Request for Proposals

Enhancing Capacity for Community-Serving Organizations to Support HIV Self-Testing Programs

DATE ISSUED: MAY 3, 2022

SUBMISSION DUE DATE: MONDAY, JUNE 6, 2022, AT 12:00 PM ET (NOON)

APPLICATION LINK: **REQUEST FOR PROPOSALS**

CDC FOUNDATION CONTACT

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1. CDC FOUNDATION

The CDC Foundation helps the Centers for Disease Control and Prevention (CDC) save and improve lives by unleashing the power of collaboration between CDC, philanthropies, corporations, organizations, and individuals to protect the health, safety, and security of America and the world. The CDC Foundation is the go-to nonprofit authorized by Congress to mobilize philanthropic partners and private-sector resources to support CDC's critical health protection mission. Since 1995, the CDC Foundation has raised over $1.2 billion and launched more than 1,200 programs impacting a variety of health threats from chronic disease conditions including cardiovascular disease and cancer, to infectious diseases like rotavirus and HIV, to emergency responses, including COVID-19 and Ebola. The CDC Foundation managed hundreds of programs in the United States and in more than 140 countries last year.

2. SUMMARY OF REQUEST

The CDC Foundation was awarded a federal grant to work on *Enhancing Community Capacity to Support HIV Self-Testing Programs* in partnership with CDC's Division of Human Immunodeficiency Virus (HIV) Prevention. The goal of this Request for Proposals (RFP) is to expand the reach and impact of HIV Self-Testing (HIVST)[1] programs in the U.S. by building the capacity of community-serving organizations (CSOs) focused on populations most affected by HIV[2]. CSOs will implement or expand HIV self-testing programs within their communities and collaborate with CDC Foundation to identify lessons learned and develop promising practices to support the implementation of self-testing programs, including establishing collaborative partnerships with medical clinics, syringe services programs, and local and national organizations.

The CDC Foundation will fund **community-serving organizations (CSOs)** located throughout the U.S. **Eligible CSOs** are organizations that wish to implement a new HIVST program or expand an existing HIVST program, and that have a history of serving vulnerable populations affected by HIV. Entities may include faith-based organizations, community health clinics/Federally Qualified Health Centers (FQHCs), immigrant/migrant support or advocacy organizations, community organizing/mobilization organizations, community coalitions/networking/partnership organizations, social service organizations, AIDS service organizations (ASOs), and syringe service programs (SSPs).

Priority consideration will be given to eligible CSOs serving clients within the 57 priority jurisdictions[3] identified by the CDC's initiative *Ending the HIV Epidemic in the U.S* and those that are minority-led[4].

The CDC Foundation is partnering with Community Education Group (CEG), a regional HIV prevention-focused organization, to provide technical assistance (TA), capacity-building support, and discounted bulk HIV self-tests kits for CSOs funded under this project.

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[1] HIV Self-Testing (HIVST) is where an individual uses an HIV test and receives the results in their home or a private location of their choosing.

[2] "Populations most affected by HIV" are defined as racial and ethnic minorities and other priority populations for HIV intervention including black men who have sex with men (MSM), persons who inject drugs (PWID), and other sexual or gender-identity minorities who are disproportionately affected by HIV in the U.S.

[3] CDC, Ending the HIV Epidemic in the U.S. (2021). Updated on September 21, 2021. Accessed on December 21, 2021, https://www.cdc.gov/endhiv/overview.html

[4] Minority-led is defined as an organization where 51% or more of overall staff, board members, and volunteers in all levels of the organization are people who identify as racial/ethnic minorities.

CSOs are **ineligible** for this CDC Foundation funding opportunity if they are awarded funding by the CDC through either NOFO PS21-2102 (see 96 Funded Organizations) or NOFO PS22-2203 (see 36 Funded Organizations). [5]

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3. BACKGROUND AND NEED

In 2019, HIV/AIDS was the underlying cause of death for over 5,000 people in the U.S., along with being the 9th and 10th leading causes of death for those ages 25-34 and 35-44, respectively.[6] Knowledge of HIV status is important because those living with HIV can engage in care and treatment for optimal health outcomes and can prevent transmission to others.

