



# Notice of Funding Opportunity (NOFO) PS22-2203: Comprehensive High-Impact HIV Prevention Programs for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color

Prevention Program Branch  
Division of HIV Prevention  
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

September 28, 2021





# Purpose of Today's Call

- Provide a high-level overview of PS22-2203: Comprehensive High-Impact HIV Prevention Programs for Young Men of Color Who Have Sex with Men and Young Transgender Persons of Color
- This call will be a listen-only call. There will not be an opportunity to ask questions during this call, other dates are provided for more detailed information regarding the NOFO and Q&A sessions.



# Purpose

- The purpose of this program is to implement comprehensive high-impact HIV prevention programs to address health disparities among YMSM of color, YTG persons of color, and their partners with the goal of reducing HIV transmission and HIV-associated morbidity and mortality.
- This program aligns with the goals of the HIV National Strategic Plan, 2021-2025 (HIV Plan) and supports the goals of reducing all new HIV infections by 75% by 2025 and 90% by 2030, which complements the Ending the HIV Epidemic in the United States (EHE) initiative
- This program also supports the HIV Plan's health equity goals of addressing social determinants of health and syndemics affecting HIV-related outcomes.



# Award Information

Type of Award	Cooperative Agreement
Fiscal Year Funds	2022
Approximate Annual Funding	\$11 million
Approximate Number of Awards	30
Average Award	\$350,000
Budget Period/Length	12 months
Project Period	April 1, 2022 – March 31, 2027 <ul style="list-style-type: none"><li>• 5-year project period</li></ul>

\*Subject to the availability of funds



# Funding Categories

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



# ELIGIBILITY



# Eligibility

- Applicants must meet all the requirements listed in the *Eligibility Information* section
- If the application is incomplete or non-responsive to the requirements listed in the *Eligibility Information* section, it will not be entered into the review process.
- Late applications will be considered non-responsive applications



## Eligibility cont.

- **Applicants may provide HIV prevention services in a maximum of three (3) service areas throughout the eligible service area locations**
- **Applicants must have history of providing HIV prevention services in the applicant's proposed service area, discussed provision of services with local/state health department, and received written support from health department where HIV diagnoses are reported**
  - Example: Applicant A, located in Pittsburg, PA is proposing to provide HIV prevention services in Philadelphia, PA (not feasible due to geographic distance between these cities)





# Eligibility cont.

- **Applicants are eligible to apply for funding under one category (Category A or B)**
  
- **Applicants may subcontract with a maximum of two (2) organizations to provide direct services**
  - Subcontract organization(s) must:
    - ❖ Be located and provide services in the same service area or bordering service area as the application organization
    - ❖ Have history of consistently serving the proposed priority population for at least the last 24 months



# Eligibility cont.

- **The following documents must be submitted for complete eligibility:**
  - Evidence of HIV Prevention or Care Services (e.g., Progress Report, Notice of Award)
  - HD Agreement for HIV Testing/Partner Services Letter (Attachment C: Health Department Letter of Support and Prioritized HIV Testing and Partner Services Letter of Agreement and Support)
  - One Service Agreement with a HIV Medical Care Provider
  - One Service Agreement with a PrEP Provider



# COMPREHENSIVE HIGH-IMPACT HIV PREVENTION PROGRAMS



# Project Structure

- **Development Phase (April 1, 2022 – September 30, 2022)**
  - Complete staff hiring and attend trainings needed for program implementation
  - Work with CDC to finalize the detailed Year 1 work plan based on the approved program
  - Work with CDC to revise and finalize the Evaluation and Performance Measurement Plan (EPMP)
  - If recipient is fully staffed during the development phase and the entire 6 months is not needed for program development, full implementation of the approved program should begin during this phase.
  - Attend PS22-2203 Recipient Orientation Meeting in Atlanta, Georgia



# Project Structure

- **Implementation Phase (October 1, 2022 – March 31, 2027)**
  - Year 1 (April 1, 2022 – March 31, 2023)
    - ❖ Recipient must achieve at least 50% of each NOFO performance target
  - Beginning in Year 2 and for all subsequent years (Years 3, 4, and 5) recipients are **expected to meet or exceed** all NOFO performance targets
  - Attend all required CDC meetings and trainings that support the PS22-2203 program
    - Examples – National HIV Prevention Conference, National HIV Prevention Monitoring & Evaluation Trainings (NHM&E), Behavioral Intervention and Strategies Trainings



