Amendment III, dated 09-15-2014, changes the scores assigned to one of the review criteria so that all review criteria add to 100. "Evaluation Approach" is now worth 35 points, instead of 25 points.

Amendment II, dated 08-20-2014, adds two items to the Questions and Answers section below.

Amendment I, dated 0728-2014, is being done to add at the end of this FOA Questions and Answers from the informational conference call with potential applicants on 07-08-2014 and from emails that followed, through 7-25-2014. This Amendment also lowers the individual award floor from $70,000 to $25,000.

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PART 1. OVERVIEW INFORMATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Federal Agency Name: Federal Centers for Disease Control and Prevention (CDC)

Funding Opportunity Title: STD AAPPS Supplemental Funding for Enhanced Program Evaluation

Announcement Type: Revision – Type 3, Supplement Announcement to FOA CDC-RFA-PS-14-1402

Agency Funding Opportunity Number: CDC-RFA-PS14-14020201SUPP15

Catalog of Federal Domestic Assistance Number: 93.977

Key Dates: Application Deadline Date: September 18, 2014, 5:00 PM EST. Anticipated start of project period: January 1, 2015.

Executive Summary:

The CDC, National Center for HIV, Hepatitis, STD, and TB Prevention, Division of STD Prevention (DSTDP) has developed this 4-year supplemental FOA, to support enhanced evaluation of particular program strategies and activities supported under the FOA CDC-RFA-PS14-1402, "Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies" (STD AAPPS). STD AAPPS is the DSTDP's FOA that funds 59 state, local, and territorial project areas to conduct assessment, assurance, and policy strategies related to STD prevention and control. STD AAPPS began January 1, 2014, for a 5 year project period.

The purpose of this supplemental FOA is to fund a select set of project areas to conduct evaluation that goes above and beyond that which is required in STD AAPPS. The aim is to further build the evidence base for STD prevention and control activities and better document and assess the value of STD AAPPS funding, to inform program planning. To that end, the FOA will support approximately 6 current awardees under PS14-1402, STD AAPPS, to conduct prospective evaluation of their strategies and activities in one or more of the following four topic areas: 1) Evaluation of the strategic use of assessment data, 2) Evaluation of methods for assuring screening for Chlamydia among young women in primary health care settings, 3) Evaluation of models of Disease Intervention Specialists (DIS) workforce utilization for HIV-related outcomes, and 4) Evaluation of the public health contributions of DIS to STD prevention and control. Recipient activities will include planning, implementation, analysis, and the dissemination of results from their evaluations, in close collaboration with DSTDP.

DSTDP plans to fund a topic if there are at least 2 sites to support and will make awards to ensure some degree of epidemiologic and geographic diversity. The purpose is to guarantee a basis for comparison and contrast and to increase the applicability of the program evaluation experiences and results to other STD AAPPS awardees.

Measurable outcomes for topic areas 2 and 3 will be in alignment with the following Government Performance and Results Act (GPRA) performance goals for the National Center for HIV, Hepatitis, STDs, and TB Prevention: (2.7.6) increase the proportion of sexually active women aged 15-24 enrolled in commercial health plans or enrolled in

Medicaid who are screened for Chlamydial infection; and (2.2.1) increase the proportion of newly diagnosed patients linked to clinical care within three months of their HIV diagnosis.

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed. For the definition of research, please see the CDC Web site at the following Internet address: http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

PART 2. FULL TEXT

I. FUNDING OPPORTUNITY DESCRIPTION

Statutory Authority

This program is authorized under Section 318 (a) (b) (c) of the Public Health Service Act [42 U.S.C. Section 247c (a) (b) and (c)], as amended.

Background

The mission of the Division of STD Prevention (DSTDP) is to provide national leadership, research, policy development, and scientific information to help people live safer, healthier lives by the prevention of STDs and their complications. A key activity of DSTDP is to support state and local health departments to promote STD prevention and control through a broad range of programmatic and prevention activities, such as disease surveillance, assessment of STD screening, provision and promotion of screening and partner services, and education to providers and policy-makers. In 2013, DSTDP issued its 5-year FOA announcing funding availability for a cooperative agreement with 59 state and local health departments, called Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies (STD AAPPS). Funding began January 1, 2014.

This award comes during a time of change among state and local health departments, related to both their role as providers of safety net health services, as well as their relationships with other health care organizations such as community health centers and private practitioners. It also comes at a time when federal agencies are being asked to improve both their efficiency and effectiveness in the programs they support. There is a need to better understand and document the added value that federal funding for STD programs provides. Doing so will contribute towards the evidence base for current STD prevention and control programs and inform the direction of future strategies at state and national levels.

STD AAPPS requires all awardees to engage in some level of program evaluation and quality improvement as part of their base award. This supplemental funding will support additional program evaluation activities that go beyond that requirement. It will fund approximately 6 current awardees of STD AAPPS to collaborate with DSTDP on one or more multi-site, prospective program evaluations related to high priority aspects of STD AAPPS. These program evaluation projects will involve the use of appropriate scientific methods (qualitative or quantitative) to assess barriers, facilitators, and outcomes associated with specific STD program strategies, as implemented by state and local health departments under STD AAPPS.

This supplemental funding is not intended to provide additional resources for implementing STD prevention and control strategies. Rather, it will support the evaluation of strategies and interventions being developed and implemented with existing

STD AAPPS funding and program capacity. These evaluations should be conducted with sufficient scope and rigor such that any outcomes can be reasonably attributed to the interventions being evaluated, and the contribution of STD AAPPS funding can be identified.

Various components of STD AAPPS are important and merit close evaluation. However, the following topics were identified by DSTDP as higher priority for more in-depth evaluation at this time. Each topic area below is related to program strategies that require substantial resources or are areas of expansion, and all are essential to the ability of STD AAPPS to reach its primary outcomes.

1) Evaluation of the strategic use of assessment data

Assessment is a central part of the public health mission and of the STD AAPPS cooperative agreement. STD AAPPS includes STD surveillance, assessment of specific screening and treatment rates, and the assessment of gaps in safety net services. The broader purpose of these assessment activities is to inform program planning and implementation, to ensure resources can be directed to where they are needed most or can be used most effectively. However, the translation of assessment data into program action or decisions is often difficult and cannot be taken for granted. Translation and utilization are affected by various institutional and other factors, such as stakeholder interests, analytic and dissemination capacity, and decision-making autonomy.

This evaluation will examine whether and how project areas are able to use assessment data obtained under STD AAPPS to implement assurance activities more strategically. Sample questions include:

- How do project areas seek to better align their program strategies with their assessment data?
- What constrains or facilitates their ability to re-align resources in response to epidemiology and data-driven need?
- Which data are most important to being able to better target resources and strategies?
- What changes to program directions and resource allocation result from the use of assessment data?
- What are the unintended consequences of trying to use assessment data as a basis for changing or charting program direction?

