers Decreased transmission of STDs in the U.S. including
Subcomponent A1. Scaling up regional HIV preventive services in STD specialty clinics Assess provision of HIV preventive services in STD specialty clinics to identify	**Improved ability of STD specialty clinics to identify those who could benefit from PrEP/ nPEP** **Increased identification of new HIV infections**	**Increased capacity of STD specialty clinics to provide culturally sensitive HIV preventive clinical services and linkage to care** Increased people with new	

gaps and needs. Develop and deliver HIV preventive services, T/TA to STD specialty clinics Establish and grow HIV preventive services learning communities for STD specialty clinic providers	**in STD specialty clinics** **Increased identification of virally unsuppressed people in STD specialty clinics** **Increased PrEP/nPEP – eligible individuals in STD specialty clinics who are offered HIV PrEP/nPEP**	HIV infections identified in STD specialty clinics linked to HIV care Increased identification of virally unsuppressed people in STD specialty clinics engaged with HIV care **Increased STD specialty clinics who are PrEP providers**	congenital syphilis and HIV Decreased incidence of antibiotic-resistant GC
Subcomponent A2. STD clinical prevention fellowship Train STD Clinical Prevention Fellows	**Increased STD fellows in board-certified training programs** **Increased presentations at national and regional meetings by fellows**	**Increased peer-reviewed publications by fellows** **Increase in STD Clinical Prevention workforce**	Decreased morbidity and mortality from STDs, including congenital syphilis, infertility and neuro/ocular syphilis
Component B National STD PTC Coordination Center ($NPTC_3$):			
Core Coordinate National Network of STD Clinical Prevention Training Centers (NNPTC) activities Perform a national assessment of needs and service gaps Promote NNPTC expertise and training activities/resources nationally Support participant registration data collection and submission to CDC Develop, support and promote the STD CCN for the NNPTC nationally	**Increased external users of NNPTC web materials and services** **Increased satisfaction with NNPTC website by users** **Increased PTC speakers at national medical/nursing association conferences** Increased resource sharing with reduced duplication of resource development within the NNPTC **Increased external users of NNPTC HIV preventive services web materials and services**	Improved national access to and reach of T/TA for priority providers Increased priority provider knowledge and skill to provide STD clinical preventive services to individuals with/at-risk for STDs **Increased recognition of the NNPTC as an STD clinical care training and SME resource** Increased STD specialty clinic provider knowledge to provide HIV preventive clinical services Increased integration of HIV preventive services in STD specialty clinics	
Subcomponent B1. Scaling up regional HIV preventive services in		**Increased recognition of**	

STD specialty clinics Coordinate resources developed by the NNPTC as part of the scale up of regional HIV prevention services in STD specialty clinics Support the collection of participant data and other evaluation data as part of the scale up of regional HIV prevention services in STD specialty		**the NNPTC as an HIV preventive services training and SME resource**	
Component C National STD Curriculum Center (NSTDC):			
Core Develop high quality, national STD clinical online curriculum, training and resources Develop national learning communities of key medical directors and decision makers in collaboration with CDC Support regional PTCs to scale up ECHO and other distance learning technologic training approaches	**Improved national online access to and reach of T/TA, and resources for priority providers** **Increased use of the national STD online curriculum by priority providers and organizations** **Increased implementation of national STD online curriculum into the school curriculum by medical or nursing schools** **Increased STD specialty clinic medical director/priority provider knowledge to offer quality STD clinical preventive services** **Improved national online access to and reach of HIV preventive services-**	**Increased capacity of STD PTCs to deliver ECHO and other technology-based training** Increased capacity of STD specialty clinics to provide culturally informed STD preventive clinical services Increased provision of specialty STD clinical preventive services by STD specialty clinics Increased receipt of timely STD screening, diagnosis, and treatment by persons at-risk for STDs Increased capacity of STD specialty clinics to provide culturally informed HIV preventive services Increased provision of HIV preventive services by STD specialty clinics	
Subcomponent C1. Scaling up regional HIV preventive services in STD specialty clinics Develop national online HIV preventive services courses, training and resources			

	focused T/TA and resources for priority providers **Increased use of the HIV preventive services online curriculum by priority providers and organizations** **Increased STD specialty clinic medical director knowledge to offer quality HIV clinical preventive services**		

i. Purpose

This NOFO will support the development and dissemination of training through a multi-modal approach. The goals of this approach are improving the capacity of providers, clinical sites, and healthcare systems to diagnose, manage, treat and counsel individuals with and at-risk for STDs, in order to reduce STD morbidity and improve sexual health on an individual, local and national level. Training will be based on CDC recommendations and emerging clinical science with strategy informed by data from a variety of sources to ultimately decrease morbidity and mortality from STDs.

ii. Outcomes

The recipient is expected to demonstrate measurable progress towards accomplishing the short and intermediate-term outcomes that appear in **bold** in the NOFO logic model. Proposed indicators for these outcomes are described in the section entitled, "CDC Evaluation and Performance Measurement Strategy". That section also describes outputs that will be measured as part of the performance monitoring strategy. Expected outcomes include:

Component A Regional Centers:

Core

- Improved access to and reach of T/TA for priority providers
- Increased partnerships between STD PTCs and key stakeholders
- Increased learning communities
- Increased provider knowledge and skill to provide STD clinical preventive services to persons at-risk for STDs
- Increased participation in the STD Clinical Consultation Network (CCN)
- Increased provider use of the externally facing NNPTC newsletter
- Increased capacity of STD specialty clinics and other clinical settings serving key populations in priority areas to provide culturally informed STD preventive clinical services

- Increased provision of STD clinical preventive services by STD specialty clinics and other priority clinical settings

Subcomponent A1. Scaling up regional HIV preventive services in STD specialty clinics

- Improved ability of STD specialty clinics to identify those who could benefit from PrEP/ nPEP
- Increased identification of new HIV infections in STD specialty clinics
- Increased identification of virally unsuppressed people in STD specialty clinics
- Increased PrEP/nPEP – eligible individuals in STD specialty clinics who are offered HIV PrEP/nPEP
- Increased capacity of STD specialty clinics to provide culturally sensitive HIV preventive clinical services and linkage to care
- Increased STD specialty clinics who are PrEP providers

Subcomponent A2. STD clinical prevention fellowship

- Increased STD fellows in board-certified training program
- Increased presentations at national and regional meetings by fellow
- Increased peer-reviewed publications by fellows
- Increase in STD clinical prevention work force

Component B National STD PTC Coordination Center ($NPTC_3$)

Core

- Increased external users of NNPTC web materials and other services
- Increased satisfaction with NNPTC website by users
- Increased PTC speakers at national medical/nursing association conferences
- Increased recognition of the NNPTC as an STD clinical care training and SME resource

Subcomponent B1. Scaling up regional HIV preventive services in STD specialty clinics

- Increased external users of NNPTC HIV preventive web materials and other services
- Increased recognition of the NNPTC as an STD clinical care training and SME resource

Component C NSTDC

Core

- Improved national online access to and reach of T/TA and resources for priority providers
- Increased use of the national STD online curriculum by priority providers and organizations
- Increased implementation of national STD online curriculum into the school curriculum by medical or nursing schools

- Increased STD specialty clinic medical director/priority provider knowledge to offer quality STD clinical preventive services
- Increased capacity of STD PTCs to deliver ECHO and other technology-based training

Subcomponent C1. Scaling up regional HIV preventive services in STD specialty clinics:

- Improved national online access to and reach of HIV preventive services-focused T/TA and resources for priority providers
- Increased use of the HIV preventive services online curriculum by priority providers and organizations
- Increased STD specialty clinic medical director knowledge to offer quality HIV clinical preventive services

iii. Strategies and Activities

Overview

Component A Regional Training Centers:

Component A recipients will serve as regionally assigned STD Clinical Prevention Training Centers (STD PTCs) to help arm providers and health care settings to prevent and control STDs in the United States. STD PTC required strategies are to provide T/TA, resources and medical consultation activities to health care facilities, professional clinical organizations, academic medical and nursing institutions and clinical providers who care for populations at risk for STDs in order to promote effective STD clinical preventive services in healthcare settings.

Implementation of all strategies and activities described below is **required** by all applicants using resources awarded through this component. Applicants are encouraged to implement additional innovative activities and to conduct additional evaluation, if resources are available. **Applicants are required to work with state and local public health departments in assigned regions to identify priority healthcare settings and clinical providers for T/TA as each STD prevention program has specific STD public health priorities based on epidemiological and program data due to geography, specific local populations and subpopulations, local healthcare systems capacity, and other challenges.** Recipients funded through this NOFO are expected to respond to and support the specific STD prevention program priorities in the project areas they are assigned.

Each recipient will be responsible for a region comprised of between four and fifteen states and territories that align with the PS19-1901 "Strengthening STD Prevention and Control for Health Departments (STD PCHD)" project areas (for a list see: https://www.cdc.gov/std/funding/pchd/guidance.htm#funding-tables). For the purposes of the application, each Component A regional applicant should describe their experience providing training for STD PCHD project areas that they have worked with in the past. Each applicant should demonstrate established relationships with state and local health departments and training organizations, and a strong working knowledge of the region's STD morbidity and mortality rates, service gaps, and clinical T/TA needs. Assignment of specific areas comprising regional coverage will be determined by CDC's DSTDP during the technical review phase of

the application process. Decisions will be based on several factors including but not limited to number of funded recipients, objective review rankings, and geographic coverage of state/local/territorial STD morbidity and priority populations at risk.

Assessment methods should be employed to obtain and analyze data to ensure that T/TA and other resources meet the needs of the regional coverage area and that T/TA delivery reaches high priority providers providing care for key populations defined as adolescents and young adults, pregnant women, men-who-have-sex-with-men (MSM) and transgender women in high morbidity settings.

Training content should be tailored to ensure relevance for priority provider populations, informed by local epidemiology, practice gaps, provider audience, input from stakeholders and NNPTC data and should incorporate Quality Improvement (QI) approaches to the extent possible. Training delivery methods may include but are not limited to didactic, experiential, and distance learning including webinars, telehealth or Extension for Community Healthcare Outcomes (ECHO models^{TM}) models (https://echo.unm.edu/).

T/TA should focus on the provision of specialized STD clinical preventive services in STD specialty clinics and basic STD clinical preventive services in a variety of locally prioritized clinical settings serving populations with and at-risk for STDs, including but not limited to, community health centers (CHC) or federally qualified health centers (FQHC), rural health clinics, family planning/reproductive health clinics, HIV care settings, other health department clinics, hospital-based clinics including OB/GYN, labor and delivery, correctional settings, tribal health centers, urgent care or emergency departments. Health systems may include hospitals, health maintenance organizations, Accountable Care Organizations (ACOs) or health insurance plans that are serving geographic areas and key populations in prioritized high morbidity areas. TA approaches are not limited to direct on-site methods and may include dissemination of existing toolkits and resources, online and distance-based learning, telemedicine, sharing of best practices, and development of resources to facilitate implementation of STD clinical preventive services and increase clinic efficiency. [14]

To ensure that T/TA efforts are prioritized for greatest impact, investment of key partners is vital. Key partners in the region include but are not limited to: CDC-funded state and local STD prevention programs (STD PCHD recipients), other national training centers, academic institutions including medical and nursing schools, professional medical and nursing associations, Continuing Medical Education (CME)/Continuing Nursing Education (CNE)/Continuing Education (CE) and Maintenance of Certification (MOC)-granting organizations. Training collaboration with partners is encouraged to increase reach to key provider populations, leverage resources and reduce redundancy.

