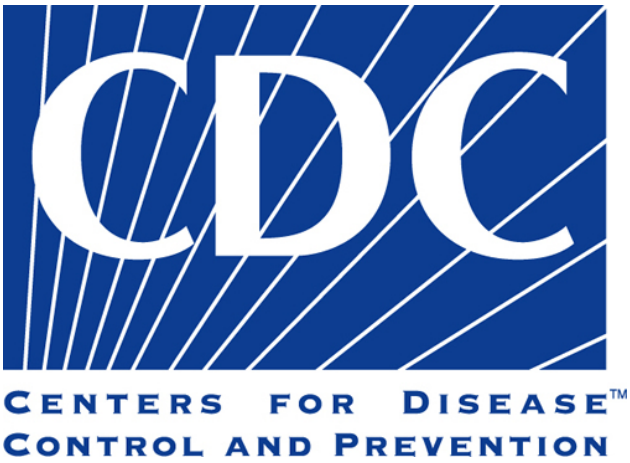

Centers for Disease Control and Prevention

NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STDS AND TB PREVENTION

Strengthening Syringe Services Programs

CDC-RFA-PS22-2208

05/02/2022

Table of Contents

Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-PS22-2208. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Notice of Funding Opportunity (NOFO) Title:

Strengthening Syringe Services Programs

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)).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PS22-2208

E. Assistance Listings Number:

93.488

F. Dates:

1. Due Date for Letter of Intent (LOI):
04/01/2022
Recommended but not Required

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

Please include in an LOI the following information:

- Organization
- Primary point of contact
- Which component(s) will be applied for

LOI must be sent via email to:

Aleta Christensen, Health Scientist
CDC, National Center for HIV, Viral Hepatitis, STD, and TB Prevention
yno7@cdc.gov

2. Due Date for Applications:
05/02/2022
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
At time of publication, the following informational calls are scheduled:

March 16th, 2022 from 3-5pm EST

And

March 30th, 2022 from 3-5pm EST

Please visit www.cdc.gov/hepatitis/index.htm for current details and call information.

F. Executive Summary:

Summary Paragraph
This NOFO aims to increase access to harm reduction services for people who currently inject, or have a history of injecting, drugs (PWID) and reduce incidence of infectious diseases and other complications of injection drug use through 2 components. Component 1 will expand a national network of syringe services programs (SSPs) to facilitate communication among SSPs, other harm reduction programs, and trusted national organizations with a demonstrated portfolio in improving the health of persons who use drugs (PWUD). This component will also improve data about SSPs by conducting an annual survey of SSPs to document capacity, needs, access, and service gaps. Component 2 will increase support and resources to SSPs for implementation of syringe distribution and disposal; testing, treatment, and prevention of infectious diseases and infectious complications from injection drug use; and mitigation of other harms due to drug use. Applicants may apply for Component 1, Component 2, or both. Expected outcomes include: improved collaboration, communication, and data about SSPs nationwide; increased access to harm reduction services; decreased unsafe injection practices; decreased new infections of HCV, HBV, HAV, HIV, endocarditis, and other infections; decreased overdose rates and mortality;

increased capacity for responding to outbreaks of infections associated with injection drug use; and increased services available through SSPs in the US.

a. Eligible Applicants:
Open Competition

b. NOFO Type:
CA (Cooperative Agreement)

c. Approximate Number of Awards
2
1 award for Component 1
1 award for Component 2

d. Total Period of Performance Funding:
$50,000,000

e. Average One Year Award Amount:
$10,000,000
Approximately $750,000 for Component 1
Approximately $9,250,000 for Component 2

f. Total Period of Performance Length:
5

g. Estimated Award Date:
September 30, 2022

h. Cost Sharing and / or Matching Requirements:
No

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview
The overdose crisis has resulted in high rates of fatal[1,2] and non-fatal[2] overdose among persons who use drugs (PWUD); and high rates of hepatitis C[3], endocarditis[4], and outbreaks of HIV[5] among persons who inject drugs (PWID) in the United States. Provision of sufficient sterile injection supplies for all injections and medications for opioid use disorder (MOUD) are associated with reductions in transmission of hepatitis C[6] and HIV.[7,8] Access to MOUD is associated with substantial reductions in all-cause[9] mortality and overdose[10,11] mortality, and reductions in risk behavior, even among PWID attending syringe services programs (SSPs).[11-13] Additional services recommended for PWID include vaccination for hepatitis A[14] and hepatitis B.[15] Persons testing positive for hepatitis B[16], hepatitis C[17] and HIV[18] should be offered treatment, and persons who are HIV negative but have ongoing risk should be offered pre-exposure prophylaxis (PrEP).[19] Integration of service delivery is the ideal mechanism for increasing access to services for PWID. [20,21]

This funding opportunity seeks to improve the health of PWID by reducing incidence of hepatitis A, hepatitis B, hepatitis C, and HIV, the prevalence of hepatitis C, and overdose mortality among PWID in the United States. The approach includes funding to support a national network of SSPs

in the United States and an annual national survey of SSPs to expand data, information, and communication with SSPs (Component 1), and funding to support SSP implementation in the United States, Territories and affiliated states, and tribal nations (Component 2).

This NOFO builds on the *National Harm Reduction Technical Assistance and Syringe Services Program (SSP) Monitoring and Evaluation Funding Opportunity*, *Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments*, *Integrated Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for Health Departments*, *Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States*, and *Establishing Performance Standards for Syringe Services Programs*, and *Overdose Data to Action (OD2A)*.

Key lessons learned from prior funding opportunities include 1) the need for additional dedicated funding for SSP implementation in the United States, Territories and affiliated states, and tribal nations; 2) the value of additional tools for multidirectional communication, as well as data and information exchange with SSPs, state and regional harm reduction organizations, national organizations supporting the work of harm reduction, academic partners, and governmental public health agencies; and 3) the need for robust data and evaluation to support organizational and national policies, and program enhancements to improve capacity of and access to SSPs nationwide.

b. Statutory Authorities
Section Sections 301, 317 (k)(1) and 317 (k)(2) of the Public Health Service Act (42 U.S.C. Sections 241, 247b(k)(1) and (k)(2)), as amended.

c. Healthy People 2030
This NOFO addresses the following Healthy People 2030 goals:

Drug and Alcohol Use

- Increase the rate of people with an opioid use disorder getting medications for addiction treatment

Infectious Disease

- Reduce the rate of acute hepatitis B
- Reduce the rate of acute hepatitis C
- Increase the proportion of people who no longer have hepatitis C

Sexually Transmitted Infections

- Reduce the number of new HIV infections

d. Other National Public Health Priorities and Strategies
This NOFO further supports the following national strategies:

- HIV/AIDS Strategy (2022-2025): National HIV/AIDS Strategy for the United States 2022–2025 (hivgov-prod-v3.s3.amazonaws.com)

- Viral Hepatitis National Strategic Plan (2021-2025): https://www.hhs.gov/hepatitis/viral-hepatitis-national-strategic-plan/index.html
- National Center for HIV, Viral Hepatitis, STD, and TB Prevention Strategic Plan (2020): https://www.cdc.gov/nchhstp/strategicpriorities/default.htm

e. Relevant Work

National Harm Reduction Technical Assistance and Syringe Services Program (SSP) Monitoring and Evaluation Funding Opportunity, CDC-RFA-PS19-1909
Integrated Viral Hepatitis Surveillance and Prevention Funding for Health Departments, CDC-RFA-PS21-2103
Integrated Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for Health Departments, CDC-RFA-PS18-1802
Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States, CDC-RFA- PS20-2010
Establishing Performance Standards for Syringe Services Programs, CSTLTS National Partners Cooperative Agreement OT18-1802
Overdose Data to Action (OD2A), CDC-RFA-CE19-1904

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

CDC-RFA-PS22-2208 Logic Model: *Strengthening Syringe Services Programs*
Bold indicates period of performance outcome

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Component 1: Support a national network of Syringe Services Programs (SSPs) and oversee implementation and use of an annual survey of SSPs			Reduced incidence of hepatitis A virus, hepatitis B virus, hepatitis C virus, HIV, endocarditis, and other infectious complications of injection drug use Reduced prevalence of hepatitis C resulting from injection drug use Reduced injection
Support and expand a national network of SSPs Oversee implementation, analysis, dissemination, and use of findings for a national annual survey assessing SSP coverage, capacity, and service delivery	• Enhanced support and maintenance of communication mechanisms • **Improved data on SSP services** • **Improved methods to measure service**	• **Increase in robust communication across national network of SSPs** • Enhanced data and information on prevention and treatment services for PWUD through SSPs	

	delivery by SSPs		drug use and overdose mortality
Component 2: Support and strengthen implementation of SSPs			
Support SSPs to expand harm reduction services	• **Increased access to harm reduction services and supplies** • **Increased HCV, HBV and HIV testing among SSP participants** • Increased hepatitis A and hepatitis B vaccinations among SSP participants • **Increased prevention and treatment of infections**	• **Improved SSP resources in disproportionately affected communities** • **Increased use of harm reduction services by PWUD** • **Decreased incidence of unsafe injection practices** • Decreased incidence of HCV, HBV, HAV, HIV, and bacterial infections among SSP participants • **Increased hepatitis C viral clearance among SSP**	

	associated with injection drug use • Increased linkage to substance use disorder treatment among SSP participants	**participants with hepatitis C**	

i. Purpose

The purpose of this NOFO is to increase access to harm reduction services for PWID and reduce the incidence of infectious diseases and other complications of injection drug use through supporting and expanding a national network of SSPs, overseeing implementation and use of an annual survey of SSPs, and supporting and strengthening implementation of SSPs.

ii. Outcomes

The recipient is expected to make measurable progress toward addressing the short-term and intermediate outcomes that appear in bold in the NOFO logic model. Indicators that quantify these outcomes are described in the section entitled CDC Evaluation and Performance Measurement Strategy.

