



Centers for Disease Control and Prevention

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Enhancing HIV Prevention Communication and Mobilization Efforts through Strategic Partnerships

CDC-RFA-PS15-1505

Application Due Date: 03/23/2015

Signature

Date

Enhancing HIV Prevention Communication and Mobilization Efforts through Strategic Partnerships

CDC-RFA-PS15-1505

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-PS15-1505. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:

Enhancing HIV Prevention Communication and Mobilization Efforts through Strategic Partnerships

C. Announcement Type: New - Type 1

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

D. Agency Funding Opportunity Number:

CDC-RFA-PS15-1505

E. Catalog of Federal Domestic Assistance (CFDA) Number:

93.118

F. Dates:

1. Due Date for Letter of Intent (LOI):

N/A

2. Due Date for Applications:

03/23/2015, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

01/13/2015

CDC is hosting two pre-application technical assistance webinars for organizations interested in learning more about PS15-1505. These webinars are open to all eligible applicants, and participants have the option to submit questions to CDC at NPT@CDC.gov prior to each webinar. Please see the schedule and registration information for each webinar below:

[PS15-1505 FOA Technical Assistance Webinar #1](#)

- Tue, January 13, 2015
- 2:00 – 3:00 pm EST
- Registration link: <https://cc.readytalk.com/cc/s/registrations/new?cid=wr8osdoi8ygz>

[PS15-1505 FOA Technical Assistance Webinar #2](#)

- Wed, January 21, 2015
- 11:00 am – 12:00 pm EST
- Registration link: <https://cc.readytalk.com/cc/s/registrations/new?cid=sy7p6i7vuwws>

G. Executive Summary:

1. Summary Paragraph:

The Division of HIV/AIDS Prevention at the National Center for HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases (STD), and Tuberculosis (TB) Prevention (CDC) is pleased to publish PS15-1505: Enhancing HIV Prevention Communication and Mobilization Efforts Through Strategic Partnerships. The purpose of this FOA is (1) to support the dissemination of *Act Against AIDS* (AAA) campaign materials, messaging and other CDC resources that support HIV prevention and (2) to implement national engagement efforts focusing on HIV prevention and awareness. Successful candidates will demonstrate ability to leverage existing organizational structures, networks, and communication platforms to disseminate AAA campaign materials and other CDC resources using a variety of vehicles including publications, meetings, conferences, media (traditional, digital, social) and other mechanisms. Through this partnership FOA, CDC seeks to increase HIV awareness among the general public, reduce new HIV infections among disproportionately impacted populations, and improve health outcomes for people living with HIV and AIDS in the

United States and its territories.

In keeping with the spirit and goals of the National HIV/AIDS Strategy (NHAS), this FOA pursues and leverages partnerships across multiple sectors in order to:

- Support implementation of High-Impact Prevention (HIP) that advance the goals of NHAS and maximize the effectiveness and reach of CDC's AAA campaign efforts and other HIV prevention messaging.
- Strengthen partnership efforts by supporting strategic approaches designed to address identified gaps or obstacles in partnership activities.

Available funding is categorized by primary sectors: Category A: Civic and Social Organization, Category B: Lesbian, Gay, Bisexual and Transgender (LGBT) Organization, and Category C: Media, Arts and Entertainment. Applicants may only apply for one of the funding categories.

Eligibility for awards under this FOA is limited to national organizations where primary focus of services is not HIV prevention and education. A list of eligible jurisdictions is located under Section C: Eligibility Information.

a. Eligible Applicants:	Limited
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	15
d. Total Project Period Funding:	\$11,500,000
e. Average One Year Award Amount:	\$150,000
f. Number of Years of Award:	5
g. Estimated Award Date:	09/29/2015
h. Cost Sharing and / or Matching Requirements:	N

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

On July 13, 2010, the White House released the National HIV/AIDS Strategy (NHAS). As it pertains to CDC, NHAS is intended to refocus existing efforts and set clearer, more focused priorities and provide leadership for all public and private stakeholders to align their prevention efforts toward a common purpose. The three primary goals are: 1) reducing the number of people who become infected with HIV; 2) increasing access to care and improving health outcomes for people living with HIV; and, 3) reducing HIV-related health disparities.

Since the publication of the NHAS, data released by CDC show that there are significant gaps along the HIV care continuum. More than 1.2 million people in the United States are living with HIV, and almost 1 in 7 are unaware of their infection; only 40% of people living with HIV have received regular HIV medical care; only 37% are prescribed HIV medicines; and only 30% have the virus effectively controlled, which is necessary to maintain long-term health and reduce risk of transmission to others. Certain populations are disproportionately impacted by HIV.

Blacks/African Americans continue to experience the most severe burden of HIV, compared with other races and ethnicities. Blacks represent approximately 12% of the U.S. population, but accounted for an estimated 44% of new HIV infections in 2010. They also accounted for 41% of people living with HIV infection in 2011. Similarly, Hispanics/Latinos are also disproportionately affected by HIV. They represented 16% of the population but accounted for 21% of new HIV infections in 2010. Hispanics/Latinos accounted for 20% of people living with HIV infection in 2011.

Gay and bisexual men of all races continue to be most severely affected by HIV. Although they represent only an estimated 2% of the overall population, gay and bisexual men accounted for 54% of the people living with HIV in the United States in 2011 and two-thirds of all new HIV infections each year (63%). CDC's most recent data show a 12% increase in the number of new HIV infections among gay and bisexual men (between 2008 and 2010).

Transgender communities in the U.S. are also among the groups at highest risk for HIV infection. In 2010, CDC reported that the highest percentage of newly identified HIV-positive test results was among transgender people particularly among racial and ethnic minorities. Data from CDC-funded HIV testing programs show that new HIV infections among transgender people occur at almost three times that of non-transgender men and almost nine times that of non-transgender women.

