Image Description: Centers for Disease Control

Centers for Disease Control

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

Telemedicine to Improve HIV Care among Minority Persons Living with HIV in Urban Areas
CDC-RFA-PS17-1710
Application Due Date: 05/30/2017

Telemedicine to Improve HIV Care among Minority Persons Living with HIV in Urban Areas

CDC-RFA-PS17-1710

TABLE OF CONTENTS

Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-PS17-1710. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Funding Opportunity Title:

Telemedicine to Improve HIV Care among Minority Persons Living with HIV in Urban Areas

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 http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

New

D. Agency Funding Opportunity Number:

CDC-RFA-PS17-1710

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

93.941

F. Dates:

1. Due Date for Letter of Intent (LOI): **N/A**

2. Due Date for Applications: **05/30/2017**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

Applicants may only submit one application. Applicants may apply for either Category A or Category B.

3. Date for Informational Conference Call:

(15 business days after date of publication)

3PM EST

1-877-781-0956

G. Executive Summary:

1. Summary Paragraph:

The National Center for HIV, Hepatitis, STDs, and Tuberculosis Prevention, Division of HIV/AIDS Prevention has identified telemedicine as a promising strategy to improve retention in HIV care, and HIV service delivery for better patient health outcomes. This demonstration project will fund two awards, one for *Category A: Implemention and Evaluation* and one for *Category B: Capacity Building and Technical Assistance*. The Category A awardee will implement and evaluate a telemedicine (TM) program in urban clinic(s) that have a patient base of at least 1,000 HIV-positive persons, the majority of whom are persons of

color. The Category A awardee will be responsible for marketing TM, identifying and enrolling eligible patients, delivering clinical and case management services via TM, and evaluating the TM program through electronic medical record review and quantitative and qualitative assessments. The Category B awardee will provide capacity building assistance for the TM program, will review and tailor an existing telemedicine program, conduct staff training, and providing capacity building and technical assistance to support the execution of the project. The goals of this demonstration project are to create and implement a telemedicine program for urban clinics serving predominantly minority persons living with HIV (PLWH). The intent is to reduce barriers associated with poor retention in HIV care and increase service delivery accessibility and efficiency.

a. Eligible Applicants:	Open Competition
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	2
Category A: $2,500,000	
Category B: $500,000	
d. Total Project Period Funding:	$3,000,000
e. Average One Year Award Amount:	$834,000
Category A: $834,000.00	
Category B: $166,000.00	
f. Total Project Period Length:	3
g. Estimated Award Date:	08/31/2017
h. Cost Sharing and / or Matching Requirements:	N

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

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Nationally, outcomes along the HIV care continuum have generally improved over time, yet racial and geographic disparities in access to HIV care, rates of viral load suppression, and HIV-related health outcomes persist. Rates of engagement in HIV care and in viral load suppression are consistently lower among black and Hispanic/Latino persons living with HIV (PLWH) than among white PLWH, and approximately 48.5% of blacks and 54.2% of Hispanic/Latinos were virally suppressed in 2013, compared with 62.0% of whites. Moreover, similar disparities have been observed among PLWH in the South when comparing outcomes to PLWH living in other regions of the US. Nearly 45% of the approximately 930,000 individuals living with diagnosed HIV infection reside in the US South, more than 70% of whom are persons of color.

In the era of brief medical appointments, shortages in HIV specialists, and increasing patient loads, patients with more demanding disease states, e.g., late state diagnosis and/or comorbid conditions, may not be receiving the extent of service their health requires. At the same time, patients who are clinically stable

(virally suppressed at last visit), who are less likely to present with complex care needs, may not need as much in-person care as others. Indeed, inadequate distinctions in clinical and case management strategies for patients with different needs can result in some "stable" patients finding it burdensome to maintain high levels of appointment-keeping. For these patients, frequent in-person appointment demands can itself function as a barrier to retention in care. Telemedicine is an alternative model of care which might better serve all patients by shifting clinic resources to less frequent, shorter, or more 'virtual' sessions for those "stable" patients, to free up in-clinic time and supportive resources for patients who require more intensive, in-person services.

Telemedicine programs to date have primarily been developed to address disparities related to access to care, which are typically framed by geographical dispersion, e.g., in rural settings. While important, this geographical focus has overlooked the additional potential benefit of telemedicine to counter access and retention barriers among greater proportions of PLWH, who live in urban areas. Indeed, transportation remains one of the key concerns for engagement and retention in care among urban populations of PLWH. In general, many urban areas in the U.S. have poor public transportation options, making travel to appointments challenging. Expanding the use of telemedicine in urban areas, and triaging patients into care models based on level of service need, offers minority PLWH additional options to support their retention in HIV care. Research has demonstrated benefits of telemedicine for HIV care in different settings, such as in prisons, or with specific populations, such as veterans. In these examples, telemedicine programs eliminated transportation expenses, improved health outcomes, and increased patient satisfaction and involvement in care.

Although HIV telemedicine programs are increasing in practice, most have not been formally evaluated. Additional gaps in knowledge regarding telemedicine include how it can be broadened to include other aspects of evidence-based supportive services, such as medical case management, and overall best practices for implementation. This FOA will implement and evaluate telemedicine programs for urban clinics serving predominantly minority PLWH to reduce barriers to care and increase service delivery accessibility and efficiency.

b. Statutory Authorities

This program is authorized under Section 301 of the Public Health Service Act, 42 USC 241.

c. Healthy People 2020

This demonstration project supports the Healthy People 2020 objective to prevent HIV infection and its related illness and death (https://www.healthypeople.gov/2020/topics-objectives/topic/hiv) and goal HIV-10, increase the proportion of HIV-infected adolescents and adults who receive HIV care and treatment consistent with current standards, and goal HIV-20, increase the proportion of persons with an HIV diagnosis who had at least one HIV medical visit in each 6 month period of the 24 month measurement period, with a minimum of 60-days between medical visits.

d. Other National Public Health Priorities and Strategies

This FOA aligns with the following national public health priorities and strategies:

- The National HIV/AIDS Strategy (https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf)
- CDC Winnable Battles (https://www.cdc.gov/winnablebattles/)
- The National Prevention Strategy (https://www.surgeongeneral.gov/priorities/prevention/strategy/)
- The National Stakeholder Strategy for Achieving Health Equity (https://minorityhealth.hhs.gov/npa/files/plans/nss/nss_07_section3.pdf_)

e. Relevant Work

CDC-RFA PS13-1311: Science-Based Translation of Effective Program Strategies (STEPS) to Care. STEPS to Care identified agencies with successful programs for linkage, retention, and re-engagement of persons in HIV care; translated programs into online toolkits; and piloted and refined with agencies seeking support.