Expected short-term and intermediate outcomes include the following:

Component 1: Support a national network of Syringe Services Programs (SSPs) and oversee implementation and use of an annual survey of SSPs

Short-term outcomes:

Enhanced support and maintenance of communication mechanisms Improved data on SSP services

Improved methods to measure service delivery by SSPs

Intermediate outcomes:

Increase in robust communication across national network of SSPs

Enhanced data and information on prevention and treatment services for PWUD through SSPs

Component 2: Support and strengthen implementation of SSPs

Short-term outcomes:
Increased access to harm reduction services and supplies
Increased HCV, HBV and HIV testing among SSP Participants
Increased prevention and treatment of infections associated with injection drug use

Intermediate outcomes:
Improved SSP resources in disproportionately affected communities
Increased use of harm reduction services by PWUD
Decreased incidence of unsafe injection practices
Decreased incidence of HCV, HBV, HAV, HIV, and bacterial infections among SSP participants
Increased hepatitis C viral clearance among PWUD with hepatitis C

iii. Strategies and Activities

Applicants may apply for Component 1 or Component 2 or both.

The Component 1 recipient will support a network of SSPs to increase communication between SSPs, community organizations, and federal partners. The recipient will also implement an annual survey of SSPs in the United States to assess and monitor program characteristics, participant characteristics, community relations, syringe distribution, and provision of services and coverage.

The Component 2 recipient will develop and oversee a mechanism to distribute funding to support and strengthen implementation of SSPs to ensure the funding is allocated towards communities with the highest need.

Component 1: Support a national network of Syringe Services Programs (SSPs) and oversee implementation and use of an annual survey of SSPs

The primary activities of Component 1 are to support and expand a national network of SSPs, and to oversee an annual national survey to assess SSP capacity and service delivery. Both activities should begin during the first year of award and continue through the entire period of performance.

A national network of SSPs is envisioned to ensure robust communication with and among SSPs, CDC, and other trusted partner organizations at the national, regional, state, local, tribal, and territorial levels. This should include support for existing communication mechanisms and may include new mechanisms where needed/useful for gathering and disseminating current public health information, updates, and resources to SSPs and partner organizations. Broad collaboration across SSPs and organizations and agencies with a mission to support SSPs and their participants, and the welfare of PWUD is essential to this work. These collaborations should respect the historic and unique roles of the many organizations that are dedicated to this

work.

The annual national SSP survey should assess SSP-specific service delivery, client, and operational characteristics, capacity, community relations and programmatic challenges.

The recipient may offer all required services, or the recipient may subcontract with one or more other organizations to offer the required services. The Component 1 recipient is responsible for maintaining broad, engaged collaboration with partner organizations throughout the funding period.

All activities and resources funded under Component 1 should be available to all SSPs in the United States and territories regardless of whether SSPs are funded under Component 2.

Strategy 1.1 Support and expand a national network of SSPs
For strategy 1.1, the recipient should closely collaborate with experts and partner organizations that have historical knowledge and expertise in creating and managing SSP networks. Specifically, the recipient is expected to meaningfully engage the following partners in the development and implementation of all activities: CDC; the Component 2 recipient; persons with experience working in SSPs; persons with previous or current lived experience of using drugs; other subject matter experts with expertise in harm reduction (including persons with lived experience as previously mentioned), infectious diseases, overdose prevention, substance use disorder treatment and prevention; TA providers funded through the National Harm Reduction Technical Assistance Center (NHRTAC); and representatives from academia and governmental public health, including at the regional, state, local, tribal, and territorial levels. Representation from BIPOC and LGBTQ individuals, as well as national organizations with an interest in improving the health of PWID. Individuals not already receiving a salary to represent a specific agency or organization may be reimbursed for time and expertise with funding from this award.

- The Component 1 recipient is expected to secure broad input into all activities from a diverse array of experts and partner organizations (described above) that are compensated for their time and expertise.
- Identify existing communication mechanisms and plan how the communication across the national network can synergize with and not duplicate existing resources. Collaborate with partner organizations to leverage existing communication mechanisms and networks.
- Collaborate with partner organizations to conduct a rapid assessment of the needs for communication, using existing data and resources where available, to develop plans for ongoing multidirectional communications throughout the network, beginning in year 1.
- Collaborate with partner organizations to implement and evaluate communication across the national network of SSPs. Measure reach, assess impact, and plan and implement ongoing continuous improvement of communication efforts.
- Actively connect SSPs to services available through partner organizations through means such as the National Harm Reduction Technical Assistance Center (NHRTAC) (https://harmreductionhelp.cdc.gov/).

Strategy 1.2 Oversee implementation, analysis, dissemination, and use of findings for a national annual survey assessing SSP coverage, capacity, and service delivery
The objectives of the national survey of SSPs include:

- Assess and monitor SSP operational characteristics and services, funding resources, community support and engagement, and key operational and programmatic successes and challenges
- Describe key SSP participant characteristics to improve understanding of access and barriers to services
- Understand and monitor SSP coverage in the United States
- Support timely analysis and dissemination of national program evaluation survey findings
- Collaborate with the partner organizations and subject matter experts on above objectives

For strategy 1.2, recipient will oversee the annual survey and is responsible for leadership, planning, staffing, implementation, and evaluation of all activities:

- Develop a plan to engage at least 80% of SSPs nationally to participate in the annual survey assessment.
- Develop a data management plan, including data security, data reconciliation, and data cleaning, and correction of errors.
- Obtain approvals and clearances, if required locally. As needed and in partnership with CDC, obtain OMB approval for revisions to the survey instrument.
- Conduct the SSP survey on an annual basis and provide a clean data set to CDC.
- Analyze and summarize the data for presentation and publication.
- Present and share data broadly across the national network of SSPs with recommendations to improve access to prevention, diagnosis, and treatment services for SSP participants.
- Develop metrics tracking national SSP coverage, capacity, and service delivery in collaboration with CDC and a way to communicate these data to a wider audience (e.g., a dashboard or web tool)
- Document methodology, including surveillance protocol, standard operating procedures, data collection forms, data management procedures, data analysis code, and lessons learned, and provide to CDC at the close of the funding cycle.
- In collaboration with CDC, continuously evaluate and improve the annual survey.

Component 2: Support and strengthen implementation of SSPs

The primary goal of Component 2 is to develop a coordinated and accountable mechanism for distribution of funding to SSPs in areas of the United States, Territories, and Tribal Nations disproportionately affected by infectious disease consequences of injection drug use. Mechanism should be in place and funding distribution should begin before the end of the first year of award. The recipient is expected to offer on-going funding to SSPs throughout the full period of performance.

The recipient will be expected to have or develop leadership, plans, staffing, and resources to carry out all activities in Component 2. In addition, because the data collected in Component 2 has broad implications for the health and welfare of PWUD, the Component 2 recipient should have or develop plans for secure data management and reporting to CDC.

Strategy 2.1 Support SSPs to expand harm reduction services
For strategy 2.1, identify staffing to lead and manage all activities, implement funding of SSPs through appropriate fiscal mechanisms, regularly support and communicate with funded SSPs, and evaluate the activity in collaboration with CDC.

- Ensure broad awareness of funding opportunity across regional, state, local, tribal, and territorial levels including health departments, community-based organizations, and harm reduction programs that serve PWID. (E.g., Collaborate with the Component 1 recipient to communicate through the national network of SSPs.)
- In consultation with CDC, identify and prioritize geographic regions of the United States, Territories, and Tribal Nations experiencing disproportionately high rates of viral hepatitis and HIV and other consequences of injection drug use. Develop strategies to target a portion of the funding towards communities with the highest need.
- In consultation with CDC, develop funding strategies to ensure the diversity of sub-recipients. Consider how to fund such diverse SSPs as those that vary by:
    - Volume of participants served, to reach both small and large SSPs
    - Services currently provided, to ensure funding reaches SSPs offering core services only, SSPs offering expanded services, and SSPs that wish to offer expanded services;
        - Examples of core services may include:
            - Distribution of sterile injection supplies
            - Education about safe disposal of injection supplies
        - Examples of expanded services may include:
            - Safe and efficient disposal of used injection supplies
            - Overdose prevention and response education and training
            - Testing and treatment for hepatitis B, hepatitis C, and HIV
            - Vaccination for hepatitis A and hepatitis B
            - Linkage to substance use disorder treatment
            - HIV PrEP
            - Capacity to bill insurers for services to support sustainable service delivery
            - Offering integrated services (i.e., all services are offered at the same site)
            - Conducting evaluation activities in collaboration with NHRTAC
            - Serving as peer mentoring sites for training and support for other SSPs
    - Geographic location, to reach SSPs located in rural and urban settings and all regions of the United States;

- Population served, to reach populations that vary by race/ethnicity, sexual orientation, gender identity; and
- Other factors determined in discussion with CDC.