Although HIV testing is important for both treatment and prevention efforts, approximately 13% of the 1.2 million people living with HIV in the U.S. today do not know their status.[7] Thirty-eight percent (38%) of all new HIV infections are transmitted by people who do not know they have HIV.[8]

Research shows that HIV self-testing is an effective, convenient, and private option for people to know their HIV status.[9] While significant progress has been made to expand self-testing in the U.S., particularly in the context of the COVID-19 pandemic, there are still gaps in reaching communities and populations that are at highest risk for HIV transmission, including racial and ethnic minorities, people who inject drugs, gay and bisexual men, and transgender women.[10] Additionally, geographic disparities, especially in rural areas and across the southern region of the U.S., have historically contributed to gaps in HIV testing, prevention, and treatment.[11]

The CDC Foundation aims to address these gaps by building and expanding the capacity of CSOs serving racial and ethnic populations and other priority populations to implement and/or enhance their HIVST services within their communities and create supportive partnerships with local organizations, medical clinics, health departments, and SSPs. In alignment with the CDC's Ending the HIV Epidemic (EHE) in the U.S. initiative and CDC's role in expanding high-impact HIV prevention strategies through diagnosis, treatment, testing, and response, the CDC Foundation will prioritize partnerships with CSOs (defined above) serving the CDC-identified 57 priority jurisdictions and leverage its experience building capacity and connecting national and grassroots organizations. This project will directly support the National HIV/AIDS Strategy (2022-2025) recently released by the White House Office of National AIDS Policy and developed with input from federal partners and the HIV community across the U.S.

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[5] Ineligible CSOs are defined as any organization awarded under the following CDC funding streams: PS21-2102 NOFO Funded Organizations or PS22-2023 NOFO Funded Organizations.

[6] CDC, National Center for Health Statistics (2021). Health, United States 2019. https://stacks.cdc.gov/view/cdc/100685

[7] Kaiser Family Foundation (2021). *The HIV/AIDS Epidemic in the United States: The Basics*. https://www.kff.org/hivaids/fact-sheet/the-hivaids-epidemic-in-the-united-states-the-basics/

[8] Li, et al. (2019) *Vital Signs: HIV Transmission Along the Continuum of Case – United States, 2016*. CDC, MMWR: 68 (11). Pg. 267-272. https://www.cdc.gov/mmwr/volumes/68/wr/pdfs/mm6811-H.pdf

[9] Steehler K, Siegler AJ. 2019. Bringing HIV self-testing to scale in the United States: a review of challenges, potential solutions, and future opportunities. J Clin Microbiol 57: e00257-19. https://doi.org/10.1128/JCM.00257-19

[10] Kaiser Family Foundation (2021). *The HIV/AIDS Epidemic in the United States: The Basics*. https://www.kff.org/hivaids/fact-sheet/the-hivaids-epidemic-in-the-united-states-the-basics/

[11] CDC, Ending the HIV Epidemic in the U.S. (2021). https://www.cdc.gov/endhiv/overview.html

4. SCOPE OF WORK

CSOs complement the work of state and local health departments and other agencies by having the true ability to meet clients where they are with their health needs. CSOs are uniquely positioned to implement and expand the reach and impact of HIVST programs with their accessibility and availability to people who cannot otherwise obtain HIV services. See the CDC's guidance on HIV Self-Testing programs.

The program activities described below attempt to address the gap in HIVST for communities most affected by HIV transmission by 1) increasing knowledge of HIV status; 2) reducing the incidence of HIV among priority populations; 3) increasing engagement and access to HIV treatment and prevention support services; and 4) increasing access and use of safe spaces for priority populations.

4.1 Program Activities – There are five (5) eligible program objectives with activities outlined below. Applicants are encouraged to submit a proposal that includes all five (5) program objectives. Applicants may subcontract activities, as needed.

Objective 1: HIVST Program Implementation and/or Expansion

CSOs will plan to implement and/or expand their HIVST program, supported by the following:

- Responsible for knowing any, and all state-specific laws pertaining to HIV self-tests and HIVST programs. This is required.
- Participate in educational HIVST program development courses (CDC Foundation will provide links to self-study courses).
- Priority populations identified should be supported by local epidemiologic and surveillance data from the state and/or local health department.
- Develop a comprehensive resource guide to use when clients desire referrals and/or linkages for confirmatory diagnosis, treatment, prevention, and support services. Referrals and linkages to additional support services are not required for a client to receive an HIV self-test.
- Navigation protocol development including staff training on how to respond and engage community members, especially in referring clients diagnosed with HIV to medical care and clients not diagnosed with HIV to Pre-exposure Prophylaxis (PrEP), as needed.
- Ensure the HIVST program includes education in sexual health and HIV risk reduction strategies.
- Ensure the HIVST program includes a community engagement component that prioritizes local partnerships.
- Explore and evaluate the use of cost-effective, innovative, and far-reaching approaches (e.g., social networking) to expand the use and acceptance of self-test kits.
- Identify the most appropriate model of delivery of HIVST kits for their clients.
- Develop and complete monitoring and evaluation initiatives on their HIVST program.
- Develop a sustainability plan to ensure HIV self-testing remains a viable option for priority populations served.
- Participate in CDC Foundation-sponsored webinars, technical assistance sessions, and capacity-building initiatives.
- Participate in learning opportunities to share lessons learned, potential barriers and solutions, and successes.

Objective 2: Prioritize HIVST Education and Test Kit Distribution

CSOs will prioritize the following activities:

- Provide appropriate and high-quality pre-test information and demonstrations.
- Provide HIV self-testing kits to high-risk populations disproportionately affected by HIV.

Objective 3: HIVST Program Promotion and Outreach

CSOs will promote their HIVST programs through the following activities:

- Identify and train trusted community-level spokespersons (e.g., faith leaders, teachers, community health workers, radio DJs, local business owners, barbers) to communicate the importance of knowing HIV status through local media outlets, social media, faith-based venues, community events, and other community-based, culturally appropriate venues.
- Develop, adapt, and implement culturally competent social media strategies to engage target population and promote HIV self-testing to increase public awareness of program services available.
- Develop education and outreach materials and/or leverage materials from other partnering CSOs involved in the program, as needed.
- Build linkages to HIVST through social networking, dating apps, texting groups, tele-health, telemedicine, in-person and online community events, and campaigns.
- Produce HIV testing and prevention messaging on multiple online platforms (e.g., Facebook, Instagram, TikTok).

Objective 4: Expand Community Collaborations and Partnerships

CSOs will expand results-oriented community collaborations and partnerships in support of implementing self-testing programs, inclusive of the following activities:

- Collaborate with state and local health departments to assist in epidemiological data sharing, health promotion and outreach efforts.
- Establish memorandum of understanding (MOU) service agreements with medical care, prevention, and essential support service providers.
- Connect with other community organizations, recreation programs, food banks/pantries, schools and colleges/universities, grocery stores, salons/barber shops, employers, and other key community establishments to set up information sharing and educational sessions, promotion, etc. for the CSO's HIVST program.
- Identify and partner with Syringe Services Programs (SSPs) in the CSO service area(s) and provide technical support for HIV self-testing in their venues. See https://www.nasen.org/ for a list of established SSPs throughout the U.S.
- Designate safe spaces and provide access to them for clients.
- Build partnerships with other entities for decentralized distribution points of HIV prevention supplies (i.e., condoms, lubricants, syringes, etc.). **Note: federal funds cannot be used to purchase syringes.**

Objective 5: Encourage Linkages to HIV Treatment, Prevention, and Other Essential Services

CSOs will develop internal structures necessary to provide client-driven linkages to HIV prevention and essential services, supported by the following activities:

- Develop and establish protocols to encourage clients to be referred and linked to counseling, treatment and/or prevention as appropriate following a self-test result.
- Create referrals that link clients to other local organizations or entities that provide counseling, treatment, and/or prevention care including PrEP, SSPs, and testing for Sexually Transmitted Infections (STIs).
- Create referral mechanisms that link clients diagnosed with HIV to medical care and support services.
- Ensure education and create referral mechanisms for clients not diagnosed with HIV and clients living with HIV to PrEP or PEP and to essential support services, including SSPs, as appropriate.
- Link or re-engage community members who are out of HIV care to medical care and support services.

4.2 Outputs – The following is a list of eligible services, events, and/or products that the CSO Applicant may produce/deliver over the performance period.