In an effort to refocus attention on domestic HIV and AIDS, CDC launched the *Act Against AIDS (AAA)* initiative in 2009 with the White House and the U.S. Department of Health and Human Services. AAA is a multifaceted national communication initiative that supports reduction of HIV incidence in the U.S. through multiple, concurrent communication and education campaigns for a variety of audiences including, the general public, populations most affected by HIV and health care providers. All campaigns support the comprehensive HIV prevention efforts of CDC and the NHAS.

b. Statutory Authorities

301(a) and 318 of the Public Health Service Act (42 U.S.C. §§ 241(a) and 247(c), as amended).

c. Healthy People 2020

The FOA addresses the “Healthy People 2020” focus area of HIV:

<http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=22>

d. Other National Public Health Priorities and Strategies

1. White House Office of National HIV/AIDS Policy’s National HIV/AIDS Strategy:

<http://www.whitehouse.gov/sites/default/files/uploads/NHAS.pdf>

2. Centers for Disease Control and Prevention’s Winnable Battles:

<http://www.cdc.gov/winnablebattles/hiv/index.html>

3. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Strategic Plan:

http://www.cdc.gov/nchhstp/docs/10_NCHHSTP-strategicPlanBookSemi-final508.pdf

4. Division of HIV/AIDS Prevention (DHAP) Strategic Plan:

http://www.cdc.gov/hiv/pdf/policies_DHAP-strategic-plan.pdf

5. Executive Order - HIV Care Continuum Initiative:

<http://www.whitehouse.gov/the-press-office/2013/07/15/executive-order-hiv-care-continuum-initiative>

6. Minority AIDS Initiative (MAI):

<http://www.hhs.gov/ash/ohaidp/initiatives/>

This FOA supports a holistic framework that enables NCHHSTP to address the broader, cross-cutting issues of health and wellness by addressing health equity, program collaboration and service integration (PCSI), and advancing public health approaches to improve health. Additional information about the above imperative is available: <http://www.cdc.gov/nchhstp>.

e. Relevant Work

1. PS10-1057: Act Against AIDS Leadership Initiative (AAALI)

The Act Against AIDS Leadership Initiative (AAALI) is a partnership between CDC and some of the nation’s leading organizations representing the populations hardest hit by HIV and AIDS, including African Americans, Hispanic/Latinos, and men who have sex with men (MSM). The purpose of the AAALI is to (1) incorporate HIV and AIDS education and awareness, prevention, communication strategies into the day-to-day activities of AAALI organizations, (2) to integrate HIV prevention in communication, mobilization, and outreach activities of national organizations that have not had a historically, primary HIV and AIDS focus, and (3) to create a network of these organizations.

<http://www.grants.gov/web/grants/view-opportunity.html?oppId=54568>

2. PS12- 1211: Enhancing HIV Mobilization among Organizations Serving Gay, Bisexual and other MSM

The effort supports HIV mobilization among organizations serving gay, bisexual and other MSM. The goals of this FOA include increasing HIV awareness, prevention, and action among gay, bisexual, and other MSM, as well as improving the health of MSM living with HIV.

<http://www.cdc.gov/hiv/policies/funding/announcements/PS12-1211/index.html>

3. PS15-1502: Comprehensive High-Impact HIV Prevention Projects for Community-Based Organizations

The purpose of this program is to implement comprehensive HIV prevention programs to reduce morbidity, mortality, and related health disparities. The FOA goals will be achieved by enhancing community-based organizations' capacities to increase HIV testing, link HIV-positive persons to HIV medical care, increase referrals to Partner Services (PS), provide prevention and essential support services for HIV-positive persons and high-risk persons with unknown/negative serostatus, and increase program monitoring and accountability.

<http://www.cdc.gov/hiv/policies/funding/announcements/ps15-1502/>

4. PS11-1113: Human Immunodeficiency Virus (HIV) Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color

The purpose of the program is to support the development and implementation of effective community-based HIV Prevention Programs that serve Young Men of Color Who Have Sex with Men (YMSM of color) and Young Transgender (YTG) persons of color and their partners at high risk for acquiring or transmitting HIV; to increase the number of YMSM of color and YTG persons of color who are aware of their HIV status and linked to care, treatment, and prevention services; to build the capacity of CDC-funded CBOs delivering selected structural interventions, behavioral interventions, outreach or Enhanced HIV Testing with Personalized Cognitive Counseling to YMSM of color and/or YTG persons of color and their partners at high risk for acquiring or transmitting HIV; to ensure provision of HIV prevention and care services; and to promote collaboration and coordination of HIV prevention efforts among CBOs, health departments, and private agencies.

<http://www.cdc.gov/hiv/policies/funding/announcements/ps11-1113/>

5. PS-12-1201: Comprehensive Human Immunodeficiency Virus (HIV) Prevention Programs for Health Departments

The purpose of this Funding Opportunity Announcement (FOA) is to support implementation of high impact, comprehensive HIV prevention programs to achieve maximum impact on reducing new HIV infections. In accordance with NHAS, this FOA focuses on addressing the national HIV epidemic, reducing new infections, increasing access to care, improving health outcomes for people living with HIV, and promoting health equity. The aforementioned will be achieved by enhancing public health departments' capacities to increase HIV testing, refer and link HIV positive persons to medical care and other essential services, and increase program monitoring and accountability.

<http://www.cdc.gov/hiv/policies/funding/announcements/PS12-1201/index.html>

2. CDC Project Description

a. Approach

Outcomes in italics are outcomes that are to be accomplished during the project period.

STRATEGIES AND ACTIVITIES	SHORT-TERM OUTCOMES	INTERMEDIATE OUTCOMES	LONG-TERM OUTCOMES
<p>Dissemination of HIV messaging and communication</p> <ul style="list-style-type: none"> Disseminate Act Against AIDS (AAA) campaign materials, messaging and other CDC resources via various communication channels (e.g., email, newsletter, broadcast) Integrate AAA campaign materials, messaging and other CDC resources into existing and/or new communication channels (e.g., website, Facebook, Twitter, Instagram) <p>Implementation of National Engagement Efforts</p> <ul style="list-style-type: none"> Disseminate Act Against AIDS campaign materials, messaging and other CDC resources at national events Facilitate HIV testing at national engagement efforts Form and coordinate strategic partnerships 	<p>Individual Outcomes (among target audience):</p> <ul style="list-style-type: none"> <i>Increased exposure to AAA campaigns and corresponding HIV-related messaging</i> <i>Increased facilitation of administering HIV tests</i> <p>Community:</p> <ul style="list-style-type: none"> <i>Increased partners promoting HIV prevention strategies</i> 	<p>Individual Outcomes (among target audience):</p> <ul style="list-style-type: none"> <i>Increased HIV-related information-seeking behaviors</i> <i>Increased number/percent who receive an HIV test</i> 	<ul style="list-style-type: none"> Increased HIV preventive and testing behaviors among the target audience Reduced undiagnosed HIV infection among the target audience Increased cross community support for HIV-prevention, testing, and referral strategies Decreased HIV incidence among the target audience

i. Purpose

The purpose of this FOA is to support efforts to disseminate HIV prevention messaging and communication within communities most impacted by HIV (i.e., racial, ethnic and sexual minorities) and to implement national engagement efforts that focus on HIV prevention and awareness. Through this FOA, CDC seeks to increase HIV awareness among the general public, reduce new HIV infections among disproportionately impacted populations, and improve health outcomes for people living with HIV and AIDS in the United States and its territories.

ii. Outcomes

This project must show measurable progress toward both short-term and intermediate outcomes depicted in the logic model. Potential indicators that quantify these outcomes are described in the section titled “CDC Evaluation and Performance Measurement Strategy.”

