Centers for Disease Control

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

Strengthening STD Prevention and Control for Health Departments (STD PCHD)
CDC-RFA-PS19-1901
Application Due Date: 07/31/2018

Strengthening STD Prevention and Control for Health Departments (STD PCHD)
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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-PS19-1901. 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) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Notice of Funding Opportunity (NOFO) Title:

Strengthening STD Prevention and Control for Health Departments (STD PCHD)

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/index.html (See section 45 CFR 46.102(d)).

New - Type 1

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PS19-1901

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

93.977

F. Dates:

1. Due Date for Letter of Intent (LOI):	**N/A**
2. Due Date for Applications:	**07/31/2018**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

Two identical webinars will be held to provide information about this NOFO. Dates, times, and registration links are as follows:

May 11 from 3:00PM-4:30PM Eastern Time. Registration Link
https://cc.readytalk.com/r/d77aiqy2bpzk&eom
May 15 from 2:00PM-3:30PM Eastern Time. Registration Link
https://cc.readytalk.com/r/vx2z34ciwn59&eom

G. Executive Summary:

1. Summary Paragraph:

CDC announces the availability of fiscal year 2019 funds for a cooperative agreement for health departments to implement and strengthen STD prevention and control programs. The purpose of this NOFO is to prevent and control three major STDs: chlamydia, gonorrhea, and syphilis. This NOFO supports strategies and activities to: eliminate congenital syphilis; prevent antibiotic resistant gonorrhea; reduce primary and secondary syphilis; prevent STD-related pelvic

inflammatory disease, ectopic pregnancy, and infertility; address STD-related outbreaks; and reduce STD-related health disparities. Priority populations for this NOFO include adolescents and young adults, men who have sex with men, and pregnant women.

Priority strategies and activities include: conduct STD surveillance; respond to STD-related outbreaks; identify persons with STDs and link them and their partners to care and to treatment through targeted disease investigation and intervention; promote CDC-recommended screening, diagnosis, and treatment practices among relevant providers; disseminate local data and information to the health care community and general public; monitor and develop STD-related policy; develop and strengthen multi- sector partnerships to support STD prevention and control; support HIV prevention goals and collaborate with health department HIV programs; and analyze and use data for increased program insights and program improvement.

a. Eligible Applicants: Limited
b. NOFO Type: Cooperative Agreement
c. Approximate Number of Awards: 59

d. Total Period of Performance Funding: $475,000,000

e. Average One Year Award Amount: $0
Refer to Funding Tables on the PS19-1901 website (https://www.cdc.gov/std/funding/pchd/default.htm) for eligible applicants' award information.

Awards will be allocated using a funding algorithm that is based on 2012-2016 morbidity data for chlamydia, gonorrhea, and syphilis as well as project area population size. The funding strategy includes a minimum funding base of $300,000 to support organizational infrastructure and a sufficient multi-disciplinary workforce for the program. Funding amounts are subject to the availability of funds.

f. Total Period of Performance Length: 5
g. Estimated Award Date: 01/01/2019
h. Cost Sharing and / or Matching Requirements: N
Although no statutory matching requirement for this NOFO exists, leveraging other resources and related, ongoing efforts to promote sustainability is strongly advised.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

CDC estimates that approximately 20 million new, viral and bacterial sexually transmitted infections occur each year and that almost half of them are among young people ages 15 to 24 [1]. Three curable bacterial sexually transmitted diseases (STDs): chlamydia (CT), gonorrhea

(GC), and syphilis are nationally reportable and are the focus of federally funded STD prevention programs throughout the United States (U.S.). In 2016, increases in all three were observed: nearly 1.6 million cases of chlamydia, over 460,000 cases of gonorrhea, and nearly 28,000 cases of primary and secondary syphilis were reported to CDC. For syphilis, this represented a 16.5% increase from 2015 and a 77.5% increase from 2012 [2]. Reported cases of congenital syphilis increased by 88% during 2012- 2016 [2]. Often, these diseases are asymptomatic. Patients unaware of their infection may face serious, long-term consequences; for example, untreated CT and GC increase a woman's risk for pelvic inflammatory disease (PID) and infertility. Untreated early syphilis in pregnant women can lead to infection of the fetus in 80% of cases and can result in adverse pregnancy outcomes. Untreated bacterial STDs can facilitate the sexual transmission of HIV.

These three bacterial STDs have effective testing and treatment modalities that make it possible to avoid costly long-term consequences. However, *Neisseria gonorrhoeae*, the causative bacterium of GC, has rapidly acquired resistance to all but one of the antimicrobials that have been used for treatment, raising concerns about the threat of untreatable GC. In addition to the physical and psychological consequences of STDs, these diseases exact a significant economic toll; direct medical costs associated with chlamydia, gonorrhea, and syphilis are approximately $857.2 million dollars annually [3].

Health departments play a critical role in addressing STD prevention and control and are well-positioned to monitor and understand local trends in STDs through case-based surveillance, and to respond to emerging threats and outbreaks. Health department STD programs also have the authority and skills to conduct disease investigation activities including partner services, an effective intervention to prevent STD transmission in some populations [4]. Given that most STDs are diagnosed outside of public STD clinics, health departments must also work with primary care and other health care providers and organizations to promote the delivery of recommended, evidence-based STD screening, timely treatment, and other prevention services [5].

STD prevention and control in the public health sector is guided by the public health functions of assessment, assurance, and policy development [6]. Assessment is defined as determining community strengths and identifying current and emerging threats to the community's health through regular and systematic surveillance and review of risk factors and health indicators with public health and health care system partners. Assurance moves beyond measuring and understanding the activity or problem to actively taking steps to improve the activity or to reduce or solve the problem. Policy development is defined as working with partners to promote and protect the health of the community through formal and informal policies, program guidelines, and environmental changes.

Through this new funding cycle, CDC seeks to strengthen STD prevention and control for health departments.

b. Statutory Authorities

Section 318(a) - (c) of the Public Health Service Act [42 U.S.C. Section 247c (a) - (c)], as amended.

c. Healthy People 2020

This NOFO addresses the Healthy People 2020 focus area of Sexually Transmitted Diseases:

https://www.healthypeople.gov/2020/topics-objectives/topic/sexually-transmitted-diseases

It also addresses: Access to Quality Health Services; Cancer; HIV Infection; Immunization and Infectious Diseases; Maternal, Infant and Child Health; and Public Health Infrastructure.

d. Other National Public Health Priorities and Strategies

CDC's Call to Action: Let's Work Together to Stem the Tide of Rising Syphilis in the United States

https://www.cdc.gov/std/syphilis/syphiliscalltoactionapril2017.pdf

National Strategy for Combating Antibiotic-Resistant Bacteria

https://www.cdc.gov/drugresistance/pdf/carb_national_strategy.pdf

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

https://www.cdc.gov/nchhstp/docs/NCHHSTP-Strategic-Plan-through-2020-508.pdf

National HIV/AIDS Strategy

https://www.hiv.gov/federal-response/national-hiv-aids-strategy/overview

National Stakeholder Strategy for Addressing Health Equity

https://minorityhealth.hhs.gov/npa/Default.aspx

CDC - The Public Health System and the 10 Essential Public Health Services

https//www.cdc.gov/stltpublichealth/publichealthservices/essentialhealthservices.html

CDC Winnable Battles

http://www.cdc.gov/WinnableBattles/index.html

e. Relevant Work

This NOFO builds upon previous and current STD surveillance and prevention programs for health departments and community-based partners, including:

PS13-1301: Accelerating the Prevention and Control of HIV/AIDS, Viral Hepatitis, STDs and TB in the U.S.-Affiliated Pacific Islands. PS18-1801: Accelerating the Prevention and Control of HIV, Viral Hepatitis, STDs and TB in the U.S.-Affiliated Pacific Islands (2018-2022) https://www.cdc.gov/nchhstp/funding/announcements/ps18-1801/index.html

PS13-1306: STD Surveillance Network (SSuN) https://www.cdc.gov/std/ssun/default.htm

PS13-1309: National Network to Enhance Capacity of State and Local Sexually Transmitted Disease Prevention Programs (NNECS). PS18-1808: National Network to Enhance Capacity of State and Local Sexually Transmitted Disease Prevention Programs.

PS14-1402: Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies (STD AAPPS)

PS14-1407: National Network of Sexually Transmitted Diseases Clinical Prevention Training

Centers (NNPTC)

PS14-1408: STD/HIV Disease Intervention Services Training Center (DISTC)

PS14-1415: Economic Modeling for HIV, Viral Hepatitis, STD, TB, and School Health

PS15-1504: Tuskegee University Apology Commemoration Activities (Tuskegee)

PS15-1511: Evaluation of STD Programs Deploying DIS to Improve HIV Outcomes

PS17-0002: Understanding the Epidemiology of Syphilis in the United States

PS17-1707 - Community Approaches to Reducing STDs https://www.cdc.gov/std/health-disparities/cars.htm

PS17-1708 - Enhancing National STD/HIV Prevention Efforts by Promoting Holistic, Comprehensive, and Evidence-Informed Health and Wellness Approaches through Strategic Partnerships

DIS Certification Project: www.phaboard.org/dis-certification/

Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Cooperative Agreement https://www.cdc.gov/ncezid/dpei/epidemiology-laboratory-capacity.html

Gonococcal Isolate Surveillance Project (GISP): https://www.cdc.gov/std/gisp/default.htm

Strengthening the United States Response to Resistant Gonorrhea (SURRG): https://www.cdc.gov/std/gonorrhea/arg/carb.htm

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategy Areas	Short-term outcomes	Intermediate outcomes	Long-term outcomes
Conduct surveillance	**Improved completion and timeliness of data on reportable STDs**	Increased targeting of high impact STD prevention and care resources and activities	Increased effectiveness, efficiency, and impact of STD prevention
Conduct disease investigation and intervention	Faster response to STD transmission increases and outbreaks by STD programs **Increased treatment of cases and their partners** **Increased identification of persons living with HIV**	Reduced outbreak-related STD transmission Increased use of STD, HIV, and other services by cases and partners Increased offering of EPT by providers Increased use of EPT by partners	Reduced STD transmission and related adverse health outcomes Reduced STD-related HIV transmission