2) Evaluation of methods for improving screening for Chlamydia among young women in primary care settings

STD AAPPS asks health departments to assure appropriate screening and treatment practices in settings where they have limited control or history of direct partnership. This

project will involve evaluating, across two or more years, program models in which STD programs are seeking to increase appropriate Chlamydia screening among young women, especially those who qualify for safety net services. (For guidance see the US Preventive Services Task Force A-level recommendation for Chlamydia screening among sexually active young women.) These evaluation projects should focus on efforts targeted at: a) high-volume providers or networks of providers who provide primary care services in primary care settings; (i.e., does not include STD or family planning clinics); or, b) institutions which exert considerable influence on provider practice across a wide geographical area, such as health plans. Similarly, program models to be evaluated may focus on efforts undertaken: in clinical practice settings (e.g., provider visitation/education, changes in clinic policies or procedures, interventions to change provider behavior, etc.); or, across institutional networks (e.g., collaboration with health plans with high levels of coverage among targeted, at-risk populations). Evaluation projects conducted under this topic should seek to work with providers or institutions with low Chlamydia screening rates and seek to increase screening significantly over the course of this evaluation project.

Sample questions include:

- What interventions are implemented? With what workforce capacity?
- How and why are those interventions adapted over time? What factors affect implementation?
- Do screening rates improve as a result of the interventions? Why or why not?
- What factors contribute toward any improvement in screening rates? What factors constrain success?
- Are there unintended consequences of those interventions?
- What are the costs and cost-effectiveness of those interventions?

3) Evaluation of models of DIS utilization for HIV-related outcomes

Most STD programs invest substantial STD AAPPS and other resources to support DIS to conduct partner services and various other critical public health functions. Many programs are exploring new ways of using DIS and other staff conducting DIS-related duties, by expanding or modifying their scopes of work towards further integration and collaboration with HIV programs. This workforce may be devoting more time towards HIV case identification, linkage to pre-exposure prophylaxis for HIV (PrEP), linkage to HIV care, and re-engagement in HIV care. Evaluations conducted under this topic will assess the effectiveness of those approaches and identify key lessons for further implementation. Sample questions include:

- What are the characteristics of programs that use DIS and other staff conducting DIS-related duties, to provide HIV-related services? What are the workforce, costs, partnerships, management strategies, and data sharing issues involved?

- How are these approaches adapted over time? What contextual factors constrain or facilitate implementation and adaptation?
- What are the effects of those approaches on their intended HIV-related outcomes?
- What are the effects of those approaches on the programs' STD-related outcomes?
- What are the costs and cost-effectiveness of those approaches?

4) Evaluation of the public health contributions of Disease Intervention Specialists (DIS) to STD prevention and control

The activities of DIS are unique to public health and are critical to the success of many of the primary outcomes of the STD AAPPS cooperative agreement. Given the changing healthcare system, the roles of DIS may expand or change (e.g., DIS may help to facilitate the public health-primary care integration process by fulfilling public health-related functions). This evaluation topic involves assessing and describing the value of DIS and their activities as a public health resource. This will include quantifying the contributions that DIS have on community-level prevention and control of STDs and will include, at a minimum, traditional partner services activities as well as involvement with the broader community and healthcare infrastructure. This involvement may include:

- Provision of risk reduction counseling
- Liaising with local healthcare providers on issues related to STD care and treatment
- Focusing on reducing highest impact STDs
- Working with local healthcare providers to understand local epidemiology and emerging trends in STDs
- Working within communities and with community agencies to identify venues reaching highest risk individuals
- Embedding within high-volume clinical sites to facilitate timely partner services
- Dissemination of information on structural and policy methods to prevent the spread of STDs (e.g., EPT)
- Providing, on occasion, wrap around services (e.g., transportation)
- Facilitating availability of appropriate treatment (e.g., Bicillin for syphilis)
- Engaging in school or community health STD prevention or health promotion events
- Providing, when needed, non-STD-related services, such as non-STD outbreak investigations or human resources for other health emergencies
- Linking patients to healthcare and social services, including enrollment in insurance or other health coverage

This evaluation topic will also include an examination of whether and how some DIS functions may become reimbursable by third party payors.

Sample questions include:

- What are the characteristics of today's STD DIS programs? (Workforce capacity, costs, distribution of labor, case load, etc.) What is the balance of effort between partner services and other activities related to engagement with health care and community infrastructure? How and/or why is that balance changing?
- What are the contributions of DIS to STD prevention and control at the community level? What are their greatest contributions to public health? To the health care system with which they engage?
- Are DIS activities being realigned to meet the needs of a changing healthcare system? How are activities adapted over time? What are the unintended consequences of such realignment?
- To what extent can STD programs take advantage of new guidance stemming from the Patient Protection and Affordable Care Act of 2010[1], which provides a potential mechanism for providing reimbursable preventive services for some DIS functions?

Primary outcomes

The primary outcome of this supplement is a stronger evidence base for STD program strategies. It will result in evidence about the effectiveness of specific strategies supported under STD AAPPS and information on how to implement those strategies better in various settings. Secondary outcomes include increased collaboration and communication among project areas about evaluation and effective interventions. This should eventually lead to stronger STD programs, a stronger strategic vision from DSTDP, and greater support for evaluation and data utilization among project area staff and CDC.

Purpose

[1] The Patient Protection and Affordable Care Act of 2010 (ACA) requires Medicaid expansion plans to provide coverage for certain preventive services without imposing cost sharing requirements on patients. States not adopting the Medicaid expansion may opt to include preventive services in their state Medicaid plan. The Centers for Medicare and Medicaid Services recently indicated in a revision to 42 CFR 440.130(c) that it will allow reimbursement of preventive services provided by non-licensed practitioners if those services are recommended by a physician or other licensed practitioner of the healing arts within the scope of their practice under state law. To do so, states must include in their state plan amendment a summary of practitioner qualifications for practitioners who are not physicians or licensed practitioners. This may necessitate collaboration with a state's Medicaid office for inclusion of non-licensed public health practitioners.

The purpose of this supplemental FOA is to support collaboration between DSTDP and approximately 6 project areas to conduct enhanced program evaluation activities related to STD AAPPS. This program addresses the "Healthy People 2020" focus area(s) of Sexually Transmitted Diseases. It also addresses Access to Quality Health Services; HIV Infection; Immunization and Infectious Diseases; and Public Health Infrastructure. http://www.cdc.gov/nchs/healthy_people/hp2020.htm.

Program Implementation
Awardee Activities

For any topic area on which awardees of this supplemental FOA work, they will be expected to carry out a similar set of activities, related to planning, implementation, and other cross-cutting tasks. The list of common activities is followed by a list of recipient activities specific to each of the four topics outlined above.

Common activities (regardless of specific topic area)

Recruit/identify partners to participate in the evaluation. Awardees will be responsible for identifying appropriate partners in their project areas to participate in the evaluation. The appropriate partners will depend on the project area and which evaluation topic they are involved in. Partners may be within the state or local health department and with external entities, such as community health centers and universities.

Ensure broad support for evaluation among stakeholders. Awardees will be responsible for identifying stakeholders with an interest in their evaluation, in addition to any direct partners mentioned above. Awardees will need to identify those stakeholders and appropriate means for communicating with them on the program evaluation, over the course of the evaluation project. Engagement methods should be meaningful and authentic, as well as efficient.

