Centers for Disease Control and Prevention

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

Implementation of Community Health Worker-Mediated Services for Re-Engagement to Care and Outreach for Persons with HIV in Rural Communities (REACH: Rural Re-Engagement and Care using CHWs for Persons with HIV)

CDC-RFA-PS-24-0026

01/05/2024

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Part I. Overview

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Subscribe" button link to ensure they receive notifications of any changes to CDC-RFA-PS-24-0026. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Notice of Funding Opportunity (NOFO) Title:

Implementation of Community Health Worker-Mediated Services for Re-Engagement to Care and Outreach for Persons with HIV in Rural Communities (REACH: Rural Re-Engagement and Care using CHWs for Persons with HIV)

C. Announcement Type: New - Type 1:

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For purposes of this NOFO, research is defined as set forth in 45 CFR 75.2 and, for further clarity, as set forth in 42 CFR 52.2 (see eCFR :: 45 CFR 75.2 -- Definitions and *https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf*. In addition, for purposes of research involving human subjects and available exceptions for public health activities, please see 45 CFR 46.102(l) (*https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-46/subpart-A/section-46.102#p-46.102(l)*).

D. Agency Notice of Funding Opportunity Number:

CDC-RFA-PS-24-0026

E. Assistance Listings Number:

93.940

F. Dates:

1. Due Date for Letter of Intent (LOI):
11/13/2023

2. Due Date for Applications:
01/05/2024
11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Due Date for Informational Conference Call:
Topic: Informational Webinar NOFO PS24-0026

Time: November 15, 2023 12:00 PM Eastern Time (US and Canada)

Join ZoomGov Meeting

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G. Executive Summary:

1. Summary Paragraph

Persons with HIV (PWH) living in rural communities, where the population is <50,000 persons, may have limited access to HIV care providers and may need to travel long distances to visit an experienced HIV care provider. Additionally, Black and Hispanic/Latino PWH may experience structural barriers such as racism and lack of access to language translation services that may make it challenging to adhere to routine HIV care and treatment services. These barriers can be exacerbated in rural communities. In this demonstration project, recipients will be funded to collaborate with HIV care providers to identify PWH in rural communities not in care or not virally suppressed and to implement a Community Health Worker (CHW)-mediated model of re-engagement to care and outreach services for PWH in rural communities. Recipients will employ and train CHWs to facilitate re-engagement of PWH who are not in care and outreach to those who are not virally suppressed to provide services that may include anti-retroviral treatment (ART) delivery, sample collection for standard HIV laboratory testing, transfer of self-collected specimens, as well as provide transportation services, arranging and scheduling telehealth visits and/or in person visits with an HIV medical provider and other providers (mental health, primary care) and offer evidence-based medication adherence support.

a. Eligible Applicants:

Open Competition

b. Funding Instrument Type:

CA (Cooperative Agreement)

c. Approximate Number of Awards

7

d. Total Period of Performance Funding:

$10,500,000

e. Average One Year Award Amount:

$500,000

f. Total Period of Performance Length:

3 year(s)

g. Estimated Award Date:

April 01, 2024

h. Cost Sharing and / or Matching Requirements:

No

No cost sharing or matching funds are required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability are strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

1. Background

a. Overview

In rural communities, PWH may face challenges in accessing consistent HIV care services. In these rural communities, PWH may also experience health care provider shortages and have fewer providers with expertise in treating HIV. Transportation challenges, where some patients have to travel long distances for care, may also exist. Additionally, Black/African American (hereafter referred to as Black) and Hispanic/Latino communities are disproportionately affected by HIV compared with other racial/ethnic groups. In 2021, Black Americans represented 12% of the US population, but 40% of PWH;Hispanic/Latino people represented 19% of the population, but 29% of PWH. Racism, poverty, residential segregation and stigma continue to drive health disparities and make it more difficult for Black and Hispanic/Latino communities to access HIV testing, prevention, and care services. These disparities are especially seen in many of the priority Ending the HIV Epidemic (EHE) phase I rural states located in the South. This demonstration project will focus on persons disproportionately affected by HIV including cis-gender Black men and women; Hispanic/Latino people; gay, bisexual and other men who have sex with men (hereafter referred to as MSM); and transgender women. Previous studies have shown community-based or home-based delivery of care is an effective approach to re-engage PWH back into HIV clinical care. This strategy was studied primarily internationally with results showing that community-based delivery of ART significantly increased viral suppression. However, in the US, this model, which may include home visits, has not been implemented as part of routine treatment and care services.

CHWs are frontline public health workers who are trusted members of the community and have a uniquely close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison between health/social services and the community. A CHW approach was assessed as part of the EHE pilot jumpstart initiative which found that CHWs were successful in East Baton Rouge, LA, by facilitating access to HIV treatment for priority populations. Additionally, the use of CHWs has been successful and cost-effective for certain chronic health conditions, particularly when working with low-income persons; people who are medically underserved, and racial/ethnic minority communities to promote disease management in these populations. This demonstration project will provide quantitative and qualitative data on the effectiveness and implementation of a CHW home-based approach to facilitate re-engagement in care and outreach to PWH. The approach aims to improve retention in care and sustained viral load suppression among PWH living in rural communities, to benefit both individual health and reduce community-level HIV transmission.

In this demonstration project, recipients will be funded to work with HIV clinical providers to develop a CHW-mediated approach to re-engagement to care for PWH not in care and outreach

for PWH not virally suppressed in rural communities. The services CHWs may provide include ART delivery, sample collection for standard HIV laboratory testing, transfer of self-collected specimens, transportation services, arranging and scheduling telehealth visits with the HIV medical providers and with other providers (mental health, primary care) and offering evidence-based medication adherence support. All services will be culturally and linguistically responsive to the population served.

b. Statutory Authorities

Section 318(b-c) of the Public Health Service Act (42 USC § 247c(b-c)), as amended, and the Consolidated Appropriation Act of 2016 (Pub. L. 114-113).

c. Healthy People 2030

This program specifically addresses or contributes to multiple objectives included in Healthy People 2030. The topic area of Sexually Transmitted Infections will also be supported.

- Reduce the number of new HIV infections (HIV-01)
- Reduce the number of new HIV diagnoses (HIV-03)
- Increase linkage to HIV medical care (HIV-04)
- Increase viral suppression (HIV-05).
- Reduce the rate of mother-to-child HIV transmission — HIV06

d. Other National Public Health Priorities and Strategies

This NOFO aligns with the EHE Initiative and CDC Division of HIV Prevention (DHP), Strategic Plan to (1) reduce the number of people newly diagnosed with HIV; (2) increase access to care and optimize health outcomes for people with HIV; and (3) reduce HIV-related and associated health disparities.

- Ending the HIV Epidemic: A Plan for America
- National HIV/AIDS Strategy (2022-2025)
- National HIV/AIDS Strategy Implementation Plan (2022-2025)
- CDC Division of HIV Prevention Strategic Plan Supplement: An Overview of Refreshed Priorities for 2022–2025
- CDC National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) Strategic Plan 2022-2026
- The HHS Strategic Plan FY 2022 – 2026
- HIV Care Continuum

e. Relevant Work

CDC-RFA-PS18-1802 “Integrated HIV Surveillance and Prevention Programs for Health Departments”

CDC-RFA-PS20-2010 “Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States”

2. CDC Project Description

a. Approach

Bold indicates period of performance outcome.