# Priority Populations

- **Applicants are required to select one priority population for the category of funding which they apply.**
  - 75% of the clients served must be priority populations from Category A or B
    - YMSM of Color (Category A) or YTG persons of color (Category B)
  - Priority populations must reside in these service areas

<b>Alabama</b>	<b>Indiana</b>	<b>Nevada</b>	<b>Puerto Rico</b>
<b>Arizona</b>	<b>Louisiana</b>	<b>New Jersey</b>	<b>South Carolina</b>
<b>California</b>	<b>Maryland</b>	<b>New York</b>	<b>Tennessee</b>
<b>Florida</b>	<b>Michigan</b>	<b>North Carolina</b>	<b>Texas</b>
<b>Georgia</b>	<b>Mississippi</b>	<b>Ohio</b>	<b>Virginia</b>
<b>Illinois</b>	<b>Missouri</b>	<b>Pennsylvania</b>	<b>Washington, DC</b>



# REQUIRED PROGRAM STRATEGIES AND ACTIVITIES



# Required Program Strategies and Activities

## Comprehensive HIV Prevention Core Program:

- **Prioritized HIV Testing**
- **Status Neutral High-Impact HIV Prevention for Priority Populations**
  - Prevention Services for Persons at Increased Risk for Acquiring HIV
  - Prevention and Medication Adherence Support Services for Persons with HIV
- **Status Neutral Prevention & Essential Support Services**

## Operational Program:

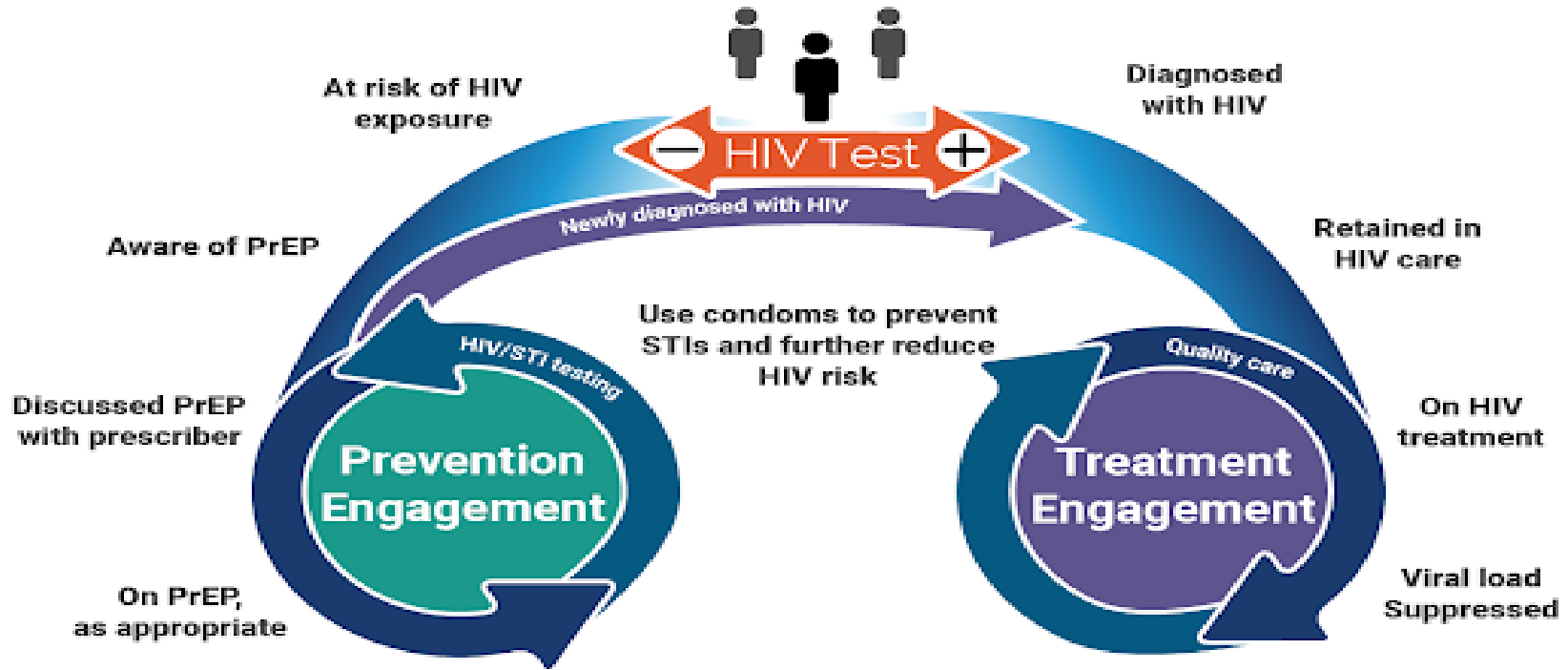
- **Program Promotion, Outreach, and Recruitment (Safe Space)**
- **Community Engagement Group (CEG)**
- **HIV Planning Group (HPG)**