Expected short-term outcomes include the following:

- Increased exposure to AAA campaigns and corresponding HIV-related messages among the target audience

- Increased facilitation of administering HIV tests
- Increased partners promoting HIV prevention strategies

Intermediate outcomes will also be measured and reported. These include the following:

- Increased HIV-related information-seeking behaviors among the target audiences
- Increased number/percent of target audience who receive an HIV test

Finally, long-term outcomes will be measured, where data are available, at a community level through existing surveillance and data collection systems:

- Reduced undiagnosed infection among the target audience
- Increased HIV preventive and testing behaviors among the target audiences
- Increased cross community support for HIV-prevention, testing, and referral strategies
- Decreased HIV incidence among the target audience

iii. Strategies and Activities

Strategy 1: Dissemination of HIV messaging and communication

Awardees are expected to leverage existing organizational structures, networks, and communication platforms to disseminate *Act Against AIDS* campaign materials, messaging and other CDC resources. These efforts should focus on CDC's HIV priority areas (i.e., awareness, testing, prevention, and linkage to and retention in care) and entail the use of a variety of vehicles including, but not limited to, broadcast, digital, online, mobile, print, outdoor, social media, and/or other innovative mechanisms.

Required activities include:

- Disseminate *Act Against AIDS* campaign materials, messaging and other CDC resources via various communication channels (e.g., email, newsletter, broadcast)
- Integrate *Act Against AIDS* campaign materials, messaging and other CDC resources into existing and/or new communication channels (e.g., website, Facebook, Twitter, Instagram)

Some optional activities may include:

- Create and/or adapt public service announcements (PSA) using *Act Against AIDS* campaign materials, messaging and other CDC resources
- Conduct virtual events with HIV messages using *Act Against AIDS* campaign materials, messaging and other CDC resources (e.g., webinar, Twitter Town Hall, Google Hangout)

Strategy 2: Implementation of National Engagement Efforts

Awardees are expected to incorporate *Act Against AIDS* campaign materials and related HIV prevention messaging into new and/or existing national engagement efforts. National engagement efforts may include single events that draw national audiences (e.g., conventions, conferences, summits) and/or a series of regional events that support a national engagement strategy (e.g., prides, town halls, tours, forums). These efforts should focus on populations highly impacted by HIV and AIDS and in jurisdictions where the epidemic is most prevalent and new infections are taking place.

Required activities include:

- Disseminate *Act Against AIDS* campaign materials, messaging and other CDC resources at national events
- Facilitate HIV testing at national engagement efforts
- Form and coordinate strategic partnerships

Some optional activities may include:

- Facilitate linkage to and retention in care activities at national engagement efforts

1. Collaborations

Awardees are required to collaboratively partner with CDC. In addition, awardees are encouraged to work with any other CDC-funded programs (state and local health departments and community-based organizations). This will help enhance the efficiency and effectiveness of CDC-funded programs and activities. Awardees are strongly encouraged to develop memorandums of agreement (MOAs) to create and strengthen mutually beneficial strategic relationships with other individuals, organizations, and networks that strengthen HIV prevention, HIV testing, STD screening, and linkage to and retention in care efforts.

Items in the MOU might include:

- An effective date of partnership and partner-related activities
- Commitment of both parties to jointly work to address project requirements, including the designation of a point of contact within organizations dedicated to the implementation of project activities
- Commitment of both parties to participate in peer-based activities
- Commitment of both parties to participate in required data reporting and evaluation activities
- Counter-signatures for both parties by authorized representatives

a. With CDC-funded programs:

Awardees are expected to establish collaborations with other CDC-funded partners from the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention to ensure HIV prevention services and awareness activities implemented to support the National HIV/AIDS Strategy and CDC's goals to reduce HIV incidence and address the disparities that persist among populations and within communities. As appropriate, awardees are also encouraged to consider the integration of prevention messaging related to other STD and viral hepatitis.

b. With organizations external to CDC:

Awardees are expected to establish, build, and sustain strategic collaborations and partnerships with state and local health departments, colleges and universities, community health care centers, community-based organizations, AIDS-serving organizations and other entities interested in promoting improved health outcomes. In particular, partnership activities may include collaboration with entities specifically funded to administer HIV testing, STD screening, and HIV linkage to and retention in care services.

2. Target Populations

Awardees are required to work with communities that are disproportionately affected by HIV, including: African Americans, Hispanics/Latinos, MSM and Transgender populations. Applicants should monitor and use HIV and AIDS epidemiologic (epi) profiles and other relevant data sources to identify those **populations with greatest risk for HIV transmission and acquisition** and those **jurisdictions with the greatest burden of the epidemic**. Applicants should work collaboratively with CDC, state and local health departments, and AIDS-serving organizations to determine current trends, gaps, and unmet needs. Memorandum of Agreement (MOA) with these entities should be developed to document the roles and responsibilities of parties involved.

a. Inclusion

All applicants should design their program so that it is accessible and available to all regardless of age, sex, race/ethnicity, sexual orientation, gender identity, or socio-economic status. Additionally, all grantees should provide programs and services to multiple underserved populations including but not limited to racial/ethnic minorities, individuals with disabilities, individuals with limited English proficiency, and transgender individuals. All applicants' activities should result in measurable improvements among target populations.

iv. Funding Strategy (for multi-component FOAs only)

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The CDC strategy for monitoring and evaluating (M&E) program and awardee performance will include several activities, spanning both process and outcome evaluation and will be consistent with the logic model and approach presented above. The CDC strategy will include M&E for the overall project as well as for individual organizations. Awardees will be responsible for M&E of their own programs for continuing quality improvement. The CDC strategy will require the following from awardees: use approximately 5% of the overall budget to support program evaluation (of funded activities); submit progress reports; participate in uniform data collection activities; and periodic data entry and electronic submission of data and reporting information. For items related to digital and social media metrics, awardees will be expected to establish appropriate internal systems to meet the reporting requirements.