Strategies and Activities	Short-term Outcomes	Intermediate Outcomes	Long-Term Outcomes
Provide comprehensive HIV testing, care & treatment services to PWH not in care or not virally suppressed in rural communities using Health Department-assigned Community Health Worker (CHW) • Develop partnerships with HIV clinics • Identify patients out of care or not virally suppressed • Assign CHW to re-engage patient with HIV care provider and implement home-based delivery Provide services that are culturally and linguistically responsive for PWH in rural communities Support use of mental health, substance use disorder, & other essential support	• **Increased re-engagement to HIV care and treatment services by CHWs for PWH not in care in rural communities** • **Increased outreach to HIV care and treatment services by CHWs for PWH in care but not virally suppressed in rural communities** • **Increased ART (re)-initiation by PWH in rural communities** • **Increased linkage to mental health, substance use disorder, and other essential support services for PWH in rural communities** • **Increased cultural awareness among CHWs**	• **Increased persistence with ART by PWH in rural communities** • **Increased retention in HIV care among PWH in rural communities** • **Increased viral suppression among PWH in rural communities** • **Increased sustained viral suppression among PWH in rural communities** • **Increased receipt of mental health, substance use disorder, and other essential support services for PWH with need for services in**	• Collaborative, sustainable CHW-mediated service model for PWH in rural communities • Decreased HIV incidence among persons living in rural communities • Decreased HIV-related morbidity and mortality among persons living in rural communities • Decreased cost of providing HIV testing, care & treatment services among PWH living in rural communities • Decreased experienced stigma and medical mistrust among persons living in rural communities

services by re-engaged PWH Assess cost-effectiveness of CHW-mediated re-engagement and outreach to HIV care and treatment services for PWH in rural communities	**and clinical staff** • **Increased understanding of best practices and lessons learned by providers of CHW-mediated re-engagement and outreach to HIV care and treatment services for PWH in rural communities**	**rural communities** • **Decreased enacted, anticipated, internalized, and perceived stigma experienced by PWH in rural communities**	• Improved health equity

i. Purpose

This NOFO will fund recipients to work with HIV care providers to develop a CHW-mediated approach to re-engagement to care and outreach services for PWH in rural communities. CHWs will provide services that may include, but are not limited to, ART delivery, sample collection for standard HIV laboratory testing, transfer of self-collected specimens, transportation services, arranging and scheduling telehealth visits with the HIV medical providers and with other providers (mental health, primary care) and offering evidence-based medication adherence support.

ii. Outcomes

As depicted in the logic model (bolded outcomes), the recipient will be expected to demonstrate progress in the following:

Short-Term Outcomes

- Increased re-engagement to HIV care and treatment services for PWH not in care in rural communities
- Increased outreach to HIV care and treatment services for PWH in care but not virally suppressed in rural communities
- Increased ART (re)-initiation by PWH in rural communities
- Increased linkage to mental health, substance use disorder, and other essential support services for PWH in rural communities
- Increased cultural awareness among CHWs and clinical staff
- Increased understanding of best practices and lessons learned by providers of CHW-mediated re-engagement and outreach to HIV care and treatment services for PWH in rural communities

Intermediate Outcomes

- Increased persistence with ART by PWH in rural communities
- Increased retention in HIV care among PWH in rural communities
- Increased viral suppression among PWH in rural communities
- Increased sustained viral suppression among PWH in rural communities
- Increased receipt of mental health, substance use disorder, and other essential support services for PWH with need for services in rural communities
- Decreased enacted, anticipated, internalized, and perceived stigma experienced by PWH in rural communities

iii. Strategies and Activities

Overview

CDC will work in partnership with recipients to develop CHW-mediated re-engagement to care and outreach services for PWH living in rural communities. Each recipient will work with clinical sites to enroll a minimum of 100 PWH who are not in care or have an HIV viral load (VL) that is not suppressed during a one-year enrollment period. Not in care will be defined as: (1) a person who has not received HIV medical care (either no medical appointments or no CD4/VL measured) for more than 12 months or (2) a person with an unsuppressed viral load (≥200 copies of HIV/ml) on last measurement. The recipient (i.e., Health Department will establish a new or use an existing data sharing agreement with HIV clinical providers and if needed also their local/state health department (H
D). Providers will use their electronic medical records (EMRs) to identify persons with HIV who are not in care or not virally suppressed on last measurement. Recipients (HDs) will work with the provider to make sure the data on the patient is most accurate and up to date. This will be done by trying to match the patient information from the EMR with the HIV surveillance data from the HD. A HD assigned CHW will be utilized to contact these patients and implement CHW-mediated home visits that may include setting up telemedicine care, providing ART delivery (e.g., use of mail order prescription delivery) and assisting with laboratory monitoring program for the patient that includes CD4/VL testing, as well as coordinating other needed health and social services. More specifically, the recipient will need to train CHWs and/or any additional team staff to deliver, in a timely manner, HIV care and treatment services which may include but not limited to: plasma specimens (trained in phlebotomy) for viral load and other laboratory testing such as STI and hepatitis testing, transfer of self-collected specimens, provide transportation services, arrange and schedule telehealth visits with the HIV medical providers and other providers (mental health, primary care) and provide evidence-based medication adherence support. Depending on need, these services should be done at least on a quarterly basis and will be developed with cultural and linguistic responsiveness for PWH living in rural communities.

The recipient and the clinical provider will create a structured data dictionary and develop a data management plan. The recipients will assess the needs for data collection to accurately monitor and evaluate key outcomes with technical assistance from CDC as needed. Data collection may include development of surveys/interviews and data collection tools for a standardized approach in data collection from all recipients of the NOFO. Recipient led user satisfaction surveys may be administered to patients and providers to collect qualitative data to assess the quality, acceptance, and overall impressions of the Community Health Worker-mediated re-engagement to care and outreach services to measure program performance. All data will be analyzed to assess program

performance and determine whether the intended outcomes are being met. Cost data may also be collected to identify costs associated with implementing CHW-mediated re-engagement to care and outreach services for PWH home visit in rural communities.

This project has four strategies: (1) To provide comprehensive HIV care and treatment services, and testing services (CD4 and viral load), to PWH not in care and/or not virally suppressed living in rural communities by using a health department-assigned CHW; (2) To support use of mental health and substance use disorder services and other essential support services by re-engaged PWH living in rural communities; (3) To assess cost-effectiveness of CHW-mediated re-engagement and outreach to HIV care and treatment services for PWH living in rural communities; and (4) To provide services that are culturally and linguistically responsive for persons, especially for Black and Hispanic/Latino persons living in rural communities to reduce stigma.

Note that all required activities should be implemented according to CDC-approved protocols and procedures. Applicants are expected to describe how they will implement the strategies and activities below.

<u>Strategy 1.</u> Provide comprehensive HIV care and treatment services, and testing services to PWH not in care and/or not virally suppressed living in rural communities by using a health department-assigned CHW.

