

Centers for Disease Control

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

National Harm Reduction Technical Assistance and Syringe Services Program (SSP)
Monitoring and Evaluation Funding Opportunity
CDC-RFA-PS19-1909
Application Due Date: 06/26/2019

National Harm Reduction Technical Assistance and Syringe Services Program (SSP) Monitoring and Evaluation Funding Opportunity

CDC-RFA-PS19-1909

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-PS19-1909. 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 Harm Reduction Technical Assistance and Syringe Services Program (SSP) Monitoring and Evaluation Funding Opportunity

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)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PS19-1909

E. Assistance Listings (CFDA) Number:

93.488

F. Dates:

1. Due Date for Letter of Intent (LOI):	**05/24/2019**
2. Due Date for Applications:	**06/26/2019**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

Letter of Intent is requested, but not required. Letters must include the component(s) to which the applicant intends on applying. Please send letters of intent to: **harmreduction@cdc.gov**.

Please direct any questions regarding the NOFO to harmreduction@cdc.gov. Any questions will not be answered directly, but answers will be published within 48 hours on https://www.cdc.gov/nchhstp/funding/announcements/ps19-1909. Please refer to this webpage for NOFO updates, Q&As and any other information.

3. Date for Informational Conference Call:

05/09/2019 2pm EST.

Dial in numbers:

Country	Local/Toll Number	Freephone/Toll Free Number
USA	1-517-233-4397	866-796-7163

Participant Passcode: 3869899

G. Executive Summary:

1. Summary Paragraph:

The opioid crisis has had substantial infectious disease consequences, particularly related to injection drug use (IDU). Comprehensive syringe services programs (SSPs), are a proven effective component of community-based programs preventing the spread of infectious disease from IDU. This three-year program will strengthen the capacity and improve the performance of SSPs throughout the United States by supporting enhanced technical assistance (TA) to ensure the provision of high-quality, comprehensive harm reduction services, and supporting the development and implementation of best practices for patient navigation from SSPs to community-based health and social services. Furthermore, this program will improve the capacity of SSPs to conduct process monitoring and evaluation to ensure their program goals and objectives are met, and it will demonstrate the usefulness and feasibility of a national IDU surveillance system to monitor drug use patterns, health consequences of IDU and access to prevention and health services. These strategies and activities will strengthen capacity of organizations to implement comprehensive, sustainable SSPs, improve services provided, and improve national understanding of drug use patterns and access to prevention and intervention services to prevent infectious disease consequences of the opioid crisis.

a. Eligible Applicants: Open Competition

b. NOFO Type: Cooperative Agreement

c. Approximate Number of Awards: 2

Organizations may apply for component 1, 2, or both, but must submit a separate work plan and budget for each component. Organizations applying to component 1,Technical Assistance, must conduct activities for demonstration project 1a, Patient Navigation from SSPs. Organizations wishing to apply for component 2, SSP Monitoring and Evaluation, must conduct activities for demonstration project 2a, IDU Surveillance. Separate work plans and budgets are needed for the demonstration projects.

d. Total Period of Performance Funding: $6,925,000

Year one is funded at $4,975,000, with Component 1 funded at $850,000, and Component 2 at $125,000. The demonstration projects are funded in year one for a total of $4,000,000. Years two and three only Components 1 and 2 will be funded, at the same rate as in year one. Total funding available for years 2 and 3 is $975,000 per year.

e. Average One Year Award Amount: $500,000

f. Total Period of Performance Length: 3

g. Estimated Award Date: 09/02/2019

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 and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

The opioid crisis has led to increases in overdose [1], hepatitis C [2], hepatitis A [3], and hepatitis B virus incidence in persons who inject drugs (PWID) [4, 5]. Steep declines in HIV infection resulting from injection drug use (IDU) have stagnated [6], and increases in endocarditis [7, 8] indicate the need to strengthen interventions that can prevent transmission of infectious disease.

SSPs can provide a range of health and social services that address the comprehensive needs of PWID, including access to sterile syringes, naloxone, testing and treatment for infectious disease, and medication-assisted treatment (MAT) for substance use disorder. The coverage of SSPs in the US is not sufficient [9], and many SSPs are under-resourced and are unable to offer comprehensive services [10]. Public support for these programs is low [11], and despite the ongoing opioid crisis, SSPs have been closed due to public pressure stemming from a lack of support of these programs [14-16].

The Centers for Disease Control and Prevention (CDC) seeks to address the rising rates of infectious disease related to the opioid crisis through a four-part program intended to strengthen the capacity of SSPs to serve PWID, engage them in care, and to contribute surveillance data to inform prevention efforts for PWID. By enhancing the technical assistance provided to SSPs, strengthening referrals from SSPs through patient navigation, improving monitoring and evaluation of SSPs, and demonstrating the usefulness and feasibility of an IDU surveillance system, the capacity of SSPs to effectively prevent injection-related harms among PWID and in their communities will improve.

References

1. CDC. *Drug Overdose Death Data, 2016*. 2017; Available from: https://www.cdc.gov/drugoverdose/data/statedeaths.html.
2. CDC. *Surveillance for Viral Hepatitis — United States, 2016*. 2018; Available from: https://www.cdc.gov/hepatitis/statistics/2016surveillance/commentary.htm.
3. Foster, et al., *Hepatitis A Virus Outbreaks Associated with Drug Use and Homelessness - California, Kentucky, Michigan, and Utah, 2017*. MMWR, 2018. **67**(43): p. 1208-1210.
4. Harris, et al., *Increases in Acute Hepatitis B Virus Infections - Kentucky, Tennessee, and West Virginia, 2006-2013*. MMWR, 2016. **65**(3): p. 47-50.
5. Comer, et al., *Notes from the Field: Increase in Acute Hepatitis B Infections - Pasco County, Florida, 2011-2016*. MMWR, 2018. **67**(7): p. 230-231.
6. CDC *Vital signs: HIV and injection drug use*. 2016.
7. Collier, et al. *Using Population Based Hospitalization Data to Monitor Increases in Conditions Causing Morbidity Among Persons Who Inject Drugs*. J Community Health, 2018. **43**(3): p. 598-603.
8. Jackson, et al., *Invasive Methicillin-Resistant Staphylococcus aureus Infections Among Persons Who Inject Drugs - Six Sites, 2005-2016*. MMWR, 2018. **67**(22): p. 625-628.