CDC's Capacity Building Branch in DHAP develops national dissemination and technical assistance plans and makes biomedical, behavioral, and structural interventions and public health strategies available to agencies wishing to implement them in their communities. Additional information about the Capacity Building Branch's work is available at: www.effectiveinterventions.cdc.gov.

2. CDC Project Description

a. Approach

Bold indicates project period outcome.

CDC-RFA-PS17-1710 Logic Model:*Telemedicine to Improve HIV Care among Minority Persons in Urban Areas*

Bold indicates project period outcome

Strategies and Activities		Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Category A (implement & evaluate)	Category B (build capacity)			
Preparation Engage Community Advisory Board (CAB) to advise on TM tailoring Collaborate (with Cat B awardee) on tailoring TM program Collaborate (with Category B awardee) on development of SOPs Market TM program to patients in clinics Begin gathering evaluation, cost data Implementation Identify and enroll eligible patients into TM program Provide clinical services and case management to eligible participants through TM program Evaluation Develop Monitoring & Evaluation plans Gather evaluation, cost data Disseminate program results	Preparation Conduct program review of existing TM program Tailor TM program to target patients/settings Identify clinic/agency capacity building needs Develop Standard Operating Procedures (SOPs) Conduct capacity building training (s) Implementation Provide TA as needed Evaluation Provide TA for Monitoring & Evaluation plans	**Increase availability of TM program for minority PLWH living in urban areas** **Increase provider and clinic staff capacity to deliver TM** **Increase acceptability of TM among eligible patients** **Increase provider adoption of TM practice**	**Decrease missed clinical appointments for TM** **Reduce cost for HIV service delivery for TM** **Decrease provider caseload** **Increase patient satisfaction with HIV care** **Increase retention in case management for TM** **Maintain VL suppression among TM patients** **Increase proportion of patients served via TM**	Increase VL suppression among persons living with HIV **Increase retention in HIV care** Increase availability of model retention in care program for minority urban PLWH

i. Purpose

This demonstration project will tailor an existing telemedicine program to improve service delivery and retention in care for urban clinics serving predominantly minority PLWH in areas with increased HIV burden. The tailored telemedicine program will increase efficiency of care delivery and accessibility to care and case management services by reducing patient-level (i.e., access to affordable and reliable transportation, time to keep medical visits) and system-level (i.e., physician caseload, appointment backlog and extensive wait time) barriers associated with retention.

ii. Outcomes

Short-Term Outcomes:

- Increase availability of telemedicine (TM) program for minority PLWH in urban areas. Tailoring a TM program for this population will add to the tools available for HIV providers.
- Increase acceptability of telemedicine among eligible patients. Culturally and linguistically appropriate TM services will make TM an acceptable alternative to in-person visits.
- Increase provider and staff capacity to deliver TM.
- Increase provider adoption of TM practice. This can be achieved through training, program promotion, and program champions.

Intermediate Outcomes:

- Decrease missed appointments for TM.
- Reduce cost for HIV service delivery using TM.
- Decrease provider caseload. This can be achieved via SOPs and trainings encouraging caseload management through effective triaging of patients into TM or in-person care based on clinic criteria.
- Increase patient satisfaction with HIV care.
- Increase retention in case management for TM. Expanding telemedicine care delivery to include case management services.
- Maintain VL suppression among TM patients.
- Increase proportion of patients served via telemedicine.

iii. Strategies and Activities

Strategies & Activities

Category A Preparation (Year 1)

Engage Community Advisory Board (CAB) to advise on TM tailoring

- The awardee will recruit, orient, and engage a Community Advisory Board (CAB). The CAB should consist of representatives from local HIV care providers, clinic staff, and members of the intended populations for the TM program. The CAB may also include health department staff and other relevant population-targeted HIV care providers external to clinical settings. These persons should have various skills and expertise relevant to telemedicine, minority urban PLWH populations, and retention in HIV care.

Collaborate on tailoring of TM program

- Work with the awardee for Category B to tailor the existing TM program for urban clinics serving predominantly minority PLWH.

Collaborate on development of SOPs

- Work with the awardee for Category B to develop standard operating procedures for the tailored TM program.

Market TM program to patients in clinics

- The awardee will develop marketing materials to advertise the tailored TM program to patients. The materials may include flyers; waiting room posters; information for agency/clinic social media sites and websites; and scripts for clinic staff to discuss the TM program. The marketing materials should clearly describe the program, eligibility criteria, and how to enroll if interested.

Begin gathering evaluation and cost data

- The awardee will begin gathering historical data on TM program, including costs.

Category B Preparation (Year 1)

Conduct program review of existing telemedicine (TM) program to identify clinic/agency needs

- The awardee will conduct needs assessment of existing telemedicine program and determine capacity building required to tailor the HIV care services for an urban clinic serving minority patients. This review should include consultations with or feedback from CAB, clinic/agency staff, and potential patients. These data will be used to identify capacity building and technical assistance required to implement tailored HIV treatment and care services to minority patients.
- Formulate and execute plan to meet telemedicine program's technical assistance needs (e.g. training, technical support, staff protocols, patient education).