Due to the great need for STD clinical preventive services training, training content and delivery methods should be scalable. Experiential training (preceptorships, i.e. low volume in-clinic experiential training) should focus on STD specialty providers and criteria should be developed to assist with prioritizing providers for this type of training. Utilization of train the trainer (TOT) models is one approach to scale up training. Learning communities should be established with key local clinical providers, the composition of which should be based on local epidemiology, needs and priorities. Mentorship of individuals already in leadership positions in public health STD programs/clinics as well as investment in the career development of emerging leaders in the STD healthcare, public health and academic fields remains critical to

progress in the fight against STDs.

STD PTCs will work also with CDC and other partners to conduct assessments of HIV preventive services, including barriers and costs of providing these services, in STD specialty clinics. The assessments will inform T/TA to work with sites to integrate quality HIV preventive services, including extra-genital NAAT testing for gonorrhea and chlamydia, on-site nPEP and PrEP services (rather than referring to care elsewhere), viral load testing, reengagement of previously identified individuals living with HIV into care, and linkage of newly identified HIV-positive individuals to care.

Additionally, the STD clinical prevention fellowship will be used to emphasize clinical aspects, epidemiology, behavioral science, health services research and prevention of STDs and will include practical training in the design and implementation of health department based STD clinical prevention services and programs. The fellowship has three major components: 1) Research training that emphasizes STD epidemiology, behavioral sciences, prevention and/or service delivery; 2) clinical experience in STD specialty clinics, and 3) experience in the design, implementation and evaluation of public health programs for the prevention and control of STDs.

Specific required activities for Component A and associated sub-components listed in the logic model must include:

Assess training needs and service gaps.

1. Identify service gaps and training needs in high morbidity areas of the region in collaboration with CDC-funded state and local STD prevention programs, the National STD PTC Coordination Center and the National STD Curriculum Center.

- Collect, analyze, and interpret data collected through local/regional training needs assessments and other available pertinent data including data from the National Centers.
- Obtain input from stakeholders and other partners related to training needs and local priorities.
- Collaborate with state and local STD prevention programs to utilize surveillance data to identify local areas with high morbidity serving key populations and the providers and healthcare settings serving those populations.

2. In collaboration with CDC, assess provision of specialty STD clinical preventive services and maintain a list of STD specialty clinics in the regional coverage area.

- In collaboration with CDC, provide input into a tool to assess provision of quality, specialized STD clinical preventive services in an STD specialty clinic.
- Conduct assessments for provision of quality specialized STD clinical preventive services in STD specialty clinics.
- Assist with the maintenance of a current list of STD specialty clinics in collaboration with CDC and other partners.

The frequency of subsequent training need and service gap assessments will be yearly or less often as determined by CDC in collaboration with the STD PTCs.

Develop and deliver STD clinical preventive services, T/TA consistent with CDC

guidelines and recommendations.

3. Apply knowledge of regional coverage area, local epidemiology, key partner feedback and the needs of the priority provider and clinical setting to develop and deliver T/TA and disseminate resources.

- Tailor training material content and methods to meet the needs of local providers and clinical settings.

4. Develop training methods that are scalable including TOT models, distance-learning products, telehealth and other methods that employ novel approaches and collaboration with key partners.

- Collaborate with stakeholders and partners to determine training methods to effectively reach the greatest number of high priority providers and healthcare settings based on regional needs and priorities.
- Utilize local/regional data to inform TA approaches and development of job aids and other tools in coordination with the National STD PTC Coordination Center, the National STD Curriculum Center and CDC.
- Implement adult learning theory and QI methods such as rapid cycle/ PDSA activities, testing change, implementing change, dissemination and spread/scale-up of change methods, as appropriate.
- Recruit academic faculty in the region and health department medical directors or medical consultants supporting state STD prevention and control programs as TOT trainers.
- Provide at least two TOT trainings annually.

Establish and grow learning communities of key providers including emerging leaders in the STD field.

5. Support the development and maintenance of clinical STD expertise at state and local health departments and at academic medical/nursing institutions in the regional coverage area.

- Work with state and local STD prevention programs and local/regional medical professional organizations to develop an approach for establishing learning communities.
- Determine, develop and deliver content for at least 2 sessions annually using adult learning methods such as ECHO models, if feasible.
- Identify and mentor three health department staff and/or academic faculty in the region annually in content areas relevant to STD clinical preventive services.

Collaborate with the National STD PTC Coordination Center ($NPTC_3$) and the National STD Curriculum Center (NSTDC).

6. Work with the $NPTC_3$ to optimize participant data content and collection methods, collect participant data for the priority courses delivered and submit to the $NPTC_3$ for

evaluation and performance measurement processes.

- Collaborate with STD PTCs and the $NPTC_3$ to develop new approaches to participant data collection.
- At least one member of each PTC should provide input into national activities related to updating the network-wide participant data form and strategizing about novel data collection methods.

7. Participate in the STD Clinical Consultation Network (CCN) and the NNPTC national external newsletter.

- Ensure that at least two clinical STD SME faculty are available to contribute at a minimum to one newsletter a year.
- Ensure that at least two clinical STD SME faculty are available, trained, kept up to date on procedures and clinical trends related to CCN consults, and provide feedback on consultation processes.

Newsletter production frequency and STD PTC assignments will be determined by CDC and the NNPTC within 6 months of funding cycle initiation.

8. Provide input into NSTDC distance learning products.

- Each PTC should contribute timely reviews and input into online curriculum development, updates and the process of defining national training objectives.

<u>Subcomponent A1. Scaling up regional HIV preventive services in STD specialty clinics</u>

Assess provision of HIV preventive services in STD specialty clinics to identify gaps and needs

1. Identify priority STD Specialty Clinics that serve key populations disproportionately impacted by the HIV epidemic, located in areas of high HIV morbidity and serving a high proportion of ethnic/racial minority patients.

2. Conduct an assessment of the clinic to document STD and HIV preventive services that are currently provided, identify gaps to expand capacity and scale up services, and assess the quality of services provided to inform T/TA for these settings.

Develop and deliver HIV preventive services T/TA for STD specialty clinics.

3. Work with clinic leadership and staff to identify priority areas for implementation and provide T/TA to address issues.

4. Work with partner clinics to identify and strengthen existing delivery approaches including express visits to scale-up PrEP/nPEP and processes to link individuals living with HIV to care.

5. Assess T/TA program effectiveness using clear and established performance metrics and standard outcome measures.

6. Develop tools and resources to facilitate efficient integration of HIV preventive services in STD specialty clinics.

Establish and grow HIV preventive services learning communities of STD specialty clinic providers.

7. Recruit medical directors and key regional providers working in STD clinics to participate in a learning community focused on enhancing HIV preventive services in the STD specialty clinic setting.

8. Develop and deliver content for the learning community including best practices.

Subcomponent A2: STD clinical prevention fellowship

Train STD Clinical Prevention Fellows

1. Describe proposed fellowship activities.

- Develop a description of the clinical training program including specific venues for clinical training and plans for clinical supervision.
- Describe the proposed research training program including plans for STD research supervision. Research should emphasize STD epidemiology, behavioral science, prevention, and/or service delivery. Fellows should pursue one or more research projects directly relevant to careers in public health, STD epidemiology, and prevention or academic positions with strong relationships with STD health department programs.
- Describe plans to provide training in STD prevention program design, implementation, and evaluation, including the public health preceptor assigned to the fellow and the nature of the required local health department rotation (i.e., proposed timing, assignments, activities, projects, and supervision).
- Describe the proposed mentor for the fellowship. The proposed mentor for this fellowship should be an established member of the school of medicine that will house the proposed fellow. The mentor should have research expertise in the field of STD prevention as demonstrated by STD relevant publications in the peer-reviewed literature and presentations at national conferences. The mentor must also have active linkages to local STD public health programs.

2. Describe the process for identification and recruitment of a fellow applicant.

- Applicants must be postdoctoral with an M.D. or D.O.

Component B National STD PTC Coordination Center ($NPTC_3$)

The $NPTC_3$ plays a critical role in coordinating the NNPTC by facilitating communication across the network. Coordination within the NNPTC should enhance efficiency of training efforts, maximize synergies of the network and decrease duplication. Promotion of the NNPTC is necessary to fully realize the goal of improving the capacity of providers, clinical sites and healthcare systems to provide quality STD clinical preventive services for individuals with and at-risk for STDs. The $NPTC_3$ will lead the promotion of NNPTC expertise, training activities

and resources on a national level. The collection of participant registration data for NNPTC trainings provides a mechanism to evaluate effectiveness of targeted training efforts. The

$NPTC_3$ will spearhead efforts to develop a participant registration form in collaboration with CDC and the PTCs, and develop and maintain an online database to collect participant data for T/TA activities conducted by each regional training center.

The STD Clinical Consultation network (CCN) provides a mechanism for healthcare providers to submit clinical questions and obtain input from network-affiliated STD clinical experts. The development and subsequent effective and efficient coordination of this consultation network is

a key function of the $NPTC_3$ and will involve instituting plans and processes to triage clinical consults, ensure that response timelines are met and quality control continuously evaluated.

Specific required activities for Component B and associated sub-components listed in the logic model must include:

Coordinate National Network of STD Clinical Prevention Training Centers (NNPTC) activities.

1. Facilitate internal and external communications.

2. Develop and maintain a training material resource library for the NNPTC in an easily accessible online format to facilitate sharing and reduce duplication of effort.

- Survey the NNPTC to determine the status of current resources.
- Determine current resources to be incorporated into the library.
- Track new resources as they are developed by the NNPTC.

Perform a national assessment of needs and service gaps.

3. Collaborate with CDC, other CDC partners and the PTCs to develop and conduct an national assessment of training needs for STD specialty clinics and other providers as needed.

- Oversee national assessments of providers of STD clinic prevention services in STD specialty clinics.

4. Collaborate with the NNPTC and CDC to assess the overall impact of the NNPTC.

Promote NNPTC expertise and training activities/resources nationally.

5. Collaborate with the network to promote and disseminate NNPTC trainings, materials and resources, develop, update, and manage the NNPTC website, and develop and produce an externally facing national NNPTC newsletter for broad distribution to healthcare providers.

- Work with CDC and the STD PTCs to develop a distribution list for the newsletter.
- Coordinate the newsletter content development efforts and the assignments delegated to individual PTCs.

Support NNPTC T/TA participant registration data collection and submission of data to

CDC.

6. Develop and maintain a centralized national registration database for NNPTC T/TA.

- Convene a work group composed of PTC faculty and staff to review core elements of participant registration data needed to inform the development of the brief participant information form in collaboration with CDC.
- The database should capture, at a minimum, the title and type of course, length of training, audience characteristics, training location and date. Specific data elements to be captured will be determined by CDC in collaboration with the NNPTCs within the first three months of budget year one.
- The database should allow for online training registration by participants across the U.S.
- Quality assurance procedures should be developed and implemented for database use and maintenance.
- Collect, clean and submit participant data for T/ TA conducted by the NNPTC to CDC on at least a biannual basis.

