# Funding Opportunity Announcement PS15-1502

## General Questions and Answers (Q&As)

# Comprehensive High-Impact HIV Prevention Projects for Community-Based Organizations CDC-RFA-PS15-1502

**Version 2: October 29, 2014**

**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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## Letters of Intent (LOI)

1. ***Q: Is the LOI binding or may we change the category, target population and model(s) prior to submission of the full application?***

   A: The Letter of Intent (LOI) is not binding and applicants can change the target population and/or components of the proposed program. Submission of the LOI is not required as part of the application process.

2. ***Q: We are working with three organizations and planning to apply as a partnership for the funding opportunity. Do they each need to submit a Letter of Intent, or should we only submit one for the lead agency?***

   A: No, only one Letter of Intent (LOI) should be submitted; the LOI should be submitted by the lead applicant organization. Please complete Attachment J: Letter of Intent to Apply for Funding. The LOI can be accessed via the PS15-1502 website, http://www.cdc.gov/hiv/pdf/Attachment_J_PS15-1502.pdf.

## Pre-Application Workshops

1. ***Q: Can we use our current federal funds to travel to a pre-application workshop? Can we use our funds if we currently are funded under PS10-1003?***

   A: No. CDC directly-funded community-based organizations cannot use their existing cooperative agreement funds to support travel to the PS15-1502 Pre-Application Technical Assistance workshops. Existing cooperative agreement funds must be used to support the existing program.

2. **Q: Will the slides from the PS15-1502 Technical Assistance Workshop presentations be posted on the PS15-1502 website?**

   A: Yes, the presentation recordings have been posted to the PS15-1502 website.

## Interventions

1. ***Q: What exactly is going to be expected as a requirement regarding the promotion of PrEP and nPEP? Where will the money come from to pay for Truvada?***

   A: PS15-1502 funds cannot be used for clinical care; however, these funds may be used to support referrals to PrEP and nPEP. For example, funds may be used to support a peer outreach worker who is responsible for referring clients to programs that offer PrEP and nPEP. Collaboration with your state and/or local health department is very important in ensuring your organization is aware of and has access to the various services, such as PrEP and nPEP, available to the target population you serve.

***2. Q: Is there a specific logic model format that we should use?***

A: No, there is not a specified format. However, if you require technical assistance with the development of a logic model, please submit a CBA request via the instructions provided on the PS15-1502 website.

***3. Q: Does the CDC intend for their directly- funded grantees to follow all policies and standards for the performance of HIV testing and counseling set by the HD?***

A: Yes, directly funded CBOs must comply with all state and/or local requirements associated with HIV testing. Please reference the Targeted HIV Testing section in the Funding Opportunity Announcement (FOA) for additional guidance regarding expectations of CBOs to collaborate with the state and/or local health department.

***4. Q: How many rapid tests are required each year under Category A?***

A: Please reference the Targeted HIV Testing section of the Funding Opportunity Announcement (FOA) for additional information on the associated FOA performance measures. Additionally, the FOA does not specify the minimum number of rapid tests that must be conducted, regardless of the funding category. However, the FOA does specify the number of new HIV infections that must be identified annually, based upon the total funding allocated to support HIV testing.

***5. Q: For the Targeted HIV Testing section, the box at the bottom of the page indicates that a minimum of 6 newly diagnosed HIV infections must be diagnosed per $50,000 allocated for HIV testing within the budget. However, does this $50,000 only include direct funds?***

A: The funds allocated for HIV testing should include staffing, HIV test kits, supplies, etc.

***6. Q: We would like to implement our own locally developed intervention as a Comprehensive High-Impact HIV Prevention Project. The intervention is for both HIV-positive and HIV- negative individuals and the intervention is in its fifth and final year of formal research as a CDC evaluated project that is showing promising results. Is this an intervention that we can propose to implement as a part of this FOA?***

A: The implementation of locally-developed interventions is not supported under PS15-1502. Please reference the CDC Projection Description: Approach section for a list of CDC-supported high-impact prevention interventions eligible for implementation under this FOA.

***7. Q: The FOA states applicants must implement one or more of the required prevention services. We are doing many, including Partner Services and medication adherence. Are HIP interventions optional?***

A: The prevention and essential support services should be determined based upon the needs of your target population.

***8. Q: The FOA states Mental Health counseling and services are recommended for PWP. Can we use the money to provide mental health counseling services?***

A: No, PS15-1502 funding cannot be used to provide clinical care; however, the funds can be used to support PS15-1502 staff responsible for navigating (referring) clients to these services.

***9. Q: Can we use our existing linkage to care or is it a requirement to have a CDC linkage to care intervention?***

A: Yes, organizations may use their existing linkage to care services as a fulfillment of the Linkage to Care component of the FOA. No, implementation of a linkage to care intervention is not required.

***10. Q: It appears the HIP interventions listed in the FOA are targeted at newly diagnosed positive youth? Do existing youth in the program need to complete HIP as well?***

A: Previously diagnosed individuals are not required to be enrolled in a High-Impact Prevention (HIP) intervention; however, organizations may opt to implement a HIP intervention, as deemed appropriate.

***11. Q: We are funded to do CLEAR and RESPECT. CLEAR has been modified with the approval of our local HD but has the same components. Does this count as a HIP intervention? Does RESPECT count?***

A: Organizations proposing to adapt the high impact prevention (HIP) interventions being implemented under PS15-1502 must work with CDC to ensure the adaptations are in alignment with requirements of PS15-1502 and maintain the fidelity of the intervention. RESPECT is not included in the list of CDC-supported HIP interventions listed in the FOA. Additionally, PS15-1502 is a new CDC HIV prevention program and funds from CDC cannot be used to simply supplant previous programs.