Tailoring of TM program

- Using the information gathered during the needs assessment, the awardee will work with the clinic/agency to develop and execute a capacity building assistance plan to tailor HIV treatment and care services for minority patients in awardee clinic(s).
- Tailoring plan should clearly outline roles and responsibilities and timeline for execution. Plan should include but is not limited to identifying capacity building needs, developing SOPs, conducting trainings:
    - Technical and technology related capacity building assistance. Specific activities related to the development of standing operating procedures and training resources on use and maintenance of software and hardware required to support TM program.
    - Increasing acceptability of telemedicine among eligible patients. Specific activities to include the creation of culturally and linguistically appropriate patient education resources (e.g. videos, print materials, posters).
    - Develop protocols and trainings to establish telemedicine program champions (staff and patient champions).
    - Provide resources and training to support staff execution of standard operating procedures to managing and treating patients in the TM program.
    - Plan to pilot and revise SOPs as needed.

Category A Implementation (Years 2 and 3)

Identify and enroll eligible patients into TM program

- Use Medical Record (EMR)/Electronic Health Record (EHR) to triage patients into TM based on SOPs and defined eligibility criteria. A minimum of 200 patients or ≥25% of eligible patients, whichever is greater, are expected to participate in the tailored TM program throughout the two year implementation period of the demonstration project regardless of services received. The awardee will work with its CAB, clinic staff, CDC, and Category B capacity building awardee to refine patient eligibility for the tailored TM program. Eligibility can include viral load at last HIV visit, barriers to retention in care, and clinical suitability for TM.

Provide clinical services and case management to eligible participants through TM program

- The awardee will implement the tailored TM program throughout years 2 and 3 of the project.
- Based on established SOPs, awardee will provide clinical services to patients via the TM program. These services should include provision for all required lab work and monitoring.
- Based on established SOPs, the awardee will provide case management/supportive services based on patients' need throughout years 2 and 3 of the project. These services may include, but not limited to: insurance, housing, food, childcare, employment, and legal assistance.

Category B Implementation (Years 2 and 3)

- Ongoing execution of capacity building assistance plan providing additional technical assistance as needed for:
    - Marketing and patient recruitment
    - Additional staff training
    - Updating SOPs
    - Supporting the maintenance of culturally appropriate patient education resources (e.g. videos, print materials, posters).
    - Supporting the maintenance of telemedicine program champions (staff and patient champions)
    - Supporting data collection
    - Assist with program evaluation and monitoring activities (i.e. developing data collection templates and an evaluation plan).

Category A Evaluation (Years 1-3)

Develop monitoring, evaluation and cost benefit analysis plan

- In Year 1 of the award, the awardee will develop a plan for monitoring and evaluating the tailored TM program (i.e., the Evaluation and Performance Measurement Plan (EPMP)). The EPMP should include an overall narrative description of the approach to evaluation and performance measurement; a detailed description of performance measurement/monitoring; a detailed description of the evaluation; and a logic model. The performance measurement/monitoring and evaluation descriptions should include monitoring or evaluation questions, indicators, targets, data sources, data collection methods, data analysis procedures, how results will be used, timeline, and budget. Instruments for evaluation (e.g., surveys, key informant interview guides) should also be included.
- As part of the evaluation plan, the awardee will also develop a plan for conducting cost analysis. The awardee will assess the cost and benefit of the TM model through assessment of intervention costs and cost savings from improvement in HIV care, service utilization, and patient time and travel. The awardee should be able to determine whether the cost of HIV-care and case management services was reduced over time and per-patient. Costs and benefits to the patient will also be measured via the quantitative assessment of patient visits and interviews. The cost analysis plan should include an overall description of the approach to the cost analysis, data sources, data collections methods, and analyses procedures, how results will be used, and a timeline. Instruments for the cost analysis should also be included.

Gather monitoring, evaluation, and cost data

- The awardee will gather monitoring, evaluation, and cost data in accordance with the approved EPMP and cost analysis plan throughout the duration of the project.

Develop and disseminate program results and lessons learned

- The awardee will provide regular progress updates during implementation on program monitoring and lessons learned during the period of implementation.

Category B Evaluation (Years 1-3)

Awardee will provide technical assistance to support monitoring protocols to support TM program evaluation. Specific activities will include collaboration with clinic/agency to create of SOPs to collect data related to monitoring missed appointments, provider caseload, case management, champion program, and data collection for patient and staff satisfaction.

1. Collaborations

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

Awardees for Category A and Category B are required to collaboratively partner with CDC and each other. In addition, awardees should collaborate with other CDC-funded programs, where appropriate, to apply programmatic successes and lessons learned.

b. With organizations not funded by CDC:

Category A: If the awardee is proposing to tailor and implement a remote-care telemedicine program (or similar), it is expected that a partnership with entities providing phlebotomy/laboratory services and/or physical space such as exam rooms will be established as needed. If the awardee is proposing to implement a co-managed telemedicine program (or similar), it is expected that a partnership with co-managed care providers be established. The awardee should also partner with agencies such as community health centers (CHCs), AIDS service organizations (ASOs), community based organizations (CBOs), and other agencies that provide case management/supportive services as needed by their existing telemedicine program.

During the preparation phase, formalization of all collaborations should be demonstrated by memoranda of understanding (MoU). The MoU is a signed document that guides the mutual understanding of the expectations of the collaboration between the awardee and collaborating agencies. The MoU should convey the objective(s) of the collaboration, how the objective(s) will be accomplished, what information/data will be collected to accomplish the objective(s), the frequency of the data collection, and the information/data collection method. The awardee should include in the MoU the timeline of the collaboration, frequency of communication, and method of communication.

The awardee should form a Community Advisory Board (CAB) during the first year of the project. Information on the formation of the CAB is included in the activities section of this FOA.

Category B: Awardee is expected to establish, build, and sustain strategic and meaningful collaborative partnerships with funded Category A clinic/agency. Awardee should also consider working relationships with other federal agencies and key partners such as: colleges and universities; public health departments, community based organizations serving the target population, stakeholders, and other entities interested in promoting improved health outcomes through HIV prevention, care, and treatment.

