Program Announcement PS15-1502

Frequently Asked Questions

Comprehensive High-Impact HIV Prevention

Projects for Community-Based Organizations

**Centers for Disease Control and Prevention
National Center for HIV/AIDS, Viral Hepatitis,
STD, and TB Prevention
Division of HIV/AIDS Prevention
Prevention Program Branch**

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PS15-502 Application Checklist

Use this checklist to be sure that you have included everything that is required in your application.

☐ Letter of Intent (LOI) to Apply for Funding (optional): To access and complete this form, go to http://www.cdc.gov/hiv/topics/funding/PA15-1502/.
   Completed LOIs must be submitted to CBOFOA@cdc.gov no later than September 17, 2014. Please use the following format as the subject line, *Organization Name- PS15-1502 Letter of Intent*.

☐ Application Form: Download a copy from www.grants.gov.

Electronic Submission: Submit electronically at www.grants.gov. E-mail submissions will not be accepted.
Note: Visit Grants.gov at least **30 days** prior to filing your application to familiarize yourself with the registration and submission processes.

☐ DUNS number on your application form.
   To apply, go to http://fedgov.dnb.com/webform/displayHomePage.do or call 1-866-705-5711.

NOTE: *Your application will not be reviewed if it does not include the information listed below, depending on the services you plan to provide.*

☐ Project Abstract

☐ Project Narrative

☐ Budget Narrative

☐ Work Plan

☐ Resumes/CVs

☐ CLIA waiver

☐ Attachment A: CBO HIV Prevention Partnership Form (if applicable)

☐ Attachment B: Proposed Target Population Worksheet

☐ Attachment C: Health Department Targeted HIV Testing and Partner Services Letter of Agreement

☐ Attachment D: Letter of Intent from a Physician for State Regulations and HIV Testing Activities

☐ Attachment E: HIV Testing Reporting Requirements

☐ Attachment F: CDC Assurances of Compliance (Must be downloaded from www.grants.gov)

☐ Attachment G: Health Department Letter of Support

☐ Attachment H: Historical Data Table

☐ Attachment I: Sample Table of Contents (Table of Contents for Entire Submission)

☐ Attachment J: Letter of Intent to Apply for Funding (Optional)

☐ Attachment K: Budget Preparation Guidelines

☐ Other Organization Letters of Support (maximum of 3)

☐ Organizational Charts
   o Organization-wide
   o HIV prevention program-specific
☐ Non-Profit Organization IRS Status Forms

☐ Indirect Cost Rate (if applicable)

☐ Service Agreements for HIV Medical Care

☐ Memorandums of Agreement/Understanding (MOAs/MOUs)

☐ One of the Following to Support Evidence of Service, Location, and History Serving the Proposed Target Population:
   o A copy of a progress report from a funder;
   o Letter from an applicant's funding source, other than CDC, documenting the applicant's service to the target population.

WHAT IS THE PURPOSE OF THIS FUNDING OPPORTUNITY ANNOUNCEMENT?

The Centers for Disease Control and Prevention announces the availability of fiscal year 2015 funds for a cooperative agreement program for community-based organizations (CBOs) to develop and implement High-Impact Human Immunodeficiency Virus (HIV) Prevention Programs in the following two categories:

Category A: HIV prevention services for members of racial/ethnic minority communities. These services must focus on members at greatest risk of acquiring and transmitting HIV infection. Examples of these minority communities include, but are not limited to, Black/African Americans, Hispanics/Latinos, American Indians/Alaskan Natives, Asian, and Native Hawaiian/Other Pacific Islanders.

Category B: HIV prevention services for members of groups at greatest risk for acquiring and transmitting HIV infection, regardless of race/ethnicity. Examples include, but are not limited to, HIV-positive persons, men who have sex with men [MSM], injection drug users [IDUs], and transgender persons.

The purpose of this program is to implement comprehensive HIV prevention programs to reduce morbidity, mortality, and related health disparities. In accordance with the National HIV/AIDS Strategy (http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf) and CDC's High-Impact HIV Prevention (HIP) approach (http://www.cdc.gov/hiv/strategy/hihp/index.htm), this FOA focuses on HIV in the nation by reducing new infections, increasing access to care, and promoting health equity. These goals will be achieved by enhancing community-based organizations' capacities to increase HIV testing, link HIV-positive persons to HIV medical care, increase referrals to Partner Services (PS), provide prevention and essential support services for HIV-positive persons and high-risk persons with unknown/negative serostatus, and increase program monitoring and accountability. Standard performance measures for HIV prevention programs that are consistent with the focus of the National HIV/AIDS Strategy on improving performance and accountability are included in this FOA.

WHAT ARE THE SPECIFIC OBJECTIVES OF THIS FUNDING OPPORTUNITY ANNOUNCEMENT?

Community-based organizations are uniquely positioned to complement and extend the reach and optimization of HIV prevention efforts implemented by state and local health departments to achieve the following objectives:
- increased identification of HIV infection;
- earlier entry to HIV care; and
- increased consistency of care.

Standard performance measures for HIV prevention programs that are consistent with the focus of the National HIV/AIDS Strategy on improving performance and accountability are included in this FOA.

