Centers for Disease Control and Prevention

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

Comprehensive High-Impact HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color

CDC-RFA-PS17-1704

Application Due Date: 09/14/2016

Comprehensive High-Impact HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color

CDC-RFA-PS17-1704

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-PS17-1704. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC)

B. Funding Opportunity Title:

Comprehensive High-Impact HIV Prevention Projects for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color

C. Announcement Type: New - Type 1

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

New-Type 1

D. Agency Funding Opportunity Number:

CDC-RFA-PS17-1704

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

93.939

F. Dates:

1. Due Date for Letter of Intent (LOI):	**07/27/2016**
Is a LOI:	Recommended but not Required
2. Due Date for Applications:	**09/14/2016**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.
3. Date for Informational Conference Call:	**N/A**

To obtain a schedule of the pre-application and technical assistance activities or additional information related to this funding opportunity announcement, please visit http://www.cdc.gov/hiv/funding/announcements/ps17-1704/index.html.

G. Executive Summary:

1. Summary Paragraph:

The Centers for Disease Control and Prevention announces the availability of fiscal year 2017 funds for a cooperative agreement program for community-based organizations (CBOs) to develop and implement High-Impact Human Immunodeficiency Virus (HIV) Prevention Programs in the following two categories:

Category A: HIV prevention services for Young Men of Color Who Have Sex with Men (YMSM of color) and their partners regardless of age, gender, and race/ethnicity.

Category B: HIV prevention services for Young Transgender Persons of Color (YTG persons of color) and their partners regardless of age, gender, and race/ethnicity.

NOTE: Throughout this funding opportunity announcement, "young" and "youth" are specifically defined as individuals between the ages of 13 and 29 years.

Toward supporting the optimization of services across public, private, and other community-based

organizations, CBOs are uniquely positioned to complement and extend the reach of HIV prevention efforts implemented by state and local health departments and education agencies to achieve objectives of increased identification of HIV infection, referral for pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP) services, earlier entry to HIV care, and increased consistency of care. The High-Impact HIV Prevention Program model for HIV-positive and high-risk HIV-negative persons will consist of the following **required** program components: (1) formalized collaborations and partnerships; (2) program promotion, outreach, and recruitment; (3) targeted HIV testing; (4) HIV prevention for HIV-positive persons; (5) HIV prevention for high-risk HIV-negative persons; and (6) condom distribution.

The purpose of this program is to implement comprehensive HIV prevention programs to reduce morbidity, mortality, and related health disparities among high-risk YMSM of color, YTG persons of color, and their partners. In accordance with the *National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS)* (https:// www.aids.gov/ federal-resources/ national-hiv-aids-strategy/ ;nhas-update.pdf) and CDC's High-Impact HIV Prevention (HIP) approach (http:// www.cdc.gov/hiv/strategy/ hihp/ index.htm), this funding opportunity announcement (FOA) focuses on HIV in the nation by reducing new infections, increasing access to care, and promoting health equity. These goals will be achieved by enhancing CBOs' capacities to increase HIV testing, link HIV-positive persons to HIV medical care, increase referrals to Partner Services (PS), provide prevention and essential support services for HIV-positive persons and persons at high risk of acquiring HIV who are unaware of their HIV status, and increase program monitoring and accountability. Standard performance measures for HIV prevention programs that are consistent with the focus of the *National HIV/AIDS Strategy for the United States: Updated to 2020* on improving performance and accountability are included in this FOA.

a. Eligible Applicants:	Single
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	30
d. Total Project Period Funding:	$50,000,000
e. Average One Year Award Amount:	$350,000
f. Number of Years of Award:	5
g. Estimated Award Date:	04/01/2017
h. Cost Sharing and / or Matching Requirements:	N

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

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

For over 30 years, Human Immunodeficiency Virus (HIV), the virus that causes AIDS, has affected millions throughout the United States. According to the CDC, by the end of 2014, approximately 1.2 million persons ages 13 years and older were living with HIV infection, and about 40,000 infections are diagnosed each year in the U.S.(1) There are approximately 156,300 (12.8%) persons who were unaware of their HIV infection.(2) In recent years, deaths among persons in the U.S. living with HIV have declined, while the number of people living with HIV has increased.(3)

Since the late 1980s, CDC has formally partnered with CBOs to expand the impact and reach of HIV

prevention in affected communities. Because of their accessibility, history, and credibility in the community, CBOs are recognized and remain important partners in providing comprehensive high-impact HIV prevention services. Building individual competencies, organizational capacities, and supportive structural environments among these partners are key strategies for the effective promotion, delivery, and sustainability of HIV prevention programs and services, particularly for people living with and at greatest risk of HIV infection, including Blacks/African-Americans; Hispanics/Latinos; all races/ethnicities of gay, bisexual, and other MSM; people who inject drugs (PWIDs); and transgender persons. Through this new funding cycle, CDC is seeking to develop new and enhance existing strategies for community-based HIV prevention programs that aim to achieve the goals and milestones of the *National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS), HIV/AIDS Care Continuum, and CDC's High-Impact HIV Prevention (HIP) approach.*

Problem Statement

Despite ongoing targeted HIV prevention programs, racial and ethnic minority groups continue to experience the most severe burden of HIV. Blacks/African-Americans and Hispanics/Latinos represent a small percentage of the U.S. population, but accounted for 49.4% and 18.4% respectively of persons with diagnosed HIV infection in 2014.(3) Furthermore, the highest percentage of undiagnosed infections was among youth between the ages of 13–24 years (44.2%) and 25–34 years (26.3%).(2)

In the United States, the populations that remain the most affected by HIV are persons who identify as gay, bisexual, and other men who have sex with men (MSM).(2) MSM represent approximately 2% of the U.S. population, but accounted for nearly 67% of all persons with HIV diagnosed in 2014. When race and age are taken into consideration, Black/African-American and Hispanic/Latino MSM, ages 13-24, experienced an increase in HIV diagnoses of approximately 87%, from 2,094 to 3,923 and 866 to 1,617, respectively, from 2005–2014.(1)

The transgender community is also among the groups at increased risk for HIV infection, although data on this subpopulation are limited and not uniformly collected. Local health departments and scientists report high levels of infection in the transgender community, particularly among racial and ethnic minorities. Within the different race/ethnicity groups in 2010, Black/African-American transgender persons comprised 4.1% of newly identified HIV-positive test results, followed by Latinos (3.0%), American Indians/Alaska Natives, and Native Hawaiians/Other Pacific Islanders (both 2.0%), compared to whites (1.0%).(4)

NOTE: Throughout this funding opportunity announcement, "young" and "youth" are specifically defined as individuals between the ages of 13 and 29 years.

b. Statutory Authorities

This program is authorized under sections 317(k)(2) and 318 of the Public Health Service Act, 42 U.S.C. sections 247b(k)(2) and 247c, as amended.

c. Healthy People 2020

This FOA addresses the "Healthy People 2020" focus area of HIV: http://www.healthypeople.gov/2020/topicobjectives2020/overview.aspx?topicid=22

d. Other National Public Health Priorities and Strategies

The National HIV/AIDS Strategy for the United States: Updated to 2020 and CDC Division of HIV/AIDS Prevention (DHAP) Strategic Plan: http://www.cdc.gov/nchhstp/docs/NCHHSTP-Strategic-Plan-through-2020-508.pdf

Minority AIDS Initiative (MAI): http://www.hhs.gov/ash/ohaidp/initiatives/#

CDC Winnable Battles: http://www.cdc.gov/WinnableBattles/index.html

HIV/AIDS Care Continuum: https://www.aids.gov/federal-resources/policies/care-continuum/

Additional information about the goals and strategies of NCHHSTP is available: http://www.cdc.gov/nchhstp

e. Relevant Work

This FOA builds upon previous and current HIV prevention programs for CBOs and health departments, including:

CDC-RFA-PS11-1113: http://www.cdc.gov/hiv/policies/funding/announcements/PS11-1113/index.html

CDC-RFA-PS15-1502: http://www.cdc.gov/hiv/funding/announcements/ps15-1502/index.html

CDC-RFA-PS13-1308: http://www.cdc.gov/healthyyouth/fundedpartners/1308/pdf/rfa-1308.pdf

CDC-RFA-PS12-1201: http://www.cdc.gov/hiv/funding/announcements/ps12-1201/index.html

CDC-RFA-PS15-1510: http://www.cdc.gov/hiv/funding/announcements/ps15-1510/

CDC-RFA-PS15-1509: http://www.cdc.gov/hiv/funding/announcements/ps15-1509/

CDC-RFA-PS15-1506: http://www.cdc.gov/hiv/funding/announcements/ps15-1506/

FOA activities will support current and future CDC HIV prevention programs and initiatives. See the Other Information section for more detailed information.

2. CDC Project Description

a. Approach

Bold indicates project period outcome.

CDC-RFA-PS17-1704 Program Logic Model: Comprehensive High-Impact HIV Prevention Projects for Young Men of Color Who Have Sex with Men (YMSM) and Young Transgender (YTG) Persons of Color

Strategies and Activities	Short-term Outcomes	Long-term Outcomes
Formalized Collaborations and Partnerships - Service agreements with medical care providers - Prevention and Essential support service providers **Program Promotion, Outreach, and Recruitment** - Promote the program - Conduct outreach to recruit clients - Develop & use innovative strategies - Designate a safe space to promote and maintain ongoing relationships with clients - Develop mentorship programs and/or services for the developing workforce **Targeted HIV Testing**	Targeted HIV Testing **- Increase the number of YMSM of color and YTG persons of color tested for HIV** **- Increase diagnosis of HIV infection among YMSM of color and YTG persons of color who are unaware of their infection** Comprehensive HIV Prevention for HIV-Positive Persons **- Increase the number of newly diagnosed HIV-positive YMSM of color and YTG persons of color who are linked to HIV medical care within 30 days of diagnosis** **- Increase the number of previously diagnosed, out-of-care, HIV-positive YMSM of color and YTG persons of color who are linked to or**	- Increase the percentage of YMSM of color and YTG persons of color with diagnosed HIV infection who are virally suppressed - Reduce HIV incidence among YMSM of color and YTG persons of color - Reduce the death rate among YMSM of color and YTG persons of color with diagnosed HIV infection - Reduce HIV-related disparities in incidence, morbidity

- Conduct targeted HIV testing - Optional services (e.g., PCC, CHTC, Integrated Screening) **Comprehensive HIV Prevention for HIV-Positive Persons: Navigation to Continuum of HIV Prevention and Care Services** Linkage to HIV Medical Care - Link newly diagnosed HIV-positive persons to HIV medical care - Link or re-engage previously diagnosed, out-of-care HIV-positive persons to HIV medical care Required Prevention and Essential Support Services - Medication adherence services - High-impact prevention (HIP) behavioral interventions - Partner Services Additional Prevention and Essential Support Services - Screen, provide, and/or refer HIV-positive persons for prevention and essential support services **Comprehensive HIV Prevention with High-Risk HIV-Negative Persons: Navigation to Continuum of HIV Prevention and Care Services** Referral to Required Prevention and Essential Support Services: - Pre-Exposure Prophylaxis (PrEP) - Post-Exposure Prophylaxis (nPEP) - STD screening Additional Prevention and Essential Support Services: - Screen HIV-negative persons at high risk of acquiring HIV for need of support services - HIP behavioral interventions **Condom Distribution** - Offer condoms to HIV-positive	**re-engaged in HIV medical care within 30 days of recent HIV positive test** **- Increase the number of HIV-positive YMSM of color and YTG persons of color who receive medication adherence services** **- Increase the number of HIV-positive YMSM of color and YTG persons of color who receive Partner Services** **- Increase the number of HIV-positive YMSM of color and YTG persons of color who are provided or referred to a HIP behavioral intervention** **- Increase the number of HIV-positive YMSM of color and YTG persons of color who receive prevention and essential support services** Comprehensive HIV Prevention with High-Risk HIV-Negative Persons **- Increase the number of HIV-negative YMSM of color and YTG persons of color at high risk of acquiring HIV, who are referred to PrEP and/or nPEP** Condom Distribution **- Increase the number of HIV-positive and HIV-negative YMSM of color and YTG persons of color at high risk of acquiring HIV who are offered condoms**	incidence, morbidity, and viral suppression among YMSM of color and YTG persons of color

and HIV-negative persons at high risk of acquiring HIV		

i. Purpose

The purpose of this program is to implement comprehensive HIV prevention programs to reduce morbidity, mortality, and related health disparities in accordance with the *National HIV/AIDS Strategy for the United States: Updated to 2020* and CDC's High-Impact HIV Prevention approach (http://www.cdc.gov/hiv/strategy/hihp/index.htm). This FOA focuses on addressing the national HIV burden by reducing new infections, increasing access to care, and promoting health equity.

ii. Outcomes

The program is expected to demonstrate measurable progress among its target populations toward addressing the short-term outcomes depicted in the FOA logic model. Potential indicators that quantify these outcomes are described in the section entitled CDC Evaluation and Performance Measurement Strategy.

Expected short-term outcomes include the following:

1. Targeted HIV Testing

- **Outcome:** Increase the number of YMSM of color and YTG persons of color tested for HIV (at least 75% of those tested must be in the target population[s]).
- **Outcome:** Increase diagnosis of HIV infection among YMSM of color and YTG persons of color who are unaware of their infection.

2. Comprehensive HIV Prevention with HIV-Positive Persons

Linkage and Re-engagement to HIV Medical Care

- **Outcome:** Increase the number of newly diagnosed HIV-positive YMSM of color and YTG persons of color who are linked to HIV medical care within 30 days of diagnosis.
- **Outcome:** Increase the number of previously diagnosed, out-of-care, HIV-positive YMSM of color and YTG persons of color who are linked to or engaged in HIV medical care within 30 days of recent HIV positive test.

Prevention and Essential Support Services

- **Outcome:** Increase the number of HIV-positive YMSM of color and YTG persons of color who receive medication adherence services.
- **Outcome:** Increase the number of HIV-positive YMSM of color and YTG persons of color who receive Partner Services.
- **Outcome:** Increase the number of HIV-positive YMSM of color and YTG persons of color who are provided or referred to a HIP behavioral intervention.
- **Outcome:** Increase the number of HIV-positive YMSM of color and YTG persons of color who receive prevention and essential support services. (See the Strategies and Activities: Comprehensive HIV Prevention with HIV-Positive Persons section for a listing of these services.)

