



Request for Proposals

Enhancing Community Capacity to Support HIV Self-Testing Programs

DATE ISSUED: DECEMBER 13, 2021

DATE REVISED* : DECEMBER 28, 2021

DATE REVISED : JANUARY 18, 2022**

SUBMISSION DUE DATE: MONDAY JANUARY 31, 2022, AT 12:00PM ET

***Revised Date: December 28, 2021.** RFP reflects an update to the *submission due date* (extended to Jan. 24, 2022), *CDC Foundation Contact Information*, *Section 2. Summary of Request* updated, *Section 5.1 Eligibility* updated, *5.7 Performance Period* updated, *6.1 Communications during the RFP Period* updated, *6.2 Submission of Proposals* updated, *6.3 Anticipated Timeline* (dates have been extended), *Section 8. Helpful Resources and Attachments* Attachment D has been added. All updated areas are highlighted Yellow for ease of reference.

****Revised Date: January 18, 2022.** RFP reflects an update to the *submission due date* (extended to Jan. 31, 2022). All updated areas are highlighted Yellow for ease of reference.

CDC FOUNDATION CONTACT INFORMATION

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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 support efforts to expand the reach and impact of HIV Self-Testing (HIVST)¹ programs by building the capacity of community-serving organizations (CSOs) focused on populations most affected by HIV². CSOs may be inclusive of organizations serving racial and ethnic minorities, sexual and gender-identity minorities, 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 (ASO), and syringe service programs (SSP).

This CDC Foundation funding opportunity aims to support a **national or regional HIV prevention-focused organization** to serve as a **Technical Assistance (TA) Provider to CSOs**. This organization will determine the capacity building needs of the selected CSOs serving populations living in [57 priority jurisdictions](#) identified by the CDC and provide capacity-building opportunities via webinars, in-person assistance (if deemed necessary), videoconferencing, video-training, guidance documents, promising practices, and subject matter expertise. All materials and content developed should be available to all CSOs funded by CDC Foundation under this project. The ideal organization will have experience in providing evidence-based, tailored strategies reaching vulnerable populations, including communities disproportionately affected by HIV. The organization should have proven experience working with HIV prevention and HIV self-testing programs, developing content materials, and using innovative health communication tools. Organizations are **ineligible** for this CDC Foundation funding opportunity if they are one of the [17 organizations awarded](#) by the CDC through [NOFO PS19-1904](#)³.

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 HIV prevention TA Provider applicants are ineligible for this CDC Foundation funding if they are one of the [17 organizations](#) that have been awarded by the CDC through [NOFO PS19-1904](#). See also *Attachment D: CDC_17 Funded Organizations_NOFO PS19-1904_PDF* (pg. 2).

In addition, the selected **HIV prevention TA Provider** will be responsible for developing a **National Directory** of non-traditional, grassroots community serving organizations focused on HIV Prevention in their local, regional, or national communities and tasked with developing a **partnership with OraSure Technologies** to secure **bulk OraQuick HIV self-tests** that can be bought and distributed to CSOs at an economical cost.

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.⁴ Knowledge of an HIV status is important because those living with HIV can engage in care and treatment for optimal health outcomes and can take steps to prevent transmission to others.

Although HIV testing is important for both treatment and prevention efforts and rapid testing is much more widely available, approximately 13% of the 1.2 million people living with HIV in the U.S. today do not know their status.⁵ Thirty-eight percent (38%) of all new HIV infections are transmitted by people who do not know they have the HIV virus.⁶

Research has demonstrated that HIV self-testing is an effective, convenient, and private option for people to know their HIV status.⁷ 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.⁸ Additionally, geographic disparities, especially in rural areas and across the southern region of the U.S., have historically contributed to gaps in HIV prevention and treatment.⁹

The CDC Foundation aims to address these prevention gaps by building and expanding the capacity of CSOs serving racial and ethnic populations and other priority populations to implement and/or enhance their HIV ST services within their communities' social networks and create supportive partnerships with local organizations, medical clinics, health departments, and SSPs. In alignment with the CDC's [Ending the HIV Epidemic in the U.S. Initiative \(EHE\)](#) 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) located in 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 (ONAP) and developed with input from federal partners and the HIV community across the U.S.