The FOA activities support the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) achieve its overarching goals as defined in the NCHHSTP Strategic Plan 2010-2015 (http://www.cdc.gov/nchhstp), including reducing health disparities http://healthypeople.gov/2020/about/DisparitiesAbout.aspx), implementing program collaboration and service integration (PCSI) (http://www.cdc.gov/nchhstp/programintegration/docs/207181-C_NCHHSTP_PCSI%20WhitePaper-508c.pdf, and Prevention Through Health Care (http://www.cdc.gov/nchhstp/PreventionThroughHealthCare/index.htm).

WHAT ARE THE MEASURABLE OUTCOMES?

The measurable outcomes are in alignment with one or more of the following performance goals for CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP):

- Increase in number of target population members tested for HIV (at least 75% of those tested must be in the target population[s]).

- Increase in HIV-positive persons who receive HIV medical care. A **minimum of 90%** of all newly identified HIV-positive persons must be linked to HIV medical care within three months [90 days] of diagnosis.

- Increase in HIV-positive persons who receive medication adherence services.

- Increase in HIV-positive persons who receive Partner Services. A **minimum of 90%** of all newly diagnosed HIV-positive persons must be referred for Partner Services, in accordance with state and local regulations.

- Increase in HIV-positive persons who are provided or referred to a High-Impact Prevention (HIP) behavioral intervention that reduces sexual or drug-related risks related to the transmission of HIV infection.

- Increase in HIV-positive persons who receive required and recommended prevention and essential support services facilitated through trained navigators. A **minimum of 90%** of all newly diagnosed HIV- positive persons must be provided or referred to one or more of the required and recommended prevention and essential support services.

- Increase in high-risk HIV- negative (HRN) persons who are aware of their risk for HIV infection.

- Increase in HRN persons who receive the required and recommended prevention and essential support services facilitated through trained navigators.

- Increase in HRN persons who are referred to PrEP and/or nPEP, as appropriate.

- Increase in HIV-positive and HRN persons who are offered condoms. **100%** of all clients must be offered condoms.

CAN THE FOA BE USED TO SUPPORT RESEARCH?

This announcement is only for non-research domestic activities supported by CDC. If research is proposed, the application will not be considered. Research for this purpose is defined at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

WHERE CAN I VIEW THE FOA?

Visit www.grants.gov to view and learn more about the FOA, including all of the attachments.

WHERE CAN I GET THE LATEST FOA RELATED UPDATES?

The FOA website will be constantly updated with the latest information about the FOA and all related technical assistance (TA) activities. Visit the site at: http://www.cdc.gov/hiv/policies/funding/announcements/ps15-1502/index.html

IS TECHNICAL ASSISTANCE WITH WRITING MY APPLICATION AVAILABLE?

CDC will offer a series of 12 Grant Writing Trainings throughout the U.S.; however, technical assistance with the development of your PS15-1502 proposal is not available. By the end of the Grant Writing Training, participants will be able to:
- Understand and identify the basic structure and key elements of a grant proposal.
- Develop a plan for conceptualizing, writing, reviewing, and evaluating grant applications.
- Learn how to develop and write SMART goals and objectives.
- Develop an appropriate budget narrative and justification.
- Discuss strategies for effective grant writing.

Additional details can be found on the PS15-1502 website under Technical Assistance Activities and Trainings.

WHAT TYPE OF CAPACITY BUILDING ASSISTANCE AND TECHNICAL ASSISTANCE IS AVAILABLE?

Capacity Building Assistance (CBA) in five focus areas can be requested through the FOA website via the CBA Request Form:

- Organizational development and management (e.g., budget development, board development, fiscal resource development and management, and developing information tracking systems, etc.)
- HIV testing (e.g., recruitment, referral and linkage to services, integration of new HIV testing efforts into existing services, etc.)
- Prevention with HIV-Positive Persons (e.g., partner services, collaboration with surveillance and lab programs, cultural competence, selecting appropriate interventions, etc.)
- Prevention with High-Risk HIV-Negative Persons (e.g., social networking, behavioral risk screening, recruitment and retention of clients, etc.)
- Condom Distribution (e.g., plan, implement, evaluate and sustain condom distribution program)

Please visit the PS15-1502 website for additional information on requesting CBA/TA.

HOW MUCH MONEY IS AVAILABLE?

The approximate current fiscal year funding is $42 million for Category A and B and the approximate total project period funding is $210 million.

Note: These amounts are estimates which include direct and indirect costs and are subject to availability of funds. The type of award is cooperative agreement.

HOW WILL THE FUNDS BE DISTRIBUTED?

- Approximate Number of Awards:

  Category A and B: up to 100 awards

There are two possible funding strategies under this FOA:

1. An organization applying as a single recipient of these funds under Category A or B will be considered for the following:

   - Approximate average award: $400,000
   - Floor of Individual Award range: $350,000
   - Ceiling of Individual Award range: $450,000

2. An organization applying as the lead (applicant) organization of a CBO HIV Prevention Partnership under Category A or B will be considered for the following:

   - Approximate average award: $850,000
   - Floor of Partnership Award range: $700,000 (dependent on the total number of Partnership members)
   - Ceiling of Partnership Award range: $1,000,000 (dependent on the total number of Partnership members)

The average, floor, and ceiling amounts are for the first 12-month budget period and include both direct and indirect costs.

Note:
- Funding estimates may change based on the availability of funds.

WHEN WILL THE FUNDS BE AVAILABLE?