2. Target Populations

The **Category A** awardee will be selected on their ability to provide telemedicine coverage for clinics serving predominantly minority PLWH in MSAs (defined by OMB as one or more adjacent counties or county equivalents that have at least one urban core area of at least 50,000 population, and a high degree of social and economic integration with the core as measured by commuting ties) with high-HIV burden, as indicated by HIV diagnosis rates in 2015. See Table 26 of CDC's 2015 HIV Surveillance Report: https ://www.cdc.gov/hiv/pdf/library/reports/ surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf.

The **Category B** awardee should have a strategy to ensure that the development and delivery of all information, training, and technical assistance is culturally, linguistically, and educationally appropriate to meet the capacity building needs of urban clinics serving predominantly minority PLWH.

a. Health Disparities

The FOA is designed to support the tailoring of an existing telemedicine program for urban HIV clinic populations and requires that awardees focus on urban clinics in high-HIV burden MSAs serving predominantly minority PLWH. The FOA will increase access to, and retention in, HIV care and treatment for PLWH with issues related to transportation, unstable housing and employment, and other retention in care issues including physical disability. It will also alleviate burden on HIV care providers, allowing increased clinic resources available for patients with complex HIV care and treatment needs and build capacity of providers to successfully tailor services for minority PLWH via telemedicine. These activities will contribute to reducing HIV-related disparities that disproportionately affect racial and ethnic minority PLWH.

iv. Funding Strategy

NA

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

The CDC Evaluation and Performance Measurement Strategy will assess achievement of program goals and objectives in terms of process, organizational change, and short-term and intermediate-term outcomes. Although long-term outcomes are described in the logic model and can logically be expected to occur as a result of the project funded by this FOA, these outcomes may not be observed during the three-year project period.

In the context of this project: (1) Performance Measurement will include a core set of measures, identified by CDC and agreed upon in collaboration with the awardees, and (2) Evaluation will include both process and outcomes evaluations, conducted by the awardee, to better explain changes in outcomes, identify factors that may have impeded or contributed to the project's success, and/or to assess unintended effects.The overarching questions that the project will assess are bolded in the logic model and are the short-term and intermediate outcomes. The measures of outputs in the table below will serve as the process measures for this project.

Performance Measurement. The following table includes main outputs, outcomes, and corresponding performance metrics that will help address the overarching evaluation questions as described in the logic model strategies and activities. This is not an exhaustive list, since measures will be finalized in collaboration with the awardee during the first year of the funding period. Guidance on both Performance Measurement and Evaluation will be provided by CDC on an ongoing basis throughout the project period.

OUTPUT/OUTCOME (*as led by Category A or B grantee*)	**MEASURES/STANDARDS**
Outputs	
1. Needs assessment of existing telemedicine program (*Category B*) 2. Telemedicine program tailored for urban clinics serving predominantly minority PLWH(*Category B*) 3. SOPs created for tailored telemedicine program (*Category B*) 4. Training developed to build agency capacity (*Category B*) 5. Community Advisory Board (CAB) formed and operationalized (*Category A*) 6. Program Champion established	1. Capacity building assistance plan identifying key components of telemedicine program, including plans for tailoring and technical assistance 2. Modified program materials appropriate for new population and setting 3. Number and type of standard operating procedures in place 4. Number of agency/clinic staff trained to use telemedicine tools to deliver HIV care and case management services 5. Number and job type of CAB members,

(*Category B*) 7. Advertising materials developed (*Category A*) 8. Identified clinic patients eligible to receive care through telemedicine (*Category A*) 9. Eligible patients enrolled into the telemedicine program (*Category A*) 10. Deliver clinical and case management services via tailored telemedicine program (*Category* A) 11. Provide TA as needed throughout implementation and evaluation (*Category B*) 12. Monitoring, evaluation & cost data gathered, analyzed and disseminated (*Category A*)	list of roles and responsibilities 6. SOP created defining role and responsibility of program champion 7. Number and type of advertising materials 8. Number of clinic patients eligible for telemedicine 9. Number of patients offered and enrolled in telemedicine program 10. Number of enrolled clinic patients receiving clinical and case management services via telemedicine 11. Number of completed TA requests 12. Evidence of complete monitoring, evaluation, and cost datasets and data analysis outputs
Short-term Outcomes	
1. Increase availability of TM program for minority PLWH living in urban areas 2. Increase provider and clinic staff capacity to deliver tailored telemedicine program 3. Increase acceptability of telemedicine among eligible patients 4. Increase provider adoption of telemedicine practice	1. Number of tailored key TM program components, SOPs 2. Number and proportion of provider and clinic staff trained on implementation of tailored telemedicine program 3. Number and proportion of eligible patients reporting favorable opinion of telemedicine; thematic description of patient experiences 4. Number and proportion of clinic visits conducted via telemedicine
Intermediate-term Outcomes	
1. Decrease missed appointments 2. Reduce cost for HIV service delivery 3. Decrease caseload for face-to-face patient visits 4. Increase patient satisfaction with HIV care 5. Increase retention in case management. 6. Maintain viral load suppression among TM patients 7. Increase proportion of clinic patients served via telemedicine.	1. Number and proportion of scheduled HIV care appointments missed in each 6 month period; stratified by type of appointment (telemedicine vs. in-person) 2. Cost-per-patient of HIV services during implementation of tailored TM compared to clinic records 3. Number and proportion of in-person patient visits by provider 4. Number and proportion of patients reporting satisfaction with HIV care; thematic description of patient experience with HIV care 5. Number and type of case management services provided via telemedicine per patient 6. Number and proportion of patients receiving care via telemedicine with

	VL suppression 7. Number and proportion of patients served via telemedicine program.

