The Purpose of this Amendment is to correct one of the Evaluation Criteria, under Part V. Application Review Information, Section V.1 Criteria, page 59, specifically Program Experience, numbers 2, 3, and 4. The correct Category should be Category B, and not Category C, which was published in the original posting on Grants.gov.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention (CDC)

Capacity Building Assistance (CBA) to Improve the Delivery and Effectiveness of Human Immunodeficiency Virus (HIV) Prevention Services for High-risk and/or Racial/Ethnic Minority Populations

Announcement Type: New – Type 1

Funding Opportunity Number: CDC-PS-09-906

Catalog of Federal Domestic Assistance Number: 93.939

This funding opportunity announcement and all attachments are located at www.cdc.gov.

To view available technical assistance, visit

http://www.cdc.gov/hiv/topics/funding/PS09-906.

Key Dates

Letter of Intent Deadline: March 25, 2009

 Application Deadline: May 11, 2009

Executive Summary: The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year 2009 funds for a funding opportunity announcement (FOA) to provide financial assistance to national (and regional if applying to Category B) non-

governmental HIV prevention organizations to provide capacity building assistance (CBA) services to (1) community-based organizations (CBOs), including faith-based organizations (FBOs) directly and indirectly funded by CDC; (2) community stakeholders providing HIV prevention services targeting high-risk and/or racial/ethnic minority populations; and (3) health departments and community planning groups (CPGs). CBA services developed under this program will be provided in the following five main categories:

- **Category A:** CBA for CBOs -- Strengthening organizational infrastructure, interventions, strategies, monitoring and evaluation for HIV prevention.

    Components:

    1) Organizational Infrastructure and Program Sustainability

    2) Evidence-Based Interventions and Public Health Strategies

    3) Monitoring and Evaluation

- **Category B:** CBA for Communities -- Strengthening community access to and utilization of HIV prevention services.

Note: For purposes of this funding opportunity announcement, the definition of "community" may include, but not be limited to, geographic boundaries (i.e., national or regional), affinity (e.g., communities of faith or academic communities), professional groups (e.g., African American clinical psychologists or a coalition of business leaders), race/ethnicity/language (e.g., API or Native American), and/or sexual identity (e.g., young MSM or transgender individuals).

- **Category C:** CBA for Health Departments -- Strengthening organizational infrastructure, interventions, strategies, community planning, monitoring and evaluation for HIV prevention.

    Components:

1) Organizational Infrastructure and Program Sustainability

2) Evidence-Based Interventions and Public Health Strategies

3) Community Planning

4) Monitoring and Evaluation

- **Category D:** Resource Center for CBA Providers -- Strengthening the quality and delivery of CBA services for HIV Prevention.

- **Category E:** Resource Center for CBA Consumers -- Strengthening consumer access to and utilization of CBA services for HIV Prevention.

Applicants for Categories A, C, D and E will be required to deliver CBA services throughout the United States and its territories (i.e., nationally). Applicants to Category B may choose to work nationally or limit the scope of their CBA service delivery to a particular geographic region. The geographic regions are defined as follows:

- Eastern Region: CT, DC, DE, MA, MD ME, NH, NJ, NY, PA, PR, RI, VA, WV, VT, and US Virgin Islands.

- Southern Region: AL, AR, FL, GA, KY, LA, MS, NC, NM, OK, SC, TN and TX.

- Central Region: CO, IA, IL, IN, KS, MI, MN, MO, MT, ND, NE, OH, SD, UT, WI and WY.

- Western Region: AK, AZ, CA, HI, ID, NV, OR, WA, and Pacific Basin: American Samoa, Federated States of Micronesia, Guam, Mariana Islands, the Republic of the Marshall Islands and the Republic of Palau.

Whether CBA services are delivered nationally or regionally, all applicants must be cultural competent in addressing local, state and regional capacity building needs for HIV prevention.

Applicants may apply for no more than two (2) main categories (i.e., A, B, C, D and E) and may receive no more than one (1) award per category. **Separate Program Plans, Program Monitoring and Evaluation Plans, and Budgets must be submitted for each category for which the applicant is seeking funding.** For more information, see section IV.2. "Content and Form of Submission". Applicants seeking funding under Category A must select at least two (2) components within this category. Applicants seeking funding under Category C must select at least two (2) components within this category. Applicants to Categories A and C will be responsible for all activities listed within selected components. Applicants seeking funding under Categories B, D, or E will be responsible for all activities listed within the corresponding category. All applicants will be responsible for all General Awardee Activities. For additonal information, refer to sections I.4 "Activities" and III. "Eligibility Information".

Applicants must have the capacity and flexibility to provide CBA services to a dynamic number and range of CBA consumer organizations. Variations between and within each category will occur due to the different pools of potential CBA consumer organizations, total capacity of awardees, and CDC's need to meet its priorities. CDC reserves the right to modify proposed program plans and budgets of its Awardees. For additional information, refer to the *Supplemental Information Document (SID) for Funding*

Opportunity Announcement PS09-906 available in the PS09-906 Application Toolkit at

http://www.cdc.gov/hiv/topics/funding/PS09-906.

This FOA is limited to the following applicants with experience providing capacity building services: nonprofit organizations with 501(c)3 IRS status; for-profit organizations; hospitals; universities; colleges; CBOs; FBOs; and federally recognized American Indian/Alaska Native/Native Hawaiian tribally designated organizations. Based upon availability of funds, there will be an estimated 28 cooperative agreements (i.e., Category A – 12; Category B – 9; Category C – 5; Category D – 1; and Category E - 1). The average award will be approximately $783,000 per budget period, with a minimum of $270,000 and a maximum of $1,462,500 (See Section II. "Award Information.") The project period will be four years and six months.

This announcement contains the following information:

I. Funding Opportunity Description

I.1 Authority: This program is authorized under Sections 301(a) and 318 of the Public Health Services Act (42 U.S.C. Section 241(a) and 247c), as amended.

I.2 Background: In 1998, the Minority AIDS Initiative (MAI) was created to provide funding to address the growing concern about the disproportionate impact of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) on racial/ethnic minority populations. The principle goals of MAI continue to be to (1) improve HIV/AIDS-related health outcomes and (2) reduce HIV/AIDS-related health disparities. Core to these goals is the focus of building the organizational capacity of community providers to implement, monitor, evaluate and sustain the delivery of comprehensive and integrated HIV prevention services for high-risk and/or racial/ethnic minority populations.

For this program, the term "capacity building assistance" or "CBA" means the provision of free (not for fee) information, training, technical assistance (TA) and technology transfer to individuals, organizations and communities to (1) operate optimally and (2) increase their capacity to effectively deliver evidence-based-interventions and core public health strategies for HIV prevention, including abstinence, monogamy (i.e., being faithful to a single sexual partner), and/or using condoms consistently and correctly. CBA

8

services do not include the direct delivery of HIV prevention services. Because populations disproportionately affected by HIV are also disproportionately affected by hepatitis C virus (HCV), hepatitis B virus (HBC), other sexually transmitted diseases (STD), and tuberculosis (TB), CBA should encompass prevention interventions and public health for these diseases and infections when appropriate.

CBA services provided must be consistent with *Replicating Effective Programs (REP), Diffusion of Effective Behavioral Interventions (DEBI),* the *Compendium of Effective Behavioral Interventions,* the *Capacity Building Assistance Program Guide,* other CDC-supported strategies, and published CDC guidance and recommendations implemented by organizations targeting high-risk and/or racial/ethnic minority populations including:

- All individuals with known HIV-positive serostatus and their partners

- African American men who have sex with men (MSM)

- African American high-risk heterosexual (HRH) men & women

- African American transgender individuals

- Latino MSM

- Latino HRH men & women

- Latino transgender individuals

- MSM of all races/ethnicities including, but not limited to, Asian & Pacific Islander, Native American (inclusive of American Indian, Alaska Native, and Native Hawaiian people) and Caucasian populations

- Transgender individuals of all races/ethnicities including, but not limited to, Asian and Pacific Islander, Native American (inclusive of American Indian, Alaska Native, and Native Hawaiian people), and Caucasian populations

- Injection drug users (IDU)

I.3. Purpose: The purpose of this funding opportunity announcement (FOA) is to build the capacity of organizations to operate optimally and to provide evidence-based interventions and public health strategies that can help reduce the burden of HIV infection among high-risk and/or racial/ethnic minority populations within the U.S. and its Territories. This will be accomplished by providing financial assistance via cooperative agreements to non-governmental HIV prevention organizations to provide capacity building services to: (1) community-based organizations (CBOs), including faith-based organizations (FBOs) directly and indirectly funded by CDC; (2) community stakeholders providing HIV prevention services targeting high-risk and/or racial/ethnic minority populations; and (3) health departments and community planning groups (CPGs).

This program is consistent with the federal *Government Performance and Results Act (GPRA) Performance Plan* (www.cdc.gov/od/perfplan/Index.htm) and addresses the Department of Health and Human Services (DHHS) "Healthy People 2010" focus area of HIV infection (www.healthypeople.gov/document/html/volume1/13hiv.htm).

CDC Health Protection Goals: This program addresses the CDC Health Protection Goals of healthy people in every stage of life and healthy people in healthy places.

National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Program Imperatives: This program addresses the NCHHSTP Program Imperatives of

program collaboration and service integration (PCSI) and elimination of health disparities as well as priorities set by the Division of HIV/AIDS Prevention (DHAP).

Program Collaboration and Service Integration (PCSI): PCSI promotes improved comprehensive services at the client level through enhanced collaboration at the health department jurisdictional level, as well as organizational program level, thereby, offering opportunities to: (1) increase efficiency, reduce redundancy and eliminate missed opportunities; (2) increase flexibility and better adapt to overlapping epidemics and risk behaviors; and, (3) improve operations through the use of shared data.

Elimination of Health Disparities: The aim of this priority is to improve the health of populations disproportionately affected by HIV/AIDS, viral hepatitis, sexually transmitted diseases (STDs), tuberculosis (TB) and related diseases and conditions, and to help eliminate health disparities. Disparities in HIV/AIDS, viral hepatitis, STDs and TB disproportionately affect racial/ethnic minorities, gender and sexual minorities and other vulnerable populations. Health disparities in HIV/AIDS, viral hepatitis, STDs, and TB are inextricably linked to a complex blend of social and economic determinants, which affect which populations are most severely impacted by these diseases.

 This program also addresses the *HIV Prevention Strategic Plan through 2010* (http://www.cdc.gov/hiv/resources/reports/psp/), *The Heightened National Response to the HIV/AIDS Crisis among African Americans* (www.cdc.gov/hiv/topics/aa/cdc.htm)*,* the *National Hispanic/Latino HIV/AIDS Response* (http://www.cdc.gov/hiv/hispanics/resources/slidesets/hpls_alvarez.htm), and the *Men*

who have Sex with Men (MSM) Disparities in HIV/AIDS intiative

(http://www.cdc.gov/hiv/topics/msm).