⁴ CDC, National Center for Health Statistics (2021). Health, United States 2019. <https://stacks.cdc.gov/view/cdc/100685>

⁵ Kaiser Family Foundation (2021). *The HIV/AIDS Epidemic in the United States: The Basics*. <https://www.kff.org/hiv/aids/fact-sheet/the-hiv-aids-epidemic-in-the-united-states-the-basics/>

⁶ 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>

⁷ 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>

⁸ Kaiser Family Foundation (2021). *The HIV/AIDS Epidemic in the United States: The Basics*. <https://www.kff.org/hiv/aids/fact-sheet/the-hiv-aids-epidemic-in-the-united-states-the-basics/>

⁹ CDC, Ending the HIV Epidemic in the U.S. (2021). <https://www.cdc.gov/endinghiv/overview.html>

4. SCOPE OF WORK

There are five (5) program activities outlined in this RFP. Applicants are encouraged to submit a proposal that includes all five (5) program activities. Applicants may subcontract activities, as needed.

4.1 Program Activities – The following activities are supported under this RFP:

Activity 1: National Directory of non-traditional CSOs

Develop a **National Directory** of community-serving organizations focused on HIV Prevention in their local, regional, or national communities. The National Directory will serve as the start of a database capturing identified CSOs (defined above) across the U.S. focused on HIV prevention and their geographic location, priority population, support services (i.e., social, housing), and leadership/point of contact information. The goal is to have a digital source to review, research, and locate CSOs to enhance future HIV prevention collaborations, partnerships, and communications about funding opportunities and other resources.

Activity 2: Bulk Pricing & Distribution Partnership with OraSure Technologies for OraQuick HIV STs

Develop a **partnership with OraSure Technologies** to secure bulk OraQuick HIV self-tests that can be bought and distributed to CSOs at an economical cost. Additional funding may be negotiated for this partnership; however, at minimum, the selected HIV prevention TA Provider will be expected to have negotiated discounted pricing and developed a distribution plan with OraSure/OraQuick to secure and pay for bulk orders of HIV self-tests to be delivered to CDC Foundation funded agencies/CSOs.

Activity 3: CSO Needs Assessment Survey

The **HIV prevention TA Provider** will work in collaboration with the CDC Foundation to develop and conduct a **Needs Assessment Survey** to determine technical assistance needs and capacity-building support initiatives for CSOs. The results of the Needs Assessment Survey will be used to develop group learning opportunities, materials, content, define HIV ST program barriers/challenges, identify top community-level micro-influencers, and determine how social media and communities' social networks could be leveraged effectively to disseminate messaging about HIV Self-Testing as an HIV prevention method. Additional topics may include:

- Resources to obtain HIV testing, including self-tests
- Managing, evaluating, and measuring HIV ST program effectiveness and outcomes
- Applying for and managing federal grants
- Identifying barriers to HIV Self-Testing hesitancy
- Addressing health equity and social determinants of health
- Building partnerships with state and local health departments, Syringe Service Programs (SSPs), and key stakeholders in local communities
- Interpreting new scientific evidence, data, research, etc. on HIV Self-Testing programs as they become available
- Building culturally competent health literacy
- Implementing health communication strategies (i.e., social media campaigns across multiple platforms)

- Planning and executing local events and campaigns
- Ensuring sustainability of CSO programs after completion of the grant term

Results of the **Needs Assessment Survey** will be shared with CDC Foundation, CDC, and CSOs.

Activity 4: Provide Technical Assistance to CSOs

The **HIV prevention TA Provider** will provide technical assistance to CDC Foundation-funded CSOs to strengthen their ability to use innovative, groundbreaking, and pioneering strategies (including online resources, social media, and social networks) to promote uptake of HIV ST as a core component of their HIV prevention programs.

