Image Description: Centers for Disease Control

Centers for Disease Control

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

Community Approaches to Reducing Sexually Transmitted Diseases (CARS)
CDC-RFA-PS17-1707
Application Due Date: 05/30/2017

Community Approaches to Reducing Sexually Transmitted Diseases (CARS)

CDC-RFA-PS17-1707

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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-PS17-1707. 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. Funding Opportunity Title:

Community Approaches to Reducing Sexually Transmitted Diseases (CARS)

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 http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

D. Agency Funding Opportunity Number:

CDC-RFA-PS17-1707

E. Catalog of Federal Domestic Assistance (CFDA) Number:

93.978

F. Dates:

1. Due Date for Letter of Intent (LOI):	**04/28/2017**
2. Due Date for Applications:	**05/30/2017**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

Informational conference call for potential applicants Thursday, April 20, 2017 1:00-2:30pm EST

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G. Executive Summary:

1. Summary Paragraph:

The Centers for Disease Control and Prevention (CDC) announces the availability of Fiscal Year (FY) 2017 funds for a cooperative agreement with organizations with demonstrated experience and capacity of implementing community engagement methods (e.g. community-based participatory research) and multi-sector partnerships to promote personal health, advance community wellness, influence personal health behavior and practices, and reduce STD disparities. The new FOA provides support in five focus areas. These focus areas are: (1) implementation of community engagement methods (e.g. community-based participatory research) to achieve health equity; (2) identification and implementation of systems and environmental change strategies that (a) promote personal health and support healthy behaviors and (b) facilitate community-clinical linkages to build support for interventions to prevent and reduce STD disparities; (3) enhancement and sustainability of partnerships; (4) support for communication strategies to promote STD program successes and leverage additional resources for STD control and prevention; and (5) evaluation of the efficacy of this approach and intervention implementation.

a. Eligible Applicants:	Open Competition
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	4
d. Total Project Period Funding:	$3,750,000
e. Average One Year Award Amount:	$312,500
f. Total Project Period Length:	3
g. Estimated Award Date:	08/28/2017
h. Cost Sharing and / or Matching Requirements:	N

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Sexually Transmitted Diseases (STDs) remain one of the most critical public health challenges facing the United States (U.S.), with approximately 20 million new STD infections occurring every year. Nearly half of these new infection occurs in young people ages 15-24. The long-term health and well-being of these individuals is significantly affected by this alarming epidemic. (CDC 2015).

In 2015, a total of 1,526,658 cases of Chlamydia trachomatis infection were reported to the CDC. This case count corresponds to a rate of 478.8 cases per 100,000 population, an increase of 5.9% compared with the rate in 2014. During 2014–2015, the rate of reported chlamydia cases among women increased 3.8% and the rate among men increased 10.5%. Following three years of decreases in rates during 2011–2014, the rate among women aged 15–19 years increased 1.5% during 2014–2015. Rates of reported chlamydia varied among different racial and ethnic minority populations. In 2015, the rate of chlamydia among Blacks was 5.9 times the rate among Whites, and the rate among American Indians/Alaska Natives was 3.8 times the rate among Whites.

In 2015, 395,216 gonorrhea cases were reported for a rate of 123.9 cases per 100,000 population, an increase of 12.8% from 2014. During 2014–2015 the rate of reported gonorrhea increased 18.3% among men and 6.8% among women. Gonorrhea rates among both men and women increased in every region of the United States, with largest increases in the West and the South. The rate of reported gonorrhea cases remained highest among Blacks (424.9 cases per 100,000 population) and among American Indians/Alaska Natives (192.8 cases per 100,000 population). While rates of gonorrhea declined 4.0% among Blacks during 2011–2015, rates increased among all other racial and ethnic groups, including a 71.3% increase among American Indians/Alaska Natives.

During 2014–2015, the primary and secondary (P&S) syphilis rate increased both among men (18.1%) and women (27.3%) and rates increased among both sexes in every region of the country. The rise in the P&S syphilis rate was primarily attributable to increased cases among men and, specifically, among MSM. Reported cases of P&S syphilis continued to be characterized by a high rate of HIV co-infection, particularly among MSM.