The program is consistent with *CDC's Revised Recommendations for Testing of Adults, Adolescents, and Pregnant Women in Healthcare Settings* (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm).

Performance Goals: Measurable outcomes of the program will be in alignment with one (or more) of the following performance goal(s) for NCHHSTP:

- By 2010, reduce by 25% the number of new HIV infections in the U.S., as measured by a reduction in the number of HIV infections diagnosed each year among people under 25 years of age; from 2,100 in 2000 to approximately 1,600 in 2010;

- Decrease the number of persons at high-risk for acquiring or transmitting HIV infection;

- By 2010, increase by 9% the proportion of HIV-infected people who know they are infected, as measured by the proportion diagnosed before progression to AIDS (baseline: 76% in 2000; target for 2010: 85%);

- By 2010, increase to at least 80% the proportion of HIV-infected people who are linked to appropriate prevention, care, and treatment services, as measured by those who report having received some form of medical care within 3 months of their HIV diagnosis (2001 baseline: 79%);

- Strengthen the capacity nationwide to monitor the epidemic, develop and implement effective HIV prevention interventions, and evaluate prevention programs.

- Increase the number of Agencies trained each year to implement DEBIs.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address:

http://www.cdc.gov/od/science/regs/hrpp/researchDefinition.htm.

I.4. Activities

Awardee Required Activities

CBA Provider Performance

In order to assess the performance and progress of CBA providers, all awardees will be required to develop and implement a plan to monitor and evaluate their programmatic processes for delivering CBA services. This plan should include: logic modeling; calculation, reporting, and use of performance benchmarks, including target and goal setting; and data collection, management, analysis, and use for program improvement and reporting, including support for national level CDC reporting requirements. CDC will provide Awardees support in meeting reporting requirements by providing guidelines, training and technical assistance (TA). Proposed performance targets and goals will be discussed, and, if necessary, modified in consultation with an assigned CDC Program Consultant.

An overall evaluation of the CBA program also will be conducted. This evaluation will be designed to comply with OMB expectations regarding independence, scope, and quality. Awardees will be required to cooperate with CDC and its partners in the conduct of this evaluation.

Awardees will be held accountable for the programmatic achievement of annual performance targets as well as their stewardship of fiscal resources. CDC will monitor the performance of all awardees. For those awardees in need of performance improvement, CDC will negotiate a performance improvement plan and provide appropriate, time-phased TA. Should performance continue to not improve, CDC, in accordance with applicable federal regulations, may take enforcement actions such as suspension or termination of the Notice of Award (NoA).

General Awardee Activities (All Categories and Components)

All applicants are required to implement general Awardee activities by developing process objectives and activities for the following:

1. Include input (e.g., through an advisory board, consultation, webconferencing) from target health departments, CBOs, and/or other individual and organizational consumers of the proposed services in the development and implementation of the CBA program;

2. Incorporate cultural competency and linguistic and educational appropriateness into all CBA services;

3. Collaborate with CDC, health departments, CDC-funded CBA providers and contractors to plan and deliver CBA services that (a) are consistent with CDC standards and guidance, (b) avoid unnecessary duplication of services, and (c) build capacity for integrating diagnostic and prevention services for HIV, STD, viral hepatitis, and TB for similar populations at risk;

4. Undertake a coordinated systems approach in the delivery of CBA services that includes (a) notifying, cooperating and coordinating with health departments in

the delivery of CBA services within their health jurisdictions, (b) collaborating with other sources of CBA services (including CBA providers in other categories) to plan and implement comprehensive capacity building services, (c) participating in coordinated assessments of needs and community resources, (d) identifying and addressing gaps in capacity building services, and (e) leveraging other federal, state or local resources;

5. Develop protocols to respond to CBA requests consistent with CDC procedures, including the CBA Request Information System (CRIS);

6. Create, coordinate and utilize a staffing strategy for CBA services delivery that ensures coverage of proposed service area(s), is cost-effective and diffuses best program practices. This can be accomplished through "in-house" staffing, the use of national, regional, and/or local consultant pools and/or other innovative staffing patterns. Staffing strategy must include the use of all necessary subject matter experts including, but not limited to, trainers, curriculum developers, social and/or behavioral scientists, community mobilization specialists, and evaluators;

7. Utilize the latest technologies in the delivery of CBA services, such as web-based tools and distance learning mechanisms;

8. Identify the professional development needs of the CBA program's staff and consultants. Develop and implement a plan to address those needs;

9. Implement a quality assurance strategy that ensures the delivery of high quality services;

10. Develop and implement an effective strategy for marketing the applicant's capacity building services;

11. Report planned group capacity building events to the CBB Training Events Calendar (TEC) for dissemination to HIV prevention partners and constituents;

12. Facilitate the dissemination of information about successful capacity building strategies and "lessons learned" through replication packages, peer-to-peer interactions, meetings, workshops, conferences, case studies, and communication with CDC Program Consultants;

13. Participate in a national network of CBA providers and related conference calls, meetings and other activities to enhance communication, coordination and cooperation in the overall delivery of CBA services;

14. Submit three progress reports (trimester reports), including budget updates/ expenditures to the assigned Procurement and Grants Office (PGO) Specialist and the Program Consultant. Awardee must also submit a written response to the Program Consultant's technical review of the interim progress report (IPR);

15. All funded applicants will be required to attend post-award orientation events, training sessions, and other meetings/conferences.

Category and Component-Specific Awardee Activities

Applicants for each category and component are required to implement specific Awardee activities by developing process objectives and activities for the following:

Category A: CBA for CBOs -- strengthening organizational infrastructure, interventions, strategies, monitoring, and evaluation for HIV prevention.

<u>Components</u>:

1. Organizational Infrastructure and Program Sustainability

(a) Develop and implement a **Strategic Plan for Enhanced CBO Capacity** for each assigned CBO. These plans should include defined capacity building goals and objectives, with a process for incorporating evidence of progress and achievements. There should be a baseline, interim years 1-3 and four and a half-year overall target performance goals related to organizational infrastructure and program sustainabiity. This activity will be done in collaboration with CDC Program Consultants. For more information, see the *PS09-906 Supplemental Information Document.*

(b) Provide CBA services, including training and TA, for CBOs on topics related to organizational infrastructure and program sustainability. Examples include, but are not limited to, leadership and workforce development (i.e., executive coaching, human resources management, team building), organizational infrastructure (i.e., fiscal management, management information systems, board development), program collaboration and service integration (PCSI) (i.e., policy development, stategic planning, cross-training, cross-cultural communication), and quality assurance (i.e., program monitoring and evaluation, performance measurement and improvement).

(c) Develop tools and protocols for assessing organizational infrastructure and program sustainability needs, resources, readiness, and gaps.

(d) Provide intensive CBA services to a limited number of CBOs in particularly acute need. CBA services may include, but are not limited to, provision of funding for the purchase of consultant CBA services, short-term provision of staff to the CBO for delivery of CBA services, or assistance with leveraging additonal resources.

2. Evidence-Based Interventions and Public Health Strategies

(a) Provide CBA services, including training and TA, for CBOs in selecting culturally appropriate HIV prevention evidence-based interventions and strategies for high-risk and/or racial/ethnic minority populations. CBA topics may include evidence-based interventions, public health strategies, adaptation, resource analysis and implementation cost. Subject matter experts, such as social or behavioral scientists, are required to be included in this activity.

(b) Provide CBA services, including training and TA, in the adaptation, implementation, monitoring and evaluation of assigned evidence-based interventions and supporting skills areas (i.e., group facilitation, recruitment and retention) for CBOs serving high-risk and/or racial/ethnic minority populations. Subject matter experts, such as social or behavioral scientists, are required to be included in this activity.

(c) Provide CBA services, including training and TA, in the implementation, monitoring and evaluation of assigned public health strategies (i.e., counseling, testing and referral services; rapid HIV testing; comprehensive risk counseling services; social network strategy), and supporting skills areas (i.e., recruitment and retention, motivational interviewing) for CBOs serving high-risk and/or racial/ethnic minority populations.

(d) Develop and facilitate a formal process of peer-to-peer mentorship and support among CBOs to share "lessons learned" and best practices in implementing, adapting, monitoring and evaluating HIV prevention evidence-based interventions, public health strategies, and program collaboration and integration..

(e) Collaborate with CDC Diffusion Teams, who are responsible for ensuring fidelity, consistency, and support for the delivery of evidence-based interventions and public health strategies.

3. Monitoring and Evaluation

(a) Provide CBA services, including training and TA, to CBOs on HIV prevention programmatic processes and outcome monitoring and evaluation. Topics include, but are not limited to, logic modeling; calculation, reporting, and use of performance indicators, including target and goal setting; and data collection, management, analysis, and use for program improvement and reporting, including support for national level reporting requirements.

(a) Collaborate with CDC with regard to national level reporting requirements, including CBA program performance indicators, and support the use of the National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) for local program improvement.

Category B: CBA for Communities -- strengthening community access to and utilization of HIV prevention services.

1. Develop, test, adapt and diffuse a community mobilization model that (a) identifies the community to be mobilized, (b) defines the priority population(s) and structural factors related to HIV prevention to be targeted by mobilization efforts, (c) provides strategies and tools for community-level assessment, collaboration and development, (d) implements activities to increase access to and utilization of HIV prevention services, particularly HIV testing, and (e) includes a plan for process

monitoring and evaluation. Community mobilization models may include, but are not limited to, social marketing campaigns, awareness and anti-stigma campaigns, leadership development, and community-level evidence-based interventions.

2. Provide CBA services, including training and TA, to communities in the adoption, adaptation, and implementation of the community mobilization model.

3. Provide CBA services, including training and TA, to communities to develop and implement their own community-developed mobilization models.

4. Develop and implement a cost-effective CBA services delivery plan that identifies available services, recipients of these CBA services, and proposed process activities and outcome objectives.

5. Models or strategies for increasing access to and utilization of HIV prevention services should also emphasize, when appropriate, access to and utilization of other services related to other STDs, blood-borne diseases (i.e., HBV and HCV), and TB. The National Network of Prevention Training Centers (NNPTCs), Regional Medical Tuberculosis Training Centers, HRSA funded AIDS Training and Education Centers, and viral hepatitis education and training entities are resources to access current and relevant training materials about other disease areas.

Category C: CBA for Health Departments -- strengthening organizational infrastructure, interventions, strategies, community planning, monitoring, and evaluation for HIV prevention.

