



Notice of Funding Opportunity (NOFO) PS21-2102: Comprehensive High-Impact HIV Prevention Programs for Community-Based Organizations (CBO)

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

Pre-Application Technical Assistance Webinars





Purpose

- The purpose of this program is to implement comprehensive HIV prevention programs to reduce morbidity, mortality, and related health disparities in accordance with the Ending the HIV Epidemic Initiative: A Plan for America and CDC's High-Impact HIV Prevention approach.
- This NOFO focuses on addressing the national HIV epidemic by reducing new infections, increasing access to care, and promoting health equity. NOFO performance measures to support program monitoring and accountability efforts for HIV prevention programs are consistent with the focus on the Ending the HIV Epidemic.



NOFO Goals

- These goals will be achieved by enhancing CBOs capacities to:
 - increase testing for HIV through targeted testing
 - link persons with HIV to HIV medical care and ART
 - increase referrals to Partner Services (PS)
 - provide or refer prevention and essential support services for persons with HIV and persons at risk for acquiring HIV
 - increase program monitoring and accountability



Award Information

Type of Award	Cooperative Agreement
Fiscal Year Funds	2021
Approximate Annual Funding	\$42 million
Approximate Number of Awards	90
Average Award	\$470,000
Budget Period/Length	12 months
Project Period	July 1, 2021 – June 30, 2026 <ul style="list-style-type: none">• 5-year project period

*Subject to the availability of funds



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

- Eligible applicants must currently be located and provide services in the areas listed below

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

- These areas had greater than 200 reported cases of diagnosis of HIV infection at the end of 2018 (National HIV Surveillance System). These eligible states/jurisdictions comprise of approximately 95% of the total number of HIV infection diagnoses as of 2018.



Eligibility cont.

- **Non-profit organization with 501(c)(3) IRS status (other than institutions of higher education)**
 - American Indian/Alaska Native tribally designated organizations
 - Community-Based Organizations
 - Faith-based organizations
 - Hospitals (non-government affiliation and not under the administrative and management authority of a college or university)

- **A copy of the applicant's tax exempt 501(c)(3) IRS letter must be submitted with the application**
 - Other tax exemption certificates, such as state tax or sales tax exemption certificates and letters, will **not** be accepted as a substitution.



Eligibility cont.

- **The applicant must share their targeted HIV testing plans with the health department jurisdiction in which they reside and report**
 - Attachment C: Health Department Letter of Support/Targeted HIV Testing and Partner Services Letter of Agreement
- **One Service Agreement with a HIV Medical Care Provider**
- **Applicant must demonstrate engagement and provision of HIV prevention or care services to the selected target population**



Eligibility

- **The following entities are not eligible for funding and may not serve as a subcontractor to the applicant organization**
 - State and local governments
 - Institutions of higher education

- **Recipients may subcontract with a maximum of two organizations to provide direct services**
 - Subcontract organization(s) must:
 - ❖ Located and provide services in the same state or bordering state as the application organization
 - ❖ History of consistently serving the proposed target population for at least the last 24 months



Eligibility cont.

- **Recipients may provide HIV prevention services in up to a maximum of three (3) service areas throughout the eligible locations.**
 - Example: Applicant A is located in Jackson, MS and proposing to provide HIV prevention services in Jackson, Gulfport and Greenville, MS.



Eligibility cont.

- **Question: CBO “A” is located in Washington, D.C. and has been providing HIV prevention services in D.C. and Silver Spring, MD for the past 5 years. CBO “A” is proposing to provide HIV prevention services in Silver Spring, MD with PS21-2102 funds, is this allowable?**

Yes, CBO “A” can provide services (using PS21-2102 funds) in Silver Spring, MD because they have a history of providing HIV prevention services in MD, and MD is a bordering state to Washington, DC. Additionally, CBO “A” will need to discuss the provision of services with the DC Department of Health and obtain the appropriate consent from the health department.

- Refer to Attachment C: Health Department Letter of Support/Targeted HIV Testing and Partner Services Letter of Agreement



Eligibility cont.