The 2015 CDC STD surveillance data show, there are higher rates of reported STDs among some minority populations when compared to rates among whites. Health disparities in HIV, Viral Hepatitis, STDs, and TB are inextricably linked to a complex blend of social determinants that influence which populations are most severely affected by these diseases. Health equity is a desirable goal that entails special efforts to improve the health of those who have experienced social or economic disadvantage. Collaborating with disproportionately affected communities to design, deliver, and assess the impact of public health interventions via influencing relevant social determinants of health in conjunction with routine public health control measures to reduce STD rates is essential for an effective response to the persistent epidemics. Conversely, failing to collaborate with affected communities prior to design and implementation of interventions is counter to the practice of true public health ethics.

Centers for Disease Control and Prevention (CDC), 2015 Sexually Transmitted Diseases Surveillance Report https://www.cdc.gov/std/stats15/default.htm

b. Statutory Authorities

This program is authorized under Section 301(a) of the Public Health Service Act (42 U.S.C. Section 241(a)) and 318 (a)(b)(c) of the Public Health Service Act [42 U.S.C. Section 247c (a)(b) and (c)] as amended. Regulations governing the implementation of this legislation are covered under 42 CFR Part 51b, Subpart A.

c. Healthy People 2020

Due to the substantial STD burden, the U.S. Department of Health and Human Services has identified 10 specific Healthy People objectives for 2020 (http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=37). Some of the objectives include:

- Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections.
- Reduce Chlamydia rates among females aged 15-44 years.
- Reduce gonorrhea rates.
- Reduce sustained domestic transmission of primary and secondary syphilis, congenital syphilis.
- Reduce the proportion of young adults with genital herpes infection due to herpes simplex type 2.

d. Other National Public Health Priorities and Strategies

This FOA supports the NCHHSTP Strategic Plan (https://www.cdc.gov/nchhstp/strategicpriorities/) goals to:

- Decrease incidence of infection
- Decrease morbidity and mortality
- Decrease health disparities

Through the following NCHHSTP strategies:

- Increasing knowledge and adoption of healthy behaviors
- Prevention through healthcare

This FOA also supports the National Prevention Strategy.https://www.surgeongeneral.gov/priorities/prevention/strategy/index.html

e. Relevant Work

This FOA builds upon previous and current STD prevention programs including:

CDC-RFA-PS11-1114: http://www.grants.gov/web/grants/view-opportunity.html?oppId=72774

CDC-RFA-PS14-1406: http://www.grants.gov/web/grants/view-opportunity.html?oppId=251204

The Community Approaches to Reducing Sexually Transmitted Diseases (CARS) cooperative agreement was established in 2011 to support planning, implementation, and evaluation of innovative projects to reduce STD disparities, promote personal health, and advance community wellness using community engagement methods. In 2011, four awardees with the capacity to implement projects and activities were funded to carry out this work. In 2014, four new awardees were funded to continue these efforts.

2. CDC Project Description

a. Approach

Bold indicates project period outcome.

Logic Model: Community Approaches to Reducing STD Disparities [bold are outcomes expected during the project period]

Strategies	Short Term Outcomes (Year 1)	Mid-Term Outcomes (Year 2-3)	Long Term Outcomes (Year 4- beyond)

Community Engagement -Establish a Community Advisory Board (CAB) reflecting at-risk groups **Identification and Implementation of system environmental strategies** - Conduct Community Needs Assessment - Train CAB and engage CAB in Social Determinants of Health impact/prioritization based on Needs Assessment - CAB designs STD intervention to address SDH needs **Multi-sectorial partnerships** - Partnership engagement - Resource leveraging - Detailed MOUs established **Evaluation/CQI** - Evaluate community engagement, partnerships, and interventions	**Increase CAB members who actively participate in and are satisfied with the CAB** **Increase prioritization of community social determinants of health by the CAB** **Increase clinical resources identified to address needs** **Increase number of effective CAB-designed STD interventions for target groups** **Increase number of new stable partnerships to address community needs** **Increased awareness of STD disparities (e.g., high rates of reported chlamydia, gonorrhea cases among African Americans and Latinos) among target groups most impacted (e.g., adolescents, YMSM, and MSM)** **Increased awareness of personal health issues (e.g., lack of STD prevention and treatment services) affecting target groups and community resources that address needs**	**Increased linkages with and access to target groups** **Increase existing clinical resources for target groups identified by the CAB** **Increase number and sustainability of CAB-designed STD interventions using partner resources and influence** Increased access to/use of community health and resources, STD screening and support services by target groups most impacted by STD disparities (e.g., adolescents, YMSM, and MSM) Increased access to/use of educational and economic opportunities identified in needs assessment by target groups most impacted by STD disparities	Decrease in risky sexual behavior Decrease in STD disparities Increase in quality STD prevention services (e.g., health care providers, services more readily accessible) Decrease in exposure to social issues related to STD transmission

i. Purpose

The purpose of this program is to implement community engagement methods to achieve health equity, identify and implement systems and environmental change strategies that promote personal health and support healthy behaviors, facilitate community-clinical linkages to build support for interventions to prevent and reduce STD disparities, enhance and sustain partnerships, support communication strategies that promote STD program successes and leverage additional resources for STD, HIV, viral hepatitis control and prevention, and evaluate the efficacy of this intervention approach.

ii. Outcomes

Awardees are expected to demonstrate measurable progress in:

Short-term

Community Engagement:

- Community members actively participate in and are satisfied with the CAB;

Identification and Implementation of system environmental strategies:

- Prioritization of community social determinants of health by the CAB
- Clinical resources are identified to address community needs
- CAB-designes effective STD interventions for target groups
- There is an increased awareness of STD disparities (e.g., high rates of reported chlamydia, gonorrhea cases among African Americans and Latinos) among target groups most impacted (e.g., adolescents, YMSM, and MSM), and
- Awareness of personal health issues (e.g., lack of STD prevention and treatment services) affecting target groups, and community resources that address these needs

Multi-sectorial Partnerships:

- There is an increase in the number of new stable partnerships to address community needs

Mid-term

- Increase in linkages with, and access to these resources by target groups most affected
- Increase in existing clinical resources for target groups identified by the CAB
- Increase in the number and sustainability of CAB-designed STD interventions, using partner resources and influence

iii. Strategies and Activities

Awardees are expected to conduct the activities described below in each of the following Program Strategy areas.

Community Engagement:

- Conduct effective community engagement activities (e.g. existing community advisory boards, coalitions, advocates, etc.);
- Within the first 3 months, engage the Community Advisory Board (CAB) where at least 85% of members reflect the targeted community most impacted by STD disparities and report using CAB representation table using CDC template;
- Ensure the CAB infrastructure is equitable for ALL members and suitable for conducting the business of the board in an efficient manner;
- Utilize evaluation, meeting facilitation and continuous quality improvement techniques to ensure active CAB meeting participation, member satisfaction and commitment, sense of ownership and decision-making power.

Identification and implementation of system and environmental strategies:

- Within the first 6 months, document and analyze via a community needs assessment, the extent of disparities and the effects of social determinants of health (SDH) on the local community;
- Within the first 12 months, engage the CAB in the identification of community priorities for SHD and STD,HIV, and viral hepatitis prevention strategies;
- Within the first 12 months, use CAB feedback and community needs assessment data to design a program plan to reduce disparities that addresses social determinants of health;
- Within the first 12 months, ensure the incorporation of public health ethics in program plan. Outline specific strategies planned to ensure public health ethics compliance.
- Implement CAB designed interventions using partner resources and influence.
- Conduct community outreach events and programs for the target group most impacted by STD disparities.

Multisectorial Partnerships:

- Partner with other health, non-health, and social service providers (e.g. community health centers, faith-based organizations, mental health agencies, middle and secondary schools, community college networks, professional associations, local health departments, correctional facilities, local businesses) to provide STD, HIV, and viral hepatitis prevention information and referrals, behavioral risk counseling, individual-level interventions and community-designed interventions as identified in the program plan. Within the first 12 months, execute Memorandum of Understanding (MOU) for at least 75% of partners. MOUs must detail specific contributions and supporting activities for partnering programs and/or organizations.

