

Script for the informational webinars for PS19-1901 Strengthening STD Prevention for Health Departments (STD PCHD)

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Introduction (Slides 1-2)

Introductory Slide (Slide 1)

This is the script of 2 identical webinars that we are held to provide information about the new CDC notice of funding opportunity – PS19-1901 - Strengthening STD Prevention and Control for Health Departments. This NOFO is a non-research, domestic funding opportunity. It was published on Grants.Gov on April 30, 2018.

Introduction of speakers and participants.

About this webinar (Slide 2)

Before we start, let me review some housekeeping issues.

We are recording the webinar, and the slides and recording as well as the script will be available within two weeks on the CDC web site. The 2nd informational webinar on May 15th will be the same slides and information presented. The only difference, of course, will be any questions we receive and answer. All questions and answers from both webinars will also be posted on the CDC website.

All lines are on MUTE until we come to the question and answer portion of the webinar at the end of the presentation. At that time, the operator will help facilitate questions by phone.

We encourage you to enter questions into chat feature throughout the webinar. We will pause a few times during our presentation to answer chat questions and get to phone questions at the end.

Please remember that we will not be answering questions related to specific project areas during the webinar.

STD PCHD Overview (slides 3-13)

Key Terms (slide 3)

I just want to quickly review some new, new-ish and not so new terms.

You will be hearing and reading NOFO, STD PCHD, PDQIB and Prevention Specialists a lot.

PDQIB or the Program Development and Quality Improvement Branch has oversight and management of these NOFOs. Prevention Specialists also known as Project Officers on the Program Team are the main point of contact for STD AAPPS and this new NOFO. Our current staff includes: Kenya Taylor, Tawanda Asamaowei, Britney Johnson and Nina Johnson.

Essential Points on STD PCHD (slide 4)

This is a quick summary of important information about the NOFO and a slide you may see again and again.

To summarize key dates and resources, the NOFO is available on grants.gov. If you have not downloaded the NOFO already, we encourage you to do so. We also encourage you to sign up for any NOFO updates (through the subscribe button on the NOFO grants.gov webpage).

Applications are due July 31, 2018.

As a reminder, eligible applicants are those currently funded under PS14-1402, STD AAPPs. STD PCHD is the successor to STD AAPPs and the period of performance or 5 year period is January 1, 2019 – December 31, 2023.

We have some great resources on the CDC website which we are referring to as the STD PCHD website. We encourage you to look at all resources and check the website regularly for responses to all questions we receive by email and during the webinars.

Please use our new mailbox – STD_PCHD@cdc.gov for any questions.

[STD PCHD Agenda \(Slide 5\)](#)

This presentation will cover a lot of ground with a focus on information you need to submit your application. Many slides include the page numbers where you can find information about the topic within the NOFO itself.

Please note that we are NOT reviewing the entire NOFO during this webinar. We strongly encourage you to read the NOFO thoroughly and carefully from cover to page 65, including all sections, even ones that we do not review during the webinar.

In addition, questions that have already been sent in to us by email to STD PCHD have been answered and are available on the STD PCHD website. Many of your questions will be answered throughout the presentation today but we encourage you to look at the STD PCHD website to ensure that if you sent in a specific question we have answered it fully.

[Introducing STD PCHD Background and Need \(Slides 6-13\)](#)

[STIs are on the Rise \(Slide 6\)](#)

As we all know, STDs have been increasing. And we all know that health departments are key to STD prevention and control.

[Purpose, goals, and outcomes \(Slide 7\)](#)

The purpose of the NOFO is to implement and strengthen STD prevention and control programs with a focus on the 3 major bacterial STDs: chlamydia, gonorrhea and syphilis.

Our goal remains the same as in STD AAPPs – to keep Americans healthy through STD prevention, and by ensuring funds reach the people and places that need them most. Over the next five year period of performance, funding will support strategies and activities to meet the following goals we are collectively working towards.

[Logic Model \(Slide 8\)](#)

All CDC cooperative agreements are driven by logic models, and logic models are where the goals of the project are stated in a high-level form. The logic model is a visual representation of the program approach that demonstrates how the strategies and outcomes are related.

In the NOFO, some short-term and intermediate outcomes are listed in BOLD. This indicates that later in the NOFO, we have proposed a measure related to that outcome, in the “Evaluation and

Performance Measurement” section. We encourage you to refer to the logic model as you are developing your application.

Target Population (Slide 9)

The priority populations for this NOFO are: pregnant women, adolescents and young adults, and men who have sex with men. We recognize that these are broadly defined populations, and the specific issues faced by the populations may vary. Your area might have subgroups, for example, that are different from other areas’. We expect that you will use your surveillance and other program data to identify populations at highest risk for STDs in your area, and base your plans on the analyses of those data.

Funding Table (Slide 10)

The Year 1 Funding Table is on the STD PCHD web site, and shows each eligible applicant’s estimated funding amount for 2019. As always, funding is subject to availability and may change closer to award date. On the funding table pdf, you will find your eligible project area and the amount that you should use to develop your application.

Funding Formula (Slide 11)

We are continuing to use the funding formula implemented with STD AAPPs for STD PCHD, with some updates.

As a reminder, the funding formula is based on 50% population, and 50% on morbidity data from 2012-2016.

A minimum level of \$300,000 was implemented.

Also, a maximum reduction of 5% compared to the prior year was implemented.

If you have questions about your specific funding amount, please follow-up with us through the STD_PCHD@cdc.gov.

Break for Questions (Slide 12)

Let’s stop now to take some questions from the chat box.

Agenda marker (Slide 13)

Now I will turn it over the STD PCHD strategies.

Overview of STD PCHD Strategy Areas and Strategies (Slides 14-40)

About the NOFO Strategies (Slide 14)

Because this NOFO represents the core work of the health departments in terms of STD prevention and control, every strategy in this NOFO is required unless not applicable to specific project areas.

You will notice that the NOFO includes recommendations on how to allocate program effort, by which we mean resources, primarily staff time and budget. For each of the 5 strategy areas we indicate a range of program effort we expect. This is not a required amount but strongly encouraged.

We also recognize that your project area's needs may require different allocations than another project area, and you may need to change your allocation of effort from year to year. This flexibility is built into this NOFO.

[STD PCHD: Strategy Areas \(Slide 15\)](#)

STD PCHD has 5 Strategy Areas. The sizes of the boxes are proportional to the amount of effort we believe should (on average) be devoted to each strategy area. On the bottom of the graphic, you can see that there are two cross-cutting strategies that should be included in all the work supported by the NOFO.

[STD PCHD: Organization of Strategies \(Slide 16\)](#)

Across the 5 Strategy Areas, there are 17 broad areas of work, which we are calling Primary Strategies. Then, across those, there are 35 strategies. We here are referring to "Strategy 2b" or "Strategy 12c" for example, and we hope that will also be helpful for applicants and recipients.

[Cross cutting strategies \(slide 17\)](#)

Before we walk through the Strategy Areas, I want to review the two cross-cutting strategies. By "cross-cutting," we mean that these strategies are a part of every other Strategy Area in the NOFO.

The first is STD-related HIV prevention. Of course we all acknowledge that part of STD work is STD-related HIV work. You may spend up to ten percent of your total budget on STD-related HIV prevention activities.

The second cross-cutting strategy is the creation, maintenance, and leveraging of partnerships. We are all aware that STD programs cannot accomplish the work alone; key partners are needed at every level of STD work. Some effective partnerships will be with CDC-funded partners; other partners may not have CDC funding, but will still be important.

[Strategy Area I Logic Model \(slide 18\)](#)

Strategy Area 1 is Surveillance.

Here is the relevant section of the NOFO's logic model, which reminds us of what surveillance is about, namely: to collect high quality data, and then to use that information to help understand trends and target resources appropriately at both the local and national levels.

[Strategy Area I Primary Strategies \(slide 19\)](#)

Here are the five Primary Strategies that make up the Strategy Area of Surveillance.

This NOFO organizes surveillance activities by disease, and you will find core surveillance variables specified for each disease.

Surveillance is the cornerstone of STD program work and unique to health department functions; and as such, we recommend that project areas allocate approximately 25-35% of the resources to this strategy area.

Strategy Area I Notes (slide 20)

Surveillance is a pretty familiar activity for most project areas. We want to point out that this NOFO actively encourages the adoption of efficient technologies, which can improve methods of collecting and managing data.

The NOFO also encourages an increase in the health departments' capacity to receive and process data electronically, such as from ELRs.

And as mentioned before, there are some new components to surveillance being supported by this NOFO, such as the enhanced surveillance of a random sample of gonorrhea cases (strategy 2b).

Another new strategy for surveillance is the surveillance of adverse outcomes of STDs, but notice that the strategy only focuses on neurosyphilis or ocular/otic syphilis (strategy 5a), which are not new to most areas at this point.

SSuN-STD PCHD Relationship (Slide 21)

A quick note on the new strategy on enhanced gonorrhea surveillance (2B). Those of you involved in the SSuN cooperative agreement will already be conducting these activities, while others will find this new. The idea is to choose a high-morbidity area within your project area, and build a random sample of cases on which to conduct enhanced investigation. This strategy is intended to help program areas understand gonorrhea trends in their highest-morbidity regions. It is for state and local use, and is not part of a national effort. This activity supplements the routine case surveillance of gonorrhea; it doesn't replace routine case surveillance.

The SSuN project funds a much more comprehensive, protocol-driven set of activities. Those data are reported to CDC to inform national surveillance. You can see that this is different than the STD PCHD strategy, which focuses on state and local health departments conducting enhanced surveillance on high morbidity areas.

SSuN investigations will continue in funded project areas. The activities complement one another.

Strategy Area I: Congenital Syphilis (Slide 22)

We should also note that this strategy area also includes a focus on congenital syphilis.

All project areas are required to conduct robust CS surveillance.

As you may know, there is a current CS supplement that involves 9 high-morbidity project areas. It was awarded in October and will end with STD AAPPs. As a way to integrate some of the activities that are part of that supplement, we have included 2 strategies on congenital syphilis. These are required for project areas with 10 or more CS cases reported to CDC in the previous calendar year. The first is vital statistics matching and the second is CS case review boards. Of course, for all strategies we encourage partnerships, and for CS related activities we strongly encourage partnerships with your Maternal and Child Health colleagues.

Strategy Area II: Logic Model (Slide 23)

Now we'll move to Strategy Area II. Here is the section of the Logic Model related to Disease Investigation and Intervention. Again, this serves to remind us, some of what this group of strategies is aiming to do.

Strategy Area II: Primary Strategies (Slide 24)

The Primary Strategies in this Strategy Area are arranged in our suggested priority order. We have often been asked about setting priorities for disease investigation and intervention, and these priorities are our response to those questions.

We realize that the data for your project area may not reflect the same priorities, so the ordering is certainly not set in stone. Your program data should be used to guide your program's priorities. Disease investigation and intervention should receive about 20-30% of the NOFO resources.

Strategy Area II: Notes (Slide 25)

There are four Primary Strategies, and they include outbreak response as well as strategies commonly implemented in the health department (like disease intervention for men with syphilis, or for pregnant women).

For women of reproductive age and males, the focus of health department-led investigation is on syphilis. This is our highest priority. This does not mean that investigation of other is disallowed, but rather that syphilis is top priority.

There is also a strategy that is to be implemented by our partners in the provider community, like EPT. This is the highest priority case intervention strategy for CT/GC.

Note that this Strategy Area also includes linkage to HIV testing, or HIV care, or PrEP, as part of the disease investigation and intervention framework.

In all the aspects of disease investigation and intervention, the NOFO encourages the use of innovative methods and new technologies for enhancing STD prevention efforts.

Strategy Area III: Logic Model (Slide 26)

Strategy Area III is the promotion of CDC-recommended screening, diagnosis and treatment practices. The logic model for this strategy area is on the slide. Funded STD programs should try to increase knowledge and skills of targeted providers around the recommended STD clinical preventive services, in hopes that those providers then implement them and achieve the various Intermediate Outcomes.

Strategy Area III: Primary Strategies (Slide 27)

This Strategy Area includes 3 primary strategies, some organized around specific infections and some around specific populations or sectors. This area should be allocated about 20-30% of program resources, similar to Strategy Area II.

Strategy Area III: Notes (Slide 28)

Whereas STD AAPPs required recipients to increase screening rates in various settings, STD PCHD requires recipients to *promote* screening and treatment guidelines and related practices among the provider community. This NOFO recognizes that it is difficult for a health department to take

responsibility for increasing screening in settings where they may hold little influence. That said, they do have a responsibility to *promote* appropriate screening, diagnosis, and treatment standards, and to help push for improvement where feasible.

Here, we expect a strong collaboration between STD PCHD recipients and our National Network of Prevention Training Centers (PTCS) as well as other clinical training centers.

Under this NOFO, project areas are required to work with STD specialty care clinics to promote quality care. This will involve knowing the providers of specialty STD care, and promoting best practices among those providers.

Another new item in this NOFO is the assessment and assurance of syphilis treatment. While programs are accustomed to ensuring that the proper treatment for gonorrhea is prescribed, “assessing and assuring syphilis treatment” has been elevated in this NOFO, including the establishment of public health programs to assure Benzathine Penicillin G.

[Strategy Area III: Notes, continued \(Slide 29\)](#)

I want to say a bit more about the STD PCHD Benzathine penicillin G public health program permitted under STD PCHD. NOFO language on the slide emphasizes that we are talking about both purchasing and dispensing Bicillin, and the focus is to do so for uninsured or underinsured patients and their sex partners. . . . whose providers are not able to administer timely treatment.

There is a lot to unpack and discuss about this. In general, the idea is that the program operates under the medical orders of the health department or STD program, whereby select patients who meet that criteria are formally referred to them for treatment. As described in the NOFO, implementation will also require careful monitoring and documentation of delivery and use of Bicillin under this program.

On June 20th, from 3:00 to 4:00 PM ET, NCSD in collaboration with CDC, is holding a webinar, “Forecasting and Monitoring Bicillin Inventory” for AAPPs project areas. Check the NCSD webinar and NCSD newsletter for registration information. We will continue these discussions after award, for sure.

[Strategy Area III: Notes, continued \(Slide 30\)](#)

In order to promote care and ensure treatment among populations at risk, STD PCHD allows up to, but no more than, ten percent of the overall budget to be used to support safety net STD preventive services at governmental or not-for-profit clinics. Allocating more than that will require written approval from CDC

The remainder of this Strategy Area focuses on promoting comprehensive CDC-recommended STD screening, diagnosis and treatment practices to targeted providers that serve the NOFO’s three priority populations: namely pregnant women, adolescents and young adults, and MSM.

The NOFO also states clearly that programs are expected to prioritize for themselves, among all of the strategies in this Strategy Area, based on local context and data, in close collaboration with CDC.

Strategy Area IV: Logic Model (Slide 31)

Moving on to Strategy Area IV, or the Promotion of STD Prevention and Policy. Here is the relevant section of the logic model. Again, this helps remind us of the outcomes we're hoping to achieve in this Strategy Area.

Strategy Area IV: Primary Strategies (Slide 32)

Strategy Area 4 has three Primary Strategies. It should be noted here that there are two sets of audiences for our STD prevention promotion efforts: one is the professional network of service providers, and the other is the public. We suggest around 15-20% of NOFO-program effort for this Area.

Strategy Area IV: Notes (Slide 33)

This Strategy Area is all about the health department serving as a reliable resource on STD prevention and control for broader audiences.

First is to the public. This includes, at a minimum, maintaining a strong online presence. Though conducting and participating in health-promotion campaigns is not a core strategy in STD PCHD, programs are not precluded from doing so.

The second strategy is about the provider community. The broader provider community in your area needs to be updated on STD surveillance data, outbreaks, new treatment recommendations, and other new information. Please note that this strategy is broader than those outlined in Strategy Area III, which is more targeted.

The third strategy is related to policy. This involves monitoring policies relevant to STD prevention, and working with policy liaisons to ensure stakeholders have correct information in their policy discussions. It is important to note that policy work under this NOFO includes health department policies, not just regulations or legislation. Obviously, with federal dollars, policy activities must NOT include lobbying.

Strategy Area V: Logic Model (Slide 34)

The fifth and final Strategy Area for this NOFO requires the analysis and use of data for program improvement. The logic model extract here emphasizes part of the point of analyzing and using STD program data – to know how to target resources and in turn be more effective.

Strategy Area V: Primary Strategies (Slide 35)

This involves 2, related primary strategies. This Strategy Area is clearly cross-cutting to the other Strategy Areas, particularly Surveillance and Disease Investigation/Intervention

The first Primary Strategy is about conducting epidemiologic analysis, translation, and dissemination. The second requires data-driven planning, analysis, and evaluation. Program effort for this Strategy Area should represent about 10-15% of the NOFO resources.

Strategy Area V: Notes (Slide 36)

The idea of data analysis and use is not new to STD programs, but STD PCHD elevates these strategies to signify the need to invest in them as critical to strengthening STD prevention and control programs.

The first Primary Strategy is the use of epidemiologic and surveillance data. These data reveal trends in morbidity, as well as potential gaps in service use, disparities in the burden of disease, and of course, the occurrence of outbreaks, which is also referenced in the Outbreak strategy #6.

The second Primary Strategy also involves using data, but in this case, it refers to performance data, cost data, and other program data IN THE CONTEXT of the surveillance and epidemiologic situation in the project area. These data should guide allocations of resources, like deploying staff to more high-priority regions, and program planning. Quality improvement efforts should be a natural extension of this data analysis. Evaluation requirements are outlined elsewhere in the NOFO, but also are reiterated here.

Strategy Recap: Strategy recap (Slide 37)

I'd like to take some time to review the strategies in STD PCHD. We have the 5 Strategy Areas, and 2 cross-cutting ones. All activities are required (with a few exceptions), and there is flexibility built in. Programs should always prioritize their efforts according to the local data and context.

Besides the organizing structure, here are a few of the strategies that may feel particularly new to applicants. There is enhanced surveillance of GC & adverse outcomes of STDs. STD PCHD elevates work with STD specialty care clinics, and expands work to assure syphilis treatment. STD PCHD also includes additional strategies for project areas with 10 or more CS cases.

GISP (Slide 38)

Before moving off of STD PCHD strategies, we wanted to mention that currently, GISP is the "part B" of STD AAPPs. However, it has been subsumed under the ELC, which is the Epidemiology and Lab Capacity cooperative agreement, managed from our National Center for Emerging Zoonotic and Infectious Diseases.

This is a bit of a side note, but if you are wondering whether you'll still be able to participate in GISP now that it has moved to ELC, here are some answers, though of course the web site and Sancta St. Cyr will be more helpful still.

Break for Questions (Slide 39)

Let's take another quick break from the presentation and take a few questions from the Chat Box.

Transition Slide (Slide 40)

Other Components (Slides 41-50)

Collaborations (Slide 41)

Next is Collaborations, described on pages 19-20 of the NOFO.

Collaboration with 3 CDC-funded entities is highlighted and required of all applicants: CDC-funded HIV prevention programs, the NNPTCs, and the NNECS recipient, currently, NCSD.

Certainly we expect collaboration with other federal and non-federal programs, and the NOFO lists a host of potential partners. Each program area is likely to have a slightly different set of federal and non-federal partners.

NNPTC: Potential Roles (Slide 42)

We want to encourage programs to partner with involved with the NNPTC. Since most STDs are diagnosed and treated outside of public STD clinics, working with your local health care organizations, facilities and providers is key. The NNPTCs can increase the health department's effectiveness and reach considerably for the healthcare community. They will be especially helpful in Strategy Area III, which is all about promoting the CDC-recommended practices for screening, diagnosis, and treatment.

NNPTC Regions (Slide 43)

Here is the list of your Regional PTC.

Evaluation (Slide 44)

Moving on to the Evaluation Section of the NOFO. Evaluation is mentioned under Strategy Area V, but it is outlined in more detail in the Evaluation and Performance Measurement section of the NOFO.

First I'll talk about evaluation and then Performance Measurement. You'll see that the Targeted Evaluation Projects – or TEPs- are continuing. Project areas are expected to complete 3 TEPs over the course of 5 years. Also, topics can range across the entire STD PCHD portfolio. For the application, a TEP plan is NOT required. Rather, we ask that you describe your proposed first topic for the first TEP. As described in the NOFO, an evaluation plan will be due within 6 months of award.

The NOFO also encourages additional evaluation, as you are able.

Performance Measurement (Slide 45)

The Performance Measurement Section is designed to mirror the logic model, so that each "outcome" that is bold-faced in the logic model re-appears and suggested measures are listed for each of those outcomes. Notably, however, process measures are also added here, though they don't have a corollary in the high level logic model in the NOFO.

Performance Measurement, con't (Slide 46)

Pages 22-23 list a number of proposed process and outcome measures.

You will notice from glancing at the list that there are more measures and more proximal measures than we have for STD AAPPs. We'd like to measure more of what you all do, more of what's under your control, and more of what you use CDC funding to pay for, than have done in the past.

The measures listed are proposed at this point; they are not defined in any detail here, because we can work with you after applications are in, to decide what's feasible, useful, and meaningful; how to measure those; and how and when to report them.

All STD PCHD recipients will be asked to submit an evaluation and performance measurement plan within 6 months of award. More guidance on how to prepare that document will come at a later date, after award.

Organizational Capacity (Slide 47)

I want to briefly highlight this section of the NOFO, related to Organizational Capacity.

It goes without saying that all applicants need to have the capacity to carry out the strategies described above. Please use the application to describe your capacity in light of this NOFO and make the case for why you can do it.

Work Plan (Slide 48)

Page 29 of the NOFO describes the work plan requirement for applicants. This is standard for CDC NOFO's. Applicants should provide a high level work plan for the 5-year period of performance, and a more detailed work plan for year 1.

We have developed Excel templates for these two work plans, available on the STD PCHD website. The templates are intended to streamline both the application process and facilitate utilization of the information provided in the work plans. We have developed an internal grants management database that we call SIGMA, which is designed to read the work plan information, among its many other functions.

Orientation webinars for the work plan templates are scheduled for later this month.

During those webinars, the templates will be demonstrated, and training will be provided in two upcoming webinars. The dates for those are May 18 and 24, both at 2:30 Eastern. Registration links are on the STD PCHD website.

Summary of Funding Restrictions (Slide 49)

There are some items that will not be funded under this NOFO, and they are all listed on pages indicated in this slide.

In addition to usual restrictions on non-research, domestic, cooperative agreements, it is worth reiterating that STD PCHD funding may NOT be used to purchase HIV Pre-Exposure Prophylaxis (PrEP) medications or family planning medications, nor STD treatment other than Benzathine Penicillin G.

Break for Questions (Slide 50)

Application Development (Slides 51-61)

Application Development (Slide 51)

I just want to review a few important notes about applying for this NOFO and where you can find the information you need, to guide how you prepare your application. As always, our PDQIB team and our Grants Management Specialist, Portia Brewer, are here to help.

Application Components (Slide 52)

I know some of you are wondering – so what is in an application?

There are some key sections that are listed here, and in just a minute I will show you where to find further resources on completing these sections.

The NOFO has a few places where the page limits are noted, and in a couple places they ARE inconsistent. The correct information is what is listed on page 58 under “Other Information” – 15 single spaced pages for the narrative, and 25 pages for the work plan, or a total of 40 pages, not including the attachments. If this is proving difficult for any reason, please reach out to us to discuss.

There are also numerous required attachments, so please review carefully.

Now we’ll go through each main section to provide some reminders and summaries of what you should cover.

[Approach \(Slide 53\)](#)

In the next few slides, we will look at the different sections of the application.

Each slide will have three sections: Where to look for guidance, What to include in the application narrative, and Related Documents.

The section called APPROACH is where you tell us about your program’s epidemiology, and your priorities for STD prevention in your area. You also tell us about collaborations with both CDC-funded and non-CDC-funded partners. Remember to use your work plan to describe strategies and activities, and - in the Approach section, include only pertinent information that is not in the work plan itself.

[Evaluation and Performance Measurement \(Slide 54\)](#)

Kenya reviewed earlier about the evaluation and performance measurement section.

Please be sure to note that the TEP topic should be included, but not the full plan for the project. Full plans will be developed as the period of performance begins.

[Organizational Capacity \(Slide 55\)](#)

In the Organizational Capacity section, applicants should tell us about - staff, skills and experiences, organizational and IT infrastructure, and other resources you will use to succeed in each of the 5 Strategy Areas. Please provide organizational charts and the CVs of the key personnel in the program.

[Budget and Budget Narrative \(Slide 56\)](#)

The most important thing about budgets is that all budget elements must be aligned with the NOFO, and must be properly justified. Often, there are inadequate justifications or descriptions of personnel roles, travel, contracts, or supplies. These can be addressed by looking at the Budget Preparation Guidance document listed here. It’s a very brief and useful guide to making sure the budgets are prepared well.

[Suggested Approach to Developing the Application \(Slide 57\)](#)

So looking at the application process, we recommend this approach.

As mentioned in the beginning of the webinar - Read the entire NOFO - carefully. Note the sections that have directions for what to include in different parts of the application; flag those.

Send in any questions through STD_PCHD@cdc.gov.

We strongly encourage you to attend a Work Plan orientation. While using the template is not required, we think it is a great tool and learning to use it will help you understand STD PCHD as well as

plan your objectives and activities around the strategies. Start your process with the high level strategies in the 5-year Work Plan template, and then work on the year 1-work plan and build your “Approach” narrative to complement those.

Resources and Q&A (Slide 58-62)

Finally, I’ll show you some of the resources that should assist you with the application process.

[NOFO website \(Slide 59\)](#)

As mentioned already, we have created a great web site, thanks to our Communications Team, to support the NOFO, and here on the screen is a partial list of the resources. As always, our webinar slides and recordings will be available, along with the script we are using for this presentation.

We suggest you bookmark the STD PCHD website and check it regularly for updated questions and responses.

[Grants.gov \(Slide 60\)](#)

The application process is explained in detail on grants.gov, and we have listed the official designation for our NOFO here.

[Essential Points \(Slide 61\)](#)

And here are – back to the earlier essential points slide for the NOFO.

Now we will turn to some chat questions and then I will ask the operator to open the phone lines. Remember you can still send in additional questions by the chat feature. And as a reminder, we are not going to address project area specific questions in the webinar but please do follow up.

(End of Script)