Process Measures
• Completion of HIVST program self-study course and implementation of course ideas into program (# of ideas incorporated)
• Participation in a Needs Assessment Survey administered by CDC Foundation's HIV prevention TA Provider
• # of individuals reached through social networking
• # of HIVST kits procured
• # of HIVST kits distributed to clients
• # of HIV risk reduction products distributed
• # of marketing/promotional communication products developed and disseminated
• # of new internal resources or services that have been implemented or expanded as a result of project activities
• # of collaborative partnerships developed over the project period to expand linkage to care and services
• # of clients receiving a test who report never being tested for HIV previously
• # of clients receiving a test who report using an HIVST previously

Outputs
• 12-month project plan and timeline
• Development and dissemination of relevant tools and resources for clients
• Participation in webinars, events, and other learning opportunities to build CSO capacity for HIVST programs or services
• Establishment or enhancement of partnerships/relationships with state and local health departments
• Development of new collaborative partnerships with medical clinics, SSPs, and/or other community-serving organizations
• Development of protocols to ensure that clients who desire are referred and linked to counseling, treatment, and/or prevention care following a self-test result
• Development of MOU/MOAs (formal or informal) agreements with medical care, prevention, and essential support service providers
• Defined safe spaces for clients most affected by HIV
• Development of a client satisfaction survey to gather ongoing feedback on HIVST services and insight for continuous quality improvement implementation

Program Outcomes

- **Short-term:**
    - Improved capacity for CSO to identify, prioritize, and customize relevant HIVST-related programs and services to address local public health needs.
    - Improved capacity of CSO to acquire bulk HIV self-test kits and distribute to clients
    - Increased use of HIV self-test kits among priority populations in priority jurisdictions
    - Increased HIV diagnoses among priority population unaware of HIV status
    - Increased use of HIV prevention and essential services among priority populations
- **Intermediate:**
    - Increased capability to implement evidence-based/informed public health programs, policies, and services to address public health needs
    - Increased number and range of partnerships and collaborations between CSOs, medical clinics, SSPs, and other community organizations
    - Increased knowledge of HIV status among priority populations
    - Increased use and engagement of HIV prevention and essential services among priority populations
    - Increased use of safe spaces among clients
    - Increased awareness of HIV risk reduction methods and reduction of HIV-related stigma in the served priority population

Program Period Outcomes

- Increased capacity among CSOs to use social networking and other innovative strategies to implement and expand HIV ST programs
- Increased capacity among CSOs to tailor HIV prevention strategies to support emerging public health needs and advancements in public health
- Increased utilization of HIV prevention approaches/strategies determined effective based on metrics/data from CSO project activities
- Reduced HIV incidence among priority populations
- Reduced HIV-related disparities in priority population (i.e., incidence, morbidity, and viral suppression)

Program Outcome Measures

- # of HIV self-test kits procured and distributed
- # of individuals reached via project activities (i.e., social media, educational events, outreach, and canvassing, etc.)
- # of clients referred to follow-up care and essential services
- # of promotional events held
- # of local leaders and community members trained as influential messengers
- # of culturally appropriate communications products developed and used
- # of collaborative partnerships developed

5. KEY REQUIREMENTS

5.1 Eligibility

Eligible applicants are community serving organizations (CSOs) that
- wish to implement a new HIVST program or expand an existing HIVST program, and
- have a history of serving vulnerable populations affected by HIV

Eligible applicants include faith-based organizations, community health clinics/Federally Qualified Health Centers (FQHCs), immigrant/migrant support or advocacy organizations, community organizing/mobilization organizations, community coalitions/networking/partnership organizations, social service organizations, AIDS service organizations, and syringe service programs.

Priority consideration will be given to eligible CSOs serving clients within the 57 priority jurisdictions[12] identified by the CDC's initiative *Ending the HIV Epidemic in the U.S* and are minority-led[13].

Preferred Experience
- Experience in providing evidence-based, tailored strategies addressing the informational needs of priority populations. Specific expertise working with communities at-risk of higher transmission rates of HIV.
- Previous experience developing content materials and using innovative strategies, methods, influencers, messengers, and tools in health communications about HIVST programs.
- Capacity to accomplish proposed activities on time at reasonable and appropriate cost.

Organizations are ineligible for this CDC Foundation funding opportunity if they are:
- State or local health departments
- Awarded funding directly from the CDC through either NOFO PS21-2102 or NOFO PS22-2203[14].
  - See the list of 96 Funded Organizations through NOFO PS21-2102 that are ineligible.
  - See the list of 36 Funded Organizations through NOFO PS22-2203 that are ineligible.