Organizations that are selected will receive funding on or before July 1, 2015. Funds may be used during the budget period length of 12 months.

HOW LONG CAN FUNDING FOR THE PROJECTS BE CONTINUED?

The project budget length is five years. Throughout the project period, CDC's commitment to continuation of awards will be conditioned on the availability of funds, evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. To be granted a continuation award, you must have:

- Completed all recipient requirements;
- Submitted appropriate data and programmatic reports on your annual target levels of performance for each program performance indicator;
- Demonstrated sufficient progress in programmatic activities.

ARE MATCHING FUNDS REQUIRED?

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability are strongly encouraged.

WHO MAY APPLY FOR FUNDING?

Organizations that meet the two eligibility requirements listed below are eligible to apply for funding under this FOA.

    a. Eligible applicants must be considered a non-profit public or private organization with 501(c)(3) IRS status (other than institutions of higher education). Included are the following types of organizations:
- American Indian/Alaska Native tribally designated organizations
- Community-based organizations
- Faith-based organizations
- Hospitals

    Note: Health departments, for-profit agencies, and colleges/universities are **not** eligible to apply.

    b. Applicant organizations must also be located and provide services in the Metropolitan Statistical Areas. An MSA is defined as a core geographic area containing a substantial population nucleus together with adjacent communities having a high degree of social and economic integration with that core. MSAs may be comprised of one or more entire counties. Visit the FOA website for a listing of eligible MSAs: http://www.cdc.gov/hiv/policies/funding/announcements/PS15-1502/index.html

WHAT FACTORS WERE CONSIDERED TO DETERMINE ELIGIBLE JURISDICTIONS?

The eligible MSAs were selected based upon having the highest unadjusted number of diagnoses of HIV infection in 2011 (*http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=52*). These eligible MSAs comprise approximately 71% of the total number of HIV infection diagnoses as of 2011. Limiting competition to the listed MSAs will provide the greatest effectiveness for this funding because it will reach those areas with the greatest need for HIV prevention services targeting the selected population.

For additional information related to counties and/or cities included in the MSAs or Metropolitan Divisions, please visit http://www.whitehouse.gov/sites/default/files/omb/bulletins/2013/b-13-01.pdf; reference Lists 2 and 3. For a comprehensive list of the MSA in the United States and Puerto Rico, please visit http://www.census.gov/population/www/cen2010/cph-t/CPH-T-5.pdf.

WHAT ARE THE SPECIAL REQUIREMENTS FOR ELIGIBILITY?

You must:

- Have current tax-exempt status 501(c)(3) or proof of incorporation as a not-for-profit organization.
- Submit an application for only one category (A or B).
- Demonstrate that the organization has provided HIV prevention or care services to the selected target population(s) for the past 24 months by completing and submitting the Historical Data Table (*Attachment H*) and Proposed Target Population Worksheet (*Attachment B*).
- Provide documentation that the organization has discussed the details of the proposed enhanced HIV testing program with the state/local health department and agree to follow its guidelines for these services (*Attachment C: Health Department Targeted HIV Testing and Partner Services Letter of Agreement*). You **must** share your organization enhanced HIV testing program plan with the health department and obtain a **letter of support** to be eligible for funding (*Attachment G: Health Department Letter of Support*).
- Provide **at least three letters of support** from civic, non-profit business, or faith-based organizations that are located in the community and also serve the proposed target population.
- Establish a relationship with a "host" organization located in the district where services are proposed to be provided. This is necessary for those organizations applying to provide services outside of the primary district where they are currently located, or in a district where they do not currently provide services. The services supported by this funding opportunity announcement must be provided out of the host organization location. Additionally, the lead organization (applicant) must hire staff from the host organization and/or contract with the host organization to provide the proposed services.

Notes:
- All information submitted with your application is subject to verification during pre-decisional site visits.
- You may not submit an application as the principle partner of another organization that does not meet the criteria above.
- If your application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. Late submissions will be considered non-responsive.

IF WE ARE FUNDED, WHAT ACTIVITIES ARE WE REQUIRED TO DO?

Applicant organizations are required to provide HIV prevention services for HIV- positive persons and high-risk HIV-negative persons. The applicant organization's High-Impact HIV Prevention Program model for HIV-positive and high-risk HIV-negative persons must consist of the following program components:
1. Project overview
2. Formalized collaborations
3. Program promotion, outreach, and recruitment
4. Targeted HIV testing
5. HIV prevention with HIV-positive persons
6. HIV prevention with high-risk HIV-negative persons
7. Condom distribution
8. HIV and organizational planning

Targeted HIV Testing
HIV testing is an essential part of a comprehensive high-impact HIV prevention program. Applicant organizations will be required to develop new or enhance existing targeted HIV testing programs aimed at reaching persons who are at greatest risk for HIV infections and who are unaware of their HIV status.

HIV Prevention with HIV-Positive Persons
Organizations are required to develop a High-Impact HIV Prevention Program model with HIV-positive persons (new and previously diagnosed HIV infection), which enhances existing and establishes new structures that align with and support the HIV Care Continuum; facilitates access (linkage and re-engagement) to and retention in HIV medical care; and supports the provision of prevention and essential support services offered and facilitated by the Navigation and Prevention and Essential Support Services component.

