

Notice of Funding Opportunity (NOFO) PS19-1906: Strategic Partnerships and Planning to Support Ending the HIV Epidemic in the United States

Component B: Accelerating State and Local HIV Planning to End the HIV Epidemic
Questions and Answers for Web Posting

Date as of: July 3, 2019

Sections:

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Eligibility

Q: Can listed eligible counties apply directly for funding or must the application be submitted by the state health department and passed through to the county?

A: Eligible applicants are CDC-directly-funded health department, listed in the eligibility section of the NOFO (page 27).

Q: Is this open to non-profit organizations?

A: Eligible applicants are CDC-directly-funded health departments, listed in the eligibility section of the NOFO (page 27).

Q: Is future funding contingent upon applying for these funds?

A: Eligibility for funding to operationalize the proposed Ending the Epidemic plan is contingent upon responsiveness to Component B of this NOFO or the existence of a comprehensive Ending the HIV Epidemic plan.

Q: If our Territory isn't on the list of Eligible Phase 1 Jurisdictions can we still apply?

A: Eligible applicants are CDC-directly-funded health department, listed in the eligibility section of the NOFO (page 27).

Q: On page 22, bullets 2 and 4 ask for demonstration of experience at National Level for 5 years. Was this for Component A only?

A: Yes, bullet 2 on page 22 is specific to the Component A.

Submission Requirements

Q: Is the Letter of Intent (LOI) required?

A: The LOI is requested, not required. It is due by June 19, 2019.

Q: Can the work plan be included as an attachment and not count toward the page limit of 20 pages?

A: Yes, the work plan can be uploaded as a separate attachment under "Other Documents" and labeled "Work Plan".

Q: If we have multiple Phase 1 counties within our state, should we submit a separate application for each or one with subsections? Should the budget also be separated?

A: Each eligible health department should submit only one application. For cases in which the health department has multiple eligible jurisdictions, the application should be clear to specify how each will be addressed. In cases where these may be adjacent counties and may constitute areas that are already in one existing planning jurisdiction, separating among them may not be needed. For other cases in which counties are not adjacent and each may require separate planning efforts, this should be specified in the application. Budgets should be consistent with the planning approach.

Budget and Funding Requirements

Q: Is the period of performance for Component B only one year or is it a 5-year project?

A: The period of performance for Component B is for one year (12 month budget period).

Q: What is the floor amount?

A: \$200,000

Q: Is the funding floor at the county level or state level? In a state with multiple counties listed, what would be the total funding structure and amount?

A: As this NOFO is to support planning activities only, the floor funding amount (\$200,000) and the average award amounts (\$375,000) would be the same, regardless of the number of counties listed.

Q: Should we budget for national meetings or conferences required by 19-1906?

A: No, there is no need to budget for attendance at a PS19-1906 grantee meeting.

Q: Pulling meetings together with partners to do planning may require working a whole day. Is food allowed in the budget plans?

A: Nutritional supplements are an allowable costs. Please refer to the Office of Grants Services (OGS) regarding budget guidelines.

Q: Are incentives allowable to engage community partners?

A: Yes, incentives are allowable to engage community partners.

Q: Can funding for new epidemiologic analysis and data collection permitted, if they are needed for planning purposes?

A: Yes, to a limited degree. A major consideration is both the expedited timeline for this planning as well as the limited amount of resources provided that could feasibly cover data collection and analysis efforts in addition to necessary planning activities. A detailed justification in the application and budget would be recommended.

Q: Can state and county health departments collaborate on the plan but have money subcontracted to CBOs?

A: All funds available via this NOFO must be used for planning. If a subcontract to a CBO can support the expedited planning process as outlined by this NOFO, it could be permissible.

Q: Is the budget narrative distinct from the program narrative and not part of the 20 page max?

A: Yes. The budget narrative does not count towards the 20 page max for the narrative. The budget should be itemized and consistent with the activities in the application narrative.

Q: When should the proposed budget period begin?

A: It should be a 12-month budget, beginning September 30, 2019.

Q: Is it a requirement for applicants to include the in-kind staff effort in the budget narrative (i.e., Principal Investigator, Project Coordinators)?

A: Although the budgets will not be scored, they will be reviewed. More complete information can help to clarify the budget and facilitate the review process making it more useful to the reviewer. Although not required, applicants are encouraged to include this type of information.

Q: Can funds under this NOFO be proposed to support health department personnel positions over the five-year funding period?

A: No. The project period for the activities of this NOFO, under Component B, is for one year from September 30, 2019 through September 29, 2020.

Q: Can funds under this NOFO be utilized for health department infrastructure supports related to HIV data management and analyses (e.g., software)?

A: All activities supported by this NOFO (Component B) should directly support planning. Although data management and analysis may help inform planning, a major consideration is both the expedited timeline for this planning as well as the limited amount of resources provided that could feasibly support analysis efforts in addition to necessary planning activities. A detailed justification in the application would be recommended.

Q: Are resources available under this NOFO different from resources that have been announced by National Institutes of Health (NIH) (but not yet allocated) for Centers for AIDS Research (CFAR) Ending the Epidemic activity planning?

A: The resources being made available through this NOFO are not directly linked to any other funds from other government agencies. Post-award, it is expected that there will be cross-agency collaboration.

Component B Strategies and Activities

Q: What activities will be required for Component B?

A: Strategies and activities to take place during this planning process are outlined in the NOFO (pages 11 – 12). Additional guidance on the specific activities will be provided post-award. Applicants are

encouraged to reference information that has been communicated about the Ending the HIV Epidemic initiative and the Pillars described.

Q: Our County has a Ryan White Part A Planning Council; it does not have a prevention planning body. Can we create a new planning body for this NOFO? If we cannot create a new planning group, can we create a subcommittee of the Planning Council and add additional people to that group?

A: New activities should build on and not replace existing integrated planning efforts. If needed, subcommittees of the planning bodies or planning councils can be established at the local/county level.

Q: We are intending to establish a subcommittee of an existing planning group in order to accomplish the grant requirements. That subcommittee will include both existing planning group members and new members from various community sectors. Do we need to include letters from the existing planning group and/or new planning group members? Or is it sufficient to list the members and their affiliations?

A: It is sufficient to include this information in the project narrative (establishment of a subcommittee of existing planning group members and new members from various community sectors) of the application. No additional letters are needed for the application submission.

Q: Is the Ending the Epidemic plan different from the Integrated Plan?

A: An Ending the HIV Epidemic plan must have an explicitly stated goal of eliminating new HIV infections and be consistent with the Ending the HIV Epidemic Initiative. Additionally, it must have: 1) Activities consistent with each Pillar; 2) A timeline consistent with eliminating 75% of new infections within 5 years and; 3) A focus on the identified counties, for those health department jurisdictions with identified counties.

Q: How will we know if our existing integrated HIV care and prevention plan will count as our Ending the HIV Epidemic Plan?

A: The specific programmatic requirements of the planning will be clarified via guidance provided post-award. Planning guidance will clarify what is needed in the Ending the HIV Epidemic plans above and beyond content in existing integrated plans. Content consistent with the pillars of the initiative as well as increased and ongoing community engagement within the Phase 1 jurisdictions will be emphasized. This NOFO is to support the process needed to conduct the planning.

Q: Are the Ending the HIV Epidemic Plans due by December 2019 or at the end of the first award year?

A: As stated on the informational call on June 14, the timeline for planning milestones will be aggressive. The specific timeline for planning activities associated with PS16-1609 Component B has not been published. As a reminder, funds for this NOFO are exclusively for planning activity and not for implementation.

Additional Questions

Q: How will HRSA and SAMHSA be involved?

A: The CDC, HRSA and SAMHSA will be coordinating throughout this planning process. An interagency approach will be used for reviewing plans developed from this NOFO. Additionally, these plans are

intended to add to and build upon existing CDC-HRSA integrated HIV prevention and care planning efforts.

Q: Page 19 states a data management plan (DMP) is not required; but page 20, 4th bullet (under ii states) we must submit a plan for updating DMP. Please clarify?

A: A Data Management Plan (DMP) is not required for PS19-1906-Component B.

Q: Please clarify what will be involved in Phase 2?

A: For the purposes of this NOFO, 'Phase 1' refers to the geographic location of 'hotspots' and the corresponding eligible health departments (see page 27).

Q: Will the webinars be posted online or can I have it emailed to me?

CDC emailed out the first presentation recording, along with the slide deck for PS19-1906 Component A & B.

Q: We have two cities in our state that are identified at Phase 1 jurisdictions. Can we focus on only one of them in our application for 19-1906?

A: For states that have identified counties within health department jurisdictions, those counties should be the focus of the final plan and community engagement efforts. Within the application, please address planning efforts for the two cities and plans to focus funding resources on the one city.

Q: Are incentives allowable to engage community partners?

A: Yes, incentives can be used for community engagement.

Q: Is an Evaluation and Performance Measurement Plan required of applicants for Component B?

A: 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 (pages 18-20 for Component B). At a minimum, the plan must describe: How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement; how key program partners will participate in the evaluation and performance measurement planning processes; and available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant). This is noted on page 20 of the NOFO.

Q: For the seven states identified in Phase 1 without identified counties, where should the application for the initiative focus on in those states?

A: States determined to have a heavy rural burden were selected for Phase 1 in order to assure early Ending the HIV Epidemic efforts addressed challenges and produced solutions for rural settings. Rural counties were defined as having a population of less than 50,000 residents. They were considered heavily burdened if there were at least 75 diagnoses that occurred in rural areas using 2016 and preliminary 2017 HIV surveillance data and if these diagnoses comprised at least 10% of the state's

total diagnoses in the same time period. These applicants should use a current and up-to-date state epidemiological profile to determine which rural areas are most affected. Their plans should focus efforts on addressing these rural areas. In some cases, efforts may also need to focus on certain urban activities related to addressing rural service provision. Applicants should present a clear strategy for doing this planning.

Q: If a health department wants to conduct needs assessments and population estimation surveys that will inform our planning process. The NOFO (page 39) states that “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.” Can you clarify whether we would need to submit these types of surveys to OMB?

A: If the proposed activities are consistent with the description in the NOFO (i.e., collecting information from 10 or more individuals etc.), then an OMB package would need to be prepared and submitted. If determined to require approval from OMB, activities would not be able to begin until approval was received. Given the aggressive timeline for planning associated with this NOFO, applicants should take this into consideration.

Q: What is the difference between activities 1, 4, 5, and 6 on pages 19-20?

A: Activities 1, 4 and 5 refer to different groups with which to engage: planning bodies, local community partners and local HIV service providers respectively. Note that each of these groups is represented in the outcome (“Increased engagement of partners, including local care and prevention planning bodies, local HIV service providers, persons with HIV, and other community members impacted by HIV”). Similarly, reaching concurrence on the plan with local HIV planning groups should also support achieving this outcome.

Q: How detailed the Performance Measure Plan should be?

A: The Evaluation and Performance Measurement Plan, or EPMP, should be detailed enough to clearly describe how key planning outputs and outcomes will be monitored.