3. Comprehensive HIV Prevention with High-Risk HIV-Negative Persons

Referral to Primary Medical Care

- **Outcome:** Increase in the number of HIV-negative YMSM of color and YTG persons of color at high risk of acquiring HIV who are referred to PrEP and/or nPEP.

4. Condom Distribution

- **Outcome:** Increase in HIV-positive and HIV-negative YMSM of color and YTG persons of color at

high risk of acquiring HIV who are offered condoms.

iii. Strategies and Activities

Applicant organizations are required to provide comprehensive HIV prevention services for HIV-positive and HIV-negative YMSM of color and YTG persons of color at high risk of acquiring HIV. The applicant organization's High-Impact HIV Prevention Program model for HIV-positive and HIV-negative YMSM of color and YTG persons of color at high risk of acquiring HIV must consist of the following program components:

1. Formalized Collaborations and Partnerships
2. Program Promotion, Outreach, and Recruitment
3. Targeted HIV Testing
4. Comprehensive HIV Prevention with HIV-Positive Persons: Navigation to Continuum of HIV Prevention and Care Services
5. Comprehensive HIV Prevention with High-Risk HIV-Negative Persons: Navigation to Continuum of HIV Prevention and Care Services
6. Condom Distribution

Because there is no singular approach that will work effectively to address the overarching goals of the project, applicants should evaluate approaches that include, but are not limited to, the required components that will, when combined, have the greatest public health impact. These combined activities should also have the greatest potential to address the social and structural determinants of health that are known to create the most significant barriers to testing; linkage to, retention in, and re-engagement into care; and prevention and essential support services in the organization's jurisdiction. This framework acknowledges that prevention and care/treatment together contribute to reducing HIV-related morbidity, mortality, and related health disparities among racial and ethnic minorities in the United States, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.

This program will support the national implementation of high-impact HIV prevention programs by CBOs under the two core funding categories described below.

Category A: HIV prevention services for Young Men of Color Who Have Sex with Men (YMSM of color) and their partners regardless of age, gender, and race/ethnicity.

Category B: HIV prevention services for Young Transgender Persons of Color (YTG of color) and their partners regardless of age, gender, and race/ethnicity.

NOTE: Throughout this funding opportunity announcement, "young" and "youth" are specifically defined as individuals between the ages of 13 and 29 years.

Applicants <u>may only</u> apply for funding under one category.

*Applicants are required to provide HIV prevention services for both HIV-positive persons and HIV-negative persons at high risk of acquiring HIV, regardless of the category for which funding is being requested.

<u>Structure of the Project</u>

There will be two phases of the project: a development phase lasting up to 6 months from the start of Year 1 (April 1, 2017 – March 31, 2018), followed by ongoing program implementation, monitoring, and evaluation.

1. <u>Development Phase (April 1, 2017 – September 30, 2017):</u> Awardees will collaborate with CDC as well as community, local, and state partners to finalize the components of their project. During this time, awardees are expected to complete staff hiring processes and attend all required trainings that support the effective implementation of their programs. During the Development Phase:
    1. Awardees must work with CDC to revise and finalize their detailed Year 1 work plan and five

(5) year work plan based on the approved funding amount and program strategies and activities as described later in the Applicant Evaluation and Performance Measurement Plan section of the FOA.

2. Awardees must work with CDC and the CDC directly-funded capacity building assistance (CBA) providers to identify and develop a Capacity Building Assistance and Training prioritization plan. Please see the CDC Monitoring and Accountability Approach, CDC Program Support to Awardees section for detailed information.
3. Awardees must work with CDC to revise and finalize their evaluation plan, as described later in the Applicant Evaluation and Performance Measurement Plan section of the FOA.

2. Implementation Phase: Awardees are expected to begin full program implementation beginning October 1, 2017 through March 31, 2022.
    1. During Year 1 only (April 1, 2017 - March 31, 2018), each awardee will be expected to achieve at least 50% of each FOA performance target described throughout the FOA and approved by CDC. Beginning in Year 2, and for all subsequent years (3, 4, and 5), the awardee is expected to **meet and/or exceed** all FOA performance targets.
    2. Awardees will be expected to attend a grantee orientation meeting in Atlanta, Georgia, during Year 1 and should allocate funds to support the travel of up to four staff persons to attend the 4 to 5 day meeting.
    3. Awardees must also allocate sufficient funds to enable appropriate program staff to attend all required CDC meetings and trainings that support the prevention approaches described in this FOA, as communicated by CDC in advance of the meetings throughout the project period.

General Information

All applicants must incorporate the following general program requirements into their proposed programs:

1. Applicants should refer to their health department's most current Jurisdictional HIV Prevention Plan and/or Integrated HIV Prevention and Care Plan for relevant data to assist with selecting the proposed target population(s).
2. Applicants must use the most current state and/or local HIV epidemiologic and surveillance data, Health Resources and Services Administration (HRSA) Ryan White program data, and/or HIV needs assessment data to provide the information requested in this section. CDC recommends that applicants use the local and/or state health department as their primary source of this data whenever possible.
    - To describe the social and environmental characteristics of the affected populations, data from research studies and other valid data sources may also be used if health department data are not available or to complement data obtained from the health department.

Justification of Need

Applicant organizations must describe the factors that place the target population(s) at high risk for acquiring or transmitting HIV infection, including concurrent risk transmission with other diseases (i.e., STDs, viral hepatitis, and TB) and social and environmental characteristics. Applicants should also provide an overview of how the proposed target population(s) and the community at large have been affected by HIV in the U.S. (e.g., HIV diagnoses; HIV incidence or prevalence; AIDS mortality; HIV co-infection rates with viral hepatitis, STDs, and/or TB).

Applicants should ensure the proposed program meets the needs of the respective health department's most current Jurisdictional HIV Prevention Plan and/or Integrated HIV Prevention and Care Plan. More specifically, applicants must:

1. Define the specific service areas in which they plan to deliver their program. Local surveillance and epidemiologic data should be used to identify the service areas that are disproportionately affected by HIV and where people living with and at greatest risk for HIV infection reside and/or frequent.
2. Enhance existing and develop new strategies to identify and collaborate with organizations that

currently provide similar and/or complementary services in the proposed service area.

3. Describe how these funds will augment existing HIV prevention services and provide an assurance that the funds being requested will not duplicate or supplant funds received from any other federal or non-federal entity.

Formalized Collaborations and Partnerships

Consumer Advisory Board (CAB)/Youth Advisory Board (YAB)

Applicants must establish a new or enhance an existing Consumer Advisory Board to support the oversight of a Youth Advisory Board. The Youth Advisory Board assists with programmatic decision-making (e.g., program recruitment, planning, and implementation) for the PS17-1704 program. At least one of the PS17-1704 program staff must serve as a member of the CAB and/or advisor to the YAB.

The YAB must be comprised of YMSM of color or YTG persons of color, dependent on the category for which funding is requested. Members of the target population(s) (i.e., primary and secondary target population) must comprise at least 75% of the YAB. Remaining members must have HIV prevention and/or care experience working with YMSM of color or YTG persons of color. The CAB and YAB must be used throughout the project period to ensure services are responsive to the needs of the target population(s).

Furthermore, the applicant organization should establish a new or enhance an existing mentorship program for YMSM of color or YTG persons of color who are members of the YAB. The focus of the mentorship program should be on providing YMSM of color or YTG persons of color with tools and resources to support their growth into young leaders. The mentorship program should be supported by Standard Operating Procedures (SOPs) that are inclusive of risk management procedures and consent forms for all participants in the mentorship program.

The success of this FOA hinges upon the CBO's ability to increase coordination and collaboration among community, local, and state HIV prevention and care service providers. This can be achieved by the CBO providing HIV prevention services required by the FOA either directly or through enhancing existing or establishing new formalized collaborations.

Applicants will be required to enhance existing and establish new formalized collaborative partnerships to maximize reach, increase coordination and collaboration, and support the provision of comprehensive HIV prevention services (retention in care, viral load suppression, etc.). These partnerships must be supported by detail-specific service agreements with HIV medical care providers and memorandums of agreement/understanding (MOAs/MOUs) with primary medical care providers and prevention and essential support service providers (housing, substance abuse treatment services, mental health counseling and services, schools, etc.).

Additionally, applicants should develop and enhance existing partnerships with medical providers that have experience working with YMSM and YTG persons of color. In addition, applicants working with YTG persons of color should ensure that they establish partnerships with providers who consistently provide care and prevention services (i.e., hormone replacement therapy, sex reassignment procedures) through a broader context of health and wellness that is supportive of the identified needs for YTG persons of color.

HIV Prevention Community Collaboration

Organizations are encouraged to establish a group comprised of organizations funded under PS17-1704 within a jurisdiction. The goal of this collaborative group is to encourage collaboration, facilitate information exchange, reduce duplication of efforts, and reduce oversaturation of HIV prevention services in known venues frequented by the target population(s). Participation is not limited to CDC directly-funded CBOs. Representatives from the state and/or local health department should be invited to participate in a capacity determined by the CBOs.

Program Promotion, Outreach, and Recruitment

All funded organizations must deliver strategic, culturally competent, community-based program marketing

campaigns to increase public awareness of services available via the proposed program; destigmatize HIV and HIV medical care; empower disproportionately affected populations; promote HIV testing, linkage to, retention in, and re-engagement into HIV medical care; and promote navigation to prevention and essential support services, including PrEP and nPEP.

Organizations should prioritize existing social marketing efforts that can be tailored to their jurisdiction's specific requirements from CDC's Act Against AIDS portfolio of social marketing campaigns. Applicants should utilize campaigns such as Doing It, Reasons/Razones, and Testing Makes Us Stronger to address the required components of this program (e.g., targeted HIV testing). For more information on CDC's social marketing campaigns, please visit (http://www.cdc.gov/actagainstaids/).

Organizations should collaborate with other organizations that have an established history of working with and recruiting members of the target population(s) at greatest risk for HIV acquisition or transmission. The program must seek input from the YAB and community stakeholders to select the most appropriate program promotion and recruitment strategies to include determining the appropriate use of incentives (monetary and non-monetary) in the program.

Client recruitment is essential to the success of a comprehensive high-impact HIV prevention program. Organizations will utilize cutting-edge and innovative strategies, as well as traditional outreach strategies, the Internet, social media, and surveillance data (to support mapping of areas of highest morbidity) to establish a comprehensive program promotion, outreach, and recruitment plan. In addition to traditional outreach, the use of recruitment and retention strategies based on experienced entry into social networks, known to significantly structure or influence the social lives of YMSM of color or YTG persons of color, is required (e.g., House and Ball events, house parties, texting groups, social media networks, dating websites, mobile application). Furthermore, use of the Internet and other media-based approaches to promote awareness of the HIV prevention programs specifically within social networks of YMSM of color or YTG persons of color is required. Applicants may opt to implement Social Network Strategy (SNS) as a means to recruit high-risk YMSM of color and YTG persons of color for targeted HIV testing.

For information about resources available to increase organizational capacity to develop and deliver effective and appropriate program promotion, outreach, and recruitment, please visit https://effectiveinterventions.cdc.gov/.

Awardees must submit a copy of any proposed materials to CDC's Office of Grants Services for approval if the organization plans to use materials and include the name or logo of either CDC or the Department of Health and Human Services.

Awardees must convene a local materials review panel or utilize the local health department materials review panel to comply with CDC's Assurance of Compliance with the Requirements for Contents of AIDS Related Written Materials Form (See Attachment J: CDC Form 0.1113 Assurance of Compliance with the Requirements for Contents of AIDS-Related Written Materials.) There must be a health department representative on the materials review panel, if the health department's local review panel is not used. The current guidelines and form may also be downloaded from the CDC website: http://www.cdc.gov/od/pgo/funding/grants/app_and_forms.shtm.

CDC's HIV Risk Reduction Tool is designed to help individuals make informed decisions about reducing HIV risks and can also be useful for CBOs that serve individuals at risk for or living with HIV. Applicants should utilize the HIV Risk Reduction Tool as one of multiple resources to educate members of the target population(s) on the risks that increase the likelihood of acquiring and transmitting HIV infection. For more information, please visit https://wwwn.cdc.gov/hivrisk/.

Targeted HIV Testing

HIV testing is an essential part of a comprehensive high-impact HIV prevention program. Applicant organizations will be required to develop new or enhance existing targeted HIV testing programs aimed at reaching persons (at least 75% of which must be in the target population[s] - primary and secondary) at high

risk of acquiring HIV and not already confirmed to be HIV-positive. As a part of the HIV testing session, applicant organizations are expected to:

1. Complete a brief assessment to ascertain clients' risks (e.g., sexual risk behaviors, drug use behaviors).
2. Provide brief risk reduction education messaging when appropriate.
    - Brief risk reduction education messaging should provide persons with their HIV test results and include factual HIV education (e.g., transmission, window period, and risk reduction methods).
3. After HIV testing is completed, refer clients to appropriate HIP strategies and activities.
    - For persons with a non-reactive HIV test result and who are at high or substantial risk for HIV infection, referrals should be provided to PrEP and nPEP services; STD, viral hepatitis, and/or TB screenings; and other prevention and essential support services as described in the Comprehensive HIV Prevention with High-Risk HIV-Negative Persons section.

The targeted HIV testing program should primarily serve members of the proposed target population(s) and must be supported by local epidemiologic and surveillance data and the appropriate health department's Jurisdictional HIV Prevention Plan and/or Integrated HIV Prevention and Care Plan, whichever is most current. (See Attachment A: Proposed Target Population Worksheet.)

Organizations must identify a variety of settings where targeted testing will be conducted and most effective in identifying members of the target population(s) with undiagnosed HIV infection. Examples include, but are not limited to:

- Onsite testing within the organization
- Venue-based testing
- Mobile testing/field testing
- Home-based testing – If home-based testing is utilized, organizations are required to provide specific protocols, which includes recruitment processes, follow-up, and linkage procedures at the time the application is submitted.

Organizations are encouraged to participate in large-scale HIV testing events that are promoted to YMSM of color or YTG persons of color and provide the organization access to members of their target population. Examples of large-scale testing events include, but are not limited to, PRIDE weekend, House and Ball events, events sponsored by school-based health programs, etc.

Organizations should use the table below as a guide to establish their annual HIV testing objective. A finite number within the range of HIV infections must be identified by the applicant. More detailed information is provided in the CDC Evaluation and Performance Measurement Strategy section.