Linkage to Care
Applicant organizations will be required to link newly diagnosed HIV-positive persons to HIV medical care within 3 months (90 days) of diagnosis. Additionally, applicant organizations will be required to re-engage previously identified HIV-positive persons into HIV medical care when it is determined that the individual is not currently in HIV medical care.

HIV Prevention for High-Risk HIV-Negative Persons
After funding to support targeted HIV testing has been allocated, organizations may allot up to approximately **25%** of the remaining award amount for the development and implementation of a High-Impact HIV Prevention Program (HIP) for high-risk HIV-negative persons. Services must include (1) referrals to or provision of prevention and essential support services reflective of a combination of structural, behavioral, and/or biomedical interventions that support reducing high-risk behaviors and maximize reach and optimize outcomes (interventions for sero-discordant couples, etc.); and (2) follow-up support to remove barriers in accessing HIP strategies and interventions. Individuals with a negative HIV test result but diagnosed with STDs are at greatest risk of becoming HIV- infected and may benefit from risk- reduction interventions.

ARE THERE ADDITIONAL REQUIRED ACTIVITIES?

The following activities are required. They must be discussed in the project narrative but do not require a separate sub-budget.

1. Implement a recruitment strategy to reach persons at greatest risk for acquiring or transmitting HIV (e.g., social networking component). The program must seek input from the target population on selecting the recruitment strategy and determining how incentives will be used in your program.
2. Identify baseline, annual target levels, and 5-year goals of performance for each program performance indicator identified by CDC. The existing performance indicators are currently under review. Final indicators and associated resources will be provided by CDC at a future date. If you fail to achieve your target levels of performance, CDC will work with you to improve your performance. If your performance fails to improve, CDC may reduce your award or defund your program.
3. Data collection of reporting of CDC National HIV Prevention Program Monitoring and Evaluation (NHM&E) reporting requirements. This includes, but is not limited to, standardized data reporting as described under the OMB ICR #0920-0696. Data collection and reporting requirements will be limited to data that will be analyzed and used for program monitoring and quality improvement.
4. Establish or enhance/maintain a Consumer Advisory Board (CAB) to assist with programmatic decision-making (e.g., program recruitment, planning, and implementation). Members of the target population(s) must comprise at least 75% of the CAB. This advisory board must be used throughout the entire project period to ensure your services are responsive to the needs of the target population.
5. Collaborate and participate in the HIV planning group with your local health department.
6. Collaborate and coordinate HIV prevention services with local AIDS Service Organizations (ASO) and other relevant health care providers who provide care services to persons living with HIV/AIDS.
7. Within the first six months of funding, you must develop a formal agreement, such as a Memorandum of Agreement (MOA), with each organization to which you intend to make referrals or with which you will collaborate to provide services to persons identified through the program.
8. Identify and address the capacity-building needs (including organizational and programmatic infrastructure) of your program and participate in mandatory CDC-sponsored training.
9. Hire staff who can demonstrate proven effectiveness in working with the target population for the past 12 months.
10. Include adequate funds in your budget for staff training so that newly hired staff can attend training on the program activities proposed.
11. Submit any newly developed public information resources and materials to the CDC National Prevention Information Network (NPIN) so they can be added to the database and accessed by other organizations and agencies. NPIN can be accessed through the following link: http://www.cdcnpin.org/scripts/index.asp
12. Adhere to CDC policies for securing prior approval for CDC-sponsored conferences. If you plan to use CDC funding to hold a conference, you must send a copy of the agenda to CDC's Grants Management Office for approval.
13. If you plan to use materials and include the name or logo of either CDC or the Department of Health and Human Services (HHS), send a copy of the proposed material to CDC's Grants Management Office for approval.
14. Convene a local materials review panel or utilize your local health department materials review panel to comply with CDC's Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials Form (CDC Form 0.1113, *(Attachment F) CDC's Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials Form*). The current guidelines and the form may also be downloaded from the CDC website: http://www.cdc.gov/od/pgo/forms/hivpanel.htm

HOW WILL CDC ASSIST MY ORGANIZATION IF WE ARE FUNDED?

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

1. Collaborate to ensure coordination and implementation of strategies to provide HIV prevention providers in non-healthcare and healthcare organizations.

2. Work with awardees to identify and address CBA/TA needs that are essential to the success of the project.
   a. Within the first three (3) months of funding, awardees must work with the assigned PPB Project Officer to establish a CBA Request Information System (CRIS) user account to facilitate receipt of capacity building assistance.

b. <u>Within the first six (6) months of funding</u>, the assigned CDC directly funded CBA providers will work with awardees to develop and implement a Strategic Plan for Enhanced CBO Capacity. This tailored plan will assess and define the organization's capacity building goals, objectives, activities, and timelines, as well as the roles and responsibilities of the CBA provider and awardee. This strength-based program strategy will detail an ongoing program plan that will include use of program monitoring and evaluation data as described above.

      i. An abbreviated reassessment of the organization's capacity building goals and objectives will be conducted annually with the CBA provider that completed the initial Strategic Plan for Enhanced CBO Capacity.

c. <u>Within the first six (6) months of funding</u>, CDC will work with the awardee to identify plans for participation in all appropriate CDC-approved trainings. Awardees will be required to participate in CDC- approved trainings on NHM&E requirements, data collection and submission, HIV testing, evidence-based interventions, etc.

d. <u>Within the first six (6) months of funding</u>, CDC will work with awardees to finalize data collection, use, and submission requirements.