Components:

1. Organizational Infrastructure and Program Sustainability

    (a) Develop tools and protocols for assessing needs, resources and gaps related to organizational infrastructure and program sustainability that meet the unique needs of health departments.

    (b) Provide CBA services, including training and TA, for health departments in organizational infrastructure such as leadership and workforce development (i.e., human resources management, team building), organizational and capacity building infrastructure (i.e., fiscal management, management information systems, training, and TA infrastructure), jurisdictional and organizational program collaboration that result in service integration for HIV, STD, viral hepatitis and TB for similar populations at risk (i.e., policy development, stategic planning, cross-training, cross-cultural communication, management in beauracracies); and quality assurance (i.e., program monitoring and evaluation).

2. Evidence-Based Interventions and Public Health Strategies

    (a) Provide CBA services, including training and TA, in selecting culturally appropriate HIV prevention evidence-based interventions and strategies for health departments serving high-risk and/or racial/ethnic minority populations. Topics may include evidence-based interventions, public health strategies, adaptation, resource analysis, and implementation cost. Subject matter experts such as social or behavioral scientists are required to be included in this activity.

(b) Provide CBA services including training and TA in the adaptation, implementation, monitoring and evaluation of assigned evidence-based interventions and supporting skills areas (i.e., group facilitation, recruitment and retention) for health departments serving high-risk and/or racial/ethnic minority populations. Subject matter experts, such as social or behavioral scientists are required to be included in this activity.

(c) Provide CBA services, including training and TA, in the implementation, monitoring and evaluation of assigned public health strategies (i.e., counseling, testing & referral Services; rapid HIV testing, partner ervices, comprehensive risk counseling services, social network strategy) and supporting skills areas (i.e., recruitment and retention, motivational interviewing) for health departments serving high-risk and/or racial/ethnic minority populations.

(d) Develop and facilitate a formal process of peer-to-peer mentorship and support among health departments to share "lessons learned" and best practices in selecting, implementing, adapting, monitoring and evaluating HIV prevention evidence-based interventions, public health strategies, and program collaboration and integration.

(e) Collaborate with CDC Diffusion Teams, who are responsible for ensuring fidelity, consistency and support for the delivery of evidence-based interventions and public health strategies.

3. Community Planning

(a) Provide CBA services, including training and TA, to health departments, CPGs, CBOs, and other community stakeholders to increase their

knowledge of, and skill and involvement in, HIV prevention community planning. CBA topic areas include, but are not limited to, leadership development, strategic planning, understanding the *HIV Prevention Community Planning Guidance* and the planning process, using data for decision-making and priority setting, public speaking and persuasion, parliamentary procedures and meeting processes, group and meeting facilitation, managing CPGs, and understanding public health delivery systems.

    (b) Provide CBA services, including training and TA, to health departments and community planning groups (CPGs) to assist them in implementing HIV prevention community planning, and improving parity, inclusion and representation (PIR) of high-risk and/or racial/ethnic minority populations.

    (c) Facilitate a formal process of peer-to-peer mentorship and support among health departments and CPGs to share "lessons learned" and best practices in community planning for HIV prevention.

4. Monitoring and Evaluation

    (a) Provide CBA services, including training and TA, to health departments on HIV prevention programmatic process and outcome monitoring and evaluation. Topics include, but are not limited to, logic modeling; calculation, reporting, and use of performance indicators, including target and goal setting; and data collection, management, analysis, and use for program improvement and reporting, including support for national level reporting requirements.

(b) Collaborate with CDC with regard to national level reporting requirements, including CBA program performance indicators, and support the use of the National HIV Prevention Program Monitoring and Evaluation Data Set (NHM&E DS) for local program improvement.

Category D: Resource Center for CBA Providers -- strengthening the quality and delivery of CBA services for HIV Prevention.

1. Maximize resources that benefit CBA providers funded under this program by refining existing and/or developing new English and Spanish language materials for the marketing and implementation of CBA services, including training (i.e., curricula, implementation guides, participant guides) and TA (i.e., tailored tools, TA guides).

2. Disseminate all materials developed for marketing and implementation of CBA services. Develop and implement a cost-effective CBA services delivery plan (i.e., training, TA, information dissemination, technology transfer) that identifies (a) available services, (b) recipients of these CBA services as CBA providers in Categories A, B, C, and E, and (c) proposed process activities and outcome objectives.

3. Develop and implement plans for process monitoring,evaluation, and quality assurance to ensure quality products and professional standards of performance.

4. Collaborate with researchers, other CBA providers, and CDC Diffusion Teams, who are responsible for ensuring fidelity, consistency, and support for the delivery of evidence-based HIV prevention interventions and public health strategies.

5. Coordinate and promote sharing of relevant information and resources among CBA providers through the formal coordination of a national CBA provider network. This activity includes the planning and facilitation of regular conference calls, a website, a newsletter, and an annual face-to-face meeting. Collaborate with CDC and CBA providers in Categories A, B, C, and E in the planning and implementation of these activities. Coordinate efforts with CDC's National Prevention Information Network (NPIN) to maximize use of resources and decrease unnecessary duplication.

Category E: Resource Center for CBA Consumers -- strengthening consumer access to and utilization of CBA services for HIV Prevention.

1. Promote and broker sharing or diffusion of information, materials, and other resources resulting from CBA provider activities in Categories A, B, C, and D among CBA consumers through the formal coordination of a national CBA consumer network. This activity includes the planning and facilitation of regular conference calls, a website, a newsletter and face-to-face meetings (e.g, national HIV prevention conferences). Collaborate with CDC and CBA providers in Categories A, B, C, and D in the planning and implementation of these activities. Coordinate efforts with those of CDC's National Prevention Information Network (NPIN) to maximize use of resources and decrease unnecessary duplication.

2. Develop and implement a cost-effective CBA services delivery plan (i.e., training, TA, information dissemination, technology transfer) that identifies available services, recipients of these CBA services, and proposed process activities and outcome objectives.

3. Develop and implement plans for process monitoring, evaluation, and quality assurance to ensure quality products and professional standards of performance.

CDC Activities

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

1. Ensure that all CBA provider program plans, monitoring and evaluation plans, and programmatic budgets accommodate the needs and resources of CDC in meeting its national HIV prevention goals and objectives.

2. Triage all requests for CBA services, and assign these CBA requests to the appropriate CBA provider.

3. Provide consultation and TA in designing, planning, developing, implementing, and evaluating activities (i.e., progress reporting, submitting information to the Training Events Calendar) based on CDC's standards and expectations. CDC may provide consultation and TA, either directly or indirectly, through prevention partners such as health departments, national and regional minority partners, CBA partners, trainers, contractors, and other national organizations. For Category E, a formal steering committee will serve as the mechanism for providing CDC's consultation and TA.

4. Provide guidance, training and technical assistance to Awardees to collect and report CBA provider performance indicators and to establish appropriate baselines, annual performance targets, and overall 5-year performance goals.

5. Monitor the performance of program and fiscal activities through progress reports, data reporting, site visits, conference calls, and compliance with federally mandated requirements (e.g., protection of client privacy).

6. Provide current scientific information and training on: the risk factors for transmitting HIV infection among persons living with HIV/AIDS; HIV prevention services for counseling, testing and referral to care and treatment; and partner services and evidence-based behavioral interventions for high-risk category and racial/ethnic minority populations.

7. Assist in the development of collaborative efforts with health departments, HIV prevention CPGs, CBOs that are directly funded by CDC, and other federally supported organizations providing HIV/AIDS services.

8. Facilitate the exchange of information about successful interventions, program models, and best practices through awardee meetings, workshops, conferences, newsletters, the Internet, and communications with CDC Program Consultants. CDC also will facilitate the exchange of program information and TA among CBOs, health departments, and national and regional organizations.

9. Conduct an overall evaluation of the CBA program.

II. Award Information

Type of Award: Cooperative Agreement. CDC involvement in this program is listed in the "Activities" section.

Award Mechanism: U65

Fiscal Year Funds: 2009

Approximate Current Fiscal Year Funding: Approximately $22.5 million will be made available for the following categorical funding:

> **Category A**: $11,340,000
>
> **Category B:** $4,860,000
>
> **Category C:** $4,387,500
>
> **Category D:** $1,215,000
>
> **Category E:** $337,500

Approximate Total Project Period Funding: $107,000,000. This amount is an estimate, and is subject to availability of funds. This amount includes both direct and indirect costs.

Approximate Number of Awards: Category A – twelve (12); **Category B** – nine (9); **Category C** – five (5); **Category D** – one (1); and **Category E** – one (1).

Approximate Average Award: (These amounts are for a 12-month budget period, and include both direct and indirect costs.)

> **Category A**: $945,000
>
> **Category B:** $540,000
>
> **Category C:** $877,500
>
> **Category D:** $1,215,000
>
> **Category E:** $337,500

Floor of Individual Award Range: (This floor is for a 12-month budget period, and includes both direct and indirect costs.)

> **Category A**: $427,500

Category B: $427,500

Category C: $427,500

Category D: $855,000

Category E: $270,000

Ceiling of Individual Award Range: (This ceiling is for a 12-month budget period, and includes both direct and indirect costs.)

Category A: $1,395,000

Category B: $625,500

Category C: $1,395,000

Category D: $1,462,500

Category E: $427,500

Anticipated Award Date: September 30, 2009

Budget Period Length: Budget Period 1 begins September 30, 2009 and ends March 31, 2010 (6 months). Budget Periods 2 through 5 will begin April 1 and end March 31 of the following year (12 months).

Project Period Length: 4 years 6 months

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 Awardee (as documented in required reports), and the determination that continued funding is in the best interest of the U.S. Government.

III. Eligibility Information

III.1. Eligible Applicants

Eligible applicants that can apply for this funding opportunity are listed below:

- Nonprofit organizations

- For-profit organizations

- Hospitals

- Universities

- Colleges

- Community-based organizations

- Faith-based organizations

- Federally recognized American Indian/Alaska Native/Hawaiian tribally designated organizations

This funding opportunity announcement is intended to fund organizations whose primary role and expertise is to provide free (not for fee) information, training, TA, and technology transfer to individuals, organizations and communities to (1) operate optimally and (2) increase their capacity to effectively deliver evidence-based-interventions and core public health strategies for HIV prevention. Therefore, eligibility is limited to organizations that have experience and expertise providing CBA services to CBA consumers serving high-risk and/or racial/ethnic minority populations.

These criteria would only preclude eligibility to those organizations whose primary intent is something other than to provide free, comprehensive CBA services.