Total Funding Allocated for HIV Testing	Minimum number of newly diagnosed HIV infections, annually
Less than or equal to $50,000	6
$50,001 - $100,000	7 - 12
$100,001 - $150,000	13 - 18
$150,001 - $200,000	19 - 24
$200,001 - $250,000	25 - 30

Applicant organizations must also:

1. Discuss their targeted HIV testing plans with the local or state health department. (See Attachment B: Health Department Targeted HIV Testing/Partner Services Letter of Agreement.)
    - Submit a copy of the current Clinical Laboratory Improvement Amendments (CLIA) certificate, if rapid HIV testing will be conducted.
2. Work with the local or state health department to collaborate with various entities to support advances in HIV testing technologies and HIV testing algorithms to improve the detection of early and acute

HIV infection, when feasible and appropriate, considering the capacity of the applicant organization.

3. Ensure that the proposed HIV testing activities, including HIV reporting, meet and comply with all local, state, and federal requirements for HIV testing. If required by local or state regulations, the organization must arrange for physician oversight of the HIV testing program.
    - The appropriate check box must be selected on the Health Department Targeted HIV Testing/Partner Services Letter of Agreement. (See Attachment B: Health Department Targeted HIV Testing/Partner Services Letter of Agreement.)
    - If physician oversight is required, the applicant must submit a signed Physician Oversight Letter of Intent with the application for funding. (See Attachment C: Letter of Intent from a Physician for State Regulations and HIV Testing Activities.)
4. Coordinate with the local or state health department to initiate discussions and participate in the development of processes that will support the health department's confirmation of persons with newly diagnosed HIV infection identified by the CBO.
    - CBOs will be required to work with the health department to confirm new HIV diagnoses, if and when the health department jurisdiction in which they reside and report enacts policies to support directly-funded CBOs' ability to confirm new HIV diagnoses.
5. Follow current CDC program guidance for HIV testing in non-clinical settings. Visit http://www.cdc.gov/hiv/testing/nonclinical/index.html for additional information.
6. Integrate HIV testing into the comprehensive high-impact HIV prevention program and the overall mission and operations of the organization's HIV prevention and care services.
7. Develop strategies to recruit members of the target population(s) at greatest risk for HIV infection and who are unaware of their HIV status.
8. Develop strategies to reduce each target population's barriers to accessing HIV testing and address health inequities among target population(s) disproportionately affected by the HIV epidemic.
9. Develop strategies to collect and report required HIV testing data in accordance with the guidelines established by the local or state health department and CDC data requirements. (See Attachment D: HIV Testing Reporting Requirements.)
10. When appropriate and feasible, organizations are expected to work with their health departments to explore opportunities for seeking reimbursement and to determine whether third-party reimbursement makes sense financially.
    - When appropriate and feasible, organizations with the capacity to bill and obtain reimbursement are expected to use all available mechanisms to obtain reimbursement for HIV testing from third-party payers (e.g., Medicaid, Medicare, private insurance).

Persons from the target population(s) recruited by the applicant organization who are previously diagnosed with HIV infection should be provided and/or referred to prevention and essential support services available for HIV-positive persons. Additionally, persons at high risk of acquiring HIV, from the target population, receiving an HIV-negative test result should be referred to prevention and essential support services, as described in the Comprehensive HIV Prevention with High-Risk HIV-Negative Persons component of this program, discussed later in the FOA.

Applicant organizations will also implement the following complementary services in accordance with the funding opportunity announcement requirements, as appropriate.

1. Couples HIV Testing and Counseling (CHTC)
    - Applicant organizations may opt to implement Couples HIV Testing and Counseling upon receipt of training from a CDC-approved provider. If the applicant organization will implement CHTC, it is to be offered when two or more persons who are currently in or planning to be in a sexual relationship request to be tested together. CHTC is most appropriate for delivery with men who have sex with men and other high-risk couples, but can be used with all types of couples. Visit https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/PublicHealthStrategies/CHTC.aspx for additional information.

2. Personalized Cognitive Counseling (PCC)
    - Applicant organizations may opt to implement Personalized Cognitive Counseling (PCC) only upon receipt of training from a CDC-approved provider. PCC is to be used with repeat testers, when appropriate. Repeat testers are described as individuals who have previously been tested and have engaged in unsafe sexual behaviors since the receipt of their last HIV test result. Visit https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/Interventions/PCC.aspx for additional information.
3. Integrated Screening Activities (supported by PS17-1704 funds)
    - This program will support and promote collaboration between HIV, STD, viral hepatitis, and/or TB programs via the support and provision of integrated screening activities delivered in conjunction with HIV testing. Funds from this FOA may be used for other screening tests, including those described below, only if these tests are provided in conjunction with HIV screening, are indicated by epidemiologic data, and are in accordance with current CDC guidelines and recommendations. Visit http://www.cdc.gov/std/tg2015/tg-2015-print.pdf and http://www.cdc.gov/tb/publications/guidelines/testing.htm for additional information.
    - Funds from this FOA may not be used for clinical services, such as the provision of PrEP and nPEP; treatment of HIV, STDs, viral hepatitis, and/or TB infection; vaccination against hepatitis A or hepatitis B; and vaccination against human papillomavirus (HPV). Arrangements for these clinical services should be made through collaboration with your local or state health department's STD, viral hepatitis, and/or TB programs or other clinical care providers.

        1. Applicant organizations considered a clinic that primarily serves the Lesbian, Gay, Bisexual, and Transgender (LGBT) community with existing capacity to provide integrated screening activities must offer integrated screening services to their YMSM of color or YTG persons of color clients. Applicants may allocate **up to 5%** of the total requested funding amount to enhance existing integrated screening activities by providing the following integrated screening tests in conjunction with HIV testing for YMSM of color or YTG persons of color who engage in sexual intercourse and who accept the offer for the screenings:
            1. Syphilis serology, with a confirmatory test to establish whether persons with reactive serologies have incident untreated syphilis, have partially treated syphilis, or are manifesting a slow serologic response to appropriate prior therapy.
            2. A test for rectal infection with gonorrhea and chlamydia in men who have had receptive anal intercourse during the preceding year; nucleic acid amplification testing (NAAT) of self-collected rectal swabs is the preferred approach.
            3. A test for urethral infection with gonorrhea and chlamydia in men who have had insertive intercourse during the preceding year; testing of the urine using NAAT is the preferred approach.
        2. Applicant organizations that are not considered a clinic that primarily serves the LGBT community may opt to utilize **up to 5%** of the requested total funding amount to enhance existing capacity or develop new organizational capacity to implement various integrated screening activities (e.g., screening for STDs, viral hepatitis, and/or TB) for members of their target population at greatest risk for HIV infection. Organizations that do not have existing capacity to conduct integrated screening activities must seek training to support integrated screening activities, complete training within the first six months of funding, and begin implementation no later than **October 1, 2017**.

If applicant organizations are not considered clinics that primarily serve the Lesbian, Gay, Bisexual, and Transgender (LGBT) community and do not have the existing capacity to perform integrated screening tests, a service agreement with a clinical care provider in the service area(s) must be established, signed, and submitted with the application. The service agreement must clearly describe the agreed upon clinical and billing procedures for offering onsite testing or referral process between the applicant organization and the

clinical provider.

Applicant organizations implementing integrated STD, viral hepatitis, and/or TB screening activities should do the following:

1. Collaborate with key staff of the participating facilities to plan, develop, and implement the integrated screening activities for STDs, viral hepatitis, and/or TB.
2. Collaborate with the STD, viral hepatitis, and/or TB prevention programs in the jurisdiction to design, develop, and implement proposed screening and treatment services.
3. Encourage YMSM of color who are tested for HIV to get a syphilis serology and screening for urethral and rectal gonorrhea and chlamydia. The applicant should consider self-collection of specimens (urine and self-collected swabs) to facilitate implementation and reduce costs.
4. Ensure that clients receive their test results, especially those who test positive.
5. Ensure that clients who test positive are linked to appropriate medical care and receive timely and appropriate evaluation and treatment.
6. For clients who test positive for STDs, ensure that Partner Services are initiated as soon as possible after diagnosis, in accordance with CDC recommendations and state and local requirements.
7. Ensure that clients who test negative to the HIV test (and are diagnosed with syphilis and/or rectal gonorrhea and chlamydia) should be referred to appropriate health care venues to be evaluated for PrEP and/or nPEP, as appropriate.
8. For clients who are candidates for hepatitis A or B or HPV vaccination, provide referrals to these services.
9. Periodically review monitoring data to assess the value of continuing screening for other STDs, viral hepatitis, and TB.
10. When appropriate and feasible, use all available mechanisms to bill for integrated screening services and obtain reimbursement from third-party payers (e.g., Medicaid, Medicare, private insurance).

Comprehensive HIV Prevention with HIV-Positive Persons: Navigation to Continuum of HIV Prevention and Care Services

Organizations are required to develop a High-Impact HIV Prevention Program model with HIV-positive YMSM of color or YTG persons of color (newly and previously diagnosed with HIV infection), which enhances existing and establishes new structures that align with and support the HIV Care Continuum; facilitates access (linkage and re-engagement) to and retention in HIV medical care; and supports the provision of prevention and essential support services offered and facilitated by the Navigation and Prevention and Essential Support Services component. This includes promoting the provision of antiretroviral therapy (ART) in accordance with state and local guidelines. After funding to support targeted HIV testing has been allocated, organizations are expected to allocate approximately **75%** of the remaining award amount for the development and implementation of a High-Impact HIV Prevention Program with HIV-positive YMSM of color and YTG persons of color.

Linkage to HIV Medical Care

Applicant organizations will be required to link persons with newly diagnosed HIV infection to HIV medical care within one month (30 days) of diagnosis. Additionally, applicant organizations will be required to re-engage previously diagnosed HIV-positive persons into HIV medical care when it is determined that the individuals are not currently in HIV medical care. Applicant organizations will develop a navigation program that engages clients during the time between the reactive HIV test and the client's first HIV medical care appointment. Applicant organizations must submit a Linkage to HIV Medical Care Program Plan with the application. The Linkage to HIV Medical Care Program Plan must include detailed information about the linkage program to include staff responsible for linking clients to HIV medical care, the organization's linkage to care process (method and timeframe for linking clients to care within the allotted 30 day requirement), provider(s) associated with the linkage to care program, a process for securing multiple communication methods to contact clients, etc. (See Attachment E: Linkage to HIV Medical Care Program

Plan Template)

For requirements regarding the service agreement with HIV medical care provider(s), please refer to "*Collaborations - Service Agreement with HIV Medical Care Provider*".

Additional Linkage to Care Activities

Applicant organizations may opt to implement a CDC-approved Linkage to Care Intervention (i.e., Anti-Retroviral Treatment and Access to Services (ARTAS)) and/or the CBO's existing linkage to care service as part of the PS17-1704 Linkage to Care program component.

Prevention and Essential Support Services

Facilitating navigation to prevention and essential support services aligns with the goals and objectives of the *National HIV/AIDS Strategy for the United States: Updated to 2020* and CDC's High-Impact HIV Prevention approach. The training and development of navigators (e.g., community health workers, peer advocates, outreach workers) will help facilitate access to (linkage and re-engagement) and retention in HIV medical care and provide or refer prevention and essential support services. The organization's client-centered program model should include a combination of high-impact HIV prevention strategies and activities to continually engage HIV-positive persons. This will include providing and/or referring to prevention and essential support services as deemed appropriate for the target population(s) and in compliance with the requirements of the FOA.

The goal is to eliminate or reduce barriers to accessing HIV medical care and other prevention and essential support services. Visit the following websites for additional information on HIP strategies and services: http://www.cdc.gov/nchhstp/newsroom/docs/factsheets/future-508.pdf, http://www.cdc.gov/nchhstp/newsroom/HIVFactSheets/Prevention/index.htm, https://effectiveinterventions.cdc.gov/en/home.aspx, and http://www.cdc.gov/hiv/policies/hip.html.

Applicant organizations are required to develop or enhance systems for assisting clients with navigating services (obtaining necessary information, support, and skills to access complex medical systems) for all HIV-positive persons. The Prevention and Essential Support Services component must include, but is not limited to, the following:

1. Training navigators (e.g., community health workers, peer advocates, outreach workers) to provide and/or refer HIV-positive persons to prevention and essential support services.
2. Providing and navigating to services (e.g., accompanying persons to medical appointments, providing or referring to prevention and essential support services) that identify and reduce barriers to care, and tailoring health education to the client to influence his or her health-related attitudes and behaviors.

Applicants are expected to provide and/or refer all newly diagnosed HIV-positive persons to the required prevention and essential support services, based on the identified needs of the client. More specifically, the applicant organization must develop and implement a process for providing and/or referring clients to the following prevention and essential support services for HIV-positive persons: For requirements regarding the Prevention and Essential Support Services MOA/MOU, please refer to "*Collaborations - MOA/MOU for Prevention and Essential Support Services".*

1. Prevention and Essential Support Services
    1. Partner Services – applicable to newly and previously diagnosed clients, in accordance with state/local jurisdiction policy and regulations.
    2. Medication Adherence Services - to support direct observation, maintenance on ART, and overall achievement of viral suppression.
        1. Applicant organizations may opt to implement a CDC-approved Medication Adherence intervention and/or continue providing existing medication adherence services to meet the requirements of the FOA.
        2. CDC-approved Medication Adherence interventions include: HEART, Partnership for

Health (Medication Adherence), Every Dose Every Day mobile application (must be implemented with a linkage to care or medication adherence intervention), SMART Couples, and Peer Support.

3. CDC approved HIP behavioral intervention(s) for newly and previously diagnosed HIV-positive YMSM of color and YTG persons of color. Applicants may opt to use:
    1. Approved HIP behavioral interventions for **YMSM of color** include: CLEAR, d-up!, Mpowerment, Partnership for Health (Safer Sex), Healthy Relationships*, CONNECT*, Project START, and PROMISE.
    2. Approved HIP behavioral interventions for **YTG persons of color** include: CLEAR, Partnership for Health (Safer Sex), Healthy Relationships*, CONNECT*, PROMISE, and WILLOW.

* Available in English and Spanish

2. Additional Prevention and Essential Support Services – Applicants are required to screen clients to assess their need for additional prevention and essential support services and refer clients to services based on the identified needs of the client. PS17-1704 funds can be used to navigate clients to the following services, but are not limited to:

1. Insurance navigation and enrollment
2. Screening and treatment for STDs, viral hepatitis, and/or TB, as recommended by CDC
3. Mental health counseling and services
4. Substance abuse treatment and services
5. Housing
6. Transportation services (to and from HIV prevention and essential support services and HIV medical care appointments)
7. Employment services
8. Basic education continuation and completion services
9. Violence prevention services
10. Comprehensive sexual health education, including HIV education (e.g., risk reduction programs, school-based HIV prevention providers)
11. Educational services for hormone replacement therapy (HRT) and sex reassignment procedures (Applicant organization should develop referral relationships with providers that have experience providing HRT.)