Evaluation. The evaluation component will include: 1) Collection of 12 months of patient EMR data from both pre-implementation phase and once enrolled, 2) Quantitative assessment to be administered to a random sample of clinic patients at 12-months post-enrollment, with the goal of 10% participation of the active (seen within 12 months prior to implementation) clinic population, 3) Qualitative assessment to be administered at 12-months post-enrollment to approximately 60 patients and 30 clinic staff; and 4) Assessment of the cost and benefit of the telemedicine model.

Project data management systems will have security controls for management, operational and technical safeguards needed to protect the confidentiality, integrity, and availability of a federal information system and its information that comply with the National Institute of Standards and Technology (NIST) (http://csrc.nist.gov/policies/FISMA-final.pdf). The data management systems will have security plans, emergency response capabilities, designated individuals who are responsible for security, reporting to Congress, security awareness training, and regular review of the system as specified in OMB Circular A-130 (http://www.whitehouse.gov/omb/Circulars_a130_a130trans4/). The data management system will have an Information System Security Plan. All data collected will be submitted to the lead CDC Investigator using government-provided, encrypted USB. Public access to the data will be provided to the extent feasible, within the constraints of available resources. Finalizing the details of the data management plan and systems will be the responsibility of the project officer, the awardee funded to conduct the project, and the partnering entities supplying outcome data.

ii. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

Category A: Awardees will address three components in the initial Evaluation and Performance Measurement Plan:

1. Approach

- Describe the engagement of stakeholders in Evaluation and Performance Measurement (e.g., CAB, Category B awardee, CDC, partnering agencies).
- Describe dissemination channels and audiences (including public dissemination) of both performance measures and evaluation results.

2. Performance Measurement

- Identify indicators to be tracked during the duration of the project, baseline data, and targets.
- State how frequently data will be gathered per indicator (e.g., daily, weekly, monthly, etc.).
- Describe how performance measures data will be managed and by whom, information system to be used for submission of required data, how to ensure quality of performance measures data, how frequently results will be reported and to whom, keeping in mind CDC data submission requirements and local data use for routine project oversight.
- Describe how performance measurement results will be used.

3. Evaluation

- List up to 3 key evaluation questions for which evaluation will be conducted;
- Identify how findings of evaluation will be utilized by health systems or clinics, and partner agencies and other stakeholders.

Category B: Awardees will address the following components in the initial Evaluation and Performance Measurement Plan:

- Describe the engagement of stakeholders (Category A awardee, CDC, partnering agencies, CAB).
- Identify capacity building indicators and performance measures for the duration of the project and describe how they will be measured and by whom.
- Identify quality assurance measures for capacity building activities for the duration of the project and describe how they will be measured and by whom.
- Describe how performance measurement results will be used.

Paperwork Reduction Act (PRA) applicability will depend upon the evaluation and reporting methods to be used for each activity.

c. Organizational Capacity of Awardees to Implement the Approach

Category A: Applicants must be a health system or clinic, and/or agency in an urban MSA with sufficient minority PLWH to meet the requirements of this funding opportunity, or have access to one or more of these entities as evidenced by a signed MoU. Applicants must be implementing either remote care or co-managed care or other existing telemedicine programs for at least one year prior to submission. Applicants must have access to at least one year of patient electronic medical records for the year prior to implementation and continued access to records for patients during the project period. Health systems or clinics, and/or agencies should have experience implementing a telemedicine program for at least one year prior to submitting an application for funding. Applicants should have experience conducting program evaluation, including process monitoring and outcome monitoring and data analysis. Applicants should have experience with collecting and analyzing cost-benefit data. Applicants should have experience conducting qualitative data collection and analysis.

Category B: Applicant must demonstrate:

- Their existing organizational capacity (e.g. program and staffing management, performance

measurement and evaluation systems, financial reporting systems; communication, technological and data systems required to implement the activities in an effective manner; physical infrastructure and equipment; workforce capacity to successfully execute activities to meet the program requirements including plan and budget to participate in required post-award orientation events, training sessions, conference calls, meetings, and other activities to enhance communication, coordination and collaboration with Category A awardee, CDC, and other partners.

- Expertise and experience specifically related to telemedicine, needs assessment, training, marketing, medical records and clinical process management (e.g. staff curriculum vitae or resumes, exiting training or technical assistance products, letters of support demonstrating capacity to carry out expectations of the award).
- Expertise and experience specifically related to the delivery of telemedicine programs, competency-based training, technical assistance to health clinics, and working with minority populations.

d. Work Plan

Applicants must develop a detailed work plan that describes how proposed year one activities will contribute to project outcomes. For example, the Year One work plan for the **Category A** awardee should resemble the following:

Project Period Outcome: *September 2017 – August 2018*	***Outcome Measure:*** *Increase availability of TM program for minority PLWH living in urban areas*		
Strategies and Activities	**Process Measure**	**Responsible Position/Party**	**Completion Date**
1. Engage CAB, formation/operationalization	Identify members, establish roles and MOUs	Category A awardee	January 2018
2. Begin gathering evaluation, cost data	Review medical records	Category A awardee	August 2018
Project Period Outcome: *September 2017 – August 2018*	**Outcome Measure:** *Increase acceptability of telemedicine among eligible patients*		
Strategies and Activities	**Process Measure**	**Responsible Position/Party**	**Completion Date**
1. Create marketing materials	Posters, flyers, social media, web banners, etc.	Category A awardee	August 2018
Project Period Outcome: *September 2017 – August 2018*	**Outcome Measure:** *Increase provider and clinic staff capacity to deliver TM program*		
Strategies and Activities	**Process Measure**	**Responsible Position/Party**	**Completion Date**
1. Integrate new TM program	Number of staff trained, resources created and implemented	Category A awardee	August 2018

Project Period Outcome: *September 2017 – August 2018*		**Outcome Measure:** *Increase provider adoption of TM practice*	
Strategies and Activities	**Process Measure**	**Responsible Position /Party**	**Completion Date**
1. Educate and familiarize providers	Staff trained	Category A	August 2018

For example, the Year One work plan for a **Category B** awardee should resemble the following:

Project Period Outcome: *September 2017 – August 2018*		***Outcome Measure:*** *Increase availability of TM program for minority PLWH living in urban areas*	
Strategies and Activities	**Process Measure**	**Responsible Position/Party**	**Completion Date**
1. Conduct program review	Identify key components of existing TM program and tailor for new population and settings	Category B awardee	March 2018
2. Develop SOPs	Manuals, trainings, and other materials	Category B awardee	August 2018
3. Conduct needs assessment	Capacity Building Assistance Plan	Category B awardee	August 2018
Project Period Outcome: *September 2017 – August 2018*		**Outcome Measure:** *Increase acceptability of telemedicine among eligible patients*	
Strategies and Activities	**Process Measure**	**Responsible Position/Party**	**Completion Date**
1. Culturally appropriate materials	Posters, flyers, social media, web banners, etc.	Category B awardee	August 2018
Project Period Outcome: *September 2017 – August 2018*		**Outcome Measure:** *Increase provider and clinic staff capacity to deliver TM program*	
Strategies and Activities	**Process Measure**	**Responsible Position/Party**	**Completion Date**
1. Create staff education resources	Number of staff trained, resources created and implemented	Category B awardee	July 2018
1. Integrate new TM program	SOPs created, number of staff trained.	Category B awardee	August 2018
Project Period Outcome: *September 2017 – August 2018*		**Outcome Measure:** *Increase provider adoption of TM practice*	
Strategies and Activities	**Process Measure**	**Responsible Position /Party**	**Completion Date**

1. Educate and familiarize providers	Staff trained	Category B	August 2018
Create program champions	Protocols and SOPs created	Category B	August 2018

The Year Two and Year Three work plans for Category A and Category B awardees should include short and intermediate outcomes outlined in the accompanying logic model. Applicants should cite available local epidemiologic data, cost data or other sources for articulating how the proposed approach will have the greatest impact for their jurisdiction. Proposed work plan activities should address high priority unmet needs and not be duplicative with other funded activities.

Applicants should describe how they plan to monitor each program activity.

Note: Post-award, proposed work plan activities may be adjusted in consultation with CDC and other federal partners to better address the overarching goals of the project.

The applicant should address the following outline in their work plan:

- A detailed work plan for Year One and high-level plans for Year Two and Year Three
- Intended outcomes for the entire three-year project period
- Year 1 Detailed Work Plans should include:
    - Detailed program strategies and activities
    - Outcomes aligned with program strategies and activities
    - Project Timeline
    - Budget and budget narrative

e. CDC Monitoring and Accountability Approach

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

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

Monitoring may also include the following activities 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 awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

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

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

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

A. Provide consultation and technical assistance to grantees on all aspects of the implementation of the funding program as well as all protocols, procedures, and instruments related to the plan, both directly and through CDC's network of grantees and partners.

B. Work with grantees to address training, capacity building and technical assistance needs that are crucial to the successful execution of the plan, and that are not addressed by other funding sources.

C. Facilitate coordination, collaboration, and, where feasible, service integration among other CDC programs, health departments and their programmatic divisions, CABs, directly-funded CBOs, national capacity building assistance providers, care providers, and other critical partners working with at risk populations and towards common goals of risk reduction, disease detection, and a continuum of HIV prevention, care, and treatment.

D. Monitor grantee progress in implementing the program and work with grantees through consultation via site visits, email, telephone, and review of progress reports to support implementation of the project.

E. Monitor grantee progress in developing and conducting monitoring and evaluation activities through consultation via site visits, email, telephone, and review of progress reports and other data reports to support progress, program improvement, and reductions in HIV incidence.

F. Provide requirements and expectations for standardized and other data reporting and support monitoring and evaluation activities with technical assistance, web-based training on M&E, M&E-related materials such as data collection tools, and on-line TA via the National HIV Monitoring and Evaluation Service Center as appropriate.

G. Facilitate necessary CDC and other clearances.

H. Plan, convene, and facilitate joint grantee meetings during the project period.

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

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

2. Award Mechanism: U62

U62 Prevention/Surveillance Activities/Studies of AIDS

3. Fiscal Year: 2017

4. Approximate Total Fiscal Year Funding: $1,000,000

5. Approximate Project Period Funding: $3,000,000

This amount is subject to the availability of funds.

Estimated Total Funding: $3,000,000

6. Total Project Period Length: 3 year(s)

7. Expected Number of Awards: 2

Category A: $2,500,000

Category B: $500,000

8. Approximate Average Award: $834,000 Per Budget Period

Category A: $834,000.00

Category B: $166,000.00

9. Award Ceiling: $834,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor: $166,000 Per Budget Period

11. Estimated Award Date: 08/31/2017

12. Budget Period Length: 12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:

State governments
Special district governments
Public and State controlled institutions of higher education
Native American tribal governments (Federally recognized)
Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
Private institutions of higher education
For profit organizations other than small businesses

Additional Eligibility Category:

2. Additional Information on Eligibility

To be considered responsive, Category A applicants must demonstrate the following:

1. Eligible applicants must document activities will be conducted in a U.S. Office of Management and Budget-defined metropolitan statistical area (MSA).

2. Eligible applicants must document activities will be conducted in an MSA with high HIV burden, as indicated by HIV diagnosis rates in 2015. See Table 26 of CDC's 2015 HIV Surveillance Report: https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2015-vol-27.pdf.

3. Eligible applicants must document they plan to conduct activities with at least 1,000 active (seen for HIVcare and/or treatment in the 12 month period prior to application) PLWH.

To be considered responsive, Category B applicants must demonstrate the following:

1. Eligible applicants must document at least 2 years of previous experience working with telemedicine programs.

2. Eligible applicants should document experience working in HIV medical care and treatment services.

Applicants may only submit one application. Applicants may apply for either Category A or Category B.

3. Justification for Less than Maximum Competition

NA

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/ webform/ displayHomePage.do. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at ***www.SAM.gov***.

c. Grants.gov:
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option 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)	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 1-866-705-5711Image Description:
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/ fsd-gov/ home.do Calls: 866-606-8220Image Description:

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. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700Image Description: or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348Image Description: .