5.2 Funds Available

CDC Foundation intends to make awards to **Community Serving Organizations** to implement the five (5) program objectives described above. The amount of funding requested should be directly related the number of program objectives included and the level of effort and cost of provided services**.** The total amount may not exceed **$100,000.00 USD** and the final award amount is contingent upon submission of a detailed and reasonable budget proposal and workplan to be approved by the CDC Foundation.

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[12] CDC, Ending the HIV Epidemic in the U.S. (2021). Updated on September 21, 2021. Accessed on December 21, 2021, https://www.cdc.gov/endhiv/overview.html

[13] Minority-led is defined as an organization where 51% or more of overall staff, board members, and volunteers in all levels of the organization are people who identify as racial/ethnic minorities.

[14] Ineligible CSOs are defined as any organization awarded under the following CDC funding streams: PS21-2102 NOFO Funded Organizations or PS22-2023 NOFO Funded Organizations.

5.3 Funding Source

The resulting award will be supported, entirely or in part, by Federal funding through a cooperative agreement between the CDC Foundation and the Centers for Disease Control and Prevention. The award resulting from this solicitation is expected to meet the criteria of "Subrecipient" as defined by 2 CFR (Code of Federal Regulations) 200.331; a final determination will be made at the time of award. The Subrecipient must comply with the following federal regulatory requirements:

- Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards (45 CFR Part 75)
- Uniform Administrative Requirements, Cost Principles, and Audit Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200)

Additional subaward requirements will be communicated to successful applicants.

5.4 Place of Performance

The awarded CSOs will carry out the program at their offices and work with the CDC Foundation virtually.

5.5 Performance Monitoring

Project performance will be monitored in line with the agreed-upon project plan, progress reports, and through scheduled, routine, check-in virtual meetings. The CSO will be expected to work in close collaboration and consultation with the CDC Foundation staff managing this project, in addition to the contracted TA provider. The plan for each deliverable will be an important part of the overall project plan.

5.6 Payment

CDC Foundation anticipates using a deliverable-based payment schedule. An invoice template will be provided and explained during the award process.

5.7 Performance Period

The CSO will be expected to begin program implementation on **August 15, 2022**. Applicants are encouraged to submit a proposal and budget outlining project activities and expected expenditures for a **10.5-month performance period (August 15, 2022, to June 30, 2023)** totaling no more than **$100,000.00**.

6. INSTRUCTIONS TO APPLICANTS

Applicants should follow the instructions set forth below in the submission of their proposal to the CDC Foundation. CDC Foundation will not be responsible for any proposal which does not follow the instructions in this RFP, and may, at its discretion, reject any such non-compliant or incomplete proposal.

6.1 Communications During the RFP Period

Applicants should review the RFP in its entirety along with the Supplemental Q&A document that has been posted on the CDC Foundation website.

The CDC Foundation will post a *pre-recorded* **CSO Applicant Webinar** to answer questions received about this RFP by **May 13, 2022.**

Applicants may submit questions via email about this RFP until **Wednesday June 1, 2022**. All questions should be emailed to HIVSelfTesting@cdcfoundation.org.

6.2 Submission of Proposals

Application materials must be submitted by **12:00 PM (Noon) ET on MONDAY, JUNE 6, 2022**. The application will not be accessible after the deadline. A system-generated notification of receipt of the application will be sent upon submission.

Applicants are encouraged to submit the online application form well in advance of the submission deadline. An applicant's initial submission is considered final and any subsequent, revised application submissions will not be reviewed.

Google Chrome and Firefox are recommended internet browsers for submitting this application. **Please note that there is no option to save your work on the online form**. Applicants may want to copy and paste application responses from a Word document. There is also a character limit of 4,000 characters per question field.

Applicants are required to submit annual budgets, audits, annual reports, and/or Negotiated Indirect Cost Rate Agreements as supporting documentation for the application submission. CDC Foundation reserves the right to request additional supporting documentation as required during the award and contracting phase.