***12. Q: Information from www.effectiveinterventions.org indicates that the behavioral intervention CLEAR is suitable for both HIV-positive individuals and high-risk HIV-negative individuals. However, CLEAR is not listed as a CDC approved and appropriate HIP for high risk HIV-negative people. May we use this HIP for high-risk HIV-negative populations?***

A: No, CLEAR can only be conducted with HIV-positive persons. Please follow the guidance in the FOA to ensure your application is responsive to all requirements.

***13. Q: If we are referring to our internal programs do we need MOUs?***

A: Yes. MOUs are needed to support the prevention and essential support services to which your clients are being referred. The FOA requires that the applicant organization submit at least one MOU/MOA with a prevention and essential support service provider with the application.

***14. Q: Where can I get clarification on how CDC defines clinical care vs. program service for this particular grant program?***

A: If you are referring to the funding restrictions, for the purposes of funding opportunity announcement PS15-1502, clinical care is the provision of medication, vaccinations, and/or treatment.

***15. Q: What is the definition of clinical versus non-clinical organization?***

A: For the purposes of PS15-1502, clinical CBOs are CBOs who have a clinic embedded within the organization or organizations with clinics co-located onsite with the CBO.

## Eligibility

**1. Q:** ***If we submitted an application as a "Partnership" as outlined in the FOA, does it matter which of the agencies involved in the partnership serves as the actual applicant?***

A: The lead applicant organization should be determined prior to formalizing a CBO HIV Prevention Partnership. The member organizations must meet all of the Funding Opportunity Announcement (FOA) eligibility requirements as outlined in the Eligibility Information section. Additionally, all required eligibility documentation for each Partnership member must be submitted with the application.

***2. Q: Are partnerships recommended?***

A: Agencies have the option to apply as a Partnership. One agency must be the lead applicant for a CBO HIV Prevention Partnership. All member organizations must meet the funding opportunity eligibility requirements.

***3. Q: Can two entities form a partnership, or must there be three?***

A: Yes, two organizations can form a partnership.

***4. Q: If two organizations form a CBO Prevention Partnership, does each partner still have to do all the elements of this program, or, for example, could one partner do just the testing element and the other partner do the other elements?***

A: Yes, it is possible that one organization my receive funding to implement one of the required activities and the remaining activities conducted by the other organization. However, please remember the direct and primary recipient (lead applicant organization) 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. Additionally, all required documentation required for submission with the application package must be based upon the lead applicant organization; therefore, the lead applicant organization must have the capacity to implement the targeted HIV testing requirement.

***5. Q: How are eligible MSAs determined?***

A: Eligibility is based upon the total number of HIV diagnoses (2011) for the MSA. For that information please go to the following link:
http://www.cdc.gov/hiv/pdf/statistics_2011_HIV_Surveillance_Report_vol_23.pdf#Page=75.

MSAs with 150 or more HIV diagnoses in 2011 were included in the list of eligible MSAs for PS15-1502. Eligibility also is limited to 501(c)(3) nonprofit or private organizations that are located in and provide services in the eligible Metropolitan Statistical Areas (MSAs) listed in the FOA.

***6. Q: How do we determine whether a city or county is part of an eligible MSA?***

A: Eligibility is limited to organizations located in the Metropolitan Statistical Areas (MSA) listed on page 37 and 38 of the PS15-1502 Funding Opportunity Announcement (FOA). Please review the FOA to learn about the FOA program requirements. Additionally, you can access the PS15-1502 website at http://www.cdc.gov/hiv/policies/funding/announcements/ps15-1502/index.html.

***7. Q: We are a state-funded institution of higher education. Are we eligible to apply under 15-1502?***

A: No. Eligibility is limited to applicants that are considered a nonprofit public or private organization with 501(c) (3) IRS status (other than institutions of higher education).

***8. Q: What if an organization is affiliated with a University, but has its own 501(c) (3) status. Are we eligible to apply?***

A: No. Institutions of higher education are not eligible for funding under PS15-1502; this is inclusive of entities with their own 501(c) (3) status considered to be under the university's umbrella.

***9. Q: The announcement states universities are not eligible to apply, but are they eligible as subcontracted partners? Our team's main applicant is an eligible CBO, but I am not sure if we are eligible partners.***

A: No. All members of the CBO HIV Prevention Partnership must meet the eligibility requirements as outlined in the Eligibility Information section in the FOA.

***10. Q: Los Angeles, California is listed as a Metropolitan Service Area. Does this region include Long Beach?***

A: Los Angeles is an eligible Metropolitan Statistical Area (MSA). MSAs are comprised of several principal cities and counties, which may not be specifically mentioned in the MSA name. Please visit
http://www.whitehouse.gov/sites/default/files/omb/bulletins/2013/b-13-01.pdf

to determine the cities and counties included in the Los Angeles MSA.

***11. Q: Will multi-county proposals be considered?***

A: Yes, all cities and counties included in the eligible Metropolitan Statistical Area (MSA) are areas in which services under PS15-1502 can be provided.

***12. Q: Can a Federally Qualified Health Center apply for this funding?***

A: Yes. However, eligibility is limited to applicants that are considered a nonprofit public or private organization with 501(c) (3) IRS status (other than institutions of higher education). If your organization meets the above criteria, then you are eligible to apply. Additionally, eligible applicants must be located and provide services in one of the eligible Metropolitan Statistical Areas (MSAs), Puerto Rico, or the U.S. Virgin Islands. Please review the funding opportunity announcement for additional information.

