

Centers for Disease Control and Prevention

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

Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments Supplement

CDC-RFA-PS21-21030301SUPP23

03/27/2023

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Part 1. Overview Information

Federal Agency Name:

Federal Centers for Disease Control and Prevention (CDC)

Notice of Funding Opportunity (NOFO) Title:

Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments Supplement

Announcement Type:

Revision Type 3 - Competitive Supplement

Agency Notice of Funding Opportunity Number:

CDC-RFA-PS21-21030301SUPP23

Assistance Listings Number:

93.270

Key Dates:

Due Date for Applications 03/27/2023

03/27/2023
Application must be successfully submitted to Grants.gov by 11:59 pm Eastern Standard Time on the deadline date.

Additional Overview Content:

Executive Summary

The purpose of this NOFO is to announce the availability of supplemental funding for the organizations that were previously awarded funding under Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (CDC-RFA-PS21-2103) (IVHSP). Specifically, this supplemental NOFO supports the goals of Strategy 1.1 - Develop, implement, and maintain plan to rapidly detect and respond to outbreaks for: hepatitis A, hepatitis B, and hepatitis C and Strategy 2.2 - Increased access to hepatitis C and hepatitis B testing and referral to care in high-impact settings.

The primary goals of this Supplemental NOFO are to: 1) increase the early detection and interruption of hepatitis C outbreaks and transmission clusters by routine review of surveillance data and conducting laboratory testing (elements included in outbreak response plans); and 2) increase hepatitis B (HBV) and hepatitis C (HCV) diagnosis and treatment by providing routine testing and linkage to prevention and treatment in high-impact settings.

This Supplemental NOFO includes two components and applicants may apply for one or both of the following components:

Component 1: Integrating Genomic and Epidemiologic Surveillance for Outbreak Detection and Response. The purpose of this project is to work with health departments to develop an integrated epidemiological and molecular surveillance system for HCV infection to identify HCV transmission clusters and outbreaks for public health action. Integrating molecular surveillance within the existing epidemiologic surveillance system will strengthen plans to rapidly detect and respond to HCV outbreaks.

Component 2: Increasing Access to Hepatitis C and/or Hepatitis B Testing and Linkage to Care in High-Impact Settings. The purpose of this project is to work with partners to conduct testing and linkage to care for hepatitis B virus (HBV) and/or HCV infection in high-impact settings (e.g., syringe services programs or SSPs, substance use disorder (SUD) treatment centers, correctional facilities, emergency departments, and sexually transmitted infections clinics).

This supplemental funding will enhance health departments' capacity to achieve the short-term outcomes identified in PS21-2103 by improving their outbreak response capacity through targeted prevention and control measures (e.g., case investigation, contact tracing and partner services, linkage to case management/ care) quickly and efficiently. These strategies and activities are included in Component 1 of the PS21-2103 NOFO (page 12).

Measurable outcomes of the program will be in alignment with the following performance goals for CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) (Strategic Plan 2022-2026 | NCHHSTP | CDC) and CDC's Division of Viral Hepatitis (DVH) (What is the Division of Viral Hepatitis? | CDC):

NCHHSTP Strategic Goals
1: Reduce incidence of HIV, viral hepatitis, STIs, and TB
2: Reduce morbidity and mortality of HIV, viral hepatitis, STD, and TB infections
3. Reduce disparities and promote health equity

DVH Strategic Goals:

1: Reduce new viral hepatitis infections
2: Reduce viral hepatitis-related morbidity and mortality
3: Reduce viral hepatitis-related disparities

This NOFO supports the goals of enhancing community-based SSPs, as outlined in "Policies & Issues: Syringe Services Programs" at HIV.gov, https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs.

Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for the NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STDS AND TB PREVENTION

GPRA goal(s)

2.6.10: Reduce reported rate of hepatitis C-related deaths per 100,000 population
2.6.11: Reduce reported rate of hepatitis B-related deaths per 100,000 population

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.govregs.com/regulations/title42_chapterI_part2_subpartD_section2.52. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

Section I. Funding Opportunity Description

Statutory Authority

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

Background

Hepatitis B virus and hepatitis C virus are leading infectious causes of morbidity and mortality in the United States. In 2020, there were 66,700 estimated acute hepatitis C infections and 107,300 newly reported chronic hepatitis C cases [1], with an estimated 2.4 million people with hepatitis C virus (HCV) during 2013-2016 [2]. During 2015-2018, only 60% of adults with hepatitis C were aware of their infection [3]. From 2013 through 2020, the incidence rate of acute hepatitis C more than doubled [1]. Since 2013, safe and effective directly acting antiviral (DAA) agents that can cure more than 95% of cases have been available, yet few people receive treatment within one year of diagnosis [5]. During 2014-2020, 843,329 persons were treated with DAAs for HCV at least once in the six year period, far short of the goal of 260,000 patients treated annually that is needed to achieve 2030 elimination goals [6]. Additionally, there are an estimated 880,000 people with hepatitis B virus (HBV) in the United States [7] and an estimated 22,000 people newly infected each year from 2013 to 2019 [2]. HBV infection is vaccine preventable and treatable—yet only about 32% of adults with HBV infection are aware of their infection, precluding access to treatment and opportunities to prevent transmission [8].

The most common risk factor for acute hepatitis B and C is injection drug use [3]. In 2018, the estimated number of people who have injected drugs (PWID) in the United States was 3.7 million which is three times the 2011 estimate [9]. Testing and linkage to treatment and prevention services have been demonstrated to decrease hepatitis C and hepatitis B morbidity and mortality and transmission among PWID [10-11]. Offering such services to clients in high-impact settings—where PWID are accessible—should lead to more timely diagnosis and treatment of persons with HBV or HCV infection and will help mitigate infectious disease consequences of the opioid epidemic.

Increasing numbers of PWID will substantially increase the transmission risk of blood-borne viruses (e.g., HCV, HBV, and HIV) through use of shared equipment. These infections can spread rapidly if introduced into uninfected communities of PWID [12]. Molecular epidemiologic analysis using Global Hepatitis Outbreak Surveillance Technology (GHOST) has been utilized successfully to map HCV transmission networks among PWID [13] and this information can be used by public health officials to implement interventions to interrupt HCV transmission. Data from an HIV outbreak among PWID in West Virginia indicated that HCV infection preceded HIV infection by a median 46 months [14]. This finding illustrates the importance of early detection of HCV outbreaks as early detection and public health outreach in a community can ultimately prevent or slow HIV transmission outbreaks among PWID. Integration of molecular and epidemiologic data may facilitate early identification of HCV outbreaks or transmission networks and can guide public health efforts to rapidly respond and interrupt further transmission of HCV and other bloodborne infections.