	Increased knowledge and skills to offer expedited partner therapy (EPT) by targeted providers		
Promote CDC-recommended screening, diagnosis, and treatment	Increased knowledge and skill to use recommended screening, diagnosis, and treatment practices by targeted providers	**Increased screening for STDs** Increased diagnosis of STDs **Increased use of recommended, timely treatment** **Increased identification of persons living with HIV**	Reduced STD transmission and related adverse health outcomes Reduced risk of gonorrhea antibiotic resistance Reduced STD-related HIV transmission
Promote STD prevention and policy	Increased knowledge of STDs and STD services by public and provider community Stronger STD program role in policy discussions	Increased use of STD services by public Improved STD clinical and reporting practices **Improved health department policies for STD prevention**	Reduced STD transmission and related adverse health outcomes
Analyze and use data for program improvement	**More efficient targeting of STD prevention and care resources and services by STD programs**	Increased effectiveness of high impact STD prevention and control activities	Increased effectiveness, efficiency, and impact of STD prevention

i. Purpose

The purpose of this Notice of Funding Opportunity (NOFO) is to prevent and control three major STDs: chlamydia, gonorrhea and syphilis. This NOFO supports strategies and activities to: eliminate congenital syphilis; prevent antibiotic resistant gonorrhea; reduce primary and secondary syphilis; prevent STD-related pelvic inflammatory disease, ectopic pregnancy, and infertility; address STD-related outbreaks; and reduce STD-related health disparities. Priority populations for this NOFO include adolescents and young adults, men who have sex with men, and pregnant women.

ii. Outcomes

The program is expected to demonstrate measurable progress toward addressing the short-term

and medium-term outcomes that appear in **bold** in the NOFO logic model. Proposed indicators for these outcomes are described in the section entitled **CDC Evaluation and Performance Measurement Strategy.** That section also describes outputs that will be measured as part of the performance monitoring strategy. Expected outcomes, per strategy area, include:

Conduct surveillance

- Improved completion and timeliness of data on reportable STDs

Conduct disease investigation and intervention

- Increased treatment of cases and their partners
- Increased identification of persons living with HIV

Promote CDC-recommended screening, diagnosis, and treatment

- Increased screening for STDs
- Increased use of recommended, timely treatment
- Increased identification of persons living with HIV

Promote STD prevention and policy

- Improved health department policies for STD prevention

Analyze and use data for program improvement

- More efficient targeting of STD prevention and care resources and services by STD programs

iii. Strategies and Activities

Overview

All applicants are required to implement a program of core STD prevention and control strategies and activities across the public health functions of assessment, assurance, and policy development. The strategies are organized into five Strategy Areas: 1) Conduct surveillance, 2) Conduct disease investigation and intervention, 3) Promote CDC-recommended screening, diagnosis, and treatment, 4) Promote STD prevention and policy, and 5) Analyze and use data for program improvement. While assessment, assurance and policy development are guiding principles of core public health functions, not all activities described below fall neatly under each core function.

Priority strategies and activities in the assessment domain are to conduct case-based surveillance of chlamydia, gonorrhea, and syphilis, including congenital syphilis and other adverse outcomes, and to identify outbreaks and trends in STD epidemiology. Priority strategies and activities in the assurance domain are to implement disease investigation and intervention activities such as outbreak response, targeted partner services, including expedited partner therapy (EPT), and to promote recommended STD screening, diagnosis, and treatment practices

to relevant providers. The priorities in the policy development domain are to develop and strengthen partnerships among communities, providers, and organizations to increase awareness and knowledge of the complexities of STD issues, and to develop and monitor policies aimed at improving access to and quality of STD prevention services. Data analysis, utilization and program improvement represent other priority activities that support assessment, assurance, and policy development.

Cross cutting strategies: Partnerships and STD-related HIV prevention

Partnerships represent an important cross-cutting aspect of comprehensive, effective STD prevention and control. Action-oriented and strategic partnerships are essential to implementing the strategies and activities below and meeting the goals of this NOFO. CDC encourages applicants to collaborate with partners across the public health, health care, academic, and community-based sectors in their project areas.

For example, partnerships with HIV and maternal-child health (MCH) surveillance counterparts may strengthen surveillance activities, such as the collection of more robust data related to HIV serostatus and pregnancy status. Partnerships with agencies serving women who are pregnant, such as MCH programs, with community-based organizations serving MSM, and with pharmacies where EPT can be dispensed, may strengthen disease intervention, screening, and treatment work. To promote recommended STD screening and treatment practices, health departments also should seek partnerships with clinical providers and health care organizations such as federally qualified health centers, school-based health centers, correctional facilities, Medicaid programs, large health plans and professional medical and nursing organizations. In addition, academic partnerships are critical for supporting innovative interventions and robust evaluation work. Health departments are encouraged to develop and sustain broad and innovative partnerships to ensure high quality STD prevention services to the communities they serve.

Given overlapping epidemics, key populations, and intervention strategies, STD programs are inherently involved in high impact HIV prevention, just as HIV programs are involved in STD prevention. CDC expects all applicants to support the HIV prevention goals in their project areas and collaborate with HIV programs. **STD-related HIV prevention activities should be conducted under this cooperative agreement but they should not exceed ten percent (10%) of program effort and allocation.**

STD surveillance activities should involve accessing and using HIV data to characterize co-infection and identify STD cases for potential priority follow-up for partner services, HIV testing, linkage to (or re-engagement in) HIV care or PrEP for both men and women. In the course of disease investigation and intervention, HIV-related actions such as HIV testing, linkage to (or re-engagement in) HIV care, and linkage to PrEP should be integrated into STD program protocols, as appropriate to each project area. The promotion of quality STD care should also support quality recommended HIV prevention and care, particularly in STD specialty care settings.

In the strategies and activities below, CDC does not explicitly describe all relevant STD-related HIV prevention activities or partnerships that relate to each section, as they can be specific to each program. This is not an indication that these activities are secondary in any way.

Required strategies and activities

Implementation of all strategies and activities described below is **required** by all applicants. Applicants can request to opt out of selected required activities by providing a strong justification, which must be based on program priorities, resources, and/or policies. Approval will be considered after review of the application. Applicants are encouraged to implement additional innovative activities and to conduct additional evaluation, if resources are available.

Approximate funding allocation for each strategy area is listed below. This is intended to be a guide for applicants in planning their program and budget. In general, applicants should view surveillance as highest priority, meriting higher program effort and resource allocation, because this strategy area is paramount to the success of all other strategy areas. The strategy areas related to disease investigation and intervention and related to screening, diagnosis, and treatment are the next highest priority areas, each meriting roughly equal program effort and resource allocation. Following those are the strategy areas related to the promotion of STD prevention and policy and related to data utilization and program improvement. The specific distribution of effort across these areas will vary by applicant, and consultation with CDC about this is strongly encouraged.

Resources awarded through this NOFO are intended to be used for the strategies and activities described below. However, state and local public health agencies across the United States each have specific STD public health priorities based on epidemiological and program data due to geography, specific local populations and subpopulations, organizational capacity, and the diverse challenges they face. Often, there are unanticipated events during the period of performance that may require the diversion of resources to a specific emerging or re-emerging disease. In order to better meet each project area's specific needs and lessen the delays in responsiveness during unanticipated events, resources need to be used in a flexible way so that agencies may be able to better address planned-for and unanticipated STD-related public health threats.

Strategy Area I: Conduct Surveillance

For the purposes of this NOFO, surveillance is defined as the systematic collection, management, analysis, interpretation, and dissemination of data. Programs should continually seek to improve the timeliness and quality of surveillance data of STD cases and adverse outcomes. Surveillance data are used to characterize trends in and factors associated with STD infection and STD-related adverse outcomes, guide outbreak detection and response, inform public health interventions, improve resource allocation, and evaluate public health response. Regularly monitoring and reporting on the burden of STDs across locally-relevant at-risk population groupings and geographic sub-divisions also helps establish the business case for STD prevention activities.

Because the systematic collection of data may take different forms for different diseases, the data collection for each disease is described in separate strategies below. The number of variables for each strategy, as listed below, may be modified to include additional variables during the period of performance. Data processing, management, and quality assurance are fundamental to the success of STD surveillance activities; and though these aspects of surveillance are not specifically described as separate activities, programs should continue to maximize their capacity to manage, validate, evaluate, and report case-based and other relevant

data in a timely manner.

As the field of informatics advances, it is important for STD programs to adopt efficient technologies and to improve methods of collecting and managing data, while ensuring security, confidentiality, and accuracy of the information. To this end, programs should increase their capacity to receive and efficiently process, de-duplicate and automatically import electronic records (such as those from electronic laboratory reporting (ELR) and from electronic health records (EHR)) into their surveillance data management systems. Programs should strengthen efforts to increase the proportion of laboratories and providers reporting STD- specific results electronically, and should work with their health departments' communicable disease programs to build interoperable or integrated disease reporting and surveillance systems. Programs should implement HL7 messaging for submission of case notifications to CDC, and should implement robust, automated procedures for real-time matching of STD case records with the HIV case registry (eHARS). Systematic de-duplication of cases and quality control of laboratory and provider-based case data must be improved, including the ability to monitor STDs among unique persons over time by implementing and maintaining unique, static person-identifiers through the creation of a master person index.

This NOFO may fund health information systems infrastructure, including workforce and public health laboratories, to support the specific strategies, activities, and outcomes described in this NOFO. Any proposed health information system infrastructure activities should be reflected in the detailed budget submitted by grant applicants.

Surveillance should be allocated approximately 25-35% of program effort under this NOFO.

1. Conduct Chlamydia (CT) surveillance

    a) Collect, manage, analyze, interpret and disseminate data on identified cases of chlamydia, ensuring timely capture of core epidemiologic variables available on laboratory reports: age, sex, county, diagnosing facility type, specimen collection date, and anatomic site(s) of infection

2. Conduct Gonorrhea (GC) surveillance

    a) Collect, manage, analyze, interpret and disseminate data on identified cases of gonorrhea, ensuring timely capture of core epidemiologic variables available on laboratory reports: age, sex, county, diagnosing facility type, specimen collection date, and anatomic site(s) of infection

    b) To better understand GC epidemiology, conduct provider follow-up and, if needed, brief patient interviews of a **random sample of GC cases** from a well-defined high morbidity area or the project area as a whole. Ensure timely and quality capture of core epidemiologic variables including, but not limited to: age, sex, county, diagnosing facility type, specimen collection date, anatomic site(s) of infection, race/ethnicity, gender identity/sexual orientation, sex of sex partner(s), clinical signs/symptoms, pregnancy status, HIV status, partner treatment (i.e., EPT provision), gonorrhea-related sequelae (i.e., presence of pelvic inflammatory disease (PID), disseminated gonococcal infection (DGI), etc.), substance use, date of diagnosis, treatment received (including names and doses of treatment), date of treatment, co-infection with other STDs, and history of GC infection

3. Conduct syphilis surveillance

a) Collect, manage, analyze, interpret and disseminate data on identified cases of syphilis, ensuring timely capture of core epidemiologic variables available on laboratory reports: age, sex, county, diagnosing facility type, and specimen collection date

b) To better understand primary and secondary (P&S) syphilis epidemiology, conduct provider follow-up and, if needed, brief patient interviews of **all cases of P&S syphilis**. Ensure timely and quality capture of core epidemiologic variables including, but not limited to: age, sex, county, diagnosing facility type, specimen collection date, race/ethnicity, gender identity/sexual orientation, sex of sex partner(s), pregnancy status, clinical signs/symptoms, HIV status, substance use, treatment received, date of treatment, and history of syphilis

4. Conduct congenital syphilis (CS) surveillance

a) To better understand CS epidemiology, conduct provider and mother follow-up and review medical records of all reported CS cases. Based on information collected, manage, analyze, and disseminate data on reported cases of CS, ensuring timely and quality capture of epidemiologic core maternal, fetal, and neonatal variables including, but not limited to: mother's age, race/ethnicity, county, stage of syphilis diagnosed during pregnancy, date(s) of 1st prenatal visit, syphilis testing (and corresponding titers), treatment(s) and delivery; HIV status of mother, substance use, clinical settings of diagnosis and care; and fetal and neonatal information such as ultrasound findings, physical and laboratory findings, and HIV status of infant at birth

b) For applicants with **10 or more cases of congenital syphilis in the previous calendar year**: Improve methods to match vital statistics birth and mortality data with syphilis surveillance data to review syphilis testing practices among women who delivered a stillborn baby, identify missed cases of syphilis-related stillbirth, and strengthen CS case report data

c) For applicants with **10 or more cases of congenital syphilis in the previous calendar year**: Strengthen CS morbidity and mortality case review boards at the local and/or state level to help identify causes of CS and develop interventions to address causes

5. Conduct surveillance of adverse outcomes of STDs

a) Conduct active surveillance of adverse outcomes of adult syphilis including neurosyphilis and otic and ocular syphilis through sentinel approaches, collecting variables including, but not limited to: neurological manifestations, ocular manifestations, otic manifestations, and late clinical manifestations. These are in addition to the stage of syphilis and the core epidemiologic variables listed for P&S syphilis above

Strategy Area II: Conduct Disease Investigation and Intervention

Another key strategy for the prevention of STDs is disease investigation and intervention, to rapidly identify individuals who are unknowingly infected and assure timely treatment, and in turn stop STD transmission and prevent adverse sequelae. Staff trained in disease investigation are critical to the STD workforce (usually Disease Investigation Specialists or DIS). (See http

://www.phaboard.org/dis-certification/ for more information on the DIS Certification Project.)

Such work is urgent in outbreak situations. Disease investigation and intervention are needed to ensure rapid, coordinated detection and response to address, control, and prevent the spread of disease. Health departments have primary responsibility to detect STD outbreaks and respond to them in a timely and effective way. Since most outbreaks are unexpected by definition, it is essential that health departments develop and maintain high capacity to rapidly detect and respond to outbreaks or other significant changes in STD epidemiology.

Disease investigation and intervention should also occur in the course of ongoing STD transmission, through the health department or through the health care system. Health department investigation includes patient follow-up as well as partner services, whereby patients refer partners for treatment and refer other partners to health department staff (usually DIS) for assessment, linkage to care, and treatment. Through the health care system, partners of CT and/or GC patients can be reached through expedited partner therapy (EPT) (https://www.cdc.gov/std/ept/default.htm). EPT is the clinical practice of treating the sex partners of patients diagnosed with CT or GC by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner.

Disease investigation and intervention can be resource intensive. It is essential to target these efforts to those populations for which the most new cases are treated and/or prevented, and for whom the consequences of transmission are greatest. Therefore, the highest priority populations for health department STD partner services are: pregnant women with syphilis and other women of reproductive age with early syphilis, followed by men with primary and secondary syphilis whose partners are pregnant or are other women of reproductive age. The provision of EPT to partners of patients with chlamydia or gonorrhea is another high priority disease intervention approach under this program.

Conducting disease investigation for MSM diagnosed with primary and secondary syphilis is also important. However, services for MSM clients should be highly targeted for maximum syphilis prevention cost effectiveness. Outcome data should be routinely collected to enable programs to assess intervention effectiveness. Decisions about which subgroups of MSM with primary and secondary syphilis to target for health department disease investigation, and how they should be engaged, should be made at the project area level, driven by program data and evidence of highest public health value. In addition to comprehensive STD testing, MSM partner services should include HIV testing, viral load testing, linkage to HIV care, re-engagement in HIV care, and linkage and navigation for PrEP and other HIV prevention services, as appropriate for each partner's HIV serostatus and care status.

Applicants should explore innovative disease investigation and intervention models that may increase the cost-effectiveness, scale and impact of these strategies for the populations served, and contribute to the evidence base for these services. For these innovative models, sufficient evaluation, including collection of cost and outcome data to determine cost-effectiveness in comparison to existing models, should be conducted. Some examples may include network models for partner services; the use of digital media and technology to increase the efficiency of services; implementation of express services in clinical settings that serve partners identified through disease investigation; and improvements in identifying individuals or groups for whom these strategies will have the greatest impact. Recipients are encouraged to implement, evaluate, and disseminate partner-services models that increase the impact of these strategies on a

population level.

Disease investigation and intervention activities including outbreak response and partner services should be allocated approximately 20-30% of program effort under this NOFO.

6. Respond to STD-related outbreaks

a) Review STD surveillance data by the core epidemiologic variables at regular intervals to identify outbreaks and other significant changes in STD epidemiology

b) Develop and maintain an outbreak capacity plan to respond to significant changes in STD epidemiology. Ensure that staff are trained and ready to implement the outbreak capacity plan

7. Conduct health department disease investigation and intervention for pregnant women with syphilis and other reproductive-age women with syphilis

a) Prioritize for investigation all reported cases among females of reproductive age and reactive serology, including provider follow-up to confirm stage, treatment and pregnancy status

b) Regardless of pregnancy status, conduct follow-up on new syphilis cases among women of reproductive age, to obtain more information, if needed, on treatment and other information needed to ensure linkage to related STD, MCH, and HIV prevention and other services. For those who are pregnant, investigation should also include follow-up with the pregnant female, prenatal care providers, birthing centers, and neonatal care providers as needed to ensure adequate maternal follow up and stillbirth and neonatal evaluations per clinical guidelines

c) Provide timely partner services to all pregnant women who are diagnosed with syphilis and all other women of reproductive age who are diagnosed with early syphilis

8. Promote Expedited Partner Therapy (EPT) (where permissible) to partners of chlamydia and/or gonorrhea cases

a) Assess EPT practices to identify and prioritize providers, organizations, and areas to target for promotion and improvement. Provide technical assistance and education to promote EPT to providers and organizations who frequently report cases of chlamydia and/or gonorrhea, including cases of repeat infections

9. Conduct health department syphilis disease investigation and intervention for men with primary and secondary syphilis

a) Conduct follow-up on primary and secondary syphilis cases among men, to obtain more information, if needed, on treatment, sex of sex partners, HIV serostatus, HIV care status, PrEP use, and other information to ensure linkage to appropriate STD and HIV related prevention services

b) Provide timely and comprehensive partner services to men with primary and secondary syphilis who report pregnant or other female partners of reproductive age

c) Use program and epidemiologic data to identify subgroups of MSM with primary and secondary syphilis and factors associated with transmission to target for partner services to

yield high numbers of all partners treated in a timely fashion, and for whom consequence of transmission is the greatest. As resources permit, provide timely partner services including comprehensive STD and HIV testing and linkage to care and needed prevention services to those subgroups of MSM with primary and secondary syphilis

Strategy Area III: Promote CDC-Recommended Screening, Diagnosis, and Treatment

These strategies and activities include supporting and promoting recommended STD clinical guidelines. To reduce the burden of STDs, routine screening for STDs, timely detection, and recommended treatment of infections are necessary. These services are predominantly implemented by the health care system. Even if an applicant is not engaged directly in providing STD clinical care, applicants have a responsibility to be a resource for quality STD clinical care and promote the latest recommendations for quality clinical services.

Clinics that offer specialized STD care play a critical role in rapidly identifying and treating people with STDs as well as their partners. Specialized STD care is typically delivered in settings that focus on providing timely, comprehensive, confidential and culturally sensitive STD care. STD specialty-care clinics facilitate access to STD testing, diagnosis, and treatment, and serve as a vital resource in the course of disease investigation and intervention. Close collaboration between applicants and their project area's STD specialty care clinics is essential to ensure seamless implementation of disease investigation and intervention and to ensure access to quality care in those settings.

The highest priority STD clinical care issues to promote include screening adolescents and young adults, MSM, and pregnant women for STDs, as well as the recommended, timely treatment of those individuals who test positive. Applicants are expected to identify "hot spots" in their project areas based on an analysis of STD surveillance data, as well as available screening and treatment data, and target their efforts to promote STD screening and treatment practices in particular areas or among particular providers or organizations.

Recommended screening and treatment can be promoted using a variety of methods. For example, health departments can educate select providers about relevant clinical guidelines and recommendations. They can use screening rate and treatment data to describe how certain areas or providers compare, share best practices, and encourage improvement. Applicants also are encouraged to promote, develop, and evaluate innovative methods to increase access to quality STD care. These methods might involve supporting screening in non-traditional venues such as pharmacies, encouraging visits with standing orders for patients who are risk and without symptoms, or supporting learning collaboratives (opportunities for peer-to-peer sharing, program improvement, and capacity building) with staff from HIV care or primary care clinics.

Applicants are required to facilitate the involvement of the National Network of Prevention Training Centers (NNPTCs) and should involve other local STD academic or practicing clinical experts to bolster the promotion and support for quality STD clinical care conducted by health department STD programs.

Applicants are required to promote screening, treatment, and other practices recommended through CDC-issued guidelines, including the STD Treatment Guidelines (https://www.cdc.gov/std/tg2015/default.htm). Applicants should also apply the principles of Program Collaboration and Service Integration (PCSI) in their work to promote recommended screening, diagnosis, and

treatment for populations at risk of other related infectious diseases (https://www.cdc.gov/nchhstp/programintegration/). They should seek opportunities to support recommended practices for HIV, TB, HPV, viral hepatitis, and other related public health issues to the extent feasible in their work with health care providers and organizations.

Health department STD programs have an important role in supporting, promoting, and assuring all of the screening and treatment strategies outlined below. Project areas are expected to use their local data and other contextual information to prioritize among these strategies and related activities and to decide where/how to allocate their efforts accordingly, in consultation with CDC.

The promotion of CDC-recommended screening, diagnosis, and treatment practices should be allocated approximately 20-30% of program effort under this NOFO.

Assistance for STD clinical prevention services

In addition, applicants may provide assistance, **no more than 10 percent of the overall award amount without prior approval from CDC**, to not-for-profit or governmental clinics that can document their ability to provide safety-net STD clinical preventive services as per CDC guidance. At a minimum, clinics receiving assistance should have the capacity to rapidly diagnose and treat bacterial STDs. This assistance could be used to screen, diagnose, or treat uninsured and underinsured people. Applicants must have memoranda of understandings (MOU), contracts, or other forms of written agreements describing the terms of this assistance with the organizations that receive it. CDC may request copies of these agreements throughout the period of performance.

These activities should be conducted in compliance with CDC's STD Treatment Guidelines, and as permitted under relevant federal, state, and local laws and regulations. CDC reserves the right to reduce the allowable amount that may be used to support these services in subsequent years.

This funding **can** be used to purchase and dispense Benzathine penicillin G for the treatment of syphilitic infections among uninsured and underinsured patients and their sex partners whose clinical service providers are not able to administer timely treatment with Benzathine penicillin G. Providing prompt treatment to reduce the spread of syphilis in the community is a core public health function required in many states by statute or regulation (https://www.cdc.gov/nceh/ehs/ephli/core_ess.htm). In these critical public health situations, Benzathine penicillin G should be provided under medical orders of the medical director of the STD program or the health department. The health department physician prescribing the Benzathine penicillin G **must** keep a medical record of all patients treated under his or her orders. Upon request, CDC may approve funding for other STD treatments to respond to local STD outbreaks or other urgent public health threats related to sexually transmitted infections.

10. Promote quality STD specialty care services

    a) Identify all STD specialty clinics in the project area

    b) Promote quality STD care in those settings based on clinical guidelines and recommendations, and promote strategies for expanding access to care in those settings

11. Promote CDC-recommended treatment for gonorrhea and syphilis

a) Assess GC treatment practices to identify and prioritize providers, organizations, and areas to target for promotion and improvement. Provide education and technical assistance to providers and organizations who prescribe non-recommended treatment for gonorrhea

b) Assess syphilis treatment practices to identify and prioritize providers, organizations, and areas to target for promotion and improvement. Provide education and technical assistance to providers and organizations who prescribe non-recommended treatment for syphilis

c) Implement a Benzathine penicillin G forecasting inventory-management system to monitor supply, and have a plan to address shortages in the applicant's project area. Assist providers and organizations who are unable to provide timely, recommended treatment for syphilis in getting access to medication or dispensing the treatment to the patient, as needed

12. Promote CDC-recommended screening, diagnosis, and treatment of STDs among high priority populations

a) **For pregnant women**: Assess screening and treatment practices to identify and prioritize providers, organizations, and areas to target for promotion and improvement. Provide education and technical assistance for prenatal-care providers and organizations who do not regularly screen for syphilis as recommended

b) **For young adults and adolescents**, particularly those seen in family planning clinics, adolescent health clinics, and primary care settings: Assess screening and treatment practices to identify and prioritize providers, organizations, and areas to target for promotion and improvement. Provide education and technical assistance to targeted providers and organizations to promote recommended screening and treatment

c) **For MSM,** particularly those seen in lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ) health centers, HRSA-funded HIV care settings, primary care settings, and clinics providing HIV PrEP: Assess screening and treatment practices to identify and prioritize providers, organizations, and areas to target for promotion and improvement. Provide education and technical assistance to targeted providers and organizations, to promote recommended screening and treatment

Strategy Area IV: Promote STD Prevention and Policy

These strategies and activities encourage the promotion of STD-related health issues to a broad range of stakeholders. Health promotion is critical to empowering the public to make healthy decisions and to empowering health care providers to support public health goals. Health promotion includes leveraging the power of digital media to provide information on STDs and STD services. It also leverages the power of professional networks to expand the audience for professional-level communications about STD surveillance and epidemiology, STD clinical care, health education, and management of patients and their partners.

To the extent possible, programs should participate in health-promotion activities supported by other organizations (e.g., HIV, MCH, local medical associations). Programs also can adapt

communication materials from CDC or other entities to augment local efforts in health promotion.

Policy development is defined as working with partners to promote and protect the health of the community through formal and informal policies, program guidelines, and environmental changes. Policy development is a key function of governmental public health. STD programs are in a unique position to convene key constituencies and partners in promoting the use of a scientific knowledge base in decision-making about priorities and policies.

The policy strategy involves monitoring and supporting the development of policies that might affect the STD prevention and control services provided by the applicant. In some cases, this may involve collaborating with others who are monitoring and developing policies that are primarily oriented toward HIV or MCH, or social issues related to STD burden. When planning policy work, applicants must refer to the Anti-Lobbying Restrictions for CDC Grantees to make sure their work is within the legal bounds of policy work: https://www.cdc.gov/grants/documents/Anti-Lobbying-Restrictions.pdf. Even when operating within what are thought to be legal limits, attention must be paid to appropriateness of policy positions, Congressional intent regarding the use of appropriations, and the appropriateness of recipient activities.

These activities supporting the promotion of STD prevention and policy should be allocated approximately 15-20% of program effort under this NOFO.

13. Promote STD prevention to the public

    a) Provide audience-appropriate, 508-compliant, STD prevention information online, including answers to common STD questions (e.g., symptoms, testing methods, treatment) and places where testing and treatment are available

14. Promote STD prevention and reporting to provider community

    a) Notify local providers and organizations about important or timely STD-related issues, such as outbreaks, emerging diseases, recommended treatment changes, biomedical advances, and reporting requirements

15. Monitor STD-related policies and policy development

    a) Work with the CDC, the NNECS recipient, and other partners to identify STD-related policies of interest. Monitor proposed and actual changes in policies that may affect STD prevention programs

    b) Work with local policy liaisons and with partner organizations on the development of policies that enhance the work of the STD prevention program

Strategy Area V: Analyze and Use Data for Program Improvement

Surveillance and epidemiologic data should be analyzed, interpreted, and disseminated in order to drive program decisions. They should be used to characterize populations at risk, and geographic regions where disease burden may be endemically higher or increasing or where significant gaps may exist in screening or access to STD services. Routine, frequent analysis and targeted, timely dissemination of these data are critical to understanding disease trends,

transmission dynamics, possible outbreaks, and other important changes in STD epidemiology, to which programs must be ready to respond by rapidly redirecting resources. Sharing the data with internal and external stakeholders helps raise awareness of the complex issues in STD incidence and prevalence, and can engage providers and other stakeholders about actions needed to prevent further increases. Applicants should follow all appropriate state/local and federal policies regarding sharing of data to ensure data security and confidentiality of information.

Because applicants have limited resources, using local data to allocate those resources is critical. Data-driven reviews can reveal where prevention efforts are most needed and can draw attention to processes that need improvement. Disease investigation and intervention data should be routinely collected to enable programs to assess intervention effectiveness. Cost data can help identify the most efficient and cost-effective activities. Programs should regularly review surveillance and program data together, make changes to improve programs, and continue assessing such data to evaluate improvements. CDC assumes that every applicant has opportunities for improvement.

All applicants are expected to evaluate aspects of their program (see **Evaluation and Performance Measurement** below). Applicants that propose an innovative or promising approach to an activity should conduct comprehensive evaluation of it. Through more comprehensive and rigorous evaluation, applicants will better understand whether and how to continue the activity, and the larger STD community can benefit from lessons learned and evidence obtained.

Data analysis, utilization and program improvement should be allocated approximately 10-15% of program effort under this NOFO.

16. Conduct epidemiologic analysis, translation, and dissemination

    a) Conduct regular analyses of trends in, geographic distribution of, and factors associated with reported cases using core epidemiologic variables

    b) Disseminate, interpret, and discuss data and findings with internal and external stakeholders

    c) Assist local jurisdictions with analyzing their data on a regular basis, including analyses of trends, epidemiologic factors, and geographic distribution of cases, and help local areas identify outbreaks, gaps in services, or disparities in the burden of disease that should drive resource allocation

17. Conduct data-driven planning, analysis, monitoring, and evaluation for program improvement

    a) Routinely analyze, synthesize, and interpret surveillance, epidemiologic, program, and other data to strengthen the program's understanding of local STD epidemiology and program context. Evaluate progress, using scientific methods, program data, performance data, and cost data, and adjust program plans accordingly

    b) Use findings from those analyses to: identify the program's STD prevention and control priorities, populations, and geographic areas; develop program plans; and allocate staffing

and other resources accordingly

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

Applicants are required to collaborate with CDC's Division of STD Prevention. Applicants are also expected to work with many other CDC-funded programs to implement the strategies under this NOFO. Three CDC-funded programs are particularly relevant to this work.

First, recipients are required to establish strong, working relationships with their regional centers for STD clinical training and education, through the National Network of STD Clinical Prevention Training Centers (currently PS14-1407). Recipients must collaborate with these Training Centers to promote quality and recommended STD clinical services in their project areas and to identify health care providers and organizations to target for clinical training and education.

Second, recipients are required to collaborate with the National Network to Enhance Capacity of State and Local Sexually Transmitted Disease Prevention Program (NNECS) (currently PS13- 1309; to be PS18-1808), for which the National Coalition of STD Directors (NCSD) is the current recipient (as of April 2018). Recipients must collaborate with the NNECS recipient to strengthen policy development, communication and collaboration with other recipients to conduct program improvement, and to address other STD program technical issues.

Third, recipients are required to work closely with the CDC-funded HIV surveillance and prevention programs operating in their project areas (including but not limited to those funded through PS18-1802). Given the extensive overlap between STD and HIV programs, close coordination and collaboration between programs are essential.

Applicants do **not** need to provide letters of support or other documentation of these collaborations in their application. Rather, for each of those three groups of CDC-funded organizations, applicants must clearly describe 1) the extent of their current collaboration with each of those organizations or programs, 2) the specific objectives of those partnerships for purposes of implementing the strategies and activities in this NOFO, and 3) plans to maintain or strengthen those collaborations in year 1 of the period of performance. For each of these three groups of organizations, applicants also must provide at least one concrete example of how they intend to collaborate with them to support a specific activity proposed in their year one work plan for this project. Memoranda of agreement/memoranda of understanding (MOAs/MOUs) or other means of formalizing partnerships should be established as appropriate and feasible. CDC may request copies of these agreements.