- Recipients will collaborate with HIV clinics and/or providers who routinely provide care to HIV patients to identify 100 PWH not in care or not virally suppressed located in rural communities where population is <50,000 persons.
    - Develop a data-sharing partnership between health departments and HIV clinics and care providers.
    - In HIV clinics, develop/ensure electronic health record (EHR) capability to identify persons living in rural communities.
    - Health departments and clinics should engage with their state office of rural health in their state.
    - HIV care providers will identify patients no longer engaged in care which are defined as a person who has not received HIV medical care (either no medical appointments or no CD4/VL measured) for more than 12 months OR with a detectable viral load on last measurement and transmit that list to health department.
    - Match patient EMR data with HIV surveillance data; use the most accurate data on the patient and update patient information accordingly.
    - Recipients and HIV care providers will develop plan for efficient use of available resources for HIV, STI, and hepatitis testing; mental health and substance use disorder services; and other essential support services.

- Recipients and HIV clinics will partner with pharmacies to provide ART to PWH not in care or not virally suppressed located in rural communities. Rural communities may also include frontier areas that are remote and sparsely populated rural areas which are isolated from population centers and services. There is not a standard definition of rural, however the CDC National Center for Health Statistics (NCHS) has developed a six-level urban-rural classification scheme for U.S. counties and county-equivalent entities. The

most urban category consists of “central” counties of large metropolitan areas and the most rural category consists of nonmetropolitan “noncore” counties. The NCHS scheme is available at: https://www.cdc.gov/nchs/data_access/urban_rural.htm. Additionally, the Office of Management and Budget (OMB), Health Resources and Services Administration (HRSA) and the US Census have their own methodologies for defining urban-rural. Recipients will work with CDC on developing a standard method for defining rural communities.

    - Determine insurance coverage for ART or eligibility for the AIDS Drug Assistance Program (ADAP) in each jurisdiction.
    - Identify novel or latest HIV treatment options including long acting injectables.

- Recipients will
    - Hire and train CHWs in engaging PWH
    - Assign CHWs to locate, contact and re-engage PWH who are not engaged in care or conduct outreach to those that are not virally suppressed.
        - Set up an initial in-person visit or a home-based telemedicine visit with the HIV care provider.

- Recipient will
    - Provide specialized training to CHWs that will include, but is not limited to,
        - Certification as a Phlebotomy technician
        - Proper handling and transportation of laboratory specimens.
        - Understanding basic HIV care management
        - Familiarization with evidence-based ART adherence interventions.
        - Understanding of insurance and billing services.
        - Additional training including on motivational interviewing and/or client-centered approach and assisting a client with using telemedicine for accessing HIV care and treatment.

- On a quarterly basis or depending on need, CHWs may
    - Deliver a 3-month supply of ART or connect patient with mail-order delivery of prescriptions. Treatment options such as long-acting injectables may be supported by in person visit with the HIV provider.
    - Collect specimens for routine laboratory testing that include viral load, CD4, and STI testing, as appropriate.
    - Transfer specimens to laboratory.
    - Arrange and schedule follow-up telehealth visits with the HIV medical providers.
        - Provider will discuss test results and go over any pertinent care needs
    - Provide evidence-based medication adherence support.
    - Identify support service needs that may include mental health, substance use, and other social service needs (e.g., transportation, internet access, education).
    - As needed, link patient with support service providers.

- Recipient will provide the following services to patients:
    - Comprehensive health and well-being services
    - Education and counseling

    - STI testing and treatment
    - As needed, hepatitis testing, treatment, and vaccination
    - Primary health care
    - Preventive care (e.g., vaccinations)
    - Care for chronic medical conditions (e.g., diabetes care)
    - Referrals to specialty care as needed
    - Increase financial access of rural PWH to health care services
    - Expand enrollment in health insurance if eligible, including Medicaid
- Develop and implement strategies to remove barriers to accessing mental health and substance use services
- Other collaborative activities recipients may engage in to improve access of rural PWH to HIV health services include:
    - Provide training/telemedicine support for clinicians in HIV clinics who want to provide care to PWH in rural communities.
    - Provide training and support for CHWs to engage and provide HIV services to PWH in rural communities.
- Recipients may fund collaborating HIV clinics with up to 50% of its funds to implement evidence-based models to identify and re-engage PWH in rural communities by utilizing CHWs to directly provide services.

<u>Strategy 2.</u> Support use of mental health and substance use disorder services and other essential support services by re-engaged PWH living in rural communities

- Identify service providers in the proximity of the patient or those who can provide telehealth services.
- Identify client need for mental health or substance use disorder services
    - Support referral and linkage to needed mental health or substance use disorder services
- Identify client need for essential support services (e.g., health insurance, housing, food assistance, child-care, transportation, legal services, job training, employment assistance) to address social determinants of health
    - Support referral and linkage to needed essential support services

<u>Strategy 3.</u> Assess cost-effectiveness of CHW-mediated re-engagement and outreach to HIV care and treatment services for PWH living in rural communities

- Recipients will work with CDC health economist on analyzing all relevant cost data in implementing activities, including baseline data and longitudinal data.

<u>Strategy 4.</u> Provide services that are culturally and linguistically responsive for persons, especially for Black and Hispanic/Latino persons living in rural communities, to reduce stigma.

- Provide cultural awareness training for all health department staff, especially CHWs, ART clinical providers, and all other staff.

- May conduct focus groups or surveys among staff, providers, and patients to assess services are being provided using culturally and linguistically appropriate methods.

- Recruit project staff with experience in cultural awareness in providing care especially for Black and Hispanic/Latino PWH living in rural communities.

1. Collaborations

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

CDC expects recipients to establish, build, and/or maintain working partnerships with CDC and other CDC-funded organizations and projects (e.g., directly funded state and local health departments, CBOs, STD programs, Viral Hepatitis and TB programs, Medical Monitoring Project) to ensure communication, collaboration, and coordination for the delivery of a comprehensive and integrated HIV program that is consistent with CDC standards and guidance.

For implementing activities, recipients are expected to collaborate with local HIV clinical providers (e.g., CBOs, tribal governments and/or tribally designated organizations, health departments, medical institutions, federally qualified health centers (FQHCs), LGBT health centers, STD clinics, hospitals, specialty clinics, institutions of higher education, faith-based institutions, correctional institutions, etc.). Recipients may allocate up to 50% of their award to support collaboration with local HIV clinical providers, including those funded by CDC.

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

Applicants should establish new or have existing MOAs/MOUs with local HIV clinical providers, CBOs, health departments, and state offices of rural health as evidence of collaboration. The MOA/MOU should be reflective of the services most requested by the priority population. As needed, recipients are encouraged to establish additional collaborations supported by MOAs/MOUs over the course of the period of performance.

When establishing prevention and essential support services MOAs/MOUs, the applicant should consider the following:

· Proximity of the provider to the applicant’s service area.

· The provider’s capacity and history to serve the population(s).

· Payment requirements for services rendered (e.g., Ryan White provider, types of health insurance accepted).

· Types of services accessible for persons with HIV.

· Availability and accessibility of telehealth by the provider if option is requested by the applicant.