At least 75% of funding should be used to support the Comprehensive HIV Prevention Core Program activities and up to 25% of funding may be allocated to support the Operational Program activities.



# Status Neutral High-Impact HIV Prevention

## HIV Status-Neutral Service Delivery Model

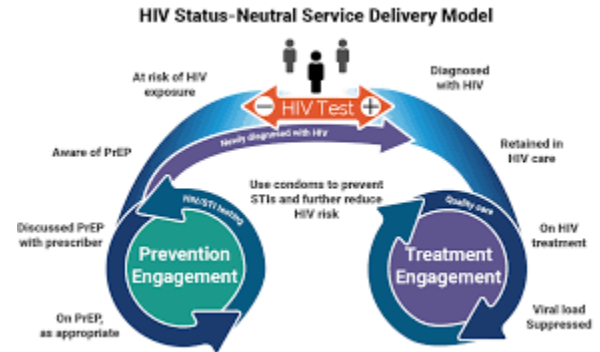


Source: Julie E Myers, Sarah L Braunstein, Qiang Xia, Kathleen Scanlin, Zoe Edelstein, Graham Harriman, Benjamin Tsoi, Adriana Andaluz, Estella Yu, Demetre Daskalakis, Redefining Prevention and Care: A Status-Neutral Approach to HIV, Open Forum Infectious Diseases, Volume 5, Issue 6, June 2018.

# Status Neutral High-Impact HIV Prevention

## ■ Prevention Services Regardless of HIV Status

- Prevention and Essential Support Services
- Integrated STI and viral hepatitis screenings
- HIP behavioral interventions (Optional)
- Medication Adherence Support
- Partner Services
- Condom Distribution



## ■ Prevention Services for Persons at Increased Risk for Acquiring HIV

- PrEP and nPEP Services

## ■ Prevention Services for Persons with HIV

- Linkage/Re-engagement to HIV medical care



**PS22-2203**  
**Comprehensive HIV**  
**Prevention Core Program**





# Ending the HIV Epidemic in the US Initiative



**Diagnose** all people with HIV as early as possible.

**Treat** people with HIV rapidly and effectively to reach sustained viral suppression.



**Prevent** new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

**Respond** quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.





# EHE – DIAGNOSE PILLAR





# PRIORITIZED HIV TESTING



# Comprehensive HIV Prevention Core Program

## Prioritized HIV Testing (EHE Diagnose Pillar)

- **Applicants are required to develop a new or enhance an existing prioritized HIV testing program**
  - Program should be aimed at reaching persons who are at greatest risk for acquiring HIV and who are unaware of their HIV status
  - Use the latest HIV testing technology available, when feasible
  - Organizations must identify a variety of settings where prioritized HIV testing will be conducted
  - Consider the use and implementation of Social Network Strategy (SNS) as a mechanism to recruit the priority population, if feasible
  - Engage in repeat testing activities for individuals who report engaging in high-risk behaviors since their last HIV test
  - Primarily serve members of the proposed priority population





# Comprehensive HIV Prevention Core Program

## Prioritized HIV Testing cont.



### ■ Performance Measure – HIV Testing:

- Establish annual HIV testing objectives for the priority population using local jurisdictional data and/or agency historical data
- Organizations applying for funding under **Category A (YMSM of color)** must identify a ***minimum of eight (8)*** new HIV diagnoses annually
- Organizations applying for funding under **Category B (YTG persons of color)** must identify a ***minimum of six (6)*** new HIV diagnoses annually
- **At least 75%** of HIV testing should be conducted among priority populations
- CDC may allow an organization the flexibility to adjust annual HIV testing objectives throughout the 5-year project period, upon discussion and approval with the CDC/DHP assigned Project Officer.