References:

1. Centers for Disease Control and Prevention. Viral Hepatitis Surveillance Report – United States, 2020. https://www.cdc.gov/hepatitis/statistics/2020surveillance/index.htm. Published September 2022. Accessed November 28, 2022.
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6. Teshale EH, Roberts H, Gupta N et al. Characteristics of Persons Treated for Hepatitis C Using National Pharmacy Claims Data, United States, 2014-2020. Clin Infect Dis 2022 Sep 29;75(6):1078-1080. doi: 10.1093/cid/ciac139.
7. Roberts H, Ly KN, Yin S et al. Prevalence of HBV infection, vaccine-induced immunity, and susceptibility among at-risk populations: US households, 2013-2018. Hepatology. 2021 Nov;74(5):2353-2365.

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9. Bradley H, Hall E, Asher A et al. Estimated number of people who inject drugs in the United States. Clin Infect Dis. 2022 Jul 6:ciac543. https://doi.org/10.1093/cid/ciac543.
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12. Van Handel MM, Rose CE, Hallisey EJ et al. County-level vulnerability assessment for rapid dissemination of HIV or HCV infections among persons who inject drugs, United States. J Acquir Immune Defic Syndr. 2016 Nov 1;73(3):323-331.
13. Ramachandran S, Thai H, Forbi JC et al. A large HCV transmission network enabled a fast-growing HIV outbreak in rural Indiana, 2015. EBioMedicine. 2018 Nov;37:374-381.
14. Hudson AG, Bonacci RA, Moorman AC et al. Hepatitis C virus infection preceding an outbreak of HIV among persons who inject drugs- Kanawha County, West Virginia, 2019-2021. Clin Infect Dise. 2022 Jul 29 ;ciac619. doi: 10.1093/cid/ciac619.

Purpose

The purpose of this Supplemental NOFO is to increase the early detection and interruption of hepatitis C outbreaks and transmission clusters; and to increase access to the prevention, diagnosis, and treatment of hepatitis B and C among PWID and other individuals at increased risk for infection who seek services in high-impact settings. The activities described in this document are aligned with activities described in Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments (CDC-RFA-PS21-2103), Component 1, Strategy 1.1 and Component 2, Strategy 2.2.

Program Implementation

Recipient Activities

This supplemental NOFO includes two components:

Component 1: Integrating Genomic and Epidemiologic Surveillance for HCV Outbreak Detection and Response

Component 2: Increasing Access to Hepatitis C and/or Hepatitis B Testing and Linkage to Care in High-Impact Settings

Logic Model:

Activities and outcomes associated with each component are listed in the logic model below. **Bold** indicates period of performance outcomes.

Activities	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Component 1**:** Integrating Genomic and Epidemiologic Surveillance for HCV Outbreak Detection and Response			Reduced new viral hepatitis infections Increased access to care for persons with viral hepatitis Improved health outcomes for people with viral hepatitis Reduced deaths among people with viral hepatitis Reduced viral hepatitis-related health disparities
Develop system for integrating genomic and epidemiologic surveillance for detection of HCV transmission clusters and for public health response in the jurisdiction	**Established jurisdictional framework for integrating genomic surveillance into existing epidemiologic surveillance**	**Increased timely and complete identification of HCV transmission networks** Reduced HCV transmission among high prevalence populations	
Build jurisdictional capacity to integrate genomic surveillance into the existing epidemiologic surveillance of HCV infections	**Increased local/state public health capacity (laboratory and epidemiology) to conduct integrated hepatitis C genomic and epidemiological surveillance**		
Assess effectiveness of integrated genomic and epidemiologic surveillance to improve identification of HCV transmission networks	**Increased hepatitis C cases identified as part of transmission clusters**		
Component 2: Increasing Access to Hepatitis C and/or Hepatitis B Testing and Linkage to Care in High-Impact Settings			
Increase routine HCV and/or HBV testing in high-impact settings	**Increased access to complete HCV and/or HBV testing among persons receiving services in high-impact settings** **Increased awareness of infection status among people with chronic HCV and/or**	Increased people engaged in treatment and care for HCV and/or HBV infection Increased PWID engaged in treatment and care for HCV and/or HBV infection Reduced new HCV and/or HBV infections	

	HBV infection	among PWID Increased people diagnosed with HCV through public health laboratories	
Provide counseling, linkage to treatment, and referral to prevention services in high-impact settings	**Increased linkage to treatment and care for people with HCV and/or HBV infection** **Increased referral to hepatitis-related prevention services for PWID**		
Build public health laboratory capacity for HCV and/or HBV testing (optional)	**Increased state and local public health laboratories conducting HCV RNA reflex testing and/or HBV testing**		

Strategies and Activities

If applying for Component 1, applicants must address the following activities in their application:

Component 1: Integrating Genomic and Epidemiologic Surveillance for Outbreak Detection and Response

For the purpose of this NOFO, the following definitions apply:

- "Genomic surveillance"
    - Collection or generation of HCV genomic data (nucleotide sequences) to provide information such as strain identity and transmission clusters and networks to enhance epidemiologic information

- "Integrated genomic and epidemiologic surveillance"
    - Application of genomic data in conjunction with epidemiologic data to provide actionable, timely, complete, and accurate information for guiding effective public health interventions in different populations and settings (e.g., PWID, SSPs, correctional settings)

- "Global Hepatitis Outbreak and Surveillance Technology (GHOST)"
    - CDC-developed web-based platform that contains easy-to-use bioinformatics tools for analyzing genomic data to detect HCV strains, transmission clusters, and networks. The platform is freely available to users.
- "GHOST testing"
    - Involves application of next-generation sequencing (NGS) to identify intra-host variants of the hypervariable region 1 (HVR1) from HCV genome and analyses of these sequences. NGS must be performed according to CDC developed and validated protocols to produce sequences suitable for the GHOST tools. All protocols and instructions are available at the GHOST website, which is freely accessible for all authenticated users.

Strategy 1.1 - Develop system for integrating genomic and epidemiologic surveillance for detection of HCV transmission clusters and for public health response in the jurisdiction

- Assess regulatory, ethical, privacy and confidentiality issues within the funded jurisdiction associated with accruing and integrating HCV genomic data into existing epidemiological surveillance data and their application to public health interventions
- Define the population or catchment area of focus for obtaining genomic surveillance data, with a focus on populations and/or areas with high rates of transmission
- Develop procedures and protocols that describe:
    - Collection, storage, and testing specimens for HCV RNA from focus population(s)
    - Storage and management of HCV RNA positive specimens for GHOST testing
    - Determination of which HCV RNA positive specimens are to be tested by GHOST
    - Development of HCV genomic sequencing report data to be integrated with epidemiologic surveillance data
- Establish workflow and supporting Standard Operating Procedures (SOPs) for health department staff to integrate HCV genomic data into epidemiologic surveillance data

Strategy 1.2 - Build jurisdictional capacity to integrate genomic surveillance into the existing epidemiological surveillance of HCV infections

- Provide training to health department surveillance and laboratory personnel on developed protocols and SOPs integrating genomic surveillance into existing epidemiologic surveillance data
- Engage with surveillance epidemiologists to identify which samples will be tested for HCV GHOST testing
- Apply GHOST features to analyze linked genomic and epidemiological data

- Implement established workflow for health department staff to integrate HCV genomic data into epidemiologic surveillance data

Strategy 1.3: Assess effectiveness of integrated genomic and epidemiologic surveillance to improve identification of HCV transmission networks

- Monitor HCV surveillance data to identify HCV transmission clusters
- Monitor the number of HCV-positive persons in focus population(s) tested by GHOST
- Monitor the proportion of GHOST-tested PWID who form HCV transmission clusters
- Determine the impact of GHOST-testing and the integration of genomic data into epidemiologic surveillance data on timeliness and completeness in identifying HCV transmission networks

Component 2: Increasing Access to Hepatitis C and/or Hepatitis B Testing and Linkage to Care in High-Impact Settings

To apply for Component 2, at minimum, applicants must address Strategy 2.1 and Strategy 2.2 activities (as described below) in their application. Strategy 2.3 activities are optional.