Communication:

- Develop and implement effective communication strategies to increase awareness of STD disparities, health issues and community resources among the target population most impacted by STD disparities.
- Utilize communication strategies to promote STD program success and leverage additional resources for STD, HIV, and viral hepatitis prevention.

Evaluation:

- Within first 3 months, develop a logic model describing program inputs, activities, service outputs, immediate outcomes and long term outcomes.
- Within the first 6 months, develop SMART objectives that relate to overall goal of the project. At least one objective must outline how the awardee plans to expand or build upon existing community

advisory board.
- Within the first 6 months, develop an evaluation plan matrix with evaluation questions, indicators related to the SMART objectives, proposed data collection methods, and timeline. Initial plan should include intentions for the three-year funding period.
- Awardees shall report on process and outcome evaluation measures annually. Measures should be directly related to the logic model (service outputs and outcomes) and outcomes listed in this announcement. Measures should be stratified by funding year and include indicators for each funding year.

1. Collaborations

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

Awardees are expected to collaborate with CDC, NCHHSTP, Division of Sexually Transmitted Disease Prevention (DSTDP), Office of Health Equity (OHE), and Health Services Research and Evaluation Branch (HSREB) to improve program guidance, and evaluation (as requested).

b. With organizations not funded by CDC:

Awardees are expected to build and/or continue strategic partnerships and collaborations with other health, non-health sector, and social service providers (e.g., community health centers, faith-based organizations, mental health agencies, schools, community college networks, professional associations, local health departments, correctional facilities), and others that have a role in achieving the FOA outcomes and proposed activities.

2. Target Populations

Applicants should use epidemiologic and social determinants data, e.g., state and local health department surveillance data, to identify communities disproportionately affected by STDs, including HIV and viral hepatitis, within their jurisdictions and should ensure that program activities appropriately cover these populations.

Populations of interest to this announcement include:

- Young men-who-have-sex-with-men (YMSM)
- Men-who-have-sex-with-men (MSM) and other vulnerable populations seen in HIV care and other selected facilities
- Young transgender persons of color (YTG of color)
- Adolescents and young adults diagnosed and reported with an STD of interest

a. Health Disparities

This FOA is intended to be inclusive of all vulnerable populations including people with disabilities, non-English speaking populations, LGBT populations, people with limited health literacy, and racial/ethnic minorities.

All applicants must design their program so that it is accessible and available to YMSM of color and YTG persons of color. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities) should be considered when developing the proposed program and identifying the target population(s). Organizations that are funded under this FOA will be required to provide services to the primary target population(s) specified in their applications. However, no persons will be turned away from services, regardless of their race, ethnicity, or other demographic characteristics. In addition, the target population described in the work plan and narrative must match the target population identified in the Proposed Target Population Worksheet.

iv. Funding Strategy

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The CDC evaluation team will:

- Conduct a comprehensive evaluation, based on the CARS logic model. Data collection methods will include evaluation assessments, observations, document reviews and key informant interviews.
- Collect data on the common evaluation measures listed under measurable outcomes section of the executive summary. This data will be included in the annual evaluation reports.

Measures and Indicators of interest include:

Community Engagement:

Process: Number of members from priority population attending Community Advisory Board (CAB) meetings; level of satisfaction of Community Advisory Board members; number of interventions/strategies that address social determinants of health impacting health equity within affected communities STD disparities identified by CAB; perceived power of CAB members; perceived ownership of membership structure; perceived sustainability of community engagement methods; improved skill in advocacy among CAB members. Outcome: CAB membership sustained over project period; Increased satisfaction among CAB members over project period; Increased access to target groups over project period

Identification and implementation of system and environmental strategies: Process: Existing clinical resources identified; trainings available; increased adoption of community-designed STD prevention strategies

Outcome: Community priorities and effective community-designed interventions are identified, implemented and evaluated using partner resources and influence; increased access to/use of community health and resources and support services by target groups; increased access to/use of educational and economic opportunities by target groups; improved availability and accessibility of health education, training, and resources for STD, HIV, and viral hepatitis prevention and control; increased capacity to raise awareness of health and healthy behaviors; positivity and treatment rates from community events and STD screenings; enhanced capacity to implement public health interventions through purposed and deliberate partnership activities; decreased exposure to social disorder (i.e., presence of trash and lack of cooperation in a community).

Partnerships

Process: Multi-sector partner participation rate; proportion of partners engaged in community and intervention activities; value of leveraged resources; policies adopted or refined;

Outcome: New stable partnerships are formed; extent of environmental change.

Communication:

Process: Level of existing communication;

Outcome: Increased awareness of STD disparities (e.g. adolescents, and YMSM), health issues and community resources; increased access to and use of community health resources and support services by target groups; increased access to and use of educational opportunities by target groups; implementation of effective health equity and health communication methods.

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. 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 FOA 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).

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

1. Applicants must provide an overall jurisdiction or community-specific evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Identify staff person responsible for conducting and reporting evaluation activities.
- Describe how key program partners will be engaged in the evaluation and performance measurement planning processes.
- Outline the type of evaluations to be conducted (i.e., process and/or outcome).
- List key evaluation questions to be answered.
- Identify potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Discuss how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence base of effectiveness.
- Provide one example (as an attachment) of a well-designed evaluation assessment tool used during past evaluation efforts.
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that must be included.
- Awardees will be required to submit evaluation reports, according to the CDC provided reporting schedule and templates.

c. Organizational Capacity of Awardees to Implement the Approach

Successful applicants must have the organizational capacity to carry out the strategies and activities described above. Applicants should demonstrate the following:

- An existing relationship with the target population in the form of a Community Advisory Board/Council (CAB), and evidence that the CAB reflects and represents the target community. The CAB infrastructure must be suitable for conducting business in an effective and efficient manner.
- The ability to leverage partner resources and infrastructure
- A staffing plan and an organizational chart, including proposed staffing, with roles clearly stated. (Applicants must name this file "Organizational Charts" and upload it at www.grants.gov.)
- Background, experience, and curricula vitae for key staff to indicate ability to carry out the purposes of the program
- Proposed project management experience and ability to plan, organize, secure and manage resources to successfully accomplish program activities
- A plan for disseminating project findings
- Willingness and the capacity to collaborate with other awardees and adhere to common protocols

In addition, applicants must have a financial management system, i.e., an accounting system. At a minimum, this system must:

- permit preparation of required reports
- allow the tracking of funds
- have effective internal accountability controls/checks and balances
- maintain source documents
- have a cash management system to accurately account for cash transactions

d. Work Plan

Applicants are required to provide a work plan consisting of project period goals for the three-year program and Year One objectives for each program strategy. A detailed description of program activities in each area during the first year of the award is also required. The work plan should not exceed 20 pages. Applicants are strongly encouraged to use the activities indicated under the "Program Strategy" section. The work plan must, at a minimum, include:

- Project Period Goals (PPG) for each Program Strategy. The proposed PPGs should describe the goals for the 3-year project period.
- Annual Objectives (AO) for each PPG. The proposed AOs should describe the short-term objectives for the first year of the project period. Each AO must be specific, measurable, achievable, realistic time-phased goals and consistent with the intent of the program announcement.

A description of specific program activities that will be undertaken during Year One to meet the proposed Annual Objectives must also be provided. The activity descriptions must include (1) timeline for completion; (2) staff responsible for completion of activity, including the level of effort and allocation of time for each proposed activity; and (3) key partners involved in the development, implementation and evaluation of proposed activities including a description of their role.

Note: Annual Objectives should be written in SMART (specific, measurable, achievable, realistic, and timely) format. Quantitative baselines should be provided for each objective that leads to an increase, decrease, or maintenance over time. Activities must be in alignment with the proposed objectives and the chosen program strategies and must include those activities the applicant selects as priority, based on the cited evidence, for the first year of the project.

CDC will provide feedback and technical assistance to awardees to finalize the work plan post-award.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee 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 awardee progress in achieving the desired outcomes.
- Ensuring the adequacy of awardee 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 awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees 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 grantees.

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

CDC's CARS Coordination Team will host a CDC/Grantee meeting at the beginning of the project period to facilitate introduction of all CDC CARS Team members, Office of Grant Services (OGS) Management Specialist, and grantees. Additional CDC Program support shall include, but is not limited to:

- Providing technical program expertise and assistance
- Sharing current project-relevant published articles and research
- Providing expert evaluation guidance
- Facilitating CARS grantee collaboration through regular scheduled meetings and webinars
- Providing a platform for information and resource sharing among group participants as they further explore innovative community engagement approaches to address social determinants of health and ultimately reduce the disparate rates of STDs in identified communities

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

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

2. Award Mechanism: U22

U22 HIV/STD Prevention Services for Racial and Ethnic Minorities-Cooperative Agreements

3. Fiscal Year: 2017

4. Approximate Total Fiscal Year Funding: $1,250,000

5. Approximate Project Period Funding: $3,750,000

This amount is subject to the availability of funds.

Estimated Total Funding: $3,750,000

6. Total Project Period Length: 3 year(s)

7. Expected Number of Awards: 4

8. Approximate Average Award: $312,500 Per Budget Period

9. Award Ceiling: $312,500 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $250,000 Per Budget Period

11. Estimated Award Date: 08/28/2017

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 awardee (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 project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

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

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

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

5. Maintenance of Effort

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-awardees, those sub-awardees 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 an awardee. 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 “Get Registered” option atwww.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 1-866-705-5711Image Description:
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220Image Description:

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 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 770-488-2700Image Description: or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348Image Description: .

4. Submission Dates and Times

If the application is not submitted by the deadline published in the FOA, 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: **04/28/2017**

b. Application Deadline

Due Date for Applications: **05/30/2017** , 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.

Date for Information Conference Call

Informational conference call for potential applicants Thursday, April 20, 2017 1:00-2:30pm EST

Join Skype Meeting

Trouble Joining? Try Skype Web App

Join by phone

(404) 553-8912 (Atlanta Dial-in Conference Region) English (United States)

(855) 348-8390 (Atlanta Dial-in Conference Region) English (United States)

Find a local number

Conference ID: 9285150

Forgot your dial-in PIN? |Help

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.

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.

LOI is requested, but not required as part of the application for this FOA.

Applicants are encouraged to submit a LOI with the following information:

- Descriptive title of proposed project
- Name, address, telephone number, and email address of the Principal investigator or Project Director, or both
- Name, address, telephone number, and email address of the primary contact for writing and submitting this application
- Number and title of this FOA

LOI must be sent via U.S. express mail, delivery service, fax, or email to:

Norman A. Hayes

CDC, NCHHSTP, DSTDP

Address: 1600 Clifton Road, NE, Mailstop E-02

Atlanta, GA 30333

Telephone number: (404) 639-8991

Fax: (404) 639-6430

Email address: NHayes3@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 project period as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Funding Opportunity Announcement. Note that awardees should also use these tools when creating public communication materials supported by this FOA. 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 project period 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 awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. 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 seehttp://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).

Awardees 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 FOA.

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

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

Applicants are required to provide a work plan consisting of project period goals for the three-year program and Year One objectives for each program strategy. A detailed description of program activities in each area during the first year of the award is also required. The work plan should not exceed 20 pages. Applicants are

strongly encouraged to use the activities indicated under the "Program Strategy" section. The work plan must, at a minimum, include:

must, at a minimum, include:

- Project Period Goals (PPG) for each Program Strategy. The proposed PPGs should describe the goals for the 3-year project period.
- Annual Objectives (AO) for each PPG. The proposed AOs should describe the short-term objectives for the first year of the project period. Each AO must be specific, measurable, achievable, realistic time-phased goals and consistent with the intent of the program announcement.