Technical assistance topics, activities, and strategies may include:

- Providing support to CSOs with developing new materials or resources based on challenges and practices.
- Providing one-on-one and small group coaching and technical assistance including, and not limited to checking in on progress, addressing challenges, identifying successes that can be shared, identifying support needs that may require subject matter expertise across the program, and providing guidance on how to report on and evaluate program activities.
- Conducting webinars for all CSOs funded by CDC Foundation under this initiative. Topics may include health equity, community resilience, managing federal funding, monitoring, evaluation, and reporting on required performance indicators.
- Building linkages to HIV Self-Testing through social networking, dating apps, tele-health, telemedicine, in-person and online community events, and campaigns.
- Supporting HIV prevention messaging on multiple online platforms
- Building partnerships with decentralized distribution points for HIV prevention supplies (I.e., condoms, lubricants, syringes, etc.)
- Strengthening ancillary prevention strategies such as Pre-exposure Prophylaxis (PrEP), Syringe Service Providers (SSPs), and Sexually Transmitted infection (STI) testing.
- Providing technical assistance to CSOs and their community-level micro-influencers to build local capacity and strengthen their social media messaging to increase usage of HIV self-tests.
- Conducting virtual and/or in-person site visits to provide technical assistance, monitor the implementation of activities, and capture lessons learned and success stories with CSOs.

Activity 5: Provide Capacity-Building Support to CSOs

The **HIV prevention TA Provider** will provide capacity building support to CSOs implementing and/or expanding their HIV ST programs to be inclusive of telehealth such as counseling, referrals, and linkages to care such as antiretroviral therapy (ART), PrEP, STI Testing, etc. Capacity building support topics, activities, and strategies may include:

- Collaborating with CDC to disseminate an HIV ST self-study course for CDC Foundation-funded CSOs implementing or enhancing their HIV ST programs.
- Collecting data on the piloting of the developed curriculums/approaches with CDC Foundation-funded CSOs to assess the effectiveness and feasibility of implementation as a core prevention strategy.

- Promoting the expansion of PrEP prescription, distribution, and payment (multi-month prescribing and refills for PrEP clients). HIV self-testing should be increased and prioritized for partners of people living with HIV and pregnant women with messaging on where to access healthcare and support services.
- Arranging learning opportunities for CDC Foundation-funded CSOs to share their success stories, best and promising practices, resources, and knowledge with other CSOs.
- Connecting CSOs to cross-learning opportunities. CDC Foundation will highlight opportunities for CSOs to participate in other webinars and training sponsored by CDC Foundation with other donor funding or hosted by other community-based and national organizations.
- Documenting stories from the field to share lessons learned, potential barriers and solutions, and successes from CDC Foundation-funded CSOs. Distributing this knowledge among CDC Foundation-funded CSOs, CDC, and other stakeholders working in HIV prevention.
- Developing recommendations or promising practices for micro-influencing that could be used by CDC communicators in future programs.
- Providing support for developing sustainability plans for HIV SP programs through diversifying and increasing community donor support and engagement.

4.2 Outputs – The **HIV prevention TA Provider** will produce/deliver the following services, events, and/or products:

Process Measures
<ul style="list-style-type: none"> • # of CDC Foundations funded CSOs provided technical assistance • # of HIV ST kits procured and distributed • # of technical assistance events conducted for CDC Foundation funded CSOs • # of individuals reached through HIV prevention TA Provider’s social networking and media platforms • # of best or promising practices and guidance documents produced/disseminated • # of collaborative partnerships developed over the project period to assist or expand HIV TA Provider’s project objectives
Outputs
<ul style="list-style-type: none"> • HIV TA Provider project plan and timeline • Development of a National Directory of non-traditional CSOs (defined above) • Development of a partnership with OraSure for bulk pricing & distribution of OraQuick HIV self-tests (defined above) • Development and dissemination of relevant technical assistance, tools, and resources • Technical Assistance events/webinars held to build CSO capacity support for HIV ST programs or services • Development of new collaborative partnerships with regional/national organizations to assist or expand HIV TA Provider’s work