- In consultation with CDC, develop parameters for awarding funding. Parameters might include baseline services and participant volume as well as the services to be funded. Recipient should reference: Syringe Services Programs Technical Package (cdc.gov).
- In consultation with CDC, establish a process for requesting proposals and awarding funding that recognizes and addresses barriers experienced by SSPs when applying for funding
- In consultation with CDC, define program performance measures for participating SSPs.
- Develop staffing, plans, and resources for:
  a. Monitoring and evaluation of funded SSPs
  b. Regular support and communication with funded SSPs
- Convene a sub-recipient kick-off meeting shortly after the award to introduce funding objectives, TA, communication resources, and stakeholder support
- Work with SSPs to ensure completion of the SSP survey described in Strategy 1.2 (oversee implementation, analysis, dissemination, and use of findings for a national annual survey assessing SSP coverage, capacity, and service delivery). Use data from the SSP survey to guide ongoing evaluation and quality improvement activities.
- Coordination with NHRTAC to ensure technical assistance needs of the funded SSPs are met.
- Receive evaluation and quality improvement data from SSPs. Manage and clean data. Resolve incomplete data and discrepancies in communication with SSPs. Report evaluation data to CDC as required.
- Report successes and progress to CDC documented as success stories to be created for each SSP.
- Summarize and evaluate this activity and share accomplishments and lessons learned through publications and presentations. Success stories shall be disseminated at least annually.
- Establish ongoing evaluation and continuous improvement activities in collaboration with CDC.

1. Collaborations

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

Recipients for both components are required to collaboratively partner with each other and with CDC. Recipients are also required to maintain collaborations with CDC-funded state and local health department program staff for viral hepatitis, HIV, overdose prevention, immunization, and other CDC-funded surveillance or prevention program staff, as appropriate, for the successful implementation of activities.

Collaboration between recipients for Components 1 and 2 is required to promote improved identification of existing and planned SSPs; improved communication between recipients and SSPs about resources, funding opportunities for SSPs, and expanded communication efforts; improved awareness of planning, implementation, results; and recommendations from the survey

of SSPs.

Recipients are expected to collaborate with the National Harm Reduction TA Center (NHRTAC) (https://harmreductionhelp.cdc.gov/) to assure that funded activities are coordinated synergistically and not duplicated, and fully accessible to SSPs and other state and local partners.

b. With organizations not funded by CDC:
Recipients for both components are encouraged to collaborate with persons with lived experience using drugs, harm reduction programs, and non-governmental and professional organizations who have played a historic role in advocating for the health and welfare of PWUD in order to secure input and advice on implementation of program activities and to enhance communication about funded activities. Engagement of representatives of state and local health departments is expected to facilitate two-way communication and collaboration with state and local health jurisdictions. Recipients are also encouraged to collaborate with other entities providing services for PWUD, including the Indian Health Service (https://www.ihs.gov), the Veterans Health Administration (https://www.va.gov/health/), and local HIV planning councils and Ryan White programs to expand the reach and scope of funded activities and to fully understand and engage and learn from SSPs for populations served by these partners.

2. Target Populations
For purposes of this NOFO, the target population is comprised of the SSP workforce (e.g., health care professionals, outreach workers, counselors, administrators) within current and future SSPs and their local partner organizations (e.g., healthcare organizations and CBOs), stakeholders (e.g., health officials, law enforcement, policy makers and community members), and PWID, and PWUD who may be at risk for injection drug use (IDU). Successful applicants must execute program deliverables in a manner that is available, accessible, and acceptable regardless of age, race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant social dimensions.

a. Health Disparities

Health Equity:
The program supports efforts to improve the health of populations disproportionately affected by HIV, Viral Hepatitis, sexually transmitted diseases (STDs) and TB by maximizing the health impact of public health services, reducing disease incidence, and advancing health equity.

A health disparity occurs when a health outcome is seen to a greater or lesser extent between populations. Health disparities in HIV, Viral Hepatitis, STDs, and TB are inextricably linked to a complex blend of social determinants that influence which populations are most disproportionately affected by these infections and diseases.

Social determinants are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes (https://www.cdc.gov/socialdeterminants/index.htm). These include conditions for early childhood development; education, employment, and work; food security, health services, housing, income, and social exclusion. Health equity is a desirable goal that entails special

efforts to improve the health of those who have experienced social or economic challenges. It requires:

- Continuous efforts focused on elimination of health disparities, including disparities in health and in the living and working conditions that influence health, and
- Continuous efforts to maintain a desired state of equity after health disparities are eliminated.

Programs should use data, including social determinants data, to identify communities within their jurisdictions that are disproportionately affected by HIV, Viral Hepatitis, STDs and TB and related diseases and conditions, and plan activities to help eliminate health disparities. In collaboration with partners and appropriate sectors of the community, programs should consider social determinants of health in the development, implementation, and evaluation of program specific efforts and use culturally appropriate interventions and strategies that are tailored for the communities for which they are intended.

Advancing health equity is especially important among persons who inject drugs (PWID). PWID experience high mortality from overdose,[1,2] and increased incidence of viral hepatitis,[3] HIV,[5] and invasive bacterial infections.[22] Persons with substance use disorder report a higher prevalence of adverse childhood experiences[23] and have high rates of traumatic event re-exposure,[24] risky income generation,[25] housing insecurity,[26] and incarceration.[27] They report stigma during interactions with health facilities and may even avoid necessary medical care for that reason.[28]

SSPs are places where PWID feel comfortable accessing services.[29-31] As such, compared to PWID with limited or no access to SSPs, participants attending SSPs and receiving sterile injection equipment are less likely to practice unsafe injections[32-34]. SSPs are also places where participants can access vaccinations[35,36], testing,[31,36,37] and treatment for infectious diseases,[31,37-39] MOUD[40-42] and PrEP.[43] Improved access to SSPs has a great potential for mitigating health disparities experienced by PWID. This NOFO will support SSPs with funding, communication, and linkage to technical assistance through NHRTAC to meet the needs of this population.

iv. Funding Strategy

Total period of performance funding: Approximately $50,000,000
Component 1: Approximately $750,000
Component 2: Approximately $9,250,000

This program notice is subject to the appropriation of funds, and is a contingency action taken to ensure that, should funds become available for this purpose, CDC can process applications and award funds in a timely manner. In the event that future fiscal year appropriation or other statute fails to authorize this activity, no awards will be made. Final award amounts may be less than requested. Funding availability in subsequent fiscal years is subject to the availability of appropriated funds.

Applicants may apply for Component 1 or Component 2 or both. One recipient may be funded for both components.
Applicants are permitted to submit only one application. If you are applying for both components, one application should be submitted with two separate narratives, workplans, and budgets required.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Strategy

CDC will evaluate program performance by component, and program performance of each Recipient. For Component 1 and Component 2, CDC will work with recipients to develop a feasible scheme for measurement and evaluation that ensures successful monitoring of the implementation of the strategies and activities (process evaluation and measures) and assesses progress in achieving the period of performance outcomes and/or understanding of the barriers to such progress (outcome evaluation and indicators). The following are measurable short-term and intermediate outcomes and proposed performance measures for Component 1 and 2 recipients. All measures will be finalized in collaboration with recipients within 6 months of the start of the period of performance.

Recipients will be expected to demonstrate progress toward achieving the intended short-term and intermediate outcomes that are bolded in the logic model.

Component 1: Support a national network of Syringe Services Programs (SSPs) and oversee implementation and use of an annual survey of SSPs

Short-term outcomes:

Outcome: Improved data on SSP services
Measure: Annual survey response rate of 80% of SSPs nationally
Measure: The clean data set is submitted to CDC in accordance with CDC guidelines at the close of the budget period annually
Measure: Annual SSP summary is presented and shared with partner organizations with recommendations to improve prevention, testing, treatment services
Measure: Written summaries, including methods, results, conclusions, and recommendations from SSP assessment are available and disseminated annually

Outcome: Improved methods to measure service delivery by SSPs
Measure: Documentation, including written summary of survey methods, protocols, questionaries, analysis code, and lessons learned is shared with CDC at the close of each budget period
Measure: Finalized metrics for tracking national SSP coverage, capacity, and service delivery
Measure: Development of a tool to communicate national SSP metrics to a broader audience

Intermediate outcomes:

Outcome: Increase in robust communication across national network of SSPs
Measure: Network of SSPs is completed and continually maintained up to date
Measure: Number and proportion of SSPs in network, stratified by descriptive characteristics, including geographic location (developmental)
Measure: A robust communication plan is established in collaboration with partner organizations

Component 2: Support and strengthen implementation of SSPs

Short-term outcomes:

Outcome: Increased access to harm reduction services and supplies
Measure: Descriptive data: including SSP location, service delivery models, syringe distribution policies, population served (size and urbanicity), number of participants
Measure: Participant demographics