The online application link can be accessed **HERE.** The information below is requested on the application form:

- **Organization Information**
    - Organization Name, Abbreviated Name, Address, Website, Mission, Year Established, Organization Type, and Business Classification
    - Organization Attestation to CDC Funding Opportunities NOFO PS21-2102 and NOFO PS22-2203
    - Organization Attestation regarding minority-led distinction
    - EIN/Tax ID

- DUNS Number - To request a DUNS number, visit https://www.dnb.com/duns-number/get-a-duns.html. It can take up to 2 business days to receive a DUNS number.
- SAM Registration and Expiration
- **Proposal Description and Application Responses**
  - **Answer all required application questions. Must use data to inform responses, as appropriate, and include citations/sources.**
    - **Proposed Project Purpose:** Align your organizational mission, priority population(s), and service/program areas currently delivered to this funding opportunity.
    - Describe the organization's prior and current experience as it relates to serving Priority Populations, engaging community stakeholders in project initiatives, and translating science to provide science-based health information to at-risk/priority populations.
    - Provide a project title, if applicable.
    - **Problem Statement:** describe the issue(s) that will be addressed with your proposal. Detail current data and understanding of the issue(s) that your project will address. Include citations/sources.
    - **Project Goals & Core Strategy:** describe the project goals and core strategy or strategies that will be used to meet them.
    - Select all the proposed priority populations from the list that your organization will work to serve on this project.
  - **Project Activities to meet Objectives 1-5 outlined in Section 4.1.**
    - Priority consideration will be given to applicants whose proposals cover all 5 Objectives outlined in Section 4.1. Your organization may choose not to incorporates all 5 Objectives into your proposal.
    - **Proposed Approach to meet Objectives 1-5:** describe the approach, strategies, and project activities that will be used to ensure project Objectives are met during the 11-month project period. Detail notable events, campaigns, or expected accomplishments.
      - Objective 1: HIVST Program Implementation and/or Expansion
      - Objective 2: Prioritize HIVST Education and Test Kit Distribution
      - Objective 3: HIVST Program Promotion and Outreach
      - Objective 4: Expand Community Collaborations and Partnerships
      - Objective 5: Encourage Linkages to HIV Treatment, Prevention, and Other Essential Services
    - **Staffing Capacity:** Provide a brief description of how the proposed project will be staffed and managed over the grant term. List key staff or other personnel expected to deliver services or manage project objectives and activities as needed.
  - **Project Partnerships and Collaborations**

- Describe if and how the organization will collaborate or partner with local community serving organizations or clinics, health departments, or local/regional/national HIV prevention organizations to achieve project goals.
- Describe if and how the organization will collaborate or partner with SSPs to achieve project objectives. See https://www.nasen.org/ for a complete list of established SSPs throughout the U.S.
    - o **Project Deliverables and Outputs/Outcomes**
        - Describe direct, tangible results of proposed project activities. Include any detailed deliverables (outputs) specific to the proposed project.
        - Describe the changes or conditions anticipated to occur because of the activities and outputs by the end of the grant term.
    - o **Expected Impact:** Describe the expected impact on the communities served because of project activities outlined in the proposal.
- **Budget and Budget Narrative**
    - Provide a detailed budget with supporting narrative for all anticipated costs not to exceed $100,000.00 USD. Applicants are required to use the following attachments to submit their budgets:
        - i. Attachment B: Budget Narrative Template (CDCF provided Word Document)
        - ii. Attachment C: Excel Budget Template (CDCF provided Excel sheet)
    - The requested project funds can include the following direct costs: Salary, Fringe, Supplies, Equipment, Travel (transportation, lodging, meals, and incidental expenses, etc.), Contractual, and Other Direct Costs.
    - Indirect Costs are allowable. Applicants with an approved federally recognized and valid Negotiated Indirect Cost Rate (or Recovery) Agreement (NICRA) must charge indirect costs to projects based on their negotiated indirect cost rate and modified total direct cost (MTDC) base, both as listed in their NICRA. Entities that do not have a NICRA may elect a *de minimis* indirect cost rate of 10% of MTDC.
    - The budget narrative should comply with CDC budget preparation guidelines
- **Supporting Documentation – Upload the following**
    - **Budget Narrative (CDCF provided Word doc. Template located on** CDCF RFP homepage**)**
    - **Excel Budget (CDCF provided Excel Template located on** CDCF RFP homepage**)**
    - The organization's approved **NICRA**, if applicable
    - The organization's **annual budget**
    - The organization's **annual audited financial report or 990 form.** If one is not available, upload a copy of your organization's **income statement or balance sheet** from the financial system

Submitting Your Proposal

Application materials must be submitted by **12:00 PM (Noon) ET on MONDAY, JUNE 6, 2022**.
Proposals will not be accepted after this date and time.