Applicants are expected to collaborate with other CDC-funded programs, as relevant to their project area and program plans. These include, but are not limited to, the STD Surveillance Network (SSuN), DIS Training Centers, recipients of the Community Approaches to Reducing STDs (CARS) program, recipients of the Strengthening the United States Response to Resistant Gonorrhea (SURRG) program, viral hepatitis and HPV vaccine programs, reproductive health and teen pregnancy prevention programs, recipients of the Division of Adolescent and School Health (DASH), opioid prevention programs, outbreak response teams, and other programs

funded by CDC.

b. With organizations not funded by CDC:

Recipients also must establish, build, and/or maintain collaborative relationships with organizations not funded by CDC that will support the implementation of the proposed program. Priority strategic partnerships include those with: local STD programs, HIV care programs (e.g., HRSA HIV/AIDS Bureau's funded programs), Community Health Centers/ Federally Qualified Health Centers, state Medicaid offices, family planning programs (e.g., Title X), and Maternal-Child Health programs (e.g., Title V and Maternal, Infant, and Early Childhood Home Visiting Program).

Tribal Governments should be considered full partners during the design and implementation of programs supported with CDC funds. In accordance with the United States Department of Health and Human Services (HHS) Tribal consultation policy, it is the responsibility of states (or other funded programs) to consult with Tribes when HHS has transferred the authority and funding for programs to state governments that are intended to benefit Tribes.

Additional collaborations may include: local and state education agencies, colleges and universities, correctional facilities, professional medical and nursing organizations, state primary care associations, health plans, non-CDC funded CBOs, capacity building assistance organizations, faith-based organizations, for-profit organizations, clinics and hospitals, non-governmental organizations, state and local governments, community advocates, community members, and other stakeholders. Innovative partnerships with the business community or others are also encouraged. Memoranda of agreement/ memoranda of understanding (MOAs/MOUs) or other means of formalizing partnerships should be established as appropriate. CDC may request copies of these agreements.

Applicants should identify the most critical organizations, networks, sectors, and partners (not funded by CDC) that are highest priority for them to meet their project plans in year 1. For each of those highest priority collaborations, applicants should describe 1) the extent of the current collaboration with those entities, 2) the specific objectives of the partnerships for the purposes of implementing strategies and activities in this NOFO, 3) plans for strengthening or maintaining that collaboration in year 1, and 4) any funding or sharing of resources that the STD program proposes to give the partner organization. Applicants do **not** need to provide letters of support or other documentation of these collaborations in their application.

2. Target Populations

Certain populations are disproportionately affected by STDs: adolescents and young adults and men who have sex with men (MSM). In addition, pregnant women, because of the risk of the fetus acquiring congenital syphilis, are also a key population in which STD prevention is necessary. In communities where STD prevalence is higher, individuals have an increased chance of exposure to someone with an untreated STD. Stigma, high rates of poverty, income inequality, unemployment, lack of heath care coverage, limited health care access, and low educational attainment can make it more difficult for individuals to protect their sexual health.

Therefore, the priority populations of this NOFO are adolescents and young adults, men who have sex with men (MSM), and pregnant women. However, the specific priorities within target populations in each applicant's project area may vary. Using surveillance and other program and

health data, applicants should identify their priority populations among those at highest risk of STDs.

a. Health Disparities

Health disparities are differences in health outcomes and their causes among groups. Health equity is achieved when everyone has the opportunity to be as healthy as possible. Addressing health disparities brings us closer to health equity. Social determinants of health affect disparities in STDs and other related diseases and conditions. This NOFO supports efforts to improve the health of populations disproportionately affected by STDs by maximizing the health impact of public health services, reducing disease prevalence, and promoting health equity.

Applicants should use epidemiologic and social determinants data to identify populations and communities within their project areas that are disproportionately affected by STDs and related diseases and conditions. Likewise, applicants should use data describing the social determinants of diseases in their coverage areas to accurately focus activities for reducing health disparities and to identify strategies to promote health equity. In collaboration with partners and appropriate sectors of the community, applicants should consider social determinants of health in the development, implementation, and evaluation of program-specific efforts and use culturally appropriate prevention messages, strategies, and interventions that are tailored for the communities for which they are intended.

Applicants should also strive to include: rural populations; non-English speaking populations; lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) populations; tribal populations; people with limited health literacy; people with disabilities including people with limitations in mobility, hearing, vision, cognition, or those with mental/behavioral health disorders; and other vulnerable groups. For additional resources to identify disability social determinants of health, visit the Disability and Health Data System website (http://dhds.cdc.gov).

Additionally, Healthy People 2020, the National Prevention Strategy, and the HHS Action Plan to Reduce and Eliminate Health Disparities call for enhancing collaboration and coordination of health disparities activities. Applicants should initiate partnerships and maintain activities to address health equity.

Social determinants of health: https://www.cdc.gov/socialdeterminants/index.htm

Health equity: https://www.cdc.gov/healthequity/index.html

Health disparities: http://www.cdc.gov/minorityhealth/strategies2016/

iv. Funding Strategy

Awards will be allocated using a funding algorithm that is based on 2012-2016 morbidity data for chlamydia, gonorrhea, and syphilis as well as project area population size. The funding strategy includes a minimum funding base of $300,000 to support organizational infrastructure and a sufficient multi-disciplinary workforce for the program.

Refer to Funding Tables on the PS19-1901 website (https://www.cdc.gov/std/funding/pchd /default.htm) for individual project area award information.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

CDC requires ongoing evaluation and performance measurement under this NOFO. CDC expects recipients to maintain sufficient staffing and analytic capacity to meet these requirements.

Outcome and process measures

CDC expects recipients to send data to CDC on a regular basis, so that CDC can track progress towards achieving certain key outcomes of the NOFO. **CDC will finalize these measures, their specific definitions, benchmarks, submission frequency, and submission templates in consultation with recipients within 6 months of award**. The proposed process and outcome measures that CDC will track include:

Conduct Surveillance

- Outcome: Improved completion and timeliness of data on reportable STDs
    - % of CT laboratory reports received and processed electronically in the STD surveillance system
    - % of GC cases randomly sampled for follow-up who complete case report forms
    - % of syphilis cases (all stages) among women with pregnancy status documented (not missing or unknown)
    - % of primary and secondary syphilis cases with sex of sex partners and with HIV status documented (not missing or unknown)
    - % of congenital syphilis cases reported to CDC within 30 days of health department notification

Conduct disease investigation and intervention

- Respond to STD-related outbreaks
- Conduct health department disease investigation to pregnant women with syphilis and other reproductive age women with syphilis
    - Outcome: Increased treatment of cases and their partners
        - % of pregnant females with syphilis treated
        - % of other women of reproductive age with syphilis treated
        - % of partners of pregnant women treated for syphilis
        - % of partners of other women of reproductive age treated for syphilis
        - Disease intervention rate among pregnant women with syphilis
        - Disease intervention rate among other women of reproductive age with early syphilis
- Promote expedited partner therapy (where permissible) to partners of CT and/or GC cases
    - Process: Increased EPT education/TA to targeted providers or organizations
        - # and type of providers or organizations that received education/TA
        - Approach and intensity of education/TA provided
- Conduct health department disease investigation to select subgroups of MSM with P&S syphilis

- Outcome: Increased treatment of cases and their partners
    - % of MSM with P&S syphilis treated
    - % of partners of MSM with P&S syphilis treated
    - Disease intervention rate among MSM with P&S syphilis
- Outcome: Increased identification of persons living with HIV
    - % of MSM with syphilis who were investigated by the STD program who were newly-diagnosed with HIV
    - % of partners of MSM with syphilis who were investigated by the STD program who were newly-diagnosed with HIV

<u>Promote CDC-recommended screening, diagnosis and treatment</u>

- Promote quality care in STD specialty care clinics
    - Process: Improved understanding of quality of care at STD clinics
        - # of specialty STD care clinics in the project area
        - % of specialty STD care clinics assessed for quality
- Promote timely and recommended treatment
    - Outcome: Increased use of recommended, timely treatment
        - % of GC cases treated with recommended treatment (Ceftriaxone)
        - % of P&S syphilis cases treated with Benzathine penicillin G
        - # of patients or partners provided one shot of Benzathine penicillin G through the public health program for untreated cases
        - # of patients or partners provided three shots of Benzathine penicillin G through the public health program for untreated cases
- Promote CDC-recommended screening, diagnosis, and treatment practices
    - Process: Increased education/TA to targeted providers and clinics about screening and treatment
        - # and type of providers that received education/TA, by priority population and sector
        - Approach and intensity of education/TA provided, by priority population and sector
    - Outcome: Increased screening for STDs
        - # and type of clinics/providers receiving assistance for STD safety net services (if recipient provides such assistance)
        - % of patients screened for syphilis, gonorrhea and chlamydia, among clinics/providers receiving assistance for STD safety net services (if recipient provides such assistance)
    - Outcome: Increased use of recommended, timely treatment
        - # of patients treated for syphilis, gonorrhea or chlamydia, among clinics/providers receiving assistance for STD safety net services (if recipient provides such assistance)
    - Outcome: Increased identification of persons living with HIV
        - % of STD clinic patients newly-diagnosed with HIV, among STD clinics receiving assistance for STD safety net services (if recipient provides such assistance)

Promote STD prevention and policy

- Health promotion to support STD prevention to the public
    - Process: Increased availability of information about STDs and STD services to the public and to provider community
        - # of unique page views of the primary home page of the STD program
- Health promotion to support STD prevention to provider community
- STD policy monitoring and development
    - Process: Increased policy-related awareness/knowledge & skills
        - # of STD program staff trained in policy
        - % of federally funded and state funded DIS who are certified (when available)
    - Outcome: Improved health department policies for STD prevention
        - % of recipients reporting positive policy changes within the health department

Analyze and use data for program improvement

- Epidemiologic analysis, translation, and dissemination
- Data driven planning, analysis, and evaluation
    - Process: More and stronger program improvement initiatives undertaken
        - % of recipients that conducted a data driven review
        - % of recipients that improved their programs based on evaluation or other data review
    - Outcome: More efficient targeting of STD prevention and care resources and services by STD programs
        - % of recipients that reallocated their priorities and resources based on evaluation or other data review

CDC will produce comparative reports based on these data and disseminate those to recipients in a timely manner. CDC will use these data to foster discussions with recipients about similarities and differences among them and about program improvement strategies, opportunities, and successes.

Finally, CDC may request additional information from recipients as part of its own process evaluation of the NOFO. To that end, approximately every year, CDC may request information on one or more of the following aspects of their work under this NOFO:

- Recipients' capacity, strengths, and weaknesses
- Recipients' priorities
- Recipients' progress and change
- Recipients' feedback on DSTDP or other support efforts

All CDC data requests will be subject to review and approval by the Office of Management and Budget (OMB).

Targeted evaluation projects (TEPs)

CDC expects all recipients to evaluate their work under this NOFO through targeted evaluation projects. The purpose of the targeted evaluation projects is to help applicants obtain new insights about their program and support program improvement. Applicants will determine the topic, methods, scale, scope, and duration of their targeted evaluation projects, based on their capacity and program needs, in consultation with CDC. The evaluation work could be formative, process, or outcome oriented; quality improvement projects also could meet this requirement. CDC expects all applicants to conduct evaluation throughout the life of the award, with at least one targeted evaluation project active at all times and approximately three targeted evaluation projects implemented over the period of performance.

Over the course of the period of performance, recipients will:

- Submit targeted evaluation plans to CDC
- Implement those targeted evaluation projects
- Provide updates to CDC on the projects
- Share findings and insights from the projects locally and with CDC
- Describe barriers, facilitators, and program improvements associated with the projects
- Respond to any feedback provided by CDC on the plans submitted, on implementation, and on dissemination and use of the findings from their projects

For its part, CDC will monitor:

- How many recipients submit and report on plans, the strength of those plans, topics and evaluation methods selected
- How many recipients produced findings from their evaluation plans and how findings disseminated, locally and across recipients
- The main barriers and facilitators that recipients encountered when planning and implementing these plans
- The extent to which recipients demonstrate that their evaluation projects contribute towards meaningful program change or improvement

Other evaluation and performance measurement

CDC expects all recipients to analyze and use their surveillance and program data for local use and analysis, beyond what is required by CDC. Recipients typically collect substantial data that are not sent to CDC but are critical to tracking progress and informing internal procedures, staff performance, and other local issues. Recipients should not consider the data sent to CDC, or any reports produced by CDC, as sufficient for program monitoring and evaluation.

Moreover, recipients may conduct or participate in more in-depth evaluation studies of selected program activities to characterize program efficiencies, effectiveness and cost-effectiveness. Recipients are encouraged to contribute to the evidence base for STD programs to the extent they are able. When recipients test or implement innovative strategies, the collection of cost and outcome data to determine cost-effectiveness in comparison to existing approaches is strongly encouraged.

CDC will work with recipients to finalize a **Data Management Plan (DMP)** in accordance with CDC program guidance.

ii. Applicant Evaluation and Performance Measurement Plan
Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

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

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, within the first 6 months of award, as described in the Reporting Section of this NOFO.

Performance measures

For the proposed **outcome** (not process) measures listed above, applicants should describe:

- Any available baseline measures (including definitions for numerators and denominators used and latest reporting year or timeframe)
- Source(s) of data needed to calculate the measures (i.e., which programs or agencies "own" the data)
- How useful the measures would be to the applicant
- How feasible it would be for the applicant to report on the measures, and to do so every 6 months
- Any anticipated barriers to obtaining and calculating the proposed measures
- Any other comments or questions the applicant has about the proposed measures at this

time

Applicants may also propose additional key outcome or performance measures that they plan to collect and track for themselves. Applicants are encouraged to list measures that they believe CDC should consider for inclusion in the final set of common performance measures for this NOFO, either in addition to, or in lieu of, the ones proposed in this NOFO.

Evaluation

Applicants should describe their general approach to conducting evaluation over the period of performance, including:

- Their process for identifying and deciding what aspect of their program they will evaluate
- The specific aspects of their program that they currently consider priorities for targeted evaluation (with the understanding that this can change over time)
- Anticipated number of targeted evaluation projects that they believe they can undertake during the 5 year period of performance, and
- Any other contextual or organizational factors that may affect their approach to this requirement (e.g., an agency-wide quality improvement program in which the applicant will participate and which would shape its targeted evaluation work)

Finally, applicants should provide a brief description of their first proposed targeted evaluation project (TEP) including:

- Topic, strategy, or intervention that the applicant intends to evaluate
- Rationale for selecting that topic, strategy, or intervention
- Key evaluation questions for the first targeted evaluation project, and
- Approximate duration and timeline for the first targeted evaluation project

A complete targeted evaluation plan is not required as part of the application. That plan will be included in the more detailed **Evaluation and Performance Measurement Plan** that is required within 6 months of award. CDC will provide more guidance on this requirement and the **Evaluation Plan** at the time of award.

Across evaluation and performance measurement activities, recipients are expected to comply with the NCHHSTP Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011). All standards included in the NCHHSTP Data Security and Confidentiality Guidelines should be implemented by recipients, unless otherwise justified. A Certification of Compliance statement signed by an overall responsible party or parties (ORP) must be submitted with the application and annually to the CDC Project Officer or Prevention Specialist at the same time the Annual Performance Report (APR) is submitted. For information on the data security and confidentiality guidelines and example certification statement, please refer to: https://www.cdc.gov/nchhstp/programintegration/docs/pcsidatasecurityguidelines.pdf

c. Organizational Capacity of Recipients to Implement the Approach

All applicants must demonstrate their existing or forthcoming capacity to successfully execute

all proposed strategies and activities to meet the program requirements, including their organizational infrastructure and their management and staffing plan.

Organizational structure and infrastructure

Applicants should describe:

- Their program's organizational structure
- The extent to which the applicant is integrated with HIV surveillance and prevention
- The purpose and approximate amount of any other major federal, state, local, or other funding sources that would support the strategies that this NOFO supports
- Their physical infrastructure as it relates to equipment, electronic information and data systems, data security and confidentiality, and communication systems to implement the award
- The primary systems used to manage STD surveillance data and STD program data, how long the applicant has used those systems, and existing plans for major changes or upgrades to those systems
- Any known infrastructure gaps that may affect their ability to implement the strategies and activities and their plans for strengthening those
- For directly funded local health departments, how the state and local areas will collaborate during the period of performance to ensure appropriate provision of services within the metropolitan area

Applicant organizations are also required to provide an agency-wide organizational chart and an organizational chart for the proposed program. They should also provide a signed data security and confidentiality guidelines certificate of compliance. **Directly funded local health departments as well as the state health departments in which they are located should submit a letter of agreement/letter of concurrence (LOA/LOC).**

Management and staffing plan

Applicants must provide details on their workforce capacity, competence, expertise and experience as they relate to the required program strategies and activities. Staff must have the breadth of subject matter expertise and experience required to conduct all proposed work and the capacity and skills to effectively manage a diverse STD program portfolio. Applicants should describe:

- Their general approach, systems, and processes that will be used to conduct program management, performance measurement, evaluation, financial reporting, management of travel requirements, and management of any subcontracts
- The proposed staffing plan and project management structure that will be in place to achieve the project outcomes, inclusive of subcontractors and consultants if applicable, throughout the duration of the five-year project
- For each of the five main strategy areas: the key personnel who will be responsible for implementing those related activities, their relevant expertise, and approximate FTE allocated to supporting that strategy (i.e. for each: surveillance; disease investigation and intervention; screening, diagnosis, and treatment; health promotion and policy; data utilization and program improvement). If staff outside the health department or

contractors will play central roles in implementing the strategies, applicant should list those as well
- Their current evaluation capacity, including the key personnel who will be responsible for evaluation activities, their relevant expertise, and approximate FTE allocated to evaluation

A curriculum vitae (CV) or resume must be submitted for each existing key personnel who will be affiliated with this program.

Finally, applicants must demonstrate an effective approach to supporting workforce development over the course of the period of performance. To that end, applicants should describe:

- Their general approach to assessing workforce training and development needs, and their approach to meeting those needs
- Their primary approach to providing training to directly funded new and existing DIS staff persons
- Any known workforce capacity or skills gaps that may affect their ability to implement the strategies in year one, and
- Their highest priorities for workforce development and training in the first year of this program and any plans in place already to meet those needs

d. Work Plan

Applicants are required to provide a work plan that provides both a high-level overview of the entire five-year period of performance and a detailed description of the first year of the award. CDC encourages applicants to use the suggested work plan template at the NOFO website: https://www.cdc.gov/std/funding/pchd/default.htm.

For the five-year overview, applicants should describe, for each of the five strategy areas described above:

- The primary, high-level goals for the period of performance in that area, and rationale for selecting those goals

For the more detailed work plan for the first year of the award, applicants should describe, for each of the 17 strategies outlined in the Strategies and Activities section above:

- At least one objective for the first year
- Any key partner agencies or organizations that are essential to implementing the strategies in year 1 (i.e., those that the applicant may be dependent on to meet objectives)
- Anticipated barriers or key assumptions that will affect the applicant's ability to meet that objective in year 1
- The primary activities or tasks they will implement to achieve those objectives (approximately 3-5 major activities or tasks per objective)
- Anticipated timeline for completing those activities or tasks, and
- Relevant indicators or evidence of success (i.e., how applicant will know if the task or

activity was both completed and high quality)

Post-award, proposed work plans may be adjusted in collaboration with CDC to better address the overarching goals of the project.

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and recipients, site visits, and recipient 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 recipient progress in achieving the desired outcomes.
- Ensuring the adequacy of recipient 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 deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients 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.

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 recipients.

CDC will require recipients to actively participate in affinity groups and special interest groups comprising other recipients that share some similar characteristics. The affinity groups will serve as a means of monitoring progress under the program, identifying technical assistance needs, promoting information sharing among recipients, and facilitating program improvement efforts. Monitoring may also include other activities deemed necessary to monitor the award, if applicable. Special interest groups will serve as a means of bringing together recipients to address specific high priority topics and issues.

After review of the first performance report, if a recipient is not conducting required activities or not meeting process or outcome standards, CDC will provide or facilitate technical/capacity building assistance for program improvement. Recipients performing at a less than sufficient level to achieve program objectives within stated timeframes will be required to work with CDC to identify factors negatively affecting performance, to develop a formal action plan for program improvement, and to use that plan to guide the work until the recipient is meeting performance standards. During such periods, more intense engagement between the recipient and CDC is expected. In subsequent budget periods, funding may be affected based on

performance.

Monitoring and reporting activities are outlined in Chapter 2.01.101 of the HHS Grants Policy Administration Manual (GPAM) that assists grants management staff (e.g., grants management officers (GMOs) and specialists (GMS), and project officers/prevention specialists) in the identification, notification, and management of high-risk recipients.

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

In a cooperative agreement, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring. The CDC program will work in partnership with the recipients to ensure a shared responsibility for the successful implementation of the cooperative agreement and attainment of the period of performance outcomes. In addition, many free training courses are available via CDC-TRAIN (https://www.train.org/cdctrain/welcome). CDC activities for this program are as follows:

Technical assistance and capacity building

- Work with recipients to identify capacity building assistance and technical assistance (TA) needs that are essential to the success of the project
- Provide access to training and TA, including via CDC-TRAIN, that will strengthen staff capacity relevant to all required strategies and activities of the program
- Assist recipients with enhancing health department workforce capacity and infrastructure by providing training and TA around skills assessment, core competencies and workforce development
- Provide STD clinical and laboratory consultation and STD reference diagnostic services
- Collaborate in assessing progress toward meeting strategic and operational goals/objectives and in establishing measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices

Information sharing

- Facilitate coordination, collaboration, and, where feasible, service integration among federal agencies, other CDC funded programs, other health departments, community based organizations, local and state planning groups, other CDC directly funded programs, medical care providers, laboratories, and others addressing STD prevention and control activities
- Collaborate to compile and disseminate accomplishments, best practices, performance criteria, and lessons learned during the period of performance
- Share information, best practices, lessons learned, and evaluation results among recipients through, for example: conferences, guidance, material development, webinars, data sharing publications, committees, conference calls, and working groups

Award guidance and monitoring

- Support recipients in implementing the requirements of the cooperative agreement,

selecting or prioritizing prevention strategies/activities and meeting identified outcomes

- Monitor recipients' program performance using multiple approaches, such as routine calls, site visits, emails, conference calls, affinity group participation, and standardized review of performance, grantee feedback and other data reports
- Provide guidance and coordination to recipients to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations
- Provide requirements and expectations for standardized and other data reporting, monitoring, and evaluation

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

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

2. Award Mechanism: H25

H25-Community Services Program - Venereal Disease Control

3. Fiscal Year: 2019

4. Approximate Total Fiscal Year Funding: $95,000,000

5. Approximate Period of Performance Funding: $475,000,000

This amount is subject to the availability of funds.

Estimated Total Funding: $475,000,000

6. Approximate Period of Performance Length: 5 year(s)

7. Expected Number of Awards: 59

8. Approximate Average Award: $0 Per Budget Period

Refer to Funding Tables on the PS19-1901 website (https://www.cdc.gov/std/funding/pchd/default.htm) for eligible applicants' award information.

Awards will be allocated using a funding algorithm that is based on 2012-2016 morbidity data for chlamydia, gonorrhea, and syphilis as well as project area population size. The funding strategy includes a minimum funding base of $300,000 to support organizational infrastructure and a sufficient multi-disciplinary workforce for the program. Funding amounts are subject to the availability of funds.

9. Award Ceiling: $0 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $0 Per Budget Period

11. Estimated Award Date: 01/01/2019

12. Budget Period Length: 12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the recipient (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. 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 period of performance comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

Direct Assistance (DA) is available through this FOA.

Applicants may request federal personnel, equipment, or supplies, including SAS licenses, as Direct Assistance (DA) to support STD surveillance and prevention activities, in lieu of a portion of financial assistance (FA). To address staffing and/or program expertise deficits, applicant may convert FA to DA to recruit staff with the requisite training, experience, expertise (e.g., Public Health Associate Program [PHAP] and other CDC fellowship programs). For information on Direct Assistance for Assigning CDC Staff to State, Tribal, Local, and Territorial Health Agencies, refer to: https://www.cdc.gov/stltpublichealth/GrantsFunding/direct_assistance.html

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

State governments
City or township governments
Others (see text field entitled "Additional Information on Eligibility" for clarification)

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)
Local governments or their bona fide agents
Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of

Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

2. Additional Information on Eligibility

Eligible applicants include state, local and territorial health departments or their Bona Fide Agents currently funded under PS14-1402:Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies (STD AAPPS). This includes the 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Also eligible are the local (county or city) health departments serving the following metropolitan areas: Baltimore, MD; Chicago, IL; Los Angeles, CA; Philadelphia, PA; New York City, NY; and San Francisco, CA.

Project areas with eligible state and local (city or county) health departments must discuss how the state and local area will collaborate during the period of performance to ensure appropriate provision of services within the metropolitan area and document any agreements reached in a letter of agreement/letter of concurrence (LOA/LOC), which must be submitted by both parties as part the application.

3. Justification for Less than Maximum Competition

Eligibility is limited to the organizations noted above, in accordance with Section 318(c) of the PHS Act (42 USC 247c(c)).

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Although no statutory matching requirement for this NOFO exists, leveraging other resources and related, ongoing efforts to promote sustainability is strongly advised.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

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. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-recipients, those sub-recipients 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 a recipient. 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 can require 10 or more 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 at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option at www.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http:// fedgov.dnb.com/ webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/ webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220

		grants.gov)		
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

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 notice of 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 OGS staff at 770-488-2700 or e-mail OGS ogstims@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 NOFO, it will not be processed. Office of Grants Services (OGS) 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 OGS.

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: **07/31/2018** , 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 Information Conference Call

Two identical webinars will be held to provide information about this NOFO. Dates, times, and registration links are as follows:

May 11 from 3:00PM-4:30PM Eastern Time. Registration Link
https://cc.readytalk.com/r/d77aiqy2bpzk&eom
May 15 from 2:00PM-3:30PM Eastern Time. Registration Link
https://cc.readytalk.com/r/vx2z34ciwn59&eom

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.
Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ 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.

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award. Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

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

LOI is not requested nor required as part of the application for this NOFO.

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page 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

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. 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 period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

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 public health 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, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance 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 the Strategies and Activities section of the CDC Project Description.

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

Note: For this NOFO, the Project Narrative should not exceed 15 pages (single-spaced), and the work plan should not exceed 25 pages (table format).

2. Target Populations and Health Disparities

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. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the recipient will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this NOFO. At a minimum, the

plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

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

Recipients will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this NOFO.

For completing this section of their application, applicants should refer to the requirements described in the **Applicant Evaluation and Performance Measurement Plans** section above, related to the proposed outcome measures, general approach to evaluation, and their first proposed targeted evaluation project.

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's 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 recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

CDC encourages applicants to use the suggested work plan template available at the NOFO

website:

https://www.cdc.gov/std/funding/pchd/default.htm

12. Budget Narrative

Applicants must submit an itemized budget narrative. 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 could include the cost of collecting, managing, sharing and preserving data. Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

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 NOFO 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 Marianna 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 NOFO. 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 Recipients under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

Note: Applicants with the capacity to implement integrated screening activities (e.g., screening for HIV, viral hepatitis, and/or TB) should continue implementing service integration activities and are eligible to utilize up to 5% of the requested total funding amount to enhance these efforts.

Note: Provide a separate itemized budget if applying for DA. In addition, provide a separate 424A form.

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. 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 Code of Federal Regulations (CFR) section 3.908 to the award and requires that recipients 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.

16. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

17. Funding Restrictions

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

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients 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 generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of

legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients.
- 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.
- In accordance with the United States Protecting Life in Global Health Assistance policy, all non-governmental organization (NGO) applicants acknowledge that foreign NGOs that receive funds provided through this award, either as a prime recipient or subrecipient, are strictly prohibited, regardless of the source of funds, from performing abortions as a method of family planning or engaging in any activity that promotes abortion as a method of family planning, or to provide financial support to any other foreign non-governmental organization that conducts such activities. See Additional Requirement (AR) 35 for applicability (https://www.cdc.gov/grants/additionalrequirements/ar-35.html).

Funding restrictions specific to this NOFO

- Recipients may not use funds to purchase HIV Pre-exposure Prophylaxis (PrEP) medications or family planning medications.
- Recipients may not use funds to purchase STD medications, other than noted in this NOFO, unless they receive prior approval from CDC.
- STD-related HIV prevention activities should be conducted under this cooperative agreement, but they should not exceed ten percent (10%) of program effort and allocation.
- Applicants may provide assistance, no more than 10% of the overall amount, without prior approval from CDC, to not-for-profit or government clinics that can document their ability to provide safety-net STD clinical preventive services as per CDC guidance.

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

19. 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 OGS Technical Information Management Section (TIMS) staff.

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

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@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 OGS 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 NOFO. 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 Grants.gov Online User Guide.
https:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t=
Get_Started%2FGet_Started. htm

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@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@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 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 received via e-mail to the GMS/GMO listed below 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, OGS 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 1 Review
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/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
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.

Approach	Maximum Points:50

Evaluate the extent to which the applicant:

- Addresses all required strategies and activities
- Defines and addresses the target populations
- Presents strategies and activities that are consistent with the NOFO's intended outcomes
- Describes strategies and activities that could reasonably be expected to achieve the applicant's stated objectives and goals in the period of performance
- Describes strategies and activities that are feasible and realistic for the period of performance
- Describes an approach that clearly makes sense given the applicant's local context and STD epidemiology
- Provides a strong rationale for proposing and prioritizing particular strategies and activities over others
- Describes their planned collaborations with high priority programs funded by CDC and programs not funded by CDC
- Provides a coherent and complete work plan that aligns with the applicant's proposed strategies and activities, including 5 year Strategy Area goals and 1 year objectives for required strategies

Evaluation and Performance Measurement Maximum Points:25

Evaluate the extent to which the applicant:

- Provides a detailed response to proposed common outcome (not process) measures described in the **CDC Evaluation and Performance Measurement Strategy** section, including
    - Any baseline data and definitions used for those measures
    - Their perceived ability to report on proposed, required measures
    - The perceived utility of the proposed, required measures
    - Other measures they believe would be strong common measures
- Describes the topic for their proposed first targeted evaluation project (TEP) and provides a strong justification for that topic
- Demonstrates capacity and interest in conducting more in-depth evaluation of high priority or innovative strategies or activities

Applicant's Oganizational Capacity to Implement the Approach Maximum Points:25

Evaluate the extent to which the applicant:

- Demonstrates that they have the authority and infrastructure to carry out the proposed strategies and activities
- Describes a staffing and management plan that aligns with the proposed activities and is sufficient for carrying out the proposed activities
- Describes a thoughtful workforce development approach to meeting workforce training and development needs
- Provides an organizational chart for the program as well as the larger organization of which the program is a part
- Provides CVs or resumes for all key personnel
- Provides a current, signed data security and confidentiality certificate of compliance

- If relevant, for directly funded state and local health departments, provides letter of agreement/letter of concurrence (LOA/LOC) for the state/local relationship

Budget

Budget will not be scored. However, it will be evaluated for the extent of alignment with proposed strategies and activities and with the stated parameters of this NOFO.

c. Phase III Review

A Technical Review will be conducted on eligible applications.

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Recipient Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and

findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Anticipated award notification: Between October 2018 and January 2019

Anticipated award date: January 1, 2019

F. Award Administration Information

1. Award Notices

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

Any applicant awarded funds in response to this Notice of Funding Opportunity 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

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

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

- AR-4: HIV/AIDS Confidentiality Provisions
- AR-5: HIV Program Panel Review
- AR-6: Patient Care
- AR-7: Executive Order 12372
- AR-9: Paperwork Reduction Act Requirements

- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions (June 2012)
- AR-14: Accounting System Requirements
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act Requirements
- AR-25: Data Management and Access
- AR-26: National Historic Preservation Act of 1966
- AR-27: Conference Disclaimer and Use of Logos
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: Plain Writing Act of 2010
- AR-34: Language Access for Persons with Limited English Proficiency

Attendance at CDC-Sponsored Conferences and Workshops

- Participation in CDC sponsored recipient meetings and workshops is mandatory, including participation in affinity groups and special interest groups (SIGs) and national STD prevention conferences. All recipients are required to attend and are to include budget allocations consistent with this requirement. These allocations will be reviewed and approved annually as a part of the award continuation process. Failure to attend the mandated meetings and workshops (regardless of state financial or administrative crisis) shall be cause for a determination of reduction in travel funding
- Participate in all required meetings, conference calls, webinars, etc. as determined by assigned CDC staff including participation in affinity groups and SIGs
- Adhere to CDC policies for securing prior approval for CDC sponsored conferences and meetings

Other Required Activities

- Provide copies to CDC of local health department STD-related outbreak health alerts sent to providers and/or the public
- If using materials that include the name or logo of either CDC or the Department of Health and Human Services, submit a copy of the proposed material to CDC for approval
- Comply with 508 compliance requirements for information posted to websites
- Collect and submit additional data requirements as required by CDC

For more information on the CFR visit http://www. access.gpo.gov/ nara/cfr/cfr-table-search.html

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that recipients encounter throughout the project period. Also, reporting is a requirement

for recipients who want to apply for yearly continuation of funding. Reporting helps CDC and recipients because it:

- Helps target support to recipients;
- Provides CDC with periodic data to monitor recipient progress toward meeting the Notice of Funding Opportunity outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the period of performance 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 NOFO.

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 NOFO copying the CDC Project Officer.

The recipient evaluation and performance measurement plan, including data management plan, will describe the recipient's first targeted evaluation project as well as the recipient's approach to reporting on required performance measures and to data security and data management for the remainder of the period of performance. CDC will use this information to guide evaluation-related technical assistance and guidance for performance measures.

Once the performance measures are finalized and data submission begins, CDC will analyze and synthesize performance measure data. CDC will share results with recipients through comparative rapid feedback reports and other means. These reports and presentations will serve to stimulate discussion about progress, challenges, and opportunities for program improvement among recipients. Performance measure data may also be used by CDC in its reporting to other federal and national partners.

Progress and performance reports will provide critical information on successes, challenges, progress, and changes experienced by individual recipients as well as for the program as a whole. Information from those reports will be regularly synthesized to identify crosscutting challenges and success, guide technical support, and inform reports that CDC produces for its federal and other stakeholders. CDC will also produce summaries of progress reports to share with recipients, in order to stimulate information-sharing among recipients.

The financial forms are essential to tracking how the funds obligated through this program are spent and planning future allocations.

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	Within 6 months of award	Yes
Annual Performance Report (APR)	Within 90 days of the start of a	Yes

	new budget period, reporting on the prior budget year	
Continuation application	No later than 120 days before end of budget period	Yes
Interim Progress Report (IPR) and data on performance measures	Some will be due annually, and some will be due semi-annually. This will include submission of supporting information through an interim progress report (IPR)	Yes
Federal Financial Reporting Forms	90 days after end of the calendar quarter in which budget period ends	Yes
Final performance and financial report	90 days after end of the period of performance	Yes
Payment Management Systems (PMS) Reporting	As determined by OGS	Yes

a. Recipient Evaluation and Performance Measurement Plan (required)
With support from CDC, recipients must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; recipients must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Recipient Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.

• How evaluation reports will be published on a publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)

The recipient must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.
This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance 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.

Approval of requests are at the discretion of the program.

The recipients must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to 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 recipients 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 90 days after the end of the budget period. 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, recipients are required to submit a letter of explanation to OGS 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 period of performance. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire period of performance and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.
- Impact/Results/Success Stories – Recipients 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.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- 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)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov. Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) (“United States foreign assistance funds”). Outlined below are the specifics of this requirement:

1) Annual Report: The recipient must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the recipient did not pay any taxes during

the reporting period.]

2) Quarterly Report: The recipient must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:
a. recipient name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The recipient must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Jennifer Fuld, PhD, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Chief, Program Development and Quality Improvement Branch

Division of STD Prevention

National Center for HIV/AIDS, Hepatitis, STD, and TB Prevention (NCHHSTP)

Telephone: (404) 718-5983

Email: jfuld@cdc.gov

Grants Staff Contact

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

Portia Brewer, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Grant Management Specialist

Office of Grants Services (OGS)

Office of Financial Resources (OFR)

Office of the Chief Operating Officer (OCOO)

Centers for Disease Control and Prevention (CDC)

1600 Clifton Road

Atlanta, GA 30333

Telephone: (770) 488-3185
Email: pbrewer@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 Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: ogstims@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
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)

For this NOFO, the Project Narrative should not exceed 15 pages (single-spaced), and the work plan should not exceed 25 pages (table format).

The following are also required as part of the application to this NOFO:

- Resumes or CVs of key personnel for each of the 5 strategy areas and evaluation
- Organizational charts
- Letter of agreement/letter of concurrence (LOA/LOC) from project areas with both state and local (city/county) entities that are eligible to apply
- Signed data security and confidentiality guidelines certificate of compliance
- Indirect cost rate, if applicable
- Other, if applicable

Additional resources for completing this application can be found at: https://www.cdc.gov/std/funding/pchd/default.htm

References cited in **Background** section:

[1] Satterwhite CL, Torrone E, Meites E, Dunne EF, Mahajan R, Ocfemia MC, Su J, Xu F,

Weinstock H. Sexually transmitted infections among US women and men: prevalence and incidence estimates, 2008. Sex Transm Dis 2013;40(3):187-93.

[2] Centers for Disease Control and Prevention. Sexually Transmitted Diseases Surveillance, 2016. Atlanta, GA: Department of Health and Human Services, 2017. (https://www.cdc.gov/std/stats16/default.htm)

[3] Owusu-Edusei K, Jr., Chesson HW, Gift TL, Tao G, Mahajan R, Ocfemia MC, Kent CK. The estimated direct medical cost of selected sexually transmitted infections in the United States, 2008. Sex Transm Dis 2013;40(3):197-201.

[4] Hogben M, Collins D, Hoots B, O'Connor K. Partner services in sexually transmitted disease prevention programs: A review. Sex Transm Dis 2016;43(2S):S53-S62.

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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 75 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 NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
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 NOFO 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 period of performance (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 recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.
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 /grants /additionalrequirements /index.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 NOFO evaluation plan is used to describe how the recipient 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.
Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
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.
Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.
Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period
Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.
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 NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.
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.
Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
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 period of performance 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.

NOFO-specific Glossary and Acronyms

AAPPS: CDC cooperative agreement PS14-1402, Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development and Prevention Strategies: https://www.cdc.gov/std/foa/aapps/default.htm

Affinity Group: An affinity group is a group formed around a shared interest, common goal or key characteristics, such as geographic similarities, populations at risk, infrastructure, funding levels, or other resources. Recipients may be organized into affinity groups for the purposes of capacity building, technical assistance, and peer-to-peer learning.

Authority: Legal authorizations that outline the legal basis for the components of each individual NOFO. An Office of General Counsel representative may assist in choosing the authorities appropriate to any given program.

Bona Fide Agent: An agency/organization identified by the state or local government as eligible to submit an application under the state or local eligibility in lieu of a state application. If applying as a bona fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required.

CARS: PS17-1707 – New Community Approaches to Reducing Sexually Transmitted Diseases: https://www.cdc.gov/std/health-disparities/cars.htm

Clinical Preventive Service: A history or physical assessment, screening, diagnostic, treatment or counseling service provided in a clinical setting.

Diagnostic Testing: Obtaining an STD test in a clinical setting from a client with symptoms to identify the cause of the symptoms.

DIS: Disease intervention specialists (DIS) are non-licensed public health professionals with applied expertise in client-centered interviews; collection of enhanced surveillance and community assessment data; partner services, including contact tracing; field investigation and other field-based activities, including specimen collection, directly observed therapy, community outreach; collaboration with medical providers and navigation of health care systems to ensure patient evaluation and treatment; and mobilization for outbreak investigation and emergency response. (http://www.phaboard.org/dis-certification/)

GISP: Gonococcal Isolates Surveillance Project: https://www.cdc.gov/std/gisp/default.htm

LGBTQ: Lesbian, Gay, Bisexual, Transgender, Queer.

LOA/LOC: Letter of agreement or letter of concurrence; a letter outlining the nature of a partnership or collaboration agreement between two or more parties.

NCSD: National Coalition of STD Directors: http://www.ncsddc.org/

NNECS: National Network to Enhance Capacity of State and Local Sexually Transmitted Disease Prevention Programs: https://www.grants.gov/web/grants/view-opportunity.html?oppId=282244

NNPTC: National Network of STD Clinical Prevention Training Centers: http://nnptc.org/

NOFO (Notice of Funding Opportunity): An announcement about the availability of Federal funds to support a program of work, formerly called a Funding Opportunity Announcement

(FOA).

Non-Governmental Organization (NGO): A non-governmental organization is any non-profit, voluntary citizens' group which is organized on a local, national or international level.

Partner services: A broad array of services that should be offered to persons with HIV infection, syphilis, gonorrhea, or chlamydial infection and their partners. Identifying partners and notifying them of their exposure (i.e., partner notification) are two critical elements of these services. Other elements include prevention counseling, testing for HIV and other types of STDs, linkage to medical evaluation and treatment, and linkage or referral to other services, such as reproductive health, prenatal care, substance abuse treatment, social support, housing, legal services and mental health services. (MMWR 2008, https://www.cdc.gov/mmwr/pdf/rr/rr5709.pdf)

Policy Development: Working with partners to promote and protect the health of the community through formal and informal policies, program guidelines, and environmental changes. Policy development is a key function of governmental public health.

PrEP: Pre-exposure prophylaxis for HIV.

SSuN: The STD surveillance network: https://www.cdc.gov/std/ssun/default.htm

STD: Sexually transmitted disease.

STD specialty care clinic: Clinics that offer specialized STD care and typically focus on providing timely, comprehensive, confidential and culturally sensitive STD care.

STD Screening: Obtaining an STD test in either the clinical or outreach setting to identify an asymptomatic infection that the client was not aware they had.

SURRG: Strengthening the United States Response to Resistant Gonorrhea: https://www.cdc.gov/std/gonorrhea/arg/carb.htm