Outcome: Increased HCV, HIV, and HBV testing among SSP Participants
Measure: number of SSP participants screened for hepatitis C
Measure: number of SSP participants screened for hepatitis B
Measure: number of SSP participants screened for HIV

Outcome: Increased prevention and treatment of infections associated with injection drug use
Measure: number of SSP participants with hepatitis C referred for or provided hepatitis C treatment
Measure: number of SSP participants with HIV referred for or provided antiretroviral therapy
Measure: number of SSP participants who are HIV negative referred for or provided PrEP
Measure: number of SSP participants receiving hepatitis A vaccination
Measure: number of SSP participants receiving hepatitis B vaccination

Intermediate outcomes:

Outcome: Improved SSP resources in disproportionately affected communities
Measure: Number of funded SSPs stratified by geographic unit and indicators of need/services (rates of viral hepatitis and HIV, overdose rates, and core or expanded funding type) (developmental)
Measure: Number of funded SSPs stratified by population served (urban/rural, participant demographics, participant gender and sexual orientation, affiliation) (developmental)

Outcome: Increased use of harm reduction services by PWID
Measure: Number of participant visits

Outcome: Decreased incidence of unsafe injection practices
Measure: Number of syringes distributed

Outcome: Increased hepatitis C viral clearance among SSP participants with hepatitis C
Measure: Number of SSP participants attaining sustained viral clearance of hepatitis C

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 the 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) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. 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/additional-requirements/ar-25.html.

Where the applicant chooses to, or is expected to, take on specific evaluation studies, the applicant 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, if applicable, within the first 6 months of award, as described in the Reporting Section of this NOFO.

Applicants should include a data management plan (DMP) that is as complete as possible. The DMP may be submitted as a checklist, paragraph, or other format that addresses:

- A description of the data to be collected or generated in the proposed project;
- The standards to be used for the collected or generated data;
- Mechanisms for, or limitations to, providing access to the data, including a description for the provisions for the protection of privacy, confidentiality, security, and intellectual property, or other rights;
- Statement of the use of data standards that ensure all documentation that describes the method of collection, what the data represent, and
- Plans for archiving and long-term preservation of the data, or explaining why long-term preservation and access are not justified; and,
- Other additional requirements based on the program.

CDC does not have a standard format for DMP; applicants can review examples of DMP at:

- University of California: DMPTool – California Digital Library (cdlib.org)
- USGS: Science Explorer | U.S. Geological Survey (usgs.gov)
- ICPSR: http://www.icpsr.umich.edu/icpsrweb/content/datamanagement/dmp/plan.html

c. Organizational Capacity of Recipients to Implement the Approach

All applicants must demonstrate existing capacity (i.e., experience, expertise, products, and resources) for both directly funded recipients or identified contractors to implement the activities they are proposing, and all required activities as described in the NOFO. Applicants must document ability to rapidly accomplish administrative tasks, including ability to rapidly hire staff, purchase supplies and equipment, and complete contractual agreements to achieve the objectives of the NOFO. Applicants should describe and submit documentation of their organizational mission and structure; physical space and equipment; relevant operational systems, protocols, and policies; overall budget and funding sources; program management and operational structure; expertise and experience of program management, staff, subcontractors, and consultants; current and recent relevant work; program working partnerships; and other information that would help CDC assess an applicant's capacity to execute their proposed program throughout the duration of the five-year period of performance. Organizational capacity will be weighed heavily during the review and selection process. Applicants should describe intent to use project funds to staff the funded project with individuals with lived experience and subject matter expertise in harm reduction, SSPs, and data collection and analysis to achieve the objectives of the NOFO. Applicants are strongly encouraged to describe and submit documentation for all items listed in this section. Any work that will be subcontracted to another organization, or that relies on another organization for successful completion, should be clearly described, and an MOU must be included with the application.

Demonstration of organizational capacity must be included as a supplemental file and uploaded as a .pdf file named 'Organizational Capacity' to www.grants.gov.

The following examples can be used to demonstrate organizational capacity:

- Organizational charts
- Curricula vitaes, resumes, and position descriptions to demonstrate component relevant expertise and experience for program manager(s), key staff, subcontractors, and consultants
- Letters of support or memorandums of understanding or commitment to demonstrate relationships with recipients of proposed program

Applicants for Components 1 and Component 2 should explicitly describe past and current engagement of people with lived experience using drugs, including employment, representation on boards or advisory committees and other objective evidence of deliberate engagement and inclusion.

Component 1: Support a national network of Syringe Services Programs (SSPs) and conduct an annual survey of SSPs

- Describe and document the organization's capacity to support a national network of SSPs through meaningful engagement with a variety of national organizations with a demonstrated portfolio in support of PWID and SSPs.
- Describe and document the organization's capacity to reach SSPs nationally through an established network in urban, suburban, and rural areas of the United States and territories.
- Describe and document the organization's ability to conduct a monitoring and evaluation survey of SSPs, including formative assessment and planning, survey implementation, data collection, quality assurance and dissemination.
- Describe and document the capacity of the organization to collaborate with CDC, stakeholders, SSPs, and other recipients under this NOFO.

Component 2: Support and strengthen implementation of comprehensive SSPs

- Describe and document the ability of the organization to plan funding for SSPs in areas disproportionately impacted by infectious disease consequences of injection drug use, considering diversity of programs and need for funded activities.
- Describe and document the ability of the organization to award funding to SSPs, including setting up objective criteria for funding, supporting applicants without previous grant funding experience, awarding funding, monitoring, evaluating, and offering communication and support to sub-recipients, and collecting and reporting performance data.
- Describe and document the ability of the organization to collaborate and coordinate with local SSPs to achieve mutually agreed upon objectives.
- Describe and document the ability of the organization to coordinate nationally with partners to achieve the objectives of this NOFO.

d. Work Plan

Applicants must provide a detailed work plan for each component for the first year of this award and a high-level work plan for the entire five-year period of performance.

A sample work plan template is shown here:

Strategy	Activity	Process Measure	Responsible Party	Completion Date

If applying to more than one component, a separate work plan and budget must be submitted for each component.

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.

Monitoring may also include other activities deemed necessary to monitor the award, if applicable.

f. CDC Program Support to Recipients

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

- Technical Assistance: CDC can provide subject matter expertise on survey development and analysis, evaluation and performance measurements, and capacity building such as SSP implementation of expanded services. Technical assistance to the SSP network will also be available through the NHRTAC which can develop proactive technical assistance in support of SSP implementation. CDC can also connect partners and subrecipients to relevant federal, state, and local health departments, and other stakeholders.
- Information Sharing with Recipients: For component 1, CDC will work with the recipient to finalize the survey instrument and obtain OMB approval for any modifications for survey revisions. Recipients will also be connected with other internal and external partners working on relevant projects to support collaboration where possible.

B. Award Information

1. Funding Instrument Type:

CA (Cooperative Agreement)

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

2. Award Mechanism:
U52

3. Fiscal Year:
2022

Estimated Total Funding:
$50,000,000

4. Approximate Total Fiscal Year Funding:
$10,000,000
Component 1: approximately $750,000
Component 2: approximately $9,250,000

This amount is subject to the availability of funds.

5. Approximate Period of Performance Funding:
$50,000,000

6. Total Period of Performance Length:
5

year(s)

7. Expected Number of Awards:
2
1 award for Component 1
1 award for Component 2

8. Approximate Average Award:

$10,000,000
Per Budget Period

Approximately $750,000 for Component 1
Approximately $9,250,000 for Component 2

9. Award Ceiling:
$0
Per Budget Period

10. Award Floor:
$0
Per Budget Period

11. Estimated Award Date:
September 30, 2022
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).

12. Budget Period Length:
12 month(s)

13. Direct Assistance
Direct Assistance (DA) is not available through this NOFO.

If you are successful and receive a Notice of Award, in accepting the award, you agree that the award and any activities thereunder are subject to all provisions of 45 CFR Part 75, currently in effect or implemented during the period of the award, other Department regulations and policies in effect at the time of the award, and applicable statutory provisions.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
99 (Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional Information on Eligibility")

23 (Small businesses)

22 (For profit organizations other than small businesses)

20 (Private institutions of higher education)

13 (Nonprofits without 501(c)(3) status with the IRS, other than institutions of higher education)

12 (Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education)

11 (Native American tribal organizations (other than Federally recognized tribal governments))

08 (Public housing authorities/Indian housing authorities)

07 (Native American tribal governments (Federally recognized))

06 (Public and State controlled institutions of higher education)

05 (Independent school districts)

04 (Special district governments)

02 (City or township governments)

01 (County governments)

00 (State governments)

25 (Others (see text field entitled "Additional Information on Eligibility" for clarification))

2. Additional Information on Eligibility

Applicants are invited to apply to one or two components, if desired.

Applicants are permitted to submit only one application. If you are applying for both components, one application should be submitted with two separate narratives, workplans, and budgets required. CDC will not consider multiple applications from a single applicant. The application will be considered as nonresponsive and will receive no further review if the requirements in this section are not met.

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

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.