In anticipation of continuous advancements in the availability of HIP interventions and strategies, awardees may opt to implement new HIP interventions and strategies as they become available, with prior written approval from CDC.

When appropriate and feasible, organizations are expected to explore opportunities for seeking reimbursement and to determine whether third-party reimbursement makes sense financially. Organizations with the capacity to bill and obtain reimbursement are expected to use all available mechanisms to obtain reimbursement for eligible prevention and essential support services from third-party payers (e.g., Medicaid, Medicare, and private insurance).

Comprehensive HIV Prevention with High-Risk HIV-Negative Persons: Navigation to a Continuum of HIV Prevention and Care Services

HIV Prevention for High-Risk HIV-Negative Persons

After funding to support targeted HIV testing has been allocated, organizations are expected to allocate approximately **25%** of the remaining award amount for the development and implementation of a High-Impact HIV Prevention Program for HIV-negative YMSM of color and YTG persons of color at high risk of acquiring HIV. Services may include (1) referrals to primary medical care; (2) provision of or referral to prevention and essential support services reflective of a combination of structural, behavioral, and/or

biomedical interventions that support reducing high-risk behaviors and maximize reach and optimize outcomes (interventions for serodiscordant couples, etc.); and (3) follow-up support to remove barriers in accessing HIP strategies and activities. Individuals with a negative HIV test result but diagnosed with STDs are at increased risk of becoming HIV-infected and may benefit from PrEP and other risk reduction interventions.

Prevention and Essential Support Services

Facilitating the navigation to prevention and essential support services that align with the goals and objectives of the *National HIV/AIDS Strategy for the United States: Updated to 2020* and CDC's High-Impact HIV Prevention includes training and development of navigators (e.g., community health workers, peer advocates, outreach workers) to help educate persons on remaining HIV-negative and reducing their risk of becoming HIV-positive by providing or referring them to prevention and essential support services. The applicant organization's client-centered program model should include a combination of HIP strategies and services to continually engage HIV-negative YMSM of color and YTG persons of color at high risk of acquiring HIV. For requirements regarding the Prevention and Essential Support Services MOA/MOU, please refer to " *Collaborations - MOA/MOU for Prevention and Essential Support Services".*

More specifically, applicant organizations must develop and implement a process for providing or referring the following prevention and essential support services for HIV-negative persons at high risk of acquiring HIV.

1. Prevention and Essential Support Services
    1. PrEP, as appropriate (See Attachment L: Standardized Operational Screening Criteria for High-Risk and Substantial Risk)
    2. nPEP, as appropriate
    3. Screening and treatment for STDs, viral hepatitis, and/or TB, as recommended by CDC
2. Additional Prevention and Essential Support Services - Applicants are required to screen clients to assess their need for additional prevention and essential support services and refer clients to services based on the identified needs of the client. PS17-1704 funds can be used to navigate clients to the following services, but are not limited to:
    1. Insurance navigation and enrollment
    2. Primary medical care
    3. Mental health counseling and services
    4. Substance abuse treatment and services
    5. Housing
    6. Transportation services (to and from HIV prevention and essential support services and primary medical care appointments)
    7. Employment services
    8. Basic education continuation and completion services
    9. Violence prevention services
    10. Comprehensive sexual health education, including HIV education (e.g., risk reduction programs, school-based HIV prevention providers)
    11. Educational services for hormone replacement therapy (HRT) and sex reassignment procedures (Applicant organization should develop referral relationships with providers that have experience providing HRT.)
    12. CDC approved HIP behavioral intervention(s) for HIV-negative YMSM of color and YTG persons of color at high risk of acquiring HIV:
        1. Approved HIP behavioral interventions for **YMSM of color** include PROMISE, d-up!, Mpowerment, Many Men, Many Voices (3MV), Popular Opinion Leader, VOICES/VOCES*, and Safe in the City.
        2. Approved HIP behavioral intervention for **YTG persons of color** include PROMISE.

* Available in English and Spanish

In anticipation of continuous advancements in the availability of HIP interventions and strategies, awardees may opt to implement new HIP interventions and strategies as they become available, with prior written approval from CDC.

When appropriate and feasible, organizations are expected to explore opportunities for seeking reimbursement and to determine whether third-party reimbursement makes sense financially. Organizations with the capacity to bill and obtain reimbursement are expected to use all available mechanisms to obtain reimbursement for eligible prevention and essential support services from third-party payers (e.g., Medicaid, Medicare, and private insurance).

Condom Distribution

Organizations are expected to implement condom distribution as a structural intervention to increase access and use of condoms by HIV-positive and HIV-negative YMSM of color and YTG persons of color at high risk of acquiring HIV. Free and accessible condoms are an integral component of an HIV prevention program. Effective condom distribution programs should adhere to the following principles: (1) provide condoms free of charge, (2) implement social marketing efforts to promote condom use by increasing awareness of condom benefits and normalizing condom use within communities, and (3) conduct both promotion and distribution activities at the individual, organizational, and community levels. For additional information and guidance, please visit https://effectiveinterventions.cdc.gov/en/HighImpactPrevention/StructuralInterventions.aspx.

1.Collaborations

Awardees are required to collaboratively partner with CDC. Awardees must also establish, build, and/or maintain working partnerships with other CDC awardees (e.g., directly-funded CBOs) to ensure communication, collaboration, and coordination for the national delivery of comprehensive high-impact HIV prevention programs that are consistent with CDC standards and guidance.

Service Agreement with HIV Medical Care Provider

The applicant organization must submit at least one established service agreement with an HIV medical care provider (internal or external to the organization), regardless of the services being provided internally or externally. The applicant organization is encouraged to establish additional collaborations supported by service agreements over the course of the five (5)-year project period. The service agreement should be revised annually, as needed.

When establishing the service agreements, the applicant organization should consider the following:

1. Proximity of the provider to the applicant organization's service area.
2. The provider's capacity and history providing culturally competent care and treatment for HIV-positive YMSM of color and YTG persons of color.
3. Processes that will be used to link newly diagnosed HIV-positive persons and re-engage or link previously diagnosed HIV-positive persons to HIV medical care within 30 days of diagnosis.
4. Payment requirements for services rendered (e.g., Ryan White provider, type of health insurance accepted).

Additionally, the service agreement must include, but is not limited to the following:

1. Name and address of the provider(s).
2. Name, title, and contact information (i.e., primary work address, email, and phone number) for the primary point of contact for the HIV medical care provider.
3. Name and address of the applicant organization (must include the name, title, and primary contact information [i.e., primary work address, email, and phone number]).

4. Detailed list of all services provided by the HIV medical care organization.
5. Detailed description of the agreed-upon processes that will be used to link newly diagnosed HIV-positive persons to medical care within 30 days of HIV diagnosis and previously diagnosed HIV-positive persons who are out of care, including:
    - Scheduling of first medical appointment, and
    - Process for confirming the individual's attendance at the first medical appointment, in accordance with federal, state, and local policies.
6. Terms of the Agreement to include the expiration and/or annual renewal date.
7. Add the following statement to the service agreement: "[INSERT HIV Medical Care Provider Organization] has read and agreed to the processes, roles, and responsibilities outlined in [INSERT Applicant Organization's] Linkage to HIV Medical Care Program Plan."
8. Signatures from the Business Official for the applicant organization and the HIV medical care provider.

MOA/MOU for Prevention and Essential Support Services

Applicant organizations must submit at least one established MOA/MOU with a Prevention and Essential Support Service provider (internal or external to the organization), regardless of whether the services are being provided internally or externally. The applicant must submit one Prevention and Essential Support Services MOA/MOU for HIV-positive persons **AND** one for HIV-negative persons at high risk of acquiring HIV. The agreements should be reflective of the services most commonly requested by the target population(s). For a comprehensive list of prevention and essential support services see "*Strategies and Activities - Prevention and Essential Support Services*. The applicant organization is encouraged to establish additional collaborations supported by MOAs/MOUs over the course of the five (5)-year project period. When establishing prevention and essential support services MOAs/MOUs, the applicant organization should consider the following:

1. Proximity of the provider to the applicant organization's service area.
2. The provider's capacity and history to serve YMSM of color and YTG persons of color.
3. Payment requirements for services rendered (e.g., Ryan White provider, type of health insurance accepted).
4. Types of services available for HIV-positive persons and HIV-negative persons at high risk of acquiring HIV to access.

Additionally, the MOA/MOU must include, but is not limited to, the following:

1. Name and address of the provider(s).
2. Name, title, and contact information (i.e., primary work address, email, and phone number) for the primary point of contact for the provider.
3. Detailed description of the agreed-upon referral processes for prevention and essential support services between the applicant organization and the prevention and essential support service provider.
    - Process for confirming that the individual accessed the service, in accordance with federal, state, and local policies.
4. Signatures from the Business Official for the applicant organization and the prevention and essential support services provider.

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

Health Department and HIV Planning Group (HPG) Collaboration

Organizations selected for funding must coordinate and collaborate with state and local health departments. Specifically, awardees are expected to collaborate with the health department to:

1. Refer HIV-positive clients to Partner Services, provided in accordance with local and/or state regulations.
2. Develop a referral network of PrEP and nPEP clinical service providers to support referral of HIV-negative persons at high risk of acquiring HIV to these providers.
3. Participate in the state and/or local HPG process as required by the local or state health department jurisdiction where the primary site of the organization is located.
4. Support the integration of HIV prevention activities with STD, adolescent and school health, viral hepatitis, and TB screening and prevention services, whenever feasible and appropriate.
5. Establish contact with other organizations serving the target population(s) in the proposed service area (to facilitate dialogue and explore partnership opportunities related to HIV/STD prevention and health and wellness approaches, including sexual health).
6. Develop their Navigation and Prevention and Essential Support Services component to align with and complement existing efforts in their jurisdiction.
7. Provide an update to the HPG on the final PS17-1704 approved program. The update may be provided at an HPG meeting or via written report. Coordination should be made with the HPG to determine how the update shall be provided.

Additionally, applicant organizations must work with their state and/or local health department jurisdiction where the organization is located to:

1. Identify specific areas where hard-to-reach populations reside and/or frequent.
2. Obtain a written agreement from the local or state health department that supports providing the CBO throughout the project period with the necessary data to identify and target HIV prevention services in areas most impacted. (See Attachment F: Health Department Letter of Support.)

Other CDC-funded programs

Organizations located in jurisdictions funded to implement: (1) the Secretary's Minority AIDS Initiative Funding to Increase HIV Prevention and Care Service Delivery among Health Centers Serving High HIV Prevalence Jurisdictions (http://www.cdc.gov/hiv/policies/funding/announcements/PS14-1410/index.html), (2) Demonstration Projects to Reduce HIV Infections and Improve Engagement in HIV Medical Care among Men Who Have Sex with Men (MSM) and Transgender Persons (TG) (http://www.cdc.gov/hiv/funding/announcements/ps15-1506/index.html), and (3) Health Department Demonstration Projects for Comprehensive Prevention, Care, Behavioral Health, and Social Services for Men Who Have Sex with Men (MSM) of Color at Risk for and Living with HIV Infection (http://www.cdc.gov/hiv/funding/announcements/ps15-1509/index.html) are encouraged to collaborate with the local health department to maximize the impact of the HIV prevention services supported under these funding opportunity announcements.

Additionally, organizations located in areas that overlap with Local Education Agencies (LEAs) funded to implement the *PS13-1308: Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance – Strategy 4: School-Centered HIV/STD Prevention for YMSM* (http://www.cdc.gov/healthyyouth/fundedpartners/1308/pdf/rfa-1308.pdf) should collaborate with the LEAs to further strengthen linkage to and re-engagement in medical care and referrals to prevention and essential support services between CBOs and schools. Applicant organizations located in the following jurisdictions must establish a MOA/MOU with the LEA to provide HIV/STD prevention services for YMSM of color or YTG persons of color. The MOA/MOU must be submitted with the application.

- Los Angeles Unified School District (California)
- San Francisco Unified School District (California)

- Broward County Public Schools (Florida)

Additional CDC funded programs:

1. PS15-1502: Comprehensive High-Impact HIV Prevention Projects for Community-Based Organizations
2. PS14-1403: Capacity Building Assistance for High-Impact HIV Prevention

b. With organizations not funded by CDC:

Awardees may establish, build, and/or maintain collaborative relationships that will support the implementation of the proposed program. Consideration should be given to developing strategic partnerships with the following types of organizations: federal agencies (e.g., the Health Resources and Services Administration, the Centers for Medicaid and Medicare Services) and their awardees; public health departments; American Indian/Alaska Native tribal governments and/or tribally designated organizations; local and state education agencies; colleges and universities; non-CDC funded CBOs; capacity building assistance organizations; faith-based organizations; for-profit organizations; clinics and hospitals; non-government organizations; state and local governments; community advocates; community members; and other stakeholders that may have a vested interest in promoting health through HIV prevention, care, and treatment. For additional information on other federally funded programs, visit http://www.cdc.gov/hiv/policies/funding/announcements.

2. Target Populations

Applicants must select the proposed target population(s) from those populations identified within their local or state health department's most current Jurisdictional HIV Prevention Plan and/or Integrated HIV Prevention and Care Plan as being people living with and at greatest risk of HIV infection. This plan should include social determinants data, to identify communities that are disproportionately affected by HIV and plan activities to reduce or eliminate these disparities. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities) should be considered. (See Attachment A: Proposed Target Population Worksheet.) Applicants are expected to include a link directly to their health department's Jurisdictional HIV Prevention Plan and/or Integrated HIV Prevention and Care Plan. If the Jurisdictional HIV Prevention Plan and/or Integrated HIV Prevention and Care Plan is not available on the Internet, then a copy of the plan should be included as an attachment to the program proposal.

Applicants must address how they will include specific populations who can benefit from the program.

a. Inclusion

All applicants must design their program so that it is accessible and available to YMSM of color and YTG persons of color. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities) should be considered when developing the proposed program and identifying the target population(s). Organizations that are funded under this FOA will be required to provide services to the primary target population(s) specified in their applications. However, no persons will be turned away from services, regardless of their race, ethnicity, or other demographic characteristics. In addition, the target population described in the work plan and narrative must match the target population identified in the Proposed Target Population Worksheet.