Finalize the evaluation plan for the topic area in which the awardee is involved. Awardees will be responsible for working with DSTDP and other project areas working on the same focus area to finalize their respective evaluation plan for that topic. The evaluation plan will describe which aspects of the evaluation will be common across project areas involved in the same topic area and which aspects will be specific to each project area. The plan will also describe the respective roles that the awardee and DSTDP will play in all phases of the evaluation. The plan will describe the methodologies, metrics, analytic methods, and timeline for completion of each evaluation project.

Educate relevant partners and colleagues on the evaluation plan. Once the evaluation plan is finalized, awardees will be expected to educate relevant partners and

stakeholders on that plan. The purpose is to ensure that each partner or stakeholder is prepared to play its particular role in carrying out the planned evaluation. For some stakeholders not directly involved in implementing the evaluation, this could involve orientation and overview. For partners involved in carrying out the evaluation plan with the awardee, this could involve more extensive training of staff in the evaluation methods, data collection instruments, and dissemination approaches proposed.

Obtain data as described in the evaluation plan. Awardees are expected to carry out the evaluation plan. Awardees should provide sufficient technical oversight and guidance to ensure scientific integrity of any data they are responsible for obtaining or using, and provide on-going assessment of their quality. Awardees should be prepared to rapidly identify problems and implement appropriate solutions as related to data utilization, quality, and collection.

Track progress on implementation. Awardees will be expected to track progress on the evaluation and be able to provide updates in writing to DSTDP on at least a quarterly basis. Awardees should regularly discuss barriers and solutions to implementing the plan, and propose and discuss changes to the evaluation plan with DSTDP, as needed.

Analyze evaluation data using appropriate methods. Awardees are responsible for providing the expertise needed to conduct any data management and analysis appropriately and efficiently. This expertise may involve qualitative, quantitative, and economic evaluation analytic skills.

Communicate findings to relevant audience. Dissemination of useful findings from each evaluation will not wait until the end of each program evaluation project. Awardees will be expected to help identify interim findings that may be useful to their own stakeholders, other project areas, or DSTDP and share those through presentations, manuscripts, webinars, and other means. The awardee will be expected to contribute significantly towards one or more final evaluation reports and manuscripts that summarize the evaluation(s) results and recommendations.

Provide technical expertise and leadership for the evaluation project for its duration. Awardees are expected to identify persons who will provide technical leadership throughout the evaluation. Awardees may use internal or external evaluators, but their approach must be well-justified. Awardees should also identify someone who can serve as an effective champion of the evaluation among stakeholders and partners in their project areas. Awardees will be expected to communicate regularly with collaborators within the project area and with counterparts in other project areas and at DSTDP.

<u>Topic-specific activities</u>

There are additional awardee activities for each of the proposed topic areas. Awardees who are funded to work on a particular topic must also meet the following minimum requirements for their evaluation under that topic:

1) Evaluation of the strategic use of assessment data

The evaluation must:

- Be prospective, covering at least 2 years of effort to utilize assessment data. Use of experiences in the first year of AAPPS (2014) is also acceptable but should be in addition to at least 2 years of prospective evaluation.
- Include a focus on the use of STD surveillance and STD screening and treatment data. Use of safety net services gaps and other assessment data required or recommended by STD AAPPS is optional.
- Include a process evaluation component involving a case study of how assessment data were reviewed or utilized over the evaluation project period (e.g., methods used to synthesize, present, digest, and disseminate assessment data; review processes instituted; organizational changes made; barriers and facilitators to utilization and uptake; internal and external partnerships that were used or changed to assist with utilization of assessment data).
- Include an outcome evaluation component, including evidence of the correlation between a project area's assessment data and the project area's strategies funded by STD AAPPS, and measures of that correlation over time. This evidence may or may not be quantitative measures of correlation. Evidence of effect may include documentation of programs, projects, or strategies that are started, ended, or modified significantly; of funding that is shifted; or of the more targeted use of resources more generally. Evidence may come from analysis of work plans, contracts, budgets, and the profiles and nature of partnership with any targeted or funded partners, among other possible sources and approaches to assessing this kind of outcome.

2) Evaluation of methods for assuring a safety net for screening for Chlamydia among young women

The evaluation must:

- Be prospective, covering at least 2 years of effort to implement methods to assure screening for Chlamydia among young women in primary care settings. To qualify for this evaluation topic, project areas should be collaborating with key implementation site(s) in their community (i.e., high-volume provider, provider network, health plan) with poor performance on the National Quality Forum (NQF) measure 0033: The percentage of women 16-24 years of age who were identified as sexually active and who had at least one test for Chlamydia during the measurement year. Performance at or below the state's average performance on the latest year's Healthcare Effectiveness Data and Information Set (HEDIS)

reporting data (or other relevant state or national benchmarks, depending on data availability) should be used to identify poorly performing targets for intervention.

- Include a process evaluation component describing activities conducted to try to influence screening rates in those settings, including but not limited to: their management and administrative aspects; development of necessary partnerships or collaborations; expenditures of staff time or monetary resources; barriers and facilitators to success; and any major course corrections or procedural changes made along the way, based on experience and feedback.
- Include an outcome evaluation component, including reporting on changes in screening rates as assessed at selected site(s) using the NQF measure of Chlamydia screening, at least annually. More frequent tracking of screening rates in the intervention settings is preferred, and data used must be as close to real time as possible, to be plausibly attributable to the interventions being conducted. An assessment of cost-effectiveness of activities should also be included.

3) **Evaluation of models of DIS utilization for HIV-related purposes**

The evaluation must:

- Be prospective, covering at least 2 years of effort towards utilizing the DIS and related workforce to provide HIV-related services and track outcomes. Use of experiences in the first year of AAPPS (2014) is acceptable but must be in addition to at least 2 years of prospective evaluation. Program areas applying to evaluate this topic are expected to have a well-functioning and robust cadre of DIS who are integrated into multiple areas of STD prevention and control within their communities.
- Include a process evaluation component, including: 1) A case study of the process of implementation over at least a 2-year period, describing the program approach (e.g., decisions to focus on particular HIV-related outcomes and rationale for those, processes instituted, barriers and facilitators to implementation, DIS/workforce training needs, partnerships developed, modifications to approach, manner of integration and collaboration with HIV programs); and 2) Evaluation of DIS-related activities through time/motion studies, characterization of caseload, etc. This may include quantification of time spent by DIS on key activities (e.g., partner services, risk reduction counseling, working with healthcare providers and community organizations, etc.).
- Include an outcome evaluation component, including: 1) Analysis of HIV-related and STD-related outcome data for index patients and their contacts contacted by DIS providing HIV-related services, involving comparisons over time or comparisons with the outcomes of DIS who are not providing HIV-related services; and 2) Economic evaluation of the implementation of these approaches assessing costs and cost-effectiveness. Outcomes may include, for example, the identification of persons newly-diagnosed with HIV, linkage to HIV care, re-

engagement in care for HIV, or linkage to pre-exposure prophylaxis for HIV prevention.

