# National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention Division of HIV/AIDS Prevention (DHAP)



# PS19-1904: Capacity Building Assistance (CBA) for High Impact HIV Prevention Program Integration

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Pre-Application Technical Assistance (TA) Session

Component 3: Continuous Quality Improvement and Sustainability for Community-Based Organizations

Fall 2018

#### **Purpose**

- Supports a CBA Provider Network (CPN)
- Strengthens the capacity and improves the performance of the HIV prevention workforce to optimally plan, integrate, implement, and sustain comprehensive HIV prevention programs and services
- Promotes and supports national prevention goals, the HIV care continuum, and CDC's High-Impact HIV Prevention (HIP) approach

https://www.cdc.gov/hiv/funding/announcements/ps19-1904/index.html

#### PS19-1904: Capacity Building Assistance (CBA) for High Impact HIV Prevention Program Integration

#### To strengthen the capacity and improve the performance of the national HIV prevention

A. Electronic Learning (eLearning) Training Center Reduce New HIV National Infections B. Classroom Learning Training Center Training A. Clinical HIV Testing and Prevention for Persons with Increase Access to Care for Persons HIV Regional with HIV B. Nonclinical HIV Testing and Prevention for HIV-Technical **Negative Persons** Assistance Improve Health C. Integrated HIV Activities and Structural Outcomes and Interventions Reduce Mortality for Persons with HIV 3. Continuous Quality Improvement and Sustainability for **Community-Based Organizations** Reduce HIV-related Disparities 4. Marketing and Administrative Support for CBA Provider Network

Health Disparities, Social Determinants of Health, Cultural Competence

#### **Presentation Outline**

- Required Activities
- Measured Outcomes
- Award Information
- Eligibility Information

- Application Submission
- Application Review
- Pre-Application Technical Assistance

#### PS19-1904: Capacity Building Assistance (CBA) for High Impact HIV Prevention Program Integration

#### To strengthen the capacity and improve the performance of the national HIV prevention



Health Disparities, Social Determinants of Health, Cultural Competence

### **Component Overview**

#### Design and conduct a web-based distance-learning program

- Design (years1-2) and conduct (years 2-5)
- Support leadership within CDC directly-funded CBOs
- Improve the quality of HIV prevention programs and services and/or sustainability of CBOs

#### May use staff, subcontractors, consultants, etc.

Applicant must perform substantial role in carrying out project outcomes

#### **Component Overview**

- Program must be culturally, linguistically, and educationally appropriate for participants
- Instructional curricula and web-based modules, products, materials, and tools must be fully 508-compliant for people with disabilities

- Design (Years 1-2) and conduct (Years 2-5) a distance learning program
  - Adaptation and/or application of an evidence based model
    - Addresses programmatic continuous quality improvement (CQI) and organizational sustainability
    - Addresses the capacity building needs of senior and mid-level managers of HIV prevention programs and services within CDC directly-funded CBOs.

## **Examples of CQI and Sustainability Related Topics**

- Sustaining programmatic successes through leadership and stakeholder engagement across public and private sectors
- Network analysis to identify opportunities for new and/or improved collaborative efforts for organizational sustainability
- Establishing, assessing, and sustaining strategic partnerships to improve program performance
- HIV prevention workforce and organizational sustainability
- Identification of processes and strategies to address programmatic challenges and social determinants of health associated with HIVrelated health disparities

- Design (Years 1-2) and conduct (Years 2-5) a distance learning program
  - Structured program cycle run-time
    - Two cycles per budget year (e.g., 4 months in fall semester and 4 months in spring semester)
    - 20 CDC directly-funded CBOs per program cycle (i.e., 40 per budget period).
    - Follow-up with participants to determine and make referrals for ongoing CBA needs

- Design (Years 1-2) and conduct (Years 2-5) a distance learning program
  - Includes expert instruction, mentoring, and resource sharing; peer-to-peer learning and support opportunities; and periodic, experientially based assignments culminating in a final product (e.g., CQI plan for a program/service or organizational sustainability plan)
    - Use state-of-the-art distance-learning technologies
    - Use evidence-informed instructional design and adult learning techniques
    - Consideration of unique responsibilities and differing needs of senior and mid-level managers of HIV prevention programs and services

- Design and submit a monitoring and evaluation plan including evaluation data collection instrument
  - Within 3 months of funding (Year 1)
  - Requires CDC and OMB approvals (Year 1)
- Implement CDC-approved monitoring and evaluation plan (Years 2-5)

#### **Measured Short-Term Outcome**

Improved capacity of CDC-funded CBOs to plan, manage, and sustain HIV prevention programs and services and to reduce HIV-related disparities

## **Award Information**

# Component 3: Continuous Quality Improvement and Sustainability for CBOs

#### **Funding**

- Cooperative Agreement
  - Project Period: April 1, 2019 March 31, 2024
- Total Fiscal Year (Annual) Funding \$1,100,000
  - 1 national award
  - Funding range: \$1,100,000 \$1,150,000

# **Eligibility Information**

#### **Unrestricted Eligibility**

- American Indian/Alaska Native tribal governments (federally recognized or staterecognized)
- American Indian/Alaska native tribally designated organizations
- Alaska Native health corporations
- Colleges
- Community-based organizations
- Faith-based organizations
- For-profit organizations (other than small business)
- Healthcare corporations
- Healthcare organizations
- Hospitals

- Nonprofit with 501C3 IRS status (other than institution of higher education)
- Nonprofit without 501C3 IRS status (other than institution of higher education)
- Political subdivisions of States (in consultation with States)
- Professional associations
- Research institutions (that will perform activities deemed as non-research)
- Small, minority, and women-owned businesses
- State and local governments or their Bona Fide Agents
- Tribal epidemiology centers
- Universities
- Urban Indian health organizations

## **Additional Information on Eligibility**

If any of the following required documentation is missing, the application will be deemed nonresponsive and not considered for further review.