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

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurement help demonstrate achievement of proposed program outcomes; build a stronger evidence base for specific program strategies; clarify applicability of the evidence base to different populations, settings, and contexts; and drive continuous program improvement. Proposed evaluation and performance measurement can also determine if program strategies are scalable and effective at reaching target populations. Applicants must provide an evaluation and performance measurement plan that is consistent with their PS17-1704 work plan and the CDC evaluation and performance measurement strategy. When developing their budget, applicant organizations should not allocate more than 10% of their total budget to support evaluation staff, consultants and/or contractors. The applicant organization must describe how they will use the PS17-1704 funds allocated to support evaluation activities.

The CDC National HIV Prevention Program Monitoring and Evaluation (NHM&E) strategy for monitoring and evaluating programs and awardee performance will include several activities, spanning both process monitoring and evaluation and monitoring of outcomes, and will be consistent with the logic model and approach previously presented. Guidance on collecting, using, and submitting NHM&E and other performance targets will be provided by CDC on an ongoing basis throughout the project period.

Key evaluation questions to be answered include, but are not limited to the following. To what extent do CBOs:

1. Conduct HIV testing among persons at high-risk for HIV infection?
2. Identify persons with newly diagnosed HIV infection?
3. Link or re-engage HIV-positive persons to HIV medical care?
4. Refer newly diagnosed HIV-positive persons for Partner Services?
5. Refer HIV-positive and HIV-negative persons at high risk of acquiring HIV to prevention and essential support services?
6. Distribute condoms to HIV-positive and HIV-negative persons at high risk of acquiring HIV?

Data collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget (OMB) under OMB Number 0920-0696, National HIV Prevention Monitoring and Evaluation, Expiration Date February 28, 2019. Any change to the existing data collection will be subject to review and approval by the Office of Management and Budget under the Paperwork Reduction Act.

Awardees will be responsible for NHM&E data collection and reporting that includes, but is not limited to, standardized data reporting as described under the OMB ICR #0920-0696. Data collection and reporting requirements will be limited to data that will be analyzed and used for program monitoring and quality improvement. Awardees will submit to CDC the required NHM&E data on the implementation of the approved HIV prevention programs funded under this FOA. These data will be used by CDC to calculate indicators and generate Rapid Feedback Reports (RFRs) regarding program accomplishments related to this FOA, DHAP's Strategic Plan, and NHAS: Updated to 2020 goals. Required NHM&E data include, but are not limited to:

1. Test-level data: Test-level data are reported for each HIV testing event provided.
2. Individual-level data: Individual-level data are reported for individual clients who receive CDC-funded services (e.g., provision and referral of Prevention and Essential Support Services).

Awardees will collect and report both qualitative and quantitative data. CDC will also work with awardees to report data on costs of the services supported by funding from this FOA.

CDC will review evaluation findings and performance measures routinely and identify (1) areas in need of program improvement and additional capacity building assistance, and (2) programs demonstrating substantial success in specific program areas. Evaluation findings and performance targets will be used to demonstrate the value of this program and describe effective implementation of the FOA. Performance measurement findings will be shared with awardees at least once a year through the dissemination of RFRs.

Evaluation results may be shared at national conferences, through publication in peer-reviewed journals, and via online reports. In addition, CDC may partner with awardees to conduct special evaluation studies to assess effectiveness of program strategies.

Outcomes

1. Targeted HIV Testing
    - Outcome: Increase the number of YMSM of color and YTG persons of color tested for HIV (at least 75% of those tested must be in the target population[s]).
        - Indicator: Number of HIV tests conducted.
    - Outcome: Increase diagnosis of HIV infection among YMSM of color and YTG persons of color who are unaware of their infection.
        - Indicators: Percentage of YMSM of color and YTG persons of color tested using PS17-1704 funds who are newly diagnosed HIV-positive. Percentage of PS17-1704 annual HIV testing objective achieved.
            - Organizations must annually identify a minimum of six (6) new HIV infections per every $50,000 allocated to support the HIV testing component of the proposed program (see table in Targeted HIV Testing section).
            - Organizations are expected to establish their annual HIV testing objective (i.e., number of new HIV infections diagnosed) based upon the size of the service area where services will be provided, the capacity of the organization to provide HIV testing, and the organization's access to the target population(s).
2. Comprehensive HIV Prevention with HIV-Positive Persons
    - Linkage and Re-engagement to HIV Medical Care
    - Outcome: Increase the number of newly diagnosed HIV-positive YMSM of color and YTG persons of color who are linked to HIV medical care within 30 days of diagnosis
        - Indicator: Percentage of YMSM of color and YTG persons of color with newly diagnosed HIV infection linked to HIV medical care within 30 days.
            - A minimum of 90% of persons with newly diagnosed HIV infection into HIV medical care within 30 days.
    - Outcome: Increase the number of previously diagnosed, out-of-care, HIV-positive YMSM of color and YTG persons of color who are linked to or re-engaged in HIV medical care within 30 days of recent HIV positive test.
        - Indicator: Percentage of previously diagnosed, out-of-care HIV-positive YMSM of color and YTG persons of color linked to or re-engaged in HIV medical care within 30 days.
            - Link and/or re-engage YMSM of color and YTG persons of color with previously diagnosed HIV infection not in care to HIV medical care within 30 days.
    - Prevention and Essential Support Services
    - Outcome: Increase the number of HIV-positive YMSM of color and YTG persons of color who receive medication adherence services.
        - Indicator: Percentage of newly diagnosed HIV-positive YMSM of color and YTG persons of color provided or referred to medication adherence services; percentage of previously diagnosed with HIV-infection provided or referred to medication adherence services.
            - A minimum of 90% of newly diagnosed HIV-positive YMSM of color and YTG persons of color must be provided or referred to medication adherence services.
    - Outcome: Increase the number of HIV-positive YMSM of color and YTG persons of color who receive Partner Services.
        - Indicator: Percentage of newly diagnosed HIV-positive YMSM of color and YTG persons of color referred for Partner Services, in accordance with state and local regulations.
            - 100% of newly diagnosed HIV-positive YMSM of color and YTG persons of color

must be referred for Partner Services, in accordance with state and local regulations.

- Outcomes: Increase the number of HIV-positive YMSM of color and YTG persons of color who are provided or referred to a HIP behavioral intervention.
    - Indicator: Percentage of HIV-positive YMSM of color and YTG persons of color provided or referred to a HIP behavioral intervention that reduces sexual or drug risks related to the transmission of HIV infection.
        - A minimum of 90% of HIV-positive persons must be provided and/or referred to a HIP behavioral intervention.
- Outcome: Increase the number of HIV-positive YMSM of color and YTG persons of color who receive prevention and essential support services. (See the Strategies and Activities: Comprehensive HIV Prevention with HIV-Positive Persons section for a listing of these services.).
    - Indicator: Percentage of HIV-positive YMSM of color and YTG persons of color provided or referred to prevention and essential support services.

3. Comprehensive HIV Prevention with High-Risk HIV-Negative Persons
    - Prevention and Essential Support Services
    - Outcome: Increase the number of HIV-negative YMSM of color and YTG persons of color who are referred to PrEP and/or nPEP, as appropriate
        - Indicator: Percentage of HIV-negative YMSM of color and YTG persons of color who are linked to a PrEP provider within 30 days for clinical evaluation.
4. Condom Distribution
    - Outcome: Increase in HIV-positive and HIV-negative YMSM of color and YTG persons of color at high risk of acquring HIV who are offered condoms.
        - Indicator: Number of condoms offered to HIV-positive and HIV-negative YMSM of color and YTG persons of color who are at high risk of acquring HIV.

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).

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 within the first 6 months of award, as described in the Reporting Section of this FOA.

All awardees are expected to comply with the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011). All standards included in the NCHHSTP Data Security and Confidentiality Guidelines should be implemented by awardees, unless otherwise justified. A Certification of Compliance from the Guidelines signed by an overall responsible party or parties (ORP) will be submitted annually to the PPB Project Officer at the same time the Annual Performance Report (APR) is submitted. For information on the new data security guidelines, please refer to http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf.

c. Organizational Capacity of Awardees to Implement the Approach

All applicant organizations must demonstrate their existing or forthcoming capacity to successfully execute all proposed strategies and activities to meet the program requirements of the selected funding category.

Applicants must have demonstrable expertise, experience, and/or capacity to develop, implement, and evaluate the required program strategies and activities. Working with state, tribal, local, and/or territorial health departments, community health centers, and other community providers who serve the selected target population(s) are integral to program implementation. Applicants should describe their mission; organizational structure; overall organizational budget and funding sources; staff size and expertise; the nature and scope of their work and capabilities; long-term sustainability plan; and other information that would help CDC assess the organization's infrastructure and capacity to implement the proposed program.

Safe Space

Applicant organizations should address the physical infrastructure as it relates to equipment, electronic information and data systems, and communication systems to implement the award. Applicants **must designate a dedicated physical space**, as a culturally and age-appropriate safe space located either within the organization or off-site within close proximity that is used to establish and maintain an ongoing relationship with the clients being served. The safe space will function as a primary point of recruitment and locale for project activities for YMSM of color or YTG persons of color being served, dependent on the category for which funding is requested. Each safe space should be designed to empower YMSM of color or YTG persons of color and to provide HIV/STD risk reduction skills. Ensuring the safety of all youth employed and those served by the applicant must be an integral component of the applicant organization's mission, values, and activities. The safe space must be supported by policies and procedures on discrimination and harassment that support an inclusive, affirming, and non-judgmental HIV prevention program. The safe space must also be supported by clear written guidelines about interactions between staff (regardless of their age) and youth served by the organization, as well as guidelines about interactions between clients of different ages.

Workforce Capacity

Additionally, applicants must provide details on their workforce capacity and competence, expertise and experience serving and/or working with the target population(s) selected as it relates to all category-specific program components. Applicants **must** have a strategy to ensure that the development and delivery of their Comprehensive High-Impact HIV Prevention Program is culturally, linguistically, and educationally appropriate to meet the needs of their selected target population(s). This includes experience and expertise related to the implementation of the required strategies and activities, recent examples of HIV prevention program development and implementation, specifically for the target population(s), and demonstrated outcomes or benefits related to the HIV prevention services provided. If applicable, the applicant will be expected to provide a description of their current CDC funded HIV prevention projects.

Staffing

Applicants **must** provide evidence of adequate program management/staffing plans, performance measurement, evaluation, financial reporting, management of travel requirements, and workforce development and training. Applicants must have a plan to ensure program has competent staff (e.g.,

accessing capacity building assistance to support workforce development), inclusive of subcontractors and consultants if applicable, throughout the duration of the five (5) year project. The plan should be designed to promote and sustain peer leadership from within the target population(s). Staff must have the breadth of subject matter expertise and experience required to conduct all proposed work. When feasible, applicants must hire direct service staff who have 12 months minimum experience working with and who are reflective of the target population(s). Applicants should describe how they will assess staff competencies and develop a plan to address gaps through organizational and individual training and development opportunities. Additionally, a curriculum vitae or resume must be submitted for each existing staff person who will be affiliated with this program. Applicant organizations are also required to provide an agency-wide organizational chart and an organizational chart for the proposed program.

d. Work Plan

Applicants are required to provide a work plan that provides both a high-level overview of the entire five-year project period and a detailed description of the first year of the award. The work plan should incorporate all FOA-related program strategies and activities. Applicants should propose specific, measurable, achievable, realistic, and time-based (SMART) process and/or outcome objectives for each activity aligned with the related FOA performance objectives. Also included should be the training, capacity building, and technical assistance (TA) needs to support the implementation of the proposed program. Included in the work plan should be a concise description on how the grantee plans to implement and monitor each program activity.

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

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

1. Five-Year Overview of Project (include narrative)
    - Intended outcomes for the entire five-year project period
2. Year 1 Detailed Work Plan
    - Program strategies and activities
    - Outcomes aligned with program strategies and activities
    - SMART objectives aligned with performance targets (including quantitative baselines and targets, based on the proposed program, that lead to an increase, decrease, or maintenance over time)
    - Activities aligned with program objectives
    - Timeline for implementation (including staffing of the proposed program, CBA/TA and training, etc.)

See Attachment G: PS17-1704 Work Plan Guide

e. CDC Monitoring and Accountability Approach

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

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

Monitoring may also include the following activities:

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

timeframes.
- Working with awardees on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Other activities deemed necessary to monitor the award, if applicable.
These activities may include monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

Awardees performing at a less than sufficient level to achieve program objectives within stated timeframes will be placed on a time-phased Programmatic Improvement Plan (PIP) developed by the PPB Project Officer in collaboration with the awardee. The PIP is a comprehensive tool used to assist awardees to improve program performance through identifying factors contributing to less than sufficient performance and developing specific action steps to address areas in need of improvement. Other activities deemed necessary to monitor the award may be applied.

These activities may include monitoring and reporting activities as outlined in Chapter 2.01.101 of the HHS GPAM that assists grants management staff (e.g., grants management officers [GMOs] and specialists [GMS], and project officers) in the identification, notification, and management of high-risk awardees.