3. Facilitate coordination, collaboration, and, where feasible, service integration among federal agencies, other CDC funded programs, health departments, local and state planning groups, other CDC directly funded CBOs, national capacity building assistance providers, medical care providers and other recipients of the Ryan White HIV/AIDS Treatment Extension Act of 2009, and other partners working with people living with and at greatest risk for HIV infection toward common goals of risk reduction, disease detection, and a continuum of HIV prevention, care, and treatment.

4. Monitor awardee program performance via use of multiple approaches, such as site visits, email, conference calls, and standardized review of progress reports and other data reports to support program development, implementation, evaluation, and improvement.

5. 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.

6. Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the project period.

7. Collaborate, as appropriate, in assessing progress toward meeting strategic and operational goals and objectives and in establishing measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices.

8. Collaborate on strategies to ensure the provision of appropriate and effective HIV prevention services to target populations, as deemed appropriate and as requested.

9. Provide requirements and expectations for standardized and other data reporting and support monitoring and evaluation (M&E) activities with CDC and contractual TA, including web-based training on NHM&E, materials such as data collection tools, and online TA via the NHM&E Service Center.

10. Convene, plan, and facilitate a joint grantee meeting during the project period.

DO I NEED TO SUBMIT A LETTER OF INTENT (LOI), AND WHAT IS THE FORMAT?

CDC urges you to complete an LOI before you send in your application. Although the LOI is not required or binding and does not enter into the review of the subsequent application, it will be used to gauge the level of interest in this program and to allow CDC to plan the application review. Please submit only one LOI per application.

The LOI must contain the following information:
- Your organization's name, address, and the name of the executive director.
- The category under which your organization is applying (e.g., Category A or Category B) and the name of the program(s) you propose to perform under this funding opportunity announcement.

You can access this form online at: http://www.cdc.gov/hiv/policies/funding/announcements/PS15-1502/index.html

LOI Deadline: September 17, 2014
Please email the LOI to CBOFOA@cdc.gov.

Note: Do not send your application with the letter of intent.

SHOULD MY ORGANIZATION APPLY ONLINE?

CDC **strongly encourages** you to submit your application online at www.grants.gov, the official federal e-grant website, which has all of the required forms and instructions posted for this announcement. You can complete the application off-line and then upload and submit it.

WHAT FIRST STEPS SHOULD I TAKE TO APPLY ONLINE?

Step One:
Visit www.grants.gov at least **30 days** prior to filing your application to familiarize yourself with the registration and submission processes.

Step Two:
Complete the one-time registration process under "Get Registered" (if you have not registered previously). The registration process will take **five days** to complete. Grants.gov provides checklists and all the information you need to register. Registration allows you to be credentialed electronically and safeguards the entire application process.

Step Three:
Download Adobe Reader, free software at www.grants.gov, in order to access, complete, and submit your application securely.

Step Four:
Make preparations to submit all documents for your application in a PDF format. Information about PDF software is available in the Tips and Tools section on the grants.gov Download Application page. Use of file formats other than PDF may result in the application's being unreadable by staff.

Step Five:
Create a plan that allows you to submit your electronic application prior to the closing date in the event there are difficulties.

WHAT IF I NEED TECHNICAL ASSISTANCE WITH GRANTS.GOV?

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

After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may email or call CDC GMO/GMS, *before the deadline*, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

WHAT IS A DUNS NUMBER, AND HOW DO I GET ONE?

You are required to have a Dun and Bradstreet Data Universal Numbering System (DUNS) number to apply for a grant or cooperative agreement from the federal government. The DUNS number is a nine-digit identification number, which uniquely identifies business entities. You need a DUNS number even if you are applying by paper submission.

There is no charge for a DUNS number. You can obtain a DUNS number by going to https://iupdate.dnb.com/iUpdate/viewiUpdateHome.htm or calling 1-866-594-2464.

Note: It can take up to 30 business days to receive your DUNS number, so be sure to start the process early.

HOW DO I OBTAIN A PAPER APPLICATION FORM?

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry;

2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically;

3. Be postmarked at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application, including attachments, by U.S. mail or express delivery service).

If you do not have Internet access, or if you have difficulty accessing the forms online, contact the CDC Procurement and Grants Office Technical Information Management Section (PGO-TIMS) staff at 770-488-2700 and the application forms can be mailed. You can also contact the www.grants.gov Customer Support Center by phone at 1-800-518-4726 (1-800-518-GRANTS), which is open from 7:00 a.m.-9:00 p.m. Eastern Time, Monday through Friday.

CDC strongly recommends that you submit the paper application using Microsoft Office files (e.g., Word, Excel). Staff may not be able to open and read files in other formats.

WHAT IS INCLUDED IN AN APPLICATION?