Proposals must be submitted electronically. CLICK HERE TO SUBMIT A PROPOSAL

We recommend you attempt to submit your proposal by 8:00am ET on Monday, June 6, 2022, to allow sufficient time to address any unexpected technical issues.

6.3 Anticipated Timeline

Please note that the timeline is subject to change based on CDC Foundation's organizational and administrative capacity.

April 29, 2022	RFP Release w/ Supplemental Q&A doc
By May 13, 2022	A *Pre-recorded* CSO Applicant Webinar will be posted to the CDC Foundation website.
June 1, 2022	Deadline to submit written inquiries to **HIVSelfTesting@cdcfoundation.org**
June 6, 2022, 12:00pm ET (Noon)	Proposal Submission Deadline. Proposals must be submitted electronically. **CLICK HERE TO SUBMIT A PROPOSAL**
July 2022	Selection Notifications sent to CSOs in July 2022. Negotiation and execution of awards begin in July 2022.
August 15, 2022, to June 30, 2023	Project Period Implementation

7. SELECTION PROCESS AND REVIEW CRITERIA

Completed applications submitted by the **12:00 PM ET on Monday, June 6, 2022,** deadline will be evaluated in accordance with the review criteria stated above. A review panel of CDC Foundation staff will score each application.

Awards will be made based on the highest proposal scores using the rubric below. Priority consideration will be given to applicants whose proposals cover all five (5) project objectives outlined in the application. Unsuccessful applicants will be notified, and technical review feedback will be provided upon request within 30 days of the request. The CDC Foundation reserves the right to fund proposals out of rank order in order to 1) ensure optimal coverage across the 57 priority jurisdictions referenced in Section 2 of this RFP and 2) ensure adequate funding of the five (5) project objectives listed in Section 4.1 of this RFP.

The CDC Foundation reserves the right to conduct financial and due diligence reviews. As a public entity, the CDC Foundation has a responsibility to the public to ensure that the organizations that receive grant funds are financially stable and to evaluate the applicant's risk of noncompliance with Federal statutes, regulations, and the terms and conditions of the subaward for purposes of determining the appropriate subrecipient monitoring, per program year. Further written materials to assess risk may be requested during or prior to the review.

The following table provides an outline of the selection criteria and scoring details for how proposals will be evaluated:

Domain	Selection Criteria	Score
Project Purpose	Describe the Proposed Project Purpose by aligning the Organizational Mission, Priority Population(s), and current Service/Program Areas delivered. Must link this to the relatability of this project Describe the organization's prior and current experience as it relates to serving Priority Populations, Community Collaborations, and Translating Science. Must use data to inform this section, as appropriate. Include citations and sources.	15 Points
Well-defined Data-informed 10.5-month Project Plan including the Project Approach, Strategies, and Objectives 1-5	Provide a project title (if applicable), problem statement, and project goals and core strategy. Describe the Priority Populations the organization will work to serve with this project.	40 Points

	Describe proposed approaches and strategies to meet Objectives 1-5 (as applicable). Upload a 10.5-month timeline detailing any notable events, campaigns, or expected accomplishments using: • *Attachment A: Upcoming Project Activities Schedule* List key staff (number and type(s)) dedicated to delivering services with experience in areas defined in the RFP. Feasibility of proposed project plan. Must use data to inform this section, as appropriate. Include citations and sources.	
Partnerships and Collaborations	Detailed description of any partnerships and/or collaborations with other local, regional, or national HIV prevention organizations that will be utilized to complete project work. Specifically mention and detail any collaborations and/or partnerships with SSPs. See https://www.nasen.org/ for a complete list of established SSPs throughout the U.S.	15 Points
Clear outputs, outcomes, and expected impact	Description of direct, tangible results of project activities. Detailed deliverables (outputs) specific to the proposed project. Description of changes or conditions anticipated to occur because of the activities and outputs by the end of the grant term. Description of the expected impact of the communities because of project activities. Detail the estimated number of individuals who will be reached by the proposed activities.	20 Points
Detailed Budget Narrative	Budget Narrative must correspond to anticipated program activities detailed in section 4.1 and be reasonable in nature.	10 points

	Upload a detailed Budget Narrative using both of the following: *Attachment B: Budget Narrative Template* *Attachment C: Excel Budget Template.* Budget Narrative must comply with: *Attachment D: CDC Budget Preparation Guidelines* *Attachment E: Federal Subrecipient Budget Training 03.03.2022.*	
Total		**100 points**