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

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

1. Collaborate to ensure coordination and implementation of strategies to arrange for availability of HIV prevention providers in non-healthcare and healthcare organizations.
2. Work with awardees to identify and address CBA/TA needs that are essential to the success of the project.
    1. Within the first three (3) months of funding, awardees must work with the assigned PPB Project Officer to establish a CBA Request Information System (CRIS) user account to facilitate receipt of capacity building assistance.
    2. Within the first six (6) months of funding, CDC will work with the awardee to identify plans for participation in all appropriate CDC approved trainings.
        - Applicants will have access to training and technical assistance that will strengthen staff capacity relevant to all required components of the program.
        - Awardees will be required to participate in CDC approved trainings on NHM&E requirements, data collection and submission, HIV testing, evidence-based interventions, etc.
    3. Within the first six (6) to nine (9) months of funding, the assigned CDC directly-funded CBA providers will work with awardees to develop and implement a Strategic Plan for Enhanced CBO Capacity. This tailored plan will assess and define the organization's capacity building goals, objectives, activities, and timelines, as well as the roles and responsibilities of the CBA provider and awardee. This strength-based program strategy will detail an ongoing program plan that will include use of program monitoring and evaluation data as described above.
    4. Within the first six (6) months of funding, CDC will work with awardees to finalize data collection, use, and submission requirements.
3. Facilitate coordination, collaboration, and, where feasible, service integration among federal agencies, other CDC funded programs, health departments, local and state planning groups, other CDC directly-funded CBOs, national capacity building assistance providers, medical care providers and

other recipients of the Ryan White HIV/AIDS Treatment Extension Act of 2009, and other partners working with people living with and at greatest risk for HIV infection toward common goals of risk reduction, disease detection, and a continuum of HIV prevention, care, and treatment.
4. Monitor awardee program performance via use of multiple approaches, such as site visits, emails, conference calls, and standardized review of performance reports and other data reports, to support program development, implementation, evaluation, and improvement.
5. Provide guidance and coordination to funded organizations to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.
6. Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the project period.
7. Collaborate, as appropriate, in assessing progress toward meeting strategic and operational goals/objectives and in establishing measurement and accountability systems for documenting outcomes, such as increased performance improvements and best or promising practices.
8. Collaborate on strategies to ensure the provision of appropriate and effective HIV prevention services to target populations, as deemed appropriate and as requested.
9. Provide requirements and expectations for standardized and other data reporting and support monitoring and evaluation (M&E) activities with CDC and contractual TA, including web-based training on NHM&E, materials such as data collection tools, and online TA via the NHM&E Service Center.
10. Convene, plan, and facilitate a joint grantee meeting 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: U65

3. Fiscal Year: 2017

Estimated Total Funding: $10,000,000

4. Approximate Total Fiscal Year Funding: $10,000,000

- Category A – $7,500,000
- Category B – $2,500,000

This amount is subject to the availability of funds.

5. Approximate Project Period Funding: $50,000,000

6. Total Project Period Length: 5

7. Expected Number of Awards: 30

8. Approximate Average Award: $350,000 Per Budget Period

This amount is subject to the availability of funds.

9. Award Ceiling: $0 Per Budget Period

The Award Ceiling is not applicable.

10. Award Floor: $0 Per Budget Period

11. Estimated Award Date: 04/01/2017

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

12. Budget Period Length: 12 month(s)

13. Direct Assistance

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

C. Eligibility Information

1. Eligible Applicants

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

Additional Eligibility Category:

Other:

Community-based organizations

2. Additional Information on Eligibility

Funding will be made available for activities under two categories:

- **Category A:** HIV prevention services for Young Men of Color Who Have Sex with Men (YMSM of color) and their partners regardless of age, gender, and race/ethnicity.
- **Category B:** HIV prevention services for Young Transgender Persons of Color (YTG persons of color) and their partners regardless of age, gender, and race/ethnicity.

Organizations are eligible to apply for funding under one of the above funding categories.

Organizations that meet the requirements listed below are eligible to apply for funding under this FOA.

1. Must be considered a non-profit public or private organization with 501(c)(3) IRS status (other than institutions of higher education) and provide a copy of the organization's tax exempt 501(c)(3) IRS letter as documentation of the non-profit 501(c)(3) status. Included are the following types of organizations:
    - American Indian/Alaska Native tribally designated organizations
    - Community-based organizations
    - Faith-based organizations
    - Hospitals (non-government affiliation and not under the administrative and management authority of a college or university)
    - ***Please note that other tax exemption certificates, such as state tax or sales tax exemption certificates and letters, will not be accepted as a substitution of the Federal 501(c)(3) IRS tax exemption letter.

2. If an applicant is proposing to subcontract with organization(s) to provide direct services as described in this FOA, please note the following:
    - The 501(c)(3) IRS tax exemption letter for the subcontractor organization(s) must be included with the application at the time of submission.
    - Applicant organizations may subcontract with a **maximum of two** organizations to provide direct services as described in the Strategies and Activities section of this FOA.
    - Applicant organizations must perform a substantial role in the delivery of services.
    - The amount of funding allocated for subcontractors must be in alignment with the proposed services to be provided by the subcontractor(s).
    - Subcontractor organization(s) must be located and provide services in the same state as the applicant organization and have a history of consistently serving the proposed target population for at least the last 24 months.
3. Eligible applicants must be currently located and provide services in one of the 33 states listed below in addition to, District of Columbia, and Puerto Rico. Additionally, applicants may provide services in a **maximum of three (3) service areas** throughout the eligible locations. Applicants can provide HIV prevention services in areas that cross over into eligible bordering state health department jurisdictions (e.g., District of Columbia, Maryland, and Virginia). The applicant must have a history of providing HIV prevention services in these eligible areas, discussed provision of services with their state or local health department in which they report, and received written consent. (See Attachment F: Health Department Letter of Support)

The following 33 states listed below in addition to, District of Columbia, and Puerto Rico were selected based on the number of MSM of color aged 13-29 years living with diagnosed HIV at the end of 2013 (National HIV Surveillance System). The eligible locations have greater than 150 reported cases among this population. Limiting competition to the listed 33 states, District of Columbia and Puerto Rico will provide the greatest effectiveness for this funding because it will reach those areas with the greatest need for the HIV prevention services targeting MSM of color. There are currently no national surveillance data available for transgender populations.

Alabama	District of Columbia	Louisiana	Nevada	Puerto Rico
Arizona	Florida	Maryland	New Jersey	South Carolina
Arkansas	Georgia	Massachusetts	New York	Tennessee
California	Illinois	Michigan	North Carolina	Texas
Colorado	Indiana	Minnesota	Ohio	Virginia
Connecticut	Kansas	Mississippi	Oklahoma	Washington
Delaware	Kentucky	Missouri	Pennsylvania	Wisconsin

Additionally, to be eligible, applicants must:

- Document services to the target population by completing and submitting the following documentation with the application:
    - Historical Data Table (See Attachment H: Historical Data Table.)
    - Target Population Worksheet (See Attachment A: Proposed Target Population Worksheet.)
    - Evidence of HIV prevention or care services, location, and history of consistently serving the proposed target population(s) for at least the last 24 months. Examples include Progress Reports, Notice of Award or Media publications, or letter from an applicant's funding source, other than CDC, documenting the applicant's service to the target population.
- Share their Targeted HIV Testing plans with the health department and submit the following required HIV Testing documentation with the application:

- Health Department Agreement for HIV Testing/Partner Services (See Attachment B: Health Department Targeted HIV Testing/Partner Services Letter of Agreement.)
- Letter of Intent from a Physician (See Attachment C: Letter of Intent from a Physician for State Regulations and HIV Testing Activities.)
- Health Department Letter of Support (See Attachment F: Health Department Sample Letter.)
- Current CLIA certificate, if conducting HIV rapid testing

- Provide three letters of support from civic, non-profit business, or faith-based organizations that are located in the community and also serve the proposed target population.
- Submit the following documents as attachments:
  - Resumes/CVs for all PS17-1704 positions
  - Health Department Letter of Support
  - Organizational Chart
    - Agency-wide, and
    - PS17-1704 HIV prevention program
  - Non-profit Organization 501(C)(3) IRS Status Forms
  - Indirect Cost Rate (if applicable)
  - At least one Service Agreement with a HIV Medical Care Provider
  - At least one Memorandum of Agreement/Understanding (MOA/MOU) for Prevention and Essential Support Services
  - At least one Memorandum of Agreement/Understanding (MOA/MOU) for HIV Prevention services with a LEA, if applicable

The award ceiling for each component under Section B. Award Information is $0. CDC will not consider any application requesting an award higher than the specified amount. If a pre-application is required, then specify here and include it in the special eligibility requirements section. (http:// www.hhs.gov/ asfr/ ogapa/ aboutog/ hhsgps107.pdf)

3. Justification for Less than Maximum Competition

Eligibility is limited to the organizations noted above because of their credibility among persons living with HIV and those at high risk for HIV infection. Non-profit organizations and CBOs have proven their ability to access hard to reach populations that have traditionally not been reached by mainstream interventions and other agencies.

The *National HIV/AIDS Strategy for the United States: Updated to 2020* and the Division of HIV/AIDS Prevention Strategic Plan note that in the face of increasingly constrained resources and a concentrated, inequitably distributed epidemic, HIV prevention funding must be allocated to those communities and regions that shoulder the greatest share of the national burden. Reducing HIV-related health disparities is one of the three primary goals of the NHAS: Updated to 2020.

Additionally, to be eligible, applicants must demonstrate that they have consistently provided HIV prevention or care services to the selected target population(s) for at least the last 24 months. This requirement exists because the populations targeted through this announcement can be very difficult to access. It may take an organization many years to establish credibility and build an effective working relationship with the population(s) at risk, thus enabling the organization to effectively recruit persons into prevention activities. Furthermore, the type of cultural competency required to deliver HIV prevention services effectively to these populations can only be gained through long-term HIV prevention work with the population. Without the credibility needed to access the population and the cultural competency to effectively provide services, an organization would be unable to successfully complete the required activities of this program.

State and local governments are not eligible because they currently receive funding to implement similar

activities through other funding opportunity announcements. Furthermore, this program seeks to complement and augment the health department activities by utilizing the expertise of outside community entities to reach populations that health departments have traditionally had difficulty reaching.

Date of Less than Maximum Competition Approval: May 27, 2014

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Required Registrations

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

1. Required Registrations

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

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

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/webform/ displayHomePage.do. 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 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CRR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not 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: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

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

4. Submission Dates and Times

If the application is not submitted by the deadline published in the 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: **07/27/2016**

b. Application Deadline

Due Date for Applications: **09/14/2016** , 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.

To obtain a schedule of the pre-application and technical assistance activities or additional information related to this funding opportunity announcement, please visit http://www.cdc.gov/hiv/funding/announcements/ps17-1704/index.html.

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.

6. Content and Form of Application Submission

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

7. Letter of Intent

Is a LOI: Recommended but not Required

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

Completed LOI must be sent via email to CBOFOA@cdc.gov

Dr. Stanley A. Phillip, Jr.

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

Address: 1600 Clifton Road, NE Mailstop E-58

Telephone number: 404-639-6030

Fax: 404-639-5265

Email address: CBOFOA@cdc.gov

Visit the PS17-1704 website, http://www.cdc.gov/hiv/funding/announcements/ps17-1704/index.html, and click on the Letter of Intent to Apply for Funding link to complete the form. Completed LOIs must be submitted to CBOFOA@CDC.gov.

8. Table of Contents

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

9. Project Abstract Summary

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

10. Project Narrative

If applying for a single component: maximum of 20 pages, single spaced, 12 point font, 1-inch margins, and number all pages.
If applying for more than one component: maximum of 15 pages for the “base” (subsections of the Project Description that the components share with each other, which may include target population, inclusion, collaboration, etc.); and up to 4 additional pages allowed per component for Project Narrative subsections that may be specific to each component.
Text should be single spaced, 12 point font, 1-inch margins, and number all pages.
Page limits include work plan; content beyond specified limits 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.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

Applicants must file the MOA or MOU, as appropriate, name the file "MOAs/MOUs", and upload it as a PDF file at www.grants.gov.

Applicants must file letters of support, as appropriate, name the file "Letters of Support", and upload it as a PDF file at www.grants.gov.

2. Target Populations

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

Applicants must file the Historical Data Table, as appropriate, name the file "Historical Data Table", and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

Applicants must file the Proposed Target Population Worksheet, as appropriate, name the file "Proposed Target Population", and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

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. See Section E (pages 4 and 5) at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf . For further information about CDC's requirements under PRA see http://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, 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 within the first 6 months of award, as described in the Reporting Section of this FOA.

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

d. Organizational Capacity of Applicants to Implement the Approach

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

Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov.

11. Work Plan

(Included in the Project Narrative's page limit)

Multiple components: maximum of 15 pages for the base and up to 4 additional pages per component)

Single component: maximum of 20 pages)

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.

In addition, the applicant must use the PS17-1704 Work Plan Guide to develop their work plan within the project narrative and ensure that all components are addressed. The Project Narrative inclusive of the work plan can not exceed 20 pages. See Attachment G: PS17-1704 Work Plan Guide.

The following documents do not count toward the 20-page limit for the Project Narrative and Work Plan and must be included with the application submission.

- Applicants must file the Prevention and Essential Support Services MOA/MOU(s), name the file "P and ESS MOA" and upload it as a PDF file at www.grants.gov.
- Applicants must file the MOA/MOU(s) with Local Education Agencies (LEA), as appropriate, name the file "LEA MOA" and upload it as a PDF file at www.grants.gov.
- Applicants must file service agreements with HIV Medical Care provider(s), name the file "HMC Service Agreement" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.
- Applicants must file letters of support, as appropriate, name the file "Letters of Support," and upload it as a PDF file at www.grants.gov.
- Applicants must file the Historical Data Table, name the file "Historical Data Table" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.
- Applicants must file HIV Testing documents/letters, as appropriate, name the file "HIV Testing Documents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.
- Applicants must file the Jurisdictional HIV Prevention Plan and/or Integrated HIV Prevention and Care Plan, if applicable, name the file "Jurisdictional HIV Plan" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.
- Applicants must file Evidence of Service, Location, and History Serving the Proposed Target Population documentation, name the file "Evidence of Service" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

12. Budget Narrative

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

- Salaries and wages
- Fringe benefits
- Consultant costs

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

Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities).
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.

The itemized budget narrative should follow the format of the FOA and be organized by program strategy: Program Promotion, Outreach, and Recruitment; Targeted HIV Testing; Comprehensive HIV Prevention with HIV-Positive Persons; Comprehensive HIV Prevention with High-Risk HIV-Negative Persons; and Condom Distribution. At a minimum, the budget should be broken down by the following strategies and activities:

1. Targeted HIV Testing
    a. Integrated Screening Activities, if applicable
2. Comprehensive HIV Prevention with HIV-Positive Persons – Navigation to Continuum of HIV Prevention and Care Services
    a. Linkage to HIV Medical Care
    b. Prevention and Essential Support Services
3. Comprehensive HIV Prevention with High-Risk HIV-Negative Persons – Navigation to Continuum of HIV Prevention and Care Services
    a. Referral to Primary Medical Care
    b. Prevention and Essential Support Services

Program promotion, outreach, and recruitment and condom distribution are applicable to both HIV-positive

and HIV-negative persons at high risk of acquiring HIV and can be encompassed in the above strategies and activities as deemed appropriate.

Applicant organizations that propose to implement Integrated Screening activities must submit an itemized budget to support these activities as a part of the overall Comprehensive High-Impact HIV Prevention program budget.

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.

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

CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically Pro-Children Act of 2001, 20 U.S.C. Sections 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care,or early childhood development services are provided to children.