4) **Evaluation of public health contributions of DIS to STD prevention and control**

The evaluation must:

- Be prospective, covering at least 2 years of effort to track the public health contributions of DIS to STD prevention and control and improve efficiency or effectiveness of DIS for those purposes.
- Include a baseline assessment of DIS activities, including: 1) tracking and quantifying DIS activities (e.g., partner services, risk reduction counseling, working with healthcare providers and community organizations, etc.) through time/motion studies, characterization of caseload, etc.; 2) conducting an economic evaluation of the provision of DIS activities (where applicable, data should include economic information on the provision of services in clinical sites supported by funds provided through the existing AAPPS award for PS14-1402); 3) collecting and analyzing select health outcome data, including testing, positivity, and repeat infections among index patients and contacts engaged by DIS and on reported STD case rates; 4) assessing and analyzing information from key stakeholders and partners on the perceived value of DIS services to community and healthcare agencies; and 5) tracking DIS' contributions to key public health domains prioritized in STD AAPPS (i.e., assessment, assurance, and policy).
- Include at least one follow-up assessment to track changes made to the program based on the baseline assessment and to track any improvements in efficiency or effectiveness that result from those changes.
- Include a case study of efforts to collaborate with the state Medicaid program to explore reimbursement options for preventive services provided by DIS, including an in-depth description of discussions about this issue and related barriers, facilitators, successes, and failures encountered. In states where conditions prevent much discussion or progress on this issue, awardees will be expected to document this over the course of their award.

CDC Activities

In a cooperative agreement, CDC staff is substantially involved in the program activities, above and beyond routine monitoring of the cooperative agreement. CDC activities will include:

- Coordinating evaluations across sites working on the same topic, and offering the leadership and communication structures needed to do so effectively,

- Providing technical/scientific expertise and staff time, for planning and implementing each evaluation plan, and
- Collaborating on analysis and dissemination of findings.

II. AWARD INFORMATION

Type of Award: Cooperative Agreement. CDC substantial involvement in this program appears in the Activities Section above.

Award Mechanism: H25 Venereal Disease
Fiscal Year Funds: 2015
Approximate Total Supplemental Funding: $2,000,000 ($500,000 in year 1). This amount is subject to availability of funds. This includes indirect costs.
Approximate Number of Awards: 6
Approximate Average Award: $ 83,000. This amount is for a 12-month budget period, and includes both direct and indirect costs.
Floor of Individual Award Range: $25,000.
Ceiling of Individual Award Range: $200,000. This ceiling is for a 12-month budget period.
Anticipated Award Date: January 1, 2015.
Budget Period Length: 12 months. Approved funds should be expended within the approved, 12-month Budget Period.
Project Period Length: 4 years.
Competing Continuation Project Period Length: N/A

III. ELIGIBILITY INFORMATION

Eligible Applicants

Eligibility for this expansion supplement is limited to current awardees of PS14-1402 "Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy, and Prevention Strategies" (STD AAPPS). Current awardees of STD AAPPS include 59 states, territories, and city health departments. Eligibility for STD AAPPS was limited to those 59 entities, based on existing public health infrastructure and STD epidemiology. The limited eligibility memo for STD AAPPS was approved on January 8, 2013.

The purpose of the expansion supplement is to conduct enhanced evaluation of specific, high-priority program strategies conducted with the support of STD AAPPS. Those program strategies were selected for enhanced evaluation because of their importance to many individual project areas, which are developing or implementing similar approaches. However, there are not sufficient resources to conduct in-depth evaluations of those approaches in every project area. Therefore, this expansion supplement was designed to

support evaluation in a select number of areas. Interim and final results from these evaluation projects will be shared with other awardees not funded under the supplement, to help them glean lessons that will help them improve their own program strategies. These enhanced program evaluations also will provide DSTDP with some of the only evidence under this FOA that strategies used under STD AAPPS directly led to particular changes (or not).

By allowing entities that are not current awardees of STD AAPPS to apply, the program risks supporting the evaluation of activities that do not fall under the scope of STD AAPPS or are not supported by that FOA. As a result, the evaluation results would not be as applicable to awardees of STD AAPPS or the evaluation of STD AAPPS. Current awardees of STD AAPPS are the only entities that can carry out these program evaluation projects because they are implementing the strategies being evaluated, and therefore have the knowledge and partnerships needed to conduct these evaluations more efficiently and effectively.

The impact of not approving this supplement would be a lack of critical information about the effects of high priority STD program strategies. The supplement focuses on four specific areas for evaluation, each of which requires substantial resources under STD AAPPS and is an area of expansion or change. All are directly related to required program strategies of STD APPPS and are essential to the ability of that FOA to reach its primary outcomes. One topic focuses on whether and how assessment data (e.g., surveillance data, information on STD screening and treatment rates) can be used to direct STD program resources and effort. This is one of few evaluation projects to examine the translation of such data into action. The second topic focuses on whether and how an STD program can influence health care practices in the absence of significant funding support to providers. This topic also addresses the core public health function "Assurance," which has only increased in significance as public health and primary care collaborate more fully and public health funding shrinks. The third and fourth topics focus on an essential workforce in STD programs, called Disease Intervention Specialists (DIS). There are important questions about the specific value of this workforce, and how their contributions are changing, amidst program integration occurring both within health departments and between public health and primary care and within the rapidly – changing health care system. The need for more evidence about how to maximize STD programs' work in all of these areas is acute and relevant across project areas.

No similar deviation has been requested for this project or its recipients.

Required Registrations

Central Contractor Registration and Universal Identifier Requirements
All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services.
The recipient is required to have the original DUNS identifier to apply for additional funds.
An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the **US D&B D-U-N-S Number Request Form** or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.
Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain their CCR registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal Government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at **www.ccr.gov**.

If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a sub-award under the grant unless the organization has provided its DUNS number to the grantee organization.

Cost Sharing or Matching
Cost sharing or matching funds are not required for this program.

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

Special Requirements: None.

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

Maintenance of Effort: Maintenance of Effort is not required for this program.

IV. Application and Submission Information

Address to Request Application Package

Applicants must download the SF424 (R&R) application package associated with this funding opportunity from Grants.gov. If access to the Internet is not available or if the applicant encounters difficulty accessing the forms on-line, contact the HHS/CDC Procurement and Grants Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction. CDC Telecommunications for the hearing impaired or disable is available at: TTY 1-888-232-6348.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of all federal holidays. The Contact Center provides customer service to the applicant community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it is needed. You can reach the Grants.gov Support Center at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications will not be accepted.

Content and Form of Application Submission

The following applies to each evaluation topic being applied for. If an applicant applies for more than one topic, they must submit more than one application (i.e., one per evaluation topic), using the guidance below. The page limits described below apply to each application. Applications will be reviewed and evaluated by topic.

A Project Abstract must be completed in the Grants.gov application forms. The Project Abstract must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a technically literate lay reader. This abstract must not include any proprietary/confidential information.

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

- Maximum number of pages: 10. If your narrative exceeds the page limit, only the first pages which are within the page limit will be reviewed.
- Font size: 12 point unreduced, Times New Roman

- Single spaced
- Page margin size: One inch
- Number all narrative pages; not to exceed the maximum number of pages.

The narrative should address activities to be conducted over the entire project period and must include the following items in the order listed, with approximate page lengths for each section:

a. **Overview and Relevance (1 page)**: The purpose of this section is to demonstrate that the applicant understands the general intent of this supplemental FOA. To that end, this section should include statements related to 1) which topic area the applicant is applying for under this FOA; 2) the applicant's rationale for wanting to conduct an evaluation of that topic area, including the relevance of the topic to the project area's epidemiologic and programmatic profile; and 3) an understanding of the collaborative nature of this FOA and a willingness/intent to participate as such.