For the purpose of this NOFO, the following definitions apply:

- "High-impact" settings
    - Venues where substantial proportion of clients are PWID or venues with a high prevalence of hepatitis B, hepatitis C, or HIV (e.g., SSPs, SUD treatment centers, correctional facilities, emergency departments and sexually transmitted disease clinics). Recipients must focus activities in one or more high-impact settings working in collaboration with relevant organizations to provide viral hepatitis testing and linkage to care.
- "Testing"
    - For hepatitis C, opt-out HCV testing should be provided to detect current HCV infection (e.g., HCV antibody with automatic HCV-RNA testing for all persons with positive HCV antibody results).
    - For hepatitis B, persons should be tested for hepatitis B surface antigen, antibody to hepatitis B core antigen, and antibody to hepatitis B surface antigen.
- "Linkage to care"
    - Includes ensuring that:
        - Persons with HBV infection attend a medical appointment with a health care provider who is prepared to provide hepatitis B management and treatment when appropriate.
        - Persons with HCV infection (e.g., HCV RNA positive) attend a medical appointment with a health care provider who is prepared to provide hepatitis C treatment.

- Clients who are only *referred* to treatment and care (e.g., by providing provider contact information to client) are not considered linked.

Strategy 2.1 - Increase routine HCV and/or HBV testing in high-impact settings (required if applying for Component 2)

- Collaborate with key organizations and groups in high-impact settings to establish partnerships, to select one or more high priority high-impact settings, and to develop a plan to increase HBV and/or HCV testing in the selected setting(s).
- Support high-impact settings to:
  - Strengthen efforts to conduct hepatitis B and/or hepatitis C screening and testing
  - Offer opt-out testing to all persons in the high-impact settings as follows:
    - Hepatitis C testing
      - HCV antibody test (anti-HCV) with automatic HCV-RNA testing for all those with positive anti-HCV results
      - Note: Viral-first testing (e.g., HCV RNA) is recommended when feasible and acute infection is suspected
    - Hepatitis B testing
      - Hepatitis B surface antigen, antibody to hepatitis B core antigen, and antibody to hepatitis B surface antigen
  - Track the number of persons tested and test results (all persons tested and PWID tested)
  - Ensure that cases of hepatitis B and hepatitis C are reported to the appropriate local or state health department in accordance with applicable notifiable infectious disease reporting requirements.
  - Conduct outreach to increase the number of staff who provide testing services in high-impact settings.
  - Provide education (counseling or materials) to staff at each setting type on potential interventions that could increase testing and diagnosis of hepatitis B and/or hepatitis C.
- Systematically compile and summarize evaluation data collected related to hepatitis C and/or hepatitis B testing in high-impact settings. Disseminate findings with appropriate staff at collaborating sites to highlight accomplishments related to HCV and/or HBV testing and identify areas for improvement.

Activities may also include purchasing of hepatitis B and C test kits (including HCV RNA tests) and necessary equipment and performance of validation testing and quality assurance.

Strategy 2.2 - Provide linkage to treatment, and referral to prevention services in high-impact settings (required if applying for Component 2)

- Collaborate with key organizations and groups in high-impact settings to develop a plan for linking persons diagnosed with hepatitis B and/or hepatitis C to appropriate medical care.
- Support high-impact settings to:
    - Ensure all persons diagnosed with hepatitis B and/or hepatitis C infection are linked to appropriate medical treatment.
    - Track the number of persons testing positive for hepatitis B and/or for hepatitis C who were linked to treatment (all persons linked to treatment and PWID linked to treatment).
    - Refer all PWID in the high-impact setting to SUD treatment facilities and SSPs (where available).
    - Track the number of persons identified as PWID who were referred to SUD treatment facilities, SSPs, and other prevention services.
- Systematically compile and summarize evaluation data collected related to linkage to care of people diagnosed with hepatitis C and/or hepatitis B in high-impact settings. Disseminate findings with appropriate staff at collaborating sites to highlight accomplishments with HCV and/or HBV linkage to care practices and identify areas for improvement.

Patient (or peer) navigators may be clinic- or hospital-based and work in partnership with one or more high-impact settings in the community (e.g., SSP, SUD treatment facility, Medication-Assisted Treatment (MAT) provider). Alternatively, patient or peer navigators may be community-based and affiliated with the organization that has a high-impact setting (e.g., SSP, SUD treatment facility, MAT provider) and link patients to one or more clinics or hospitals in the community for evaluation and care.

Patient (or peer) navigator and linkage services can include scheduling hepatitis B or hepatitis C-related medical appointments, preparing clients for medical appointments, and coordinating efforts with the client's care team to ensure the first visit is scheduled and occurs. Patient navigation services can also include linkage to treatment for those diagnosed with hepatitis B or hepatitis C, and prevention services for PWID (e.g., patient navigators or other staff for the project). Services may also include provision of educational materials and referrals for viral hepatitis prevention services recommended for PWID (e.g., SSPs, SUD treatment, hepatitis A and hepatitis B vaccination, family planning) to all clients.

Strategy 2.3 - Build public health laboratory capacity for HCV and/or HBV testing (optional if applying for Component 2)

Applicants may also propose to build public health laboratory capacity for hepatitis C and/or hepatitis B testing (optional). These activities may include working with state and local public health laboratories to enhance capacity for HCV and/or HBV testing, with an emphasis on offering complete HCV testing to detect current HCV infection (e.g., automatic HCV RNA testing for all HCV antibody positive specimens); and establishing partnerships with state public health laboratory and high-impact settings to facilitate laboratory testing services. The applicant must describe the need for the additional laboratory capacity and how it will facilitate this project

and enhance overall capacity at the state or local public health laboratory.