Program Outcomes
<ul style="list-style-type: none"> ● Short-term: <ul style="list-style-type: none"> ○ Improved capacity for CSOs to identify, prioritize, and customize relevant HIV ST-related programs and services to address local public health needs. ○ Improved capacity of CSOs to acquire bulk HIV self-test kits and distribute to local community members ○ Increased availability of and accessibility to HIV ST kits in priority jurisdictions ○ Enhanced ability to partner, collaborate, and communicate with non-traditional CSOs across the U.S. through the National Directory ● Intermediate: <ul style="list-style-type: none"> ○ 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, and SSPs or other community organizations
Budget Period Outcomes
<ul style="list-style-type: none"> ● 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 emergencies and advancements in public health ● Foundational HIV prevention approaches/strategies implemented and determined effective based on metrics/data from CSO project activities
Program Outcome Measures
<ul style="list-style-type: none"> ● # of CSOs serving populations within the 57 priority jurisdictions ● # of priority jurisdictions supported by this project ● # of technical assistance events hosted or sponsored ● # of technical assistance resources or services provided to CSOs ● # of collaborative partnerships developed ● # of self-test kits distributed to CSOs via OraSure Technologies partnership ● # of CSOs included in the National Directory

5. KEY REQUIREMENTS

5.1 Eligibility

Eligible applicants are organizations with the following experience:

- Branding, marketing, production, and digital/social media expertise,
- Experience supporting CSOs with implementation/expansion of HIV ST programs or services, HIV screening/testing, or other HIV prevention strategies in the United States, and
- At least 5 years of organizational experience working in the public health sector.

Organizations are **ineligible** for the CDC Foundation funding if they are one of the [17 organizations](#) awarded by the CDC through [NOFO PS19-1904](#). See also *Attachment D: CDC_17 Funded Organizations_NOFO PS19-1904_PDF* (pg. 2).

Preferred Experience

Applicants will be scored higher based on the following:

1. Experience in providing evidence-based, tailored strategies for addressing the informational needs of selected populations. Specific expertise working with communities at-risk of higher HIV rates is preferred.
2. Previous experience developing content materials and using innovative strategies, methods, influencers, messengers, and tools in health communication about HIV ST programs.
3. Capacity to accomplish proposed activities on time at reasonable and appropriate cost.

5.2 Funds Available

CDC Foundation intends to make one (1) award to complete the five (5) activities listed above. An organization applying to complete all five (5) activities could receive up to **\$887,000.00**. The final award amount is contingent on submission of a detailed and reasonable budget proposal and workplan to be approved by the CDC Foundation. Applicants should budget this amount to cover a **14-month implementation period**.

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 HIV prevention TA Provider will carry out tasks at their offices and work with the CDC Foundation virtually.

5.5 Performance Monitoring

The performance will be monitored in line with the agreed project plan, progress reports, detailed financial reports on expenditures, and through scheduled routine check-in virtual meetings. The HIV

prevention TA Provider will be expected to work in close collaboration and consultation with the CDC Foundation staff working on this project. The plan for each deliverable will be an important part of the overall project plan.

5.6 Payment

CDC Foundation anticipates paying the awarded HIV prevention TA Provider based on a cost-reimbursable schedule. An invoice template will be provided after the contract is awarded.

5.7 Performance Period

The HIV TA Provider will be expected to begin program implementation on **April 1, 2022**, for an initial 4-month project period to **July 31, 2022**. The CDC Foundation plans to request a **costed extension** to administer the project through **May 31, 2023**.

Applicants are encouraged to submit a proposal and budget outlining project activities and expected expenditures for the full **14-month performance period** (April 1, 2022, to May 31, 2023) totaling no more than **\$887,000.00**. The final award amount is contingent on submission of a detailed and reasonable budget proposal and workplan to be approved by the CDC Foundation.

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 proposal.**

6.1 Communications During the RFP Period

Applicants may submit questions about this RFP between **December 10, 2021 – January 24, 2022**, by email. All questions should be submitted to HIVSelfTesting@cdcfoundation.org.

An RFP Supplement with responses to all questions asked through **January 24, 2022**, will be posted on the CDC Foundation RFP website on or about **January 26, 2022**.

6.2 Submission of Proposals

Application materials must be submitted by **Noon (12:00 PM) EST on January 31, 2022**. The application will not be accessible after the deadline. A system-generated notification of receipt of the application will be sent. Google Chrome and Firefox are recommended internet browsers for submitting this application. Note that there is no option to save your work within the application form. There is also a character limit of 4,000 characters per question field. Applicants are **not** required to submit annual budgets, audits, annual reports, or Negotiated Indirect Cost Rate

Agreements as supporting documentation. CDC Foundation reserves the right to request supporting documentation as required during the contracting phase.