# Comprehensive HIV Prevention Core Program

## Prioritized HIV Testing cont.



- **Examples for Prioritized HIV testing venues, not limited to:**
  - Onsite testing within the organization
  - Venue-based testing (e.g., Retail Pharmacy, Substance Use Treatment Centers, Clubs/Bars, etc.)
  - Mobile/field testing
  - Self-Testing
    - If self-testing is utilized, organizations are required to provide specific protocols, in conjunction with the local or state health department, which includes recruitment processes, follow-up, and linkage procedures



# Comprehensive HIV Prevention Core Program

## Prioritized HIV Testing (optional) cont.



- **Large Scale Testing Event**

- Include but not limited to HIV/AIDS Awareness Days, PRIDE weekend events, and House and Ball events

- **Personalized Cognitive Counseling (PCC)**

- PCC is an intervention designed to reduce sexual risk behaviors among men who have sex with men (MSM) who are repeat testers for HIV
- Repeat testers are described as individuals who have previously been tested and have engaged in unsafe sexual behaviors since the receipt of their last HIV test result



# Comprehensive HIV Prevention Core Program

## Prioritized HIV Testing cont.



- **Integrated Screening Activities**

- Applicant organizations **should have or establish** the capacity to implement various integrated screening activities (e.g., screening for STIs, viral hepatitis, and/or TB), in conjunction with HIV testing.
- Applicant organizations **that do not have** the capacity to implement various integrated screening activities (e.g., screening for STIs, viral hepatitis, and/or TB), in conjunction with HIV testing, will be required to refer clients for integrated screening at the time of HIV testing



# Comprehensive HIV Prevention Core Program

## Prioritized HIV Testing cont.



### ■ Federally Qualified Health Centers (FQHC)

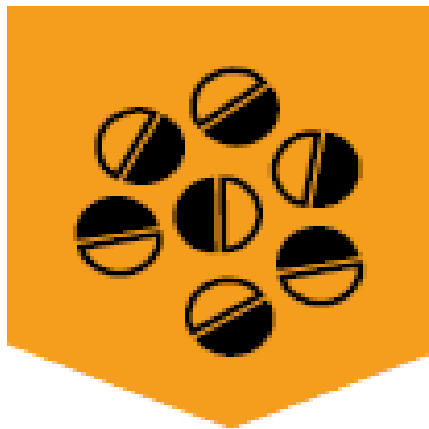
- May choose to implement routine HIV testing within their clinic setting if located in a geographic service area with high HIV disease burden and provide services to the priority population
  - Majority of the testing must be conducted in an outreach setting
  - Up to 25% of HIV testing can be conducted as routine, opt-out HIV testing



# **PREVENTION SERVICES FOR PERSONS AT INCREASED RISK FOR ACQUIRING HIV**



# EHE – PREVENT PILLAR





# Comprehensive HIV Prevention Core Program

## Prevention Services for Persons at Increased Risk for HIV (EHE PREVENT Pillar)



- **Applicant organizations will be required to:**
  - Assess and refer persons with a non-reactive HIV test result who are at increased-risk for acquiring HIV to PrEP and nPEP services (screen, refer, link, prescribe)
  - Support the awareness of, uptake, and efforts to increase access to PrEP and nPEP services
  - Establish or use existing resources to identify and/or develop a referral network for PrEP and nPEP providers (e.g., preplocator.org, PrEP Warm lines, TelePrEP, or existing resources within the jurisdiction)
  - Coordinate a navigation plan to ensure clients are appropriately referred and linked to PrEP and nPEP services

**\*Please note that organizations may not use PS22-2203 funding to purchase PrEP and nPEP medications\***



# Comprehensive HIV Prevention Core Program

## Prevention Services for Persons at Increased Risk for HIV cont.

- **Performance Measure – PrEP:**
  - Provide and/or refer **at least 90%** of YMSM of color and YTG persons of color to PrEP services within 30 days for clinical evaluation
- **Applicant organizations will also be expected to:**
  - Refer 100% of clients with qualifying STI to Partner Services
  - Refer/Provide clients to medication adherence support for PrEP
  - Screen, provide, or refer clients to prevention and essential support services
  - Refer/Provide clients to comprehensive SSP (in accordance w/jurisdiction)
  - Refer/Provide clients to HIP interventions (optional)
- **Applicants must submit a Linkage to PrEP Provider Plan with application**
- **Submit at least one (1) service agreement with PrEP services provider**







# **PREVENTION SERVICES FOR PERSONS WITH HIV**

# EHE – TREAT PILLAR





# Comprehensive HIV Prevention Core Program Prevention Services for Persons with HIV (EHE TREAT Pillar)



## ▪ **Recipient organizations will be required to:**

- **Link** persons with newly diagnosed HIV to HIV medical care and ART initiation immediately, but not greater than 30 days of diagnosis
- **Re-engage** previously diagnosed persons with HIV into HIV medical care when it is determined that the individuals are not currently in HIV medical care, immediately but not greater than 30 days
- Support state and/or local health departments with Data-to-Care efforts by linking persons out of care to HIV medical care

**\*Please note that organizations may not use PS22-2203 funding to purchase ART medications\***



# Comprehensive HIV Prevention Core Program Prevention Services for Persons with HIV cont.



- **Recipient organizations will be required to:**
  - Develop a navigation program that engages clients during the time between the reactive HIV test and the client’s first HIV medical care appointment
    - Employ at least one (1) trained HIV Navigator within the agency to help facilitate the coordination of the organization’s linkage to HIV Medical Care plan activities
- **Submit at least (1) service agreement with HIV medical care provider**
- **Applicants must submit a Linkage to HIV Medical Care Provider Plan with application**



# Comprehensive HIV Prevention Core Program Prevention Services for Persons with HIV cont.



## ▪ **Linkage to HIV Medical Care Activities**

- Applicants may opt to implement a CDC approved Linkage to HIV Medical Care strategy listed below or utilize the organization's existing Linkage to HIV medical care program
  - Anti-Retroviral Treatment and Access to Services (ARTAS)
  - HIV Navigation Services – STEPS to Care
  - Stay Connected (Clinics Only)



# Comprehensive HIV Prevention Core Program

## Prevention Services for Persons with HIV cont.



- **Performance Measure – Linkage/Re-Engagement:**
  - Link **at least 90%** of persons newly diagnosed with HIV to HIV medical care and ART initiation immediately, but no later than 30 days after diagnosis
  - Re-engage **at least 90%** of persons previously diagnosed with HIV and who are not-in-care, into HIV medical care and on ART, immediately upon discovery that they are not receiving care, but no later than 30 days after
  
- **Applicant organizations will also be expected to:**
  - Refer 100% of clients with HIV or qualifying STI to Partner Services
  - Refer/Provide clients to ART medication adherence support
  - Screen, provide, or refer clients to prevention and essential support services
  - Refer/Provide clients to comprehensive SSP (in accordance w/jurisdiction)
  - Refer/Provide clients to HIP interventions (optional)



# Comprehensive HIV Prevention Core Program

## Prevention Services for Persons with HIV cont.



- **Performance Measure – Medication Adherence:**
  - Provide or refer **at least 90%** persons with HIV (newly and previously diagnosed) to medication adherence services
- **Applicant organizations will be required to:**
  - Implement medication adherence interventions to further strengthen their high-impact HIV prevention program to achieve viral suppression
  - Submit a service agreement upon award, if the organization will be referring for any of the medication adherence services
- **Medication Adherence Strategies:**
  - CBO's existing medication adherence support program
  - Partnership for Health (Medication Adherence)
  - Stay Connected

# EHE – RESPOND PILLAR







# Comprehensive HIV Prevention Core Program Respond



- **Applicant organizations should be prepared to assist the state and local health departments in responding to HIV clusters and outbreaks. Such activities may include, but are not limited to:**
  - Tailoring other strategies and activities included in this NOFO (e.g., HIV testing efforts, PrEP awareness, referral to Partner Services) to support cluster response
  - Supporting state and/or local health departments with Data-to-Care efforts, to include data sharing for improved program outcomes
  - Support health department efforts with cluster response efforts for interrupting HIV transmission, as requested and practical
  - Establishing a MOU with health department(s) in support of HIV cluster response activities, including data sharing and Partner Services referrals

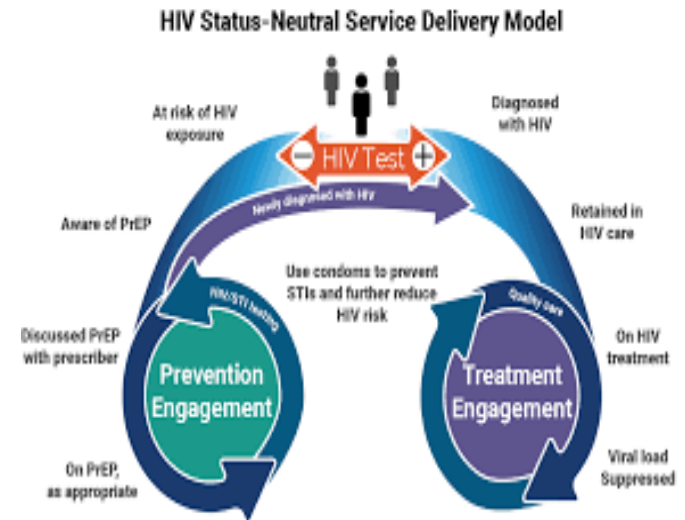


# Status Neutral High-Impact HIV Prevention for Priority Populations

# Status Neutral High-Impact HIV Prevention

- **Applicant organizations are required to provide the following Prevention Services Regardless of HIV Status**

- Prevention and Essential Support Services
- Integrated STI and viral hepatitis screenings
- Medication Adherence Support
- Partner Services
- Condom Distribution
- HIP behavioral interventions (Optional)





# Comprehensive HIV Prevention Core Program

## Status Neutral – Prevention and Essential Support Services

- **Applicant organizations will be required to:**
  - Provide and/or refer **at least 90%** of priority populations to prevention and essential support services, based on the identified needs
  - Develop and implement a process for providing and/or referring priority populations to prevention and essential support services
  - Applicants should submit **at least two (2)** established MOA/MOU or service agreement (internal and/or external to organization) with a prevention and essential support services provider with the application





# Comprehensive HIV Prevention Core Program

## Status Neutral – Prevention and Essential Support Services cont.

### ■ Referrals or Provision of Prevention and Essential Services may include, but not limited to:

- Health benefits navigation and enrollment (Insurance navigation and enrollment)
- Evidence-based risk reduction interventions
- Behavioral health services (Mental health counseling and services, substance use treatment services)
- Social services (Transportation services, employment services, basic education continuation completion services, food banks, food programs, sexual health education)
- Hormone replacement therapy
- Housing assistance





# Comprehensive HIV Prevention Core Program

## Status Neutral – Integrated Screening & Partner Services Referrals

### Integrated Screenings

- **Applicant organizations will be required to:**
  - **Have or establish** the capacity to implement various integrated screening activities (e.g., screening for STIs, viral hepatitis, and/or TB)
  - **Utilize up to 5%** of total funding requested to implement, strengthen, or enhance screening activities
  - Support collaboration with the STI, viral hepatitis, and/or TB prevention programs
  - Ensure clients who test positive are linked to medical care for evaluation and treatment



### Partner Services

- **Applicant organizations will be required to:**
  - **Refer 100%** of persons newly diagnosed with HIV or qualifying STI to Partner Services
  - Ensure that clients who test positive for HIV or qualifying STIs are referred immediately, but not greater than 30 days after diagnosis, in accordance with CDC recommendations and state and local requirements



# Comprehensive HIV Prevention Core Program Status Neutral – Medication Adherence Support



## ■ Performance Measure

- Provide or refer **at least 90%** priority population to appropriate medication adherence services and interventions based upon identified needs of clients

## ■ Applicant organizations will be required to:

- Implement medication adherence services or interventions to further strengthen their high-impact HIV prevention program (e.g., ART or PrEP)
- Submit a service agreement upon award, if the organization will be referring for any of the medication adherence services



# Comprehensive HIV Prevention Core Program

## Status Neutral – Condom Distribution



### ▪ Applicant organizations will be required to:

- Implement condom distribution as a structural intervention to increase access to and use of condoms for **ALL** clients
- Ensure that effective condom distribution programs adhere to the following principles
  - provide condoms free of charge
  - implement social marketing efforts to promote condom use
  - conduct both promotion and distribution activities