***13. Q: If an organization is currently receiving PS13-1310 funding, should the organization apply for FOA PS15-1502? Will funding specified for community-based HIV prevention projects in the Commonwealth of Puerto Rico and the U.S. Virgin Islands merge into PS15-1502 automatically?***

A: Funding Opportunity Announcement (FOA) PS15-1502: Comprehensive High-Impact HIV Prevention Projects for Community-Based Organizations is a new funding opportunity that will begin in fiscal year 2015 as the successor to PS10-1003: HIV Prevention Project for Community-Based Organizations and PS13-1310: HIV Prevention Projects for Community-Based Organizations in the Commonwealth of Puerto Rico and the U.S. Virgin Islands. Funding specified for community-based HIV prevention projects in the Commonwealth of Puerto Rico and the U.S. Virgin Islands, via PS13-1310, will be merged into PS15-1502, to further coordinate and enhance community-based HIV prevention services throughout the United States and the territory of the U.S. Virgin Islands. Funding previously awarded to support HIV prevention programs for CBOs that reside and provide services in Puerto Rico and the U.S. Virgin Islands will continue to be made available and restricted to organizations applying for funding from these areas. There will not be a separate FOA designated for Puerto Rico and the U.S. Virgin Islands. Please review the FOA to learn about the FOA program requirements. Additionally, you can access the PS15-1502 website at http://www.cdc.gov/hiv/policies/funding/announcements/ps15-1502/index.html

***14. Q: The FOA states that "Applicants may apply for funding under only one of the categories." Does that mean that applicants who cover two different geographic areas with different collaborators cannot submit two proposals?***

A: Correct; applicants may only submit one proposal in response to funding opportunity announcement PS15-1502. Applicants are encouraged to develop their application to clearly describe the specific service area(s) and target population(s) in which they intend to provide HIV prevention services under PS15-1502. However, a service area can include multiple cities or counties that may neighbor each other.

***15. Q: Are signatures required for attachments? In terms of HIV Testing Documentation Requirements: My organization is not providing testing but will work with a local hospital who offers testing. How do we complete Attachment C? The hospital has oversight by a physician, are we required to submit the letter of intent form for physician services? Are there any other requirements? Is there a sample of a service agreement for HIV medical care? Who are the letters of support addressed to, Freda Johnson or another person?***

A: Signatures must be affixed to all documents that provide for a signature to be included. PS15-1502 requires that targeted HIV testing be provided; therefore, Attachment C: Health Department Targeted HIV Testing and Partner Services Letter of Agreement must be included with the application and provided in direct response to the HIV testing program proposed by the lead applicant organization. Within the letter of agreement from the health department, there is an option for the health department to identify whether physician oversight is required. If physician oversight is required, then yes, the Attachment D must be included with the application. We strongly encourage you to view the Pre-Application Technical Assistance webinar recording that will be posted on the PS15-1502 website that is focused on developing and managing partnerships and collaborations. All letters of support should be addressed to Ms. Freda Johnson.

***16. Q: Are international Faith-Based Organizations eligible under the FOA (e.g., Sub-Saharan Africa)?***

A: This funding opportunity announcement (FOA) supports high-impact HIV prevention programs implemented by faith-based and community-based organizations that are located and provide services in the eligible Metropolitan Statistical Areas (MSA) listed in the FOA.

***17. Q: There are eight distinct program components that are described in the FOA. Does each of these components require a separate sub-budget in the budget narrative, and should they be described as separate strategies within the narrative? For example, should the activities involved in component 1) project overview, as well as the other seven components, be described in detail in their own sections in each of these application documents – the work plan, budget narrative, and the proposal narrative?***

A: Yes, each of these sections must be described as a separate strategy in the project narrative. Please reference the Application and Submission Information, Project Narrative section of the FOA for guidance on formatting your proposal. Additionally, the condom distribution component is applicable to both HIV-positive persons and high-risk HIV-negative persons; therefore, condom distribution can be included within these components. Organizations have the flexibility to determine the percentage of the funds allocated to support condom distribution that will be applied to each component. Additionally, organizations may also choose to include condom distribution in their program promotion, outreach, and recruitment component, if these activities include the distribution of condoms.

***18. Q: If the lead agency doesn't provide all the required services will the application be considered non-responsive? Will the application be considered responsive if the partnership provides all the required activities?***

A: The direct and primary recipient (lead applicant organization) 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. Additionally, all required documentation required for submission with the application package must be based upon the lead applicant organization; therefore, the lead applicant organization must have the capacity to implement the targeted HIV testing requirement.

***19. Q: Are there restrictions on sub-contracting with agencies, rather than partnering with them? There is an agency we were interested in partnering with that does not meet the eligibility requirements to be partner, specifically, they are too closely linked to an institution of higher learning. Could we still sub-contract with them under this funding opportunity? And if so, what restrictions are in place for sub-contracts?***

A: Applicant organizations cannot subcontract with organizations that do not meet the eligibility requirements to provide any of the required program activities listed in the funding opportunity announcement.

***20. Q: Will a subcontractor's experience count towards the lead organizations eligibility requirements? For example, if the lead agency doesn't provide testing or have a CLIA waiver but the subcontractor does, will that fulfill the testing history requirement?***

A: No, all experience is based upon the lead applicant organization. The lead applicant organization must meet all of the eligibility requirements listed in the FOA.