Your application must contain the following information:

☐ Table of Contents
☐ Project Abstract Summary
☐ Project Narrative
☐ Work Plan
☐ Budget Narrative

Additional Attachments
• CDC Assurance of Compliance
• Resumes/CVs
• HIV Testing Documentation Requirements
• Health Department Letter of Support
• Other Organization Letters of Support (max 3)

- Organizational Charts
- Non-profit Organization IRS Status Forms
- Indirect Cost Rate (if applicable)
- Service Agreement for HIV Medical Care
- Memorandums of Agreement/Understanding (MOAs/MOUs)
- One of the following to support evidence of service, location, and history serving the target population:
  - ° A copy of a progress report from a funder
  - ° Letter from an applicant's funding source, other than CDC, documenting the applicant's service to the target population
  - Historical Data Table
  - CBO HIV Prevention Partnership Form (if applicable)
  - Proposed Target Population Worksheet

WHAT DO I INCLUDE IN THE TABLE OF CONTENTS?

A table of contents (*Attachment I: Sample Table of Contents*) must be included with your application.

DO I NEED TO INCLUDE A PROJECT ABSTRACT?

A project abstract must be submitted with the application. The abstract **must** contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of your 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. The abstract should be no more than one page in length.

HOW LONG SHOULD THE NARRATIVE BE?

There is a maximum limit of 30 single-spaced pages. If the narrative exceeds this page limit, the application will not be reviewed. The 30-page limit applies to the project narrative and does not include attachments.

The narrative must be submitted in the following format:
- Font: Calibri
- Font size: 12-point unreduced
- Spacing: Single-spaced
- Paper size: 8.5 by 11 inches
- Page margin size: 1 inch
- Number all narrative pages (not to exceed the maximum number of 30 pages).

WHAT INFORMATION MUST I INCLUDE IN THE PROJECT NARRATIVE?

The Project Narrative must include all of the following headings:

- Background

- Approach

- 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 above. It must address outcomes and activities to be conducted over the entire project period as identified in the *CDC Project Description* section of the FOA.

In your narrative, be sure to indicate each time supporting materials have been added to an appendix. Include name of appendix and page number (e.g., See Appendix B, p. 51.)

A. Background
Applicants must provide a description of relevant background information that includes the context of the problem, including specific mention of the funding category under which the organization is applying.

B. Approach
Applicants must provide a relevant problem statement, purpose, identified outcomes, and the organization proposed strategies and activities.

C. Applicant Evaluation and Performance Measurement Plan
Applicants must provide a CBO-specific evaluation and performance measurement plan that is consistent with the *CDC Evaluation and Performance Measurement Strategy* section of the CDC Project Description of this FOA.

D. Organizational Capacity of Applicants to Implement the Approach
Applicants must address the organizational capacity requirements as described in the CDC Project Description. Additionally, applicants are expected to specifically describe the anticipated capacity building assistance services they will need to fully implement the proposed program within the first six months of Year 1.

WHAT ITEMS BELONG IN THE OTHER ATTACHMENT SECTION?
Your application's attachments and appendices will not be counted toward the narrative page limit.

This section outlines the items that **must be included in the attachment and appendix sections of your application**. If you include additional documents to support your narrative, you must indicate where the supporting documentation is located within your application's attachments and appendix.

These are the required documents that should be located in the other attachments section of the application and should be labeled as follows:
- Attachment A: CBO HIV Prevention Partnership Form, if applicable

- Attachment B: Proposed Target Population Worksheet

- Attachment C: Health Department Targeted HIV Testing and Partner Services Letter of Agreement

- Attachment D: Letter of Intent from a Physician

- Attachment F: CDC Assurances of Compliance

- Attachment G: Health Department Letter of Support

- Attachment H: Historical Data Table

- Memorandum of Understanding / Memorandum of Agreements (MOU/MOAs)

- Service Agreements

WHERE DO I FIND GUIDANCE ON BUDGET PREPARATION?

Budget guidelines and samples are found in Attachment K, Budget Preparation Guidelines which can be found here http://www.cdc.gov/hiv/policies/funding/announcements/ps15-1502/index.html.

Applicants must submit an itemized budget narrative (not included in the Project Narrative's 30-page limit), Budget must include:

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

The itemized budget narrative should follow the format of the FOA and be organized by program strategy: Program Promotion, Outreach, and Recruitment; Targeted HIV Testing; HIV Prevention with HIV-positive Persons; HIV Prevention with High-Risk HIV-Negative Persons; and Condom Distribution.

Applicant organizations applying as the lead agency for a CBO HIV Prevention Partnership must submit an itemized budget narrative reflective of the entire comprehensive high-impact HIV prevention program by strategies and activities, as outlined in the FOA. Additionally, itemized budgets reflecting the services that will be provided by each Partnership member as a part of the overall comprehensive high-impact HIV prevention program budget must be provided.

WHAT ARE THE FUNDING RESTRICTIONS?

You must take the following funding restrictions into account when you are planning your program and writing the budget:
- Awardees may not use funds for research.
- Awardees may not use funds for medications and clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
  See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Awardees may not use funds for construction.
- Awardees may not use funds to support direct implementation of school-based HIV prevention programs. (This restriction not applicable to collaborations with school-based HIV prevention programs).
- Data collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget (OMB) under OMB Number 0920-0696, National HIV Prevention Monitoring and Evaluation, Expiration Date March 31, 2016. Any change to the existing data collection will be subject to review and approval by the Office of Management and Budget under the Paperwork Reduction Act.

Note: If you are requesting indirect costs in your budget, a copy of the indirect cost rate agreement is required. If requesting 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 have been made less than 12 months earlier. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

WHEN IS MY APPLICATION DUE?