When possible, program effectiveness will be assessed using outcome measures that can be calculated using existing, HHS-supported data systems (e.g., HIV case surveillance). Any additional community-level or population-based impact measures identified by the awardee will be collected using similarly extant data systems and in close collaboration with local HIV prevention programs.

As stated above, the CDC evaluation strategy will assess awardees' achievement of program goals in terms of process, organizational change, and short-term, intermediate, and long-term outcomes. Indicators aligning with short-term and intermediate project outcomes may include, but are not limited to:

SHORT-TERM OUTCOMES:

Outcome: Increased exposure to AAA campaigns and corresponding HIV-related messaging among the target audience

- Indicators: **Media/Ad/News Placements:** Number of media, news and ad placements (a minimum of 10 per year); Number of generated media and news impressions; Number of generated ad impressions; Monetary value of donated media; **Events:** Number of events with HIV messages (a minimum of 5 events per year), by type/location; Number of attendees attending the events with HIV messages; Number of events with HIV messages with media coverage; Number of materials distributed (a minimum of 2,500 per year), by source; **Social media:** Number of tweets; (a minimum of 50 per year) Number of retweets; Number of Facebook posts (a minimum of 50 per year); Number of Facebook post shares; Number of Facebook likes; Number of Instagram posts; Number of videos posted not including Facebook, Instagram and Twitter; Number of video views not including Facebook, Instagram and Twitter; Number of campaign website page views (CDC site); Number of HIV-related website page views (Awardee site); Number of HIV-related e-mail communications (a minimum of 10 per year); Number of people reached through HIV-related e-mail communications

Outcome: Increased facilitation of administering HIV tests

- Indicator: **Events:** Number of events with facilitation of HIV testing (a minimum of 3 per year); Number of HIV tests facilitated; Number of preliminary positive tests

Outcome: Increased partners promoting HIV prevention strategies

- Indicator: **Partnerships:** Number of partners engaged, by type

INTERMEDIATE OUTCOMES:

Outcome: Increased HIV-related information-seeking behaviors among the target audiences

- Indicators: **Digital Media:** Number of video views; Number of clicks on digital advertisements; Number of *Act Against AIDS* or CDC HIV website page views; Number of zip code searches for testing sites and other resources

Outcome: Increased number/percent of target audience who receive an HIV test

- Indicators: **Events:** Number of HIV tests facilitated among target audience; Number of preliminary positive tests among target audience

LONG-TERM OUTCOMES: Long term outcomes will include reduced undiagnosed infection among the target audience; increased HIV preventive and testing behaviors among the target audience; increased cross community support for HIV-prevention, testing, and referral strategies, and decreased HIV incidence among the target audience. These will be measured, where data are available, at the community-level through existing surveillance and data collection systems.

In addition to the above indicators that may be used to assess program effectiveness during and at the conclusion of the project, CDC will specify a set of minimum program performance standards which all awardees must track and report to CDC on a quarterly basis.

ii. Applicant Evaluation and Performance Measurement Plan

Awardees are required to collaborate with CDC to further develop and implement performance measurement standards that are based on its specific programmatic objectives.

Awardees are required to provide descriptions of the development and implementation of program activities in annual progress reports, quarterly reports, and other formats as required by CDC. CDC will provide the template and guidance for these reports.

As part of the development phase of the project, a more detailed evaluation and performance measurement plan for the entire project will be developed by awardees in collaboration with CDC. This more detailed evaluation plan will build on elements stated in the initial plan. In addition to the items in the initial plan, awardees will:

- Describe their baseline and target performance for each reporting year. Targets should demonstrate adequate progress toward meeting or exceeding the specified goals;
- Describe the frequency that M&E and performance data are to be collected, keeping in mind CDC data submission requirements and data use for routine project oversight;
- Describe the data system to be used for data management and use; CDC will specify the system to be used for submission of required data;
- Describe how program monitoring data will be used for continuous quality improvement;
- Describe dissemination channels and populations (including public dissemination) of evaluation findings; and
- Describe other information requested, as determined by the CDC program.

Surveys, focus groups, and interviews and other information collected from respondents must include a valid Office of Management and Budget (OMB) Control Number, a burden statement, and government use of the information collected in each instrument

c. Organizational Capacity of Awardees to Execute the Approach

Funding will be provided to highly qualified applicants with demonstrated track record in serving Blacks/African Americans, Hispanics/Latinos, gay, bisexual men, and other MSM and/or transgender persons. Additional capacity requirements include:

- Demonstrated national reach. Applicants must demonstrate infrastructure and organizational capacity to conduct activities in a minimum of 15 states across more than 5 HHS specified regions
- Demonstrated success working with multiple partners
- Demonstrated track record of improving community outcomes (including documented evaluations) through policy, systems, environmental, programmatic, and infrastructure improvements
- Demonstrated ability to meet reporting requirements such as programmatic, financial, and management benchmarks as required by the FOA

Successful applicants will identify and hire staff with appropriate qualifications to implement and manage all levels of activity within the program. Minimum staffing requirements include a Program Manager and administrative support staff. Awardees are strongly suggested to hire and/or designate staff with a program evaluation background. Resumes of key organizational staff, an organizational staffing chart for the applicant organization, and a staffing plan that describes actual position titles with descriptions, lines of supervision and a brief description of roles and responsibilities of all program staff are required.

d. Work Plan

Awardees are required to provide a work plan that provides both a high-level overview of the entire five-year project period and a detailed description of the first year of the award. The work plan should incorporate all FOA-related program strategies and activities. Applicants should describe how they plan to monitor each activity. Note: Post-award, proposed work plan activities may be adjusted in consultation with CDC to better address the overarching goals of the project. The applicant should address the following outline in their work plan:

Five-Year Overview of Project Work Plan

- Intended outcomes for the entire five-year project period

Year 1 Detailed Work Plan

- Program strategies and activities
- Outcomes aligned with program strategies and activities
- Timeline
- Budget and budget narrative

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking awardee progress in achieving the desired outcomes.
- Ensuring the adequacy of awardee systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Other activities deemed necessary to monitor the award, if applicable.