Eligible Funding Categories:

- **Category A:** CBA for CBOs

- **Category B:** CBA for Communities

- **Category C:** CBA for Health Departments

- **Category D:** Resource Center for CBA Providers

- **Category E:** Resource Center for CBA Consumers

Applicants may be awarded in no more than two (2) main categories. Applicants for Categories A and C must select at least two (2) components within each category.

III.2. Cost Sharing or Matching

For **Categories A, B, C and D**, funds for cost sharing are not required for these programs.

For **Category E**, funds for cost sharing are required by this program to support the non-federal share of the project that produces program income resulting from "registration fees" under a limited number of CDC fiscally supported conferences (e.g. HIV Prevention Leadership Summit and United States Conference on AIDS). Cost sharing or matching funds are required in an amount equal to program income resulting from "registration fees." The cost sharing or matching will be calculated by dollar amount. Applicants are required to identify and document the specific cost or contribution proposed to meet the cost sharing or matching requirement and justify its determination. All cost used to satisfy the cost sharing or matching requirement must be documented by

the applicant and will be subject to audit. The funded applicant will be required to provide an annual estimate of income that may result from programmatic activities (e.g. conference registration fees).

Note: Cost sharing or matching will be used as an evaluation criterion for Category E.

III.3. Other

Special Requirements:

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

If the application is incomplete or non-responsive to the special requirements listed in this section, it will not be entered into the review process. The applicant will be notified the application did not meet submission requirements.

Late applications will be considered non-responsive. See section IV.3. "Submission Dates and Times" for more information on deadlines.

Eligibility Criteria:

To be eligible, the application must meet all of the criteria listed in this section as well as the criteria listed in the special requirements section of this announcement [see section

III.3. "Other"]. If the application fails to meet all of these requirements, the application will **not** be reviewed. The applicant must:

1. Have a currently valid 501(c) (3) tax-exempt status as demonstrated by a valid Internal Revenue Service (IRS) determination letter, if a non-profit organization.

2. Have a specific charge from its articles of incorporation, bylaws, or a resolution from its executive board or governing body to operate nationally (all states and territories) or regionally (multi-state/territory, if applying for Category B) within the United States or its Territories.

Proof of Eligibility

Applicants must complete the "Proof of Eligibility" section, providing the following documents as appropriate. Failure to provide the required documentation will result in the application being disqualified and returned to the applicant without further review.

1. Provide a letter assuring that CBA services developed under this funding opportunity announcement will be delivered to organizations serving high-risk and/or racial/ethnic minority populations. (Label as Appendix A.)

2. Provide documentation that the applicant organization has the specific charge from its executive board or governing body to operate nationally or regionally (if applying for Category B) within the United States and its territories. Documentation should include a copy of the section of the organization's articles of incorporation, bylaws or board resolution. (Label as Appendix B.)

3. If a non-profit organization, provide a copy of the current, valid Internal Revenue Service (IRS) determination letter of the applicant organization's 501(c) (3) tax-exempt status. (Label as Appendix C.)

4. All applicants for **Category C** must provide five (5) letters of support demonstrating the applicant's credibility and expertise with state and local health departments. Each letter of support should be (1) obtained from health departments previously provided with CBA services by the applicant, (2) on the health department's letterhead, and (3) be signed by the state AIDS Director or director/coordinator of HIV/AIDS prevention programs. (Label as Appendix D.)

5. All applicants for **Categories A, B, D and E** must provide five (5) letters of support demonstrating the applicant's credibility and expertise with proposed CBA recipient organizations serving high-risk and/or racial/ethnic minority populations. Each letter of support should be (1) obtained from organizations previously provided with CBA services by the applicant, (2) on the organization's letterhead, and (3) signed by the executive director. (Label as Appendix E.)

6. Provide a list of all organizations with which the applicant will collaborate to avoid duplication of effort and ensure that gaps in CBA are addressed. Include a memorandum of agreement (MOA) from each organization as evidence of cooperative relationships. Each MOA should describe specifically the proposed cooperative activities. These documents must be submitted annually with each interim progress report. (Label as Appendix F.)

7. Provide a list of culturally competent and linguistically and developmentally appropriate training and TA materials that have been developed and utilized by the applicant in the delivery of capacity building services. (Label as Appendix G.)

8. All applicants for **Category B** must submit a completed *Prioritized Population Data Sheet*. This form will enable the applicant to provide a one-page reference sheet that readily identifies the high-risk and/or racial/ethnic minority

population(s) that will be targeted through a community mobilization model. (This data sheet form is attached at the end of this announcement. When completed, label as <u>Appendix H</u> in the application.)

Notes:

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

- Funding estimates may change based on the availability of funds, scope and quality of the applications received, appropriateness and reasonableness of the budget justifications, and proposed use of project funds.

- Continuation awards for a new 12-month budget period within an approved four and one half-year project period will be made on the basis of availability of funds, and the applicant's satisfactory progress toward achieving the stated objectives, and the determination that continued funding is in the best interest of the federal government. Satisfactory progress toward achieving objectives will be determined by required progress and data reports submitted by the awardee as well as site visits conducted by CDC representatives.

- Awardees may elect to copyright products developed using FOA PS09-906 funding. However, the government retains unlimited usage of all products and may authorize others to reproduce and distribute these products.

IV. Application and Submission Information

IV.1. Address to Request Application Package

To apply for this funding opportunity, use the application forms package posted on
www.Grants.gov.

Electronic Submission:

Applicants must submit applications electronically by utilizing the forms and instructions
posted for this announcement on www.Grants.gov, the official federal agency wide E-
grant Web site.

Registering the applicant organization through www.Grants.gov is the first step in
submitting applications online. Registration information is located in the "Get
Registered" screen of www.Grants.gov. While application submission through
www.Grants.gov is optional, applicants are strongly encouraged to use this online tool.

Please visit www.Grants.gov at least 30 days prior to filing an application to become
familiar with the registration and submission processes. Under "Get Registered," the one-
time registration process will take three to five days to complete. However, as part of the
Grants.gov registration process, registering an applicant organization with the Central
Contractor Registry (CCR) annually could take an additional one to two days to complete.
CDC suggests submitting electronic applications prior to the closing date, so if difficulties
are encountered, a hard copy of the application can be submitted prior to the deadline.

If access to the Internet is not available, or if there is difficulty accessing the forms on-line, 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.

To request a CD-ROM or hard copy of the application kit (which includes the funding opportunity announcement, required forms, CBA Guidelines and other supplemental information), contact CDC's National Prevention Information Network (NPIN) at 1-800-458-5231; visit its website at www.cdcnpin.org; or send a request by fax to 1-888-282-7681 (TTY users: 1-800-243-7021).

Pre-Application Technical Assistance

Technical Consultations: Supplemental resources, materials, informational webcasts, and interactive conference calls will be available during the period between the funding opportunity announcement publication date and application deadline. For further information on how to access this technical assistance, visit http://www.cdc.gov/hiv/topics/funding/PS09-906.

IV.2. Content and Form of Submission

Letter of Intent (LOI): Prospective applicants are asked to complete and submit an electronic letter of intent at

http://www.cdc.gov/hiv/topics/funding/PS09-906.

 The LOI will include the following information:

- Name of applicant organization

- Name and contact information of the Project Director

- Number and title of this funding opportunity

- Application category(ies) and component(s)

- Brief description of the organizations and priority population(s) that will be
  impacted by the proposed project

Application

**Separate Program Plans, Program Monitoring and Evaluation Plans, and Budgets
must be submited for each category for which the applicant is seeking funding.**

<u>Abstract:</u> A project abstract must be submitted with the application forms. All electronic
project abstracts must be uploaded in a PDF file format when submitting via <u>www.Grants.gov</u>.
The abstract must be submitted in the following format, if submitting a paper application:

- Maximum of 1-2 pages

- Font size: 12 point unreduced, Times New Roman

- Single spaced

- Paper size: 8.5 by 11 inches

- Page margin size: 1 inch

- Written in plain language (i.e., avoid jargon, unexplained acronyms, and
  confusing sentence structure)

The project abstract must indicate the proposed category(ies) and component(s), and

contain a summary of the activities suitable for dissemination to the public. It should be

a self-contained description of the project and should contain a statement of objectives

and methods to be employed. It should be informative to other persons working in the same or related fields and, insofar as possible, understandable to a technically literate lay reader. This abstract must not include any proprietary or confidential information.

Cover Letter: A cover letter is required with the application. The cover letter must contain the following information:

- The organization's name, address, and the name of the executive director or his/her proxy
- A brief description of the organization's program plan(s)
- A statement about the category(ies) and component(s) under which the organization is applying
- Brief description of the organizations and priority population(s) that will be impacted by the proposed project

The application cover letter must be written in the following format:

- Maximum number of pages: 2
- Font size: 12 point unreduced, Times New Roman
- Single spaced
- Paper size: 8.5 by 11 inches
- Page margin size: 1 inch
- Written in plain language (i.e., avoid jargon, unexplained acronyms, and confusing sentence structure)

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

- Maximum number of pages: For applicants seeking funding under one (1) category, the page limit is 50 pages.   For applicants seeking funding under two (2) categories, the page limit is 80 pages to allow for submission of a separate program plan, monitoring and evaluation plan, and budget for each category. If the narrative exceeds these page limits, only the first pages within the page limits will be reviewed.

- Font size: 12 point unreduced, Times New Roman

- Double spaced

- Paper size: 8.5 by 11 inches

- Page margin size: 1 inch

- Number all narrative pages; not to exceed the maximum number of pages.

- The funding opportunity announcement number must appear in the application.

- A complete table of contents to the application and its appendices and attachments must be provided

- Each separate section of the application must begin on a new page

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed:

1. Organizational Capacity

2. Program Experience

3. Program Plan (A plan for each category in the application)

4. Program Monitoring and Evaluation Plan (A plan for each category in the application.)

5. Budget and Staffing Breakdown and Justification (A budget for each category in the application. This information will not be counted toward the application page number limit.)

Note: A sample Table of Contents is available at

http://www.cdc.gov/hiv/topics/funding/PS09-906.

1. Organizational Capacity

a. Applicants for **Categories A and C** must describe organizational capacity (i.e., infrastructure, staff expertise, resources) to provide CBA services (i.e., information dissemination, technology transfer, technical consultation, technical services and training) to organizations serving high-risk and/or racial/ethnic minority populations within the category(ies) AND component(s) for which the applicant is seeking funding.

b. Applicants for **Category B** must describe organizational capacity (i.e., infrastructure, staff expertise, resources) to provide CBA services (i.e., information dissemination, technology transfer, technical consultation, technical services and training) to organizations serving OR directly to individuals from a high-risk and/or racial/ethnic minority population(s) in relation to community mobilization models or strategies.

c. Applicants for **Category D** must describe organizational capacity (i.e., infrastructure, staff expertise, resources) to provide CBA services (i.e., information dissemination, technology transfer, technical consultation, technical services and training) to organizations serving high-risk and/or racial/ethnic minority populations as well as facilitate and develop resources for a national network of organizations.

d. Applicants for **Category E** must describe organizational capacity (i.e., infrastructure, staff expertise, resources) to provide CBA services (i.e., information dissemination, technology transfer, technical consultation, technical services and training) to organizations serving high-risk and/or racial/ethnic minority populations as well as to plan, implement and evaluate national meetings or conferences for HIV prevention.