Additionally, the MOAs/MOUs must include, but are not limited to, the following:

· Name and address of the provider(s).

· Name, title, and contact information (i.e., primary work address, email, and phone number) for the primary point of contact for the provider.

· Detailed description of the agreed-upon referral processes for prevention and essential support services between the applicant 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.

· Signatures from the Business Official for the applicant and the prevention and essential support services provider.

Note: Applicants should submit MOAs/MOUs within a file(s) named “MOUs" and uploaded as a PDF file(s) under "Other Attachments Forms" as a part of your application. Submitted MOAs/MOUs do not count toward the page limit for the Project Narrative.

b. With organizations not funded by CDC:

CDC expects recipients to establish, build, and/or maintain collaborative relationships with organizations not funded by CDC 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 Medicare & Medicaid Services, Substance Abuse and Mental Health Services Administration, Indian Health Service) and their recipients; public health departments; 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-governmental organizations; state and local governments; community advocates; community members; foundations; and other stakeholders that may have a vested interest in promoting health through HIV prevention, care, and treatment.

For implementing activities, recipients are expected to collaborate with local HIV clinical providers (e.g., CBOs, tribal governments and/or tribally designated organizations, health departments, medical institutions, federally qualified health centers (FQHCs), LGBT health centers, STD clinics, hospitals, specialty clinics, institutions of higher education, faith-based institutions, correctional institutions, etc.). Recipients may allocate up to 50% of their award to support collaboration with local HIV clinical providers, including those not funded by CDC.

Applicants should establish new or have existing MOUs/MOAs with local HIV clinical providers, CBOs, health departments, and state offices of rural health as evidence of collaboration. The MOA/MOU should be reflective of the services most requested by the priority population. As needed, recipients are encouraged to establish additional collaborations supported by MOAs/MOUs over the course of the period of performance.

When establishing prevention and essential support services MOAs/MOUs, the applicant should consider the following:

• Proximity of the provider to the applicant’s service area.

• The provider’s capacity and history to serve the priority population(s).

• Payment requirements for services rendered (e.g., Ryan White provider, type of health insurance accepted).

• Types of services accessible for persons with HIV.

• Availability and accessibility of telehealth by the provider if option is requested by the applicant.

Additionally, the MOAs/MOUs must include, but not be limited to, the following:

• Name and address of the provider(s).

• Name, title, and contact information (i.e., primary work address, email, and phone number) for the primary point of contact for the provider.

• Detailed description of the agreed-upon referral processes for prevention and essential support services between the applicant 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.

• Signatures from the Business Official for the applicant and the prevention and essential support services provider.

Note: Applicants should submit MOUs/MOAs within a file(s) named “MOUs" and uploaded as a PDF file(s) under "Other Attachments Forms" as a part of your application. Submitted MOAs/MOUs do not count toward the page limit for the Project Narrative.

2. Population(s) of Focus

The recipients will focus their activities on all PWH not in care and/or not virally suppressed living in rural communities. Recipients will identify and define geographic service delivery areas based on local municipalities, zip codes, or their own descriptors on which rural communities will be included. This demonstration project will focus on persons disproportionately affected by HIV, which may include cisgender Black women, gay, bisexual and other MSM and transgender persons of any race or ethnicity. However, all PWH living in rural communities will be eligible for these services and could include newly diagnosed or recently diagnosed PWH in rural areas not in care and/or not virally suppressed, who could benefit from using CHWs for continued engagement to HIV care and treatment services.

This NOFO, including funding and eligibility, is not limited based on, and does not discriminate on the basis of race, color, national origin, disability, age, sex (including gender identity, sexual orientation, and pregnancy) or other constitutionally protected statuses.

a. Health Disparities

The goal of health equity is for everyone to have a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Broadly defined, social determinants of health are non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces (e.g., racism, climate) and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. See content below and in other sections (e.g., Approach, Collaborations, Populations of Focus) for information on how this specific NOFO affects social determinants of health.

A health disparity is a preventable difference in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged. Health disparities are inextricably linked to a complex blend of social determinants that influence which populations are most disproportionately affected by these diseases and conditions.

This project supports efforts to improve the health of populations disproportionately affected by HIV, but also viral hepatitis, sexually transmitted diseases (STDs), and tuberculosis (TB) by maximizing the health impact of public health services, reducing disease incidence, and advancing health equity.

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

iv. Funding Strategy

Recipients are expected to significantly contribute to the implementation of required activities in the NOFO. However, recipients may propose to use up to 50% of their award to fund collaboration with an HIV clinic(s) to implement activities. Subcontracted HIV clinics may receive funding if there is no programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to CDC or another funding source in the same fiscal year. See the “Duplication of Effort” section of the NOFO for more information.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Recipients should include measurable goals and aims based on a three (3)-year project period. The application should describe SMART project objectives for each activity described in the application’s project plan and describe the development and implementation of project performance measures based on specific program objectives.

CDC staff will not be engaged in the programmatic activities but will provide technical assistance and support to the recipient as needed. CDC will neither interact with program participants nor their identifiable information. The recipient will be solely responsible for defining the scope, methods, and data collection design.

In developing the evaluation and performance measurement plans, recipients should ensure ability to demonstrate appropriate and successful implementation of the strategies and activities; progress in achieving outcomes; and understanding the barriers to progress during the period of performance. Recipients are to develop a plan to use performance measurement and evaluation data to improve processes to achieve intended outcomes. Recipients may also conduct special evaluations as needed throughout the period of performance using existing or newly collected data that will be useful in implementing program objectives for their community. Key evaluation questions and data sources for such evaluations will be determined throughout the period of performance to appropriately meet the specific evaluation requirements in the project.

Special evaluation studies, such as formative surveys, interviews, or focus groups with PWH or providers in HIV clinics may also be conducted for information to optimize service models to meet the needs of PWH in rural communities. CDC staff will provide technical assistance and support to the recipient as needed.

A data management plan is required and should include:

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

The application should show need based on epidemiologic data in their jurisdictions and demonstrate that the proposed clinical sites use an EHR in their patient care to facilitate collection of longitudinal data to calculate outcome measures in order to evaluate recipient performance and progress toward intended outcomes. Person-level longitudinal data may include demographic characteristics and self-reported sexual and injection drug use behaviors of clients and information about their encounters with HIV clinics, CBOs, and other clinics or organizations and re-engagement, retention, and receipt of services. These data will be linked at the person-level with health care data extracted from EMR in HIV clinics. All data linkages will be conducted by the recipient and the HIV clinic and de-identified data will be transmitted from the recipient to CDC at least every 6 months to inform quality improvement activities.