- Applicants may submit only <u>one</u> application for <u>one</u> component
- For Component 1, applicants must clearly select <u>one</u> track
- For Component 2, applicants must select <u>one</u> geographic region with documentation of an established operating unit/office
- For Component 2, applicants must clearly select <u>one</u> track
- Applicants are limited to an indirect cost rate of 8% (unless an exempted organization)
- Applicants must submit a <u>complete</u> application

## **Application Submission**

### **Required Registrations**

#### Data Universal Numbering System (DUNS)

- DUNS website or (866) 705-5711
- 1-2 business days

#### System for Award Management (SAM)

- SAM website (must have DUNS number)
- 3-5 business days but up to 2 weeks, requires annual renewal

#### Grants.gov

- grants.gov website (must have DUNS number and SAM account)
- Same day but can take up to 8 weeks
- Register early!!!

## **Application**

- Table of Contents
- Project Abstract Summary
- Project Narrative (19 pages)
  - Background, Approach,
     Evaluation and Performance
     Measurement Plan,
     Organizational Capacity to
     Implement Approach, Work
     Plan

- Budget Narrative (no page limit)
- CDC Assurances and Certifications

## **Application Update**

#### Work Plan

- Name and submit as an attachment to the application under "Other Attachments"; no page limit
- Reference named attachment in "Work Plan" section of the Project
   Narrative

#### Evaluation and Performance Measurement Plan

- Name and submit as an attachment to the application under "Other Attachments"; no page limit
- Reference named attachment in "Evaluation and Performance Measurement Plan" section of the Project Narrative

## **Application Attachments**

- Indirect Cost Rate Agreement, if applicable
- Non-Profit Organization IRS status forms, if applicable
- Demonstration of organizational capacity
  - List of acceptable attachments outlined in "Additional Information on Eligibility" section
  - No page limit
  - Materials will be considered during application review

### **Important Reminders**

- Follow all instructions related to the content, form, and submission of the application
  - requirements, font, line spacing, page limitations, file formats, and file naming conventions
- Letters of Intent are due October 12, 2018
  - CBANOFO@cdc.gov
- Applications are due November 12, 2018 by 11:59pm ET
  - grants.gov website
- Leave sufficient time to ensure successful application submission before published deadline

# **Application Review**

#### **Phase I Review**

- Eligibility, completeness, and responsiveness as detailed in PS19-1904
- Ineligible, incomplete, and non-responsive applications will not be considered for further review
- Notification if application does not meet eligibility criteria and/or application requirements

#### **Phase II Review**

- Objective review and evaluation (100 points)
  - Approach (35 points)
  - Evaluation and Performance Measurement (25 points)
  - Organizational Capacity to Implement Approach (40 points)
  - Budget (Reviewed but not scored)
- Ranked scores by component and track
- Notification of application status within 30 days following completion of Phase II Review

#### **Phase III Review**

#### CDC Funding Preferences

- Preference to avoid unnecessary duplication of services;
- Preference for balance of funded applicants based on burden of HIV infection within jurisdictions and disproportionately affected geographic regions, as measured by CDC;
- Preference for applicants that propose cost-effective programs that fully maximize the impact of CDC's fiscal resources; and
- Preference for applicants with extensive experience (at least 2 years)
   building the capacity of the HIV prevention workforce.

#### **Phase III Review**

- Pre-decisional site visit (75 points)
  - CDC staff meets with applicants
  - CDC technical review of applications
  - CDC assessment of applicant's demonstrated capacity for proposed program
  - Identification of any needed support from CDC
- Minimum PDSV score of 50 points

### **Funding Determinations**

- Based on ranked scores from application review and consideration for CDC funding preferences
- Announcement and anticipated award date will be no later than April 1, 2019

## **Pre-Application Technical Assistance**

#### **Important Resources**

- PS19-1904 Application Package
  - www.grants.gov
- PS19-1904 Website
  - https://www.cdc.gov/hiv/funding/announcements/ps19-1904/index.html
  - Attachments, FAQs, application checklist, etc.

#### Live Web Conference Calls

- CDC review and Q&A sessions for each component
- Schedule and information on PS19-1904 website

#### **Agency Contacts**

For programmatic technical assistance, contact:

DaDera Moore, Project Officer

Email: <a href="mailto:cbanofo@cdc.gov">cbanofo@cdc.gov</a>

Phone: (404) 718-3180

For financial, awards management, and budget assistance, contact:

Thelma Jackson, Grants Management Specialist

Email: koy8@cdc.gov

Phone: (770) 488-2823

## **Agency Contacts**

For assistance with submission difficulties related to grants.website, contact:

**Contact Center** 

Phone: (800) 518-4726

Hours of Operation: 24 hours a day, 7 days a week, except on federal

holidays

#### For all other submission questions, contact:

Technical Information Management Section

Email: ogstims@cdc.gov

Phone: (770) 488-2700

# Thank You!!

For more information, contact CDC 1-800-CDC-INFO (232-4636) TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