4. Submission Dates and Times

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

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

Due Date for Letter of Intent: **N/A**

b. Application Deadline

Due Date for Applications: **05/30/2017** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Applicants may only submit one application. Applicants may apply for either Category A or Category B.

Date for Information Conference Call

(15 business days after date of publication)

3PM EST

1-877-781-0956

5. CDC Assurances and Certifications

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

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

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

Duplication of Efforts

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

6. Content and Form of Application Submission

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

7. Letter of Intent

LOI is not requested or required as part of the application for this FOA.

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package. Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

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

a. Background

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

b. Approach

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

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

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

Project Description.

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

Applicants should provide evidence of proposed or existing collaborations. Memorandums of Agreement (MOA), Memorandums of Understanding (MOU) letters of commitment, or service agreements may formally document the scope of work, intensity, and duration of collaborations with partners. Each document should thoroughly describe the proposed collaboration and specific activities, which parties are responsible for and what the intended outcomes and benefits for this project. These documents should be on official organizational letterhead, signed by all collaborating parties, and electronically submitted with the application.

Applicants should describe how they plan to collaborate with the awardee from the other category.

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 awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. 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 seehttp://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

Awardees 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 FOA.

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 awardee plans to carry out achieving the project period 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 will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities).
For guidance on completing a detailed budget, see Budget Preparation Guidelines at: http:// www.cdc.gov /grants /interested in applying /application resources.html.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org).
Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern 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 FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. 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). Grantees will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide grantees and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.
Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

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

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

16. Copyright Interests Provisions

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

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award,

recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the awardee.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

18. Data Management Plan

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

19. Other Submission Requirements

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

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

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30

p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
http:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t= Get_Started%2FGet_Started. htm

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

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

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

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

a. Phase 1 Review

All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach	Maximum Points:40

In scoring applications, eligible **Category A** applications will be evaluated against the following criteria:

- To what extent does the applicant document having the resources to provide clinical services (e.g. phlebotomy) at multiple clinic locations, including MoUs with subcontractors that can provide these services?
- To what extent does the applicant document access to and/or provision of case management services, such as housing and legal assistance, assistance with social services, insurance and other services, including MoUs with subcontractors that can provide these services.
- To what extent does the applicant propose activities in an MSA with demonstrated high HIV burden among race/ethnic minority PLWH?
- To what extent does the applicant have access to at least one year of patient electronic medical records for the year prior to implementation and continued access to records for patients during the project period?
- To what extent does the applicant have experience conducting program evaluation in clinic and agency settings, including process monitoring, outcome monitoring, and data analysis?
- To what extent does the applicant have experience collecting, analyzing,a nd reporting programmatic cost-benefit data?
- To what extent does the applicant document prior experience developing, orienting and engaging a community advisory board?
- To what extent does the applicant document their active HIV patient case load is at least 50% racial/ethnic minorities, i.e. non-white/Caucasian?
- To what extent does the applicant propose to educate, recruit and retain "stable" (such as having an undetectable viral load at last clinic visit) HIV patients into their telemedicine project?
- To what extent does the applicant document prior experience marketing services and/or projects to their patients?
- To what extent does the applicant document prior experience collaborating with outside capacity building, technical assistance, or external training partners to complete project strategies and activities?

In scoring applications, eligible **Category B** applications will be evaluated against the following criteria:

- To what extent does the applicant have a minimum of 2 years' experience and expertise in creating materials and providing technical assistance to HIV clinical care programs using telemedicine?
- To what extent does the applicant have experience tailoring and modifying programs for different

populations and settings?
- To what extent does the applicant have experience and expertise in providing competency-based training?
- To what extent does the applicant have experience and expertise working with racial and ethnic minority populations and clinics in urban settings?
- To what extent does the applicant have experience and expertise creating SOPS, capacity building assistance plans, and technical assistance plans for clinics, agencies, and health systems?

ii. Evaluation and Performance Measurement	Maximum Points:25

In scoring applications, eligible **Category A** applications will be evaluated against the following criteria:

- To what extent does the applicant provide a detailed plan for imnplementing the activities listed and meeting the short-term and intermediate outcome goals identified in the logic model for this project?
- To what extent does the applicant provide a detailed plan for collecting cost data?
- To what extent does the applicant provide a detailed plan for collecting qualitative data?
- To what extent does the applicant provide a plan to assess HIV service (clinical and case management) delivery costs per patient?
- To what extent does the applicant have provide a plan to assess provider caseload?
- To what extent does the applicant document prior experience conducting evaluation projects?
- To what extent does the applicant provide a detailed plan to disseminate project findings and outcomes?

In scoring applications, eligible **Category B** applications will be evaluated against the following criteria:

- To what extent does the applicant describe experience providing technical assistance for program evaluation activities?
- To what extent does the applicant describe experience supporting and improving provider caseload management?
- To what extent does the applicant describe experience providing technical assistance to support tracking missed appointments?
- To what extent does the applicant describe experience providing technical assistance to support the collection of cost data?
- To what extent does the applicant describe experience providing technical assistance in the development of survey instruments and qualitative guides for staff and patients?
- To what extent does the applicant describe experience in providing technical assistance in the development of protocols and procedures to assess patient and staff satisfaction?

iii. Applicant's Organizational Capacity to Implement the Approach	Maximum Points:35

In scoring applications, eligible **Category A** applications will be evaluated against the following criteria:

- To what extent does the applicant document prior experience managing a federally-funded project?
    - Does the applicant document prior experience reporting on federally-funded project outcomes, including financial obligations?
- Does the applicant document at least one year (12 months) prior experience operating a telemedicine program?
- To what extent does the applicant have access to patient electronic medical records, including 12 months of historical patient data? Does this include missed appointment data, viral load lab values, and all other data required for this evaluation?
- To what extent does the applicant document in-house or contracted case management services to their HIV patient case load?
- To what extent does the applicant document descriptions of duties, percentage-of-time commitments,

and responsibilities of clinical, case management, and administrative project staff including clear lines of authority and supervisory capacity to successfully conduct the proposed activities and strategies required of the project?
    - Is an organizational chart included that identifies all staff, including collaborating partners?
- To what extent does the applicant's staffing plan include persons with the experience to implement a monitoring and evaluation plan?