Recipients should work with their HIV clinic partner(s) and as needed include CDC for technical assistance to include the following information at baseline and every 6 months as process measures for the proposed strategies and activities:

Provide comprehensive HIV testing, care & treatment services to PWH not in care or not virally suppressed in rural communities using Health Department-assigned CHW

- Report on status of collaborations between and among health department, HIV clinic(s), and CBOs.
- Report on numbers of PWH identified as not in care and/or not virally suppressed.
- Report the number of CHWs assigned to re-engage patient with HIV care provider and implement home-based delivery
- Report on trainings of staff to improve cultural and linguistic responsiveness for PWH by HIV clinics and CBOs
- Report number of trainings provided to key staff to decrease enacted, anticipated, internalized, and perceived stigma experienced by PWH in rural communities
- Report best practices and lessons learned by providers of CHW-mediated re-engagement and outreach to HIV care and treatment services for PWH in rural communities

Support use of mental health, substance use disorder, & other essential support services by re-engaged PWH

- Report of numbers of PWH with mental health disorders, substance use disorders, and other essential support service needs and referral and linkage to appropriate services by the HIV clinic and CBOs

Assess cost-effectiveness of CHW-mediated re-engagement and outreach to HIV care and treatment services for PWH in rural communities

- Report all relevant cost data in implementing activities, including baseline data and longitudinal data.

Short-term outcomes

Outcome: Increased re-engagement to HIV care and treatment services by CHWs for PWH not in care in rural communities

Measures:

- Number of PWH that were identified as not in care by the HIV clinic/provider
- Number of PWH that were contacted by the CHW
- Number of PWH that scheduled an appointment with the CHW (telehealth or in-person).
- Number of PWH that successfully met their appointment with the CHW (telehealth or in-person).
- Number of PWH that scheduled their next appointment with an HIV provider (re-engagement to HIV care and treatment services).
- Number of PWH linked to HIV clinic (in-person or telehealth)

Outcome: Increased outreach to HIV care and treatment services by CHWs for PWH in care but not virally suppressed in rural communities

Measures:

- Number of PWH that were identified in care but not virally suppressed by HIV clinic/provider
- Number of PWH that were contacted by the CHW

- Number of PWH that scheduled an appointment with the CHW (telehealth or in-person).
- Number of PWH that successfully met their appointment with the CHW (telehealth or in-person).
- Number of PWH provided evidence-based medication adherence support by CHW and/or their HIV provider.

Outcome: Increased ART (re)-initiation by PWH in rural communities

Measures: Number of PWH who (re)-initiated ART with an ART prescription.

Outcome: Increased linkage to mental health, substance use disorder, and other essential support services for PWH in rural communities

Measures:

- Number of PWH with unmet mental health support service needs
- Number of PWH with unmet substance use disorder support service needs
- Number of PWH provided assistance to link to mental health support services
- Number of PWH provided assistance to link substance use disorder support services
- Number of PWH with unmet other essential support service needs that include but are not limited to:
    - Number of PWH needing HIV education and counseling
    - Number of PWH needing STI testing and treatment
    - Number of PWH needing hepatitis testing, treatment, and vaccination
    - Number of PWH needing Primary health care
    - Number of PWH needing Preventive care (e.g., vaccinations)
    - Number of PWH needing Chronic care (e.g., diabetes care)
    - Number of PWH needing Referrals to specialty care as needed
    - Number of PWH needing comprehensive health and well-being services
- Number of PWH provided assistance to link to other essential support service needs that include but are not limited to:
    - Number of PWH linkage assistance to HIV education and counseling
    - Number of PWH linkage assistance to STI testing and treatment
    - Number of PWH linkage assistance to hepatitis testing, treatment, and vaccination
    - Number of PWH linkage assistance to Primary health care
    - Number of PWH linkage assistance to Preventive care (e.g., vaccinations)
    - Number of PWH linkage assistance to Chronic care (e.g., diabetes care)
    - Number of PWH linkage assistance to Referrals to specialty care as needed
    - Number of PWH linkage assistance to comprehensive health and well-being services

Outcome: Increased cultural awareness among CHWs and clinical staff

Measures: Number of CHWs and clinical staff provided trainings on cultural and linguistic responsiveness for PWH

Intermediate outcomes:

Outcome: Increased persistence with ART by PWH in rural communities

Measures: Number of persons persisted with ART (i.e. at least 2 separate ART prescriptions at least 3 months apart within 12 months)

Outcome: Increased retention in HIV care among PWH in rural communities

Measures: Number of persons retained in HIV care (i.e. 2 clinic and/or telehealth visits with lab measurements at least 3 months apart within 12 months)

Outcome: Increased viral suppression among PWH in rural communities

Measures: Time to viral suppression among persons who received ART based on last VL test.

Outcome: Increased sustained viral suppression among PWH in rural communities

Measures: Number of persons with two consecutive suppressed viral load results at least 3 months apart within 12 months.

Outcome: Increased receipt of mental health, substance use disorder, and other essential support services for PWH with need for services in rural communities

- Number of PWH receiving mental health support service needs
- Number of PWH receiving substance use disorder support service needs
- Number of PWH receiving other essential support service needs that include but not limited to
    - Number of PWH receiving HIV education and counseling
    - Number of PWH receiving STI testing and treatment
    - Number of PWH receiving hepatitis testing, treatment, and vaccination
    - Number of PWH receiving Primary health care
    - Number of PWH receiving Preventive care (e.g., vaccinations)
    - Number of PWH receiving Chronic care (e.g., diabetes care)
    - Number of PWH receiving Referrals to specialty care as needed
    - Number of PWH receiving comprehensive health and well-being services

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement, including, as applicable to the award, how findings will contribute to reducing or eliminating health disparities and inequities.
- 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).

- How evaluation findings will be disseminated to communities and populations of interest in a manner that is suitable to their needs.
- Plans for updating the Data Management Plan (DMP) as new pertinent information becomes available. If applicable, throughout the lifecycle of the project. Updates to DMP should be provided in annual progress reports. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additional-requirements/ar-25.html.

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

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

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

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

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

c. Organizational Capacity of Recipients to Implement the Approach

Applicants should describe their organizational capacity to implement the strategies and activities in the NOFO, including

- Capacity for program planning, program evaluation, performance monitoring, financial reporting, budget management and administration, and personnel management. Capacity for program evaluation and monitoring should include demonstration of ability to collect person-level longitudinal clinical data and other information using EHR and data collection systems.
- Relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes for the priority population; experience and capacity to implement the evaluation plan; and a staffing plan and project

management structure sufficient to achieve the project outcomes and that clearly defines staff roles. Relevant experience should include demonstration of experience and credibility in partnering with HIV clinical service providers through submission of MOAs/MOUs. MOAs/MOUs have been described in the Collaborations section.

- A financial management system that will allow proper funds management and segregation of funds by program, and meet the requirements as stated in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards: found in: 45 CFR Part 75. The financial system should permit the preparation of reports required by general and program-specific terms and conditions; and the tracing of funds to a level of expenditure adequate to establish that such funds have been used according to the federal statutes, regulations, and terms and conditions of the federal award
- Ability to manage the required procurement efforts, including the ability to write, award, and manage contracts in accordance with applicable grants regulations

Applicants should provide CVs for key staff and note whether hiring new staff will be required as well as organizational charts. For CVs, applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov.

d. Work Plan

Applicants must provide a detailed work plan for the first year of this award and a high level work plan for the subsequent years of the award. The detailed work plan must describe the applicant's approach to conduct the required strategies and activities and accomplish each process measure. The work plan must also include a timeline and the person responsible for completing each activity. The budget submitted must be consistent with the work plan and include resources needed to conduct these activities.