2. Program Experience

a. Describe the applicant organization's program experience as it relates to the provision of CBA services (i.e., information dissemination, technical consultation, technical services, technology transfer or training) within the identified category(ies) and component(s) to health departments, CPGs, CBOs, and/or other community stakeholders serving high-risk and/or racial/ethnic minority populations as demonstrated by agency documentation, training and TA products, feedback from recipients of your CBA services, and self-assessment of previous CBA services delivery performance.

b. Describe the applicant organization's program experience collaborating with health departments, other CBA providers, behavioral science researchers and/or CDC.

c. Describe the applicant organization's program experience in providing CBA services that effectively respond to the cultural, gender, environmental, social and linguistic characteristics of proposed recipients of the applicant's CBA services. Describe types of services provided and list any culturally, linguistically and developmentally appropriate curricula and materials that the organization has developed or adapted for high-risk and/or racial/ethnic minority populations.

3. Program Plan

The program plan must include a description of the CBA program including strategies for CBA services delivery, objectives, activities and timelines. The applicant's proposed program objectives and activities must be SMART (i.e., specific, measurable, achievable, realistic, and time-phased). **A separate Program Plan, Program Monitoring and Evaluation plan, and Budget must be submitted for each category for which the applicant is seeking funding.**

a. Strategy

If applying for **Category A,** select at least two (2) of the following components:

- **Organizational Infrastructure and Program Sustainability**

  Provide a description of the proposed program and the strategy for implementing related activities listed in the "Activities" section of this funding opportunity announcement. Include a description of the administrative, fiscal management and human resource models used to build the organizational infrastructure and capacity within CDC-funded and/or health department-funded CBOs.

- **Evidence-Based Interventions and Public Health Strategies**

  Provide a description of the proposed program and the strategy for implementing related activities listed in the "Activities" section of this funding opportunity announcement. Describe how the applicant intends to build the capacity of organizations to implement HIV prevention interventions and strategies that target one (1) or more high-risk and/or racial/ethnic minority population(s).

- **Monitoring and Evaluation**

  Provide a description of the proposed program and the strategy for implementing related activities listed in the "Activities" section of this funding opportunity announcement. Include a description of how the monitoring and evaluation needs of CDC-funded and/or health department-funded CBOs will be addressed including, but not limited to, logic modeling; calculation, reporting, and use of performance indicators, including target and goal setting; and data collection, management, analysis, and use for program improvement and reporting, including support for national level reporting requirements.

If applying for **Category B**,

- Provide a description of the proposed program and the strategy for implementing related activities listed in the "Activities" section of this funding opportunity announcement. Describe the community to be mobilized, targeted structural factors, prioritized population(s), and the process for developing or adapting a community mobilization model or strategy. Also, include information on: (1) data demonstrating evidence that the model or strategy will be successful; (2) how the model or strategy is appropriate for organizations

serving high-risk and/or racial/ethnic minority populations; (3) conditions the applicant expects to influence; (4) outcomes the applicant expects to achieve; and (5) proposed CBA services including training and TA to increase a community's capacity to implement the identified model or strategy.

- Provide documentation of experience and expertise with community mobilization strategies and activites that target high-risk and/or racial/ethnic minority populations.

If applying for **Category C,** select at least two (2) of the following components:

- **Organizational Infrastructure and Program Sustainability**

  Provide a description of the proposed program and the strategy for implementing related activities listed in the "Activities" section of this funding opportunity announcement. Include a description of the administrative, fiscal management, and human resource models used to build the organizational infrastructure and capacity within health departments.

- **Evidence-Based Interventions and Public Health Strategies**

  Provide a description of the proposed program and the strategy for implementing related activities listed in the "Activities" section of this funding opportunity announcement. Describe how the applicant intends to build the capacity of organizations to implement evidence-based interventions and public health strategies that target one (1) or more high-risk and/or racial/ethnic minority population(s).

- **Community Planning**

  Provide a description of the proposed program and the strategy for implementing related activities listed in the "Activities" section of this funding opportunity

announcement. Include a description of how CPG needs will be addressed; including but not limited to: orientation to community planning process, CPG management, parity, inclusion and representation (PIR) of high-risk and/or racial/ethnic minority populations, using data to support decision-making and priority setting, and intervention effectiveness and evaluation of the planning process.

- **Monitoring and Evaluation**

  Provide a description of the proposed program and the strategy for implementing related activities listed in the "Activities" section of this funding opportunity announcement. Include a description of how the monitoring and evaluation needs of health departments will be addressed including, but not limited to logic modeling; calculation, reporting, and use of performance indicators, including target and goal setting; and data collection, management, analysis, and use for program improvement and reporting, including support for national level reporting requirements.

If applying for **Category D**:

- Describe the proposed program and the strategy for implementing related activities listed in the "Activities" section of this funding opportunity announcement. Provide information on how the applicant intends to support the delivery of CBA services in Categories A, B, C, and E through the provision of resources for CBA-related marketing, training, and TA.

- Provide documentation of experience and expertise in coordinating a national network of organizations and facilitating activities to meet the needs of such a network.

If applying for **Category E**:

- Describe the proposed program and the strategy for implementing related activities listed in the "Activities" section of this funding opportunity announcement. Provide information on how the applicant intends to support the delivery of CBA services in Categories A, B, C, and D through the centralized provision of CBA-related information and resources for consumers.
- Provide documentation of experience and expertise in planning, implementing and evaluating national meetings or conferences for HIV prevention.

b. Objectives

- Describe objectives that address the general, category, and component specific awardee activities for which the applicant intends to apply. Some of these objectives should address the development of protocols and processes for implementing activities (i.e., a strategy for the national or regional delivery of CBA services that reflects sensitivity to and addresses local, state and regional capacity building needs). **Proposed objectives should be specific, measurable, appropriate, realistic and time-phased (SMART).**

c. Activities

- List and describe proposed activities that relate to each of the objectives listed above. **Proposed activities should be specific, measurable, appropriate, realistic and time-phased (SMART).**

d. Timeline

Provide a detailed timeline and list of staff responsible for implementing activities.

4. Program Monitoring and Evaluation (M&E) Plan

A separate Program Monitoring and Evaluation Plan must be submitted for each category for which the applicant is seeking funding.

a. Describe the applicant's process for setting programmatic baselines for one-year interim and five-year overall target performance goals based on proposed general, category, and component performance indicators. Actual performance indicators will be provided by CDC post-award.

b. Describe the applicant's processes for data collection, management, and analysis related to stated program objectives and performance indicators.

c. Describe the applicant's plan for using process and outcome monitoring and evaluation data to improve its CBA program.

d. Include a logic model for the proposed CBA program. The logic model should describe the elements of the program (i.e., inputs, activities, short and long term outcomes) and how they work together to provide CBA services. The logic model should be displayed in a flowchart, map, or table to clearly portray the sequence of steps leading to program outcomes.

5. Budget and Staffing Breakdown and Justification

A separate Budget and Staffing Breakdown and Justification must be submitted for each category for which the applicant is seeking funding. This information will not be counted toward the application page number limit.

    a. Provide a detailed budget by cost categories (i.e., salaries and wages, fringes, travel) for all proposed program activities for the first 6 month budget period. Justify all operating expenses in relation to the planned activities and stated objectives. CDC might not approve or fund all proposed activities. Be precise about the program purpose of each budget item, and itemize calculations wherever appropriate.

    b. For each contract and consultant mentioned in the application budget: describe the type(s) of organization(s) or party(ies) to be selected and the method(s) of selections; identify the specific contractor(s), if known; describe the services to be performed and justify the use of a third party to perform these services; provide a breakdown of and justification for the estimated costs of the contracts and consultants; specify the period of performance; and describe the methods to be used for contract monitoring.

    c. Provide a job description for each position specifying job title, function, general duties, and activities. Also provide salary range or rate of pay and the level of effort and percentage of time to be spent on activities that would be funded through this funding opportunity. If the identity of any key person filling a position is known, his/her name and resume should be attached. Experience and training related to the proposed project should be noted. If the identity of staff is

unknown, describe the recruitment plan. If volunteers are involved in the project,

provide job descriptions.

Note:

If indirect costs are requested, the applicant must provide a copy of the applicant

organization's current, negotiated, federal indirect-cost-rate agreement.

The applicant must also complete and submit *Assurance of Compliance with the*

Requirements for Contents of AIDS-Related Written Materials form (CDC form

0.1113) to document the process of formal review and approval of all programmatic

HIV-related materials by a committee. This form lists the members of the program

review panel. The form is enclosed with the application kit. The current guidelines

and form can be downloaded at www.cdc.gov/od/pgo/forminfo.htm. Include this

completed form with the application. This form must be signed by both the project

director and authorized business official.

Appendices: Required documents listed in section III.3. Other "Proof of Eligibility"

may be submitted via www.Grants.gov. These additional documents should be labeled as

designated in the "Proof of Eligibility" section and uploaded in a PDF file format. Any

other submitted documents should be placed within an appendix labeled as "non-

mandatory." Appendices will not be counted toward the narrative page number limit;

however, an application for one (1) category plus required appendices should not exceed

the maximum of 150 pages. An application for two (2) categories plus required

appendices should not exceed the maximum of 180 pages. Any portion of the application that exceeds the stated page limitations will not be reviewed.

DUNS Requirement: The applicant agency or organization is 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. Obtaining a DUNS number is easy and there is no charge. To obtain a DUNS number, access the Dun and Bradstreet website at www.dnb.com or call 1-866-705-5711.

Additional documents required for submission with the application are listed in section "VI.2. Administrative and National Policy Requirements."

IV.3. Submission Dates and Times
Letter of Intent (LOI) Deadline Date: March 25, 2009
Application Deadline Date: May 11, 2009

Explanation of Deadlines: LOI should be submitted electronically via http://www.cdc.gov/hiv/topics/funding/PS09-906 by 5:00 p.m. Eastern Time on the deadline date.