PLEASE NOTE: For applications due on or after April 4, 2022, applicants must have a unique entity identifier (UEI) at the time of application submission (SF-424, field 8c). In preparation for the federal government's April 4, 2022 transition to the Unique Entity Identifier (UEI) from the Data Universal Numbering System (DUNS), applicants must obtain a UEI. The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and grants.gov. Entities registering in SAM.gov prior to April 4, 2022 must still obtain a DUNS number before registering in SAM.gov registration. Additional information is available on the GSA website, SAM.gov, and Grants.gov-Finding the UEI.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number to register in SAM.gov prior to April 4, 2022. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B).

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 and a Unique Entity Identifier (UEI). 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 SAM.gov and the SAM.gov Knowledge Base.

c. Grants.gov: The first step in submitting an application online is registering your organization atwww.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option atwww.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) (Required until April 4, 2022)	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	1. Retrieve organizations DUNS number (required until April 4, 2022) 2. Go to SAM.gov and designate an E-Biz POC	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/

	Central Contractor Registration (CCR)	(You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.		home.do Calls: 866-606-8220
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 funding opportunity at www.grants.gov.

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)

Number Of Days from Publication 30

04/01/2022

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

Please include in an LOI the following information:

- Organization
- Primary point of contact
- Which component(s) will be applied for

LOI must be sent via email to:

Aleta Christensen, Health Scientist
CDC, National Center for HIV, Viral Hepatitis, STD, and TB Prevention
yno7@cdc.gov

b. Application Deadline

Due Date for Applications 05/02/2022

05/02/2022
11:59 pm 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.

Due Date for Information Conference Call
At time of publication, the following informational calls are scheduled:

March 16th, 2022 from 3-5pm EST

And

March 30th, 2022 from 3-5pm EST

Please visit www.cdc.gov/hepatitis/index.htm for current details and call information.

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

CDC is required to conduct pre-award risk assessments to determine the risk an applicant poses to meeting federal programmatic and administrative requirements by taking into account issues such as financial instability, insufficient management systems, non-compliance with award conditions, the charging of unallowable costs, and inexperience. The risk assessment will include an evaluation of the applicant's CDC Risk Questionnaire, located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, as well as a review of the applicant's history in all available systems; including OMB-designated repositories of government-wide eligibility and financial integrity systems (see 45 CFR 75.205(a)), and other sources of historical information. These systems include, but are not limited to: FAPIIS (https://www.fapiis.gov/), including past performance on federal contracts as per Duncan Hunter National Defense Authorization Act of 2009; Do Not Pay list; and System for Award Management (SAM) exclusions.

CDC requires all applicants to complete the Risk Questionnaire, OMB Control Number 0920-1132 annually. This questionnaire, which is located at https://www.cdc.gov/grants/documents/PPMR-G-CDC-Risk-Questionnaire.pdf, along with supporting documentation must be submitted with your application by the closing date of the Notice of Funding Opportunity Announcement. If your organization has completed CDC's Risk Questionnaire within the past 12 months of the closing date of this NOFO, then you must submit a copy of that questionnaire, or submit a letter signed by the authorized organization representative to include the original submission date, organization's EIN and DUNS.

When uploading supporting documentation for the Risk Questionnaire into this application package, clearly label the documents for easy identification of the type of documentation. For example, a copy of Procurement policy submitted in response to the questionnaire may be labeled using the following format: Risk Questionnaire Supporting Documents _ Procurement Policy.

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

Is a LOI:
Recommended but not Required
The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

Please include in an LOI the following information:

- Organization

- Primary point of contact
- Which component(s) will be applied for

LOI must be sent via email to:

Aleta Christensen, Health Scientist
CDC, National Center for HIV, Viral Hepatitis, STD, and TB Prevention
yno7@cdc.gov

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

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

Multi-component NOFOs may have a maximum of 15 pages for the “base” (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages per component for

Project Narrative subsections that are specific to each component.

Text should be single spaced, 12 point font, 1-inch margins, and number all pages. Page limits include work plan; content beyond specified limits may not be reviewed.

Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity Announcement. 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 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 period of performance. Outcomes are the results that the program intends to achieve. All outcomes must indicate the intended direction of change (e.g., increase, decrease, maintain). (See the logic model in the Approach section of the CDC Project Description.)

iii. Strategies and Activities

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

1. Collaborations

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

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 https://www.cdc.gov/od/science/integrity/reducePublicBurden/.

- 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.

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.

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.

Vital records data, including births and deaths, are used to inform public health program and policy decisions. If applicable and consistent with the cited statutory authority for this NOFO, applicant entities are encouraged to collaborate with and support their jurisdiction's vital records office (VRO) to improve vital records data timeliness, quality and access, and to advance public health goals. Recipients may, for example, use funds to support efforts to build VRO capacity through partnerships; provide technical and/or financial assistance to improve vital records timeliness, quality or access; or support vital records improvement efforts, as approved by CDC.

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.

13. Pilot Program for Enhancement of Employee Whistleblowers 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.

13a. 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 45 CFR 75 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.

13b. 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.

13c. Data Management Plan
As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the 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/additional-requirements/ar-25.html.

14. 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 andadditional 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.

- Federal funds used for the purchase of supplies or equipment related to injection drug use must comply with current federal law.

15. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity atwww.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or

offline. All application attachments must be submitted using a PDF file format. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

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 whenwww.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 bywww.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=GetStarted%2FGetStarted.htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service atwww.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 thatwww.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call thewww.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 via email.

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 the Office of Grants Services. Complete applications will be reviewed for responsiveness by 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.

Component 1-Approach **Maximum Points:** 30

The extent to which applicant describes credible, efficient, and effective plans to implement required activities, consistent with the intent of the NOFO:

- Plans to curate communication mechanisms in collaboration with existing national networks (4 pts)
- Increased communication across a national network of SSPs:
    - Needs assessment to identify existing resources and gaps (2 pts)
    - Support for existing and implementation of new communication mechanisms, including plan for rapid dissemination of public health information (3 pts)
- An annual survey of SSPs
    - Pre-implementation activities, including consultation of CDC and stakeholders to finalize the survey instrument (2 pts)
    - Demonstrated capacity to gain buy-in from SSPs for participation in survey (3 pts)
    - Plans for implementation, data management and analysis, OMB and clearances, and report development (2 pts)

    - Plans for dissemination of results, including through partner organizations and national network of SSPs (2 pts)

- The extent to which the applicant describes credible plans to collaborate with other organizations with a demonstrated portfolio in support of PWID and SSPs
    - Plans for meaningful engagement of people with lived experience using drugs (3 pts)
    - Plans for collaborations with existing national networks (3 pts)
    - Plans for meaningful engagement with organizations with a demonstrated portfolio in support of PWID and SSPs and experience in supporting surveys and networks (3 pts)

- The extent to which the workplan lays out credible, achievable activities, timelines, and responsible parties, consistent with the intent of the NOFO (3 pts)

Component 1-Evaluation and Performance Measurement **Maximum Points:** 25

- The extent to which the applicant presents a credible draft evaluation plan noting key deliverables and timeline and commits to work with CDC to finalize evaluation measures within the first six months of funding:
    - Evaluation plan for national network of SSPs (5 pts)
    - Evaluation plan for annual survey of SSPs (5 pts)

- The extent to which the applicant presents a credible quality improvement plan that explicitly explains the process for continuous quality improvement (5 pts)

- The extent to which the applicant presents credible plans to regularly present and publish information on progress and lessons learned, sharing program outcomes with partner organizations and national network of SSPs, such that transparency and accountability is maximized at a national level (5 pts)

- The extent to which the evaluation plan is integrated with the workplan (5pts)

Component 1-Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 45

The following examples can be used to demonstrate organizational capacity:

- Organizational charts
- Curricula vitaes, resumes, and position descriptions to demonstrate component relevant expertise and experience for program manager(s), key staff, subcontractors, and consultants
- Letters of support or memorandums of understanding or commitment to demonstrate relationships with recipients of proposed program

- The extent to which the applicant documents a national reach, credible accomplishments in support of the welfare of PWID and SSPs, and demonstrated ability to lead and support a project that is national in scope
    - Objective evidence (e.g., CVs, job descriptions, organizational charts) of current capacity to support a national network of SSPs (4 pts)
    - Objective evidence (e.g., CVs, job descriptions, organizational charts) of current capacity to conduct a national survey of SSPs and analyze and disseminate findings (4 pts)
    - Objective evidence of national reach, such as mission statement, membership, current portfolio, and past accomplishments (4 pts)
    - Objective evidence of activities supporting SSPs and the welfare of PWID (e.g., CVs, MOUs, letters of support) (4 pts)
    - Objective evidence of engagement of persons with lived experience in significant activities within the organization (4 pts)
- The extent to which the applicant includes job descriptions, organizational charts, and other objective documentation of intent to use project funds to staff the funded project with individuals with lived experience using drugs and other subject matter expertise in harm reduction, SSPs, and data collection and analysis to achieve the objectives of the NOFO (10 pts)
- Extent to which applicant documents ability to rapidly accomplish administrative tasks, including ability to rapidly hire staff, purchase supplies and equipment, and complete contractual agreements to achieve the objectives of this NOFO (5 pts)
- The extent to which the applicant demonstrates the intent and the capacity to collaborate with other organizations with a demonstrated portfolio in support of PWID and SSPs and build upon existing SSP networks through letters of support, MOUs, and objective evidence of past successful collaboration (10 pts)