Example program partnerships for increasing access to HCV and/or HBV testing and linkage to care in high-impact settings:

1. SSPs- Viral hepatitis testing and linkage services are incorporated into an existing SSP in this example. The SSP conducts outreach/education for their PWID clientele about viral hepatitis infections and offers testing for hepatitis B and hepatitis C to all SSP clients. For those who test positive for current infection, SSP staff make referrals to prevention services and patient or peer navigators link clients to an identified partner primary care clinic or hospital system for HCV RNA testing (if needed) and evaluation, treatment, and care for hepatitis B or hepatitis C infection.
2. SUD Treatment Facilities and MAT providers- In this example, a SUD treatment facility or MAT provider conducts hepatitis B and hepatitis C testing on all clients. Patient or peer navigators link those who test positive for current infection, facility staff link clients to an identified partner primary care clinic or hospital system for evaluation, treatment, and care.
3. Emergency Department/Hospital Systems- In this example, an emergency department of a local hospital conducts hepatitis B testing and hepatitis C testing for patients presenting with an illness associated with injection drug use (e.g., invasive bacterial or fungal infections, wound infections), an illicit drug overdose, or who have injection drug use history documented in the medical chart. For those who test positive for current infection, ED staff link them to appropriate primary care clinic or specialty care clinic affiliated with the hospital. ED staff also connect the patient to a patient or peer navigator who helps ensure the patient makes the first visit (e.g., helps with transportation assistance, appointment reminders).
4. Correctional facilities- In this example, correctional facilities (e.g., local jail, state prison) test new detainees/inmates on arrival for hepatitis B and hepatitis C. Those who test positive for current infection are linked to medical care within the correctional facility.

<u>Collaborations</u>

Recognizing the importance of tailoring local approaches, this award supports local partnerships to implement the activities in high-impact settings in the jurisdiction through the collaboration of organizations that, together, demonstrate the capacity to:

Component 1:

- Serve populations where there is expected high risk of HCV transmission
- Conduct public health laboratory-based HCV RNA testing
- Conduct specimen collection and partner with public health laboratories to conduct GHOST testing
- Collaborate with CDC and other partners to resolve unforeseen and/or arising issues related to GHOST testing, specimen collection, epidemiological investigation, and data analysis

Component 2:

- Specialized experience and capacity to perform screening and diagnostic testing for hepatitis B and/or hepatitis C
- Work with partners to link PWID diagnosed with hepatitis B and/or hepatitis C infection to appropriate care
- Work with partners to refer PWID to appropriate prevention services
- Use data systems to track testing, test results, linkages, and referrals and to report cases of hepatitis B and/or hepatitis C infection to the appropriate health department in accordance with applicable requirements

Collaborations with other CDC programs and CDC-funded organizations:

Applicants are encouraged to identify and collaborate with CDC-funded programs (particularly HIV testing programs, opioid overdose programs, immunization programs, SSPs, and viral hepatitis prevention programs) within their jurisdiction that are targeting the same population (PWID at risk for HBV or HCV infection) to help meet the goals of this NOFO.

Collaborations with organizations not funded by CDC:

Applicants must propose collaborative relationships that will support testing and linkage to care in high-impact settings within the selected communities in the designated high burden areas of their jurisdiction. To the extent possible, applicants should leverage existing partnerships developed as part of the required activities in CDC-RFA-PS21-2103 and work with partner organizations that already provide services in the designated high burden areas. Applicants must document all planned collaborations with letters of support [Memoranda of Agreements (MOA), Memorandum of Understanding (MOU), letters of commitment, or service agreements] indicating commitment to conduct testing and linkage to care services and provide data. In forming the proposed local partnerships, applicants may consider consultation with state primary care offices and state mental health agencies.

Evaluation and Performance Measurement

Consistent with the evaluation and performance measurement plan described in CDC-RFA-PS21-2103 and the strategies and activities for this NOFO, CDC, in partnership with recipients, will conduct site visits and develop reports for performance monitoring and will report key outcome data results annually. The evaluation and performance measurement strategy will be used to assess the performance of the overall project and each jurisdiction individually. Program evaluation activities will include the collection and analysis of program implementation and performance data submitted by recipients and tracking of key performance outcome indicators. Additional information will be gathered through conference calls and site visits.

Applicants must provide an evaluation and performance measurement plan for each applicable component. At a minimum, the plan(s) must describe:

- How the applicant will monitor and evaluate the performance measures.
- 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 (e.g., performance measures proposed by the applicant)

Recipients are also required to submit a Data Management Plan (DMP) for each applicable component.

CDC will summarize performance measurement indicators reported by recipients in an Annual Feedback Report that will be shared with recipients. The Annual Feedback Report will provide recipients feedback on their performance of the indicators compared with their peers. Applicants are expected to collect and report performance measurement data that will be compiled by CDC in an Annual Feedback Report.

Recipients will be expected to demonstrate progress toward achieving the intended short-term and intermediate outcomes that are bolded in the logic model. For each of the NOFO's activities, a list of outputs, outcomes, and indicators (i.e., performance measures) is provided below.

Required performance measures:

Component 1:

Strategy 1.1 - Develop system for integrating genomic and epidemiologic surveillance for detection of HCV transmission clusters and for public health response in the jurisdiction

Outcome 1.1.1 Established jurisdictional framework for integrating genomic surveillance into existing epidemiologic surveillance (short-term outcome)

Measures:

- 1.1.1.a Identified regulatory, ethical, privacy and confidentiality issues associated with collecting HCV genomic data, linking HCV genomic and epidemiologic data
- 1.1.1.b Identified PWID populations or locations with expected high prevalence of HCV transmission for specimen collection and GHOST testing their application to public health interventions
- 1.1.1.c Approved plan for integrating genomic and epidemiologic surveillance to detect HCV transmission clusters (to include methods for collecting, testing, and analyzing HCV RNA-positive specimens by GHOST; specimen storage; criteria for testing)
- 1.1.1.d Established workflow for using the integrated approach
- 1.1.1.e Established protocols for health department staff to use the integrated approach
- 1.1.1.f Trainings developed for health department surveillance and laboratory staff to use developed protocols to implement the integrated approach

Strategy 1.2 - Build jurisdictional capacity to integrate genomic surveillance into the

existing epidemiological surveillance of HCV infections

Outcome 1.2.1 Increased local/state public health capacity (laboratory and epidemiology) to conduct integrated hepatitis C genomic and epidemiological surveillance (short-term outcome)

Measures:

- 1.2.1.a Number of health department surveillance and laboratory staff trained to use developed protocols to implement the integrated approach
- 1.2.1.b Number of samples identified by epidemiology staff to be tested for HCV via GHOST
- 1.2.1.c Number of samples identified for GHOST testing that are successfully tested via GHOST
- 1.2.1.d Number of samples completing GHOST testing that are successfully integrated into the epidemiologic surveillance database
- 1.2.1.e Number of public health laboratories engaged to identify, store, and test/transfer HCV RNA positive samples for GHOST testing

Strategy 1.3: Assess effectiveness of integrated genomic and epidemiologic surveillance to improving identification of HCV transmission networks

Outcome 1.3.1 Increased hepatitis C cases identified as part of transmission clusters (short-term outcome)

Measures:

- 1.3.1.a Number of HCV transmission linkages identified among focus population(s) using:
    - Epidemiologic data alone
    - Using genomic data integrated with epidemiologic surveillance data
- 1.3.1.b Number of HCV transmission clusters identified using:
    - Epidemiologic data alone
    - Using genomic data integrated with epidemiologic surveillance data (e.g., geographic location, risk factor, age, gender)
- 1.3.1.c Number of people identified as part of an HCV transmission cluster linked to treatment and prevention services using:
    - Epidemiologic data alone, and
    - Using genomic data integrated with epidemiologic surveillance data
- 1.3.1.d Number of HCV cases identified among focus population(s) using:
    - Epidemiologic data alone
    - Using genomic data integrated with epidemiologic surveillance data