   In this section, applicants should provide a high-level description of the proposed enhanced evaluation, including its goals and objectives, and provide an overview (using relevant literature) for how the proposed activities are expected to affect key target outcomes and further our broader understanding of STD prevention.

b. **Program Readiness (2 pages)**: The purpose of this section is to demonstrate that the applicant's program context is appropriate for an enhanced evaluation as described in this supplemental FOA. To that end, this section should include a description of the specific program strategies that the applicant is planning to evaluate under this FOA, including: 1) description of the intended outputs, short- and long-term outcomes of those strategies, 2) the status and stage of development of those strategies, and 3) status and role of relevant partnerships needed to implement the strategies. For DIS-related topics, applicants should clearly describe the DIS workforce involved (e.g., number of staff doing DIS work, average case load, program focus of DIS, etc.)

   This section must demonstrate the readiness of the program to evaluate the activities proposed in the supplemental FOA. The applicant should demonstrate that the strategies they plan to evaluate are or will be at a stage and scope appropriate for process and outcome evaluation as required under this FOA. Any known or anticipated risks to implementation of the strategies to be evaluated should be discussed. The logic model included as an attachment should complement this section of the narrative.

c. **Evaluation Approach (3 pages)**: The purpose of this section is to demonstrate the applicant's expertise in program evaluation and their ability to apply that expertise to the evaluation topic of choice. This section should include a detailed proposal for how the applicant will conduct the evaluation on one of the topics outlined in this

FOA, including 1) description of the stakeholders and partnerships that are most relevant to the evaluation, 2) key evaluation questions to be addressed, 3) evaluation methods that the applicant will utilize and the rationale for those, including any design and sampling requirements (as appropriate) and data collection activities, and 4) methods of dissemination or utilization. Applicants should describe how they will meet the minimum requirements for the evaluation of the specific topic, as outlined above under "recipient activities." Applicants must describe the added value of this supplemental funding and how the proposed evaluation exceeds what the applicant usually would do for monitoring or evaluation of this topic, in the absence of supplemental funding.

Key outcomes should be clearly defined, and any measures of implementation or fidelity should be included. A timeline for the implementation and evaluation should be detailed. The evaluation plan matrix included as an attachment should complement this section of the narrative.

d. **Experience and Capacity (1 page)**: The purpose of this section is to demonstrate the applicant's ability to implement their proposed evaluation project and participate as an equal partner in this FOA. This section should include information on relevant, prior evaluation work and current evaluation capacity. Specifically, they should address their capacity and experience with the following: 1) planning, managing, and conducting program evaluation, 2) collecting quantitative data for program evaluation, 3) collecting qualitative data for program evaluation, 4) analyzing quantitative and qualitative data for program evaluation, 5) maintaining client records and managing data for program activities (including maintaining client confidentiality and data security), 6) conducting quality assurance for program activities, and 7) producing reports, engaging partners, ensuring usable evaluation, and disseminating results to a variety of audiences.

e. **Infrastructure, Management, and Staffing (1 page):** In this section, applicants should provide a description of the personnel and resources proposed to accomplish the goals and objectives in the supplemental evaluation FOA. This section should detail how the applicant plans to manage the daily procedures of their proposed evaluation project to ensure that all required activities are performed, all deadlines are met, and quality assurance plans, policies, and procedures are upheld. Proposed staffing for key individuals involved in this FOA should be described. This description should include a statement of institutional commitment to the proposed activity, including the ability to develop and maintain the necessary infrastructure. Applicants should include descriptions of the following infrastructure elements:
    - Clear, detailed evidence of institutional commitment. This may take the form of office space, personnel, equipment, other resources, return of indirect costs, additional funding, resource allocation, etc.

- A staffing plan describing the qualifications of the lead investigators and evaluators and the planned percentage of time that he/she will devote to the supplemental FOA; descriptions of other staff, their role and planned percent of effort; how they fit into the applicant's broader organizational structure.
- Commitment of key staff to the evaluation project, including participation in regular conference calls, any on-site meetings, and other relevant forum for collaboration on this FOA (e.g., meetings or conferences).

The resumes included as attachments should complement this section of the narrative. Additional information may be included in the application appendices. The appendices must be uploaded to the "Other Attachments Form" of application package in Grants.gov. Note: appendices will not be counted toward the narrative page limit. This additional information includes:

- Curriculum Vitas or resumes of key staff
- Logic model for the program strategy to undergo enhanced evaluation under this FOA.
- Evaluation plan matrix detailing the approach (a "work plan" for the evaluation). A template is provided to aid applicants, but they do not have to use that template, if they have another form they prefer more for providing more detailed information on their proposed evaluation approach.
- Letters of support stating commitment from key partners (optional)

Additional information submitted via Grants.gov must be uploaded in a PDF file format, and should be named:

- Resumes
- Logic model
- Evaluation plan matrix
- Letters of support (optional)

No more than 10 should be uploaded per application.

CDC Assurances and Certifications can be found on the CDC Web site at the following Internet address: http://www.cdc.gov/od/pgo/funding/grants/foamain.shtm and is **required** for competing continuations.

Additional requirements for additional documentation with the application are listed in Section VI. Award Administration Information, subsection entitled "Administrative and National Policy Requirements."

Submission Dates and Times

This announcement is the definitive guide on application content, submission, and deadline. It supersedes information provided in the application instructions. If the application submission does not meet the deadline published herein, it will not be eligible

for review and the recipient will be notified the application did not meet the submission requirements.

Application Deadline Date: September 18, 2014, 5:00pm Eastern Standard Time.

Explanation of Deadlines: Application must be successfully submitted to Grants.gov by 5:00pm Eastern Standard Time on the deadline date.

Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order (EO) 12372. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) as early as possible to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following Web address to get the current SPOC list: http://www.whitehouse.gov/omb/grants/spoc.html

Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care.
- Awardees may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- Awardees may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be identified in the budget.
- The direct and primary awardee in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.

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

Other Submission Requirements

Application Submission

Submit the application electronically by using the forms and instructions posted for this funding opportunity on www.Grants.gov. If access to the Internet is not available or if the recipient encounters difficulty in accessing the forms on-line, contact the HHS/CDC Procurement and Grant Office Technical Information Management Section (PGO TIMS) staff at (770) 488-2700 for further instruction.

Note: Application submission is not concluded until successful completion of the validation process. After submission of an application package, applicants will receive a "submission receipt" email generated by Grants.gov. Grants.gov will then generate a second e-mail message to applicants which will either validate or reject their submitted application package. This validation process may take as long as two (2) business days. Applicants are strongly encouraged to check the status of their application to ensure submission of the application package is complete and no submission errors exists. To guarantee compliance with the application deadline published in the Funding Opportunity Announcement, applicants are also strongly encouraged to allocate additional days prior to the published deadline to file an application. Non-validated applications will not be accepted after the published application deadline date.