# Comprehensive HIV Prevention Core Program Status Neutral – HIP Behavioral Interventions



- **Applicant organizations may opt to implement health education and risk reduction behavioral interventions to support recruitment, outreach, and engagement in HIV services**

<b>Risk Reduction Behavioral Intervention for persons with HIV (PWH)</b>	<b>Risk Reduction Behavioral Intervention for Persons at risk for acquiring HIV</b>
<ul style="list-style-type: none"><li>• Taking Care of Me video</li><li>• PROMISE</li><li>• TWIST</li></ul>	<ul style="list-style-type: none"><li>• d-Up!</li><li>• Safe in the City video</li><li>• Sin Buscar Excusas</li><li>• PROMISE</li><li>• TWIST</li></ul>

Visit <https://effectiveinterventions.cdc.gov/> for additional information on these approved CDC supported risk-reduction behavioral interventions.

**PS22-2203**

# **Operational Program Activities**





# Operational Program Activities – Program Promotion, Outreach, and Recruitment

- **Applicant organizations will be required to:**
  - Utilize recruitment and retention strategies based on experienced entry into social networks (e.g., House and Ball events, house parties, texting groups, social media networks, dating websites, and mobile applications)
  - Utilize the Internet and other media-based approaches to promote awareness of the HIV prevention programs
  - Deliver strategic, culturally and linguistically-appropriate, community-based program marketing campaigns to increase public awareness of services available via the proposed program
  - Prioritize existing social marketing efforts that can be tailored to their jurisdiction’s specific requirements from CDC’s Let’s Stop HIV Together portfolio of social marketing campaigns



# Operational Program Activities – Safe Space

- **Applicant organizations must designate a dedicated physical safe space that is culturally, linguistically, and age-appropriate located either within the organization or off-site within close-proximity.**

## **The safe space should:**

- function as a primary point of entry and recruitment for project activities, provide HIV/STI risk reduction skills, and empower priority population(s)
- must ensure the safety of all persons employed and those served by the recipient must be an integral element of the recipient organization’s mission, values, and activities
- supported by policies and procedures on discrimination and harassment that support inclusive, affirming, and non-judgmental HIV prevention services



# Operational Program Activities – Safe Space (cont.)

- **Applicant organizations are required to identify and address at least two social determinants of health (SDH) within the safe space important to priority population(s)**
- **Applicants should conduct an assessment w/priority population to identify barriers to address in the provision of HIV prevention and care services. Assessments may include:**
  - Focus groups, key informant interviews, surveys, or historical program data to identify social determinants



# Operational Program Activities – Safe Space (cont.)

- **Activities to address social determinants of health specific to priority populations may include:**
  - Develop status neutral anti-HIV stigma, racism, homophobia/transphobia social media/marketing campaigns
  - Develop Standard of Care Guidelines or Standard Operating Procedures on engaging w/priority population(s) in the provision of HIV prevention and care services
  - Modifying discriminatory organizational policies and procedures
  - Providing and/or referring priority populations to prevention and essential support services
- **Recipients will work w/Project Officer during Development Phase to identify SDH-related factors**



# Community Engagement Group (CEG)/ Consumer Advisory Board (CAB)

- **Recipient organizations will be required to:**
  - Establish a CEG to assist with programmatic decision-making (e.g., program recruitment, planning, implementation, and evaluation)
  - Host CEG meetings at least twice per year in the form of focus groups, surveys, interviews, community assessments, pop-up events, Town Hall gatherings, etc.
  - Maintain participation on the CEG of **at least 75%** of the PS22-2203 program priority population. Remaining members must have experience working in HIV prevention and/or care and a history of working with the priority population
- **A strong pre-existing CAB within the agency may be used in lieu of the CEG.**



# HIV Planning Groups (HPG)

- **Recipient organizations are required to:**
  - Participate in the jurisdiction's HIV Planning process, as defined by the local and/or state health department jurisdiction and in alignment with the Jurisdictional HIV Prevention Plan (e.g., Integrated HIV Prevention and Care Plan, Ending the HIV Epidemic Plan, Getting to Zero Plan), or other applicable documents provided by the local and/or state health department
  - Provide an update to the HPG on the final PS22-2203 approved program. The update may be provided at an HPG meeting or via written report. Coordination should be made with the HPG to determine how the update shall be provided