- 1.3.1.e Number of HCV cases identified as part of transmission clusters

Outcome 1. Increased timely and complete identification of HCV transmission networks (intermediate outcome)

Measures

- 1.a Time to detect transmission clusters/outbreaks (i.e., from time from first case to recognition of cluster/outbreak) using:
    - Epidemiologic data alone
    - Genomic data integrated with epidemiologic surveillance data
- 1.b Complete HCV transmission networks identified using:
    - Epidemiologic data alone
    - Genomic data integrated with epidemiologic surveillance data

Component 2:

Strategy 2.1 – Increase routine HCV and/or HBV testing in high-impact settings (required)

Outcome 2.1.1 Increased access to complete HCV and/or HBV testing among persons receiving services in high-impact settings (short-term outcome)

Measures

- 2.1.1.a Status of jurisdiction-established relationships with partners in high-impact settings to identify high priority facilities for expansion of testing for HCV and/or HBV in high-impact settings, by setting type
- 2.1.1.b Status of documented plan developed with partners in high-impact settings to increase HCV and/or HBV testing, by setting type
- 2.1.1.c Number of clients seen (all clients and PWID clients), by setting type
- 2.1.1.d Number of clients screened for hepatitis C (anti-HCV) (all clients and PWID clients), by setting type
- 2.1.1.e Number of clients positive for anti-HCV who are tested for HCV RNA (all clients and PWID clients), by setting type
- 21.1.1.f Number of clients screened for hepatitis B (all clients and PWID clients), by setting type

Outcome 2.1.2 Increased awareness of infection status among people with chronic HCV and/or HBV infection (short-term outcome)

Measures

- 2.1.2.a Number of clients positive for anti-HCV (all clients and PWID clients), by setting type
- 2.1.2.b Number of clients positive for HCV RNA (all clients and PWID clients), by setting type
- 2.1.2.c Number of clients positive for HBsAg (all clients and PWID clients), by setting type

Strategy 2.2 – Provide counseling, linkage to treatment, and referral to prevention services in high-impact settings (required)

Outcome 2.2.1 Increased linkage to treatment and care for people with HCV and/or HBV infection (short-term outcome)

Measures

- 2.2.1.a Number of clients positive for HCV RNA who are linked to treatment (all clients and PWID clients), by setting type
- 2.2.1.b Number of clients positive for HbsAg who are linked to care or treatment (all clients and PWID clients), by setting type
- 2.2.1.c For each setting type, prepare and disseminate to setting-specific partners a quarterly report that summarizes testing and linkage to care data (i.e., HCV and HBV client-level cascade data) (all clients and PWID clients) for that setting to highlight accomplishments and identify areas for improvement
- 2.2.1.d Success stories that describe how specific linkage to treatment models or practices resulted in increased number of clients engaging in HCV treatment (including data sources used to track client-level HCV cascade data), by setting type; minimum two stories per year total

Outcome 2.2.2 Increased referral to hepatitis-related prevention services for PWID (short-term outcome)

Measures

- 2.2.2.a Number of PWID clients who are referred to SUD treatment, by setting type
- 2.2.2.b Number of PWID clients who are referred to other prevention services (other than SUD treatment), by setting type
- 2.2.2.c Number of PWID clients diagnosed with HCV who are referred to SUD treatment, by setting type
- 2.2.2.d Number of PWID clients diagnosed with HCV who are referred to other prevention services (other than SUD treatment), by setting type
- 2.2.2.e Number of PWID clients diagnosed with HBV who are referred to SUD treatment, by setting type
- 2.2.2.f Number of PWID clients diagnosed with HBV who are referred to other prevention services (other than SUD treatment), by setting type

Strategy 2.3 – Build public health laboratory capacity for HCV and/or HBV testing (optional)

Outcome 2.3.1 Increased state and local public health laboratories conducting HCV RNA reflex testing and/or HBV testing (short-term outcome)

Measures

- 2.3.1.a Number of anti-HCV tests conducted at state or local public health laboratories (for all clients and for PWID clients)
- 2.3.1.b Number of positive anti-HCV test results that were tested for HCV RNA at state or local public health laboratories (for all clients and for PWID clients)
- 2.3.1.c Number of HBV tests conducted at state or local public health laboratories (for all clients and for PWID clients)
- 2.3.1.b Success stories that describe how recipients improved public health laboratory capacity to conduct HCV RNA reflex testing, including evidence that improved capacity resulted in increased number of clients linked to treatment: minimum one story per year

Organizational Capacity

Applicants are expected to demonstrate the ability to meet the stated outcomes successfully by implementing their strategies and activities through support of local community partnerships. Applicants must describe their capability in personnel management, including the authority and ability to hire or contract in a timely fashion and maintain adequate personnel resources with applicable skills and expertise; budget management and financial reporting; accountability to meet deadlines, track funds, submit reports, and manage the required procurement efforts (including the ability to write and award contracts in accordance with 45CFR (or 74) in a timely fashion.

Component 1:

For Component 1, the following organizational capacity is needed to accomplish the goals of this NOFO:

- Demonstrated collaboration with state and/or local public health laboratories performing complete hepatitis C testing (including HCV RNA testing)
- Demonstrated collaboration with state and/or local public health laboratories with experience performing HCV GHOST testing.
- Before application submission:
- Identify 1 or more sites within the jurisdiction where the activities will be implemented
- Establish local partnerships in these communities consisting of organizations providing services in the settings.

- Estimate the potential number of target persons and populations for activities projected in this proposal from each setting.
- Evidence of adequate program planning and management, development of performance measurement, partnership building, and community engagement
- Demonstrated ability to collaborate with partner organizations to provide hepatitis C testing according to guidelines among PWID
- Demonstrated ability to collect epidemiologic data and manage data systems to track testing and test results

Component 2:

For Component 2, the following organizational capacity is needed to accomplish the goals of this NOFO:

- Before application submission:
    - Identify 1 or more high-impact settings within designated high burden areas within the jurisdiction where the activities will be implemented
    - Establish local partnerships in these communities consisting of organizations providing services in high-impact settings and care providers with experience in management of persons with hepatitis B and/or hepatitis C. Example models of partnerships are listed above.
    - Establish testing and linkage to care policies for the high-impact settings where project activities will be conducted.
    - Calculate targets for HCV and/or HBV diagnosis and linkage to care for each high-impact setting.
- Evidence of adequate program planning and management, development of performance measurement, partnership building, and community engagement
- Demonstrated ability to collaborate with partner organizations to provide hepatitis B and/or hepatitis C testing according to guidelines and targeting PWID
- Demonstrated ability to collaborate with local health care providers for appropriate medical care for HBV and/or HCV infections
- Demonstrated ability to collect data and manage data systems to track testing, test results, linkages to care, and referrals to prevention services
- Demonstrated ability to collaborate with state and local public health laboratories for enhancing HBV and/or HCV testing capacity

CDC Activities

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

- Collaborate to ensure coordination and implementation of strategies to support the implementation of comprehensive viral hepatitis surveillance and prevention activities.