In the event that a "validation" email is not received within two (2) business days of application submission, please contact Grants.gov. Refer to the email message generated at the time of application submission for instructions on how to track an application or the Application User Guide, Version 3.0 page 57.

Electronic Submission of Application:
Applications must be submitted electronically at www.Grants.gov. Electronic applications will be considered as having met the deadline if the application has been successfully made available to CDC for processing from Grants.gov on the deadline date.

The application package can be downloaded from www.Grants.gov. Applicants can complete the application package off-line, and then upload and submit the application via the Grants.gov website. The applicant must submit all application attachments using a PDF file format when submitting via Grants.gov. Directions for creating PDF files can be found on the Grants.gov website. Use of file formats other than PDF may result in the file being unreadable by staff.

Applications submitted through Grants.gov (http://www.grants.gov), are electronically time/date stamped and assigned a tracking number. The AOR will receive an e-mail notice of receipt when HHS/CDC receives the application. The tracking number serves to document submission and initiate the electronic validation process before the application is made available to CDC for processing.

If the applicant encounters technical difficulties with Grants.gov, the applicant should contact Grants.gov Customer Service. The Grants.gov Contact Center is available 24 hours a day, 7 days a week. The Contact Center provides customer service to the recipient community. The extended hours will provide applicants support around the clock, ensuring the best possible customer service is received any time it's needed. The Grants.gov Support Center may be reached at 1-800-518-4726 or by email at support@grants.gov. Submissions sent by e-mail, fax, CD's or thumb drives of applications will not be accepted.

Organizations that encounter technical difficulties in using www.Grants.gov to submit their application must attempt to overcome those difficulties by contacting the Grants.gov Support Center (1-800-518-4726, support@grants.gov). After consulting with the Grants.gov Support Center, if the technical difficulties remain unresolved and electronic submission is not possible to meet the established deadline, organizations may submit a request prior to the application deadline by email to the Grants Management Specialist/Officer for permission to submit a paper application. An organization's request for permission must: (a) include the Grants.gov case number assigned to the inquiry, (b) describe the difficulties that prevent electronic submission and the efforts taken with the Grants.gov Support Center (c) be submitted to the Grants Management Specialist/Officer at least 3 calendar days prior to the application deadline. Paper applications submitted without prior approval will not be considered.

If a paper application is authorized, the recipient will receive instructions from PGO TIMS to submit the original and two hard copies of the application by mail or express delivery service.

V. Application Review Information

Eligible applicants are required to provide measures of effectiveness that will demonstrate the accomplishment of the various identified objectives of the CDC-RFA-PS14-14020201SUPP15. Measures of effectiveness must relate to the performance goals stated in the "Purpose" section of this announcement. Measures of effectiveness must be objective, quantitative and measure the intended outcome of the proposed program. The measures of effectiveness must be included in the application and will be an element of the evaluation of the submitted application.

Criteria

Eligible recipients will be evaluated against the following criteria:

Overview and Relevance (10 points). Does the applicant state which topic area they are applying for? Does the applicant explain the reasoning for wanting to participate in an evaluation project on that topic and why the timing is appropriate? To what extent does the applicant justify that they are a good match for this evaluation, given their current project and epidemiologic profile? Does the applicant indicate a willingness to be an equal partner with CDC for the duration of the project? Does the applicant provide an overall description of the proposed enhanced evaluation, including its goals and objectives? Does the applicant provide an overview (using relevant literature) for how the proposed activities are expected to have an impact on key target outcomes and further our broader understanding of STD prevention?

Program Readiness (25 points). Does the application (including the logic model) include a description of the specific program strategies that the applicant is planning to evaluate or assess? Does the applicant include a description of the intended outputs, short- and long-term outcomes of those strategies? Does the applicant include the status and stage of development of those strategies, and the status and role of relevant partnerships needed to implement the strategies? To what extent are the strategies that the applicant plans to evaluate at the stage and scope appropriate for enhanced evaluation?

Additional questions about program readiness for each evaluation topic:

Topic 1: Evaluation of the use of assessment data

- Does the applicant describe surveillance data that they will try to use strategically, to inform their program's direction? To what extent does the applicant already have data on STD screening and treatment rates that they will try to use strategically in this way?
- Are there risks that the applicant may not have access to the assessment data they plan to evaluate the use of, as intended under this FOA? Does the applicant describe various strategies for trying to use their assessment data to inform program direction?

Topic 2: Evaluation of methods for improving screening for Chlamydia among young women in primary care settings

- Does the applicant demonstrate that proposed implementation site(s) are high-volume providers of primary care services (as a health center, health care network, health plan, or other relevant institution) with poor performance on the NQF measure of chlamydia screening?
- Are there risks identified by the applicant that may limit their ability to implement their planned strategies for increasing screening for Chlamydia? If so, to what extent do the risks impede their ability to evaluate those strategies, as intended under, and within the timeline of, this FOA?

Topic 3: Evaluation of models of DIS utilization for HIV-related outcomes

- Does the applicant adequately describe existing DIS staffing capacity? Are the applicant's current activities conducive to an enhanced evaluation of DIS workforce utilization for HIV-related services?
- Are there risks identified by the applicant that may limit their ability to implement programs models that direct the DIS workforce towards HIV-related outcomes? If so, to what extent do the risks impede their ability to evaluate those strategies, as intended under, and within the timeline of, this FOA?

Topic 4: Evaluation of public health contributions of DIS to STD prevention and control

- Does the applicants provide a description of DIS activities in their program area, including: 1) Number of staff performing DIS activities, including average case

load, 2) areas of program focus in which DIS are significantly involved, 3) collaborations or integration with key community partners, including scope and focus, and 4) collaborations or integration with key sites within the community providing healthcare services, including scope and focus?

- Does the applicant describe the status of their relationship to their state Medicaid office, in terms of whether and how they are beginning discussions about reimbursement options for some DIS functions?

Evaluation Approach (35 points). Is the proposed evaluation design (including the evaluation plan matrix) appropriately rigorous as well as feasible? Are the overall evaluation strategy, methodology, and analyses well-reasoned and appropriate to accomplish the specific aims of the project? Does the applicant describe the key evaluation questions to be addressed, including the methods that will be utilized and the rationale for those methods? Are key outcomes clearly defined? Are design and sampling requirements (as appropriate), data collection activities, and methods of dissemination or utilization included? Does the applicant describe and explain how the evaluation approach proposed is what the applicant usually would do for evaluation of this topic, in the absence of supplemental funding?

Additional questions related the evaluation approach for each evaluation topic:

Topic 1: Evaluation of the use of assessment data

- As described in the "recipient activities," does the applicant propose a relevant and appropriate process evaluation? Does the applicant propose an outcome evaluation of the use of assessment data? Are the proposed measures or approach to assessing outcomes (i.e., changes in program direction due to use of assessment data) appropriate and feasible?

Topic 2: Evaluation of methods for improving screening for Chlamydia among young women in primary care settings

- As described in the "recipient activities," does the applicant propose a relevant and appropriate process evaluation? Does the applicant propose an outcome evaluation?
- Does the applicant plan to collect outcome data on Chlamydia screening using the NQF measure on an annual or more frequent basis? Do they have, or provide a clear plan for obtaining, the data collection systems and expertise needed to collect and use such data?