Due to the need to use data to inform future training and resource allocation, the frequency of data submission to CDC will be at least every 6 months. The final data submission schedule will be determined within the first three months of budget year one.

Develop, support and promote the STD CCN for the NNPTC nationally.

7. Develop an online system for providers to enter clinical questions and TA requests and use data obtained to inform training material development and delivery.

- The STD CCN should capture, at a minimum, information from the consulting provider including demographics and contact information, practice setting including type and location, and clinical question/TA request. A workgroup composed of STD PTC faculty and staff will be convened within the first three months of budget year one to determine additional data elements to be added to the system.
- An STD CCN management protocol and training manual for STD PTC staff should be submitted to CDC within the first 6 months of budget year one.
- Facilitate the development of a plan, in collaboration with the network, to utilize STD CCN data to inform training material development and delivery.
- Report the STD CCN data to CDC on at least a biannual basis.

The frequency of data submission to CDC will be determined within the first six months of budget year one.

Subcomponent B1. Scaling up regional HIV preventive services in STD specialty clinics.

Coordinate resources developed by the NNPTC as part of the scale up of regional HIV prevention services in STD specialty clinics.

1. Develop a resource library.

- Track and disseminate resources developed through this activity.

Support the collection of participant data and evaluation data as part of the scale up of

regional HIV prevention services in STD specialty clinics.

2. Work with other PTCs receiving A1 Focused Activity funding to develop core evaluation measures to be collected to assess focused activity outcomes.

The frequency of data submission to CDC will be determined within the first six months of budget year one.

Component C National STD Curriculum Center (NSTDC)

The NSTDC will work with the STD PTCs to develop, continuously update and improve the online curriculum, including the determination of new topics and development of new, virtual training modalities utilizing the most recent technology. In order to improve the consistency of high priority objectives to be addressed throughout the network, the NSTDC will work with the STD PTCs and CDC to specify several objectives around which to focus training content and evaluation efforts. Standardized slide sets will be developed to address the specified learning objectives with the expectation that they can be adapted for local use. STD specialty clinics provide safety net services to populations disproportionately affected by STDs and should serve as models of quality STD clinical service delivery for other healthcare settings. As a critical component of the STD control infrastructure for the U.S., focused efforts to mentor and build the knowledge base of frontline medical directors and other leaders in STD specialty and other key clinics, as well as provide TA to build and maintain state-of-the-art services at these locations is an important mission for the NSTDC. The learning collaborative will utilize technology that may include but not be limited to ECHO models, for exchange of information.

Specific required activities for Component C and associated sub-components listed in the logic model must include:

Develop high quality national STD clinical online curriculum, training and resources.

1. Institute a plan to develop, update and oversee an online STD curriculum. Assure fidelity to accurate curriculum content based on the most recent CDC STD Treatment Guidelines and other CDC recommendations.

- Work with the STD PTCs and CDC to get input on online curriculum content.
- Determine key components and desired characteristics of an online STD curriculum and form a plan to update the modules, question banks and mechanisms to track curriculum users over time.
- Provide a mechanism for curriculum users to obtain CME/CNE and/or CE credit.

2. In collaboration with CDC and the STD PTCs, lead the development of a set of high-priority standard learning objectives for the network to focus training content and evaluation efforts around.

- The standard objectives should be defined within the first six months of budget year one.
- Develop standard slide sets containing content to address, at a minimum, the specified high priority learning objectives.

3. Submit NSTDC evaluation data, including measures of reach, increased knowledge and

other impact, to the CDC at least every 6 months.

- NSTDC evaluation data should contain participant information consistent with the form developed by the NNPTC for other trainings in addition to information specific to curriculum use metrics.

The frequency of data submission to CDC will be determined within the first six months of budget year one.

Develop national learning communities of key medical directors and decision makers in collaboration with CDC.

4. In collaboration with the regional PTCs, develop a set of criteria to guide the strategy to invite medical directors or other frontline decision-makers to the learning community.

5. Recruit medical directors/decision-makers for the learning collaborative.

6. Implement the learning collaborative sessions.

7. Perform evaluation to assess learning collaborative effectiveness.

Support regional PTCs to scale up ECHO and other distance learning technologic training approaches.

8. Work with regional PTCs to assess and expand upon their distance technology training capacity.

Subcomponent C1. Scaling up regional HIV preventive services in STD specialty clinics

Develop national online HIV preventive services courses, training and resources

9. Develop online modules relevant to HIV prevention services including at least one module related to HIV PrEP.

CDC anticipates that the recipient and CDC may collaborate on the development of materials, resources and other products. CDC and the recipient may find it advantageous to co-brand these materials. In such cases the recipient will work with CDC to assure that all appropriate permissions are obtained and materials are appropriately reviewed and approved by CDC. All co-branded materials and/or materials that include the CDC logo must be prepared with substantial involvement from CDC.

1. Collaborations

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

Recipients are required to establish strong, working relationships with recipients of PS19-1901, Strengthening STD Prevention and Control for Health Departments (STD PCHD). Recipients must collaborate with the funded state/local/territorial health departments in their assigned project areas to promote quality and recommended STD clinical preventive services and to identify STD specialty clinic and other health care providers and organizations serving key populations in high morbidity areas to target for clinical T/TA (more detail about STD PCHD Strategy Area III which is specifically relevant for this requirement can be found here).

Letters of support, memoranda of agreement (MOAs), memoranda of understanding (MOUs) and other documentation of collaborations are required for specific strategies, as described in the Organizational Capacity section.

For the required collaborations with PCHD recipients, applicants must clearly describe with concrete examples: 1) Extent of their current collaboration with each PCHD recipient within the area they plan to serve, 2) Specific objectives of those partnerships for purposes of implementing the strategies and activities in this NOFO, and 3) Plans as to how they would use current experience with PCHD recipients to establish and grow collaborations with newly assigned PCHD project areas in year 1 of the period of performance. MOAs/MOUs or other means of formalizing partnerships can be established as appropriate and feasible during the period of performance. CDC may request copies of these agreements as appropriate.

Applicants are expected to collaborate with other CDC-funded programs, as relevant to their project area and program plans. These include, but are not limited to, recipients of the following funding opportunities: PS18-1808, the National Network to Enhance Capacity of State and Local Sexually Transmitted Disease Prevention Program (NNCES) for which the National Coalition of STD Directors (NCSD) is the current recipient; PS19-1904, Capacity Building Assistance for High Impact HIV Prevention (CBA); PS19-1907, STD Surveillance Network (SSuN); PS17-1707, Community Approaches to Reducing STDs program (CARS); PS14-1408, DIS Training Centers; PS18-1807 Promoting Adolescent Health Through School-Based HIV Prevention; in addition to viral hepatitis (PS16-1608), recipients of opioid prevention programs (PS19-1909), and other CDC-funded programs as applicable.

b. With organizations not funded by CDC:

Recipients also must establish, build, and/or maintain collaborative relationships with organizations not funded by CDC that will support the implementation of the proposed program. Applicants should identify the most critical organizations, networks, sectors, and partners in their region (not funded by CDC) that are highest priority for them to support their project plans in year 1. For each of those highest priority collaborations, applicants should describe with concrete examples: 1) Extent of the current collaboration with those entities, 2) Specific objectives of the partnerships for the purposes of implementing strategies and activities in this NOFO, 3) Plans as to how they would use current experience with partners not funded by CDC to establish and grow collaborations with new partners in year 1 of the period of performance, and 4) Funding or sharing of resources that the applicant proposes to give the partner organization. Letters of support, memoranda of agreement (MOAs), memoranda of understanding (MOUs) and other documentation of collaborations are required for specific strategies, as described in the Organizational Capacity section. MOAs/MOUs or other means of formalizing partnerships can be established as appropriate and feasible during the period of performance. CDC may request copies of these agreements as appropriate. Priority strategic partnerships include:

- Providers and practices including federally-funded programs such as Medicaid, FQHCs, Ryan White grantees, Title 5 MCH, and Title 10 serving priority populations.
- Regional and local chapters of medical and nursing professional organizations serving clinical providers who work with priority populations.
- Federal Training Centers funded by other agencies (e.g., Health Resources and Services

Administration (HRSA)-funded AIDS Education and Training Centers (AETCs), Office of Population Affairs (OPA)-funded Family Planning National Training Centers, Substance Abuse and Mental Health Services Administration (SAMHSA)-funded Addiction Technology Transfer Centers (ATTCs).

- Clinical and public health academic institutions (e.g., medical and nursing schools, teaching hospitals, public health schools, and associations).
- Continuing Medical Education (CME)/Continuing Nursing Education (CNE)/Continuing Education (CE) and Maintenance of Certification (MOC)-granting organizations

2. Target Populations

Applicants must demonstrate how their activities and resources will reach the health care providers, clinical organizations and health care systems that care for persons with and at risk for STDs. Applicants must clearly explain how they will reach clinicians serving adolescents and young adults, MSM and transgender women, and pregnant women or others at the greatest STD risk in their region. Applicants should include in their targeting approaches providers of populations with other sociodemographic characteristics *in addition to* age, maternity status, gender identity and sexual orientation (e.g., race/ethnicity, socioeconomic status, substance use history) that would indicate a high STD infection/transmission risk burden. Clinicians should include those providing care in STD specialty clinics, primary care and "safety net" providers serving individuals living in communities with high burden of STDs.

a. Health Disparities

Health disparities are differences in health outcomes and their causes among groups. Health equity is achieved when everyone has the opportunity to be as healthy as possible. Addressing health disparities brings us closer to health equity. Social determinants of health affect disparities in STDs and other related diseases and conditions. This NOFO supports efforts to improve the health of populations disproportionately affected by STDs by maximizing the integration of STD clinical preventive services into health settings.

iv. Funding Strategy

Projected annual funding (subject to availability) includes:

Component A Regional Centers Core funding - $600,000

Subcomponent A1 (Scaling up HIV Prevention Services in STD Specialty Clinics) - $300,000

Subcomponent A2 (STD Clinical Prevention Fellowship) - $150,000

Component B National STD PTC Coordination Center ($NPTC_3$) core funding - $500,000

Subcomponent B1 (Scaling up HIV Prevention Services in STD Specialty Clinics) - $250,000

Component C National STD Curriculum Center (NSTDC) core funding - $750,000

Subcomponent C1 (Scaling up HIV Prevention Services in STD Specialty Clinics) - $500,000

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurements help demonstrate achievement of program outcomes; build a stronger evidence base for specific program interventions; clarify applicability of the evidence base to different populations, settings, and contexts; and drive continuous program improvement.

Collection of key data that can show the impact of these funds toward the intended outcomes is a critical component of this award. Evaluation and performance measurement also can determine if program activities are scalable and effective at reaching target populations. CDC will work with the recipient in the first quarter of the award, and periodically throughout the five-year period of performance, to determine what information will be collected and how it will be used to demonstrate program impact through process evaluation and short and intermediate-term outcome evaluation.