Component 1-Budget **Maximum Points:** 0

- Extent to which budget is efficient, reasonable and meets the intent of the NOFO

Component 2-Approach **Maximum Points:** 30

- The extent to which applicant describes credible, efficient, and effective plans to fund SSPs, including recruitment to apply, implementation of a clear, transparent, and easily accessible process for funding, and regular communication, evaluation, and linkage TA for recipients, consistent with the intent of the NOFO:
    - Pre-implementation plans, including plans to maximize diversity of funded SSPs and plans to maximize funding to communities disproportionately impacted by infectious disease consequences of injection drug use (5 pts)
    - Plans for communication about funding opportunity with SSPs (5 pts)
    - Implementation plan, including selection of SSPs and awarding of funding (5 pts)
    - Plans to support and maintain communication with funded SSPs (3 pts)

- Data management and data reporting plan (2 pts)

- The extent to which the applicant describes credible plans to support a range of funded SSPs in implementing core services and expanded services
    - Plans for engaging individuals and organizations with a demonstrated portfolio in support of PWID and SSPs to support implementation (5 pts)

- The extent to which the workplan lays out credible, achievable activities, timelines, and responsible parties, consistent with the intent of the NOFO (5pts)

Component 2-Evaluation and Performance Measurement **Maximum Points:** 25

- The extent to which the applicant presents a credible draft evaluation plan noting key deliverables and timeline and commits to work with CDC to finalize evaluation measures for funding and implementation of SSPs in the United States and territories within the first six months of funding (5 pts)

- The extent to which the applicant puts forward credible plans to assist SSPs with reporting evaluation measures, manage data and resolve incomplete and discrepant data collaboratively with SSPs (10 pts)

- The extent to which the applicant presents a credible quality improvement plan that includes regular sharing of evaluation data with CDC and explaining the expected process for quality improvement (5 pts)

- The extent to which the applicant presents credible plans to regularly present and publish information on progress and lessons learned, such that transparency is maximized at a national level (5 pts)

Component 2-Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 45

The following examples can be used to demonstrate organizational capacity:

- Organizational charts
- Curricula vitaes, resumes, and position descriptions to demonstrate component relevant expertise and experience for program manager(s), key staff, subcontractors, and consultants
- Letters of support or memorandums of understanding or commitment to demonstrate relationships with recipients of proposed program

- The extent to which the applicant documents national reach, credible accomplishments in support of the welfare of PWID and SSPs, and demonstrated ability to lead and support a project that is national in scope
    - Objective evidence (CVs, job descriptions, organizational charts) of current capacity to fund large numbers of syringe services programs (8 pts)
    - Objective evidence of national reach, such as mission statement, membership, current portfolio and past accomplishments (3 pts)

    - Objective evidence of five or more years of activities supporting SSPs and the welfare of PWID (5 pts)
    - Objective evidence of engagement of persons with lived experience using drugs in significant activities within the organization (4 pts)
- The extent to which the applicant has demonstrated experience in supporting the implementation of syringe services programs
    - Objective evidence of supporting the implementation of core or expanded harm reduction services within a syringe services program setting (5 pts)
    - Demonstrated ability to ensure diversity of sub-recipients to include both small and large SSPs, and SSPs offering a range of services (5 pts)
- The extent to which the applicant includes job descriptions, organizational charts, and other objective documentation of intent to utilize project funding to staff the funded project appropriately to achieve the objectives of the NOFO (5 pts)
- Extent to which applicant documents ability to rapidly accomplish administrative tasks, including ability to rapidly hire staff, purchase supplies and equipment, and complete contractual agreements to achieve the objectives of this NOFO (5 pts)
- The extent to which the applicant demonstrates the intent and the capacity to collaborate with other organizations with a demonstrated portfolio in support of PWID and SSPs through letters of intent, MOUs, and objective evidence of past successful collaboration (5 pts)

Component 2-Budget **Maximum Points:** 0

- Extent to which budget is efficient, reasonable and meets the intent of the NOFO

c. Phase III Review

Applications will be funded in order by score determined by the review panel. If an organization applies for both components, each component will be scored separately, and funding decisions will depend on score order for each component.

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

Successful applicants will be notified by email no later than September 30, 2022.

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.

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-9: Paperwork Reduction Act Requirements
AR-24: Health Insurance Portability and Accountability Act Requirements
AR-25: Data Management and Access
AR-34: Accessibility Provisions and Non-Discrimination Requirements
AR-37: Prohibition on certain telecommunications and video surveillance services or equipment for all awards issued on or after August 13, 2020

The full text of the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards, 45 CFR 75, can be found at: https://www.ecfr.gov/cgi-bin/text-idx?node=pt45.1.75

Should you successfully compete for an award, recipients of federal financial assistance (FFA) from HHS must administer their programs in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy).This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html and https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html.

- Recipients of FFA must ensure that their programs are accessible to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html and https://www.lep.gov.

- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html.

- HHS funded health and education programs must be administered in an environment free of sexual harassment, see https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html.

- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-

discrimination laws, see https://www.hhs.gov/conscience/conscience-protections/index.html and https://www.hhs.gov/conscience/religious-freedom/index.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.

Report	When?	Required?
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period.	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30.	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 recipient must submit the Annual Performance Report via https://www.grantsolutions.gov 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 through the Payment Management System (PMS). 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)

The Final Performance Report is due 90 days after the end of the period of performance. The Final FFR is due 90 days after the end of the period of performance and must be submitted through the Payment Management System (PMS). 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 period of performance, 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).
- All reports should also be sent electronically to GMS listed in the "Agency Contacts" section of the NOFO copying the CDC Project Officer.

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.

6. Termination

CDC may impose other enforcement actions in accordance with 45 CFR 75.371- Remedies for Noncompliance, as appropriate.

The Federal award may be terminated in whole or in part as follows:

(1) By the HHS awarding agency or pass-through entity, if the non-Federal entity fails to comply with the terms and conditions of the award;

(2) By the HHS awarding agency or pass-through entity for cause;

(3) By the HHS awarding agency or pass-through entity with the consent of the non-Federal entity, in which case the two parties must agree upon the termination conditions, including the effective date and, in the case of partial termination, the portion to be terminated; or

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this NOFO.

Program Office Contact

For programmatic technical assistance, contact:

First Name:
Aleta
Last Name:
Christensen
Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention

Address:
1600 Clifton Rd, MS US12-3
Atlanta, GA 30329

Telephone:
770-488-3956

Email:
yno7@cdc.gov

Grants Management Office Information

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

First Name:
Valerie

Last Name:
McCloud
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
2939 Flowers Road
Mail-Stop,TV-2
Atlanta, GA 30341

Telephone:
770-488-4790

Email:
VMcCloud@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.

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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
- 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

Organization Charts

Letters of Support

Position descriptions

Memorandum of Understanding (MOU)

Complete application must include the following additional attachments:

- Demonstration of organizational capacity as described in Project Narrative (uploaded as a .pdf file named 'Organizational Capacity')
    - Organizational Charts
    - Curricula vitaes, resumes, and position descriptions to demonstrate component relevant expertise and experience for program manager(s), key staff, subcontractors, and consultants
    - Letters of support or memorandums of understanding or commitment to demonstrate relationships with recipients of proposed program

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 https://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.

Assistance Listings: 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.

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

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 period of performance. 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.

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. https://www.cdc.gov/grants/additional-requirements/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 2030: 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.

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 Definitions

Comprehensive SSP: An SSP that offers both core and most expanded services needed by clients. See expanded services.
Core services: for SSPs, core services are defined as provision of sterile injection supplies and disposal of used injection supplies. Source: https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf
DAA: direct-acting antiviral agent
Direct-acting antiviral agents: medication used to treat hepatitis C. See: Recommendations for Testing, Managing, and Treating Hepatitis C | HCV Guidance (hcvguidelines.org)
Expanded services: Services offered by SSPs in addition to core services. Expanded services include overdose prevention and response education and training, linkage to substance use disorder treatment, viral hepatitis and HIV testing and treatment, vaccinations, PrEP, wound care, and education about safer injection and skin care. Services may be offered on-site or by referral. Source: https://www.cdc.gov/ssp/docs/SSP-Technical-Package.pdf
Infectious disease and SUD prevention, testing, and treatment services for PWID: Services offered in SSPs beyond core services, including: overdose prevention and response education and training, including provision of or linkage to naloxone, screening for opioid use disorder, initiation and maintenance of MOUD, testing and treatment for hepatitis B, hepatitis C, HIV, sexually transmitted infections, vaccination for hepatitis B and hepatitis A. Wound care and patient-centered reproductive healthcare might also be included.
HR: harm reduction
Harm reduction (HR): "interventions aimed at reducing the negative effects of health behaviors without necessarily extinguishing the problematic health behaviors completely or permanently." Reference: Hawk M, Coulter RWS, Egan JE, Fisk S, Friedman MR, Tula M, Kinsky S. "Harm Reduction Principles for Healthcare Settings." Harm Reduct J 14, no. 1 (2017/10/24 2017): 70. https://dx.doi.org/10.1186/s12954-017-0196-4. Harm reduction interventions for persons who use drugs typically include syringe access, overdose prevention, and strategies for safer drug use.
Integrated care: For the purpose of this NOFO, integrated care is defined as provision of all needed services at the same site by the same care team.
MOUD: medication for opioid use disorder
Medication for opioid use disorder (MOUD): any of three approved drugs used to treat OUD -- methadone, buprenorphine, and naltrexone. MOUDs are the standard of care for OUD and reduce the risk of relapse, overdose death, infection (hepatitis C and HIV), criminal behavior, and costs. Reference: Volkow ND, Blanco C. Medications for Opioid Use Disorders: Clinical and Pharmacological Considerations. The Journal of Clinical Investigation 130, no. 1 (01/02/ 2020): 10-13. https://dx.doi.org/10.1172/JCI134708.
National Harm Reduction TA Center: an online platform for requesting technical assistance for any aspect of harm reduction; see: CDC's Harm Reduction Technical Assistance Program FAQs
NHRTAC: National Harm Reduction TA Center