An example of a work plan format is presented below that demonstrates alignment of the work plan with the logic model and narrative. In this format, the table would be completed for each period of performance outcome. If a particular activity leads to multiple outcomes, it should be described under each outcome measure.

Period of Performance Outcome: *[from Outcomes section and/or logic model]*		**Outcome Measure:** *[from Evaluation and Performance Measurement section]*	
Strategies and Activities	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Responsible Position/Party**	**Completion Date**
1.			
2.			
3.			

4.			
5.			
6.			

e. CDC Monitoring and Accountability Approach

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

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

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that recipients are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with recipients on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

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

- Monitoring progress in achieving the goals of the project and providing feedback on performance during routine project management calls.

Recipients performing at a less than sufficient level to achieve program objectives within stated timeframes will be placed on a time-phased Improvement Plan (IP) developed by the CDC Project Officer in collaboration with the recipient. The IP is a comprehensive tool used to assist recipients 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.

In addition to those listed, other activities deemed necessary to monitor the award may be applied.

f. CDC Program Support to Recipients

In a cooperative agreement, CDC and recipients share responsibility for successfully implementing the award and meeting identified outcomes. CDC will support recipients by providing:

- Technical assistance with project management; expertise in HIV care continuum that includes care and treatment services; training and capacity building support; evaluation and performance measure support; database creation and management; statistical support and technical assistance related to developing the study design and analysis plan and conducting data analyses; drafting of manuscripts
- Development of a learning collaborative for information sharing among recipients through presentation of interim performance measure data, lessons learned, best practices, and challenges. This information will be shared through conferences, committees, meetings, guidance, and material development.
- Planning and leading the project kick-off meeting and virtual or in-person recipient meetings
- Disseminating findings by presentations at national conferences and meetings and by publications in peer-reviewed journals obtaining all required regulatory approvals including a Paperwork Reduction Act (PRA) review and a CDC IRB non-research determination.

B. Award Information

1. Funding Instrument Type:
CA (Cooperative Agreement)
CDC's substantial involvement in this program appears in the CDC Program Support to Recipients Section.

2. Award Mechanism:
U62
Prevention/Surveillance Activities/Studies of AIDS

3. Fiscal Year:
2024

4. Approximate Total Fiscal Year Funding:
$3,500,000

5. Total Period of Performance Funding:
$10,500,000
This amount is subject to the availability of funds.

Estimated Total Funding:
$10,500,000

6. Total Period of Performance Length:
3 year(s)

year(s)

7. Expected Number of Awards:
7

8. Approximate Average Award:

$500,000
Per Budget Period

9. Award Ceiling:
$0
Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:
$0
Per Budget Period

11. Estimated Award Date:
April 01, 2024

12. Budget Period Length:
12 month(s)

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

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

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

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:
00 (State governments)

01 (County governments)

02 (City or township governments)

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)

Local governments or their bona fide agents

Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau

2. Additional Information on Eligibility

Per statutory authority Section 318(b-c) of the Public Health Service Act (42 USC § 247c(b-c)), as amended, and the Consolidated Appropriation Act of 2016 (Pub. L. 114-113), eligible applicants include state, local and territorial health departments or their Bona Fide Agents in the 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands.

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement:
No
No cost sharing or matching funds are required for this program. Although no statutory matching requirement for this NOFO exists, leveraging other resources and related ongoing efforts to promote sustainability are strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

PLEASE NOTE: Effective April 4, 2022, applicants must have a Unique Entity Identifier (UEI) at the time of application submission (SF-424, field 8c). The UEI is generated as part of SAM.gov registration. Current SAM.gov registrants have already been assigned their UEI and can view it in SAM.gov and Grants.gov. Additional information is available on the GSA website, SAM.gov, and Grants.gov- Finding the UEI.

a. Unique Entity Identifier (UEI):

All applicant organizations must obtain a Unique Entity Identifier (UEI) number by registering in SAM.gov prior to submitting an application. A UEI number is a unique twelve-digit identification number assigned to the registering organization.

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

b. System for Award Management (SAM):

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

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Applicant Registration" option at www.grants.gov.

All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	System for Award Management (SAM)	1. Go to SAM.gov and create an Electronic Business Point of Contact (EBiz POC). You will need to have an active SAM account before you can register on grants.gov). The UEI is generated as part of your registration.	7-10 Business Days but may take longer and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
2	Grants.gov	1. Set up an account in Grants.gov, then add a profile by adding the organization's new UEI number. 2. The EBiz POC can designate user roles, including Authorized Organization Representative (AOR). 3. AOR is authorized to submit applications on behalf of the organization in their workspace.	Allow at least one business day (after you enter the EBiz POC name and EBiz POC email in SAM) to receive a UEI (SAM) which will allow you to register with Grants.gov and apply for federal funding.	Register early! Applicants can register within minutes.

2. Request Application Package

Applicants may access the application package at www.grants.gov. Additional information about applying for CDC grants and cooperative agreements can be found here: https://www.cdc.gov/grants/applying/pre-award.html

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov.

4. Submission Dates and Times

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

a. Letter of Intent Deadline (must be emailed)

11/13/2023

b. Application Deadline

Due Date for Applications 01/05/2024

01/05/2024
11:59 pm U.S. Eastern Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which Grants.gov operations resume.

Due Date for Information Conference Call
Topic: Informational Webinar NOFO PS24-0026

Time: November 15, 2023 12:00 PM Eastern Time (US and Canada)

Join ZoomGov Meeting

https://cdc.zoomgov.com/j/1609071574?pwd=NURDdlp0RmNzbnlEWDE2MWtMNEt4dz09

Meeting ID: 160 907 1574

Passcode: V=kg=*1H

One tap mobile

+16692545252,,1609071574#,,,,*78494257# US (San Jose)

+16468287666,,1609071574#,,,,*78494257# US (New York)

Dial by your location

• +1 669 254 5252 US (San Jose)

• +1 646 828 7666 US (New York)

• +1 646 964 1167 US (US Spanish Line)

• +1 669 216 1590 US (San Jose)

• +1 415 449 4000 US (US Spanish Line)

• +1 551 285 1373 US (New Jersey)

Meeting ID: 160 907 1574

Passcode: 78494257

Find your local number: https://cdc.zoomgov.com/u/adoZdmX7IT

Join by SIP

• 1609071574@sip.zoomgov.com

Join by H.323

• 161.199.138.10 (US West)

• 161.199.136.10 (US East)

Meeting ID: 160 907 1574

Passcode: 78494257

Join by Skype for Business

https://cdc.zoomgov.com/skype/1609071574

5. Pre-Award Assessments

Risk Assessment Questionnaire Requirement

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

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

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

Duplication of Efforts

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

Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

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

7. Letter of Intent

- A Letter of Intent is 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. LOIs may be sent via email to: Kashif Iqbal, Lead Project Officer for PS24-0026, HRBNOFO@cdc.gov; 404-718-8556. Please include:
- Number and title of this NOFO
- Descriptive title of proposed project
- Name, address, telephone number, and email address of the Principal Investigator or Project Director, or both.