Applications must be received in the CDC Procurement and Grants Office by 5:00 p.m. Eastern Time on the deadline date. Applications must be submitted electronically at www.Grants.gov. Applications completed on-line through Grants.gov are considered

formally submitted when the applicant organization's Authorizing Organization

Representative (AOR) electronically submits the application to www.Grants.gov.

Electronic applications will be considered as having met the deadline if the application

has been successfully submitted electronically by the applicant organization's AOR to

www.Grants.gov on or before the deadline date and time.

When submission of the application is done electronically through www.Grants.gov, the

application will be electronically time/date stamped and a tracking number will be

assigned, which will serve as receipt of submission. The AOR will receive an e-mail

notice of receipt when HHS/CDC receives the application.

This announcement is the definitive guide on LOI and application content, submission

address, and deadline. It supersedes information provided in the application instructions.

If the application submission does not meet the deadline above, it will not be eligible for

review. The application face page will be returned by HHS/CDC with a written

explanation of the reason for non-acceptance. The applicant will be notified the

application did not meet the submission requirements.

IV.4. Intergovernmental Review of Applications

Executive Order 12372 does not apply to this program.

IV.5. Funding Restrictions

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

- Recipients may not use funds for research.

- Recipients may not use funds for the direct provision of HIV or any other disease (e.g., substance abuse, viral hepatitis, TB, STD) prevention, treatment, or care services.

- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.

- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be justified in the budget.

- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

- Reimbursement of pre-award costs is not allowed.

- These funds may not supplant or duplicate existing funding.

- Funds available under this announcement are only for provision of CBA to improve the capacity of organizations to implement, improve and sustain programs that support the delivery of effective HIV-prevention services to high-risk and/or racial/ethnic minority populations.

- These federal funds may not be used to support the cost of developing applications for other federal funding.

- Funds available under this announcement must support CBA that gives priority to directly and indirectly funded CBOs including FBOs, health departments and CPGs, and other community stakeholders.

- With prior CBB approval, funds may be used to support CBA related to the integrated delivery of STD, HCV, HBV, and TB prevention services when doing so is beneficial to HIV prevention capacity building efforts.

- Before using funds awarded through this funding opportunity announcement to develop HIV prevention materials, awardees must check with NPIN to determine if suitable materials are already available.

- Awardees may elect to copy right products developed using FOA PS09-906 funding. However, the government retains unlimited usage of all products and may authorize others, including NPIN, to reproduce and distribute these products. For further information on NPIN services and resources, contact NPIN at 1-800-458-2531; visit its website at www.cdcnpin.gov; or send requests by fax to 1-888-282-7681 (TTY users: 1-800-243-7-12). If the awardee plans to use materials bearing CDC's name, they must send a copy of the proposed materials to the CDC Procurement and Grants Office. The materials will be assigned to a project officer for approval.

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 should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

The recommended guidance for completing a detailed justified budget can be found on the CDC Website, at the following Internet address: http://www.cdc.gov/od/pgo/funding/budgetguide.htm.

IV.6. Other Submission Requirements

LOI Submission Address: Electronically submit the LOI to

http://www.cdc.gov/hiv/topics/funding/PS09-906.

Although a LOI is not required, is not binding, and does not enter into the review of a

subsequent application, the information that it contains allows CDC Program staff to

estimate the potential review workload and plan the review.

The LOI is to be sent by the date listed in Section IV.3.

Application Submission Address

Electronic Submission:

Applicants must submit applications electronically at www.Grants.gov. The application

package can be downloaded from www.Grants.gov. Applicants are able to complete it

off-line, and then upload and submit the application via www.Grants.gov. E-mail

submissions will not be accepted. If an applicant has technical difficulties in Grants.gov,

customer service can be reached by E-mail at support@grants.gov or by phone at 1-800-

518-4726 (1-800-518-GRANTS). The Customer Support Center is open from 7:00a.m.

to 9:00p.m. Eastern Time, Monday through Friday.

HHS/CDC recommends that submittal of the application to Grants.gov should be prior to

the closing date to resolve any unanticipated difficulties prior to the deadline.

The applicant must submit all application attachments using a PDF file format when

submitting via www.Grants.gov. Directions for creating PDF files can be found on the

www.Grants.gov Web site. Use of file formats other than PDF may result in the file being unreadable.

V. Application Review Information

V.1. Criteria

Applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the cooperative agreement. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures must be objective and quantitative and must measure the intended outcome. The measures of effectiveness must be submitted with the application and will be an element of evaluation.

All applications are reviewed for eligibility according to the criteria listed in section III. "Eligibility Information." Once deemed eligible, applications undergo a two-step evaluation process:

Step One: In the first step of the evaluation process, all eligible applications will be evaluated against the criteria listed in section IV. "Application and Submission Information." Applications will be evaluated by an independent review panel assigned by the CDC. The panel will assign each application a score using scored evaluation criteria as specified in section V. "Application Review Information." The score will be based on the applicant's responses to the questions in section IV. "Application and Submission Information" starting with the project narrative.

An applicant must score at least 300 of the 500 possible points during the special emphasis panel review. To ensure that no application has an undue competitive advantage resulting from the selection of multiple categories and components, CDC has developed a mechanism that will appropriately adjust scores for each application. Each category for which funding is sought will be separately reviewed and scored, thus the requirement for submission of separate Program Plans and Program Monitoring and Evaluation Plans.

Applicants applying for funding under Categories A, C, D and E will be selected to receive a PDSV based on highest scores, geographic location and funding limitations. Applicants applying for funding under Category B will be selected to receive a PDSV based on highest scores, geographic location, funding limitations and priority populations to be targeted.

Step Two: During a PDSV, CDC staff will meet with key project staff including representatives of the board of directors, executive director, program manager, trainers, curriculum developers, TA specialists, evaluators, behavioral scientists, and consultants or contractors. The PDSV (1) facilitates a review of the application and discussion of proposed program plans, (2) further assesses an applicant's organizational and fiscal capacity to implement the proposed program, and (3) identifies unique programmatic conditions that may require training, TA or other resources. Applicants must score at least 180 points of the 300 possible points during the PDSV to be considered for an award.

Criteria for Step One: Special Emphasis Panel Review

Each application will be determined to be eligible according to criteria listed in section III. "Eligibility Information" and then, if eligible, it will be evaluated against a list of criteria including:

Organizational and Personnel Capacity (100 points)

1. The applicant provides an organizational chart that includes the proposed program. (6 points)

2. The applicant identifies, or articulates an appropriate strategy to recruit, key program management staff members who have substantive experience <u>managing</u> programs that provide capacity building services to HIV prevention organizations. (18 points)

3. The applicant identifies, or articulates an appropriate strategy to recruit, key program management staff members who have substantive experience <u>managing</u> programs that provide CBA to HIV prevention organizations that serve racial/ethnic minority populations. (12 points)

4. The applicant provides information that identifies or articulates an appropriate strategy to recruit key program <u>management</u> staff members who have substantive experience managing programs that provide CBA to HIV prevention organizations that serve individuals from high-risk categories. (12 points)

5. The applicant provides information that identifies staff roles that are consistent with the proposed program plan. (14 points)

6. The staffing plan is sufficient to accomplish the program goals and objectives as described. (20 points)

7. The applicant provides information that identifies adequate administrative management systems (e.g., appropriate fiscal, information technology, and human resource management systems). (18 points)

Program Experience (100 points)

1. The applicant demonstrates historical provision of culturally competent CBA in the proposed category to health departments, CBOs, CPGs, and/or any other community stakeholders serving high-risk and/or racial/ethnic minority populations. (24 points)

2. The applicant demonstrates experience providing HIV prevention training to a national audience (or regional audience, if applying for Category B). (24 points)

3. The applicant demonstrates experience providing technical assistance in the subject area of HIV prevention to a national audience (or regional audience, if applying for Category B). (24 points)

4. The applicant demonstrates experience working with health departments, CBOs, or other community stakeholders that serve individuals at high-risk for HIV infection. (For Category B, the applicant should demonstrate substantive experience using community mobilization models with individuals at high-risk for HIV infection) (14 points)

5. The applicant demonstrates experience working with health departments, CBOs, or community stakeholders that serve racial/ethnic minority populations. (14 points)

Category A Program Plan (200 points) – Organizational Infrastructure and Program Sustainability

1. The applicant's proposed program plan sufficiently addresses the overall category-specific and component-specific purpose, objectives, and activities stated in the funding announcement. (45 points)

2. The applicant's proposed program activities are SMART (i.e., specific, measurable, achievable, realistic, and time-phased). (23 points)

3. The applicant's proposed plan is based on a feasible overall programmatic timeline. (28 points)

4. The proposed plan includes activities related to the development of intensive CBA services for CBOs with acute assistance needs. (33 points)

5. The proposed plan includes activities related to the development of organizational capacity of CBOs in the following areas: administrative, fiscal management, and human resources. (38 points)

6. The proposed plan includes activities related to the provision of CBA, including training and TA, to CBOs to strengthen their organizational infrastructure for serving high-risk and/or racial/ethnic minority populations. (33 points)

Category A Program Plan (200 points) – Evidence-Based Interventions and Public Health Strategies

1. The applicant's proposed program plan sufficiently addresses the overall category-specific and component-specific purpose, objectives, and activities stated in the funding announcement (45 points)

2. The applicant's proposed program activities are SMART (i.e., specific, measurable, achievable, realistic, and time-phased). (23 points)

3. The applicant's proposed plan is based on a feasible overall programmatic timeline. (23 points)

4. The applicant proposes to provide CBA, including training and TA, which appropriately addresses the needs of organizations implementing evidence-based interventions and/or public health strategies for members of high-risk and/or racial/ethnic minority populations. (45 points)

5. The applicant proposes to provide CBA, including training and TA, which appropriately address the needs of organizations to adapt evidence-based interventions and/or public health strategies for members of high-risk and/or racial/ethnic minority populations. (32 points)

6. The applicant proposes to provide CBA, including training and TA, which appropriately addresses the monitoring and evaluation needs of organizations implementing evidence-based interventions and/or public health strategies for members of high-risk racial/ethnic minority populations. (32 points)

Category A Program Plan-- Monitoring and Evaluation (200 points)

1. The applicant's proposed program plan sufficiently addresses the overall category-specific and component-specific purpose, objectives, and activities stated in the funding announcement. (67 points)

2. The applicant's proposed program activities are SMART (i.e., specific, measurable, achievable, realistic, and time-phased). (33 points)

3. The applicant's proposed plan is based on a feasible overall programmatic timeline. (33 points)

4. The applicant describes how it plans to provide CBA, including training and TA, to CBOs on evaluation methodologies for program effectiveness. (67 points)

Category B Program Plan (200 points)

1. The applicant's proposed program plan sufficiently addresses the overall category-specific and component-specific purpose, objectives, and activities, stated in the funding announcement. (31 points)