Outcome and process measures: Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan within the first 6 months of award, as described in the Reporting Section of this NOFO. CDC expects recipients to send participant data to the National STD PTC Coordinating Center on a regular basis for submission to CDC so that CDC can track progress towards achieving certain key outcomes of the NOFO. In addition, each center will submit performance measures directly to CDC on at least an annual basis. CDC will finalize these measures, their specific definitions, benchmarks, submission frequency, and submission templates in consultation with recipients within 6 months of award. All of the performance measures proposed will be analyzed and used to generate data to support the value and public health impact of the NNPTC, including but not limited to, the success of the PTCs in reaching the targeted population of STD specialty clinic and other priority providers caring for key populations at risk for STDs in high morbidity areas through all training modalities employed; the extent of collaborations leveraged to realize efficiencies related to training, planning, and delivery; quantitation of STD specialty clinics assessed and that subsequently integrate quality STD clinical and HIV preventive services over time; and a description of numbers and types of key providers including STD fellows engaged in learning opportunities and mentorship over time. Collection of these data will also inform future T/TA development and delivery efforts by providing the PTCs and CDC with information to guide continuous program quality improvement. **Potential** performance measures to assess process measures and outcomes include the following:

<u>Component A Regional Centers Core:</u>

Outputs:

- Number and description of needs assessments completed to inform T/TA including

relevant dates, methods, data source, collaborations involved to obtain data, description of clinic/population (if applicable), and outcomes.

- Description of key stakeholder/partner engagement including dates, method, and outcomes.

- Distribution of STD clinical preventive services provided in STD specialty clinics in regional coverage area and list of medical directors associated with each clinic.

Short-term outcomes:

Improved access to and reach of T/TA for priority providers:

- Number of trainings provided by training method, location, number of trainees by course type, provider type, and practice setting and location.
- Number of clinics/health care settings for which TA provided; TA topic, healthcare setting, geographic location, and duration of engagement.
- Number of TOT trainings delivered by the PTC including number of trainees.
- Number of trainings delivered with TOT trainees.

Increased partnerships between STD PTCs and stakeholders:

- Number and description of T/TA planned and delivered with key stakeholders.

Increased learning communities:

- Number of medical directors and other key clinical staff in STD specialty clinics that completed online curriculum and participated in a learning community.
- Number of trainings delivered by these individuals in their jurisdictions.

Increased provider knowledge and skill to provide STD clinical preventive services to persons at risk for STDs

- Summary of pre and post-course knowledge and skills evaluations by course including time elapsed since training**.**

Increased participation in the STD Clinical Consultation Network (CCN)

- Number of STD CCN consults by content and region over time.

Increased provider use of externally facing NNPTC newsletter

- Number NNPTC externally facing newsletters lead by the regional STD PTC.

Intermediate outcomes:

Increased capacity of STD specialty clinics and other clinical settings serving key populations in priority areas to provide culturally informed STD preventive clinical services

- Number of STD specialty clinics and other clinical settings assessed for STD preventive clinical services.
- Number of STD specialty clinics and other clinical settings for which TA provided to increase capacity to deliver quality STD preventive clinical services in their region.

Increased provision of STD clinical preventive services by STD specialty clinics and other priority clinical settings

- Number of STD specialty clinics delivering STD clinical preventive services (including setting, geographic location) over time.

Subcomponent A1. Scaling up regional HIV preventive services in STD specialty clinics

Short-term outcomes:

Improved ability of STD specialty clinics to identify those who could benefit from PrEP/nPEP:

- Number of STD specialty clinics delivering HIV preventive services (including setting, geographic location) over time.

Increased identification of new HIV infections in STD specialty clinics:

- Baseline and follow-up of new HIV infections identified in STD specialty clinics receiving TA.

Increased identification of virally unsuppressed people in STD specialty clinics:

- Baseline and follow-up of virally unsuppressed individuals identified in STD specialty clinics receiving TA.

Increased PrEP/nPEP – eligible individuals in STD specialty clinics who are offered HIV PrEP/nPEP:

- Baseline and follow-up of PrEP eligible individuals identified in STD specialty clinics receiving TA.

Intermediate outcomes:

Increased capacity of STD specialty clinics to provide culturally sensitive HIV preventive

clinical services and linkage to care:

- Number of STD specialty clinics assessed for capacity of HIV preventive services (including setting, geographic location).
- Description of TA delivered (number of episodes, type, audience, hours of staff time required).

Increased STD specialty clinics who are PrEP providers:

- Number of STD specialty clinics who are PrEP providers over time.

Subcomponent A2. STD clinical prevention fellowship

Short-term outcomes:

Increased STD fellows in board-certified training programs:

- Number of fellows trained.

Increased presentations at national and regional meetings by fellows:

- Number of conference presentations by fellow.

Intermediate outcomes:

Increased peer-reviewed publications by fellows:

- Number of peer-reviewed publications by fellow.

Increase in STD Clinical Prevention work force:

- Number of fellows entering an STD-related academic and/or public health field following completion of training.

Component B National STD PTC Coordination Center:

Short-term outcomes:

Increased external users of NNPTC web materials and services:

- Number of unique visitors to NNPTC external website.
- Number of downloads of NNPTC resources from the external website.
- Number of providers by type in NNPTC database.

Increased satisfaction with NNPTC website by users:

- Baseline and follow-up satisfaction with NNPTC external website over time.

Increased PTC speakers at national medical/nursing association conferences:

- Number and description (number in audience, provider type, location, type of

presentation) of conferences at which PTC speakers presented.

Intermediate outcomes:

Increased recognition of the NNPTC as an STD clinical care training and SME resource:

- Number of times external newletter opened; time spent on page.
- CCN consult number, type and metrics over time.
- Number of case studies developed for training, newsletter, CCN and other successes from use of NNPTC resources.

Subcomponent B1. Scaling up regional HIV preventive services in STD specialty clinics

Short-term outcome:

Increased external users of NNPTC HIV preventive services web materials and services:

- Number of unique visitors to HIV preventive services resources on NNPTC external website.
- Number of downloads of HIV preventive services-focused NNPTC resources from the external website.

Intermediate outcome:

Increased recognition of the NNPTC as an HIV preventive services training and SME resource:

- Number of visits and downloads of specific HIV preventive services resources hosted on the NNPTC website.

Component C National STD Curriculum Center (Core):

Short-term outcomes:

Improved national online access to and reach of T/TA and resources for priority providers:

- Number of curriculum, activities, and resources that are developed and/or updated.
- Number of STD specialty clinic or other priority providers participating in the national learning community.

Increased use of the national STD online curriculum by priority providers and organizations:

- Number of NSTDC users by user type, status (new/returning), topics accessed, and other relevant metrics over time.

Increased implementation of national STD online curriculum into the school curriculum by medical or nursing schools:

- Number of professional schools utilizing NSTDC stratified by profession and state.

Increased STD specialty clinic medical director/priority provider knowledge to offer quality STD clinical preventive services:

- Number of medical director/priority providers participating in learning community stratified by profession and state.

Intermediate outcome:

Increased capacity of STD PTCs to deliver ECHO and other technology-based training:

- List and description of TA provided to STD PTCs.

Subcomponent C1. Scaling up regional HIV preventive services in STD specialty clinics

Short-term outcomes:

Improved national online access to and reach of HIV preventive services-focused T/TA and resources for priority providers:

- Number of HIV preventive services-focused curriculum, activities, and resources that are developed and/or updated.
- Number of STD specialty clinic or other priority providers participating in the national learning community HIV preventive services-related topics.

Increased use of the HIV preventive services online curriculum by priority providers and organizations:

- Number of users of HIV preventive services curriculum modules by provider type.

Increased STD specialty clinic medical director knowledge to offer quality HIV clinical preventive services:

- Number of STD specialty medical directors participating in learning community focused on HIV prevention implementation, stratified by profession and state.

Performance Measures:

For the proposed outcome (not process) measures listed above, applicants should describe:

- Any available baseline measures
- Source(s) of data needed to calculate the measures (i.e. which programs or agencies "own" the data), as relevant
- How useful the measures would be to the applicant
- How feasible it would be for the applicant to report on the measures, and to do so every 6 months
- Any anticipated barriers to obtaining the proposed measures
- Any other comments or questions the applicant has about the proposed measures at this

time

Applicants may also propose additional key outcome or performance measures that they plan to collect and track for themselves. Applicants are encouraged to list measures that they believe the CDC should consider for inclusion in the final set of common performance measures for this NOFO, either in addition to, or in lieu of, the ones proposed in this NOFO.

Evaluation:

Applicants should describe their general approach to conducting an evaluation over the period of performance.

Since this NOFO does not involve the generation or collection of public health data, a Data Management Plan is not required for this NOFO.

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

Recipients will be required to submit a more detailed Evaluation and Performance Measurement

plan, including a DMP, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

c. Organizational Capacity of Recipients to Implement the Approach

Applicants are required to address the organizational capacity, including management capacity and SME needed. Applicants must include an organizational chart, clearly identifying the organizational and management structure of the PTC program and, in particular, how the PTC fits into the overarching institution that it is housed in and its relationship to other programs within the organization and to partnership organizations supporting this NOFO. PTC personnel should be depicted with lines of authority demonstrated. Applicants should name the file "PTC Organizational Charts" and upload as a PDF file under "Other Attachment Forms" on www.grants.gov. Applicants must also include a Curriculum Vitae (CV) or resume as outlined below for the Component A Regional Training Centers: medical director, program coordinator, QI coordinator and key training faculty; for the Component B National Coordination Center: program coordinator and evaluator and Component C National Curriculum Center: medical technical director, clinical medical education expert, and project director. Applicants should name the file "PTC CVs/Resumes" and upload as a PDF file under "Other Attachment Forms" on www.grants.gov.

Applicants are required to have the organizational structure, SME and program management capacity to execute the NNPTC program approach, strategies and activities and meet the period of performance outcomes. Applicants must specifically demonstrate STD clinical expertise as defined by a medical director and practicing PTC faculty who have published STD-relevant literature in peer-reviewed journals, have current experience providing STD care and experience delivering training to clinical provider audiences. Applicants are also required to provide evidence of adequate expertise and experience in program and performance management, QI methods, partnership development, evaluation, personnel management including the authority and ability to hire or contract in a timely fashion for and maintain adequate personnel resources with applicable skills and expertise. Budget management and financial reporting capacity including the management of travel requirements and full capability, accountability and expertise to meet deadlines, track funds, submit reports and manage the required procurement efforts including the ability to write and award contracts in accordance with 45 CFR (or 74) in a timely fashion.

The specific organizational capacity needed to successfully accomplish the goals of this NOFO includes:

For Component A Regional Centers:

Each Component A regional center must have established national and regionally recognized clinical SME(s), established capacity and demonstrated experience in the development, delivery of STD clinical T/TA activities and expertise in Quality Improvement (QI) methods.

Core

- Medical Director expertise in the fields of medical education and STD with ties to an

academic institution. CV is required.

- Program coordinator skills to provide overarching coordination and support for the day-to-day activities of the PTC to support the NOFO strategies and activities, provide leadership with building key partnerships, and oversee marketing, data management, QI, and evaluation activities. CV is required.