- Name, address, telephone number, and e-mail address of the primary contact for writing and submitting this application

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, Word, or Excel file format 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

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)

Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire period of performance as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that recipients should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

2. Population(s) of Focus and Health Disparities

Applicants must describe the specific population(s) of focus in their jurisdiction and explain how to achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Population(s) of Focus and Health Disparities requirements as described in the CDC Project Description, including (as applicable to this award) how to address health disparities in the design and implementation of the proposed program activities.

c. Applicant Evaluation and Performance Measurement Plan

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

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

- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

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

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

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

As described in the Reporting Section of this NOFO planning processes, all recipients are expected to comply with the NCHHSTP Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (2011). All standards included in the NCHHSTP Data Security and Confidentiality Guidelines should be implemented by recipients, unless otherwise justified. A Certification of Compliance statement signed by an overall responsible party or parties (ORP) will be submitted annually to the CDC Project Officer at the same time the Annual Performance Report (APR) is submitted. For information on the data security and confidentiality guidelines and example certification statement, please refer to http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs on grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S. may be paid to support the costs of compliance with federal requirements at a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of $25,000. Negotiated indirect costs may be paid to the American University, Beirut, and the World Health Organization.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation or reaccreditation 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 essential public health services and ensure foundational capabilities are in place, such as activities that ensure a capable and qualified workforce, strengthen information systems and organizational competencies, build attention to equity, and advance the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

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

Applicants must name this file "Budget Narrative" and can upload it as a PDF, Word, or Excel file format at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those

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

13. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Recipients will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide recipients and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded. Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 45 CFR 75 which include, but are not limited to, the following:

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

14. Employee Whistleblower Rights and Protections

Employee Whistleblower Rights and Protections: All recipients of an award under this NOFO will be subject to a term and condition that applies the requirements set out in 41 U.S.C. § 4712, "Enhancement of contractor protection from reprisal for disclosure of certain information" and 48 Code of Federal Regulations (CFR) section 3.9 to the award, which includes a requirement that recipients and subrecipients inform employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. § 4712. For more information see: https://oig.hhs.gov/fraud/whistleblower/.

15. 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.

16. Funding Restrictions

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

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

17. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection or generation must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan unless CDC has stated that CDC will take on the responsibility of creating the DMP. The DMP describes plans for assurance of the quality of the public health data through the data's lifecycle and plans to deposit the data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additional-requirements/ar-25.html.

18. Other Submission Requirements

a. Electronic Submission:

Applications must be submitted electronically by using the forms and instructions posted for this notice of funding opportunity at www.grants.gov. Applicants can complete the application package using Workspace, which allows forms to be filled out online or offline. Application attachments can be submitted using PDF, Word, or Excel file formats. Instructions and training for using Workspace can be found at www.grants.gov under the "Workspace Overview" option.

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

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

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or review the Applicants section on www.grants.gov.

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

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

An applicant's request for permission to submit a paper application must:

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

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application via email.

E. Review and Selection Process

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

a. Phase 1 Review

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

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.

i. Approach

ii. Evaluation and Performance Measurement

iii. Applicant's Organizational Capacity to Implement the Approach

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

i. Approach **Maximum Points:** 40

The extent to which the applicant:

- Describes an overall strategy and activities consistent with the CDC Project Description and logic model for the PWH in rural communities. (10)
- Describes strategies and activities that are achievable, appropriate to achieve the outcomes of the project, and evidence-based (to the degree practicable) (10)
- Presents outcomes that are consistent with the period of performance outcomes described in the CDC Project Description and logic model. (10)
- Shows that the proposed use of funds is an efficient and effective way to implement the strategies and activities and attain the period of performance outcomes and presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC. (10)

ii. Evaluation and Performance Measurement **Maximum Points:** 30

The extent to which the applicant:

- Describe the ability to collect data on the outcome performance measures specified by CDC in the project description and presented by the applicant in their approach (10)
    - Describes a plan for collection of client HIV clinic encounter data
    - Describes a plan for collection of EHR data in HIV clinics
    - Describes a plan for linkage and de-identification of enrollment and encounter data with EHR data, and transmission to CDC
    - Includes a preliminary Data Management Plan (DMP)
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities (10)
- Describes how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the NOFO and for continuous program quality improvement (5)
- Describes how evaluation and performance measurement will contribute to developing an evidence base for programs that lack a strong effectiveness evidence base and describe an evaluation plan in detail (5)

iii. Applicant's Organizational Capacity to Implement the Approach **Maximum Points:** 30

The extent to which the applicant:

- Describes relevant experience and capacity (management, administrative, and technical) to implement the activities and achieve the project outcomes for the population (5)
- Provides a staffing plan and project management structure that will be sufficient to achieve project outcomes and to implement the evaluation plan, which clearly defines staff roles, and provides an organizational chart (5)
- Describes provision of HIV clinical services for PWH living in rural communities (10)
- Describes uses of EHR for patient care (10)

Budget **Maximum Points:** 0

The extent to which the budget is reasonable, clearly itemized and justified, consistent with the intended use of funds, aligned with the work plan, and supports project activities.

c. Phase III Review
The following factors also may affect the funding decision:

- Applications may be funded out of score rank order to ensure programmatic reach for rural populations who are experiencing the highest rate of HIV incidence and prevalence based on data collected by the National HIV Surveillance System and disseminated via the 2018 – 2021 CDC HIV Surveillance Reports.
- In order to ensure maximum geographic coverage, no more than one application per state will be funded. If multiple applicants from the same state (i.e., state and local health department) apply under this NOFO, the highest scoring applicant from that state will be selected for funding

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

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

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

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

(1) Financial stability;

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

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

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Successful applicants will be notified by email no later than xx/xx/2024.

F. Award Administration Information

1. Award Notices

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

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to annual 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.

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

Any applicant awarded funds in response to this Notice of Funding Opportunity will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements. Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

Recipients must comply with the administrative and public policy requirements outlined in 45 CFR part 75 and the HHS Grants Policy Statement, as appropriate.

Brief descriptions of relevant provisions are available at: https://www.cdc.gov/grants/additional-requirements/index.html.

The HHS Grants Policy Statement is available at: http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

Recipients must comply with the administrative requirements outlined in 45 C.F.R. parts 74 or 92, as appropriate. Brief descriptions of relevant provisions are available at: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

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

- AR-4: HIV/AIDS Confidentiality Provisions
- AR-9: Paperwork Reduction Act
- AR-10: Smoke-Free Workplace
- AR-11: Healthy People 2030
- AR-12: Lobbying Restrictions
- AR-14: Accounting System Requirements
- AR-21: Small, Minority, And Women-owned Business
- AR-24: Health Insurance Portability and Accountability Act
- AR-25: Release and Sharing of Data
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-33: Plain Writing Act of 2010
- AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)

ARs applicable to awards associated with HIV/AIDS issues:

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

Organization-specific ARs:

- AR-8: Public Health System Reporting (community-based, nongovernment organizations)

For more information on the C.F.R., visit the National Archives and Records Administration at http://www.access.gpo.gov/nara/cfr/cfr-table-search.html.