- **The direct and primary recipient in a cooperative agreement 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.**
 - A cooperative agreement provides for substantial involvement by the federal agency funding the award.



Eligibility cont.

- **The following documents must be submitted for complete eligibility:**
 - 501(c)(3) IRS Status Form
 - Evidence of HIV Prevention or Care Services (Examples, Progress Report, Notice of Award)
 - HD Agreement for HIV Testing/Partner Services Letter (Attachment C: Health Department Agreement for HIV Testing/Partner Services Letter)
 - One Service Agreement with a HIV Medical Care Provider



QUESTIONS?





COMPREHENSIVE HIGH-IMPACT HIV PREVENTION PROGRAMS

PS21-2012: Comprehensive HIV Prevention Programs for Community-based Organizations

Guiding Principle: Implementation and delivery of strategic practices that focus on the diagnosis, treatment of HIV-positive persons, protect people at risk for HIV, and respond rapidly to detect and respond to growing HIV clusters and prevent new HIV infections in compliance with the requirements of the NOFO.

Core Activities

Diagnose all people with HIV as early as possible after infection

- Targeted HIV Testing (e.g., on-site, venue-based, mobile, SNS, home-based testing)
- Large scale testing event (annual and targeted)
- Integrated Screening

Treat the infection rapidly and effectively to achieve viral suppression

- Linkage to HIV Medical Care
- Re-engagement to HIV Medical Care
- Linkage to Care Program Plan
- Medical Adherence services to support Viral Suppression
- Referral to Partner Services
- Referral to Prevention and Essential Support Services (HIV+)

Prevent people at risk for HIV using potent and proven prevention interventions, including PrEP

- Referrals to PrEP and nPEP (identify and/or develop a referral network for PrEP and nPEP providers)
- Health Education/Risk Reduction Behavioral Interventions
- Condom Distribution
- Referral to Prevention and Essential Support Services (HIV-)

Respond rapidly to growing HIV clusters and prevent new HIV infections. Assist health departments with

- HIV Cluster Activities
- Coordination of linkage to care activities (Data Sharing, Linking and re-engaging persons in care)
- Data sharing
- Coordination of Partner Services

Coordination/Collaboration

- MOU/MOA with HIV Medical Care Provider and Prevention Support Service Providers for referrals
- Enhance existing and establish new formalized collaborative partnerships with: other funded organizations in the same jurisdiction, the health department, other federal partners, and other CDC-funded programs
- Health Department Coordination for: referral to Partner Services, PrEP referral networks, HIV planning, referral to prevention support services, data sharing, data to care activities, cluster activities, identifying target populations, etc.

Operational & Foundational Activities

- Program Promotion, Outreach, and Recruitment, inclusive of social marketing and media strategies; data-driven planning
- Community Engagement Groups/Community Advisory Boards
- Participation in the local HIV Planning Group (HPG)



Project Structure

- **Development Phase (July 1, 2021 – December 31, 2021)**
 - 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 awardee 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.



Project Structure

- **Implementation Phase (January 1, 2022 – June 30, 2026)**
 - Year 1 (July 1, 2021 – June 30, 2022)
 - ❖ Awardee must achieve at least 50% of each NOFO performance target
 - Beginning in Year 2 and for all subsequent years (Years 3, 4, and 5) awardees are expected to meet or exceed all NOFO performance targets
 - Attend PS21-2102 Recipient Orientation meeting in Atlanta, Georgia
 - Attend all required CDC meetings and trainings that support the PS21-2102 program
 - Examples – National HIV Prevention Conference, National HIV Prevention Monitoring & Evaluation Trainings (NHM&E), Behavioral Intervention and Strategies Trainings



Justification of Need

- **The applicant should ensure the proposed program aligns with the health department's Jurisdictional HIV Prevention Plan and/or Integrated HIV Prevention and Care Plan**
- **Define the specific service area in which they plan to deliver services**
- **Enhance existing and develop new strategies to identify and collaborate with organizations that currently provide similar and/or complementary services**
- **Describe how these funds will augment existing HIV prevention services and assure PS21-2102 funds will not duplicate or supplant funds received from any other federal or non-federal entity**



REQUIRED PROGRAM STRATEGIES AND ACTIVITIES



Required Program Strategies and Activities

Comprehensive HIV Prevention Core Program:

- **Diagnose (Targeted HIV Testing, Provide and/or Refer to Integrated Screenings)**
- **Treat (Linkage to HIV Medical Care, Re-engagement, Partner Services Referral, Medication Adherence (to achieve Viral Suppression))**
- **Prevent (Referrals to PrEP and nPEP, Health Education/Risk Reduction, Condom Distribution)**
- **Respond (Support for Health Department Cluster Activities and Data to Care)**

Operational Program:


- **Program Promotion, Outreach, and Recruitment**
- **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.

PS21-2102

Comprehensive HIV

Prevention Core Program



Diagnose



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.





Comprehensive HIV Prevention Core Program

Diagnose – Targeted HIV Testing

- **Recipients are required to develop a new or enhance an existing targeted HIV testing program**
 - Program should be aimed at reaching persons who are at greatest risk for HIV infection and who are unaware of their HIV status
 - Utilize the latest HIV testing technology available, when feasible
 - Organizations must identify a variety of settings where targeted testing will be conducted
 - Consider the use and implementation of Social Network Strategy (SNS) as a means to recruit the target 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 target population



Comprehensive HIV Prevention Core Program

Diagnose – Targeted HIV Testing

■ Performance Measure

- Establish their annual HIV testing objectives for the target population using local jurisdictional data and/or agency historical data
- Organization must identify a minimum of eight (8) new HIV infections annually
- 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/DHAP assigned Project Officer.



Comprehensive HIV Prevention Core Program

Diagnose – Targeted HIV Testing

- **Examples for targeted 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 (Home-based 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

Diagnose – Targeted HIV Testing

- **Large Scale Testing Event**

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

- **Optional Targeted HIV Testing Activities**

- 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

Diagnose – Targeted HIV Testing

- **Federally Qualified Health Centers (FQHC)**
 - May choose to implement routine HIV testing within their clinic setting if located in a geographic area with high HIV disease burden and provide services to the target 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



Comprehensive HIV Prevention Core Program

Diagnose – Targeted HIV Testing

▪ Referrals for Persons Diagnosed with HIV

- Required to refer persons diagnosed with HIV (newly and previously diagnosed HIV infection) to prevention and essential support services
 - 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)
 - Housing



Comprehensive HIV Prevention Core Program

Diagnose – Targeted HIV Testing

■ Integrated Screening Activities

- Recipient organizations **that have** the capacity to implement various integrated screening activities (e.g., screening for STDs, viral hepatitis, and/or TB), in conjunction with HIV testing, will be required to:
 - Utilize up to 5% of the requested total funding amount to implement and/or strengthen and enhance screening activities within the agency
 - Collaborate with the STD, hepatitis, and/or TB prevention programs in the jurisdiction to design, develop, and implement proposed screening and treatment services
 - Ensure that clients who test positive are linked to appropriate medical care and receive timely and appropriate evaluation and treatment



Comprehensive HIV Prevention Core Program

Diagnose – Targeted HIV Testing

- **Integrated Screening Activities**

- Recipient organizations **that do not have** the capacity to implement various integrated screening activities (e.g., screening for STDs, 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
 - Establish a service agreement with a clinical care provider in the service area and submit the service agreement with the application



Comprehensive HIV Prevention Core Program

Diagnose – Targeted HIV Testing

■ Integrated Screening Activities

- Funds from this NOFO **may not** be used for clinical services, such as the treatment of HIV, STDs, viral hepatitis, and/or TB infection; vaccination against hepatitis A or hepatitis B; vaccination against human papillomavirus (HPV); and provision of PrEP and nPEP
- Refer to the NOFO for additional guidance related to integrated screening activities

Treat



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.





Comprehensive HIV Prevention Core Program Treat – Linkage to HIV Medical Care

- **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



Comprehensive HIV Prevention Core Program Treat – Linkage to HIV Medical Care

- **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 trained HIV Navigator within the agency to help facilitate the coordination of the organization’s linkage to HIV Medical Care plan activities
- **Applicants must submit a Linkage to HIV Medical Care Program Plan with the application**



Comprehensive HIV Prevention Core Program Treat – Linkage to HIV Medical Care

- **Optional Linkage to HIV Medical Care Activities**
 - Awardees may opt to implement a CDC approved linkage to HIV Medical Care strategy listed below or utilize the CBO's existing program 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

Treat – Re-engagement to HIV Medical Care

- **Recipient organizations will be required to:**
 - 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. Recipients should work with the jurisdiction's state and/or local health department to follow-up and/or link persons that are out of care utilizing the health department Not-In-Care (NIC) list



Comprehensive HIV Prevention Core Program

Treat – Partner Services Referrals

- **Recipient organizations will be required to:**
 - Refer 100% of persons newly diagnosed with HIV to Partner Services
 - Ensure that clients who test positive for HIV, are referred immediately, but not greater than 30 days after diagnosis, in accordance with CDC recommendations and state and local requirements
 - Ensure persons identified as previously diagnosed should also be referred to the health department immediately upon identification



Comprehensive HIV Prevention Core Program

Treat – Viral Suppression

- **Recipient organizations will be required to:**
 - Implement medication adherence interventions to further strengthen their high-impact HIV prevention program
 - Provide or refer all persons with HIV (newly and previously diagnosed) to medication adherence services and interventions based upon the identified needs of the client
 - Submit a service agreement upon award, if the organization will be referring for any of the medication adherence services



Comprehensive HIV Prevention Core Program Treat – Viral Suppression

- **Optional Medication Adherence Strategies:**
 - CBO's existing medication adherence support program
 - Partnership for Health (Medication Adherence)
 - Stay Connected

Prevent



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.





Comprehensive HIV Prevention Core Program

Prevent – Referrals to PrEP and nPEP

- **Recipient organizations will be required to:**
 - Refer persons with a non-reactive test result and who are at high-risk for acquiring HIV to PrEP and nPEP services, in accordance with CDC guidance
 - Support the awareness of and uptake of PrEP and nPEP services
 - Utilize or establish a referral network of PrEP and nPEP clinical service providers
 - Utilize existing resources in the jurisdiction to identify and/or develop a referral network for PrEP and nPEP providers, if available (Examples include, preplocator.org, PrEP Warm lines, or existing resources within the jurisdiction)
 - Support efforts to increase access to PrEP and nPEP services
 - Coordinate a navigation plan to ensure clients are appropriately referred and linked to PrEP and nPEP services



Comprehensive HIV Prevention Core Program

Prevent – Condom Distribution

- **Recipient organizations will be required to:**
 - Implement condom distribution as a structural intervention to increase access to and use of condoms
 - 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

Prevent – Prevention and Essential Support

- **Recipient organizations will be required to:**
 - Provide and/or refer person at high-risk of acquiring HIV to prevention and essential support services, based on the identified needs
 - Develop and implement a process for providing and/or referring persons at high-risk for acquiring HIV to prevention and essential support services
 - Establish collaborations supported by service agreements over the course of the 5-year project period. **Applicants should submit one 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

Prevent – Prevention and Essential Support

▪ Recipient organizations will be required to:

- Navigate clients to the following prevention and essential support services that may include, but are not limited to:
 - Health benefits navigation and enrollment (*e.g., Insurance navigation and enrollment*)
 - Evidence-based risk reduction interventions
 - Behavioral health services (*e.g., Mental health counseling and services; Substance use treatment services*)
 - Social services (*e.g., Transportation services (to and from HIV prevention and essential support services and medical care appointments); Employment services; Basic education continuation and completion services; Food Banks, Food Programs, including Supplemental Nutrition Assistance Program (SNAP); and Comprehensive sexual health education, including HIV education (e.g., risk reduction programs, school-based HIV prevention providers)*)
 - Housing



Comprehensive HIV Prevention Core Program

Prevent – Risk Reduction Behavioral Interventions

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

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

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

Respond



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.





Comprehensive HIV Prevention Core Program Respond

- **Recipient 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



Comprehensive HIV Prevention Core Program

Respond

- **Recipients should work with their state and/or local health departments to:**
 - Identify specific areas where hard-to-reach populations reside and/or frequent
 - Propose activities that use available data, including data on populations experiencing clusters and outbreaks to improve identification, linkage to care, or re-engagement to care among persons not in care
 - Establish processes that will facilitate and support the expansion and/or enhance their ability to use HIV surveillance data and other data sources, as appropriate
 - Obtain a written agreement from the local or state health department that supports providing the CBO, with the necessary data to identify and target HIV prevention services in areas most impacted (Data sharing)

PS21-2102

Operational Program Activities





Operational Program Activities – Program Promotion, Outreach, and Recruitment

- **Recipient 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, mobile applications)
 - Utilize the Internet and other media-based approaches to promote awareness of the HIV prevention programs
 - Deliver strategic, culturally-appropriate, community-based program marketing campaigns to increase public awareness of services available via the proposed program



Operational Program Activities – Program Promotion, Outreach, and Recruitment

- **Recipient organizations will be required to:**
 - 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
 - See Attachment F: Social Media Program Guidance for HIV Prevention Community-Based Organizations for additional resources and information.
 - Consider the development of the program promotion, outreach, and recruitment component to address participation by members of the target population through multiple points of entry into the program



Operational Program Activities – Safe Space

- **Recipient organizations may designate a dedicated physical space, as a culturally and age-appropriate safe space located either within the organization or off-site within close-proximity. The space:**
 - may function as a primary point of recruitment and location for project activities for the target population
 - should be designed to empower the target population and provide HIV/STD risk reduction skills
 - 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



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

- **Recipient organizations will be required to:**
 - Establish a Community Engagement Group (CEG) to assist with programmatic decision-making (e.g., program recruitment, planning, and implementation)
 - Host CEG meetings at least twice per year in the form of focus groups, surveys, interviews, pop-up events, Town Hall gatherings, etc.
 - Maintain participation on the CEG of at least 75% of the PS21-2102 program target population. Remaining members must have experience working in HIV prevention and/or care and a history of working with the target population
- **A strong pre-existing, Consumer Advisory Board (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 PS21-2102 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

- **Applicants must describe how they will collaborate with programs and organizations. Applicants must address the Collaboration requirements as described in the CDC Project Description**

- **Recipient organizations will be required to:**
 - Collaborate with other organizations that have an established history of working with members of the target population
 - Enhance existing and establish new formalized collaborative partnerships, supported by detail specific service agreements, with medical (e.g., Community Health Centers (CHCs), private providers) and essential support service providers



Collaborations – HIV Medical Care and Essential Support Services Providers

- **Submit one established Service Agreement with a HIV Medical Care 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 one established MOA/MOU with a Prevention and Essential Support Service provider**
 - Internal or external to the organization
 - Refer to the *Formalized Collaborations and Partnerships* section of *NOFO* for specific details regarding the MOA/MOU



Collaborations – Other Organizations

- **Recipients are expected to enhance existing and establish formalized collaborative partnerships with:**
 - State or Local Health Departments
 - Jurisdiction HIV Planning Group
 - Other CDC funded recipients
 - Other organizations



Collaborations – Health Departments

- **Recipients are required to coordinate and collaborate with state and local health departments to:**
 - Refer persons diagnosed with HIV infection 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 high-risk HIV-negative persons to these providers (Examples, preplocator.org, PrEP Warm lines, 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

- **Recipients are required to coordinate and collaborate with state and local health departments to:**
 - Support the integration of HIV prevention activities with STD, adolescent and school health, viral hepatitis, and TB screening and prevention services, whenever feasible and appropriate
 - Establish contact with other organizations serving the target population in the proposed service area (to facilitate dialogue and explore opportunities related to HIV/STD prevention and health and wellness approaches, including comprehensive sexual health)



Collaborations – Health Departments

- **Recipients are required to coordinate and collaborate with state and local health departments to:**
 - Develop their Navigation and Prevention and Essential Support Services components to align with and complement existing efforts in their jurisdiction
 - Provide an update to the HPG on the final PS21-2102 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 – Other CDC Funded Programs

- **Recipients are encouraged to collaborate with other PS21-2102 funded organizations to facilitate information exchange, eliminate duplication of efforts, and to reduce oversaturation of HIV Prevention services in known venues frequented by the target population**



Collaborations – Other CDC Funded Programs

■ Collaborations with other CDC-funded Programs

- PS17-1704: Comprehensive High-Impact HIV Prevention Projects for Young Men who Have Sex with Men and Young Transgender Persons of Color
- PS18-1802: Integrated Human Immunodeficiency Virus (HIV) Surveillance and Prevention Programs for Health Departments
- PS18-1807: Promoting Adolescent Health Through School-Based HIV/STD Prevention
- PS19-1901: Strengthening STD Prevention and Control for Health Departments
- PS19-1904: Capacity Building Assistance for High-Impact HIV Prevention
- PS19-1906: Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States
- PS20-2010: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States

QUESTIONS?





Evaluation and Performance Measurement



Evaluation and Performance Measurement

- **Applicants must provide an evaluation and performance measurement plan that is consistent with their PS21-2102 work plan and the CDC evaluation and performance measurement strategy**
 - 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



Evaluation and Performance Measurement

- **Awardees will be responsible for CDC National HIV Prevention Program Monitoring and Evaluation (NHM&E) data collection and reporting that includes, but is not limited to, standardized data reporting**
 - Data collection has been approved by the Office of Management and Budget (OMB)
- **When developing their budget, applicant organizations should not allocate more than 10% of their total budget to support evaluation staff, consultants and/or contractors**



Evaluation and Performance Measurement

- **Awardees will be required to submit a more detailed Evaluation and Performance Measurement plan (EPMP) within the first 6 months of award**

- **All recipients are expected to comply with the NCHHSTP Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs**
<http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf>



Organizational Capacity of Awardees to Implement the Approach



Organizational Capacity

- **All applicant organizations must demonstrate their existing or forthcoming capacity to successfully execute all proposed strategies and activities to meet the program requirements.**
- **Applicants should describe the following:**
 - Organization mission
 - Organizational structure
 - Overall organizational budget and funding sources
 - Staff size and expertise
 - Nature and scope of their work and capabilities
 - Long-term sustainability plan



Organizational Capacity

- **Applicants should describe the following:**
 - Other information that would help CDC assess the organization's infrastructure and capacity to implement the proposed program
 - Physical infrastructure as it relates to equipment, electronic information and data systems, and communication systems to implement the award



FUNDING RESTRICTIONS



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
 - 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
 - Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services



Funding Restrictions

- **Restrictions that must be considered while planning the programs and writing the budget are:**
 - Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body
 - See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients



Funding Restrictions

- **Restrictions that must be considered while planning the programs and writing the budget are:**
 - The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible
 - Awardees may not use funds for construction
 - Awardees may not use funds to support direct implementation of school-based HIV prevention programs
 - Awardees may not use funds to purchase or supply medications
 - Awardees may not use funds for clinic services, such as the provision of PrEP and nPEP; treatment of HIV, STDs, viral hepatitis, and/or TB; vaccination against hepatitis A or hepatitis B; and vaccination against human papillomavirus (HPV)



APPLICATION SUBMISSION INFORMATION



Application Submission Information

▪ Letter of Intent (LOI)

- Recommend, but not required
- LOI is not a binding document
- Purpose of the LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted application
- LOI Due Date: September 30, 2020
- Do **NOT** submit the LOI with the application



Application Submission Information cont.

- **Table of Contents**

- Details the entire submission package including the attachments
- Name the file “Table of Contents”

- **Project Abstract Summary (Maximum 1 page)**

- Brief summary of the proposed project
- Must enter the summary in the “Project Abstract Summary” text box at www.grants.gov



Application Submission Information cont.

- **Project Narrative (Maximum 20 pages)**
 - Single spaced, 12 pt. font, 1-inch margins, number all pages
 - Must address the outcomes and activities identified in the CDC Project Description section
 - Must include the following headings:
 - Background
 - Approach
 - Application Evaluation and Performance Measurement Plan
 - Organizational Capacity of Applicants to Implement the Approach
 - Work Plan
 - Name the file “Project Narrative”



Application Submission Information cont.

■ Budget Narrative

- Not included in the Project Narrative
- Itemized budget narrative should follow the Budget Preparation Guidelines, ensure it includes all program activities
- Organized by Program Strategy
 - Comprehensive HIV Prevention Core Program (75% of total funding)
 - Operational Program (up to 25%)
- Name the file “Budget Narrative”



Application Submission Information cont.

- ✓ Table of Contents
- ✓ Project Abstract
- ✓ Project Narrative
- ✓ Budget Narrative
- ✓ CDC Assurance and Certifications
- ✓ Risk Assessment Questionnaire
- ✓ Report on Programmatic, Budgetary, and commitment Overlap
- ✓ 501(c)(3) IRS Status Letter
- ✓ Attachment C: Health Department Letter of Support and Agreement
- ✓ One (1) Service Agreement with HIV Medical Care Provider
- ✓ Evidence of Service



Application Submission Information cont.

- ✓ Resumes/CVs for key staff
- ✓ Letter of Intent from a Physician, if required
- ✓ CLIA wavier, if applicable
- ✓ Self-Testing HIV Testing Protocol, if applicable
- ✓ Indirect Cost Rate, if applicable
- ✓ MOU/MOA Prevention and Essential Support Services
- ✓ Organizational Capacity and Proposed Target Population Worksheet
- ✓ One (1) Letter of Support

Eligibility Required Documents

- **To ensure eligibility the following documents must be included:**
 - Non-profit Organization 501(C)(3) IRS Status Forms - "501C3Letter
 - Health Department Agreement for HIV Testing/Partner Services Letter (See Attachment C: Health Department Targeted HIV Testing and Partner Services Letter of Agreement) - "HIV Testing Documents"
 - One Service Agreement with a HIV Medical Care Provider - "HMC Service Agreement"
 - Demonstration of provision of HIV prevention or care services to the selected target population - "Evidence of Service"



Application Submission Information cont.

- **Letter of Intent (LOI) Due Date: September 30, 2020**
- **Application Due Date: November 20, 2020**
 - SUBMIT EARLY!!!
 - Applications must successfully complete the validation process before being transmitted to CDC
 - This process **may take up to 2 business days**

QUESTIONS?





APPLICATION REVIEW AND SELECTION PROCESS



Application Review and Selection Process

■ Phase I: Eligibility Review

- CDC Office of Grants Services (OGS) reviews all applications for eligibility and completeness
- Incomplete applications and those that do not meet the eligibility criteria will not advance to Phase II review
- Applicants will be notified that their applications did not meet eligibility and/or published submission requirements



Application Review and Selection Process cont.

■ Phase II: Objective Review (OR) Panels

- Applications will be reviewed and scored by an independent review panel assigned by CDC
- Applications will be evaluated based on the scoring criteria included in the NOFO
- The review panel will evaluate complete, eligible applications in accordance with the criteria as documented in the *Review and Selection Process* section of the NOFO
- Applications can receive a maximum of 100 points



Application Review and Selection Process cont.

Areas to be Evaluated	Maximum Points
Approach	40
Evaluation and Performance Measurement	25
Applicant's Organizational Capacity to Implement the Approach	35
Budget (Reviewed by not scored)	Not Scored



Application Review and Selection Process cont.

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

- Not all applicants applying for funding will receive a PDSV
- Intent is to assess the capacity to implement the proposed program
- Applicants will be selected to receive a PDSV based on:
 - Scores from Objective Review process
 - Geographic location
 - CDC funding preference
 - Proposed population to be served
- March 2021 (tentative)



Application Review and Selection Process cont.