- Expertise in the coordination of the development and delivery of TA and TOT utilizing the most recent QI principles in healthcare settings. CV is required.

- STD clinical faculty effort. Faculty should demonstrate expertise as demonstrated by STD trainings conducted for health care providers and current experience delivering STD care (i.e. is a practicing STD/HIV clinician). CVs are required.

- Partnership with at least one clinical setting where high-quality, high-volume STD specialized care is delivered that serves vulnerable populations including LBGTQ, young people and racial/ethnic minorities in a high morbidity area. A Letter of Support from the Medical Director of this clinical site is required and should describe the clinic capacity and willingness to be a PTC experiential training site and host the STD clinical prevention fellow to provide STD care (if applicable). Applicants should name the file "STD clinic LOS" and upload as a PDF file under “Other Attachment Forms .”
- Documented experience providing medical training to health care providers using different training methods.
- Documented experience in assessing clinic/health care setting infrastructure, services and processes.
- Documented experience in protocol development for clinical staff.
- Access to well-qualified faculty, trainers, and preceptors (as needed) who are current on specialized content area(s) and educational methodologies.
- Access to staff with expertise in clinical systems level TA delivery, QI methods and capacity building as indicated by personnel description in application narrative.
- Plan to provide continuing education credit (CE, CME, and/or CNE) and associated costs described.
- Applicants must address infrastructure, including the applicant organization's physical space and equipment, technologic capabilities, information and data systems, and communication systems to implement the NOFO. Describe the necessary infrastructure for in-person and technology-based training as proposed.
- Data management capacity for local use and for submission to CDC and the National Coordination Center.
- Applicants should have a financial management system that will allow proper funds management and segregation of funds by program, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
- Applicants should demonstrate their ability to manage the required procurement efforts including the ability to write and award contracts in accordance with applicable grants

regulations.

Subcomponent A1. Scaling up regional HIV preventive services in STD specialty health clinics

- Medical Director expertise in the fields of HIV medical education and HIV prevention, treatment and care expertise with ties to an academic institution. CV is required if different than A (core).
- Program coordinator skills to provide overarching coordination and support for the day-to-day activities of the PTC to support the NOFO strategies and activities, provide leadership with building key partnerships, and oversee marketing, data management, QI, and evaluation activities. CV is required if different than A (core).
- Expertise in the coordination of the development and delivery of TA and TOT utilizing the most recent QI principles in healthcare settings. CV is required if different that A (core).
- HIV/STD clinical faculty effort. Faculty should demonstrate expertise as demonstrated by HIV trainings conducted for health care providers, clinical management and protocol development, recent experience working in an STD specialty clinic and current experience delivering HIV care including treatment and PrEP/nPEP (i.e., is a practicing HIV clinician). CVs are required.
- Documented experience providing medical training to health care providers using different training methods
- Documented experience in assessing clinic/health care setting infrastructure, services and processes
- Documented experience in protocol development for clinical staff
- Access to faculty with expertise in HIV PrEP/nPEP and HIV treatment and care and working in or managing STD specialty clinics
- Access to well-qualified faculty, trainers, and preceptors (as needed) who are current on specialized content area(s) and educational methodologies as indicated by personnel description in application narrative.
- Access to staff with expertise in clinical systems level TA delivery, QI methods and capacity building.
- Applicants must address infrastructure, including the applicant organization's physical space and equipment, technologic capabilities, information and data systems, and communication systems to implement the NOFO. Describe the necessary infrastructure for in-person and technology-based training as proposed.
- Data management capacity for local use and for submission to CDC and the National STD PTC Coordination Center.

Subcomponent A2. STD Clinical Prevention Fellowship Program

- Clear career development plan with defined milestones and skill development including plans for clinical, epi/surveillance and clinical science training in STDs.
- A faculty mentor that is at least mid-career faculty member from an academic medical institution that has a track record of working with STD prevention clinical programs at local or state health departments.
- Access to supporting faculty member with specialty in at least one of the following: behavioral science, health economics, health care policy, health services delivery, and/or healthcare management.
- Access to STD specialty clinic for clinical training.

Component B National STD PTC Coordination Center Core:

Core

- Coordination expertise in clinical training-related coordination and marketing, online web-based resource management, data management, CME certification, and health communication coordination for health care providers. CV is required.
- Evaluation expertise (at least master's level) to work with the NNPTC and CDC to refine evaluation tools and methods. CV is required.
- Documented experience in coordinating and evaluating training for health care providers including provision of CMEs.
- Documented expertise in website development and maintenance.
- Necessary equipment/tools to accomplish project outcomes.
- Applicants must have a financial management system that will allow proper funds management and segregation of funds by program, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards.
- Applicants should demonstrate their ability to manage the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations.

Subcomponent B1. Scaling up regional HIV preventive services in STD specialty health clinics

- Coordination expertise in clinical training-related coordination and marketing, online web-based resource management, data management, CME certification, and health communication coordination for health care providers. CV is required.

- Evaluation expertise (at least master's level) to work with the NNPTC and CDC to refine evaluation tools and methods. CV is required.
- Documented experience in coordinating and evaluating training for health care providers including provision of CMEs.

- Documented expertise in website development and maintenance.
- Necessary equipment/tools to accomplish project outcomes.

Component C National STD Curriculum Center:

Core

- A Medical Technical Director to serve as Editor-in-Chief with doctoral level expertise in on-line medical curriculum development and adult learning theory to provide strategic guidance to the center and quality assurance oversight. The link to one on-line medical curriculum developed in recent years should be included in the application. CV is required.

- STD medical education expertise with experience with on-line curriculum development and adult learning theory. The link to one on-line medical curriculum developed in recent years should be provided into the application. CV is required.

- Project management expertise to provide overarching coordination and support for day-to-day activities of the Curriculum Center to support the NOFO strategies and activities, to oversee the curriculum development processes, including data management, web-based content and development, other technology support, editing and facilitating communications with the NNPTC. CV is required.

- Access to well-qualified faculty and staff who are experts on content area(s), technologies, and training methodologies as indicated by personnel description in application narrative.

- Documented experience with the development and maintenance of a web-based, medical, state-of-the-art curriculum.

- Documented experience using state-of-the-art technology to deliver training including ECHO and other innovative distance learning approaches.

- Plan to provide continuing education credit (CE, CME, and/or CNE) and associated costs described.

- Applicants should demonstrate their ability to manage the required procurement efforts, including the ability to write and award contracts in accordance with applicable grants regulations.

Subcomponent C1. Scaling up regional HIV preventive services in STD specialty clinics

- A Medical Technical Director to serve as Editor-in-Chief with doctoral level expertise in on-line medical curriculum development and adult learning theory to provide strategic guidance to the center and quality assurance oversight. CV is required.

- STD medical education expertise with experience with on-line curriculum development and adult learning theory. CV is required.
- Project management expertise to provide overarching coordination and support for day-to-day activities of the Curriculum Center to support the NOFO strategies and activities, to oversee the curriculum development processes, including data management, web-based content and development, other technology support, editing and facilitating communications with the NNPTC. CV is required.
- Access to well-qualified faculty and staff who are experts on HIV prevention services training content, technologies and training methodologies as indicated by personnel description in the application narrative.

d. Work Plan

Applicants are required to provide a separate work plan for each component and subcomponent that provides both a high-level overview of the entire five-year period of performance and a detailed description of the first year of the award.

CDC encourages applicants to insert their work plan into the suggested template (CDC encourages applicants to use the suggested work plan template located as **Attachments: NNPTC Work Plan Template Year 1 and NNPTC Work Plan Template Yrs 2-5).** The work plan will delineate more specifically how the recipient plans to achieve the period of performance outcomes, strategies, activities, evaluation and performance measurement, including key milestones during the period of performance. Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov.

For the five-year overview, applicants should describe, for each of the overarching core components and subcomponents described above:

- The primary high-level goals for the period of performance in that area and rationale for selecting those goals.

For the more detailed work plan for the first year of award, applicants should describe, for each of the overarching core components and subcomponents outlined in the Strategies and Activities section above:

- at least one outcome for the first year.
- any key partner organizations that are essential to implementing the strategies in year 1, anticipated barriers or key assumptions that will affect the applicant's ability to meet that outcome in year 1.
- the primary activities or tasks they will implement to achieve those outcomes (approximately 3-5 activities or tasks per outcome).
- the anticipated timeline for completing those activities or tasks, and relevant indicators or evidence of success (i.e., how applicant will know the task was completed and of high quality).

Post-award, proposed work plans may be adjusted in collaboration with CDC to better address

the overarching goals of the project.

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

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

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

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

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

CDC will require recipients to participate in regularly scheduled calls between the PTC and CDC. The calls will serve as a means of monitoring progress under the program and identifying technical assistance needs. Monitoring may also include other activities deemed necessary to monitor the award, if applicable.

f. CDC Program Support to Recipients (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)
The CDC program will collaborate with the PTCs during the period of performance with activities that may include, but not be limited to the following:

- Collaborate to compile and publish accomplishments, best practices, performance data, and lessons learned during the period of performance.
- Collaborate to develop an STD Clinical Prevention Fellow career development plan.
- Facilitate linkage, communication and collaboration with the national network of STD specialty clinics.
- Facilitate linkage and communication with national professional organizations, as needed.
- Coordinate communication and program linkages with other CDC programs and federal agencies, mainly CDC's Division of HIV and AIDS Prevention, Division of Adolescent

and School Health, and Division of Viral Hepatitis, and DHHS's Office of Adolescent Health and Office of Population Affairs, HRSA Bureaus including HIV/AIDs Bureau (HAB), Bureau of Primary Care (BPHC) and Maternal and Child Health Bureau (MCHB), SAMHSA and CMS.

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.
2. Award Mechanism:	U62
3. Fiscal Year:	2020
4. Approximate Total Fiscal Year Funding:	$10,000,000
5. Approximate Period of Performance Funding:	$50,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:	$50,000,000
6. Approximate Period of Performance Length:	5 year(s)
7. Expected Number of Awards:	12

Component A (core) and Subcomponent A1 up to 8; Subcomponent A2 up to 6; Component B (core) and Subcomponent B1 – 1; Component C (core) and Subcomponent C1 - 1 .

Applicants may apply for core funding under Component A, Component B, and/or Component C. Only recipients of Component A (Core) will be considered for funding under Subcomponent A1 and A2; The recipient of Component B (Core) will be considered for funding under Subcomponent B1; Only the recipient of Component C (Core) funding will be considered for Subcomponent C1 funding. Applicants must include separate project narratives, work plans and budgets for each component and subcomponent.

8. Approximate Average Award: $0 Per Budget Period

Component A Regional Centers Core funding - $600,000

Subcomponent A1 (Scaling up HIV Prevention Services in STD Specialty Clinics) - $300,000

Subcomponent A2 (STD Clinical Prevention Fellowship) - $150,000

Component B National STD PTC Coordination Center ($NPTC_3$) core funding - $500,000

Subcomponent B1 (Scaling up HIV Prevention Services in STD Specialty Clinics) - $250,000

Component C National STD Curriculum Center (NSTDC) core funding - $750,000

Subcomponent C1 (Scaling up HIV Prevention Services in STD Specialty Clinics) - $500,000

9. Award Ceiling: $0 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $0 Per Budget Period

11. Estimated Award Date: 03/01/2020

12. Budget Period Length: 12 month(s)

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

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

State governments
County governments
City or township governments
Special district governments
Independent school districts
Public and State controlled institutions of higher education
Native American tribal governments (Federally recognized)
Public housing authorities/Indian housing authorities
Native American tribal organizations (other than Federally recognized tribal governments)
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher

education
Private institutions of higher education

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)
Local governments or their bona fide agents
Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
State controlled institutions of higher education
American Indian or Alaska Native tribal governments (federally recognized or state-recognized)

Non-government Organizations:

American Indian or Alaska native tribally designated organizations

2. Additional Information on Eligibility

Eligibility is limited to the above listed entities, per the program's authorizing statute.

Indirect costs are limited to 8% of modified total direct costs as a flat amount for reimbursement under training grants (HHS Grants Policy Statement, January 1, 2007).

Unless an exempted organization (i.e., state, tribal, or local governments), CDC will consider any application requesting to use an indirect cost rate above 8% as nonresponsive, and the application will receive no further review.

n/a

3. Justification for Less than Maximum Competition

n/a

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources including program income to promote sustainability is strongly encouraged. However, cost sharing will not be factored during the review and selection process.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as a recipient. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at https://www.sam.gov/SAM/.

c. Grants.gov:

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

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

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

			grants.gov)	

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **09/25/2019**

b. Application Deadline

Due Date for Applications: **11/12/2019** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Letters of Intent are optional and encouraged, and are due no later than 9/25/19 at 11:59PM U.S. Eastern Standard Time. Applications are due no later than 11/12/2019, at 11:59pm U.S. Eastern Standard Time.

Date for Information Conference Call

The informational conference call will be held on 9/10/2019 at 2:00pm U.S. Eastern Standard Time. Please register to attend at: https://cc.readytalk.com/r/m8dquplqfb1d&;eom

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.

Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC

on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

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

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

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.
When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

Duplication of Efforts
Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent,

whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

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

7. Letter of Intent

Letters of Intent (LOI) are optional and encouraged, and are due 9/25/2019 no later than 11:59PM U.S. Eastern Standard Time.

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications. LOI must be sent via U.S. express mail, delivery service, fax or email to:

Erin Tromble, MD

CDC/NCHHSTP/DSTDP

Address: 1600 Clifton Road NE, Mailstop US 12-2, Atlanta, GA 30333

Telephone number: (404) 498-5020

Fax: (404) 471-2557

Email address: lzn6@cdc.gov

8. Table of Contents

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

9. Project Abstract Summary

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

10. Project Narrative

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

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

described in the CDC Project Description.

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

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

CDC encourages applicants to use the suggested work plan template located as **Attachments: Work Plan Template Year 1 PS20-2004 Regional and National Centers NOFO Application and Work Plan Template Yrs 2-5 PS20-2004 Regional and National Centers NOFO Application.**

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation

Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

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

Separate budgets are required for each component and subcomponent.

13. Funds Tracking

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

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

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

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

Central identification number (PMCID) thereafter.

17. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

Indirect costs are limited to 8% of modified total direct costs as a flat amount for reimbursement under training grants (HHS Grants Policy Statement, January 1, 2007).

Unless an exempted organization (i.e., state, tribal, or local governments), CDC will consider any application requesting to use an indirect cost rate above 8% as nonresponsive, and the application will receive no further review.

18. Data Management Plan

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

19. Other Submission Requirements

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

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov,

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

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

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

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

E. Review and Selection Process

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

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

b. Phase II Review

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

requirements.

i. Approach Maximum Points:35

Component A Regional Centers

Core

Evaluate the extent to which the applicant:

a. **Background and purpose (maximum 2 points)**:

- Describes the problem of STDs in the U.S. and relevance of provider training to STD control efforts **(1 points).**
- Describes the purpose of the Component A regional PTC. **(1 points)**

b. **Outcomes (maximum 2 points):** Describes the intended results that are expected specifically related to their proposed region for the period of performance.

c. **Program Strategy (maximum 19 points)**:

- Describes a feasible, innovative, quality, efficient approach to prioritize key providers and their clinical settings for T/TA and to guide the development of T/TA content and materials. **(maximum 6 points)**
- Describes a feasible, evidenced-based approach using concrete examples from past experiences to deliver strategic, state-of-the-art, high impact T/ TA to priority providers at a regional level, including the development of regional learning communities, as appropriate, and how the proposed strategies and activities will increase priority health professionals' knowledge and skill to screen, diagnose, treat and counsel those with STDs and will improve health professional practice with regard to the provision of quality STD clinical preventive care. **(maximum 7 points)**
- Describes a feasible, evidenced-based approach using concrete examples from past experiences to employ innovative distance learning, scalable, high impact training methods including the development of a regional TOT model and ECHO trainings and how the proposed strategies and activities will increase priority health professionals' knowledge and skill to screen, diagnose, treat and counsel those with STDs and will improve health professional practice with regard to the provision of quality STD clinical preventive care services. **(maximum 6 points)**

d. **Work Plan (maximum 12 points)**:

- Provides a detailed work plan for the first year of the period of performance along with a high-level work plan for subsequent years that includes all NOFO-related regional program strategies and activities, objectives that are specific, measurable, achievable, realistic, and time-based (SMART) to support achievement of NOFO outcomes. **(maximum 5 points)**
- Lists feasible, evidence-based, high impact activities that align with the NOFO's logic model, appropriate performance measures for accomplishing each objective, and staff, contracts, and technical and administrative roles and functions that support

implementation of the NOFO. **(maximum 7 points)**

Subcomponent A1. Scaling up HIV preventive services in STD specialty clinics

Evaluate the extent to which the applicant:

a. Background and purpose (maximum 2 points):

- Describes the problem of HIV in the U.S., the relevance of STDs to HIV prevention efforts and the role of provider training to HIV and STD control efforts. (**1 points**)
- Describes the purpose of the Component A regional PTC. **(1 points)**

b. Outcomes (maximum 2 points): Describes the intended results that are expected specifically related to their proposed region for the project period.

c. Program Strategy (maximum 19 points):

- Describes a feasible, innovative, quality, efficient approach to prioritize key providers and their clinical settings for T/TA and to guide the development of training and technical assistance (TA) content and materials. **(maximum 6 points)**
- Describes a feasible, evidenced-based approach using concrete examples from past experiences to deliver strategic, state-of-the-art, high impact T/ TA to priority providers at a regional level including the development of a regional learning communities, as appropriate, and how the proposed strategies and activities will increase priority health professionals' knowledge and skill to provide HIV preventive services and will improve health professional practice with regard to the provision of quality HIV preventive services including PrEP, into the STD specialty clinic setting. **(maximum 7 points)**
- Describes a feasible, evidenced-based approach using concrete examples from past experiences to employ innovative distance learning, scalable, high impact training methods including the development of a regional TOT model and ECHO trainings and how the proposed strategies and activities will increase priority health professionals' knowledge and skill to provide HIV preventive services including PrEP and will improve health professional practice with regard to the provision of quality HIV preventive services into the STD specialty clinic setting. **(maximum 6 points)**

d. Work Plan (maximum 12 points):

- Provides a detailed work plan for the first year of the project period along with a high-level work plan for subsequent years that includes all NOFO-related regional program strategies and activities, objectives that are specific, measurable, achievable, realistic, and time-based (SMART) to support achievement of NOFO outcomes. **(maximum 5 points)**
- Lists feasible, evidence-based, high impact activities that are in alignment with the NOFO logic model, appropriate performance measures for accomplishing each objective, and staff, contracts, and technical and administrative roles and functions that support implementation of the NOFO. **(maximum 7 points)**

Subcomponent A2. STD Clinical Prevention Fellowship

Evaluate the extent to which the applicant:

a. **Background and purpose:** Describes the core and relevant information to understand how the application addresses the goal of training fellows to become leaders in STD clinical prevention. **(maximum 2 points)**

b. **Outcomes:** Describes the intended results that are expected specifically related to the STD Clinical Prevention Fellowship. **(maximum 2 points)**

c. **Program Strategy (maximum 21 points):**

- Provides appropriate rationale for the selection of evidence-based and innovative strategies and activities that are achievable and appropriate to achieve project outcomes. **(maximum 3 points)**
- Describes how the strategies and activities will support training STD clinical prevention fellows. **(maximum 5 points)**
- Explains methods in sufficient detail to explain the feasibility of the applicant's plan to meet the outcomes. **(maximum 5 points)**
- Describes the extent to which the proposed use of funds is efficient. **(maximum 3 points)**
- Describes how the program strategy includes the required activities for the functional NOFO strategies as outlined in the CDC Project Description. **(maximum 5 points)**

d. **Work Plan (maximum 10 points):**

- Provides a detailed work plan for the first year of the period of performance along with a high-level work plan for subsequent years. **(maximum 2 points)**
- Incorporates all NOFO-related innovative project strategies and activities. **(maximum 2 points)**
- Provides objectives that are specific, measurable, achievable, realistic, and time-based (SMART). **(maximum 2 points)**
- Lists objectives, activities and timelines that support achievement of NOFO outcomes as described above. Activities should align with the NOFO's logic model and should have appropriate performance measures for accomplishing objectives. **(maximum 2 points)**
- Explains staff, contracts, and administrative roles and functions to support implementation of the award. **(maximum 2 points)**

Component B. National STD PTC Coordination Center

Core

Evaluate the extent to which the applicant:

Background and purpose (maximum 2 points):

- Describes the problem of STDs in the U.S. and relevance of provider training to STD

control efforts. **(1 points)**

- Describes the purpose of the National STD PTC Coordination Center. **(1 points)**

Outcomes (maximum 2 points): Describes the intended results that are specifically related to the National Coordination Center for the period of performance.

Program Strategy (maximum 21 points):

- Describes a high impact approach using innovative strategies and activities to coordinate NNPTC activities and to promote NNPTC expertise and resources nationally through a variety of communication methods using concrete examples of past experience with medical educational strategies and activities. **(maximum 9 points)**
- Describes how the strategies and activities will increase health professionals' knowledge and skill to screen, diagnose, treat and counsel those with STDs and improve health professional practice with regard to provision of quality STD clinical preventive care services and how past experience will inform the quality and impact of these strategies and activities. **(maximum 12 points)**.

Work Plan (maximum 10 points):

- Provides a detailed work plan for the first year of the period of performance along with a high-level work plan for subsequent years that includes all NOFO-related regional program strategies and activities, objectives that are specific, measurable, achievable, realistic, and time-based (SMART) to support achievement of NOFO outcomes. **(maximum 5 points)**
- Lists feasible, evidence-based, high impact activities that align with the NOFO's logic model, appropriate performance measures for accomplishing each objective, and staff, contracts, and technical and administrative roles and functions that support implementation of the NOFO. **(maximum 5 points)**

Subcomponent B1. National STD PTC Coordination Center for activities related to scaling up HIV preventive Services in STD specialty clinics

Evaluate the extent to which the applicant:

Background and purpose (maximum 2 points):

- Describes the problem of HIV in the U.S., the relevance of STDs to HIV prevention efforts, and the role of provider training to HIV and STD control efforts. **(1 points)**

- Describes the purpose of the STD PTC Coordination Center. **(1 points)**

Outcomes (maximum 2 points):

- Describes the intended results that are specifically related to the national coordination center and the centers role in supporting this initiative for the project period.

Program Strategy (maximum 21 points):

- Describes a high impact approach using innovative strategies and activities to coordinate NNPTC HIV prevention services activities and to promote NNPTC expertise and resources nationally through a variety of communication methods using concrete examples of past experience with medical educational strategies and activities. **(maximum 9 points)**
- Describes how the strategies and activities will increase health professionals' knowledge and skill to provide HIV preventive services including PrEP and improve health professional practice with regard to provision of quality HIV preventive services and how past experience will inform the quality and impact of these strategies and activities. **(maximum 12 points)**

Work Plan (maximum 10 points):

- Provides a detailed work plan for the first year of the project period along with a high-level work plan for subsequent years that includes all NOFO-related regional program strategies and activities, objectives that are specific, measurable, achievable, realistic, and time-based (SMART) to support achievement of NOFO outcomes. **(maximum 5 points)**
- Lists feasible, evidence-based, high impact activities that align with the NOFO's logic model, appropriate performance measures for accomplishing each objective, and staff, contracts, and technical and administrative roles and functions that support implementation of the NOFO. **(maximum 5 points)**

Component C National STD Curriculum

Core

Evaluate the extent to which the applicant:

Background and purpose (maximum 2 points):

- Describes the problem of STDs in the U.S. and relevance of provider training to STD control efforts. **(1 point)**
- Describes the purpose of the National STD Curriculum Center. **(1 point)**

Outcomes (maximum 3 points): Describes the intended results that are specifically related to the National STD Curriculum Center for the period of performance.

Program Strategy (maximum 20 points):

- Describes a high impact approach using innovative strategies and activities to develop/maintain an online national STD curriculum and assure fidelity of the online curriculum to CDC recommendations using concrete examples from past experience. **(maximum 10 points)**
- Describes how the online national STD curriculum and other proposed distance learning strategies and activities will increase health professionals' knowledge and skill to screen, diagnose, treat, and counsel those with STDs and will improve health

professional practice with regard to prevention and management of STDs. Describes how past experience with distance learning training methods will inform the quality and impact of these strategies and activities. **(maximum 10 points)**

Work Plan (maximum 10 points):

- Provides a detailed work plan for the first year of the period of performance along with a high-level work plan for subsequent years that includes all NOFO-related regional program strategies and activities, objectives that are specific, measurable, achievable, realistic, and time-based (SMART) to support achievement of NOFO outcomes. **(maximum 5 points)**
- Lists feasible, evidence-based, high impact activities that align with the NOFO's logic model, appropriate performance measures for accomplishing each objective, and staff, contracts, and technical and administrative roles and functions that support implementation of the NOFO. **(maximum 5 points)**

Subcomponent C1. National curriculum center activities related to scaling up HIV preventive services in STD specialty clinics

Evaluate the extent to which the applicant:

Background and purpose (maximum 2 points):

- Describes the problem of HIV in the U.S., the relevance of STDs to HIV prevention efforts and the role of provider training to HIV and STD control efforts. **(1 point)**

- Describes the purpose of the National STD Curriculum Center. **(1 point)**

Outcomes (maximum 3 points): Describes the intended results that are specifically related to the National STD Curriculum Center and the center's role in this initiative for the period of performance.

Program Strategy (maximum 20 points):

- Describes a high impact approach using innovative strategies and activities to develop/maintain an online national STD curriculum and assure fidelity of the online curriculum to CDC recommendations using concrete examples from past experience. **(maximum 10 points)**
- Describes how the online national STD curriculum and other proposed distance learning strategies and activities will increase health professionals' knowledge and skill to provide HIV preventive services and will improve health professional practice with regard to integration of HIV preventive services and how past experience with distance learning training methods will inform the quality and impact of these strategies and activities. **(maximum 10 points)**

Work Plan (maximum 10 points):

- Provides a detailed work plan for the first year of the project period along with a high-level work plan for subsequent years that includes all NOFO-related regional program strategies and activities, objectives that are specific, measurable, achievable, realistic, and time-based (SMART) to support achievement of NOFO outcomes. **(maximum 5 points)**
- Lists feasible, evidence-based, high impact activities that align with the NOFO's logic model, appropriate performance measures for accomplishing each objective, and staff, contracts, and technical and administrative roles and functions that support implementation of the NOFO. **(maximum 5 points)**

ii. Evaluation and Performance Measurement Maximum Points:25

Component A Regional Centers

Core

Evaluate the extent to which the applicant:

- Discusses an approach to collect quality and meaningful evaluation and performance measurement (PM) data, including the type of regional evaluation and PM to be conducted; the key evaluation questions to be answered; data sources to be used; and feasibility of and approach to collecting appropriate evaluation and PM data. **(maximum 9 points)**
- Provides an evaluation plan that is feasible, ethical, and methodologically sound and is clear how evaluation and PM findings will be used to demonstrate the outcomes and impact of the project and for continuous program quality improvement. **(maximum 9 points)**
- Describes an approach to obtain evaluation and PM data for STD specialty clinics to evaluate the provision of quality STD clinical preventive care services using concrete examples of proposed PMs. **(maximum 7 points)**

Subcomponent A1. Scaling up HIV preventive services in STD specialty clinics

Evaluate the extent to which the applicant:

- Discusses an approach to collect quality and meaningful evaluation and PM data, including the type of regional evaluation and PM to be conducted; the key evaluation questions to be answered; data sources to be used, and feasibility of and approach to collecting appropriate evaluation and PM data. **(maximum 9 points)**
- Provides an evaluation plan that is feasible, ethical, and methodologically sound and is clear how evaluation and PM findings will be used to demonstrate the outcomes and impact of the project and for continuous program quality improvement. **(maximum 9 points)**
- Describes an approach to obtain evaluation and PM data for STD specialty clinics to evaluate the provision of quality HIV preventive services using concrete examples of proposed PMs. **(maximum 7 points)**

Subcomponent A2. STD Clinical Prevention Fellowship

Evaluate the extent to which the applicant:

- Describes how key fellowship partners will be engaged in the evaluation and performance measurement (PM) processes. **(maximum 5 points)**
- Discusses the type of evaluation to be conducted including how impact and success of fellowship will be defined for the individual, the NNPTC and CDC. **(maximum 5 points**
- Describes how and by whom evaluation will be conducted, data collection and analysis plans, how data will be reported. **(maximum 5 points)**
- Explains how evaluation and PM findings will be used to demonstrate the outcomes of the fellowship project and for continuous program quality improvement. **(maximum 5 points)**
- Provides an evaluation plan that is feasible, ethical, and methodologically sound. **(maximum 5 points)**

Component B. National STD PTC Coordination Center

Core

Evaluate the extent to which the applicant:

- Discusses an approach to collect quality and meaningful evaluation and performance measurement (PM) data, including the type of national evaluation and PM to be conducted; the key evaluation questions to be answered; data sources to be used; and feasibility of and approach to collecting appropriate evaluation and PM data. **(maximum 13 points)**
- Provides an evaluation plan that is feasible, ethical, and methodologically sound and is clear how evaluation and PM findings will be used to demonstrate the outcomes and impact of the project and for continuous program quality improvement. **(maximum 12 points)**

Subcomponent B1. National STD PTC Coordination Center for activities related to scaling up HIV preventive Services in STD specialty clinics

Evaluate the extent to which the applicant:

- Discusses an approach to collect quality and meaningful evaluation and performance measurement (PM) data, including the type of national evaluation and PM to be conducted; the key evaluation questions to be answered; data sources to be used; and feasibility of and approach to collecting appropriate evaluation and PM data. **(maximum 13 points)**
- Provides an evaluation plan that is feasible, ethical, and methodologically sound and is clear how evaluation and PM findings will be used to demonstrate the outcomes and impact of the project and for continuous program quality improvement. **(maximum 12 points)**

Component C. National STD Curriculum

Core

Evaluate the extent to which the applicant:

- Discusses an approach to collect quality and meaningful evaluation and PM data, including the type of national evaluation and PM to be conducted; the key evaluation questions to be answered; data sources to be used; and feasibility of and approach to collecting appropriate evaluation and PM data. **(maximum 13 points)**
- Provides an evaluation plan that is feasible, ethical, and methodologically sound and is clear how evaluation and PM findings will be used to demonstrate the outcomes and impact of the project and for continuous program quality improvement. **(maximum 12 points)**

Subcomponent C1. National curriculum center activities related to scaling up HIV preventive services in STD specialty clinics

Evaluate the extent to which the applicant:

- Discusses an approach to collect quality and meaningful evaluation and performance (PM) data, including the type of national evaluation and PM to be conducted; the key evaluation questions to be answered; data sources to be used, and feasibility of and approach to collecting appropriate evaluation and PM data. **(maximum 13 points)**
- Provides an evaluation plan that is feasible, ethical, and methodologically sound and is clear how evaluation and PM findings will be used to demonstrate the outcomes and impact of the project and for continuous program quality improvement. **(maximum 12 points)**

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

Component A Regional Centers

Core

Evaluate the extent to which the applicant:

Demonstrates relevant experience and capacity (management, administrative, and technical) to achieve the goals of the NOFO including experienced STD practitioners and subject matter experts (SME) in the development and delivery of quality and relevant, state-of-the-art training, and training assistance.

Specific requirements include:

- Medical Director demonstrating excellence in the field of medical education, SME in STD clinical management and care (illustrated by peer-reviewed publications, STD speaking engagements to regional and national conferences and/or participation on national STD relevant committees as identified in the CV), and recent experience delivering clinical STD care. **(maximum 9 points)**
- Includes STD SME faculty with experience providing STD clinical preventive care T/TA for health care providers on a regional or national level and who have current experience providing STD care (i.e., a practicing STD clinician) as demonstrated in

CVs. **(maximum 9 points)**

- Demonstrates partnership with at least one local, high volume, teaching STD specialty clinic serving key populations (LGBT, adolescents and racial/ethnic minorities) for training purposes. **(maximum 8 points-3 points if clinic serves on average over 50 STD patients a day; 2 points if clinic serves on average 30-49 STD patients a day; 1 point if clinic serves on average less than 30 STD patients a day; 2 points if clinic demographic composition greater than 30% sexual and/or ethnic/racial minority)**
- Demonstrates experience and capacity using concrete examples to implement the evaluation plan and health care systems level change and improvement using quality improvement methods. **(maximum 7 points)**
- Demonstrates project management capacity to execute the NOFO. Provides a staffing plan and project management structure that will be sufficient to meet the goals of the proposed project and which clearly defines staff roles. Provides an organizational chart. **(maximum 7 points)**

Subcomponent A1. Scaling up HIV preventive services in STD specialty clinics

Evaluate the extent to which the applicant:

Demonstrates relevant experience and capacity (management, administrative, and technical) to achieve the goals of the NOFO including experienced HIV practitioners and subject matter experts in the development and delivery of quality and relevant, state-of-the-art training and training assistance

Specific requirements include:

- Medical Director demonstrating excellence in the field of HIV medical education, SME in HIV clinical management and care (illustrated by peer-reviewed publications, HIV prevention-related speaking engagements to regional and national conferences and/or participation on national relevant committees as identified in the CV) and recent experience delivering clinical HIV care. **(maximum 9 points)**
- Includes HIV SME faculty with experience providing HIV clinical preventive care training/TA for health care providers on a regional or national level and who have current experience providing HIV care (i.e., a practicing HIV clinician) (as identified in CVs). **(maximum 9 points)**
- Demonstrates partnership with at least one local, high volume, teaching STD specialty clinic serving key populations (LGBT, adolescents and racial/ethnic minorities) for training purposes **(maximum 8 points-3 points if clinic serves on average over 50 STD patients a day; 2 points if clinic serves on average 30-49 STD patients a day; 1 point if clinic serves on average less than 30 STD patients a day; 2 points if clinic demographic composition greater than 50% racial/ethnic minority)**
- Demonstrates experience and capacity using concrete examples to implement the evaluation plan and health care systems level change and improvement using quality improvement methods. **(maximum 7 points)**
- Demonstrates project management capacity to execute the NOFO. Provides a staffing plan and project management structure that will be sufficient to meet the goals of the proposed project and which clearly defines staff roles. Provides an organizational chart.

(maximum 7 points)

Subcomponent A2. STD Clinical Prevention Fellowship

Evaluate the extent to which the applicant:

- Describes a mentor with STD content expertise as demonstrated by a record of peer-reviewed publications and presentation at national/regional conferences who has a relationship with local/state health departments and experience delivering care in the STD specialty clinic setting, as demonstrated in a CV. **(maximum 8 points)**
- Describes a project that involves the design, implementation and evaluation of a public health program. **(maximum 6 points)**
- Describes access to an STD specialty clinic as a clinical training site for the fellow. **(maximum 5 points)**
- Describes a clear career development plan with defined milestones. **(maximum 6 points)**
- Describes plan to recruit fellow candidate who is postdoctoral with an MD or DO. Preferred medical specialties include infectious diseases, OB/GYN, family medicine, adolescent medicine, preventive medicine or internal medicine. **(maximum 5 points)**
- Demonstrates experience and capacity to implement the evaluation plan. **(maximum 5 points)**
- Project Management: The applicant has the demonstrated project management capacity to execute the award. Provides a staffing plan and project management structure that will be sufficient to meet the goals of the proposed project and which clearly defines staff roles. Provides an organizational chart. **(maximum 5 points)**

Component B. National STD PTC Coordination Center

Core

Evaluate the extent to which the applicant:

- Demonstrates experience coordinating medical education activities with concrete examples of past experience including activities that resulted in increased trainee knowledge and/or skills and had broad reach. **(maximum 10 points)**
- Demonstrates history of building and maintaining an informative, quality website with functionality for data entry, exportation as evidenced by an active website link provided in the application for review. **(maximum 10 points)**
- Demonstrates a history of managing a clinical consultation program with concrete examples of volume and quality. **(maximum 10 points)**
- Demonstrates other relevant, innovative, high impact experience and capacity to achieve the goals of the proposed project and implement the evaluation plan and provides a staffing plan and organizational chart which clearly defines staff roles to demonstrate project management capacity to execute the proposed project. **(maximum 10 points)**

Subcomponent B1. National STD PTC Coordination Center for activities related to

scaling up HIV preventive Services in STD specialty clinics

Evaluate the extent to which the applicant:

- Demonstrates experience coordinating medical education activities with concrete examples of past experience including activities that resulted in increased trainee knowledge and/or skills and had broad reach. **(maximum 10 points)**
- Demonstrates history of building and maintaining an informative, quality website with functionality for data entry, exportation as evidenced by an active website link provided in the application for review. **(maximum 10 points)**
- Demonstrates a history of managing a clinical consultation program with concrete examples of volume and quality. **(maximum 10 points)**
- Demonstrates other relevant, innovative, high impact experience and capacity to achieve the goals of the proposed project and implement the evaluation plan and provides a staffing plan and organizational chart which clearly defines staff roles to demonstrate project management capacity to execute the proposed project. **(maximum 10 points)**

Component C National STD Curriculum

Core

Evaluate the extent to which the applicant:

- Demonstrates extensive experience with online, state-of-the-art, quality curriculum development as evidenced by an active link to a curriculum recently developed and provided in the application for review and metrics indicating uptake, reach and increases in trainee knowledge. **(maximum 11 points)**
- Demonstrates access to a Medical Director with doctoral level expertise in medical curriculum development and adult learning theory (as demonstrated in a CV) and staff with the technologic expertise in online medical curriculum development. **(maximum 11 points)**
- Demonstrates experience and capacity with using other distance learning methods and technology (e.g., ECHO) for training of health care professionals with evidence of uptake, reach, and increases in trainee knowledge. **(maximum 11 points)**
- Demonstrates other relevant, innovative, high impact experience and capacity to achieve the goals of the proposed project and implement the evaluation plan and provides a staffing plan and organizational chart which clearly defines staff roles to demonstrate project management capacity to execute the proposed project. **(maximum 7 points)**

Subcomponent C1. National curriculum center activities related to scaling up HIV preventive services in STD specialty clinics

Evaluate the extent to which the applicant:

- Demonstrates extensive experience with online, state-of-the-art, quality curriculum development as evidenced by an active link to a curriculum recently developed provided in the application for review and metrics indicating uptake, reach and

increases in trainee knowledge. **(maximum 11 points)**

- Demonstrates access to a Medical Director with doctoral level expertise in medical curriculum development and adult learning theory and staff with the technologic expertise in online medical curriculum development. **(maximum 11 points)**
- Demonstrates experience and capacity with using other distance learning methods and technology (e.g., ECHO) for training of health care professionals with evidence of uptake, reach and increases in trainee knowledge. **(maximum 11 points)**
- Demonstrates other relevant, innovative, high impact experience and capacity to develop curricula relevant to HIV preventive services and implement the evaluation plan and provides a staffing plan and organizational chart which clearly defines staff roles to demonstrate project management capacity to execute the proposed project. **(maximum 7 points)**

Budget

Evaluate the extent to which the applicant:

- The budget aligns with the proposed approach, evaluation and performance measures and work plans

c. Phase III Review

The following factors may affect funding decisions: geographic diversity of applications.

Review of risk posed by applicants.

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

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

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

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

2. Announcement and Anticipated Award Dates

Anticipated award notification date: Between February 2020 and April 2020.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available

at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available
at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

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

AR-4: HIV/AIDS Confidentiality Provisions

AR-7: Executive Order 12372

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2020

AR-12: Lobbying Restrictions (June 2012)

AR-14: Accounting System Requirements

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

AR-25: Data Management and Access

AR-26: National Historic Preservation Act of 1966

AR-27: Conference Disclaimer and Use of Logos

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

AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973

AR-33: Plain Writing Act of 2010

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

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

3. Reporting

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

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

- Enables CDC to assess the overall effectiveness and influence of the NOFO.

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

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	Every 6 months during grant cycle	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

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

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

Performance Measurement

• Performance measures and targets

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

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

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**

    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

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

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

Recipients will report performance measures every six months during funding cycle. Specific information and a suggested report template will be provided within 1 month of award.

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the budget period. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, recipients are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)
This report is due 90 days after the end of the period of performance. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process

and outcome performance measures.

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

Program income should be used in accordance with the requirements of the Notice of Award and should not be used without prior approval. Data regarding the amount of program income generated and use must be reported as part of the interim, annual, and final Federal Financial Reports (FFR).

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

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

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

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

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

assistance funds"). Outlined below are the specifics of this requirement:

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Erin Tromble, Project Officer

Department of Health and Human Services
Centers for Disease Control and Prevention
CDC/NCHHSTP/DSTDP

1600 Clifton Road, MS US12-2

Atlanta, GA 30333

Phone: 404.498.5020

Fax: 404.471.2557

Telephone: 404.498.5020
Email: lzn6@cdc.gov

Grants Staff Contact

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

Rhonda Colbert, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Infectious Disease Services Branch (IDSB), Office of Grants Services (OGS), Office of Financial Resources (OFR), Office of the Chief Operating Officer (OCOO)

Centers for Disease Control and Prevention (CDC)

2939 Flowers Road

Mailstop TV2

Atlanta, GA 30341-4146

Telephone: 770.488.2848
Email: hvx1@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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

H. Other Information

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

- Project Abstract

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

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

The project narrative for each core component should not exceed 15 pages (single-spaced) and each additional **sub**component should be limited to no more than 5 (single-spaced) pages each. The work plan for each component should not exceed 20 pages (table format) **and the workplan for each subcomponent should not exceed 10 pages (table format)**.

- Resumes/CVs of key personnel for each component application as specified
- Descriptive data from STD specialty clinic where preceptorships and other experiential training will be held including: monthly census by gender, gender identity, sexual orientation, race/ethnicity and age groups; Monthly numbers of the following should be included: GC cultures, rectal GC/CT tests, male Gram stains, STAT RPR, HIV tests, Pap smears, gonorrhea treatment, syphilis treatment and GC/CT EPT referrals
- Letters of Support as specified
- Organizational Charts
- Indirect cost rate, if applicable
- Bone Fide Agent status documentation, if applicable

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Assitance Listings (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as

a .pdf file) that describes domestic assistance programs administered by the Federal Government.
Assistance Listings (CFDA) Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies,

and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.
Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.
Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.
Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.
Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making

informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: https://www.whitehouse.gov/wp-content/uploads/2017/11/Intergovernmental_-Review-_SPOC_01_2018_OFFM.pdf.
Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.
Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.
Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.
Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.
Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.
Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.
Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.
Outcome: The results of program operations or activitIes; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.
Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.
Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.
Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period
Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.
Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).
Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.
Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms

CME/CE: Continuing Medical Education/Continuing Education

Community of practice: Group of people who share a concern, a set of problems or a passion about a topic and who deepen their knowledge and expertise by interacting on an ongoing basis.

ECHO modelTM : method that utilizes technology to put local clinicians together with specialist teams at academic medical centers in order to share knowledge and expand treatment capacity.

Key populations:adolescents and young adults, pregnant women and men-who-have-sex-with-men (MSM).

MOC: Maintenance of Certification

Quality Improvement: Quality improvement in public health is the use of a deliberate and defined improvement process, such as Plan-Do-Check-Act, which is focused on activities that are responsive to community needs and improving population health. It refers to a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community (Riley, Moran, Corso, Beitsch, Bialek, and Cofsky. *Defining Quality Improvement in Public Health.* Journal of Public Health Management and Practice. January/February 2010).

STD specialty clinic: Clinic with available same day culturally sensitive, safety net, confidential STD evaluation and treatment services for patients and sexual contacts. Available services may include: STAT syphilis test, microscope for STAT Gram stain/Methylene Blue/Gentian Violet and wet mount, GC culture capacity and medications on site including Benzathine Penicillin LA and ceftriaxone.

Technical Assistance (TA) - the process of offering support to a clinical site or health system to aid in capacity building.

Train the trainer (TOT) – a training method where the subject matter expert (SME) delivers training content meant to increase the knowledge base of the trainee in addition to preparing the trainee to deliver training to others in the future.