In scoring applications, eligible **Category B** applications will be evaluated against the following criteria:

- To what extent does the applicant describe organizational capacity to successfully execute activities to meet the program requirements to participate in required post-award orientation events, training sessions, conference calls, meetings, and other activities to enhance communication, coordination and collaboration with Category A awardee, CDC, and other partners?
- To what extent does the applicant describe experience working with agencies to conduct needs assessment and developing a corresponding capacity building plan?
- To what extent does the applicant describe expertise in telemedicine delivery and a minimum of 2 years of experience working with telemedicine programs?
- To what extent does the applicant describe previous experience training medical and clinical staff?
- To what extent does the applicant describe previous experience working with agencies to create standard operating procedures?
- To what extent does the applicant describe experience working with electronic medical records systems?
- To what extent does the applicant describe a strategy to ensure that the development and delivery of all information, training, and technical assistance is culturally, linguistically, and educationally appropriate to meet the capacity building needs of urban clinics serving predominantly minority urban PLWH?
- To what extent does the applicant describe organization's sensitivity to issues of homophobia, stigma, and discrimination related to HIV infection, racism, and sexual orientation?
- To what extent does the applicant describe experience effective working with racial/ethnic minority populations?
- To what extent does the applicant describe experience working in HIV medical care and treatment services?

Budget

Eligible applications for Category A and Category B will be evaluated against the following criteria:

- Is the budget reasonable, itemized, clearly justified, and consistent with the intended use of the funds?
- Does the budget include itemizations, justifications, scope, and deliverables for sub-contractors?
- Does the applicant's budget include funds for key project staff to provide and attend trainings?
- To what extent does the applicant's budget include funds to implement and evaluate (or provide capacity building and technical assistance for) the telemedicine program?

c. Phase III Review

The following factors also may affect the funding decision for Category A:

Applicants proposing to conduct activities in eligible MSAs in the U.S. South (Delaware, Maryland, Washington DC, West Virginia, Virginia, Kentucky, Tennessee, North Carolina, South Carolina, Georgia, Florida, Alabama, Mississippi, Louisiana, Texas, Arkansas, and/or Oklahoma) will be given higher preference.

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 Awardee 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 funding opportunity announcement.

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

The anticipated award date is August 31, 2017.

F. Award Administration Information

1. Award Notices

Awardees 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 awardee and CDC. The NOA will be signed by an authorized GMO and emailed to the Awardee Business Officer listed in application and the Program Director.

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

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

2. Administrative and National Policy Requirements

Awardees must comply with the administrative and public policy requirements outlined in 45 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.

- *AR-4: HIV/AIDS Confidentiality Provisions*
- *AR-5: HIV Program Review Panel Requirements*
- *AR-6: Patient Care*
- *AR-8: Public Health System Reporting Requirements*
- *AR-9: Paperwork Reduction Act Requirements*
- *AR-10: Smoke-Free Workplace Requirements*
- *AR-11: Healthy People 2020*
- *AR-12: Lobbying Restrictions (June 2012)*
- *AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities*
- *AR-14: Accounting System Requirements*
- *AR-15: Proof of Non-profit Status*
- *AR-16: Security Clearance Requirement*
- *AR-21: Small, Minority, And Women-owned Business*
- *AR 23: Compliance with 45 CFR Part 87 (faith-based organizations)*
- *AR-24: Health Insurance Portability and Accountability Act Requirements*
- *AR-25: Data Management and Access*
- *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: Enacted General Provisions*
- *AR-34: Language Access for Persons with Limited English Proficiency*

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

3. Reporting

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

- Helps target support to awardees;
- Provides CDC with periodic data to monitor awardee progress toward meeting the FOA outcomes and

overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the FOA.

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

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan, 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
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30, 2017; April 30, 2017; July 30, 2017; October 30, 2017; January 30, 2018.	Yes

a. Awardee Evaluation and Performance Measurement Plan (required)
With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award. 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.

Awardee 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 FOA 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 FOA (e.g., effect on improving public health outcomes, effectiveness of FOA, 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 awardee 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 weblinks are allowed.
This report must include the following:

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

The awardees must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

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

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

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

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

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

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

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

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

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

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

1) Annual Report: The grantee 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 grantee did not pay any taxes during the reporting period.]

2) Quarterly Report: The grantee 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. grantee 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 grantee must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:
Deborah Gelaude, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Rd., N.E., Mailstop E-37, Atlanta, GA 30333

Telephone: (404) 639-1905
Email: zoi1@cdc.gov

Grants Staff Contact

For **financial, awards management, or budget assistance,** contact:
Wayne Woods, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2920 Brandywine Rd, Atlanta, GA 30341

Telephone: (770) 488-2948
Email: kuv1@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726Image Description: .
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

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

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

H. Other Information

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

- Project Abstract
- Project Narrative

- Budget Narrative
- CDC Assurances and Certifications
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international FOAs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Memorandum of Understanding (MOU)

Memoranda of Understanding from all partnering or collaborating entities under Category A.

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 FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial

involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The FOA evaluation plan is used to describe how the awardee and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.
Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.
Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.
Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.
Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but

are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.
Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.
Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.
Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.
Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.
Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.
Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).
Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a

Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.
Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.
Outcome: The results of program operations or activitIes; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.
Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.
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. FOAs 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 FOA plain writing tips when writing FOAs.
Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).
Program Official: Person responsible for developing the FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.
Project Period Outcome: An outcome that will occur by the end of the FOA's funding period.
Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
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 project period outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

FOA-specific Glossary and Acronyms