OUD: opioid use disorder
Opioid use disorder (OUD): a chronic relapsing brain disease in a person taking opioid medications characterized by tolerance (the need to take progressively increasing doses of opioid medication to achieve intoxication or the desired effect) and withdrawal (development of symptoms including dilated pupils, goosebumps, muscle twitching, tearing, runny nose, sweating, yawning, tremor, insomnia, restlessness, muscle and joint aches, diarrhea, and nausea or vomiting, followed by low blood pressure and dehydration) when the desired drug is unavailable in the usual quantities. Addictionologists use eleven criteria to diagnose opioid use disorder. Reference: Volkow ND, Blanco C. Medications for Opioid Use Disorders: Clinical and Pharmacological Considerations. The Journal of Clinical Investigation 130, no. 1 (01/02/2020): 10-13. https://dx.doi.org/10.1172/JCI134708.
PrEP: "PrEP (pre-exposure prophylaxis) is medicine people at risk for HIV take to prevent getting HIV from sex or injection drug use. When taken as prescribed, PrEP is highly effective for preventing HIV." Source: PrEP | HIV Basics | HIV/AIDS | CDC
Program evaluation: "... program evaluation is a systematic way to improve and account for public health actions by involving procedures that are useful, feasible, ethical, and accurate." Source: Framework for Program Evaluation - CDC
PWID: person who injects drugs
PWUD: person who uses drugs
Quality improvement: See "continuous quality improvement."
Recipient: Organization or agency funded under this NOFO (see also subrecipient)
SSP: syringe services program
Subrecipient: agency or organization funded by the recipient using money awarded under this NOFO through a contractual arrangement between the recipient and the subrecipient
SUD: Substance use disorder
Substance use disorder (SUD): "Drug addiction, also called substance use disorder, is a disease that affects a person's brain and behavior and leads to an inability to control the use of a legal or illegal drug or medication. Substances such as alcohol, marijuana and nicotine also are considered drugs. (Persons with addiction) may continue using the drug despite the harm it causes." Source: Drug addiction (substance use disorder) - Symptoms and causes - Mayo Clinic
Syringe services program (SSP): "community-based prevention programs that can provide a range of services, including linkage to substance use disorder treatment; access to and disposal of sterile syringes and injection equipment; and vaccination, testing, and linkage to care and treatment for infectious diseases." Source: https://www.cdc.gov/ssp/index.html
TA: technical assistance
Technical assistance (TA): "Technical assistance means the transfer of skills and knowledge to entities that may need, but do not possess, such skills and knowledge. The assistance may include, but is not limited to, written information such as papers, manuals, guides, and brochures; person-to-person exchanges; web-based curriculums, training and Webinars, and their costs." Source: 24 CFR § 578.101 - Technical assistance. | CFR | US Law | LII / Legal Information Institute (cornell.edu)

References

1. Mattson CL, Tanz LJ, Quinn K, Kariisa M, Patel P, Davis NL. Trends and Geographic Patterns in Drug and Synthetic Opioid Overdose Deaths — United States, 2013–2019. MMWR Morb Mortal Wkly Rep 2021;70:202–207. DOI: http://dx.doi.org/10.15585/mmwr.mm7006.
2. Hoots B, Vivolo-Kantor A, Seth P. The rise in non-fatal and fatal overdoses involving stimulants with and without opioids in the United States. Addiction, doi:10.1111/add.14878
3. Centers for Disease Control and Prevention. Viral Hepatitis Surveillance Report, United States 2019. https://www.cdc.gov/hepatitis/statistics/2019surveillance/index.htm [September 10, 2021]
4. Kadri, A. N, B. Wilner, A. V. Hernandez, G. Nakhoul, J. Chahine, B. Griffin, et al. Geographic Trends, Patient Characteristics, and Outcomes of Infective Endocarditis Associated with Drug Abuse in the United States From 2002 to 2016. J Am Heart Assoc 8, no. 19 (Oct 2019): e012969. https://dx.doi.org/10.1161/jaha.119.012969.
5. Lyss SB, Buchacz K, McClung RP, Asher A, Oster AM. Responding to Outbreaks of Human Immunodeficiency Virus among Persons Who Inject Drugs—United States, 2016–2019: Perspectives on Recent Experience and Lessons Learned. J Infect Dis 222, no. Supplement_5 (2020): S239-S49.
6. Platt L, Minozzi S, Reed J, Vickerman P, Hagan H, French C, et al. Needle Syringe Programmes and Opioid Substitution Therapy for Preventing Hepatitis C Transmission in People Who Inject Drugs. Cochrane Database Syst Rev 9 (Sep 18 2017): CD012021. https://dx.doi.org/10.1002/14651858.CD012021.pub2.
7. Aspinall EJ, Nambiar D, Goldberg DJ, Hickman M, Weir A, Van Velzen E, et al. "Are Needle and Syringe Programmes Associated with a Reduction in HIV Transmission among People Who Inject Drugs: A Systematic Review and Meta-Analysis." Int J Epidemiol 43, no. 1 (Feb 2014): 235-48. https://dx.doi.org/10.1093/ije/dyt243.
8. MacArthur GJ, Minozzi S, Martin N, Vickerman P, Deren S, Bruneau L, et al. "Opiate Substitution Treatment and HiV Transmission in People Who Inject Drugs: Systematic Review and Meta-Analysis." BMJ 345 (Oct 3 2012): e5945. https://dx.doi.org/10.1136/bmj.e5945.
9. Grönbladh, L., L. S. Ohlund, and L. M. Gunne. "Mortality in Heroin Addiction: Impact of Methadone Treatment." Acta Psychiatr Scand 82, no. 3 (Sep 1990): 223-7. https://doi.org/10.1111/j.1600-0447.1990.tb03057.x.
10. Pierce M, Bird SM, Hickman M, Marsden J, Dunn G, Jones A, Millar M. Impact of Treatment for Opioid Dependence on Fatal Drug-Related Poisoning: A National Cohort Study in England. Addiction 111, no. 2 (2016): 298-308. https://dx.doi.org/10.1111/add.13193.
11. Gjersing L, Bretteville-Jensen AL. Is Opioid Substitution Treatment Beneficial If Injecting Behaviour Continues? Drug Alcohol Depend 133, no. 1 (Nov 1 2013): 121-6. https://dx.doi.org/10.1016/j.drugalcdep.2013.05.022.
12. Kidorf M, King VL, Peirce J, Kolodner K, Brooner RK. Benefits of Concurrent Syringe Exchange and Substance Abuse Treatment Participation. J Subst Abuse Treat 40, no. 3 (Apr 2011): 265-71. https://dx.doi.org/10.1016/j.jsat.2010.11.011.