Tobacco Policies:

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

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

http://www.cdc.gov/ nccdphp/dnpao/hwi/ toolkits/ tobacco/index.htm
http://www. thecommunityguide.org/ tobacco/index.html
http:// www.cdc.gov /obesity /strategies /food-serv-guide.html

14. Health Insurance Marketplaces

A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, creates new Health Insurance Marketplaces, also known as Exchanges, to offer millions of Americans affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing.

Outreach efforts will help families and communities understand these new options and provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. For more information on the Marketplaces and the health care law, visit: www.HealthCare.gov.

15. Intergovernmental Review

Executive Order 12372 does not apply to this program.

16. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 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.

16a. 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.

16b. 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.

16c. 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.

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.

- Awardees may not use funds for construction.
- Awardees may not use funds to support direct implementation of school-based HIV prevention programs. (This restriction is not applicable to collaborations with school-based HIV prevention programs.)

18. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by 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 pgotim@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to 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 1-800-518-4726 or by e-mail at support@www.grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.
e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@www.grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail 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 I Review

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

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement i
ii. Applicant's Organizational Capacity to Implement the Approach

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Approach	Maximum Points: 40

The review panel will evaluate eligible applications based on the applicant's experience, capacity, and ability to implement the published program requirements for the target population documented in the application (i.e., YMSM of color or YTG persons of color).

Project Overview (Total of 10 points)

- Justification of Need (2 points)
- Consumer Advisory Board/Youth Advisory Board (2 points)
- Cultural competence and sensitivity (2 points)
- Appropriate staffing (2 points)
- Safe Space (2 points)

Formalized Collaborations and Partnerships (2 points)

- Includes the quality and appropriateness of the organization's plans to enhance existing and/or establish new formalized collaborations with HIV medical care providers and prevention and essential support service providers.
- Note: If the applicant fails to provide at least one service agreement with an HIV medical care provider and at least one MOA/MOU or service agreement with a prevention and essential support service provider, their application will not be reviewed.

Program Promotion, Outreach, and Recruitment (3 points)

- The extent to which the applicant demonstrates a plan to deliver strategic, culturally competent, community-based program marketing campaigns to increase public awareness of services available via the proposed program.

Targeted HIV Testing (9 points)

- If the applicant fails to provide the required documentation listed in Attachment J: Sample Table of Contents under the HIV Testing Documentation Requirements bullet, their proposal for HIV testing will not be reviewed. The documentation includes a Health Department Targeted HIV Testing and Partner Services Letter of Agreement (Attachment B), a Letter of Intent from a Physician for State Regulations and HIV Testing Activities (Attachment C), and a CLIA waiver.

Comprehensive HIV Prevention for HIV-Positive Persons (9 points)

- Includes the quality and appropriateness of the organization's plans to recruit HIV-positive YMSM of color and/or YTG persons of color and continually engage HIV-positive persons throughout the duration of the program.

Comprehensive HIV Prevention for High-Risk HIV-Negative Persons (5 points)

- Includes the quality and appropriateness of the organization's plans to recruit high-risk HIV-negative YMSM of color and/or YTG persons of color and continually engage the clients throughout the duration of the program.

Condom Distribution (2 points)

- The extent to which the applicant demonstrates a plan to implement condom distribution as a structural intervention for HIV-positive and high-risk HIV-negative YMSM of color and/or YTG persons of color that (1) provides condoms free of charge; (2) implements social marketing efforts to promote condom use; and (3) includes promotion and distribution activities at the individual, organizational, and community levels.

Capacity Building (Reviewed, but not scored)

- The extent to which the applicant describes anticipated CBA/TA needs and the plan for obtaining CBA. The applicant should specifically identify and describe what capacity building assistance services they will require in order to successfully implement the proposed program within the first year of award.

Evaluation and Performance Measurement	Maximum Points: 25

The extent to which the applicant proposes an evaluation and performance measurement plan that is consistent with their work plan and the CDC evaluation and performance measurement strategy.

Applicants Organizational Capacity to Implement the Approach	Maximum Points: 35

The extent to which the applicant:

- Establishes that they have the requisite experience and credibility in working with the proposed target population consistently for at least the last 24 months. Specific elements considered as part of the assessment include, but are not limited to, length of service, outcomes of the services, and the applicant's overall relationship with the community (5 points).
- Demonstrates that they have substantial experience providing HIV prevention and/or care services to the proposed target population(s) (5 points).
- Demonstrates their existing or forthcoming capacity to successfully execute all proposed strategies and activities to meet program requirements of the selected funding category (3 points).
- Demonstrates that staff members have experience providing services to the target population(s) and/or describes plans to hire staff that have experience working with the target population(s). When feasible, applicants must hire direct service staff who are reflective of the target population(s) and who have 12 months minimum experience working with the target population(s) (7 points).
- Provides information that establishes evidence of adequate program management/staffing plans, performance measurement, evaluation, financial reporting, management of travel requirements, and workforce development and training (3 points).
- Demonstrates the ability to enhance existing and establish new formalized collaborative partnerships (2 points).

Work Plan (10 points)

- The extent to which the applicant described the five-year overview and detailed Year 1 work plan that incorporates all FOA-related program strategies and activities described in the Approach section.

Budget	Maximum Points: 0

Reviewed, but not scored.

Although the budget is not scored, the applicant should consider the following in development of their budget. Ensure the itemized PS17-1704 budget and justification is reasonable and consistent with the stated objectives and planned program activities.

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

c. Phase III Review

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.

Phase III Review:

The next step of the review process is conducted during a pre-decisional site visit (PDSV). For HIV Prevention Program proposals, applicants can receive a maximum PDSV score of 550 points. If the HIV Prevention Program proposal fails to score at least 400 points during the PDSV, the applicant will not be considered for funding. Applicants applying for funding will be selected to receive a PDSV based on scores from the Objective Review process, geographic location, CDC's funding preferences, and the proposed populations to be targeted.

During PDSVs, CDC staff will meet with appropriate project management and staff, which may include representatives of governing bodies, executive director, program manager, etc. The PDSV (1) facilitates a technical review of the application and discussion of the proposed program; (2) further assesses an applicant's capacity to implement the proposed program; and (3) identifies unique programmatic conditions that may require further training, technical assistance, or other CDC resources. CDC will contact the health department during the PDSV process to verify data submitted by the applicant (e.g., target population data). Final funding determinations will be based on application scores from the Objective Review, scores from the PDSV, and CDC's funding preferences.

Applications will be funded in order by score and rank determined by the review panel. The following factors also may affect the funding decision:

- Preference to ensure equitable balance in terms of targeted racial or ethnic minority groups. (The number of funded applicants serving each racial or ethnic minority group may be adjusted based on the burden of infection in that group as measured by HIV or AIDS reporting.)
- Preference to avoid unnecessary duplication of services.
- Preference for applicants that propose to implement HIV prevention services among target populations not addressed by higher-ranking applicants.
- Preference for the balance of funded applicants based on (1) burden of HIV infection within jurisdictions and (2) disproportionately affected geographic areas, as measured by CDC.
- Preference for applicants that propose cost-effective programs that fully maximize the impact of CDC's fiscal resources.
- Preference for applicants with extensive experience (at least the last 24 months) serving the proposed target population(s).

2. Announcement and Anticipated Award Dates

April 1, 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: Release and Sharing of Data
- AR-26: National Historic Preservation Act of 1966
- AR-27: Conference Disclaimer and Use of Logos
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-34: Language Access for Persons with Limited English Proficiency

For more information on the CFR visit http://www.ecfr.gov/cgi-bin/ECFR?page=browse.

3. Reporting

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

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

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

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan	6 months into award	Yes
Annual Performance Report (APR)	No later than120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes

a. Awardee Evaluation and Performance Measurement Plan (required)
With support from CDC, awardees must elaborate 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.grants.gov 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.
This report must include the following:

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

- Awardees must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving project period outcomes.

- **Administrative Reporting** (No page limit)
  - SF-424A Budget Information-Non-Construction Programs.
  - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
  - Indirect Cost Rate Agreement.

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

For year 2 and beyond of the award awardees may request that as much as 75% of their estimated unobligated funds be carried over into the next budget period.

The carryover request must:

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

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.

In addition to the Annual Performance Report, awardees are required to submit data at the end of each budget year. Awardees will be required to complete an End of Year (EOY) Performance Report that captures the quantitative data from the last six months of the previous budget period and qualitative data for the entire 12 month budget period. The EOY Performance Report is due 90 days after the end of the budget 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 calendar quarter in which the budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation to PGO and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)

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

- Performance Measures – Awardees must report final performance data for all process and outcome performance measures.
- Evaluation Results – Awardees must report final evaluation results for the project period for any evaluations conducted.
- Impact/Results/Success Stories – Awardees must use their performance measure results and their

evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

Awardees will be required to complete a Program Close-out Report that captures the quantitative data from the last six months of the previous budget period and qualitative data for the entire project period. The Program Close-out Report is due 90 days after the end of the project period.

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.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Stanley A. Phillip, Jr., Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS E-58
Atlanta, GA 30333
Telephone: (404) 639-6030
Email: cbofoa@cdc.gov

Grants Management Office Information

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

Karen Zion, Grants Management Specialist
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS-E15
Atlanta, GA 30341
Telephone: (770) 488-2729
Email: wvf8@cdc.gov

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

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

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

H. Other Information

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

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

For international FOAs:

- SF424
- SF424A
- Letters of Support
- Funding Preference Deliverables

- Resumes/CVs for all PS17-1704 positions
- HIV Testing Documentation Requirements
    - Health Department Targeted HIV Testing/Partner Services Letter of Agreement*
    - Letter of Intent from a Physician for State Regulations and HIV Testing Activities, if required*
    - CLIA waiver, if applicable
    - HIV Testing Protocol for home-based testing, if applicable
- Health Department Letter of Support *
- **Three (3)** Letters of Support from civic, non-profit businesses, and/or faith-based organizations
- Organizational Charts
    - Agency-wide, and
    - PS17-1704 HIV prevention program
- Non-profit Organization Federal 501(c)(3) IRS Status Letter
- Indirect Cost Rate, if applicable
- Service Agreements for HIV Medical Care provider
- Memorandums of Agreement/Understanding(s) for Prevention and Essential Support Service Providers

- Memorandums of Agreement/Understanding(s) with Local Education Agencies (LEAs), if applicable
- One of the following to support Evidence of Service, Location, and History Serving the Proposed Target Population:
    - A copy of a progress report from a funder
    - Letter from an applicant's funding source, other than CDC, documenting the applicant's service to the target population (must reflect consistent service for at least the last 24 months)
- Historical Data Table*
- Proposed Target Population Worksheet*

*Templates and/or samples of these documents are located at http://www.cdc.gov/hiv/funding/announcements/ps17-1704/index.html.

PS17-1704 List of Attachments

All attachments are located at http://www.cdc.gov/hiv/funding/announcements/ps17-1704/index.html.

Attachment A: Proposed Target Population Worksheet

Attachment B: Health Department Targeted HIV Testing and Partner Services Letter of Agreement

Attachment C: Letter of Intent from a Physician for State Regulations and HIV Testing Activities

Attachment D: HIV Testing Reporting Requirements

Attachment E: Linkage to HIV Medical Care Program Plan Template

Attachment F: Health Department Letter of Support

Attachment G: PS17-1704 Work Plan Guide

Attachment H: Historical Data Table

Attachment I: Sample Table of Contents

Attachment J: CDC Assurance of Compliance (must be downloaded from www.grants.gov)

Attachment K: Letter of Intent to Apply for Funding

Attachment L: Standardized Operational Screening Criteria for High-Risk and Substantial Risk

***PS17-1704 application package and Attachment J: CDC Assurance of Compliance must be downloaded from www.grants.gov.

References

[1]CDC. Trends in U.S. HIV Diagnoses, 2005-2015. Published February 2016. http://www.cdc.gov/nchhstp/newsroom/docs/factsheets/hiv-data-trends-fact-sheet-508.pdf

[2]CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 U.S. dependent areas—2013. HIV Surveillance Supplemental Report 2015; 20 (No. 2). Published July 2015. http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillancereport_vol20_no2.pdf

[3]CDC. HIV Surveillance Report, 2014; vol. 26. Published November 2015. http://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-us.pdf

[4] CDC. HIV Testing at CDC-Funded Sites, United States, Puerto Rico, and the U.S. Virgin Islands, 2010. Published September 2012. http://www.cdc.gov/hiv/resources/reports/pdf/PEB_2010_HIV_Testing_Report.pdf

Please see the PS17-1704 Website for additional resources - http://www.cdc.gov/hiv/funding/announcements/ps17-1704/index.html

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).
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.
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 activites; 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: Plain Writing Act of 2010, Public Law 111-274 requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.

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

Program Official: Person responsible for developing the FOA; can be either a project officer, program

manager, branch chief, division leader, policy official, center leader, or similar staff member.
Project Period Outcome: An outcome that will occur by the end of the FOA's funding period.
Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of project period outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.
Application: *A formal request to CDC for HIV prevention funding. The application contains a written narrative and budget reflecting the priorities described in the program announcement and the jurisdiction's comprehensive HIV prevention plan.*

Behavioral Interventions: *The use of behavioral approaches designed to moderate intra- and interpersonal factors to prevent acquisition and transmission of HIV infection.*

Biomedical Interventions: *The use of medical, clinical, and public health approaches designed to moderate biological and physiological factors to prevent HIV infection, reduce susceptibility to HIV, and/or decrease HIV infectiousness.*

Capacity Building: *Activities that strengthen the core competencies of an organization and contribute to its ability to develop and implement an effective HIV prevention intervention and sustain the infrastructure and resource base necessary to support and maintain the intervention.*

Capacity Building Assistance (CBA): *Activities that strengthen and maintain the organizational infrastructure and resources necessary to support HIV prevention services. Capacity building enhances the abilities of key personnel to plan and implement intervention activities. It may also focus on community development to support the delivery of effective HIV prevention services.*

Capacity Building Assistance Consumers: *Community-based organizations, health departments, HIV planning groups, and other community stakeholders serving high-risk and/or racial ethnic minority populations are the prioritized audience for HIV prevention CBA services.*

CBA Providers: *National and regional organizations funded by the CDC to provide expert programmatic, scientific, and technical support to health departments, community-based organizations, and communities in the design, implementation, and evaluation of HIV prevention interventions and programs.*

Centers for Disease Control and Prevention (CDC): *The lead federal agency for protecting the health and safety of people, providing credible information to enhance health decisions, and promoting health through strong partnerships. Based in Atlanta, Georgia, this agency of the U.S. Department of Health and Human Services serves as the national focus for developing and applying disease prevention and control, environmental health, and health promotion and education activities designed to improve the health of the people of the United States.*

Clinical Laboratory Improvement Amendment Program (CLIA): *U.S. federal regulatory standards for the*

accuracy, reliability, and timelines of all clinical laboratory testing performed on humans, except as a part of research. CLIA requires that any facility examining human specimens for diagnosis, prevention, and treatment of a disease or for assessment of health must register with the federal Centers for Medicare and Medicaid Services (CMS) and obtain CLIA certification.

CLIA Certificate of Waiver: *One of four types of certificates issued under CLIA, it is issued when tests have been approved by the FDA and are simple to use, require very little training to perform, and are highly accurate. Non-clinical testing sites that plan to offer waived rapid HIV tests must either apply for their own CLIA certificate of waiver or establish an agreement to work under the CLIA certificate of an existing laboratory.*

Collaboration: *Working with another person, organization, or group for mutual benefit by exchanging information, sharing resources, or enhancing the other's capacity, often to achieve a common goal or purpose.*

Comprehensive HIV Prevention Plan: *A plan that identifies prioritized target populations and describes what interventions will best meet the needs of each prioritized target population. The primary task of the community planning process is developing a comprehensive HIV prevention plan through a participatory, science-based planning process. The contents of the plan are described in the HIV Prevention Planning Guidance, and key information necessary to develop the comprehensive HIV prevention plan is found in the epidemiologic profile and the community services assessment.*

Condom Distribution: *The means by which condoms are transferred, disseminated, or delivered from a community resource (e.g., health department, community-based organization, or health care organization).*

Confidentiality: *Ensuring that information is accessible only to those authorized to have access.*

Confirmatory Testing: *Additional testing performed to verify the results of an earlier (screening) test. For HIV diagnosis, a Western blot or, less commonly, an immunofluorescence assay (IFA) are typically used, though additional more sensitive tests may also be considered.*

Coordination: *Aligning processes, services, or systems to achieve increased efficiencies, benefits, or improved outcomes. Examples of coordination may include sharing information, such as progress reports, with state and local health departments or structuring prevention delivery systems to reduce duplication of effort.*

Counseling and Testing: *A process through which an individual receives information about HIV transmission and prevention, HIV tests, and the meaning of tests results; is provided HIV prevention counseling to reduce their risk for transmitting or acquiring HIV; and is provided testing to detect the presence of HIV antibodies.*

Culturally Appropriate: *Conforming to a culture's acceptable expressions and standards of behavior and thought. Interventions and educational materials are more likely to be culturally appropriate when representatives of the intended target audience are involved in planning, developing, and pilot testing them.*

Effective: *Demonstrating the desired effect when widely used in practice or under real-world conditions that are considerably less rigorous and controlled, rather than in environments that test efficacy but are still designed to ensure that the desired effect can be attributed to the intervention in question.*

Epidemic: *The occurrence of cases of an illness, specific health-related behavior, or other health-related events in a community or region in excess of normal expectancy.*

Ethnicity: *The cultural characteristics that connect a particular group or groups of people to each other, such as people of Hispanic or Latino origin.*

Evidence-based Interventions: *Behavioral, social, and structural interventions relevant to HIV risk reduction that have been tested using a methodologically rigorous design and have been shown to be effective in a research setting. These evidence or science-based interventions have been evaluated using*

behavioral or health outcomes; have been compared to a control/comparison group(s) (or pre-post data without a comparison group if a policy study); had no apparent bias when assigning persons to interventions or control groups or were adjusted for any apparent assignment bias; and produced significantly greater positive results when compared to the control/comparison group(s), while not producing adverse consequences.

Faith-based Organization:*A faith-based organization is a non-governmental agency owned by religiously affiliated entities such as (1) individual churches, mosques, synagogues, temples, or other places of worship or (2) a network or coalition of churches, mosques, synagogues, temples, or other places of worship.*

Funding Opportunity Announcement (FOA): *A CDC announcement informing the public of the availability of funds to develop and implement programs that meet a public health goal, including a solicitation of applications for funding. The FOA describes required activities and asks the applicants to describe how they will carry out the required activities.*

Health Equity: *A desirable goal that entails special efforts to improve the health of those who have experienced social or economic disadvantage. It requires continuous efforts focused on elimination of health disparities, including disparities in the living and working conditions that influence health, and continuous efforts to maintain a desired state of equity after particular health disparities are eliminated.*

High-risk Persons*: See Appendix M-High-Risk and Substantial Risk Definitions for HIV* Infection

HIV Planning Group (HPG): *A group of local health officials, representatives from HIV-affected communities, and technical experts who share responsibility for developing a comprehensive HIV prevention plan for their community. The intent of the process is to increase meaningful community involvement in prevention planning, improve the scientific basis of program decisions, and target resources to those communities at highest risk for HIV transmission and acquisition.*

HIV Medical Care/Evaluation/Treatment:*Medical services that address HIV infection, including evaluation of immune system function and screening, treatment, and prevention of opportunistic infection.*

HIV Prevention Counseling: *An interactive process between client and counselor aimed at reducing risky sex and drug-injection behaviors related to HIV acquisition or transmission.*

HIV Screening: *HIV testing strategy of all persons in a defined population.*

HIV Testing Strategy: *The approach an agency or a person uses when conducting HIV testing in order to decide who will be tested. Testing strategies include HIV screening that is population-based and targeted testing of subpopulations of persons at higher risk.*

Incentive:*A type of reward (e.g., voucher for transportation, food, money, or other small reward) given as compensation for a person's time and participation in a particular activity.*

Incidence: *The number of new cases in a defined population within a certain time period (often a year). It is important to understand the difference between HIV incidence, which refers to new HIV infections, and new HIV diagnosis. New HIV diagnosis is a person who is newly diagnosed as HIV-infected, usually through HIV testing. These persons may have been infected recently or at some time in the past.*

Intervention: *A specific activity (or set of related activities) intended to reduce the risk of HIV transmission or acquisition. Interventions may be either biomedical or behavioral and have distinct process and outcome objectives and protocols outlining the steps for implementation.*

Lead Organization in a Collaborative Contractual Partnership: *For the purposes of PS17-1704, the lead organization is defined as the organization that is the direct and primary applicant in a cooperative agreement program, but intends to formally collaborate through a contractual agreement with one or two additional organizations that will share in the proposed program activities. The lead organization must perform a substantial role (no less than 51%) in carrying out project objectives and not merely serve as a conduit for an award to another party or provider that is ineligible.*

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

Linkage: *Actively assisting clients with accessing needed services through a time-limited professional relationship. The active assistance typically lasts a few days to a few weeks and includes a follow-up component to assess whether linkage has occurred. Linkage services can include assessment, supportive counseling, education, advocacy, and accompanying clients to initial appointments.*

Linkage to Medical Care: *This occurs when a patient is seen by a health care provider (e.g., physician, a physician's assistant, or nurse practitioner) to receive medical care for his/her HIV infection, usually within a specified time. Linkage to medical care can include specific referral to care service immediately after diagnosis and follow-up until the person is linked to long-term case management.*

Local Health Department: *A health department and/or health department facility responsible for providing and/or supporting the provision of direct client services in a county or city.*

Medication Adherence: *The extent to which patients take their medication as prescribed by their doctors.*

Men Who Have Sex with Men (MSM): *Men who report sexual contact with other men (i.e., homosexual contact) and men who report sexual contact with both men and women (i.e., bisexual contact), whether or not they identify as "gay."*

MSM/PWID: *Men who report both sexual contacts with other men and injects drug as a risk factors for HIV infection.*

National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS): *A comprehensive plan focused on reducing HIV incidence, increasing access to care and optimizing health outcomes, and reducing HIV-related health disparities.*

National HIV Monitoring and Evaluation (NHM&E) Data Set: *The official database containing the full set of National HIV Prevention Program Monitoring and Evaluation data variables.*

Navigation Services: *Patient navigation assistance is the process of helping a person obtain timely and appropriate medical or social services, given provider preferences, insurance status, scheduling issues, and other factors that may complicate access or utilization of services.*

Navigator: *Patient navigators are peers, volunteers, and staff members of clinics, health departments, and community-based organizations. Patient navigators may be lay persons, paraprofessionals, or medical professionals (e.g., RNs, LPNs).*

New FOA: *Any FOA that is not a continuation or supplemental award.*

Not-in-Care: *Clinic and health department data (after being reconciled) indicate that the patient has not received HIV care in more than 6 months and there is no evidence to the contrary.*

Outcome Evaluation: *Collection of data about outcomes before and after the intervention for clients as well as a similar group that did not participate in the intervention being evaluated (i.e., control group); determines if the intervention resulted in the expected outcomes.*

Outcome Monitoring: *Involves the routine documentation and review of program-associated outcomes (e.g., individual-level knowledge, attitudes, and behaviors or access to services; service delivery; community or structural factors) in order to determine whether the anticipated outcomes have occurred and thus define the extent to which program goals and objectives are being met.*

Outreach: *A process of engaging face-to-face with high-risk persons in their own neighborhoods or venues where they typically congregate to provide HIV testing or referrals for testing. Outreach is often conducted by peers or paraprofessional educators.*

Partner Services (PS): *A systematic approach to notifying sex and needle-sharing partners of HIV-infected persons of their possible exposure to HIV so they can be offered HIV testing and learn their status or, if*

already infected, prevent transmission to others. PS helps partners gain earlier access to individualized counseling, HIV testing, medical evaluation, treatment, and other prevention services.

Persons who inject drugs (PWID): *Someone who uses a needle to inject drugs into his or her body.*

Pre-decisional Site Visit (PDSV): *A PDSV is the second step of the review process. It involves a site visit to the highest ranked agencies that are being considered for funding.*

Prevalence: *The total number of cases of a disease in a given population at a particular point in time. HIV/AIDS prevalence refers to persons living with HIV, regardless of time of infection or diagnosis date. Prevalence does not give an indication of how long a person has had a disease and cannot be used to calculate rates of disease. It can provide an estimate of risk that an individual will have a disease at a point in time.*

Prevention Program: *An organized effort to design and implement one or more interventions to achieve a set of predetermined goals, e.g., to increase condom use with non-steady partners.*

Prevention Services: *Any service or intervention directly aimed at reducing risk for transmitting or acquiring HIV infection (e.g., prevention counseling, behavioral interventions, risk reduction counseling, substance abuse and mental health services, and other services focused on social determinants of health). The goal is to provide a comprehensive health service to clients to reduce their risk of transmitting or acquiring HIV infection.*

Previously Diagnosed HIV infection: *HIV infection in a person who meets either of the following criteria: (1) self-reports having previously tested HIV-positive; or (2) has been previously reported to the health department's surveillance registry as being infected with HIV.*

Primary Medical Care (for HIV-negative persons at high risk of acquiring HIV): *Routine outpatient care that a patient receives at first contact with a health care provider.*

Qualitative Data: *Non-numeric data, including information from sources such as narrative behavior studies, focus group interviews, open-ended interviews, direct observations, ethnographic studies, and documents. Findings from these sources are usually described in terms of underlying meanings, common themes, and patterns of relationships, rather than numeric or statistical analysis. Qualitative data often complement and help explain quantitative data.*

Quantitative Data: *Numeric information, such as numbers, rates, and percentages, representing counts or measurements suitable for statistical analysis.*

Race: *A client's self-reported classification of the biological heritage with which they most closely identify. Standard OMB race codes are applied.*

Recruitment: *The process by which persons are identified and invited to become participants in an intervention or other HIV prevention service, such as counseling, testing, and referral (CTR).*

Referral: *Directing clients to a service in person or through telephone, written, or other form of communication. Generally, a one-time event. Referral may be made formally from one clinical provider to another, within a case management system by professional case managers, informally through support staff, or as part of an outreach services program.*

Risk Behaviors: *Behaviors that can directly expose persons to HIV or transmit HIV, if the virus is present (e.g., sex without a condom, sharing unclean needles). Risk behaviors are actual behaviors by which HIV can be transmitted, and a single instance of the behavior can result in transmission.*

Risk Factors: *Factors based on observations of behaviors and contexts in which HIV is likely to be transmitted (e.g., lifetime number of sex partners, crack use, environmental factors like membership in a demographic group highly impacted by HIV, using expired-date condoms, Internet use). Influencing factors of behavioral risk refer to associations with risk (risk correlates and risk contexts), not behavioral determinants.*

Risk Reduction Activities (RRA) (formerly known as Health Education/Risk Reduction [HE/RR]): *Organized efforts to reach people at increased risk of becoming HIV-infected or, if already infected, transmitting the virus to others. The goal is to reduce the spread of infection. Activities range from individual HIV prevention counseling to broad, community-based interventions.*

Risk Reduction Education: *Providing brief HIV facts on how HIV is transmitted, explanation of the HIV test procedure, information about the window period, and the meaning of the potential test results.*

Ryan White Treatment Modernization Act: *The name given to the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act when it was reauthorized in 2006. This is the primary federal legislation that addresses the needs of persons in the United States living with HIV/AIDS and their families. The original CARE Act was enacted in 1990.*

Seroprevalence: *The number of people in a population who test HIV-positive, based on serology (blood serum) specimens. Seroprevalence is often presented as a percent of the total specimens tested or as a rate per 1,000 persons tested.*

Social Determinants: *The economic and social conditions that influence the health of persons, communities, and jurisdictions and include conditions for early childhood development; education, employment, and work; food security; health services; housing; income; and social exclusion.*

Social Network: *A map of the relationships between persons, indicating the ways in which they are connected through various social familiarities, ranging from casual acquaintance to close familial bonds.*

Social Networking: *A recruitment strategy in which a chain of referrals is based on high-risk persons using their personal influence to enlist their peers they believe to be high-risk.*

Substance Abuse Services: *Services for the treatment and prevention of drug or alcohol use.*

Substantial Risk: *See Appendix M-High-Risk and Substantial Risk Definitions for HIV infection*

Surveillance: *The ongoing and systematic collection, analysis, and interpretation of data about occurrences of a disease or health condition.*

Target Populations: *The primary groups of people or organizations that a program, strategy, or intervention is designed to affect.*

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

Transgender Female to Male (FTM): *An individual whose physical or birth sex is female but whose gender expression and/or gender identity is male.*

Transgender Male to Female (MTF): *An individual whose physical or birth sex is male but whose gender expression and/or gender identity is female.*

Transmission Risk: *A behavior that places the priority population at potential risk for HIV infection or transmission.*