Application Deadline:
November 14, 2014

Applications must be received on www.grants.gov by 11:59 p.m. U.S. Eastern Standard Time. If your application does not meet the submission deadline, it will not be eligible for review and will be discarded. You will be notified that you did not meet the submission requirements.

HOW DO I SUBMIT MY APPLICATION ELECTRONICALLY?

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

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

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the PGO TIMS staff at 770-488-2700 or by email at pgotim@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to PGO TIMS staff for processing from www.grants.gov on the deadline date.

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

If an applicant does not receive a "validation" email within two business days of application submission, the applicant should contact www.grants.gov. For instructions on how to track an application, refer to the email message generated at the time of application submission or the Application User Guide, Version 3.0, page 57.

CDC recommends that you submit your application to Grants.gov as early as possible to resolve any unanticipated difficulties prior to the deadline.

HOW DO I SUBMIT A PAPER COPY OF MY APPLICATION?

The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by PGO.

If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or email them at support@www.grants.gov for assistance. After consulting with the

Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may email or call CDC GMO/GMS, *before the deadline*, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry;

2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically;

3. Be postmarked at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered. If a paper application is authorized, PGO will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

IS THE APPLICATION SUBJECT TO INTERGOVERNMENTAL REVIEW?

Your application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications and to receive instructions on the state's process.

Visit the following Web address to get the current SPOC list: http://www.whitehouse.gov/omb/grants_spoc/

HOW ARE MEASURES OF EFFECTIVENESS USED?

You are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Funded organizations are required to meet the minimum requirements established in the FOA program objectives. Performance goals are stated in the "*Evaluation and Performance Measurement*" section of the FOA.

HOW DOES THE CDC REVIEW AND SELECTION PROCESS WORK?

Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II. Applicants will be notified that their applications did not meet eligibility or published submission requirements.

There are **three steps** to the evaluation process for complete and responsive applications:

Phase I: All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC NCHHSTP/DHAP/PPB and PGO.

Phase II: The second step of the review process is an objective review and scoring by an independent review panel assigned by CDC, known as a Special Emphasis Panel (SEP). The review panel will score eligible applications in accordance with the "Criteria" section of the FOA.

Phase III: The final phase of the review process is conducted during a pre-decisional site visit (PDSV). For HIV Prevention Program proposals, applicants can receive a maximum PDSV score of 550 points. If the HIV Prevention Program proposal fails to score at least 400 points during the PDSV, the applicant will not be considered for funding.

HOW IS THE WRITTEN APPLICATION SCORED?

Your written application will be evaluated on the following criteria:

A. Approach (65 pts)

This section of your application will be scored based on the extent to which the application described the:

- Five-year overview and detailed Year 1 work plan that incorporates all FOA-related program strategies and activities
- Justification of Need
- Consumer Advisory Board
- Cultural competence and sensitivity
- Appropriate staffing
- Targeted HIV testing
- HIV prevention for HIV-positive persons
- HIV prevention for high-risk HIV-negative persons
- Condom distribution

B. Evaluation and Performance Management (10 pts)

The extent to which the applicant proposes an evaluation and performance measurement plan that is consistent with their work plan and the CDC evaluation and performance measurement strategy.

C. Applicant's Organizational Capacity to Implement the Approach (25 pts)

The extent to which the applicant:

- Establishes that they have the requisite experience and credibility in working with the proposed target population within the past 24 months;
- Demonstrates that they have substantial experience providing HIV prevention and/or care services to the proposed target population(s);
- Demonstrates their existing or forthcoming capacity to successfully execute all proposed strategies and activities to meet program requirements of the selected funding category;
- Demonstrates that staff members have experience providing services to the target population(s) and/or describes plans to hire staff that have experience working with the target population(s);
- Provides information that establishes evidence of adequate program management/staffing plans, performance measurement, evaluation, financial reporting, management of travel requirements, and workforce development and training;
- Demonstrates the ability to enhance existing and establish new formalized collaborative partnerships (2 points).

D. Capacity Building (Reviewed, but not scored)

The extent to which the applicant described anticipated CBA/TA needs and the plan for obtaining CBA. The applicant should specifically identify and describe what capacity building assistance services they will require in order to successfully implement the proposed program within the first year of award.

E. Budget and Justification (Reviewed, but not scored)

The budget justification will not be counted in the Project Narrative's 30-page limit. In accordance with Form CDC 0.1246E, found at http://www.cdc.gov/od/pgo/forms/01246.pdf, you are required to provide a line-item budget and narrative justification for all requested costs that are consistent with the purpose, objectives, and proposed program activities.

Within your budget, include the following:

a) A detailed line-item budget and justification (also known as a "budget narrative") with the application. You must also provide a separate sub-budget for each program model you propose (See *Attachment K: Budget Preparation Guidelines*).

b) A line-item breakdown and justification for all personnel (i.e. name, position title, annual salary, percentage of time and effort, and amount requested).

c) Line-item breakdown and justification for all contracts, including:

    (1) Name of contractor
    (2) Period of performance
    (3) Method of selection (e.g., competitive or sole source)

(4) Description of activities
(5) Target population
(6) Itemized budget

Note: CDC encourages funded organizations to allow administrative and program staff to participate in any mandatory training conducted or sponsored by CDC, including grantee orientation. If a key program staff person leaves your organization, his/her replacement must attend training within six months. You must set aside funds within your detailed line-item budget to allow staff to attend required trainings and annual conferences.