These activities may include monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

f. CDC Program Support to Awardees (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

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

1. Provide consultation to grantees on both phases of the project. This will be achieved by providing each grantee with a project officer (PO) that will serve as the grantee’s principle contact and coordinate, facilitate access to, and/or provide specific consultation during the project.
2. Work with grantees to identify and address training and technical assistance (TA) needs that are crucial to the success of the project
3. Facilitate coordination, collaboration, and where feasible, service integration among federal agencies, other CDC programs, health departments and their programmatic divisions, local planning groups, directly-funded CBOs, national capacity-building assistance providers, and other relevant partners.
4. Monitor grantee progress in developing and implementing the project; work with grantees through consultation via site visits, email, telephone; and review progress reports to support development and implementation of the project.
5. Monitor grantee progress in developing M&E plans and work with grantees through consultation via site visits, email, telephone, and review of progress reports and other data reports to support progress and program improvement.
6. Provide requirements and expectations for standardized and other data reporting and support M&E activities with contractual TA, web-based training on M&E, M&E-related materials such as data collection tools, and other related items.
7. Obtain necessary federal clearances.
8. Convene, plan and facilitate joint grantee meetings during the project period.

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.

2. Award Mechanism:

- 3. Fiscal Year:** 2015
Estimated Total Funding: \$11,500,000
- 4. Approximate Total Fiscal Year Funding:** \$2,300,000
- 5. Approximate Project Period Funding:** \$11,500,000
- 6. Total Project Period Length:** 5 year(s)
- 7. Expected Number of Awards:** 15
- 8. Approximate Average Award:** \$150,000 Per Budget Period
- 9. Award Ceiling:** \$150,000 Per Budget Period
- 10. Award Floor:** \$100,000 Per Budget Period
- 11. Estimated Award Date:** 09/29/2015

Throughout the project period, CDC will continue the award based on the availability of funds, the 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 federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

- 12. Budget Period Length:** 12 month(s)

13. Direct Assistance

Direct Assistance (DA) is not available through this FOA.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education
For profit organizations other than small businesses
Others (see text field entitled "Additional Information on Eligibility" for clarification)

2. Additional Information on Eligibility

This FOA seeks to leverage the unique expertise and national reach of nontraditional partners. Eligibility for awards under this FOA is limited to national organizations with:

- Demonstrated reach in a minimum of 15 states across more than 5 HHS specified regions
- Historical credibility and influence in communities most at risk: Blacks/African Americans, Hispanics/Latinos, gay, bisexual men and other men who have sex with men (MSM), and/or transgender persons
- Demonstrated ability to influence a national dialogue
- Demonstrated variety of and access to existing communication platforms
- Demonstrated ability to leverage existing organizational structures, partnerships and resources
- Primary focus of services other than HIV prevention and education

The award ceiling for this FOA is \$150,000. CDC will consider any application requesting an award higher than this amount as non-responsive and it will receive no further review. If a pre-application is required, then specify here and include it in the special eligibility requirements section. (<http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>)

3. Justification for Less than Maximum Competition

On July 13, 2010, the White House released the National HIV/AIDS Strategy (NHAS). As it pertains to CDC, NHAS is intended to refocus existing efforts and set clearer, more focused priorities and provide leadership for all public and private stakeholders to align their prevention efforts toward a common purpose. The three primary goals are: 1) reducing the number of people who become infected with HIV; 2) increasing access to care and improving health outcomes for people living with HIV; and, 3) reducing HIV-related health disparities.

Since the publication of the NHAS, data released by CDC show that there are significant gaps along the HIV care continuum. More than 1.2 million people in the United States are living with HIV, and almost 1 in 7 are unaware of their infection; only 40% of people living with HIV have received regular HIV medical care; only 37% are prescribed HIV medicines; and only 30% have the virus effectively controlled, which is necessary to maintain long-term health and reduce risk of transmission to others. Certain populations are disproportionately impacted by HIV.

Blacks/African Americans accounted for an estimated 44% of all new HIV infections among adults and adolescents (aged 13 years or older) in 2010, despite representing only 12% of the US population. Similarly, Hispanics/Latinos comprise 16% of the U.S. population but accounted for 21% of all new HIV infections in the United States in 2010.

Gay and bisexual men of all races continue to be the most severely affected by HIV nationwide. Although they represent only an estimated 2% of the overall population, gay and bisexual men accounted for 54% of the people living with HIV in the United States in 2011 and two-thirds of all new HIV infections each year (63%). CDC's most recent data show a 12% increase in the number of new HIV infections among gay and bisexual men (between 2008 and 2010), with an even steeper increase (22%) among the youngest --those aged 13 -24.

Transgender communities in the U.S. are also among the groups at highest risk for HIV infection. Based on results from a meta-analysis of studies of HIV infection among transgender women during 2000 to 2011, the estimated HIV prevalence for transgender women in the U.S. was 22% (95% CI: 18%-25%). In the United States, the odds of transgender women having HIV infection compared to other reproductive-age adults (15-49 years) was 34.2 (31.2-37.5). CDC reported that the highest percentage of confirmed HIV-positive testing events during 2011 was among transgender people (3.5%, compared to 1.1% among males and 0.3% among females).

An effort to refocus attention on domestic HIV/AIDS, CDC launched the *Act Against AIDS* (AAA) initiative in conjunction with the White House and the U.S. Department of Health and Human Services. AAA is a multifaceted national communication effort that consists of several concurrent HIV prevention campaigns that uses mass media (TV, radio, print, and the Internet) and strategic partnerships to deliver important HIV prevention messages and mobilization engagement efforts. All campaigns support the comprehensive HIV prevention efforts of CDC and the NHAS. A complex set of historical, structural, and cultural factors causes African American/Black, Hispanics/Latinos, gay, bisexual men and other men who have sex with men (MSM), and/or transgender persons to be more vulnerable to HIV infection. Poverty, racism, homophobia, incarceration, stigma and other issues often associated with HIV are factors and add to the challenge of HIV prevention. With the incidence rate rising for these risk populations, CDC has to take a non-traditional approach to HIV prevention and target African American/Black, Hispanics/Latinos, gay, bisexual men and other MSM, and/or transgender persons where they live, play and worship. CDC's non-traditional approach is to link national organizations that do not have a public health focus, but do have the leverage to engage the targeted audiences in large numbers and collaborate with CDC funded Health Departments and community-based organizations for the expansion of our HIV prevention education and community mobilization efforts.