**Letters of Support**

***1. Q: Can the Health Departments specify that they would prefer combined applications and recommend such applications more highly in their letters of support?***

A: Health Departments should collaborate with Community-Based Organizations (CBOs) that have expressed an interest in applying for PS15-1502; however, the health department should not prescribe how the CBO develops their application for funding.

***2. Q: Are Letters of Understanding acceptable? Where can samples be found for Letters of Commitment or Support?***

A: Yes, Letters of Understanding are acceptable. We would encourage you to view the Pre-Application Technical Assistance webinar presentation that is focused on developing and managing partnerships and collaborations once posted on the PS15-1502 website. This webinar presentation will provide additional tools and resources to assist in drafting letters of support. Please visit the PS15-1502 website for logistical information. Additionally, the Health Department Letter or Support template may provide you with additional guidance. This attachment can be found on the PS15-1502 website.

Please reference the Award Contacts section of the FOA for Ms. Freda Johnson's contact information.

***3. Q: Can we have our own Medical Director sign off on Attachment D or do we need the Health Department to sign off on this?***

A: The health department must indicate in the Health Department Letter of Support whether or not physician oversight for HIV testing is required. If oversight is required, then yes, it is appropriate for your organization's Medical Director to sign Attachment D. If oversight is not required, Attachment D does not have to be submitted with the application.

***4. Q: What is the difference between a service agreement and a MOU? Are they used interchangeably? What is the latest MOU's that can be uploaded in the grant proposal? Is there a deadline year? Can we use the template for the Letter of Support developed by the Health department to request Letters of Support from other agencies?***

A: Yes, the service agreement and MOU can be used interchangeably. However, please ensure all required information documented in the FOA is included in the service agreement or MOU. The MOUs must be current at the time your PS15-1502 application is submitted. If your organization has existing MOUs, please ensure the MOUs reflect all of the information that is described in the FOA. The health department letter of support template can be used; however, please keep in mind the health department letter of support asks for specific information that is specific to the health department's relationship with the CBO.

***5. Q: How can state health departments notify the CDC if an applicant is on sanctions or is under a performance improvement plan, is prohibited from contracting with the state (due to high risk contract status) or has otherwise been disqualified or de-funded by the HIV/STD program?***

A: If a state and/or local health department determines that a CBO is not in compliance with local and/or state requirements, then the health department may choose to not provide the CBO with a letter of support. However, not providing the CBO with a letter of support will deem the organizations application non-responsive and therefore will result in the application not being considered for funding. Additionally, if an organization is successful in receiving a pre-decisional site visit, the state/and or local health department in which the CBOs reports will have the opportunity to provide CDC with input regarding the organizations performance via the Health Department Input form, etc.

## Target Populations/Categories

***1. Q: If we are applying for funding under Category B, are we permitted to provide both a Primary Target Population and a Secondary Target Population on Page 2 of the LOI?***

A: Yes, you are permitted to provide a primary and secondary target population.

***2. Q: In selecting ethnicity and race, do the clients served have to belong to both categories? For example, if we select ethnicity as Hispanic/Latino and race as Black/African American, does that mean that we are limited to serving only clients who identify as Hispanic/Latino and African American, or can we serve Latinos and African-Americans generally?***

A: No, the clients do not have to be members of both target populations. The target Population Worksheet is being revised to allow organizations the option of selecting multiple descriptors for race, ethnicity, gender, etc., as appropriate.

***3. Q: Can you define "service area" (Page 13)? Is that the zip codes, counties or neighborhoods with high rates of HIV?***

A: The service area corresponds to the area where your organization will provide HIV prevention services funded by PS15-1502. This can be distinguished by zip code, county, and/or neighborhoods. Applicant organizations should use state or local epidemiologic data and surveillance data to identify the area in which they will provide services.

***4. Q: How would you define a couple?***

A: Please visit www.effectiveinterventions.org for information on Couples HIV Testing and Counseling.

***5. Q: What are medication adherence interventions and services?***

A: The medication adherence interventions are listed in the FOA. For additional information, please visit www.effectiveinterventions.org for information on medication adherence interventions and services.

***6. Q: Is a substance abuse treatment program a high- impact prevention program?***

A: Substance abuse treatment and services is a recommended prevention and essential support service that clients should be referred to, as appropriate.

***7. Q: For Category B funding, we are allowed to select a "primary" and "secondary" population. If we select two distinct populations, will we need to create SMART objectives for each specific population? For example, if we select "transgender women" as our primary population, and "MSM" as our secondary population, will we need to set SMART objectives around each population (e.g., enroll 50 transgender women and enroll 50 MSM). Or will we only set SMART objectives for the populations as a whole (e.g., enroll 100 transgender women and MSM)?***

A: Your organization will need to establish objectives for each target population. Establishing objectives helps to inform program performance as well as demonstrate the value of the HIV prevention program.

***8. Q: The target population for ARTAS is defined as any individual who is recently diagnosed with HIV, typically defined as within 6-12 months, and willing to participate in the intervention. This would suggest that ARTAS may not be considered an appropriate intervention to ensure those newly diagnosed with HIV***

***by the Targeted Testing portion of a proposed program to help ensure immediately linking those to care and improving the likelihood of staying/retention in care. Is ARTAS an appropriate intervention to utilize for those newly diagnosed with HIV and not just for those HIV positive individuals lost to care?***

A: Yes, ARTAS is an appropriate intervention for implementation with newly diagnosed HIV-positive individuals and can be included as a part of your Prevention with HIV-Positive Persons program component, specifically to address the Linkage to Care component. We would also encourage you to view the Pre-Application Technical Assistance webinar presentation once posted on the PS15-1502 website, that is focused on selecting behavioral, structural, and biomedical interventions. Please visit the PS15-1502 website for logistical information.