2. The applicant's proposed program activities are SMART (i.e., specific, measurable, achievable, realistic, and time-phased). (16 points)

3. The applicant's proposed plan is based on a feasible overall programmatic timeline (16 points)

4. The applicant provides an adequate description of how the model or strategy is appropriately designed to address the needs of the target population as it pertains to increased access to and utilization of HIV prevention interventions and strategies as well as services for other STDs, viral hepatitis, and TB. (31 points)

5. The applicant provides credible evidence — or rationale — that the proposed model or strategy will be successful. (19 points)

6. The applicant provides academic references or findings from practical applications as evidence for credible data on how the model or strategy is appropriate for organizations serving members of the proposed target high-risk and/or racial/ethnic minority population. (16 points)

7. The applicant describes appropriate and relevant outcomes that are consistent with the model for community mobilization chosen, and their proposed plan and activities. (19 points)

8. The proposed plan includes a description of relevant stakeholders, service providers, and other entities (i.e., target population, city, coalition, organizations). (21 points)

9. The proposed plan includes methods for the provision of CBA, including training and TA, on the adoption, adaptation, implementation, and evaluation of the proposed model or a home-grown model developed by community stakeholders. (31 points)

Category C Program Plan (200 points) – Organizational Infrastructure and Program Sustainability

1. The applicant's proposed program plan sufficiently addresses the overall category-specific and component-specific purpose, objectives, and activities, stated in the funding announcement (50 points)

2. The applicant's proposed program activities are SMART (i.e., specific, measurable, achievable, realistic, and time-phased). (25 points)

3. The applicant's proposed plan is based on a feasible overall programmatic timeline. (25 points)

4. The applicant proposes a reasonable and sufficient strategy for development of the organizational infrastructure tools and protocols they will provide to health departments. (45 points)

5. The applicant proposes an appropriate and well conceived plan for the delivery of CBA, including training and TA activities, which will be provided to health departments on the topics of infrastructure and sustainability. (45 points)

6. The extent to which the applicant's plan describes how it will emphasize access to and utilization of other prevention needs of the population, and increase access and utilization of need services for other STD, viral hepatitis and TB. (10 points)

Category C Program Plan (200 points) – Evidence-Based Interventions and Public Health Strategies

1. The applicant's proposed program plan sufficiently addresses the overall category-specific and component-specific purpose, objectives, and activities, stated in the funding announcement. (40 points)

2. The applicant's proposed program activities are SMART (i.e., specific, measurable, achievable, realistic, and time-phased). (20 points)

3. The applicant's proposed plan is based on a feasible overall programmatic timeline. (20 points)

4. The applicant proposes a process for conducting a needs assessment or other survey to ascertain the areas in which health departments need capacity building assistance related to evidence-based interventions and public health strategies. (20 points)

5. The applicant proposes a well designed and reasonable process for marketing their CBA services focused on evidence-based intervention and public health strategies to health departments. (20 points)

6. The applicant proposes a <u>training program</u> to strengthen health department capacity to implement, fund, monitor, and train on various evidence-based interventions and public health strategies. (35 points)

7. The applicant proposes a plan for the delivery of <u>technical assistance</u> to strengthen the capacities of health departments to implement, monitor, fund, and report and train on evidence-based interventions and public health strategies. (35 points)

8. The extent to which the applicant plan describes how it will collaborate with other training entities to facilitate access to current and relevant training materials about other disease areas (TB, STD, Hepatitis). (10 points)

Category C Program Plan (200 points) – Community Planning

1. The applicant's proposed program plan sufficiently addresses the overall category-specific and component-specific purpose, objectives, and activities, stated in the funding announcement. (40 points)

2. The applicant's proposed program activities are SMART (i.e., specific, measurable, achievable, realistic, and time-phased). (20 points)

3. The applicant's proposed plan is based on a feasible overall programmatic timeline. (20 points)

4. The applicant proposes a reasonable plan to deliver CBA services to strengthen the capacity of health departments and CPGs to utilize epidemiological and local data in the prioritization process. (40 points)

5. The applicant proposes a reasonable plan to deliver CBA services to strengthen the capacity of health departments and CPGs to meet needs and address concerns related to orientation, decision-making, and process management. (40 points)

6. The applicant proposes a reasonable plan to deliver CBA services to strengthen the capacity of health departments and CPGs to meet needs and address concerns related

to parity, inclusion, and representation (PIR) of high-risk and/or racial/ethnic minority populations. (40 points)

Category C Program Plan (200 points) – Monitoring and Evaluation

1. The applicant's proposed program plan sufficiently addresses the overall category-specific and component-specific purpose, objectives, and activities, stated in the funding announcement. (50 points)

2. The applicant's proposed program activities are SMART (i.e., specific, measurable, achievable, realistic, and time-phased). (25 points)

3. The applicant's proposed plan is based on a feasible overall programmatic timeline. (25 points)

4. The applicant describes how it plans to provide CBA to health departments on evaluation methodologies of evidence-based interventions and public health strategies. (50 points)

5. The applicant describes how it plans to provide CBA to health departments on evaluation methodologies of community planning processes. (50 points)

Category D Program Plan (200 points)

1. The applicant's proposed program plan sufficiently addresses the overall category-specific and component-specific purpose, objectives, and activities stated in the funding announcement. (25 points)

2. The applicant's proposed program activities are SMART (i.e., specific, measurable, achievable, realistic, and time-phased). (12 points)

3. The applicant's proposed plan is based on a feasible overall programmatic timeline. (12 points)

4. The application plan includes strategies for ensuring quality training and curricula development specific to the diffusion of prioritized evidence-based interventions and public health strategies. (25 points)

5. The applicant proposes to provide CBA, including training and TA, to consumers (e.g., CBA providers) that support CDC's efforts to diffuse evidence-based interventions and public health strategies for HIV prevention. (25 points)

6. The proposed plan includes activities for the development or expansion of a resource center for CBA providers. (18 points)

7. The proposed activities describe how the applicant will provide CBA services, to include: technical assistance, training, information transfer, technology transfer, follow-up, and mentoring for CBA providers. (25 points)

8. The proposed plan includes marketing, dissemination, and communication of coordination activities to CBA providers. (15 points)

9. The proposed plan includes activities to address the translation of materials into Spanish and/or adaptation for members of high-risk and/or racial/ ethnic minority populations. (18 points)

10. The applicant proposes to develop and implement plans for process monitoring and evaluation as well as quality assurance to ensure quality products and professional standards of performance. (25 points)

Category E Program Plan (200 points)

1. The applicant's proposed program plan sufficiently addresses the overall category-specific and component-specific purpose, objectives, and activities stated in the funding announcement. (28 points)

2. The applicant's proposed program activities are SMART (i.e., specific, measurable, achievable, realistic, and time-phased). (14 points)

3. The applicant's proposed plan is based on a feasible overall programmatic timeline. (14 points)

4. The application plan includes activities related to the support and coordination of CBA services that are part of CDC's efforts to promote sharing and access to relevant HIV prevention information and resources to CBA consumers. (28 points)

5. The proposed plan includes activities for the development of cost-effective CBA services and identifies recipients of these CBA services. (20 points)

6. The applicant describes appropriate and relevant outcomes and activities that are consistent with the plan for providing CBA services to CBA consumers. (20 points)

7. The proposed plan includes marketing, dissemination, and communication with identified entities (i.e., NPIN, HPLS Steering Committee) to promote activities aimed at CBA consumers. (24 points)

8. The applicant proposes to develop and implement plans for process monitoring and evaluation as well as quality assurance to ensure quality products, which meet professional standards of published materials. (24 points)

9. The applicant appropriately addresses the cost-matching requirement for program income that may result from "registration fees" under a limited number of CDC fiscally supported conferences (e.g., HIV Prevention Leadership Summit and United States Conference on AIDS). (28 points)

Program Monitoring and Evaluation Plan (100 points)

1. An evaluation plan is included that describes assessment measures and benchmarks for data collection, analysis and management, including confidentiality and security. (24 points)

2. The proposed evaluation plan includes the required annual targets and 4.5-year performance measures. (12 points)

3. The annual targets and 4.5-year performance measures are achievable. (12 points)

4. The data collection strategy described in the evaluation plan includes strategies for obtaining monitoring and evaluation data. (12 points)

5. The evaluation plan describes quality assurance processes and methods for evaluation. (16 points)

6. The evaluation plan describes the applicant intent or experience in using monitoring and evaluation data for program improvement. (12 points)

7. A logic model is included with a sequence of steps leading to program outputs, short, and long-term outcomes. (12 points)

Budget (SF 424A), Staffing Breakdown, and Justification (Reviewed but not scored.)

1. Is a detailed budget by all cost categories for all proposed activities for the first 6-month budget period provided? (0 points)

2. Is justification provided for all operating expenses in relation to planned activities and stated objectives? (0 points)

Criteria for Step Two: Pre-Decisional Site Visit (PDSV)

PDSVs are worth 300 points. The following areas will be evaluated during the site visit:

1. Review of the application and discussion of proposed program plans (150 points);

2. Assessment of the applicant's organizational capacity to implement the proposed program (100 points); and

3. Assessment of fiscal and organizational infrastructure (50 points).

In conjunction with a PDSV, CDC's Procurement and Grants Office (PGO) will conduct a Recipient Capability Assessment (RCA) to evaluate the organization's ability to manage CDC funds. PGO staff will conduct this assessment.

V.2. Review and Selection Process

Applications will be reviewed for completeness by CDC's PGO staff, and for responsiveness jointly by DHAP, NCHHSTP, and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance through the review process. Applicants will be notified the application did not meet submission requirements.

A special emphasis panel will evaluate complete and responsive applications according to the criteria listed in the V.1. "Criteria" section above. The special emphasis panel review process will follow the policy requirements as stated in HHS's Awarding Agency Grants Administration Manual (AAGAM) at http://intranet.hhs.gov/grantsinfo/gpdstable.html, under "Part 2: Pre-Award, Grant Application Reviews", and clicking on Chapter 2.04.104C.

Final funding determinations will be based on application scores from the special emphasis panel review, PDSV, and consideration for CDC's funding preferences.

Funding Preferences:

1. The balance of funded applicants serving organizations targeting vulnerable and underserved high-risk and/or racial/ethnic minority populations based on the burden of infection in each population as measured by HIV and AIDS reporting. These populations include, but are not limited to, those listed in section I.2. "Background."

2. The geographic balance of funded applicants based on the burden of infection within jurisdictions, as measured by HIV and AIDS reporting.

CDC will provide justification for any decision to fund outside of ranked order of scores.