- Provide guidance and coordination to funded organizations to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.
- Collaborate to ensure coordination and provide policy and program information for rapid dissemination and implementation.
- Work with recipients to identify and address capacity building assistance (CBA) and TA needs that are essential to the success of the project.
- Provide access to training and TA that will strengthen staff capacity relevant to all required strategies and activities of the program.
- Provide guidance to the recipient and set standards on data collection, use, and submission requirements.
- Provide technical advice in the development of systems to implement and advance CDC policies, initiatives, and programs.
- Collaborate to ensure coordination and implementation of technical assistance services to state and local health department viral hepatitis program staff.
- Collaborate in assessing progress toward meeting goals/outcomes and in establishing measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices.
- Provide guidance and coordinate with the recipient to improve the quality and effectiveness of the proposed program. This may include revision of the work plan, evaluation strategy, products, and services, among others.
- Foster and support ongoing opportunities for networking, communication, coordination, and collaboration.
- Provide consultation in planning, operating, analyzing, and evaluating viral hepatitis programs, including viral hepatitis elimination planning, CDC special initiatives, (e.g., program integration, viral hepatitis elimination, and program evaluation activities.)
- Monitor recipient program performance using multiple approaches, such as standardized review of performance, recipient feedback and other data reports, to support program development, implementation, evaluation, and improvement.
- Provide support and facilitate program collaboration with other CDC programs and HHS offices to enhance and improve integration of services.
- Assist in assessing program operations and in evaluating overall effectiveness of programs.
- Provide capacity building assistance where identified or as needed to the recipient.
- Collect and disseminate information, best practices, lessons learned, and evaluation results (e.g., through conferences, guidance, material development, webinars, data sharing publications, other social media, participation in meetings, committees, and working groups related to the cooperative agreement).
- Provide requirements and expectations for standardized and other data reporting and support monitoring and evaluation activities.
- Provide technical assistance to identify PWID populations or settings or geographic locations with high HCV transmission and plan mechanisms for obtaining specimen for GHOST testing to identify outbreaks and transmission clusters to guide public health interventions

- Offer consultation on how to test specimens collected or currently being collected for which epidemiologic surveillance data is available as per protocol of the current proposal.
- Work with jurisdictions that are collecting large numbers of specimens, exceeding their capacity to test, to request CDC reagent kits for the NGS library preparation and/or free testing at the DVH laboratory. To receive such assistance, jurisdictions need to establish procedures for: (1) Epidemiological and laboratory assistance; (2) Shipment of the CDC developed reagent kits to local laboratories; (3) Shipment of specimens to CDC; (4) Testing at the DVH laboratory

Funding Strategy

N/A

Section II. Award Information

Type of Award:
CA (Cooperative Agreement)
CDC substantial involvement in this program appears in the Activities Section above.

Award Mechanism:
U51

Fiscal Year Funds:
2023

Approximate Total Supplemental Funding:
$2,250,000
This amount is subject to availability of funds. Includes direct and indirect costs.

Component 1: $250,000 (2 awards estimated)
Component 2: $2,000,000 (8 awards estimated)

This amount is subject to availability of funds.

This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, CDC can process applications and award funds in a timely manner. In the event that future fiscal year appropriation or other statute fails to authorize this activity, no awards will be made. Final award amounts may be less than requested. Funding availability in subsequent fiscal years is subject to the availability of appropriated funds.

Approximate Number of Awards:
10
Component 1: 2
Component 2: 8

The number of estimated awards shall be determined at the discretion of the CDC and is dependent on the availability of funds. This supplement shall fund awards as part of CDC-RFA-PS21-2103: Component 1 two awards and Component 2 eight awards, estimated.

Approximate Average Award:
$250,000
This amount is for the budget period only and includes direct costs and indirect costs as applicable.

Floor of Individual Award Range:
$0

Ceiling of Individual Award Range:
$0
This ceiling is for a 12-month budget period.

Anticipated Award Date:
June 01, 2023

Budget Period Length:
11 month(s)

Period of Performance Length:
1 year(s)

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR Part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

Section III. Eligibility Information

Eligible Applicants

The following recipients may submit an application:

Eligibility Category:
25 (Others (see text field entitled "Additional Information on Eligibility" for clarification))

Additional Information on Eligibility
Currently funded recipients under CDC-RFA-PS21-2103 only.

Required Registrations

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

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of

SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website, SAM.gov, and Grants.gov- Finding the UEI.

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

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

b. System for Award Management (SAM):

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

c. Grants.gov:

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

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

Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

Other

If a funding amount greater than the ceiling of the award range is requested, the application will be considered non-responsive and will not be entered into the review process. The recipient will be notified that the application did not meet the eligibility requirements.

Special Requirements

Applicants should include a letter of support that demonstrates their ability to build and maintain partnerships.

Note: Title 2 of the United States Code Section 1611 states that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities is not eligible to receive Federal funds constituting a grant, loan, or an award.

Maintenance of Effort
Maintenance of Effort is not required for this program.

Section IV. Application and Submission Information

Address to Request Application Package

Applicants must download the application package associated with this funding opportunity from Grants.gov.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all Federal Holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

Unless specifically indicated, this announcement requires submission of the following information:

Project Abstract

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

Project Narrative

A Project Narrative must be submitted with the application forms. The project narrative must be uploaded in a PDF file format when submitting via Grants.gov. The narrative must be submitted in the following format:

- 20: Maximum number of pages
- Font size: 12 point unreduced, Times New Roman
- Double spaced

- Page margin size: One inch
- Number of all narrative pages; not to exceed the maximum number of pages.

The Project Narrative should be organized by component and include an individual work plan and budget for each applicable component.

The narrative should address activities to be conducted over the entire Period of Performance and must include the following items in the order listed.

For each applicable component:
Background
Approach
Purpose
Outcomes
Strategies and Activities
Collaborations
Target Populations and Health Disparities
Applicant Evaluation and Performance Measurement Plan
Organizational Capacity of Applicants to Implement the Approach
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 (for each component) as identified in the CDC Project Description section.

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in Grants.gov. Note: appendices will not be counted toward the narrative page limit. This additional information includes:

Budget Narrative
Applicant must submit a separate itemized budget and budget narrative for each component they are applying for. The budget narrative should be clearly labeled by component. Failure to clearly label the budget narrative may affect funding award. 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

The budget can include both direct costs and indirect costs as allowed. Indirect costs could include the cost of collecting, managing, sharing and preserving data. If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. Include a copy of the current negotiated federal indirect cost rate agreement or cost allocation plan approval letter.