Topic 3: Evaluation of models of DIS utilization for HIV-related outcomes

- Does the applicant include a detailed proposal for how they will conduct their evaluation, including proposed methods and measures for the following:
    - Process evaluation on DIS activities: time/motion, caseload, integration and collaboration with HIV program counterparts?

- Outcome evaluation related to HIV-related outcomes, such as identification of new HIV cases and linkage to care? Economic outcomes?

Topic 4: Evaluation of public health contributions of DIS to STD prevention and control

- Does the applicant include a detailed proposal for how they will conduct their evaluation, including proposed methods for conducting the following:
  - Data collection on health outcomes of contact and index patients with which DIS engage, including economic evaluation of index and contact patients seen at AAPPS supported provision sites?
  - Data collection on DIS activities: time/motion, caseload, economic evaluation?
  - Data collection on perceptions of DIS value from key community and healthcare partners?
- Does the applicant include plans to monitor and describe the status and outcomes of any discussions with their state Medicaid office about reimbursement options for some DIS functions?

Experience and Capacity (20 points). Does the applicant summarize any specific experience relevant to the evaluation of the proposed topic area? To what extent does key staff have demonstrated experience in enhanced evaluation projects? What experience does the applicant have in collecting quantitative, qualitative, or economic data (as appropriate to their application's focus) for program evaluation? What experience does the applicant have in analyzing quantitative and qualitative data for program evaluation? What experience does the applicant have in maintaining client records and managing data for program activities? What experience does the applicant have in conducting quality assurance for program activities? What experience does the applicant have in the dissemination and utilization of evaluation results?

Management and Staffing (10 points). Is there a clear staffing plan, with well-defined roles and responsibilities, including qualifications and percentage of time that each person will devote to the evaluation project? Does the applicant include plans for managing the daily procedures of their proposed evaluation project, including clear procedures for ensuring all required activities are performed, all deadlines are met, and quality assurance plans, policies, and procedures are in place? Is there a clear description of institutional commitment to the proposed activity, including the ability to develop and maintain the necessary infrastructure? To what extent is the management and staffing plan adequate, to support and implement the proposed evaluation?

Budget (SF 424A) and Budget Narrative (Reviewed, but not scored) Although the budget is not scored recipients should consider the following in development of their budget. Is the itemized budget for conducting the project, and justification reasonable and consistent with stated objectives and planned program activities?

If the recipients requests indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

Review and Selection Process

Review
Eligible applications will be reviewed by topic for responsiveness by DSTDP and PGO. Incomplete applications and applications that are non-responsive will not advance through the review process. Recipients will be notified in writing of the results.

An objective review panel will evaluate complete and responsive applications according to the criteria listed in Section V. Application Review Information, subsection entitled "Criteria". The review panel will include staff from CDC. The review panel will review all applications by topic area and produce a ranked order of applications by topic (e.g., all eligible applications for topic 1 – the evaluation of the strategic use of assessment data – will be reviewed together and ranked by score). The review panel will provide DSTDP a list of ranked applications for all four topics to then make the final selection.

Selection
Applications for each topic will be funded in order by score and rank determined by the review panel. In addition, the following factors may affect the funding decision: geography and STD epidemiology. DSTDP seeks diversity on these two dimensions to maximize relevance of the results to other project areas funded under STD AAPPS. CDC will provide justification for any decision to fund out of rank order.

DSTDP also intends to fund at least two project areas for any topic, in order to guarantee a basis for comparison and contrast of experiences, which in turn will generate more lessons and evidence for the wider audience of STD programs. If a topic receives only one application in a topic area, or if only one application is highly ranked for a topic area, DSTDP may not fund that application or topic.

VI. Award Administration Information

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

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

Administrative and National Policy Requirements

Successful recipients must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. For competing supplements, ARs remain in effect as published in the original announcement.

Competing Continuations –

The following administrative requirements apply to this project:
Generally applicable administrative requirements (ARs):
• AR-7: Executive Order 12372
• AR-9: Paperwork Reduction Act
• AR-10: Smoke-Free Workplace
• AR-11: Healthy People 2010
• AR-12: Lobbying Restrictions
• AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
• AR-14: Accounting System Requirements
• AR-16: Security Clearance Requirement
• AR-21: Small, Minority, And Women-owned Business
• AR-24: Health Insurance Portability and Accountability Act
• AR-25: Release and Sharing of Data
• AR-26: National Historic Preservation Act of 1966
• AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
• AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
• AR- 32: Executive Order 131410: Promoting Quality and Efficient Health Care in Federal Government (If applicable applicants should be aware of the program's current business needs and how they align with nationally adopted Public Health Information Network (PHIN) standards, services, practices, and policies when implementing, acquiring, and updating public health information systems.)
• AR-33: Plain Writing Act of 2010
• AR-34: Patient Protection and Affordable Care Act (e.g. a tobacco-free campus policy and a lactation policy consistent with S4207)

ARs applicable to HIV/AIDS Awards:
- AR-4: HIV/AIDS Confidentiality Provisions
- AR-5: HIV Program Panel Review
- AR-6: Patient Care

For more information on the Code of Federal Regulations, see the National Archives and Records Administration at the following Internet address:
http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

CDC Reporting Requirements

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

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

As described below, awardees must submit an annual performance report, ongoing performance measures data, administrative reports, and a final performance and financial report. A detailed explanation of any additional reporting requirements will be provided in the Notice of Award to successful applicants.

Specific reporting requirements:

a. **Annual Performance Report** (due 120 days before the end of the budget period and serves as a continuation application). This report must not exceed 15 pages (single spaced, Calibri 12 point, 1-inch margins, all pages numbered and content beyond 15 pages will not be reviewed) excluding work plan and administrative reporting. Attachments are not permitted when submitting this report. Awardees may insert web links in this report. *This report must include the following:*
    - **Performance Measures (including outcomes)** – Awardees must report on any performance measures for each budget period and update measures, if needed.
    - **Evaluation Results –Awardees must report evaluation results for the work completed to date** (including any impact data)
    - **Work Plan (Maximum 10 pages; single spaced, Calibri 12 point, 1-inch margins, all pages numbered and content beyond 10 pages will not be reviewed)**. Awardees should update their work plan each budget period.
    - **Successes**
        - Awardees must report progress on completing activities outlined in the work plan

    - Awardees must describe any additional successes (e.g., identified through evaluation results or lessons learned) achieved in the past year
    - Awardees must describe success stories
- **Challenges**
    - Awardees must describe any challenges that hinder achievement of both annual and project period outcomes, performance measures, or their ability to complete the activities in the work plan
    - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year
- **CDC Program Support to Awardees**
    - Awardees should describe how CDC could assist them in overcoming any challenges to achieve both annual and project period outcomes and performance measures, and complete activities outlined in the work plan
- **Administrative Reporting (not subject to page limits)**
    - SF-424A Budget Information-Non-Construction Programs
    - Budget Narrative – Must use the format outlined in Part II, the Application and Submission Information Section under Budget Narrative of this FOA
    - Indirect Cost Rate Agreement

Awardees may request up to 75% of their estimated unobligated funds to be carried forward into the next budget period. The carryover request must:

- Express a bona fide need for permission to use an unobligated balance
- Include a signed, dated, and accurate FFR for the budget period from which the fund will be transferred
- Include a list of proposed activities, an itemized budget, and a narrative justification of those activities

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

b. **Performance Measure Reporting:**

Awardees will submit performance measures at least annually. CDC may require more frequent reporting of performance measures. CDC will develop any performance measures specific to this supplemental FOA in collaboration with awardees at the beginning of the award. As needed, CDC will specify reporting frequency, required data fields, and format for awardees to use to submit those measures.

c. **Federal Financial Reporting:**

The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons within 90 days after the end of each budget period. The FFR should only include 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 in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Management Officer will receive the information.

d. **Final Performance and Financial Report:** At the end of the project period, awardees should submit a final report to include a final performance and financial report. This report is due 90 days after the end of the project period and is not to exceed 20 pages (single spaced, Calibri 12 point, 1-inch margins, all pages numbered).