A description of specific program activities that will be undertaken during Year One to meet the proposed Annual Objectives must also be provided. The activity descriptions must include (1) timeline for completion; (2) staff responsible for completion of activity, including the level of effort and allocation of time for each proposed activity; and (3) key partners involved in the development, implementation and evaluation of proposed activities including a description of their role.

Note: Annual Objectives should be written in SMART (specific, measurable, achievable, realistic, and timely) format. Quantitative baselines should be provided for each objective that leads to an increase, decrease, or maintenance over time. Activities must be in alignment with the proposed objectives and the chosen program strategies and must include those activities the applicant selects as priority, based on the cited evidence, for the first year of the project.

CDC will provide feedback and technical assistance to awardees to finalize the work plan post-award.

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 will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities).
For guidance on completing a detailed budget, see Budget Preparation Guidelines at: http:// www.cdc.gov /grants /interested in applying /application resources.html.
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 FOA 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 FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
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 Grantees under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Grantees will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide grantees 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 grantees 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:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees 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 awardee.
- 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 awardees.
- 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.

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- 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 awardees.
    - 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.

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 at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by OGS Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity at www.grants.gov.

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 FOA. 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 1-800-518-4726Image Description: 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 1-800-518-4726Image Description: 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:40

Background (10 points)
To what extent does the applicant:

- Describe significant burden of STD and HIV morbidity within the target community or population (e.g. adolescents, YMSM, MSM, Minority YMSM and MSM)?
- Identify and list social determinants of health associated with the disparate burdens in the target population?
- Clearly express a comprehensive understanding of the needs of the target population?

Work Plan (10 points)
To what extent does the applicant:

- Develop and describes a plan to adequately achieve the intended program outcomes and carry out the proposed objectives?
- Develop a complete and comprehensive plan for the first budget period?
- Describe how the plan focuses on priorities that address the needs of the target population?

For the first year of the project period: (10 points)

- Outcomes: Are the first year outcomes achievable and do they address the purpose of the FOA?
- Objectives: Are the objectives are SMART and do they address the needs of the target population and relate to the recipient activities?
- Activities: The extent to which the described activities are achievable, able to build capacity and likely to lead to the attainment of the proposed objectives?

For the three-year project period: (10 points)

- Outcomes: The extent to which the three-year project period outcomes address the purpose of the FOA.
- Project Period Objectives: The extent to which the project period objectives are appropriate to achieve the desired program outcomes by the end of the three-year project period.

ii. Evaluation and Performance Measurement	Maximum Points:25

To what extent does the applicant:

- Propose an evaluation plan that addresses the components specified under the program evaluation section (i.e.evaluation stakeholder identification/role, evaluation design, timelines, dissemination and use)? (5 points)
- Provide one example (as an attachment) of a well-designed evaluation assessment tool used during past evaluation efforts. (5 points)
- Provide a clear logic model including the following sections: programmatic context, resources, activities, outputs or products and outcomes (including short, intermediate and long term) (10 points)?
- Clearly identify staff who will conduct evaluation activities and how they will evaluate the impact of their activities on their jurisdiction's overall STD surveillance infrastructure and use of their data for public health action, including improving timeliness, completeness and representativeness of routine STD case reporting and addressing information gaps in case reporting data? (5 points)

iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points:35

Community Engagement (20 points)

To what extent does the applicant:

- Describe an existing relationship with the target population in the form of a Community Advisory Board/Council (CAB)?
- Provide evidence the CAB reflects and represents the target community?
- Describe a CAB infrastructure suitable for conducting business in a suitable and efficient manner?

Multisectorial Partnerships (10 points)

To what extent does the applicant:

- Clearly describe existing multi-sector partnerships to address social determinants of health impacting health equity within affected community?
- Indicate the intent to develop additional partnerships to support goals and objectives of the FOA?
- Describe the ability to leverage partner resources and infrastructure?
- Provide Memoranda of Understanding or Memoranda of Agreement for all anticipated partners, indicating the specific activities in which the partner will participate?

Project Management (5 points)

- Does the applicant identify adequate personnel commitment to proposed activities? (1 point)
- Are staff qualifications and experience documented through inclusion of appropriate attachments (CVs/resumes)? (1 Point)
- Does the applicant identify a project coordinator or similar position responsible for day-to-day management of required and routine tasks? (1 point)
- Does the applicant describe how project findings will be disseminated? (1 point)
- Does the applicant indicate willingness and the capacity to collaborate with other awardees and adhere to common protocols? (1 point)

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.

Budget

c. Phase III Review

Applications will be funded in order by score and rank determined by the review panel.

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 Awardee 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 funding opportunity announcement.
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 receive a Notice of Award (NoA) from the CDC Office of Grant Services (OGS). Additionally, program office will announce the awardees on the CDC STD Health Equity website at http://www.cdc.gov/std/health-disparities/

Anticipated Award Date: August 28, 2017

F. Award Administration Information

1. Award Notices

Awardees 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 awardee and CDC. The NOA will be signed by an authorized GMO and emailed to the Awardee Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this FOA 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

Awardees 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.

For more information on the CFR visit http://www. access.gpo.gov/ nara/cfr/cfr-table- search.html

3. Reporting

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

- Helps target support to awardees;
- Provides CDC with periodic data to monitor awardee progress toward meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the project period 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 FOA.

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 FOA copying the CDC Project Officer.

a. Awardee Evaluation and Performance Measurement Plan (required)
With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees 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.

Awardee 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 FOA 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 FOA (e.g., effect on improving public health outcomes, effectiveness of FOA, 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 awardee 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 weblinks are allowed.
This report must include the following:

- **Performance Measures:** Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Awardees must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Awardees must update work plan each budget period to reflect any changes in project period outcomes, activities, timeline, etc.
- **Successes**
    - Awardees must report progress on completing activities and progress towards achieving the project period outcomes described in the logic model and work plan.
    - Awardees must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Awardees must describe success stories.
- **Challenges**
    - Awardees must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the project period outcomes.
    - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
    - Awardees must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving project period outcomes.

- **Administrative Reporting** (No page limit)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
  - Indirect Cost Rate Agreement.

The awardees 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 awardees at the beginning of the award period.

Awardees are required to report on performance measures twice a year, according to the CDC provided reporting
schedule and template. Performance measures reported must be based on outcomes listed in the executive summary. Awardees may provide additional local performance measures. Upon funding, awardees will be provided the schedule for
reporting frequency and reporting templates with data fields and formatting guidelines.

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, awardees 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 project period. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire project period and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Awardees must report final performance data for all process and outcome performance measures.
- Evaluation Results – Awardees must report final evaluation results for the project period for any evaluations conducted.
- Impact/Results/Success Stories – Awardees 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).

Awardees must email the report to the CDC PO and the GMS listed in the "Agency Contacts" section of the FOA.

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 grantee 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 grantee did not pay any taxes during the reporting period.]

2) Quarterly Report: The grantee 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. grantee 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 grantee must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Norman Hayes, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

1600 Clifton Road, NE, MS E-02

Atlanta, GA 30333

Telephone: (404) 639-8991

Email: nhh9@cdc.gov

Grants Staff Contact

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

Constance Jarvis, Grants Management Specialist

Department of Health and Human Services

Office of Grants Services

1600 Clifton Road, NE, MS E-02

Atlanta, GA 30333

Telephone: (770) 488-5859

Email: abq3@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726Image Description: .
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: 770-488-2700Image Description:
E-mail: ogstims@cdc.gov

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

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 FOAs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

Evaluation Assement Tool

Evaluation and Performance Measurement Plan

Data Management Plan

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 FOA; awardees must comply with the ARs listed in the FOA. 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.

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.

Catalog of Federal Domestic Assistance (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.

CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.

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 project period (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 awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

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 FOA evaluation plan is used to describe how the awardee 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: http://www.whitehouse.gov/omb/ grants_spoc/.
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.
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. FOAs 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 FOA plain writing tips when writing FOAs.
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 FOA; can be either a project officer, program

manager, branch chief, division leader, policy official, center leader, or similar staff member.
Project Period Outcome: An outcome that will occur by the end of the FOA's funding period.
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 project period 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.

FOA-specific Glossary and Acronyms