***9. Q: Must the lead applicant be a provider of STI Clinical Preventive Services?***

A: No, the lead applicant organization does not have to provide STI clinical preventive services. However, the applicant organization should collaborate with a STI clinical preventive provider to support a continuum of HIV prevention and care services for their clients.

***10. Q: No age ranges are provided on the Proposed Target Population worksheet. We see a very wide range of clients in terms of age range for our proposed program. Is it acceptable that we indicate this range or should we try to narrow it to one of the ranges used in the example (e.g., 17 & under, 18-24 years, 5-34 years, 35-44 years, and 45+ years)?***

A: Yes, the Target Population worksheet was designed to allow organizations the ability to enter the age range of their target population to ensure this information is captured correctly.

***11. Q: In our community, surveillance indicates that African American males, MSM, have the highest prevalence rates. We are an FQHC and have focused our HIV efforts on the African American/Latino communities. We are considering partnering with another health center that has focused on MSM. If we were to collaborate, which category would it make sense to apply under? Or would it be better to apply separately, with one organization applying under each category? Given our local surveillance data our target population would be primarily minority males, whose primary risk factor is MSM contact, including re-entering prisoners.***

A: If your proposed target population is MSM then Category B would be the most appropriate due to the target population being based upon risk versus race ethnicity. An organization can apply under one funding category only and can submit only one application as the lead applicant organization. However, organizations may apply as the lead applicant organization for a CBO HIV Prevention Partnership and serve as a member of a second CBO HIV Prevention Partnership. In this instance, the funding categories under which the two applications are submitted do not have to be the same.

**Budgets**

*1. Q: Can the funds be used to buy rapid Hepatitis C tests?*

A: Yes, up to 5% of the total requested funding can be used to support integrated screening activities, such as the purchase of Hepatitis C tests.

*2. Q: Are there funding targets or specified allocations for either or both of the Categories, A and B?*

A: Please see the Award Information section in the FOA for additional information regarding the floor and ceiling funding levels.

*3. Q: Is the indirect cost rate simply based on the federally negotiated rate?*

A: Yes, the indirect cost rate agreement is based upon your organization's federally negotiated rate; please submit the indirect cost rate agreement with your application.

*4. Q: Under the FOA it states that generally funds may not be used for the purchase of furniture or equipment, and if it is included must be clearly spelled out in the Budget and Narrative. The FOA states that funds may be used for reasonable program purposes. Would the purchase of a Mobile Testing Van to access hard to reach populations be an allowable and reasonable program cost?*

A: No. In accordance with the cost principles, motor vehicles are known as general purpose equipment and are not an allowable direct charge, except where approved in advance by the awarding agency.

*5. Q: Can eligible organizations work with a fiscal agent to submit the grant application?*

A: PS15-1502 does not provide for the use of a fiduciary agent by applicant organizations. Organizations applying for funding under PS15-1502 must maintain primary oversight and responsibility for all administrative processes associated with the management of the program. However, some organizations may opt to work with (e.g., contract with) an external source to support payroll, accounting, and other fiscal support processes.

*6. Q: In developing our multi-year budget, can the funding award vary from year to year or must it remain the exact same amount for each of the 5 years of funding?*

A: The amount of funding an agency receives will be the approximately the same amount over the five-year funding cycle, subject to availability of funds.

*7. Q: On page 47, the instructions state that the itemized budget narrative is to be organized according to the five program strategies. However, where percentages of funding are given it appears that the funding is to be allocated almost exclusively to Targeted HIV Testing; HIV Prevention with HIV-Positive Persons (75% or more of award after funding for HIV testing is allocated) and HIV Prevention with High-Risk Negatives (up to 25% of remaining after funding for HIV testing is allocated). Where does the funding allocation for Program Promotion, Outreach, and Recruitment; and Condom Distribution come in? That*

***is, do you have expectations or guidance as to percentage of funding in these categories?***

A: The percentage of funding allocated to support the program promotion, outreach, and recruitment component; and the condom distribution component, should be determined by your organization and based upon the activities that will be implemented to support these components. Additionally, the condom distribution component is applicable to both HIV-positive persons and high-risk HIV-negative persons; therefore, condom distribution can be included within these components. Organizations have the flexibility to determine the percentage of the funds allocated to support condom distribution that will be applied to each component. Organizations may also choose to embed the condom distribution and program promotion, outreach, and recruitment components within the Prevention with HIV-positive persons and Prevention with high-risk HIV-negative person's components of your program.

***8. Q: If we wish to provide incentives to participants, are there limits to the amount that can be spent? Can we provide gift cards?***

A: Yes, gift cards can be provided and is one of the preferred mechanisms to ensure appropriate accounting of funds spent. There is not a maximum limit; however, all incentives should be reasonable and in alignment with the services being provided. Additionally, all budgets are subject to the approval of the Grants Management Specialist and the Project Officer.

***9. Q: Besides HIV testing, are there project activities for which we should bill? For example, the integrated screening/testing activities for STDs, viral hepatitis, and TB.***

A: If your organization has the existing capacity to bill for services such as HIV testing and STD, viral hepatitis, and/or TB screening, then you should do so in accordance with federal, state, local and your organizations regulations.

***10. Q: How should the budget narrative be broken out?***

A: The budget must be broken down by HIV testing, HIV Prevention with HIV-positive persons, and HIV Prevention with high-risk HIV-negative persons. However, the condom distribution component is applicable to both HIV-positive persons and high-risk HIV-negative persons; therefore, condom distribution can be included within these components. Organizations have the flexibility to determine the percentage of the funds allocated to support condom distribution that will be applied to each component. Additionally, organizations may also choose to include condom distribution in their program promotion, outreach, and recruitment component, if these activities include the distribution of condoms.

***11. Q: The FOA states to include in the budget "sufficient funds to enable appropriate program staff to attend all required CDC meetings and trainings…" In addition to a grantee meeting in Atlanta, how many days of travel should we plan for? Will all meetings be in Atlanta? How do we determine how many staff should attend?***

A: Examples of other CDC required trainings include any trainings that will support the implementation of your PS15-1502 HIV prevention program, HIV Prevention Leadership

Summit (HPLS), etc. Please note CDC will provide advance notice of all required meetings and trainings so that your budget can be developed accordingly.

***12. Q: According to the PS15-1502 FOA, funding restrictions include funds for medications and clinical care. We hope to partner with a community health center that would provide STD screening as well as medical care coordination for PLWH/As. Are we allowed to allocate funding towards medical staff who would be implementing these activities, such as a Medical Assistant or Nurse?***

A: Yes, you are able to use PS15-1502 funding to support the staff salary; however, funding may not be used for medications, vaccinations, etc.

***13. Q: If a contract is awarded to a CBO Partnership where there is a CBO partner organization collaborating with the lead organization, will the responsibility for payroll and accounting for the CBO partner organization lie with the lead organization or with the CBO partner organization for the duration of the contract?***

A: If funding in being provided by the lead applicant organization to the CBO HIV Prevention Partnership member, then it may be most feasible for the Partnership member to maintain their own organizational payroll processes. However, this is a discussion that should be had between all Partnership members prior to the execution of the Partnership agreement.

***14. Q: How can we get advanced approval to purchase and run a mobile HIV testing unit?***

A: Approval to purchase a mobile testing unit cannot be given prior to the start of the project period. If you would like consideration to be given to the purchase of a mobile unit, you will need to include this in the Year 1 proposed budget. If the organization is awarded funding, the assigned Grants Management Specialist and Project Officer will review the request jointly.

***15. Q: Should the budget narrative reflect Year 1 of project costs, including any costs associated with 6-months of start-up, or should the budget narrative reflect 12 months of program operations at full capacity?***

A: The year 1 budget should reflect a 12-month budget period.

***16. Q: Is it possible to apply for LESS than the $350,000 floor for a single organization?***

A: Yes, an organization may apply for the funding amount that they deem most appropriate to support their PS15-1502 program. However, floor funding amount was established based upon the PS15-1502 required program activities. Additionally, funded organizations cannot be awarded funding greater than the total amount initially requested.

***17. Q: We do not currently have a federally negotiated indirect cost rate agreement but are in the process of establishing one with HRSA. Can we still request indirect***

***costs in our grant proposal, with the understanding that we will have a federally negotiated indirect cost rate agreement by the time the grant starts (by July 1, 2015?) or within the first year of the grant (by June 30, 2016)? We can also switch the agency we are negotiating with, from HRSA to the CDC, if need be.***

A: Only one negotiated federal rate is needed, whether it is through HRSA or HHS. Because you are establishing one through HRSA, this will be the preferred rate agreement. You may request indirect cost in your budget at this time. If your rate agreement is established during the time your budget is being processed then it will be allowable. However, in the event you do not have an established agreement once the budget is being processed then the indirect cost will be unallowable and funds will be temporarily moved to the "Other" category until your organization request to move the funds elsewhere.

***18. Q: Regarding insurance navigation and enrollment, may funds be used to pay premiums or copayments/co- insurance?***

A: No, PS15-1502 funds cannot be used to pay premiums or copayments/co-insurance. However, organizations may assist individuals with enrolling in these services or referring individuals to programs that provide assistance with enrollment, as appropriate.

***19. Q: Regarding mental health counseling and services and substance abuse treatment and services, may funds be used to pay for the services, or are the same prohibitions against use of funds for clinical services in place? What standards of care/practice or limitations on the credentials of the providers will apply to expenditures for these services?***

A: No, funds may not be used for clinical care.

***20. Q: What types of expenditures are allowed for emergency funding to prevent homelessness? Rent or mortgage payments? Utility payments? Will HOPWA rules and standards apply to supportive housing services under this FOA?***

A: Organizations may not use funds to pay for housing. However, organizations are expected to refer individuals to housing programs, as deemed appropriate. These programs may be internal or external to the funded organization. The CBO may use PS15-1502 funds to support staff time and effort utilized to facilitate the referral, etc.

***21. Q: Transportation services (to and from HIV prevention and medical care appointments): will reimbursement rules and guidance from HRSA and state/local areas be applied - including the prohibition of cash payments to clients to obtain or be reimbursed for eligible services?***

A: The FOA states that the organizations may use PS15-1502 funding to support transportation to and from HIV prevention and medical care appointments. This may be in the form of utilizing the organization's vehicle, designated for transport of clients, and purchasing of public transportation cards or tokens, etc. However, this determination should be made by the CBO and is based upon what is most appropriate for their PS15-1502 program. This does not, however, include giving cash to the participants.

Additionally, the CBO may use PS15-1502 funds to support staff time and effort utilized to facilitate the referral, etc.

***22. Q: What types of expenditures are allowable for basic education continuation and completion services?***

A: The FOA allows for the CBOs to refer individuals to existing programs that provide these services. However, the CBO may use PS15-1502 funds to support staff time and effort utilized to facilitate the referral, etc.