The applicant can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: https://www.cdc.gov/grants/documents/Budget-Preparation-Guidance.docx

Additional information submitted via Grants.gov must be uploaded in a PDF file format, and should be named:

Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in Grants.gov. Note: appendices will not be counted toward the narrative page limit. This additional information includes:

- 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
- Work plan
- Additional Supporting Information

Additional information submitted via Grants.gov must be uploaded in a PDF file format, and should be named: City/State/Territory_grant#_Supp23_DocTitle
Example: AL_5123_Supp23_Organizational Chart

15: Maximum number of allowable electronic attachments

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible for review and the recipient will be notified the application did not meet the submission requirements.

This section provides applicants with submission dates and times. Applications that are submitted after the deadlines will not be processed.

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.

Application Deadline Date

Due Date for Applications 03/27/2023

03/27/2023
Explanation of Deadlines: Application must be successfully submitted to Grants.gov by 11:59 pm Eastern Time on the deadline date.

Informational call tentatively scheduled for **Monday, February 13, 2023 from 2-3 PM EST.** The link to join the webinar will be shared with current PS21-2103 recipients through NPIN and distributed via email.

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

Copyright Interest 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.

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, 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.

Funding Restrictions

Funding Restrictions:

Restrictions, which must be taken into account while writing the budget, are as follows:

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

Other than for normal and recognized executive-legislative relationships, no funds may be used for: publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.

See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.

- Reimbursement of pre-award costs is not allowed.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other

foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability https://www.cdc.gov/grants/additional-requirements/ar-35.html

- Funds cannot be used to purchase drugs and/or vaccine. Recipients may not use funds to purchase sterile needles or syringes for drug injection.
- Funds can be used to purchase hepatitis testing kits, laboratory equipment, and /or contracts in accordance with NOFO. Funds can be used to support SSPs consistent with guidance in this NOFO if a Determination of Need is in place for the jurisdiction. See: https://www.cdc.gov/ssp/determination-of-need-for-ssp.html
- Note that all activities funded under this NOFO must be in compliance with applicable anti-lobbying provisions. See Section 17, Funding Restrictions for further detail and links to applicable guidance.

The recipient can obtain guidance for completing a detailed justified budget on the CDC website, at the following Internet address: http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html

Other Submission Requirements

Application Submission
Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov.

Note: Application submission is not concluded until successful completion of the validation process. After submission of your application package, recipients will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to recipients which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Recipients are strongly encouraged check the status of their application to ensure submission of their application package is complete and no submission errors exists. To guarantee that you comply with the application deadline published in the Notice of Funding Opportunity, recipients are also strongly encouraged to allocate additional days prior to the published deadline to file their application. Non-validated applications will not be accepted after the published application deadline date.

In the event that you do not receive a "validation" email within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track your application or the Application User Guide, Version 3.0 page 57.

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

Applications submitted through www.Grants.gov, are electronically time/date stamped and assigned a tracking number. The Authorized Organizational Representative (AOR) will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the recipient encounters technical difficulties with Grants.gov, the recipient should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the recipient community. The extended hours will provide recipients support around the clock, ensuring the best possible customer service is received any time it's needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the Grants Management Specialist/Officer for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the Grants Management Specialist/Officer at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

Section V. Application Review Information

Eligible recipients are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the CDC-RFA-PS21-21030301SUPP23 Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

Approach **Maximum Points:** 40

Evaluate the extent to which the applicant addresses the information described below.

Component 1: Integrating Genomic and Epidemiologic Surveillance for HCV Outbreak Detection and Response

- Demonstrates outcomes that are consistent with the period of performance outcomes described in the CDC Project Description and logic model (5 points)
- Demonstrates data-driven selection of the population(s) or catchment area that is suitable for application of the integrated approach, with a focus on PWID (including justification for selecting specific populations or areas) (5 points)

- Demonstrates that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes (25 points)
    - Describes plan for integrating genomic and epidemiologic surveillance within existing HCV surveillance system (10 points)
    - Describes credible, achievable, and evidence-based strategies and activities to ensure blood samples from RNA positive PWID will be collected and tested in the GHOST lab (5 points)
    - Document existing and planned partner collaborations to develop and implement integrated approach, including complete and signed MOA/letter of support from partners (5 points)
    - Describes plans to develop laboratory capacity for HCV GHOST testing at state and local public health laboratories (5 points).
- Presents a work plan that is aligned with the strategies, activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC (5 points)

Component 2: Increasing Access to Hepatitis C and/or Hepatitis B Testing and Linkage to Care in High-Impact Settings

- Presents outcomes that are consistent with the period of performance outcomes described in the CDC Project Description and logic model (5 points)
- Demonstrates data-driven selection of high-impact settings including selection of at least one high-impact setting (including data that show why/how setting is high-impact) (5 points)
- Demonstrates that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes (25 points)
    - Demonstrates coordination and collaboration with agencies and programs within their jurisdictions that focus on PWID and other populations at risk for acquiring viral hepatitis to meet goals of this project (4 points)
    - Describes plans to increase capacity to conduct complete HCV and/or HBV testing within the selected high-impact setting(s), including plans through state or local public health laboratories (8 points)
    - Describes plans and capacity to link people with HBV and/or HCV to providers proficient in treating people with viral hepatitis (8 points)
    - Clearly documents existing and intended collaborations. Include complete and signed MOA, letter of support and worksheet for health-center, SSP partnerships, etc., if available (5 points)
- Presents a work plan that is aligned with the strategies, activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC (5 points)

Evaluation and Performance Measurement **Maximum Points:** 30

Evaluate the extent to which the applicant addresses the information described below:

Component 1: Integrating Genomic and Epidemiologic Surveillance for HCV Outbreak Detection and Response

- Shows/affirms the ability of jurisdiction to collect surveillance data and produce genomic data as specified in the project description and presented by the applicant in their approach (10 points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (10 points)
- Describes how performance measurement and evaluation findings will be reported and shared with partners and collaborating sites and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement. (10 points)

Component 2: Increasing Access to Hepatitis C and/or Hepatitis B Testing and Linkage to Care in High-Impact Settings

- Shows/affirms the ability of jurisdiction to collect data on the indicators specified by CDC in the project description and presented by the applicant in their approach; includes description of data sources that will be used to track clients through HCV and HBV cascade and collect testing/linkage/referral data at the client level. (10 points)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. (10 points)
- Describes how performance measurement and evaluation findings will be reported and shared with partners and collaborating sites and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement. (5 points)
- Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base. (5 points)

Organizational Capacity **Maximum Points:** 30

Evaluate the extent to which the applicant addresses the information described below:

Component 1: Integrating Genomic and Epidemiologic Surveillance for HCV Outbreak Detection and Response

- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes, and which clearly defines staff roles. Provides an organizational chart. (5 points)
    - Applicant must have staffing capacity to coordinate and /or conduct the activities and achieve the objectives of this NOFO

- Provides evidence of adequate partnership building experience with regard to serologic and epidemiologic data collection among PWID (5 points)
- Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the activities and to achieve the project outcomes, such as experience with surveillance and outbreak detection and understanding of genomic sequencing (10 points)
- Demonstrates current and planned collaboration between health department staff, partner organizations and public health laboratories to define target populations, and plan and conduct GHOST testing, or genomic testing by NGS (5 points)
- Demonstrates experience and capacity to implement the evaluation plan. (5 points)