   At a minimum, this report must include the following:
   - Performance Measures (including outcomes) – Awardees should report final performance data for all performance measures for the project period.
   - Evaluation results – Awardees should report final evaluation results for the project period
   - Impact/Results – Awardees should describe the impact/results of the work completed over the project period, including success stories.
   - FFR (SF-425)

   Awardees must email the report to the CDC PO and the GMS listed in the "Agency Contacts" section of the FOA.

Federal Funding Accountability and Transparency Act of 2006

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

Compliance with these mandates is primarily the responsibility of the federal agency. However, two elements of these mandates require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through SAM; and 2) similar information on all sub-awards, subcontracts, or consortiums for greater than $25,000.

For the full text of these requirements, see:
http://www.gpo.gov/fdsys/browse/collection.action?collectionCode=BILLS.

VII. Agency Contacts

CDC encourages inquiries concerning this announcement.
For **programmatic technical assistance and general inquiries**, contact:

Marion Carter, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: 404-639-8035
E-mail: MCarter1@cdc.gov

For **financial, grants management, budget assistance and general inquiries**, contact:

Bernadette Cunningham, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E15
Atlanta, GA 30341
Telephone: 770-488-6135
E-mail: BRCunningham@cdc.gov

For **application submission** questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: pgotim@cdc.gov

CDC Telecommunications for the hearing impaired or disabled is available at: TTY 1-888-232-6348

VIII. Other Information

Other CDC funding opportunity announcements can be found www.grants.gov.

Amendment II: 08-20-2014

Amendment I: 07-28-2014

IX: Questions and Answers on the Supplemental FOA for Enhanced Evaluation

Answers to questions posed to DSTDP about the STD AAPPS Funding for Enhanced Program Evaluation competitive supplemental Funding Opportunity Announcement are included below.

The deadline for questions about this FOA will be Friday, September 5, 2014. This list of questions and answers will be updated every three weeks, as needed (roughly August 11 and Sept 2). A final amendment will be posted if questions come in just before or on September 5.

Question	Answer
Topic: Application attachments The FOA states that there "should" be no more than 10 attachments. Is that a firm limit, or a suggested limit? Also, do we submit the attachments through the "Mandatory Application Attachments" upload section of grants.gov or through the "Optional Application Attachments" section?	Submit under "Mandatory Other attachments" only the ones specified and required by the FOA. Ideally those would number fewer than 10. Applicants can submit as many other attachments as they wish under "Optional attachment forms."
Topic: Possibility of a joint application Can one jurisdiction apply for the evaluation supplement and, within that application, propose to collaborate with another jurisdiction as a sub-awardee?	Yes. Note that CDC will only directly fund (for the supplement) those entities that are awarded the supplement. No supplemental evaluation funds will be awarded by CDC directly to a sub-awardee, even if the sub-awardee(s) is/are current STD AAPPS awardees.
Topic: Use of external or internal evaluators The FOA states "Current awardees of STD AAPPS are the only entities that can carry out these program evaluation projects" (pg 14). If awarded supplemental funding, can the program hire a trusted contract employee to do the evaluation of our choosing and	The evaluation does not have to be done by health department staff. The restriction cited was part of the justification for limiting *eligibility* of the FOA to current STD AAPPS awardees. It only relates to who is eligible to apply for the supplement. We can see how that language could have been misinterpreted in this/that way, and apologize for this confusion.

Question	Answer
we would supervise that contract employee closely? Or does it mean that only current employees of the health department working on STD AAPPS can carry out the evaluation duties?	The *awardees* of the supplement will be current AAPPS awardees, but as with other activities, project areas would be able to contract out tasks as they see fit. We fully expect that many proposals will involve contracting with a local evaluator to assist or carry out the work. The FOA states, "Awardees may use internal or external evaluators, but their approach must be well-justified." (p. 11).
Topic: Possibility of a group application Can a group of jurisdictions put in an application for a coordinated evaluation? If this is permissible, would CDC be willing to disperse the money to more than one jurisdiction, to avoid contracting problems and associated indirect costs?	No, CDC cannot award one jurisdiction with funding and then disperse the funding to that and other jurisdictions that are working under the same proposal.
Topic: Optional or required? Do STD AAPPS project areas have to apply for this supplemental FOA? Is current funding for STD AAPPS tied in any way to applying for this supplemental funding?	No, project areas do not have to apply for this supplemental FOA. Applying for the supplement is optional. The supplement is competitive and would provide additional funding to STD AAPPS for purposes of supporting evaluation as described in the supplemental FOA. Core or base STD AAPPS funding will not be affected by a project area's decision to apply for the supplemental funding. **NOTE:** There are several required documents due in September for all current STD AAPPS awardees (APR, continuation application, POM, and targeted evaluation plan). The due date for this supplemental FOA is also in September (September 18), but it is entirely optional.
Are applications permitted to submit more than one content area?	Yes. Individual project areas may apply for more than one topic.
Is there a way for potential applicants to know whether there are other project areas intending to apply for a particular topic?	No; CDC is unable to provide that sort of information.
Will technical assistance (TA) be	No, there is no TA for applying for this

Question	Answer
provided for the application process?	enhanced evaluation FOA.
Topic: Funding flexibility Would CDC fund fewer than six applications, if CDC received few, high-quality applications? In that scenario, would CDC consider increasing the award amount that each awardee would receive?	If we only received few, high-quality applications, we would consider funding fewer than six applications and may consider increasing the award amount in such a scenario. Note that, generally, we can only fund applicants for what they applied for or less. The FOA notes an annual individual ceiling award of $200,000 (p. 13).
Topic: Funding flexibility Is it true that CDC will only fund a topic if there are at least two, high-quality applications for that topic?	The FOA (p. 26) notes that we *intend* to fund two project areas for any single topic area, and *may not* fund a topic if only one application was received. This *does not* preclude our funding one highly-ranked application on a single topic. Our preference is to have more than one project area working on a single topic.
Topic: Funding availability Is funding already specifically available for this H25 Award Mechanism, or will funding be secured if/when CDC receives adequate applications (at least two per topic area, per page 2 of the FOA)?	This FOA is a part of the Division's FY15 budget request, so funding is not secured until CDC is funded for FY15. However, the Division intends to fund this FOA and hopes to receive sufficient applications to do so.