Awardees must work with CDC/DHAP to make the necessary adjustments to their work plan and detailed evaluation plan as described in the *Applicant Evaluation and Performance Measurement Plan* section of the FOA. Awardees must work with CDC directly-funded capacity building assistance (CBA) providers to develop and implement a Strategic Plan for Enhanced CBO Capacity. Please see the *CDC Monitoring and Accountability Approach, CDC Program Support to Awardees* section for detailed information.

WHAT WILL OCCUR DURING THE PRE-DECISIONAL SITE VISIT?

The final phase of the review process is conducted via a pre-decisional site visit (PDSV). During PDSVs, CDC staff will meet with appropriate project management and staff, which may include representatives of governing bodies, executive director, program manager, etc. The PDSV (1) facilitates a technical review of the application and discussion of the proposed program; (2) further assesses an applicant's capacity to implement the proposed program; and (3) identifies unique programmatic conditions that may require further training, technical assistance, or other CDC resources. CDC will contact the health department during the PDSV process to verify data submitted by the applicant (e.g., target population data). Final funding determinations will be based on application scores from the special emphasis panel review, scores from the PDSV, and CDC's funding preferences.

HOW WILL MY ORGANIZATION BE NOTIFIED IF WE ARE SELECTED FOR FUNDING?

Awardees will receive an electronic copy of the Notice of Award (NoA) from CDC PGO. The NoA shall be the only binding, authorizing document between the awardee and CDC. The NoA will be signed by an authorized GMO and e-mailed to the awardee program director.

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

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

The anticipated announcement award date is on or before July 1, 2015.

WHAT ARE OUR REPORTING REQUIREMENTS?

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

Awardees must submit an annual performance report, ongoing performance measures data, administrative reports, and a final performance and financial report. A detailed explanation of any additional reporting requirements will be provided in the Notice of Award to successful applicants.

Awardees must report all required program performance data, including NHM&E data, at the end of each budget period to CDC's Division of HIV/AIDS Prevention via CDC-approved data systems. These reporting requirements are inclusive of the

data required for fulfillment of the annual performance report described in the following text.

Specific reporting requirements:

Awardee Evaluation and Performance Measurement Plan: Awardees must provide a more detailed evaluation and performance measurement plan within the first six months of the project.

Annual Performance Report: Awardees must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period. In addition, the awardee must submit an annual Federal Financial Report within 90 days after the end of the calendar quarter in which the budget year ends.

Performance Measure Reporting: CDC programs must require awardees to submit performance measures annually as a minimum, and may require reporting more frequently.

Federal Financial Reporting (FFR): The annual FFR form (SF-425) is required and must be submitted through eRA Commons (https://commons.era.nih.gov/commons/) within 90 days after each budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report

Final Performance and Financial Report: At the end of the project period, awardees must submit a final report including a final financial and performance report. This report is due 90 days after the project period ends.

WHAT OTHER REQUIREMENTS APPLY TO THIS PROGRAM ANNOUNCEMENT?

If you are funded, you must comply with the administrative requirements outlined in 45 C.F.R. Part 74 or Part 92, as appropriate. Brief descriptions of relevant provisions are available at http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

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

AR-4: HIV/AIDS Confidentiality Provisions
AR-5: HIV Program Review Panel
AR-6: Patient Care
AR-8: Public Health System Reporting (community-based, nongovernment organizations)
AR-9: Paperwork Reduction Act
AR-10: Smoke-Free Workplace
AR-11: Healthy People 2010
AR-12: Lobbying Restrictions
AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
AR-14: Accounting System Requirements
AR-15: Proof of Non-profit Status (non-profit organizations)
AR-16: Security Clearance Requirement
AR-21: Small, Minority, And Women-owned Business
AR 23: Compliance with 45 C.F.R. Part 87 (faith-based organizations)
AR-24: Health Insurance Portability and Accountability Act
AR-25: Release and Sharing of Data
AR-26: National Historic Preservation Act of 1966
AR-27: Conference Disclaimer and Use of Logos
AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
AR-33: Plain Writing Act of 2010
AR-34: Patient Protection and Affordable Care Act (e.g., tobacco-free campus policy and lactation policy consistent with S4207)

AR-35: Nutrition Policies

For more information on the C.F.R., visit the National Archives and Records Administration at http://www.access.gpo.gov/nara/cfr/cfr-table-search.html.

WHO MAY I CONTACT FOR MORE INFORMATION?

General questions:
Technical Information Management Section
CDC Procurement and Grants Office
2920 Brandywine Road
Atlanta, GA 30341
770-488-2700

For programmatic technical assistance, contact:
Renata D. Ellington, Program Leader, CBO Initiatives
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Road, NE, Mailstop E-58
Atlanta, GA 30333
Telephone: 404-639-8330
Email: cbofoa@cdc.gov

For financial, awards management, or budget assistance, contact:
Freda Johnson, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS-E15
Atlanta, GA 30341
Telephone: 770-488-3107
Email: FJohnson5@cdc.gov

Hearing impairment assistance:
CDC telecommunications for persons with hearing impairment or other disabilities are available at TTY 1-888-232-6348.

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