The Division of HIV/AIDS Prevention, Prevention Communication Branch (DHAP/PCB) has funded national organizations since 2009. The currently funded national organizations are organizations whose primary mission is not public health and only target African Americans and Hispanic populations. CDC's partnerships with national organizations have been very effective in reaching large numbers of the targeted audience through the cooperative agreement grant process. The current Funding Opportunity Announcement (FOA), CDC-RFA-PS10-1057 and PS12-1211 are a not traditional public health focus and are funded for 5 years, which will end in 2015.

DHAP requests the new FOA be a limited competition intended for national organizations whose members are Black/African American, Hispanic/Latino, gay, bisexual men and other MSM, and/or transgender persons of all races and ethnicities.

The purpose of this FOA is: (1) to support the dissemination of *Act Against AIDS* campaign materials, messaging and other CDC resources and (2) to implement national engagement efforts focused on HIV prevention and awareness.

Successful candidates will demonstrate the ability to leverage existing organizational structures, networks, and communication platforms to disseminate CDC HIV messages using a variety of vehicles including publications, meetings, conferences, media (traditional, digital, social) and other mechanisms. Through this partnership FOA, DHAP/PCB seeks to increase HIV awareness among the general public, reduce new HIV infections among disproportionately impacted populations, address the intersections of stigma and discrimination, and improve health outcomes for people living with HIV/AIDS in the United States and its territories.

In keeping with the spirit and goals of the NHAS, this FOA pursues and leverages partnerships across multiple sectors in order to:

- Support implementation of High-Impact Prevention (HIP) that advance the goals of NHAS and maximize the effectiveness and reach of CDC's *Act Against AIDS* campaign efforts and other HIV prevention messaging. This includes targeting resources to populations and geographic areas where the epidemic is most prevalent and new infections are taking place. Activities should be aligned with this approach to further develop and strengthen effective HIV prevention efforts nationwide.
- Strengthen a spectrum of partnership activities across DHAP/PCB. This includes assisting with the identification of opportunities that leverage existing partnerships and support strategic approaches to addressing any identified gaps or obstacles in partnership activities.

The strategy in this FOA will enable CDC to incorporate HIV/AIDS awareness, testing, and education communication strategies in the day-to-day activities of national organizations and to incorporate HIV prevention as a core education component to the mission of these national organizations. This FOA will assist CDC to reach the goals of the NHAS and the DHAP Strategic Plan by leveraging partnerships with national organizations to support HIP that maximize the effectiveness and reach of the CDC's AAA campaigns and our HIV prevention collaboration and mobilization efforts.

This FOA targets national organizations that have chapters, offices, affiliation, members, and associations that have access and reach to large populations of Blacks/African Americans, Hispanics/Latinos, gay, bisexual men and other MSM, and/or transgender persons of all races and ethnicities.

Eligible applicants are national organizations that demonstrated experience and historical influence to reach large members of Blacks/African Americans, Hispanics/Latinos, gay, bisexual men and other MSM, and transgender persons. Eligible applicants must demonstrate a consistent history of engaging the target populations to include program strategies that are national in scope and not limited to one locale, region or state. A history of years' experience and capacity to sustain the prevention programs to the target population must be evident.

Those deemed eligible must include a history of years and capacity to sustain the prevention program to the target audiences. In addition, eligible applicants must demonstrate the ability to provide a variety of communication platforms to a wide-range of the target population and have experience with bringing collaborative partners together - including both regional and national organizations, key constituents and State and local governments to accomplish the project objectives.

Eligibility is limited to the following criteria:

- National organization with demonstrated reach in a minimum of 15 States across 5 or more HHS specified regions (i.e., chapters or affiliates or State offices)
- Demonstrated historical credibility and influence in communities most at risk: Blacks/African Americans; Hispanics/Latinos; gay, bisexual men and other MSM; transgender persons
- Demonstrated ability to influence a national dialogue
- Demonstrated access to a variety of existing communication platforms
- Demonstrated communication and/or social media or marketing expertise
- Demonstrated ability to leverage existing organizational structures, partnerships and resources
- Primary focus of services other than HIV prevention and education

It is evident that small organizations do not have the capacity or resources to reach national or regional audiences due to smaller organizations lacking those capacities and resources and other entities not having a multifaceted strategy or approach for reaching the national and regional scales. State and local health departments and currently funded community-based organizations (CBOs) at the local level are focused on health education and health promotion in their respective jurisdictions and are not national in scope and therefore not eligible for this FOA. However, in this FOA it is our intent to have national organizations that are not public health focused to include in

their work plan strategies to partner with public health organizations at the state and local levels.

If competition is not limited to national organizations that have reach and access to large numbers of the targeted population of the FOA, the purpose and intent of this FOA will not be effective or impactful with the limited resources. Also without the limitation, the FOA will not be impactful or strategic in reaching the target population hardest hit with the HIV/AIDS epidemic, nor address the intersections of stigma and discrimination, and improve the health outcomes of people living with HIV/AIDS in the United States. In addition, without this FOA, the NHAS, and DHAP's Strategic Plan goals to educate persons in American on the basic education of HIV/AIDS prevention especially the targeted audience with the highest risk of infection would not be achieved. Not approving the request for limited competition, would regress the goals of HIP and minimize the effectiveness of reaching the CDC's AAA campaign efforts and HIV prevention messaging which would ultimately reduce the national engagement effort to strengthen effective HIV prevention efforts nationwide. Furthermore, CDC will not be successful in extending the reach or partnership collaboration and mobilization efforts with the CDC funded health departments and indirectly and directly funded community based organizations.

This FOA will serve to complement the existing funded cooperative agreement programs in the DHAP'S Prevention Program Branch, which are funded under FOA PS15-1502, (CBO) PS15-1506, (MSM and Transgender), PS11-1113 (CBO) and PS-12-1201 (Health Departments). These national HIV prevention programs target minority populations, which includes Blacks/African Americans, Hispanics/Latinos, gay, bisexual men and other men who have sex with men (MSM), and/or transgender persons across the country at the local level.

4. Cost Sharing or Matching

Cost Sharing / Matching No
Requirement:

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

Additional materials that may be helpful to applicants: <http://www.cdc.gov/od/pgo/funding/docs/FinancialReferenceGuide.pdf>.