## Awards

***1. Q: Under the Award information on page 36 is there a breakdown for each Category?***

A: No, there are not a specific number of cooperative agreements that will be awarded under each category. CDC will fund in rank order, but may apply the funding preferences in the Funding Opportunity Announcement (FOA).

***2. Q: Will PS15-1502 funds be directly- funded or funded through third-party payers? Will an agency be receiving the funds directly or will the agency have to bill the Department of Health?***

A: Organizations awarded funding under PS15-1502 will receive the funds directly from the CDC. The last section of the Letter of Intent is related to organizations working with their health departments to explore opportunities for seeking reimbursement and determining whether third-party reimbursement makes sense financially. Health Departments are resources to CBOs and therefore are in the position to assist CBOs with exploring this option, when feasible.

## Evaluation

***1. Q: Should a CBO conduct their own evaluation or contract with an independent evaluator? What would be a reasonable amount we should spend on paying for the evaluator?***

A: The Division of HIV/AIDS Prevention, Prevention Program Branch, and Program Evaluation Branch, will work closely with funded organizations to implement monitoring and evaluation activities in response to program performance and the National HIV Prevention Monitoring and Evaluation requirements. Therefore, there is no need to contract with an independent evaluator to meet the evaluation and performance management requirements of PS15-1502.

**Other/Clarifications**

1. Q: ***We are an FQHC and have a Ryan White Clinic; do we still need to have an "established service agreement" with ourselves?***

A: Yes, your organization will still need to submit a signed service agreement indicating the prevention and care service providers within your organization have an established agreement to support linkage to and re-engagement to care for HIV-positive persons.

2. ***Q: Our agency has three other HIV grants that have different funders who all report their seropositivity. Do you want the organization's combined seropositivity rate or just the prevention team's rate?***

A: For consistency purposes, organizations can either provide the total positivity rate for all of your HIV testing programs with the positivity rate for the prevention program in parentheses or organizations can choose to only provide numbers associated with the HIV prevention program.

3. ***Q: Pages 18, 28, and 44 of the PS15-1502 Guidance refer to the "Comprehensive HIV Prevention Jurisdictional Plan." Please clarify for us if these references are related to our 2012-2016 Comprehensive Program Plan or our 2012-2016 Jurisdictional HIV Prevention Plan.***

A: Amendment I to the FOA provides clarification on this topic. We are specifically referring to the health department's Jurisdictional HIV Prevention Plan.

4. ***Q: On Page 52 of the FOA, #2 the requirements for a local materials review panel or other panel, but the guidelines and form are not on the page that is linked there. Where can we access this?***

A: Applicant organizations are required to do the following:

1. Submit a copy of any proposed materials to CDC's Grants Management Office for approval if the organization plans to use materials and include the name or logo of either CDC or the Department of Health and Human Services.

2. Convene a local materials review panel or utilize the 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 (See Attachment F: CDC Form 0.1113 Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials.) There must be a health department representative on the materials review panel, if the health department's local review panel is not used. The current guidelines and form may also be downloaded from the CDC website: http://www.cdc.gov/od/pgo/funding/grants/app_and_forms.shtm. Please click on the following link (http://www.cdc.gov/od/pgo/forms/hivpanel.htm to gain direct access to the form; however, organizations are encouraged to use the health departments Materials Review Board to ensure compliance with state and/or local policies and regulations.

5. ***Q: If the applicant is not going to provide testing, but one or both of the 2 other partner agencies will provide testing to the target populations, are attachments C & G required for the applicant, or should they be submitted only for the partner***

***agency (ies) that will be doing the testing? Or, should only attachment G be submitted for the applicant and both forms for the partners?***

A: All of the required attachments listed in the Funding Opportunity Announcement must be submitted for the lead applicant organization. More specifically, the Health Department Letter of Support and the Health Department HIV Testing and Partner Services Letter of Agreement must come from the health department in which the lead applicant organization will report.

***6. Q: What is a "Physician for State Regulations and HIV Testing Activities?" Also, is that a traditional position within state health departments?***

A: The Health Department Targeted HIV Testing and Partner Services Letter of Agreement is completed by the health department. If state and/or local policies or regulations require physician oversight, the health department will indicate this in Attachment C. Additionally, if physician oversight is required, the applicant organization is required to submit Attachment D, completed by the physician who will oversee your organization's testing program.

***7. Q: Applicants are required to submit "...a copy of a progress report from a funder" or other statement from a funder to demonstrate service to the populations proposed in the application. Texas DSHS does not provide process reports to our contracting agencies, but they must provide semi-annual progress reports to us. We also issue monthly data feedback reports. Will a progress report submitted to us as a funding agency suffice to fill this requirement?***

A: Yes, a progress report submitted to the State health department will fulfill this requirement, provided the progress report includes the name of the funding agency, a date or date range, and the applicant organizations name.

***8. Q: Are we allowed to change the language in the letter of agreement? The HD cannot "... verify that this organization will comply with all state and local laws and regulations pertaining to HIV testing" and partner services. We can verify that we have discussed the issues highlighted in the memo. Will changes to the letter disqualify applicants from Texas?***

A: Changes should not be made to the health department Letter of Support template. Prior to providing the applicant organization with the letter of support, health departments should engage the CBOs to ensure they under all state and/or local laws and regulations and plan to comply with these stated laws and regulations.

***9. Q: The Health Department letter mentions only statute and rules; does the CDC intend for their directly-funded grantees to follow all policies and standards for the performance of HIV testing and counseling extended to the policies and standards set by the HD?***

A: Yes, directly-funded CBOs must comply with all state and/or local requirements associated with HIV testing. Please reference the Targeted HIV Testing section in the funding opportunity announcement for additional guidance regarding expectations of CBOs to collaborate with the state and/or local health departments.

***10. Q: Will states be notified of the organizations who have submitted LOI, applied, who are receiving pre-decision site visits, and are funded?***

A: No, because of the large volume of letters of intent (LOI) received, CDC will not provide health departments with a list of organizations that submitted a LOI. However, as customary, CDC will notify the health department of all CBOs that will receive a PDSV as well as those organizations that will receive funding under PS15-1502.

***11. Q: The passage that makes reference to use of a host organization for districts where they do not currently provide services. If an organization currently provides testing services (i.e. traditional prevention services) in a district, but applies to provide additional services under the supportive service category (i.e. traditional care and treatment services), must they make use of a host organization?***

A: If the organization has a history providing services in the area then there is no need to establish a relationship with a host organization. Although this statement is more specific to organizations located in the U.S. Virgin Islands and Puerto Rico, organizations should not propose to provide services in areas where they do not currently have a history of working with the community without establishing a partnership with an organization in the area.

***12. Q: The FOA requires grantees to "Coordinate with the local or state health department to initiate discussions on establishing processes that support the confirmation of newly diagnosed HIV-positive individuals identified by the CBO." In general terms, what are CDC's expectations about re-disclosure of public health information on possible prior HIV diagnosis?***

A: CDC recognizes this is a discussion that must take place at a higher level; however, we are asking CBOs to initiate discussions with the health department regarding the feasibility of confirming new positives as well as any processes currently in place. We strongly encourage you to view the Pre-Application Technical Assistance webinar presentations to obtain additional information on PS15-1502 programmatic, technical, and budget requirements. The presentations provided during the four Pre-Application Technical Assistance workshops were recorded and posted to the PS15-1502 website. If you have additional questions we would also encourage you to work with NASTAD to coordinate a call for health departments to allow for coordinated question and answer session.

***13. Q: The FOA states organizations will be required to work with the CDC to ensure that the proposed program aligns with our agency's mission and strategic plan. Is it the expectation of the CDC that each organization's strategic plan will specifically mention the goals of our proposed program?***

A: No, the expectation is not that an organization's strategic plan will specifically incorporate the goals of FOA PS15-1502.

***14. Q: Attachment F is difficult to locate. In the FOA it refers to: Attachment F: CDC Assurances of Compliance (must be downloaded from www.grants.gov). There is a link that describes all the attachments; however, the instructions do not always get you to the required documents, specifically Attachment F.***

A. The form may also be accessed by clicking on the following link, http://www.cdc.gov/hiv/pdf/Attachment_F_.pdf.

***15. Q: What file name do we give the Assurance of Compliance form that we upload? It's not indicated in the FOA.***

A: The Assurance of Compliance form should be named Assurances and Certifications.

***16. Q: Where do we find the Nonprofit Organization IRS Status Form? Or may we submit a letter from the IRS documenting our 501c3 status in place of the form? What do we name the file?***

A: This is not a form provided by CDC. Applicant organizations are required to submit the documentation that they have received from the federal government to support their nonprofit 501(c) (3) status.

***17. Q: Is a cover letter required? The sample table of contents lists a cover letter; however, there is no mention of a cover letter anywhere else in the FOA and it is not listed on page 61 as an acceptable attachment for upload.***

A: The template serves as an example only. Please follow the guidance in Section D: Application and Submission Information.

***18. Q: Can you describe CDC corrective action process and stopping agency ability to draw funds for partnership and how will it impact other grants? If the lead agency meets and exceeds outcomes but one partner does not, will the lead agency receive the corrective action plan and not able to draw funds from other agencies?***

A: The programmatic corrective action plan is not meant to be a punitive process, but rather a process to identify areas for improvement and the technical assistance that will be used to improve performance. Additionally, CDC's first action will not be to suspend a funded organizations ability to access their funds due to program performance; the programmatic corrective action plan will come first. Finally, the direct and primary recipient of the award is CDC's grantee and is ultimately responsible for ensuring the project meets the FOA performance measures. Please read the CBO HIV Prevention Partnership section thoroughly to inform your decision when identifying partners.

***19. Q: Is the term Navigator to be used as the actual job title for the staff used in this project, or is this term being used to encompass the different job titles such that we would identify staff by their more descriptive job titles of community health worker, peer advocate, etc.?***

A: No, navigator is not the required job title; each organization can identify the most appropriate job title based upon the responsibilities of the staff person. Please reference

the Navigation and Prevention and Essential Support Services section of the funding opportunity announcement for examples of job titles.

***20. Q: To show evidence of service, location, and history serving proposed target population, the FOA says we may submit a copy of a progress report from another funder. Does this mean we may submit a copy of the progress report we submitted to our funder (SAMHSA)? We do not receive a progress report from SAMHSA.***

A: Yes, the progress report you submit to SAMHSA is an appropriate document, provided it clearly states provision of services, your organization's location, and the required history of providing services to the target population.

***21. Q: When submitting either a progress report or a letter from another funder, what do we name the PDF file?***

A: Please name the file Evidence of Services and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

***22. Q: The FAQ makes reference to participating in planning processes of the local health department. The areas eligible for funding in Texas are all EMA/TGA, and thus have Ryan White Councils. Please clarify if applicants are required to participate in RW Council planning activities or the State's integrated planning activities, or perhaps both?***

A: Funded organizations are expected to participate in the State's HIV Planning Group process.