Component 2: Increasing Access to Hepatitis C and/or Hepatitis B Testing and Linkage to Care in High-Impact Settings

- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes, and which clearly define staff roles, including an organizational chart. (5 points)
    - Applicant must have staffing capacity to coordinate and /or conduct the activities and achieve the objectives of this NOFO
- Provides evidence of adequate partnership building and community engagement experience with linking PWID and individuals at high risk for hepatitis B, hepatitis C, and/or HIV in high-impact settings to treatment and referring them to prevention services (10 points)
    - Demonstrates the ability to collaborate with partner organizations in high-impact settings to provide hepatitis B and C testing, targeting PWIDs (e.g., SSPs, correctional facilities, etc.) (5 points)
    - Demonstrates the ability to collaborate with health care providers to deliver appropriate medical care for hepatitis B and hepatitis C infections. (5 points)
- Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the activities and to achieve the project outcomes. (5 points)
- Demonstrates current and planned collaboration between health department staff and partner organizations and collaborating setting types to define target populations and high-impact settings and plan and evaluate the interventions (5 points)
- Demonstrates experience and capacity to implement the evaluation plan. (5 points)

A separate budget is required for each component the applicant is applying for.

Provide a detailed budget and line-item justification for all operating expenses.

The budget should be consistent with the activities, objectives, and outcomes of the project. The

budget should address funds requested, as well as the applicant's in-kind or direct support. The budget and budget justification will be included as a separate attachment, not to be counted in the narrative page limit.

Although the budget is not scored, applicants should consider the following in development of their budget:

- The extent to which the budget is itemized for conducting the project and the justification is reasonable and consistent with stated objectives and planned program activities.
- If the applicant requests indirect costs in the budget, a copy of the indirect cost rate agreement is required.
- If the indirect cost rate is a provisional rate, the agreement must reflect a rate obtained within the previous 12 months.
- The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

Review and Selection Process

Review

Eligible applications will be jointly reviewed for responsiveness by NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STDS AND TB PREVENTION and Office of Grants Services (OGS). Incomplete applications and applications that are non-responsive will not advance through the review process. Recipients will be notified in writing of the results.
An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled "Criteria".

The applications for each component will be reviewed and scored separately:

A group of objective reviewers will review and score all eligible and responsive applications. Reviewers will apply the specified Review Criteria listed in Section V. Application Review Information, subsection entitled "Criteria", to score applications based on their merit. Reviewer comments on the strengths and weaknesses will be shared in summary statements with both successful and unsuccessful applicants. Applications will be put into rank order list according to average scores. The program will use the rank order list (plus any criteria found in "Selection" below) to determine which applications will be funded. Program experts will conduct a separate technical review to provide additional feedback to applicants. This feedback may be used as the basis for conditions of award for successful applicants, which require a written response as described in the NOA.

Selection

In addition, the following factors may affect the funding decision:

Both components will be reviewed and scored separately for a possible 100 points per component.
CDC may fund out of rank order based on any of the following jurisdiction-level criteria, using the best data available at the time.

- High prevalence of current hepatitis C infections among adults (as reported by Rosenberg et. al. 2018- https://www.ncbi.nlm.nih.gov/pubmed/3064639)
- Incidence of or risk factors for hepatitis B, hepatitis C and/or HIV
- Morbidity or mortality related to SUD
- Racial and ethnic diversity
- Geographic diversity
- Other published supporting evidence that is indicative of increases in hepatitis B or hepatitis C transmission, such as:
    - Mortality data showing increasing deaths with hepatitis C and/or hepatitis B listed as an underlying or contributing cause of death
    - Mortality data showing increasing deaths due to drug overdose
    - Data from the Substance Abuse and Mental Health Services Administration showing high and/or increasing rates of injection drug use within the jurisdiction or etc.)

The most recent state-specific incidence data for highest hepatitis B and hepatitis C may be found at https://www.cdc.gov/hepatitis/statistics/2020surveillance/index.htm

CDC will provide justification for any decision to fund out of rank order.

Anticipated Announcement and Award Dates

Anticipated announcement date is 01/27/2023.
Estimated award date is 06/01/2023.

Section VI. Award Administration Information

Award Notices

Successful recipients will receive a Notice of Award (NoA) from the CDC Office of Grants Services. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and e-mailed to the program director. A copy of the NoA will be emailed to the recipient fiscal officer identified in the application.

Unsuccessful recipients will receive notification of the results of the application review via email.

Administrative and National Policy Requirements

Administrative and National Policy Requirements, Additional Requirements (ARs) outline the administrative requirements found in 45 CFR Part 75 and the HHS Grants Policy Statement and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the NOFO. Recipients must then comply with the ARs listed in the NOFO. Do not include any ARs that do not apply to this NOFO. NOFO Recipients must comply with administrative and national policy requirements as appropriate. For more information on the

Code of Federal Regulations, visit the National Archives and Records Administration: https://www.archives.gov/federal-register/cfr. For competing supplements, ARs remain in effect as published in the original announcement.

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

Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.

The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf

AR-7: Executive Order 12372 Review

AR-9: Paperwork Reduction Act Requirements

AR-10: Smoke-Free Workplace Requirements

AR-11: Healthy People 2020

AR-12: Lobbying Restrictions

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

AR-14: Accounting System Requirements

AR-16: Security Clearance Requirement

AR-22: Research Integrity

AR-24: Health Insurance Portability and Accountability Act Requirements

AR-25: Data Management and Access

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

AR-32: Appropriations Act, General Provisions

AR-8: Public Health System Reporting Requirements

AR-15: Proof of Non-profit Status

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

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Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS will be required to complete an HHS Assurance of Compliance form (HHS 690) in

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

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

Reporting

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.

As a competing supplement, recipient reporting requirements remain in effect as published in the original announcement. CDC reserves the right to request status reports for programs funded for

non-competing continuations less than two years. The requirements, format, and time for report will be provided to recipients after awards.

Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

Reporting of Foreign Taxes (International/foreign projects only)

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

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

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

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

3) Terms: For purposes of this clause:

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

"Foreign government" includes any foreign government entity;

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

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

5) Contents of Reports: The reports must contain:

a. recipient name;

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

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

d. reporting period;

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

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

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

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

Section VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **programmatic technical assistance and general inquiries**, contact:

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

Street 1:
12 Corporate Square Blvd
Street 2:

MS US12-3
City:
Atlanta
State:
GA Georgia
Zip:
30329
Telephone:
404-718-5360
Email:
DVH_foa@cdc.gov
For **financial, grants management, budget assistance and general inquiries**, contact:

Address:
First Name:
Valerie
Last Name:
McCloud
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Street 1:
District at Chamblee
Street 2:
Building 2939
City:
Atlanta
State:
GA Georgia
Zip:
30341
Telephone:
(770) 488-4790
Email:
fyq4@cdc.gov

Section VIII. Other Information

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

For more information about the Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments program, please visit https://www.cdc.gov/hepatitis/policy/FO-CDC-RFA-PS21-2103.htm.