13. Kidorf M, Brooner RK, Leoutsakos JM, Peirce J. Reducing Risky Drug Use Behaviors by Enrolling Syringe Exchange Registrants in Methadone Maintenance. Subst Use Misuse 56, no. 4 (2021): 546-51. https://dx.doi.org/10.1080/10826084.2021.1887253.
14. Nelson NP, Weng MK, Hofmeister MG, et al. Prevention of Hepatitis A Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices, 2020. MMWR Recomm Rep 2020;69(No. RR-5):1–38. DOI: http://dx.doi.org/10.15585/mmwr.rr6905a1.
15. Schillie S, Vellozzi C, Reingold A, et al. Prevention of Hepatitis B Virus Infection in the United States: Recommendations of the Advisory Committee on Immunization Practices. MMWR Recomm Rep 2018;67(No. RR-1):1–31. DOI: http://dx.doi.org/10.15585/mmwr.rr6701a1.
16. Terrault NA, Lok ASF, McMahon BJ, Chang K-M, Hwang JP, Jonas MM, et al. Update on Prevention, Diagnosis, and Treatment of Chronic Hepatitis B: AASLD 2018 Hepatitis B Guidance. Hepatology, 2018, 67:1560-1599.
17. AASLD-IDSA. Recommendations for testing, managing, and treating hepatitis C. http://www.hcvguidelines.org. [September 10, 2021].
18. Office of AIDS Research. Clinical Guidelines. https://clinicalinfo.hiv.gov/en/guidelines [September 10, 2021]
19. Centers for Disease Control and Prevention. Pre-Exposure Prophylaxis (PrEP). https://www.cdc.gov/hiv/clinicians/prevention/prep.html [September 10, 2021].
20. Rich KM, Bia J, Altice FL, Feinberg J. Integrated Models of Care for Individuals with Opioid Use Disorder: How Do We Prevent HIV and HCV? Curr HIV/AIDS Rep 15, no. 3 (Jun 2018): 266-75. https://dx.doi.org/10.1007/s11904-018-0396-x.
21. Centers for Disease Control and Prevention. Integrated Prevention Services for HIV Infection, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis for Persons Who Use Drugs Illicitly: Summary Guidance from CDC and the U.S. Department of Health and Human Services. MMWR Recomm Rep 61, no. Rr-5 (Nov 9 2012): 1-40.
22. Jackson KA, Bohm MK, Brooks JT, et al. Invasive Methicillin-Resistant Staphylococcus aureus Infections Among Persons Who Inject Drugs — Six Sites, 2005–2016. MMWR Morb Mortal Wkly Rep 2018;67:625–628. DOI: http://dx.doi.org/10.15585/mmwr.mm6722a2
23. Leza L, Siria S, López-Goñi JJ, Fernández-Montalvo J. Adverse Childhood Experiences (ACEs) and Substance Use Disorder (SUD): A Scoping Review. Drug Alcohol Depend 221 (Apr 1 2021): 108563. https://dx.doi.org/10.1016/j.drugalcdep.2021.108563.
24. Peirce JM, Kolodner K, Brooner RK, Kidorf MS. Traumatic Event Re-Exposure in Injecting Drug Users. J Urban Health 89, no. 1 (Feb 2012): 117-28. https://dx.doi.org/10.1007/s11524-011-9619-9.
25. Thompson Jr RG, Wall MM, Greenstein E, Grant BF, Hasin DS. Substance-Use Disorders and Poverty as Prospective Predictors of First-Time Homelessness in the United States. Am J Public Health 103, no. S2 (2013): S282-S88. https://dx.doi.org/10.2105/ajph.2013.301302.
26. Cheng T, Kerr T, Small W, Nguyen P, Wood E, DeBeck K. High Prevalence of Risky Income Generation among Street-Involved Youth in a Canadian Setting. Int J Drug Policy 28 (Feb 2016): 91-7. https://dx.doi.org/10.1016/j.drugpo.2015.12.022.

27. Slade EP, Stuart EA, Salkever DS, Karakus M, Green KM, Ialongo N. Impacts of Age of Onset of Substance Use Disorders on Risk of Adult Incarceration among Disadvantaged Urban Youth: A Propensity Score Matching Approach. Drug Alcohol Depend 95, no. 1-2 (May 1 2008): 1-13. https://dx.doi.org/10.1016/j.drugalcdep.2007.11.019.
28. Figgatt MC, Salazar ZR, Vincent L, et al. Treatment Experiences for Skin and Soft Tissue Infections among Participants of Syringe Service Programs in North Carolina. Harm Reduct J 18, no. 1 (Jul 30 2021): 80. https://dx.doi.org/10.1186/s12954-021-00528-x.
29. Ostrander N, Carlberg-Racich S. "I Feel Safe Here": Participants Identify Key Components of Syringe Access Programs. J Prev Interv Community (Sep 22 2021): 1-15. https://dx.doi.org/10.1080/10852352.2021.1915733.
30. Carnes NA, Asher AK, Bohm MK, Bessler PA. Access to Hiv, Viral Hepatitis, and Substance Use Disorder Treatment/Overdose Prevention Services: A Qualitative Analysis of Syringe Service Programs (Ssps) Serving Rural Pwid. Subst Use Misuse (Aug 6 2021): 1-8. https://dx.doi.org/10.1080/10826084.2021.1958863.
31. Muncan B, Jordan AE, Perlman DC, Frank D, Ompad DC, Walters SM. Acceptability and Effectiveness of Hepatitis C Care at Syringe Service Programs for People Who Inject Drugs in New York City. *Subst Use Misuse* 56, no. 5 (2021): 728-37. https://dx.doi.org/10.1080/10826084.2021.1892142.
32. Whiteman A, Burnett J, Handanagic S, Wejnert C, Broz D. Distance Matters: The Association of Proximity to Syringe Services Programs with Sharing of Syringes and Injecting Equipment - 17 U.S. Cities, 2015. Int J Drug Policy 85 (Nov 2020): 102923. https://dx.doi.org/10.1016/j.drugpo.2020.102923.
33. Dasgupta S, Broz D, Tanner M, Patel M, Halleck B, Peters PJ, et al. Changes in Reported Injection Behaviors Following the Public Health Response to an Hiv Outbreak among People Who Inject Drugs: Indiana, 2016. AIDS Behav 23, no. 12 (Dec 2019): 3257-66. https://dx.doi.org/10.1007/s10461-019-02600-x.
34. Adams M, An Q, Broz D, Burnett J, Wejnert C, Paz-Bailey G. Distributive Syringe Sharing and Use of Syringe Services Programs (Ssps) among Persons Who Inject Drugs. AIDS Behav 23, no. 12 (Dec 2019): 3306-14. https://dx.doi.org/10.1007/s10461-019-02615-4.
35. Alanko Blomé M, Björkman P, Flamholc L, Jacobsson H, Widell A. Vaccination against Hepatitis B Virus among People Who Inject Drugs - a 20year Experience from a Swedish Needle Exchange Program. Vaccine 35, no. 1 (Jan 3 2017): 84-90. https://dx.doi.org/10.1016/j.vaccine.2016.11.041.
36. Burr CK, Storm DS, Hoyt MJ, Dutton L, Berezny L, Allread V, Paul S. Integrating Health and Prevention Services in Syringe Access Programs: A Strategy to Address Unmet Needs in a High-Risk Population. Public Health Rep 129 Suppl 1, no. Suppl 1 (Jan-Feb 2014): 26-32. https://dx.doi.org/10.1177/00333549141291s105.
37. Behrends CN, Nugent AV, Des Jarlais DC, Frimpong JA, Perlman DC, Schackman BR. Availability of Hiv and Hcv on-Site Testing and Treatment at Syringe Service Programs in the United States. *J Acquir Immune Defic Syndr* 79, no. 2 (Oct 1 2018): e76-e78. https://dx.doi.org/10.1097/qai.0000000000001792.
38. Winetsky D, Burack D, Antoniou P, Garcia B, Gordon P, Scherer M. Psychosocial Factors and the Care Cascade for Hepatitis C Treatment Colocated at a Syringe Service

Program. *J Infect Dis* 222, no. Suppl 5 (Sep 2 2020): S392-s400. https://dx.doi.org/10.1093/infdis/jiaa142.
39. Eckhardt BJ, Scherer M, Winkelstein E, Marks K, Edlin BR. Hepatitis C Treatment Outcomes for People Who Inject Drugs Treated in an Accessible Care Program Located at a Syringe Service Program. *Open Forum Infect Dis* 5, no. 4 (2018): ofy048-ofy48. https://dx.doi.org/10.1093/ofid/ofy048.
40. Watson DP, Swartz JA, Robison-Taylor L, Mackesy-Amiti ME, Erwin K, Gastala N, et al. Syringe Service Program-Based Telemedicine Linkage to Opioid Use Disorder Treatment: Protocol for the Stamina Randomized Control Trial. BMC Public Health 21, no. 1 (Mar 31 2021): 630. https://dx.doi.org/10.1186/s12889-021-10669-0.
41. Rosecrans, A., R. Harris, R. E. Saxton, M. Cotterell, M. Zoltick, C. Willman, I. Blackwell, J. Bell, D. Hayes, B. Weir, S. Sherman, G. M. Lucas, A. Greenbaum, and K. R. Page. "Mobile Low-Threshold Buprenorphine Integrated with Infectious Disease Services." J Subst Abuse Treat (Jun 24 2021): 108553. https://dx.doi.org/10.1016/j.jsat.2021.108553.
42. Poorman, E., S. N. Glick, J. K. D. Hiser, E. Bhatraju, and J. I. Tsui. "Increased Utilization of Buprenorphine and Methadone in 2018 Compared to 2015 among Seattle-Area Persons Who Inject Drugs." J Subst Abuse Treat 129 (Oct 2021): 108375. https://dx.doi.org/10.1016/j.jsat.2021.108375.
43. Roth, A. M., N. K. Tran, M. Felsher, A. B. Gadegbeku, B. Piecara, R. Fox, D. S. Krakower, S. L. Bellamy, K. R. Amico, J. A. Benitez, and B. Van Der Pol. "Integrating Hiv Preexposure Prophylaxis with Community-Based Syringe Services for Women Who Inject Drugs: Results from the Project She Demonstration Study." *J Acquir Immune Defic Syndr* 86, no. 3 (Mar 1 2021): e61-e70. https://dx.doi.org/10.1097/qai.0000000000002558.