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

- Applicants can receive a maximum PDSV score of 500 points
- If the program proposed fails to score at least 350 points during the PDSV, the applicant will not be considered for funding
- Health Departments will receive notification of organizations that will receive a PDSV
 - Feedback will be provided via the HD Input Form
- Receipt of a PDSV **does not** guarantee funding



FUNDING PREFERENCES



Funding Preferences

- **The following factors also may affect the funding decision:**
 - Preference to ensure equitable balance in terms of targeted racial or ethnic minority groups
 - The number of funded applicants serving each racial or ethnic minority group may be adjusted based on the burden of infection in that group as measured by HIV reporting
 - Preference to avoid unnecessary duplication of services



Funding Preferences

- **The following factors also may affect the funding decision:**
 - Preference for applicants that propose to implement HIV prevention services among target populations not addressed by higher-ranking applicants
 - Preference for balance of funded applicants based on (1) burden of HIV infection within jurisdictions and (2) disproportionately affected geographic area, as measured by CDC
 - Preference for applicants that propose cost-effective programs that fully maximize the impact of CDC's fiscal resources



AWARD ADMINISTRATION INFORMATION



Award Information

- Awards will be made by July 1, 2021
- Successful applicants will receive an electronic Notice of Award (NoA) from CDC OGS
- The NoA is the only binding, authorizing document between the awardee and CDC
- The NoA will be signed by an authorized Grants Management Officer and emailed to the awardee program director

QUESTIONS?





**PRE-APPLICATION TECHNICAL
ASSISTANCE**



Pre-Application Technical Assistance Activities

Activity	Date/Time – All times are Eastern Time
NOFO Program Overview & Evaluation	October 1, 2020 2:00 pm – 4:00 pm
HIV Testing & Interventions and Strategies	October 2, 2020 2:00 pm – 4:00 pm
Budget Development & Application Submission	October 6, 2020 2:00 pm – 4:00 pm
NOFO Program Overview & Evaluation	October 8, 2020 2:00 pm – 4:00 pm
HIV Testing & Interventions and Strategies	October 13, 2020 2:00 pm – 4:00 pm
Budget Development & Application Submission	October 15, 2020 2:00 pm – 4:00 pm
Q&A Technical Assistance Last Chance Calls	October 29, 2020 November 2, 2020 November 10, 2020



Pre-Application Technical Assistance Activities

- **PS21-2102 Website**

- <https://www.cdc.gov/hiv/funding/announcements/ps21-2102/index.html>
- Frequently Asked Questions (FAQs)
- Generally Asked Questions (GAQs)
- Check the website regularly for updates

- **PS21-2102 Email: CBOFOA@cdc.gov**

- Responses will be provided within 72 business hours



Resources

- **Ending the HIV Epidemic – <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/overview>**
- **Effective Interventions – www.effectiveinterventions.cdc.gov**
- **CDC HIV Campaign “Let’s Stop HIV Together” - <https://www.cdc.gov/stophivtogether/index.html>**



AGENCY CONTACTS



Agency Contacts

- **Programmatic technical assistance:**

Erica K. Dunbar, Senior Advisor

CDC, NCHHSTP/DHAP

1600 Clifton Road NE- MS US8-3

Atlanta, GA 30329

Email: CBOFOA@cdc.gov



Agency Contacts

- **Financial, Awards Management, Budget Assistance:**

Portia Brewer, Grants Management Officer

Centers for Disease Control and Prevention

Office of Grants Services

2939 Flowers Road, M/S TV-2

Atlanta, GA 30341

Telephone: 770-488-3185

Email: yfa2@cdc.gov



Important Reminders

- **Application Due Date: November 20, 2020 at 11:59 pm EST**
- **Submit Early – Validation may take up to 2 days!!!**
- **Application Submission is not concluded until the validation process is completed successfully**
 - Will receive a “submission receipt” email generated by www.grants.gov
- **Applicants are encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline**

Good Luck!!!

Questions?

CBOFOA@CDC.GOV

<https://www.cdc.gov/hiv/funding/announcements/ps21-2102/index.html>

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