V.3. Anticipated Announcement Award Date

Anticipated award date is September 30, 2009.

VI. Award Administration Information

VI.1. Award Notices

Successful applicants will receive a Notice of Award (NoA) from the CDC's PGO. The NoA shall be the only binding, authorizing document between the recipient and CDC. The NoA will be signed by an authorized Grants Management Officer and emailed to the program director, and a hard copy mailed to the recipient fiscal officer identified in the application.

Unsuccessful applicants will receive notification of the results of the application review by mail.

VI.2. Administrative and National Policy Requirements

Successful applicants must comply with the administrative requirements outlined in 45

CFR Part 74 and Part 92, as appropriate. The following additional requirements apply to

this project:

- AR-4 HIV/AIDS Confidentiality Provisions

- AR-5 HIV Program Review Panel Requirements

- AR-8 Public Health System Reporting Requirements

- AR-9 Paperwork Reduction Act Requirements

- AR-10 Smoke-Free Workplace Requirements

- AR-11 Healthy People 2010

- AR-12 Lobbying Restrictions

- AR-14 Accounting System Requirements

- AR-15 Proof of Non-Profit Status

Additional information on the requirements can be found on the CDC Web site at the

following Internet address: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

CDC Assurances and Certifications can be found on the CDC Web site at the following

Internet address: http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm.

For more information on the Code of Federal Regulations, see the National Archives and

Records Administration at the following Internet address:

http://www.access.gpo.gov/nara/cfr/cfr-table-search.html.

VI.3. Reporting Requirements

The applicant must provide CDC with an annual interim progress report via

www.Grants.gov:

1. Due to the truncation of Budget Period One, the first progress report and interim
   progress report are both due December 30, 2009. This combined progress report
   will include information on the first half of programmatic activities (i.e., October,
   November, and December 2009) and will also serve as the non-competing
   continuation application for funding in the next budget period. In subsequent
   budget periods, the first progress report will be submitted August 30, and the
   interim progress report comprised of the second progress report and non-
   competitive continuation application will be submitted December 30. The interim
   progress report must contain the following:

   a. Standard Form ("SF") 424S Form

   b. SF-424A Budget Information-Non-Construction Programs

   c. Indirect Cost Rate Agreement

   d.   Current budget period activities and objectives

   e.   Current budget period financial progress

   f.   Detailed line-item budget and justification

   g. Proposed Budget Narrative for Upcoming Budget Period

   h. Proposed Project Narrative for Upcoming Budget Period

   i.   Additional requested information including: (1) data related to annual
         performance target goals; (2) data on progress toward achieving
         objectives; (3) an inventory of total CBA events for the reporting period,
         and (4) data related to quality assurance

2. The third progress report shall be due 30 days after each budget period ends. Specific guidance on what to include in this report will be provided three months before the due date. This report should include the following:

   a. Baseline and actual level of performance on core performance indicators and category-specific indicators

   b. Current budget period financial progress

   c. Detailed line-item budget and justification

   d. Additional requested information including: (1) data related to performance target goals; (2) data on progress toward achieving objectives; (3) an inventory of total CBA events for the reporting period and (4) data related to the quality assurance system

3. The financial status report shall be due no more than 90 days after the end of the budget period.

4. The final financial and performance reports shall be due no more than 90 days after the end of the project period.

Note:

Awardees will be required to complete and submit a *Report of Approval* to document approval of the relevant review committee of any existing HIV-related educational materials to be used by the project. The applicant must complete the *No Report Necessary* form if the applicant has nothing to submit. Either the *Report of Approval* or *No Report Necessary* form must be included with all progress reports.

These reports must be submitted to the attention of the Grants Management Specialist listed in the "VII. Agency Contacts" section of this announcement. A courtesy copy of all reports also should be provided to your assigned CBB Program Consultant.

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.

For **general questions**, contact:

   Technical Information Management Section

   Department of Health and Human Services

   CDC Procurement and Grants Office

   2920 Brandywine Road, MS E-14

   Atlanta, GA 30341

   Telephone: 770-488-2700

For **program technical assistance**, contact:

   Rashad Burgess, Chief, Capacity Building Branch

   Department of Health and Human Services

   Centers for Disease Control and Prevention

   National Center for HIV, Viral Hepatitis, STD and TB

   Prevention

   Division of HIV/AIDS Prevention

   1600 Clifton Road, NE, Mailstop E-40

   Atlanta, GA 30333

Telephone: 404-639-8339

Email: PS09906@CDC.GOV

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

Roslyn Curington, Grants Management Specialist

Department of Health and Human Services

CDC Procurement and Grants Office

2920 Brandywine Road, MS E-15

Atlanta, GA 30341

Telephone: 404-639-8321

E-mail: rcurington@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at: TTY 770-488-2783.

VIII. Other Information

Other CDC funding opportunity announcements can be found on the CDC Web site, www.cdc.gov/od/pgo/funding/FOAs.htm.   For additional information and resources related to this funding opportunity announcement, go to http://www.cdc.gov/hiv/topics/funding/PS09-906.

Applicants may access the application process and other awarding documents using the Electronic Research Administration System (eRA Commons). A one-time registration is

required for interested institutions/organizations at

http://era.nih.gov/ElectronicReceipt/preparing.htm.

Program Directors/Principal Investigators (PD/PIs) should work with their

institutions/organizations to make sure they are registered in the eRA Commons.

1. Organizational/Institutional Registration in the eRA Commons

- To find out if an organization is already eRA Commons-registered, see the "List of Awardee Organizations Registered in eRA Commons."

- Direct questions regarding the eRA Commons registration to:

    eRA Commons Help Desk

    Phone: 301-402-7469 or 866-504-9552 (Toll Free)

    TTY: 301-451-5939

    Business hours M-F 7:00 a.m. – 8:00 p.m. Eastern Time

    Email commons@od.nih.gov

2. Project Director/Principal Investigator (PD/PI) Registration in the eRA Commons: Refer to the NIH eRA Commons System (COM) Users Guide.

- The individual designated as the PD/PI on the application must also be registered in the eRA Commons. It is not necessary for PDs/PIs to register with Grants.gov.

- The PD/PI must hold a PD/PI account in the eRA Commons and must be affiliated with the applicant organization. This account cannot have any other role attached to it other than the PD/PI.

- This registration/affiliation must be done by the Authorized Organization Representative/Signing Official (AOR/SO) or their designee who is already registered in the eRA Commons.

- Both the PD/PI and AOR/SO need separate accounts in the eRA Commons since both hold different roles for authorization and to view the application process.

Note that if a PD/PI is also an HHS peer-reviewer with an Individual DUNS and CCR registration, that particular DUNS number and CCR registration are for the individual reviewer only. These are different than any DUNS number and CCR registration used by an applicant organization. Individual DUNS and CCR registration should be used only for the purposes of personal reimbursement and should not be used on any grant applications submitted to the Federal Government.

Several of the steps of the registration process could take four weeks or more. Therefore, applicants should check with their business official to determine whether their organization/institution is already registered in the eRA Commons. HHS/CDC strongly encourages applicants to register to utilize these helpful on-line tools when applying for funding opportunities.

Funding Opportunity Announcement (FOA) PS09-906

Capacity Building Assistance (CBA) To Improve the Delivery and Effectiveness of Human Immunodeficiency Virus (HIV) Prevention Services for High-risk and/or Racial/Ethnic Minority Populations

CATEGORY B PRIORITIZED POPULATION DATASHEET (APPENDIX H)

<table>
<tr><td colspan="5">AGENCY CONTACT INFORMATION</td></tr>
<tr><td>DUNS Number:</td><td></td><td>EIN Number:</td><td colspan="2"></td></tr>
<tr><td>Agency Name:</td><td colspan="4"></td></tr>
<tr><td>Mailing Address:</td><td colspan="4"></td></tr>
<tr><td>City:</td><td></td><td>State:</td><td>Zip Code:</td><td></td></tr>
<tr><td>General Agency E-mail:
(If applicable)</td><td></td><td>Website:</td><td colspan="2"></td></tr>
<tr><td>Contact Name:</td><td></td><td>E-mail:</td><td colspan="2"></td></tr>
<tr><td>Phone:</td><td>Ext:</td><td>Fax:</td><td colspan="2"></td></tr>
</table>

Is your agency a Faith-based Organization?	☐ Yes ☐ No

NOTE: A faith-based agency is a non-government agency owned by religiously affiliated entities such as (1) individual churches, synagogues, temples, or other places of worship; or (2) a network or coalition of churches, mosques, synagogues, temples, or other places of worship.

PROPOSED CBA PROGRAM INFORMATION

Will your CBA program be national or regional in scope?	☐ National ☐ Regional

NOTE: The state and territory composition of a geographic region(s) is defined in FOA PS09-906.

Community(ies): Define the community(ies) to be mobilized by the model diffused by your proposed CBA program under PS09-906. (Check all that apply.)

☐ Affinity (i.e., communities of faith or academic communities)
☐ Professional (i.e., African American clinical psychologists or a coalition of Hispanic/Latino business leaders)
☐ Race/ethnicity/language (i.e., Asian and Pacific Islander or Native American)
☐ Sexual identity (i.e., young MSM or transgender individuals).

☐ Other(specify):_____

Prioritized Population(s): Select the applicable Prioritized Population(s) that will be targeted by the community mobilization model diffused by your proposed CBA program under PS09-906. (Check all that apply.)

☐ All individuals with known HIV-positive serostatus and their partners

☐ African American men who have sex with men (MSM)

☐ African American high risk heterosexual (HRH) men & women

☐ African American transgender individuals ☐ Latino MSM

☐ Latino HRH men & women

☐ Latino transgender individuals

☐ MSM of all races/ethnicities including, but not limited to, Asian & Pacific Islanders, Native Americans, and Caucasians

☐ Transgender individuals of all races/ethnicities including, but not limited to, Asian and Pacific Islanders, Native Americans, and Caucasians

☐ Injection Drug Users (IDU)

☐ Other (specify):

_____

Please list age range(s):_____

NOTE: Prioritized Populations include but are not limited to the high risk and racial/ethnic minority populations listed in Funding Opportunity Announcement PS09-906.

Community Mobilization Models: Select the type(s) of community mobilization model(s) to be diffused by your proposed CBA program under PS09-906. (Check all that apply.)

☐ Public health community mobilization models (i.e., PATCH, MAPP, Proceed-Precede)

☐ Social Marketing Campaign

☐ Community-Level Intervention (specify):_____

☐ Community Health Worker Networks (i.e. Promotores, Lay Health Advisors)

☐ Other (specify):_____

NOTE: Community Mobilization Models are described in the *Supplemental Information Document for Funding Opportunity Announcement PS09-906.*