# COLLABORATIONS



# Collaborations – HIV Medical Care, PrEP, and Essential Support Services Providers

- **Submit at least one established Service Agreement with an HIV Medical Care provider AND PrEP Provider**
  - Internal or external to the organization
  - Refer to the *Formalized Collaborations and Partnerships* section of *NOFO* for specific details regarding the Service Agreement
- **Submit at least two established MOAs/MOUs with Prevention and Essential Support Service provider(s)**
  - Internal or external to the organization
  - Refer to the *Formalized Collaborations and Partnerships* section of *NOFO* for specific details regarding the MOA/MOU



# Collaborations – Health Departments

- **Recipients are required to coordinate and collaborate with state and local health departments to:**
  - Refer persons diagnosed with HIV or qualifying STIs to Partner Services, provided in accordance with local and/or state regulations
  - Utilize or engage with an existing referral network of PrEP and nPEP clinical service providers to support referral of persons at increased risk for HIV to these providers (e.g., preplocator.org, PrEP Warm lines, TelePrEP, or existing resources in the jurisdiction)
  - Participate in the state and/or local HIV Planning Group (HPG) process as defined by the local or state health department jurisdiction



# Collaborations – Health Departments cont.

- **Recipients are required to coordinate and collaborate with state and local health departments to:**
  - Support the integration of HIV prevention activities with STI, adolescent and school-based health, viral hepatitis, and TB screening and prevention services, whenever feasible and appropriate
  - Meet with Health Department representative for the completion of Attachment C: Health Department Letter of Support and Prioritized HIV Testing and Partner Services Letter of Agreement and Support



**APPLICATION SUBMISSION—REVIEW—  
AND SELECTION PROCESS**



# Eligibility Required Application Documents

- **To ensure eligibility the following documents must be included:**
  - Health Department Agreement for HIV Testing/Partner Services Letter (See Attachment C: Health Department Prioritized HIV Testing and Partner Services Letter of Agreement) - "HIV Testing Documents"
  - One Service Agreement with a HIV Medical Care Provider - "HMC Service Agreement"
  - One Service Agreement with a PrEP Provider - "PrEP Provider"
  - "Evidence of Service" – Demonstrate a history of providing HIV prevention or care services to the selected priority population



# Application Review and Selection Process

## ■ Phase I: Eligibility Review

- CDC Office of Grants Services (OGS) reviews all applications for eligibility and completeness

## ■ Phase II: Objective Review (OR) Panels

- Applications will be reviewed and scored by an independent review panel assigned by CDC and evaluated based on the scoring criteria included in the NOFO

## ■ Phase III: Pre-Decisional Site Visits (PDSV)

- February 2022 (tentative)
- Receipt of a PDSV **does not** guarantee funding



# Application Review and Selection Process cont.

Areas to be Evaluated	Maximum Points
Approach	45
Evaluation and Performance Measurement	10
Applicant's Organizational Capacity to Implement the Approach	45
Budget (Reviewed by not scored)	Not Scored





# Pre-Application Technical Assistance Activities

Activity	Date/Time – All times are Eastern Time
NOFO Programmatic & Evaluation Overview	October 8, 2021 – 1:00-3:00 pm
HIV Testing & Interventions and Strategies	October 7, 2021 – 2:00-4:00 pm
Budget Development & Application Submission	TBD
NOFO Programmatic & Evaluation Overview	October 19, 2021 – 2:00-4:00 pm
HIV Testing & Interventions and Strategies	October 21, 2021 – 2:00-4:00 pm
Budget Development & Application Submission	TBD
Q&A Technical Assistance Last Chance Calls	November 3, 2021 1:00-2:00 pm November 9, 2021



# Important Reminders

- **Letter of Intent (LOI) Due: October 4, 2021**
- **Application Due Date: November 19, 2021, at 11:59 pm EST**



# Pre-Application Technical Assistance Activities

- **PS22-2203 Website**

- <https://www.cdc.gov/hiv/funding/announcements/PS22-2203/index.html>
- Frequently Asked Questions (FAQs)
- Check the website regularly for updates

- **PS22-2203 Email: [CBOFOA@cdc.gov](mailto:CBOFOA@cdc.gov)**

- Responses will be provided within 72 business hours



# Good Luck!!!

[CBOFOA@CDC.GOV](mailto:CBOFOA@CDC.GOV)

<https://www.cdc.gov/hiv/funding/announcements/PS22-2203/index.html>

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