1. Required Registrations

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

a. Data Universal Numbering System: All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or Internet at [http:// fedgov.dnb.com/webform/displayHomePage.do](http://fedgov.dnb.com/webform/displayHomePage.do). The DUNS number will be provided at no charge. If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM): The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process usually requires not more than five business days, and registration must be renewed annually. Additional information about registration procedures may be found at www.SAM.gov.

c. **Grants.gov:** The first step in submitting an application online is registering your organization through www.grants.gov, the official HHS E-grant website. Registration information is located at the "Get Registered" option at www.grants.gov.

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

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO PGOTIM@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the FOA, it will not be processed. PGO personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by PGO.

a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter of Intent: N/A

b. Application Deadline

Due Date for Applications: **03/23/2015**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Informational Conference Call: 01/13/2015

CDC is hosting two pre-application technical assistance webinars for organizations interested in learning more about PS15-1505. These webinars are open to all eligible applicants, and participants have the option to submit questions to CDC at NPT@CDC.gov prior to each webinar. Please see the schedule and registration information for each webinar below:

PS15-1505 FOA Technical Assistance Webinar #1

- Tue, January 13, 2015
- 2:00 – 3:00 pm EST
- Registration link: <https://cc.readytalk.com/cc/s/registrations/new?cid=wr8osdoi8ygz>

PS15-1505 FOA Technical Assistance Webinar #2

- Wed, January 21, 2015
- 11:00 am – 12:00 pm EST
- Registration link: <https://cc.readytalk.com/cc/s/registrations/new?cid=sy7p6i7vuwws>

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.

- Complete the applicable assurances and certifications on an annual basis, name the file "Assurances and Certifications" and upload it as a PDF file at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at [http://www.cdc.gov/grantassurances/\(S\(mj444mxt51lnrv1hljjmaa\)\)/Homepage.aspx](http://www.cdc.gov/grantassurances/(S(mj444mxt51lnrv1hljjmaa))/Homepage.aspx)

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

N/A - Letter of intent is not required.

8. Table of Contents

(No page limit and not included in Project Narrative limit): The applicant must provide, as a separate attachment, the "Table of Contents" for the entire submission package.

Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)

A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Maximum of 20 pages, single spaced, Calibri 12 point, 1-inch margins, number all pages. Content beyond 20 pages will not be considered. The 20 page limit includes the work plan. For a multi-component FOA, maximum page limit is 25.)

The Project Narrative must include all of the bolded headings shown in this section. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section. Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan, how these strategies will be evaluated over the course of the project period. (See CDC Project Description: Strategies and Activities section.)

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC.

Please see Project Description section.

2. Target Populations

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. Refer back to the CDC Project Description section – Approach: Target Population.

Please see Project Description section.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an overall evaluation and performance measurement plan that is consistent with the CDC Evaluation and Performance Measurement Strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness, and for continuous program improvement.

The plan must:

- Affirm the ability to collect the performance measures and respond to the evaluation questions specified in the CDC strategy. (For guidance regarding the Paperwork Reduction Act, please visit <http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html>)
- Describe how key program partners will participate in the evaluation and performance measurement planning processes.
- Describe how evaluation findings will be used for continuous program quality improvement.

Where the applicant chooses to, or is expected to, take on specific evaluation studies:

- Describe the type of evaluation(s) (i.e., process, outcome, or both) to be conducted.
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information relevant to the evaluation (e.g., measures, data sources)

Please see Project Description section.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first 6 months of the project, as outlined in the reporting section of the FOA.

d. Organizational Capacity of Applicants to Implement the Approach

Applicant must address the organizational capacity requirements as described in the CDC Project Description.

Please see Project Description section.

11. Work Plan

(Included in the Project Narrative's 20 page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement.

Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov.

Please see Project Description section.

12. Budget Narrative

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits

- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities). The CDC will not reimburse indirect costs unless the recipient has an indirect cost rate covering the applicable activities and period.

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: <http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm>.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: <http://www.phaboard.org>). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file “Budget Narrative” and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan. Applicants must name this file “Indirect Cost Rate” and upload it at www.grants.gov.

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically The Pro-Children Act, 20 U.S.C. 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Tobacco Policies:

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not

allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.

3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see:http://www.gsa.gov/graphics/pbs/Guidelines_for_Federal_Concessions_and_Vending_Operations.pdf).
2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

<http://www.cdc.gov/nccdphp/dnpao/hwi/toolkits/tobacco/index.htm>

<http://www.thecommunityguide.org/tobacco/index.html>

<http://www.cdc.gov/chronicdisease/resources/guidelines/food-service-guidelines.htm>

14. Health Insurance Marketplaces

A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, creates new Health Insurance Marketplaces, also known as Exchanges, to offer millions of Americans affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing. Outreach efforts will help families and communities understand these new options and provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. For more information on the Marketplaces and the health care law, visit www.HealthCare.gov.

15. Intergovernmental Review

Executive Order 12372 does not apply to this program.

16. Pilot Program for Enhancement of Employee Whistleblower Protections

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

17. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs is not allowed.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See <http://www.cdc.gov/grants/additionalrequirements/index.html#ar12> for detailed guidance on this prohibition and [additional guidance on lobbying for CDC awardees](#).

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

18. Other Submission Requirements

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

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

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

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant’s Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

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

If you do not receive a “validation” e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the [Applicant User Guide](#), Version 1.1, page 102.

<http://www.grants.gov/documents/19/18243/GrantsGovApplicantUserGuide.pdf>

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

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@www.grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail or call CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and

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

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases.

a. Phase I Review

All applications will be reviewed initially for completeness by CDC PGO staff and will be reviewed jointly for eligibility by the CDC NCHHSTP and PGO. Incomplete applications and applications that do not meet the eligibility criteria will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

- i. Approach
- ii. Evaluation and Performance Measurement
- iii. Applicant's Organizational Capacity to Implement the Approach

Approach

Maximum Points: 50

- Presents outcomes that are consistent with the project period outcomes described in the CDC Project Description and logic model.
- Describes an overall strategy and activities consistent with the CDC Project Description and logic model.
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable).
- Describes an overall strategy that identifies populations with greatest risk for HIV and jurisdictions with the greatest burden of the epidemic.
- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the project period outcomes.
- Describes any proposed evaluation studies in sufficient detail to identify the key evaluation questions, and data sources and analysis methods.

Evaluation and Performance Measurement

Maximum Points: 25

- Shows/affirms the ability to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach.
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.
- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the FOA and for continuous program quality improvement.
- Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base.
- Describes any evaluation studies they are to undertake. Describe in sufficient detail to identify the key evaluation questions, and data sources and analysis methods.

Applicants Organizational Capacity to Implement the Approach

Maximum Points: 25

- Demonstrates relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes.
- Demonstrates experience and capacity to implement the evaluation plan.
- Demonstrates ability to leverage existing organizational structures, networks, and communication platforms to implement approach
- Provides a staffing plan and project management structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles. Provides an organizational chart.

Note: No less than 25 points should be assigned for each of the above sections.

Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

c. Phase III Review

The following factors also may affect the funding decision:

- geographic diversity
- representation of target population
- inclusion of people with disabilities
- available funding
- areas of expertise and sectors
- expansion of HIV prevention approaches

2. Announcement and Anticipated Award Dates

September 29, 2015

F. Award Administration Information

1. Award Notices

Awardees will receive an electronic copy of the Notice of Award (NOA) from CDC PGO. The NOA shall be the only binding, authorizing document between the awardee and CDC. The NOA will be signed by an authorized GMO and emailed to the Awardee Business Officer listed in application and the Program Director.

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

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

2. Administrative and National Policy Requirements

Awardees must comply with the administrative and public policy requirements outlined in 45 C.F.R. Part 74 or Part 92 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available

at <http://www.cdc.gov/grants/additionalrequirements/index.html>

. The HHS Grants Policy Statement is available at <http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf>.

*Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

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

- AR-9: Paperwork Reduction Act <http://www.hhs.gov/ocio/policy/collection/infocollectfaq.html>
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements

- AR-16: Security Clearance Requirement
- AR-25: Release and Sharing of Data
- AR-33: Plain Writing Act of 2010
- AR-4: HIV/AIDS Confidentiality Provisions
- AR-5: HIV Program Review Panel
- AR-8: Public Health System Reporting (community-based, nongovernment organizations)
- AR-15: Proof of Non-profit Status (nonprofit organizations)
- AR 23: Compliance with 45 C.F.R. Part 87 (faith-based organizations)]

For more information on the C.F.R. visit <http://www.ecfr.gov/cgi-bin/ECFR?page=browse>.

3. Reporting

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

- Helps target support to awardees;
- Provides CDC with periodic data to monitor awardee progress toward meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the FOA.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the “Agency Contacts” section of the FOA copying the CDC Project Officer.

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan	6 months into award	Yes
Annual Performance Report (APR)	120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes

a. Awardee Evaluation and Performance Measurement Plan (required)

With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award.

This plan should provide additional detail on the following:

- The frequency that evaluation and performance data are to be collected.
- How data will be reported.
- How evaluation findings will be used for continuous quality and program improvement.

- How evaluation and performance measurement will yield findings to demonstrate the value of the FOA (e.g., improved public health outcomes, effectiveness of FOA, cost-effectiveness or cost benefit).
- Dissemination channels and audiences.
- Other information requested as determined by the CDC program.

b. Annual Performance Report (APR) (required)

The awardee must submit the APR via www.grants.gov 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.

This report must include the following:

- **Performance Measures:** Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Awardees must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Awardees must update work plan each budget period to reflect any changes in project period outcomes, activities, timeline, etc.
- **Successes**
 - Awardees must report progress on completing activities and progress towards achieving the project period outcomes described in the logic model and work plan.
 - Awardees must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
 - Awardees must describe success stories.
- **Challenges**
 - Awardees must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the project period outcomes.
 - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
 - Awardees must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving project period outcomes.
- **Administrative Reporting** (No page limit)
 - SF-424A Budget Information-Non-Construction Programs.
 - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
 - Indirect Cost Rate Agreement.

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances);
- and Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period.

c. Performance Measure Reporting (optional)

CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for awardees at the beginning of the award period.

d. Federal Financial Reporting (FFR) (required)

The annual FFR form (SF-425) is required and must be submitted through eRA Commons 90 days after the end of the calendar quarter in which the budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation to PGO and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)

This report is due 90 days after the end of the project period. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire project period and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Awardees must report final performance data for all process and outcome performance measures.
- Evaluation Results – Awardees must report final evaluation results for the project period for any evaluations conducted.
- Impact/Results/Success Stories – Awardees must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

The FFATA and Public Law 109-282, which amends the FFATA, require full disclosure of all entities and organizations that receive federal funds including awards, contracts, loans, other assistance, and payments. This information must be submitted through the single, publicly accessible website, www.USASpending.gov.

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than \$25,000. For the full text of these requirements, see: <http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=BILLS>.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Francisco Ruiz, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Email: NPT@cdc.gov

Grants Staff Contact

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

Arthur Lusby, Grants Management Specialist
Department of Health and Human Services

CDC Procurement and Grants Office
2920 Brandywine Road
Atlanta, GA 30341
Telephone: (770) 488-2865
Email: cmx3@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.

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

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: pgotim@cdc.gov

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348.

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Table of Contents for Entire Submission

Optional attachments, as determined by CDC programs

- Resumes/CVs
- Position descriptions
- Letters of Support
- Organizational Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate , if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see <http://www.cdc.gov/grants/additionalrequirements/index.html>

_. Note that 2 CFR 200 will supersede the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.

CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.

CDC Assurances and Certifications: Standard government-wide grant application forms.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the “life” of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http://www.cdc.gov/stltpublichealth/GrantsFunding/direct_assistance.html.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free.

If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at <http://fedgov.dnb.com/webform/displayHomePage.do>.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The FOA evaluation plan is used to describe how the awardee and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community’s members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State’s process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/grants_spoc/.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization’s intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs’ desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an

unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Plain Writing Act of 2010: Requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Project Period Outcome: An outcome that will occur by the end of the FOA’s funding period.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation <http://www.phaboard.org>.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.

Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.

Work Plan: The summary of project period outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

High-Impact Prevention (HIP): An HIV prevention approach that uses a combinations of scientifically proven, cost-effective, and scalable interventions targeted to the right populations in the right geographic areas. This approach promises to greatly increase the impact of HIV prevention efforts.

National HIV/AIDS Strategy (NHAS): A comprehensive roadmap for reducing the impact of HIV. The Strategy sets clear priorities and targets for HIV prevention and care in the United States, and calls on government agencies and their public and private partners to align efforts toward a common purpose.

U.S. Health and Human Services (HHS) Regions: The federal agency divides the United States and its territories into 10 regions. More information is available at: <http://www.hhs.gov/about/regionmap.html>.