If you receive an award, you must follow all applicable nondiscrimination laws. You agree to this when you register in SAM.gov. You must also submit an Assurance of Compliance (HHS-690). To learn more, see the HHS Office for Civil Rights website.

3. Reporting

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

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

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

CDC will require each recipient to submit de-identified person-level longitudinal clinical data extracted from participants' EHRs every 6 months. Extraction of data from EHR allows data collection to be efficient and timely. Data collected from the first 6 months of the award will be baseline data on the performance measures. Subsequent data will be collected every 6 months, with one of the submissions per year occurring with the APRs, if feasible, to streamline submission of data and other information to CDC. The performance months will be complementary to and align with the APRs. The information requested in the APRs will be limited to the few process measures that cannot be calculated using EHR data. CDC will use these performance data to develop dashboards with calculated outcome measures that serve as feedback to programs to guide ongoing quality improvement activities. The dashboards will help ensure success by providing program effectiveness information that can be helpful to manage the project and ensure progress towards achieving intended outcomes. CDC will calculate outcome measures and update the dashboards with every data submission and will disseminate with each recipient within one month. Information from the dashboards can be used by recipients to demonstrate progress in their APRs. The performance data that is requested is also helpful to determine applicability of evidence-based approaches for different populations, settings, and contexts as a component of ongoing quality improvement. Data collection and transmission to CDC every 6 months has been found in a previous demonstration project (CDC-RFA-PS15-1509) to be an effective approach to support ongoing quality improvement and to facilitate program success. It also supported recipients to monitor the quality of activities provided by their contractors, facilitating any necessary changes to ensure achieving intended outcomes.
*Dependent on OMB/PRA approval

Report	**When?**	**Required?**
Recipient Evaluation and Performance Measurement Plan, including Data Management Plan (DMP)	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as	Yes

	yearly continuation application.	
Data on Performance Measures*	6 months into award and every 6 months during period of performance	Yes
Federal Financial Reporting Forms	90 days after the end of the budget period	Yes
Final Performance and Financial Report	90 days after end of period of performance	Yes
Payment Management System (PMS) Reporting	Quarterly reports due January 30; April 30; July 30; and October 30	Yes

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

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

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.
• How performance measurement will yield findings to demonstrate progress towards achieving NOFO goals (e.g., reaching specific 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 publicly available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the NOFO (e.g., effect on

improving public health outcomes, effectiveness of NOFO, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

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

b. Annual Performance Report (APR) (required)
The recipient must submit the APR via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but web links are allowed.

This report must include the following:

- **Performance Measures:** Recipients must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Recipients must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Recipients must update work plan each budget period to reflect any changes in period of performance outcomes, activities, timeline, etc.
- **Successes**
    - Recipients must report progress on completing activities and progress towards achieving the period of performance outcomes described in the logic model and work plan.
    - Recipients must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Recipients must describe success stories.
- **Challenges**
    - Recipients must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the period of performance outcomes.
    - Recipients must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Recipients**
    - Recipients must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving period of performance outcomes.
- **Administrative Reporting** (No page limit)

- SF-424A Budget Information-Non-Construction Programs.
- Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
- Indirect Cost Rate Agreement.

For year 2 and beyond of the award, recipients 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 signed, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances); and Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

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

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

CDC will provide guidance related to reporting frequency and analysis of data to inform program improvement.

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

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

- Performance Measures – Recipients must report final performance data for all process and outcome performance measures.
- Evaluation Results – Recipients must report final evaluation results for the period of performance for any evaluations conducted.

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

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 $30,000.

For the full text of the requirements under the FFATA and HHS guidelines, go to:

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

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

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

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

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

period.]

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

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

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

5) Contents of Reports: The reports must contain:

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

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

6. Termination

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

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

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

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

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

(4) By the non-Federal entity upon sending to the HHS awarding agency or pass-through entity written notification setting forth the reasons for such termination, the effective date, and, in the case of partial termination, the portion to be terminated. However, if the HHS awarding agency

or pass-through entity determines in the case of partial termination that the reduced or modified portion of the Federal award or subaward will not accomplish the purposes for which the Federal award was made, the HHS awarding agency or pass-through entity may terminate the Federal award in its entirety.

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

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

Address:
1600 Clifton Road NE, MS E-45

Atlanta, GA 30329

Telephone:
(404) 718-8556
Email:
kai9@cdc.gov

Grants Staff Contact

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

First Name:
Arthur
Last Name:
Lusby
Grants Management Specialist
Department of Health and Human Services
Office of Grants Services

Address:
2920 Brandywine Rd MS TV-2

Atlanta, GA 30341

Telephone:
(770) 488-2865
Email:
cmx3@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.

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

H. Other Information

Following is a list of acceptable application attachments that can be submitted using PDF, Word, or Excel file formats as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative
- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:
Resumes / CVs

Position descriptions

Letters of Support

Organization Charts

Indirect Cost Rate, if applicable

Memorandum of Agreement (MOA)

I. Glossary

Activities: The actual events or actions that take place as a part of the program.

Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; recipients must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see https://www.cdc.gov/grants/additional-requirements/index.html. Note that 2 CFR 200 supersedes

the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).

Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.

Assistance Listings: A government-wide collection of federal programs, projects, services, and activities that provide assistance or benefits to the American public.

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

Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.

Budget Period or Budget Year: The duration of each individual funding period within the period of performance. Traditionally, budget periods are 12 months or 1 year.

Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.

Community engagement: The process of working collaboratively with and through groups of people to improve the health of the community and its members. Community engagement often involves partnerships and coalitions that help mobilize resources and influence systems, improve relationships among partners, and serve as catalysts for changing policies, programs, and practices.

Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established period of performance (i.e., extends the “life” of the award).

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the recipients. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the recipient.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as

vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. https://www.cdc.gov/grants/additional-requirements/index.html.

Equity: The consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment (from Executive Order 13985).

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These

activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by populations that have been socially, economically, geographically, and environmentally disadvantaged.

Health Equity: The state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities.

Health Inequities: Particular types of health disparities that stem from unfair and unjust systems, policies, and practices and limit access to the opportunities and resources needed to live the healthiest life possible.

Healthy People 2030: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: The act of creating environments in which any individual or group can be and feel welcomed, respected, supported, and valued to fully participate. An inclusive and welcoming climate embraces differences and offers respect in words and actions for all people.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

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

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs’ desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A “program” may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Period of performance –formerly known as the project period - : The time during which the recipient may incur obligations to carry out the work authorized under the Federal award. The start and end dates of the period of performance must be included in the Federal award.

Period of Performance Outcome: An outcome that will occur by the end of the NOFO's funding period

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

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).

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.

Social Determinants of Health: The non-medical factors that influence health outcomes. The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces (e.g., racism, climate) and systems include economic policies and systems, development agendas, social norms, social policies, and political systems. https://www.cdc.gov/about/sdoh/index.html

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.

UEI: The Unique Entity Identifier (UEI) number is a twelve-digit number assigned by SAM.gov. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a UEI number as the Universal Identifier. UEI number assignment is free. If an organization does not know its UEI number or needs to register for one, visit www.sam.gov.

Work Plan: The summary of period of performance outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms