



**NCHHSTP Epidemiologic and Economic Modeling for HIV, Viral Hepatitis, STD, and TB  
CDC-RFA-PS-24-0028 Notice of Funding Opportunity**

**Informational Call**

**March 6<sup>th</sup>, 2024**

# Welcome and Opening Remarks

**Michelle Van Handel, Program and Performance Improvement  
Office (PPIO)**

# Welcome to the Informational Call

## ■ Logistical Details

- Please hold all questions until the end of the call
- Please mute your phone
- These slides will be made available after the meeting

# Conference Call Purpose and Objectives

## ■ Purpose

- Present an overview of the NCHHSTP Epidemiologic and Economic Modeling for HIV, Viral Hepatitis, STD, and TB Agreement (NEEMA) Notice of Funding Opportunity (NOFO) for prospective applicants to be informed and prepared to develop a strong application

## ■ Objectives

- Provide a forum to share NOFO details
- Provide clarification on eligibility requirements
- Discuss resources available to applicants
- Provide information on the grants/cooperative agreement process
- Provide opportunity for applicants to ask questions or request clarification

# Introduction and Overview

**Taiwo Abimbola, Program and Performance Improvement Office  
(PPIO)**

# Anticipated Funding

- **Total Period of Performance: 5 years**
- **Approximate Total Project Period Funding: \$10,000,000**
- **Approximate Total Fiscal Year Funding: \$2,000,000**
- **Award Ceiling: No ceiling has been set per budget period**
- **Award Floor: No floor has been set per budget period**
- **Approximate Average Award: \$1,000,000 (per budget period)**
- **Approximate Number of Awards: 2**

# Eligibility Information

- **Unrestricted**

- Entities are eligible to apply in accordance with [42 USC 247b\(k\)\(2\)](#): “The Secretary may make grants to States, political subdivisions of States, and other public and nonprofit private entities for ---”

# Announcement type and relevant work

- **Support non-research and research activities**
  - Research is defined as set forth in [45 CFR 75.2](#), [42 CFR 52.2](#), and in [45 CFR 46.102\(l\)](#)
- **Builds on two prior NOFOs – CDC-RFA-PS14-1415 and CDC-RFA-PS19-1905**
  - Publications under the prior NOFOs: <https://www.cdc.gov/nchhstp/neema/index.html>

**Purpose, Strategies, Outcomes, and Activities**

# Purpose of the NEEMA NOFO

- **Support the development of disease models and advanced data analytics to help inform and improve HIV, viral hepatitis, STD, and TB interventions and programs**
- **Priority areas: HIV, viral hepatitis, STD, and TB**
- **Strategies:**
  - Maximize use of models to drive public health improvement efforts for HIV, viral hepatitis, STD, TB, and related syndemics
  - Support scientific discovery, program and intervention evaluation for HIV, viral hepatitis, STD, and TB
  - Translate findings for broader public health use and improvement efforts for HIV, viral hepatitis, STD, and TB
- **Applicants must address 3 of the priority areas and all 3 strategies**

# Outcomes

## Short-term

Increased dissemination of findings from models and tools supporting NCHHSTP priorities.

Increased use of models to support development of guidelines and policies.

Increased availability of tools and resources that translate model findings for public health practice.

## Intermediate

Increased awareness and use of information from models among federal, state, and local partners.

Enhanced use of evidence-based approaches to inform prevention programs.

Improved program effectiveness, and/or decision-making about future program development.

## Long-term

Reduced incidence of HIV, viral hepatitis, STIs, and TB.

Reduced morbidity and mortality from HIV, viral hepatitis, STD, and TB infections.

Reduced health disparities and promote health equity.

Improved health outcomes for persons living with and at risk for HIV, viral hepatitis, STIs, and TB.

## Strategy 1: Maximize use of models to drive public health improvement efforts for HIV, viral hepatitis, STD, TB, and related syndemics

### ■ **Activities:**

- Identify and leverage appropriate data sources for disease models
- Conduct mathematical modeling to predict epidemics
- Conduct economic analyses to further prevention and treatment
- Develop models to inform guidelines and policy to improve public health programs
- Conduct evaluations and modeling of program integration and impact on patients and programs

### ■ **Additional information:**

- A syndemic is population-level clustering of social and health problems

## Strategy 2: Support scientific discovery, program and intervention evaluation for HIV, viral hepatitis, STD, and TB

- **Activities:**

- Conduct advanced data analytics using predictive modeling, causal inference, and other cutting-edge approaches

- **Additional Information:**

- Applicants are required to describe how the work will be useful for and transferrable to health departments, community-based organizations, and other relevant end-users

## Strategy 3: Translate findings for broader public health use and improvement efforts for HIV, viral hepatitis, STD, and TB

- **Activities:**

- Develop communication materials
- Develop and pilot tools for public health practitioner use
- Collaborate to strengthen use of models for implementation science

- **Additional Information:**

- Applicants should present a clear link to activities proposed under strategies 1 and 2

## Summary: project description

- Applicants are required to address at least three of the four priority areas and consider incorporating the syndemic approach in their proposed project narrative
- Applicants must address all 3 strategies
- Applicants may select 3 from the examples in Table 1 or may provide other examples that represent the main priority areas
- **Applicants should provide 3 examples to illustrate how they will address at least 3 of the priority areas and all 3 strategies**

## Additional information: collaborations

- Recipients are also encouraged to develop collaborations with a broad range of partners, including community-based organizations; substance use treatment services; minority serving institutions; and other federal, state, and local agencies
- Applicants are required to demonstrate extent of collaboration through letter of support, Memorandum of Understanding (MOU), or Memorandum of Agreement (MOA)

# Review and Selection Process

# Phase I Review

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

# Phase II Review – Merit review panel

- **Scoring Criteria**

- Approach (40 points)
- Evaluation and Performance Measurement (25 points)
- Organizational Capacity to Implement the Approach (35 points)

- **Budget and Budget Narrative**

- Reviewed for alignment with the proposed work plan but not scored

## Phase II – Approach (40 points)

- Using the criteria below, applications will be reviewed and scored based on the extent to which the applicant:
  - Addresses at least three of the four (HIV, viral hepatitis, STD, and TB) priority areas and the syndemic approach (10 points)
  - Demonstrates experience, expertise, and administrative capacity to develop, adapt, and refine, scientifically valid mathematical models and advanced analytic approaches (10 points)
  - Proposes novel or cutting-edge modeling and analytic methods (10 points)
  - Addresses translation of findings for broader public health use and improvement (10 points)
- Please refer to the NOFO for additional context on this criteria

## Phase II – Evaluation and Performance Measurement (25 points)

- Applications will be reviewed and scored based on the extent to which the applicant demonstrates ability to measure implementation of key activities and achievement of outcomes in the logic model:
  - Does the applicant describe monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of associated project activities (10 points)?
  - Does the applicant describe how performance measurement and evaluation findings will be reported and used to demonstrate the outcomes of the NOFO (10 points)?
  - Does the applicant describe how performance measures will be used to adjust/direct resources to meet project deadlines (5 points)?
- Please refer to the NOFO for additional context on this criteria

## Phase II – Organizational Capacity (35 points)

- The extent to which the applicant has the expertise sufficient to design, prototype, test, refine, evaluate, and implement models and advanced analytics that enhance decision support for HIV, viral hepatitis, STD, and TB programs.
- **Personnel (15 points)**
  - Key personnel expertise and record of accomplishments
  - Experience covering at least 3 of the four priority areas of the NOFO
  - Capacity to staff projects and existing collaborations with state and local health departments
- **Management Structure (20 points)**
  - Experience conducting research and with primary data collection related to epidemiologic and cost studies
  - Experience and capacity collaborating across different stakeholder groups
- Please refer to the NOFO for additional context on this criteria

## Phase III Review

- Phase III review will be considered in making funding recommendations in priority order based on the score and rank determined by the merit review panel
  - CDC may decide to fund out of rank order to ensure coverage of expertise across the four priorities areas described in the strategies and activities section

# Application & Deadlines

**Tamika Hoyte, Program and Performance Improvement Office  
(PPIO)**

# Application & Submission Information

- **Application Deadline: April 8, 2024, 11:59 p.m. U.S. Eastern Time, at [www.grants.gov](http://www.grants.gov)**
- **Letters of intent (LOI)**
  - Send optional LOI to [thoyte@cdc.gov](mailto:thoyte@cdc.gov) by March 8<sup>th</sup>, 2024
- **Project Abstract (maximum of 1 page)**
  - Summary of the proposed activity suitable for dissemination
- **Project Narrative (maximum of 15 pages)**
  - This includes the work plan
  - Activities to be conducted over the entire project period
  - 12-point font, 1-inch margins, number all pages
  - Content beyond the specified page number will not be reviewed
- **Application Appendices**
  - These may include MOAs/MOUs

# Funding Restrictions

- Research activities are allowable and will be subject to all applicable laws, regulations and policy requirements
- Please note that funds relating to the conduct of research involving human subjects will be restricted until the appropriate assurances and Institutional Review Board (IRB) approvals are in place

# FAQs and Participant Question and Answer Session

# FAQs slide 1

- **Is this a multicomponent NOFO?**
  - This is not considered a multicomponent NOFO.
- **Can foreign entities apply?**
  - The referenced NOFO cites 42 USC 247b(k)(2) as a grant authority for the award, which permits HHS/CDC to fund “States, political subdivisions of States, and other public and nonprofit private entities...”. This authority is cited when the objectives of the award will have a domestic benefit. A foreign public or nonprofit entity could decide to apply. Eligibility will be determined as described in the NOFO.
- **Is there a limit on how many proposals might be submitted by the same organization?**
  - Organizations may submit separate applications.
- **What is the eligibility requirement?**
  - Eligibility for this opportunity is unrestricted, so various entities including academic institutions and health departments are eligible to apply.

## FAQs slide 2

- **If research is allowable under this grant, will it then be open to OMB/IRB?**
  - Yes, research is allowed. OMB and IRB requirements are to be adhered to based on CDC's and your institution's policy as relevant.
- **Are applicants expected to select 3 examples from the list in Table 1, or are applicants allowed to propose additional or different examples within the priority areas?**
  - Applicants are required to respond to all three strategies and at least three of the four priority areas. Applicants may select from the examples provided in Table 1 or may propose other examples within the main priority areas.
- **Where should examples be included in the narrative layout?**
  - Project examples must be included within the 15-page limit.

## FAQs slide 3

- **What is the difference between the CDC Evaluation and Performance Strategy and the Applicant Evaluation and Performance Measurement Plan (EPMP)? Are applicants expected to write descriptions for both of these – the strategy and the plan?**
  - The applicant's EPMP should demonstrate how the applicant proposes to fulfill the requirements described in the CDC evaluation and performance strategy.
  - No, the applicant should describe in their EPMP how they propose to fulfill the requirements described in the CDC evaluation and performance strategy.
- **Is there a hard constraint of \$1 million for the budget submission?**
  - The Approximate Average Award: \$1,000,000 (per budget period), this is subject to availability of funds.

## Q&A format

- Please state name and organization
- Please limit to 1-2 verbal questions
- Please use the meeting chat feature to ask additional questions
- Questions not addressed during the call will be answered and posted here: <https://www.cdc.gov/nchhstp/neema/funding-opp-announcement.html>

# Closing remarks

**Taiwo Abimbola, Program and Performance Improvement Office  
(PPIO)**

## Resources

- Slides for this information call, along with all questions and answers received up until today, will be posted online: [www.cdc.gov/nchhstp/neema/funding-opp-announcement.html](http://www.cdc.gov/nchhstp/neema/funding-opp-announcement.html)
- CDC Budget preparation guidelines: <https://www.cdc.gov/grants/documents/budget-preparation-guidance.pdf>
- Should you have further questions, please contact the Project Officer: [thoyte@cdc.gov](mailto:thoyte@cdc.gov)