9. Foundation for AIDS Research (amfAR), *Getting to Services: Far, Far Away*. 2018.
10. Des Jarlais, et al., *Syringe Service Programs for Persons Who Inject Drugs in Urban, Suburban, and Rural Areas - United States, 2013.* MMWR, 2015. **64**(48): p. 1337-41.
11. McGinty, et al., *Public support for safe consumption sites and syringe services programs to combat the opioid epidemic.* Prev Med, 2018. **111**: p. 73-77.
12. Brazil, *Orange County's only needle exhange shuts down after Santa Ana denies permit*, in *Los Angeles TImes*. 2018.
13. Katz, *Why a city at the centre of the opioid crisis gave up a tool to fight it*, in *New York TImes*. 2018.
14. Hedger, *2nd Indiana county ends needle exchange, with 1 official citing moral concerns*, in *IndyStar*. 2017, USA Today.

b. Statutory Authorities

Section Sections 301 and 317 (k)(2) of the Public Health Service Act (42 U.S.C. section 241 and 274b), as amended.

c. Healthy People 2020

This NOFO addresses the Health People 2020 focus on substance use (https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Substance-Abuse).

Reduce hepatitis B (IID-25: https://www.healthypeople.gov/node/4692/data_details)

Reduce new hepatitis C infections: (IID-26: https://www.healthypeople.gov/node/4695/data_details)

Reduce new HIV infections (https://www.healthypeople.gov/node/3522/objectives)

d. Other National Public Health Priorities and Strategies

The HHS Strategic Plan, FY 2018-2022: https://www.hhs.gov/about/strategic-plan/strategic-goal-2/index.html

HHS Strategy to Combat Opioid Abuse, Misuse and Overdose: https://www.hhs.gov/opioids/sites/default/files/2018-09/opioid-fivepoint-strategy-20180917-508compliant.pdf

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Strategic Plan Through 2020:

https://www.cdc.gov/nchhstp/docs/NCHHSTP-Strategic-Plan-through-2020-508.pdf-Strategic-Plan-through-2020-508.pdf

e. Relevant Work

CDC-RFA-PS14-1403: Capacity Building Assistance (CBA) for High Impact HIV Prevention: https://www.cdc.gov/hiv/funding/announcements/ps14-1403/index.html

and

CSTLTS National Partners Cooperative Agreement OT18-1802 "Establishing Performance

Standards for Syringe Services Programs"

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Component 1: Harm Reduction Technical Assistance (TA)			
1. Develop a national network that provides harm reduction TA responsive to the needs of states and local jurisdictions 2. Create a toolkit to support the implementation of syringe services programs (SSPs) in urban, suburban and rural areas	• **Strengthened capacity of jurisdictions to implement comprehensive SSPs to prevent the infectious disease consequences of injection drug use (IDU)**	• **Improved sustainability of SSPs** • **Improved implementation of SSPs** • **Improved linkage to medication-assisted treatment (MAT) from SSPs** • **Improved screening and linkage to care for infectious disease at SSPs**	Improved health outcomes for persons who inject drugs (PWID) Reduced incidence of infectious disease resulting from IDU Reduced IDU and other high risk substance use
Demonstration Project 1a: Patient Navigation Program at SSPs			
1. Develop patient navigation program at 8 SSPs to link clients to MAT and to care and treatment for infectious disease 2. Develop a program to track navigation support provided and outcomes 3. Develop guidance on best practices for patient navigation	• **Strengthened connections from SSP to other community programs** • **Strengthened capacity of SSPs to support PWID seeking access to MAT and infectious disease care**	• Increased use of MAT by PWID • Increased access to care and treatment for infectious disease resulting from IDU for PWID	
Component 2: Monitoring and Evaluation of Syringe Services Programs (SSP)			
1. Develop national standardized metrics for monitoring SSPs 2. Work with SSPs to improve program data collection and reporting for local monitoring and evaluation 3. Develop and implement a national monitoring and evaluation program for SSPs	• **Improved national data from SSPs** • **Improved ability of SSPs to conduct monitoring and evaluation activities**	• **Improved implementation of SSPs** • **Improved capacity of CDC and partners to monitor SSP services and program needs in the US** • **Improved capacity of CDC to support and sustain SSPs** • **Improved capacity of SSPs to measure their local impact**	
Demonstration Project 2a: Injection drug use (IDU) surveillance demonstration project			
1. Develop a survey instrument to collect individual-level data from SSP clients and their peers 2. Work with SSPs nationwide to use a data collection platform to capture client-level data 3. Develop and implement a survey of SSP clients and their drug-using peers in a select sub-sample of SSPs	• **Strengthened capacity of SSPs to contribute to a national surveillance system** • **Strengthened capacity of SSPs to track the negative sequelae of IDU such as overdose and infectious disease experienced by PWID**	• Strengthened capacity of SSPs to describe and meet the needs of their client population • Strengthened capacity of SSPs to understand local drug use trends • Establishment of a national surveillance system to identify new and emerging issues impacting PWID and other persons who use drugs.	

i. Purpose

This NOFO supports the implementation of two program components: 1) nationwide technical assistance for syringe services programs and 2) implementation of a national monitoring and evaluation program for SSPs; and two demonstration projects that are required Year 1 activities

under each component. Together, these components will enable a supportive structural environment in order to reduce the infectious disease consequences of the opioid crisis.

ii. Outcomes

The program is expected to demonstrate measurable progress toward addressing short-term and intermediate outcomes that appear bolded in the logic model. The section entitled CDC Evaluation and Performance Measurement Strategy further describes the outputs and indicators that quantify program outcomes. A summary of short-term and intermediate outcomes to be measured and reported by funding recipients is as follows:

Component 1: Harm Reduction Technical Assistance

Short-term Outcomes:

- Strengthened capacity of organizations to implement comprehensive syringe services programs (SSPs) to prevent the infectious disease consequences of injection drug use (IDU)

Intermediate Outcomes:

- Improved sustainability of SSPs
- Improved implementation of SSPs
- Improved linkage to medication-assisted treatment from SSPs
- Improved screening and linkage to care for infectious disease at SSPs

Demonstration project 1a: Patient Navigation pilot project

Short-term outcomes:

- Strengthened connections from SSP to other community programs
- Strengthened capacity of SSPs to support PWID seeking access to MAT and infectious disease care

Component 2: Monitoring and Evaluation

Short-term Outcomes:

- Improved national data from SSPs
- Improved ability of SSPs to conduct monitoring and evaluation activities

Intermediate outcomes:

- Improved implementation of SSPs
- Improved capacity of CDC and partners to monitor SSP services and program needs in the US
- Improved capacity of CDC to support and sustain SSPs

- Improved capacity of SSPs to measure their local impact

Demonstration project 2a: IDU Surveillance pilot project

Short term outcomes:

- Strengthened capacity of SSPs to contribute to a national surveillance system
- Strengthened capacity of SSPs to monitor local drug use

iii. Strategies and Activities

This program will strengthen SSPs nationwide by providing technical assistance and monitoring and evaluation to improve their capacity to serve the needs of persons who inject drugs. Through demonstration project activities, it will also improve understanding of the needs, risk behaviors, and prevalence of infectious disease among PWID in various locales. The activities and strategies will build a stable foundation for programs by establishing a network of regional experts, a system for continual improvement, and resources and tools to ensure quality service delivery nationwide.

Available funding and required activities are categorized as follows: Component 1: technical assistance for SSPs, and demonstration project 1a: patient navigation from SSPs to care. Component 2: SSP monitoring and evaluation; and demonstration project 2a: IDU surveillance. Applicants may apply for component 1 and 2, if desired, but must submit separate work plans for each component. Those applying to component 1 will undertake activities listed for demonstration project 1a, patient navigation. Those applying to component 2 will undertake activities listed for demonstration project 2a, IDU surveillance.

Component 1: National Harm Reduction TA

Recipient will collaboratively develop and deliver a national comprehensive technical assistance program to increase harm reduction knowledge, skills and competencies of staff supporting existing SSPs to local health departments or community based organizations wishing to develop and implement SSPs. Technical Assistance will address, among other topics: providing comprehensive services to persons who inject drugs as described by CDC (https://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf), linkage to care, monitoring and evaluation, building local champions and stakeholder support, delivering services in rural and suburban areas, and working with law enforcement. In addition to providing technical assistance, the recipient will build a technical assistance toolkit that will be publically available to all SSPs working to deliver effective services in a variety of settings with different levels of resources and local service availability. Recipient will also develop a national training network to support sustainable regional and local expertise to provide ongoing technical assistance.

All component 1 applicants must implement the following activities:

In partnership with CDC, annually develop and implement a work plan for developing and delivering technical assistance based on needs of local health departments and community-based organizations. Technical assistance will address the need to effectively plan, integrate, implement, sustain and expand harm reduction programs and services throughout the United States, in urban, rural and suburban areas. Technical assistance services will include mentoring, consultation, demonstration, skills building, information on best practices and emerging issues,

resource development and sharing, and opportunities for reciprocal learning among peers through the establishment of a national training network. TA services, products, and materials must be culturally, linguistically, and educationally appropriate to meet the technical assistance needs of harm reduction organizations, and local health departments.

This funding helps state and local health departments, or community based organizations to grow and improve their SSPs. For the purposes of this NOFO, technical assistance is defined as providing in-person, online, peer-to-peer or other support to implement, expand or sustain a harm reduction program. TA will also come in the form of resources, manuals, tools or other documents that provide support to organizations. Models of TA are variable, and might include:

Trainings	**Consultations**	**Developing Resources**
In-person	Site visits	Manuals
Regional/national meetings	Phone calls	Evaluation tools
Webinars	Emails	Templates
Train-the trainer	-	Models of successful programs
	-	Readiness tools

Activities must include:

1. Develop a system for SSPs nationwide to request TA; provide TA to requesting organizations; conduct monitoring and evaluation activities of TA provided.
2. Provision of technical assistance to local health departments, community-based organizations or other groups seeking to establish a SSP in urban, suburban and rural areas of the United States
3. Develop a national training network for SSPs
4. Create of a harm reduction technical assistance toolkit
5. Develop training curricula, materials and toolkit must cover, among other topics: delivering services within a harm reduction framework, providing comprehensive services to persons who inject drugs, PWID cultural competency, linkage to care and building community health systems, monitoring and evaluation, building local champions and stakeholder support, addressing syringe litter in communities, delivering services in rural and suburban areas, creating a supportive policy environment, and working with law enforcement.
6. Use evidence-informed models for instructional design and adult learning techniques to develop and deliver all training. Products should be carefully developed to ensure that they contain scientifically sound, grammatically correct, and clear language. Training curricula, products, and materials should be fully 508-compliant (https://www.hhs.gov/web/section-508/index.html), formatted, and edited.
7. In partnership with CDC, engage intended audiences in the development of technical assistance curricula, products, and materials.
8. Submit all developed technical assistance products, and materials (e.g., PowerPoint

presentations, implementation manuals, storyboards, learning guides, outlines, etc.) for consideration to be included in final toolkit developed through this NOFO

9. Per CDC guidance, routinely exchange information and work closely with other recipients under this NOFO, and communications group contracted by CDC to support harm reduction communications, to identify technical assistance needs and develop final products.
10. Use feedback from CDC, SSPs and other recipients under this funding opportunity to inform continuous improvement of training.
11. Conduct a timely post-technical assistance activity evaluation of services with quantifiable (e.g. number of people/programs served, topics covered) and qualitative (e.g. quality of TA provided, needs met, further information needed) data to determine status and challenges related to organizational implementation of harm reduction strategies.
12. Conduct monitoring, evaluation, and reporting activities as described in the funding opportunity.
13. Promote technical assistance program and services.
14. Participate in all post-award meetings, conference calls, and other activities to enhance communication, coordination, and collaboration among any other recipients.

Demonstration Project 1a: Patient Navigation from an SSP

Successful recipient of Component 1 will pilot a 1-year program providing patient navigators at 8 SSPs to link clients with opioid use disorder to MAT, and to programs offering care and treatment for infectious disease associated with injection drug use, including viral hepatitis and HIV. At a minimum, 20% of SSP clients will engage with a patient navigator, and 50% of those clients will successfully attend at least one appointment at a linked program.

In partnership with CDC, recipient will develop and implement a work plan for developing and delivering a patient navigation program at 8 SSPs. The primary focus of the SSP patient navigation program is to successfully link clients of SSPs to community-based programs that address the medical and psychosocial needs of PWID, to effectively track navigation work and outcomes, and to develop guidance on replicating successes that can be used in the Harm Reduction TA toolkit that will result from this funding opportunity.

1. In partnership with CDC, determine metrics to be collected in patient navigation program
2. In partnership with CDC, identify 8 SSPs that will participate in this demo project. All participating SSPs must be located in areas where accessing MAT is possible, with support from a patient navigator. Participating SSPs must not have a patient navigation program already in place, but should have the capacity to start one quickly once resources have been made available.
3. Implement and monitor a patient navigation program focused on linking SSP clients to MAT, and care and treatment of infectious disease
4. Develop guidance on replicating successes in other locations
5. Conduct monitoring, evaluation, and reporting activities as described in funding opportunity.

Component 2: SSP Monitoring and Evaluation

Successful applicant will develop and implement monitoring and evaluation program for SSPs.

The primary focus of the SSP monitoring and evaluation component is to address a lack of metrics on which SSPs should monitor their ability to effectively serve persons who inject drugs and prevent transmission of infectious disease resulting from injection drug use. Work under this component will include: developing a directory of all SSPs nationwide, identifying metrics to be collected across SSPs, working with SSPs to establish monitoring and evaluation program, and the publication of an annual national SSP report.

Note: To prevent duplication of services and leverage existing federally funded training, the development and delivery of training should occur in coordination, communication and collaboration with the Developing Performance Standards for SSPs (CSTLTS National Partners Cooperative Agreement OT18-1802 "Establishing Performance Standards for Syringe Services Programs")

The SSP monitoring and evaluation toolkit will include metrics to be collected, best practices for data collection, tracking SSPs and the services they offer, and resource development and sharing. All products, and materials must be culturally, linguistically, and educationally appropriate to meet the communications needs of harm reduction organizations, and state and local health departments.

1. Engage at least 80% of SSPs nationwide (as identified by the North American Syringe Exchange Network:https://www.nasen.org/map/) to participate in monitoring and evaluation program
2. In partnership with CDC, and aligned with SSP Performance Standards created through CSTLTS National Partners Cooperative Agreement OT18-1802 "Establishing Performance Standards for Syringe Services Programs", work with SSPs to collect routine client-level data, including basic demographic information, number of syringes distributed and returned, services used, and primary drug(s) of choice, at each client encounter as part of local process monitoring. SSPs will share daily or periodically.
3. In partnership with CDC and national subject matter experts, conduct organizational-level analyses to understand barriers to data collection at SSPs and how they can be addressed
4. In partnership with CDC and national subject matter experts, develop guidance on monitoring and evaluation for SSPs
5. Monitor and track SSPs in the U.S., including openings and closings, locations, and services offered
6. Recipient is responsible for managing SSP data: working with sites to conduct data cleaning, conducting data reconciliation, and identifying errors. Recipient will combine and analyze data sets and provide combined data set to CDC.
7. Support local program evaluation/outcome monitoring at SSPs nationwide. Biannually, work with SSPs to gather information from a SSP clients, focusing on how the local program succeeds in meeting the needs of their clients, measuring client satisfaction, and gaps in services.
8. Work with SSPs to collect summarized data from individual organizations and produce an annual national SSP report
9. In partnership with CDC, and any other recipients of this funding opportunity, and communications group contracted by CDC to support harm reduction communications, and contribute monitoring and evaluation materials to the development and maintenance of harm reduction technical assistance toolkit of all final training curricula, products, and materials.

10. Per CDC guidance, routinely exchange information and work closely with any other recipients under this funding opportunity to identify technical assistance needs, improve monitoring and evaluation processes and develop final products.
11. Use feedback from CDC, harm reduction programs and other recipients under this funding opportunity to inform continuous improvement of monitoring and evaluation program.
12. Conduct monitoring, evaluation, and reporting activities as described in the funding opportunity.
13. Participate in all post-award meetings, conference calls, and other activities to enhance communication, coordination, and collaboration among all recipients.

Demonstration Project 2a: IDU Surveillance pilot project

Successful recipient to component 2 will collaboratively develop and implement a one-year pilot project conducting surveillance of injection drug use by implementing a customizable electronic data capture system and conducting in-depth surveys of persons who inject drugs and drug use trends through SSPs.The primary focus of the surveillance pilot component is to develop and pilot a surveillance system that collects information on substance use and injection use trends and risk behaviors through the deployment of a customizable technology solution designed to capture self-reported client data from individuals engaging with SSPs as well as to collect in-depth information from a subset of SSP clients and their drug-using peers on their drug use practices, experiences with overdose, infectious disease and bacterial infections, unmet needs, and ideas for addressing syringe litter in communities, among other issues.

Work under this component will include two main activities. First, recipient will deploy a customizable electronic data capture system to systematically collect information on substance use and injection risk behaviors among individuals engaging with SSPs with a goal of achieving data collection at minimum 80% of SSPs in the US. Second, recipient will develop, in partnership with CDC, and implement a sampling methodology to select up to 30 SSPs from rural, suburban and urban parts of the U.S. to implement a surveillance survey with 50 SSP clients and 250 of their drug-using peers identified using techniques similar to respondent-driven sampling at each SSP to gather data including, but not limited to, recent drug use (what drugs, how administered, how often), recent experiences with overdose and naloxone, recent screening for and diagnoses of infectious disease, recent diagnoses of endocarditis or other recent experiences with abscess and other bacterial infections. SSPs will also conduct testing including rapid hepatitis C virus (HCV) and HIV tests, and collect dried blood spot specimens for additional testing (e.g., HCV RNA). The recipient for this component will also be awarded work under component 2: SSP Monitoring and Evaluation.

Note: To prevent duplication of services and leverage existing federally funded training, the development and delivery of training should occur in coordination, communication and collaboration with the Developing Performance Standards for SSPs (CSTLTS National Partners Cooperative Agreement OT18-1802 "Establishing Performance Standards for Syringe Services Programs").

1. Engage at least 80% of SSPs nationwide (as identified by the North American Exchange Network: https://www.nasen.org/map/) to participate in pilot surveillance program

2. In partnership with CDC and national subject matter experts, determine client-level metrics to be collected across SSP.
3. In partnership with CDC, develop a survey instrument to collect behavioral data, and develop guidance on collecting client-level data at SSPs. The recipient will conduct this work in compliance with the the Centers for Disease Control and Prevention's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action available at http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf
4. In partnership with CDC, develop and implement a system to conduct biologic data collection, including HIV and HCV testing, and dried-blood spot specimen collection.
5. In partnership with CDC, ensure all SSPs have a database designed to collect programmatic and client-level data, and resources to perform data collection.
6. Adhere to all local and national guidelines for maintaining HIV data security and confidentiality.
7. Recipient is responsible for managing SSP data: working with sites to conduct data cleaning, conducting data reconciliation, and identifying errors. Recipient will combine and analyze data sets and provide combined data set to CDC.
8. In partnership with CDC, develop a sampling strategy for SSP, SSP clients and their peers. Identify up to 10 SSPs from each area (urban, suburban, rural) for a total of up to 30 SSPs that will each survey up to 300 participants (50 SSP clients and 250 peers) for a total of up to 9,000 participants.
9. Include results from surveillance pilot program in Annual SSP Report published under component 2, SSP monitoring and evaluation.
10. In partnership with CDC, and any other recipients of this funding opportunity, contribute to the development and maintenance of harm reduction technical assistance toolkit of all final training curricula, products, and materials.
11. Per CDC guidance, routinely exchange information and work closely with other recipients under this funding opportunity to identify technical assistance needs and develop final products.
12. Use feedback from CDC, harm reduction programs and other recipients under this funding opportunity to inform continuous improvement of surveillance methods.
13. Conduct monitoring, evaluation, and reporting activities as described in the funding opportunity.
14. Participate in all post-award meetings, conference calls, and other activities to enhance communication, coordination, and collaboration among all recipients.

1. Collaborations

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

Upon funding, recipients will work extensively with CDC to implement an efficient and effective technical assistance program and evaluation program that is consistent with CDC standards and guidance. Recipients are expected to communicate, collaborate and coordinate, including, but not limited to the following:

- Recipients mutually share materials and products created for technical assistance purposes
- Funding recipients consult with CDC subject matter experts, other CDC-funded contractors, and each other to inform subject matter content
- Work as a team, all funding recipients develop technical assistance toolkit for implementation and sustainability of harm reduction programs.
- In partnership with the CDC, all funding recipients participate in recipient meetings, events, activities, workgroups, committees, etc. as well as promotion of the products and services created under this funding opportunity.
- All recipients will work closely with group contracted by CDC to perform harm reduction communications work
- recipient funded under the SSP Monitoring and Evaluation component will work closely with CSTLTS National Partners Cooperative Agreement OT18-1802 "Establishing Performance Standards for Syringe Services Programs"

In addition, funding recipients will work with CDC-funded health departments and/or CBOs implementing harm reduction programs. recipients must have a history of establishing, building, and/or maintaining these working partnerships to facilitate ongoing development and delivery of their respective services (i.e., technical assistance, and/or SSP monitoring and evaluation). Regarding other CDC-funded programs, recipients should identify and address technical assistance opportunities for appropriate program coordination and service integration of prevention. recipients are expected to collaborate as directed with recipients of CDC-RFA-PS14-1403 Capacity Building for High-Impact HIV Prevention, CDC-RFA-17-1702 Improving Hepatitis B and C Care Cascades, and CDC-RFA-17-1703 Strengthening Surveillance in Jurisdictions with High Incidence of Viral Hepatitis.

b. With organizations not funded by CDC:

Recipients are expected to collaborate and partner closely with SSPs nationwide in order to accomplish all NOFO activities. Recipients are expected to establish, build and/or maintain collaborative relationships that will support the implementation of their proposed activities related to their funded component. Consideration should be given to developing, building and/or maintaining relationships with the following types of organizations: syringe services programs, organizations offering medication-assisted treatment, organizations providing other services to persons who inject drugs, health departments, faith-based organizations partnering with harm reduction organizations, law enforcement, clinics, hospitals, tribal organizations, and other recipients of federal dollars directed at serving persons who inject drugs.

Proposals relying on work completed by or through another organization must submit MOUs with their application to demonstrate existing capacity.

2. Target Populations

For purposes of this NOFO, the target population is comprised of the interdisciplinary harm reduction workforce (e.g., health care professionals, outreach workers, counselors, administrators) within current and future harm reduction organizations and their local partner organizations (e.g., healthcare organizations and CBOs), stakeholders (e.g. health officials, law enforcement, policy makers and community members), and PWID, and their drug using peers

who may be at risk for IDU. Successful applicants must execute program deliverables in a manner that is available, accessible, and acceptable regardless of age, race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant social dimensions.

a. Health Disparities

Persons who inject drugs experience considerable health disparities, from having high mortality due to overdose, and a higher risk of transmission of viral hepatitis, HIV or other infections resulting from injection drug use. They experience high rates of stigma in medical settings[1], which are compounded by frequent experiences of violence, incarceration, sexual trauma and marginalization from within and outside of the system[2]. Harm reduction programs have been shown to be places where persons who inject drugs can access necessary services, including sterile injection equipment and safe disposal of used equipment, access to medication-assisted treatment, screening for infectious disease and linkage to care, and vaccination for hepatitis A and B, among other services. Harm reduction programs, by definition, provide these services in a non-judgmental manner, meeting people who inject drugs 'where they're at', thus addressing the barriers that more traditional health care services can present for this population. This NOFO will help quantify a normally hidden population to better characterize their needs and will improve the local and national understanding of health disparities in this historically marginalized group. Recipients will use culturally and linguistically appropriate messages, strategies and intervention which address social determinants of health, reduce health disparities and promote health equity.

[1]. Paquette, C.E., et al. (2018). Stigma at every turn: Health services experiences among people who inject drugs. *Int. J. of Drug Policy*, 57, pp. 104-110

[2]. Kidorf, et al. (2004). Prevalence of psychiatric and substance use disorders in opioid abusers in a community syringe exchange program.*Drug and Alcohol Depedence*, 74(2), pp.115-122.

iv. Funding Strategy

It is anticipated that component 1 will be funded at $2.55 million, and component 2, $375,000. Demonstration project 1a will be funded for one year only at $1,000,000. Demonstration project 2a will be funded for one year only at $3,000,000.

Component 1: $850,000/year for three years

Component 1a: $1,000,000 for one year

Recipient for Component 1 will also conduct all activities under Demonstration Project 1a, Patient Navigation at SSPs.

Component 2: $125,000/year for three years

Component 2a: $3,000,000 for one year

Recipient for Component 2 will also conduct all activities under Demonstration Project 2a, IDU surveillance.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC will monitor and evaluate overall program performance (i.e. all Recipients combined); program performance by component; and program performance of each Recipient. Recipients will be expected to document implementation of their work plan. Recipients will track, collect and submit the required quantitative and qualitative performance data (i.e. output and outcome indicators) via quarterly performance reports. CDC will use monitoring and evaluation findings to document project status and completion, ensure continuous project improvement and fiscal accountability, and create an evidence base to inform strategies and activities for future harm reduction programs.

CDC will assess recipients' progress toward achieving short-term and intermediate outcomes. In addition to the above data sources submitted by Recipients, CDC will use other sources including but not limited to assessment of technical assistance recipients after technical assistance delivery, post-training evaluations, training recipient demographic and organizational data, and data gathered from monitoring and evaluation programs, and patient navigation project. Data collection requirements during the period of performance will be subject to review and approval by the Office of Management and Budget (OMB).

The data collected are used for monitoring, evaluation, accountability and improvement of recipient work in accomplishing programmatic goals. CDC will review the data to monitor the recipient performance and accomplishment of work plan outcomes and activities, to assess individual recipients' progress toward achieving outputs, accomplishment of short-term and intermediate outcomes identified in the program logic model, to identify challenges and potential solutions and to improve program performance. CDC will review the data to monitor recipient performance by component. CDC will only collect data that will be analyzed and used.

CDC will use the data to produce reports on the program's accomplishments, achievement of key indicators and outcomes, feedback reports, and other monitoring and evaluation reports. Evaluation findings can be used by recipients and CDC to ensure continuous program and system improvement, help create an evidence base for CBA strategies, demonstrate the value of the NOFO and assess which strategies are effective and scalable. CDC may report findings at national and regional conferences, online, in peer-reviewed journals, and in other public forums.

Recipients will be expected to demonstrate measurable progress toward achieving outputs and the short-term and intermediate outcomes that are bolded in the logic model. For each component, CDC will work with recipient to finalize their detailed work plan, evaluation and performance management plan (EPMP), including a data management plan in accordance with CDC program guidance. A list of outputs, outcomes and performance measures is present in the EPMP. As part of their proposed EPMP, applicants must provide a proposed DMP describing: the process of retrieving and collecting data (as appropriate); how data will be analyzed and interpreted for continuously monitoring, refining and panning programmatic activities to address all CDC required outputs, outcomes, and performance measures; how and for whom data reporting and programmatic accomplishments will be developed and disseminated; how recipient will provide public access to data; and how data will be stored, archived, and preserved long-

term, in accordance to CDC standards.

Recipients will be required to submit a more detailed EPMP, including a DMP, within the first 6 months of award, as described in the reporting section of this NOFO.

Component 1: Technical Assistance

- Strengthened capacity of SSPs with identified technical assistance needs
    - Indicator: Of the programs with identified technical assistance needs, the proportion of programs that received technical assistance

Demonstration Project 1a: Patient Navigation Programs at SSPs

- Strengthened connections from SSP to other community programs
- Indicator: Participating SSPs describe partnerships built with programs providing MAT and care and treatment for infectious disease to support this program
- Strengthened capacity of SSPs to support PWID seeking access to MAT and infectious disease care Indicator: Participating SSP report on hiring patient navigator
    - Indicator: Number of MAT or ID care linkages

Component 2: SSP Monitoring and Evaluation

- Improved data from syringe services programs
    - Indicator: Percentage of SSPs nationwide provided in quarterly reports (Target: 80%)
- Improved ability of SSPs to conduct monitoring and evaluation activities
    - Indicator: Percentage of SSPs nationwide for which data were collated to highlight areas that need improvement (Target: 80%)

Demonstration Project 2a: IDU surveillance

- Strengthened capacity of SSPs to monitor local drug use
    - Indicator: Percentage of SSPs nationwide with client-level data reported on local drug use (Target: 80%)
- Improved capacity of SSPs to collect and monitor client-level data
    - Indicator: Percentage of SSPs nationwide that use database developed to collect surveillance data and reporting to Recipient (Target: 80%)
- Strengthened capacity of SSPs to track the negative sequelae of IDU such as overdose and infectious disease experienced by PWID
    - Indicator: Percentage of SSPs nationwide that report on the negative sequelae experienced by their clients (Target: 80%)

Recipients will be expected to document technical assistance services and other outputs, and progress on demonstration projects. CDC will provide a tool that recipients can use to provide quarterly updates. Information will be requested that includes, but is not limited to, the following:

Component 1: Harm Reduction Technical Assistance

- Curricula, materials and products reviewed by CDC
- TA delivery and tracking information (e.g. method of TA delivery, TA service hours, dates of service, progress notes, action plan)
- TA recipient and organization information (e.g. TA recipient contact information and positions, organization, services provided)
- Training recipients assessed for TA for implementation challenges after training
- Trainee attendance and completion of training
- Dissemination of training materials
- Progress toward achieving outputs and the short-term outcomes that are bolded in the logic model

Demonstration Project 1a: Patient Navigation

- Materials and products reviewed by CDC
- Progress towards implementation of navigation program: new hires, development of relationships with programs providing MAT and/or infectious disease care and treatment
- Success stories
- Data on uptake of navigation services, successes in getting clients to appointments, barriers to successful linkages
- Progress toward development of guidance document to support program replicability
- Progress toward achieving outputs and the short-term outcomes that are bolded in the logic model

Component 2: SSP monitoring and evaluation

- Materials and products reviewed by CDC
- Information about SSPs being monitored and tracked: data being collected, proportion of SSPs participating, basic data on SSPs (e.g. location, services offered, number of clients served), basic client data (e.g. demographics, HCV/HIV status, primary drug of choice)
- Report of barriers to implementation of monitoring and evaluation program from SSPs
- Progress towards development SSP Annual Report
- Progress toward achieving outputs and the short-term outcomes that are bolded in the logic model

Demonstration Project 2a: IDU Surveillance

- Materials and products reviewed by CDC
- Progress on implementation of database at all U.S. SSPs
- Progress on development and dissemination of surveillance guidelines
- Preliminary surveillance data
- Progress on survey of SSP clients and their drug-using peers: number surveyed, preliminary results
- Report of barriers to implementation of surveillance program from SSPs
- Progress toward achieving outputs and the short-term outcomes that are bolded in the

logic model
- Describe and document organization's ability to comply with local and national standards for confidentiality and security of HIV surveillance data.

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.

The applicant evaluation and performance measurement plan must provide a description for year one evaluation activities and specific elements to be evaluated over the three-year period of performance. The evaluation and performance measurement plan must meet the minimum requirements, as stated above.

c. Organizational Capacity of Recipients to Implement the Approach

All applicants must demonstrate existing capacity (i.e., minimum of 5 years' experience,

expertise, products, and resources) to implement the activities they are proposing, and all required activities as described in the NOFO. Applicants should describe and submit documentation of their organizational mission and structure; physical space and equipment; relevant operational systems, protocols, and policies; overall budget and funding sources; program management and operational structure; expertise and experience of program management, staff, subcontractors, and consultants; current and recent relevant work; program working partnerships; program sustainability plan; and other information that would help CDC assess an applicant's capacity to execute their proposed program throughout the duration of the three-year period of performance. Organizational capacity will be weighed heavily during the review and selection process. Applicants are strongly encouraged to describe and submit documentation for the items listed below. Any work that will be subcontracted to another organization, or that relies on other organization for successful completion, should be clearly described, and an MOU must be included with the application.

MOUs/MOAs, letters of commitment, service agreements, organizational charts, and CVs must be included as a supplemental file and uploaded as a .pdf file named 'Organizational Capacity' to www.grants.gov.

Component 1: National Harm Reduction Technical Assistance

- Describe and document the organization’s capacity to deliver technical assistance curricula, modules, products, tools, and other harm reduction materials, via in-person, virtual.
- Describe and document the organization’s capacity to reach harm reduction organizations nationally through an established network in urban, suburban and rural areas of the united states
- Describe and document the organization’s capacity to develop a toolkit for harm reduction organizations implementing comprehensive services
-
- Component 2: SSP Monitoring and Evaluation

- Describe and document the organization’s ability to access data from SSPs
- Describe and document the organization’s capacity to track SSPs
- Describe and document the organization’s ability to work with SSPs across the United States to create buy-in and support for a nation-wide monitoring and evaluation program

d. Work Plan

Applicants are required to provide a work plan that provides both a high-level overview of the entire 3 year period of performance, and a detailed description of year 1. The work plan should address how the applicant proposes to execute all requirements for the components to which they are applying, as described in the NOFO. Objectives should have corresponding action steps, timelines, parties responsible, desired outcomes or deliverables, process and outcome measures, and other pertinent information. Post-award, proposed work plans may be adjusted in collaboration with CDC to better address the overarching goals of the NOFO. **If applying to more than one component, a separate work plan and budget must be submitted for each component. Demonstration projects also need separate work plans and budgets. Workplans**

can be submitted separately from the project narrative page limit.

Applicants should address the following outline in their work plan:

1. Three-Year Overview of Proposed Program (concise narrative)

- Overarching approach to meet intended program outcomes during the three-year project

2. Year 1 detailed work plan

- Intended program outcomes aligned with component's requirements
- Outcomes aligned with action steps, timelines, responsible parties, deliverables, and performance measurement

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.

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

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

1. Foster communication, coordination and collaboration between recipients working under

the components and demonstration projects.

2. Work with recipients to identify and address challenges that may impede the success of the project. Recipients must work with the assigned CDC project officer, and other subject matter experts.
3. Provide access to technical guidance and training that will strengthen recipient capacity relevant to implementation of all required activities of the program.
4. Provide software and/or programming support to collect data from SSPs, SSP clients, and drug-using peers of SSP clients
5. Provide guidance to recipients on data collection, use, and submission for monitoring and evaluation activities.
6. Facilitate coordination, collaboration, and where feasible, integration of technical assistance services among CDC-funded programs (i.e., health departments, CBOs, local and state planning groups, CPN members); other federal agencies and their recipients; and other partners working with persons with opioid use disorder and persons who inject drugs.
7. Provide technical guidance to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.
8. Collaborate in assessing measurable progress toward meeting program outcomes and in establishing measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices.
9. Collaborate on components to ensure the provision of appropriate and effective technical assistance services.
10. Collaborate to compile and publish accomplishments, best practices, and lessons learned during the period of performance (e.g., through conferences, guidance, material development, webinars, data sharing publications, other social media, participation in meetings, committees, conference calls and working groups related to the cooperative agreement and its projects

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:	U65

BAC: 5610-61-11-01 (Opioids and ID projects)

3. Fiscal Year:	2019
4. Approximate Total Fiscal Year Funding:	$4,975,000
5. Approximate Period of Performance Funding:	$6,925,000

This amount is subject to the availability of funds.

Year one is funded at $4,975,000, with Component 1 funded at $850,000, and Component 2 at $125,000. The demonstration projects are funded in year one for a total of $4,000,000. Years two and three only Components 1 and 2 will be funded, at the same rate as in year one. Total

funding available for years 2 and 3 is $975,000 per year.

Estimated Total Funding:	$6,925,000
6. Approximate Period of Performance Length:	3 year(s)
7. Expected Number of Awards:	2

Organizations may apply for component 1, 2, or both, but must submit a separate work plan and budget for each component. Organizations applying to component 1,Technical Assistance, must conduct activities for demonstration project 1a, Patient Navigation from SSPs. Organizations wishing to apply for component 2, SSP Monitoring and Evaluation, must conduct activities for demonstration project 2a, IDU Surveillance. Separate work plans and budgets are needed for the demonstration projects.

8. Approximate Average Award:	$500,000 Per Budget Period
9. Award Ceiling:	$0 Per Project Period

This amount is subject to the availability of funds.

10. Award Floor:	$0 Per Budget Period
11. Estimated Award Date:	09/02/2019
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:	Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility"

Additional Eligibility Category:

2. Additional Information on Eligibility

Applicants will be required to submit documentation as described in CDC-RFA-19-1909

Applicants are permitted to submit only one application for each component. CDC will consider multiple applications from a single applicant or any application that does not clearly indicate selection of one component as nonresponsive, and the application will receive no further review.

Applicants are invited to apply to one or two components, if desired. Applicants to Component 1 must undertake activities for Demonstration Project 1a. Applicants for component 2 must undertake activities under Demonstration Project 2a.

Complete application must include the following attachments:

- Demonstration of organizational capacity (Name files "Organizational Capacity")
- Curricula vitaes, resumes, and position descriptions to demonstrate component relevant expertise and five or more years' experience for program manager(s), key staff, subcontractors, and consultants
- Memoranda of agreement or understanding to demonstrate component relevant working partnerships for proposed program
- Letters of support or memorandums of understanding or commitment to demonstrate relationships with recipients of proposed program

3. Justification for Less than Maximum Competition

NA

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 and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

cooperative agreements.
The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.
If funds are awarded to an applicant organization that includes sub-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 ***www.SAM.gov***.

c. Grants.gov:
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "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	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username	3-5 Business Days but up to 2 weeks and must be renewed	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/

	Central Contractor Registration (CCR)	will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	once a year	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 grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

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. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

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: **05/24/2019**

b. Application Deadline

Due Date for Applications: **06/26/2019** , 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.

Letter of Intent is requested, but not required. Letters must include the component(s) to which the applicant intends on applying. Please send letters of intent to: **harmreduction@cdc.gov**.

Please direct any questions regarding the NOFO to harmreduction@cdc.gov. Any questions will not be answered directly, but answers will be published within 48 hours on https://www.cdc.gov/nchhstp/funding/announcements/ps19-1909. Please refer to this webpage for NOFO updates, Q&As and any other information.

Date for Information Conference Call

05/09/2019 2pm EST.

Dial in numbers:

Country	Local/Toll Number	Freephone/Toll Free Number
USA	1-517-233-4397	866-796-7163

Participant Passcode: 3869899

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

The purpose of an LOI is to allow CDC program staff to estimate the number of, and plan for, the review of submitted applications. Letters must include which component(s) the applicant is planning on applying for.

LOI must be sent via U.S. express mail, delivery service, fax, or email to:
Harm Reduction NOFO
CDC, NCHHSTP
1600 Clifton Rd, MS 8-06
Telephone number: (404) 718-8284

harmreduction@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 http://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Not 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.

Work plans may be submitted outside of the project narrative page limit.

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.

Each component and related demonstration project to which organizations are applying must have separate budgets.

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).

Per the Department of Defense and Labor, Health and Human Services, and Education Appropriations Act, 2019 (P.L. 115-245), funds may not be used to purchase syringes or other equipment use solely in the drug injection process. Any SSP receiving technical assistance or engaged in any projects under this NOFO must be located in a jurisdiction that has a Determination of Need concurrence from CDC (see https://www.cdc.gov/hiv/risk/ssps-jurisdictions.html) See HHS guidance on use of federal funds for syringe services programs at https://www.cdc.gov/hiv/pdf/risk/hhs-ssp-guidance.pdf.

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.
If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday

through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

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

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the 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:30

The extent to which the applicant:

- Demonstrates at least 5 years' experience providing technical assistance, and/or experience working with harm reduction organizations, and developing tools and resources for harm reduction (up to 4 points)
- Describes an overall approach consistent with the Approach and Purpose of the NOFO to conduct activities required for the selected component. (up to 6 points)
- Demonstrates coordination and collaboration with harm reduction organizations, local health departments and community-based organizations (up to 5 points)
- Demonstrates a quality, comprehensive plan that has the potential to meet the outcomes described in this NOFO's logic model (up to 8 points)
- Demonstrates that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes. (up to 7 points)

- Includes an SSP engagement and communications strategy
- Describes how applicant will develop programs associated with selected component
- Describes collaborations and partnerships with other organizations

ii. Evaluation and Performance Measurement — Maximum Points:25

The extent to which the applicant:

- Provides an evaluation and performance measurement plan that:
  - Describes how performance measures will be tracked and monitored (up to 6 points)
  - Describes performance measures that are aligned with the CDC recommended measures (up to 7 points)
  - Demonstrates what data will be used for evaluation and performance measurement (up to 5 points)
  - Describes a feasible and practical data management plan. (up to 7 points)

iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points:45

Applicants with an extremely strong capacity to conduct the proposed work should receive the maximum points, while those who do not demonstrate a strong capacity to conduct the work will receive few points. Each component should be scored separately, and an organization applying for both components may only receive funding for one, if the application is not strong in both. When scoring applications, please consider the following organizational capacities:

- Reach of the organization: Applicant must demonstrate capacity to work across harm reduction organizations nationwide (up to 10 points)
- Applicant must demonstrate appropriate staffing with respect to award strategy and planning, program implementation and project management, and evaluation. These capacities may reside within the applying organization or formally arranged through contracts and other mechanisms of procuring external expertise. If indicated, in an appendix, memoranda of agreement or understanding, letters of commitment or service agreements must be included to formally document proposed and current partnerships, and demonstrates organizational capacity. (up to 5 points)
  - Letters must name key staff participating in the proposed work (if key staff to be hired, provide a job description)
  - Letters should describe the scope, intensity, and duration of the work
    - Describes the roles and contributions of organizations partnering on the proposed work.
    - Indicates on the proposed work plan activities the roles and responsibilities of collaborating partners.
- Describes how the applicant will provide oversight ensuring the quality and consistency of services provided (up to 5 points)
- Demonstrated ability to manage project data and provide technical support to sub-recipients to manage data systems to track test results and linkages to care. (up to 5

points)

For Component 1:

- Applicant must demonstrate experience providing technical assistance (up to 5 points)
- Applicant must demonstrate expert knowledge of harm reduction strategies (up to 5 points)
- Applicant must demonstrate expert knowledge of syringe services program implementation (up to 5 points)
- Applicant must demonstrate capacity to work in urban, suburban and rural areas of the United States (up to 5 points)

For Component 2:

- Applicant must demonstrate capacity to reach at least 80% of SSPs in the United States (up to 5 points)
- Applicant must demonstrate capacity to gain buy-in from SSPs for a M&E program (up to 5 points)
- Applicant must demonstrate capacity to access data from SSP (up to 5 points)
- Applicant must demonstrate capacity to collate and analyze data and include a detailed plan for data management and secure transmission (up to 5 points)

Budget

Budgets are not scored, but must be reasonable, feasible and appropriate to the work proposed

c. Phase III Review

Applications will be funded in order by score and rank determined by the review panel. If an organization applies for both components, but only scores highly on one, they may be funded for only that component.

Review of risk posed by applicants.

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

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or

procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.
CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.
In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Successful applicants will be notified by email no later than September 6, 2019.

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 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	Quarterly	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 project period.	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.

Programs may request that recipients submit carryover requests as part of this report.

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;

- Include a signal, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and
- Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

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

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

Quarterly performance reports must include the following measures:

Component 1: Harm Reduction Technical Assistance

- Curricula, materials and products reviewed by CDC
- TA delivery and tracking information (e.g. method of TA delivery, TA service hours, dates of service, progress notes, action plan)
- TA recipient and organization information (e.g. TA recipient contact information and positions, organization, services provided)
- Training recipients assessed for TA for implementation challenges after training
- Trainee attendance and completion of training
- Dissemination of training materials
- Progress toward achieving outputs and the short-term outcomes that are bolded in the logic model

Demonstration Project 1a: Patient Navigation

- Materials and products reviewed by CDC
- Progress towards implementation of navigation program: new hires, development of relationships with programs providing MAT and/or infectious disease care and treatment
- Data on uptake of navigation services, successes in getting clients to appointments, barriers to successful linkages
- Success stories
- Progress towards development of guidance document to support program replicability
- Progress toward achieving outputs and the short-term outcomes that are bolded in the logic model

Component 2: SSP monitoring and evaluation

- Materials and products reviewed by CDC
- Information about SSPs being monitored and tracked: data being collected, proportion of SSPs participating, basic data on SSPs (e.g. location, services offered, number of clients served)

- Report of barriers to implementation of monitoring and evaluation program from SSPs
- Progress towards development SSP Annual Report
- Progress toward achieving outputs and the short-term outcomes that are bolded in the logic model

Demonstration Project 2a: IDU Surveillance

- Materials and products reviewed by CDC
- Progress on implementation of database at all U.S. SSPs
- Progress on development and dissemination of surveillance guidelines
- Preliminary surveillance data
- Progress on survey of SSP clients and their drug-using peers: number surveyed, preliminary results
- Report of barriers to implementation of surveillance program from SSPs
- Progress toward achieving outputs and the short-term outcomes that are bolded in the logic model

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).

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:

Alice Asher, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Rd, MS 8-6

Atlanta, GA 30329

Please direct any questions regarding the NOFO to **harmreduction@cdc.gov**. Any questions will not be answered directly, but answers will be published within 48 hours on https://www.cdc.gov/nchhstp/funding/announcements/ps19-1909.

Telephone: 404.718.8284
Email: luq1@cdc.gov

Grants Staff Contact

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

Rhoda Colbert, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
1600 Clifton Rd, MS E-15

Atlanta, GA 30329

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.

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: ogstims@cdc.gov

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

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Indirect Cost Rate, if applicable
- Memorandum of Understanding (MOU)

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 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: 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

PWID – Persons who Inject Drugs

Harm Reduction Program – any program that serves PWID to reduce the harms associated with injection drug use

SSP – Syringe Services Program

MAT – Medication-assisted treatment (such as buprenorphine, methadone, or naltrexone) used to treat opioid use disorder

Patient Navigator - a person employed by an organization to facilitate access from one community-based organization to another, help clients address barriers to care and track referral outcomes. Patient navigators may be peers, social workers, outreach workers, or anyone who is familiar with the local landscape of community-based organizations and can support clients in accessing needed care.