The online application link can be accessed [HERE](#). The information below will be requested on the application form.

1. Organization Information

- Organization Name, Abbreviated Name, Address, Website, Mission, # of Employees, Annual Revenue, Year Established, Organization Type, and Business Classification
- Organization Attestation to CDC Funding Opportunity PS19-1904
- 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
- **Project Description – File Upload**
 - **Project Title and Problem Statement with Objective(s) and Population(s) served**
 - Describe the organization’s **prior experience** as it relates to the activities outlined in the proposal.
 - Describe the organization’s prior experience providing technical assistance and capacity-building support to community-serving organizations/agencies directly.
 - Describe the organization’s prior experience developing culturally appropriate HIV prevention initiatives and providing science-based information to at-risk populations.
 - Describe the **approach, strategies, activities, approx. budget, and timeline** to ensure each **Project Activity 1-5** are completed during the project period:
 - Activity 1: National Directory of non-traditional CSOs.
 - Activity 2: Bulk Pricing & Distribution Partnership with OraSure Technologies for OraQuick HIV STs
 - Activity 3: CSO Needs Assessment Survey
 - Activity 4: Provide Technical Assistance to CSOs
 - Activity 5: Provide Capacity-Building Support and Initiatives to CSOs
 - **Project Collaborations**
 - Describe if and how the organization will collaborate with other national or regional HIV prevention or other partners to achieve project objectives.

2. Project Deliverables, Outputs/Outcomes, and Expected Impact – File Upload

- Description of direct, tangible results of project activities
- Detailed deliverables (outputs) specific to the proposed project
- Description of changes or conditions anticipated to occur as a result of the activities and outputs by the end of the grant term for CSOs
- Description of the expected impact on CSOs and the communities they serve as a result of project activities

3. Budget and Budget Narrative – File Upload

- Provide a detailed budget with supporting narrative for all anticipated costs.

- 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) can 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 the [CDC budget preparation guidelines](#).

Submitting a Proposal

Application materials should be submitted by **NOON (12:00PM) EST on Monday, January 31, 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 begin to submit your proposal by **8:00 AM EST January 31, 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 CDCF organizational and administrative capacity.

December 13, 2021	RFP Release
December 28, 2021	Revised RFP Release
January 18, 2022	Revised RFP Release (extension of proposal submission date)
January 24, 2022	Deadline to submit final questions regarding <i>this RFP</i> to HIVSelfTesting@cdcfoundation.org for inclusion in RFP supplemental document.
January 26, 2022	RFP supplemental document posted
January 31, 2022, by 12:00PM EST (Noon)	Proposal Submission Deadline. Proposals must be submitted electronically. CLICK HERE TO SUBMIT A PROPOSAL
Mid-February 2022	Selection Notification

April 1, 2022, to July 31, 2022; August 1, 2022, to May 31, 2023	Initial 4-month implementation period begins. CDC Foundation plans to request an extension to implement the project through May 31, 2023 .
June 1, 2022	Implementation period begins for CSOs.

7. SELECTION PROCESS AND REVIEW CRITERIA

Completed applications submitted by the **Noon 12:00 PM EST on January 31, 2022**, deadline will be evaluated in accordance with the review criteria stated above. A review panel of CDC Foundation staff will score each application. The selected applicant 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) activities outlined in the scope of work. Unsuccessful applicants will be notified, and technical review feedback is provided upon request within 30 days of the request.

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 organization that receives grant funds is 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.

Below is a table providing an outline of the selection criteria and scoring details for how each proposal will be evaluated.

Domain	Selection Criteria	Score
Organizational Mission, Populations Served, and Past Experience	Organizational Mission & Population(s) served. Relatability to this project. Prior experience providing technical assistance and capacity-building support to community-serving organizations/agencies directly. Prior experience developing culturally appropriate HIV prevention initiatives and providing science-based information to at-risk populations	15 Points
Well-defined Project Plan including the Project Approach, Strategies, Activities 1-5, Partnerships and/or Collaborations, and 14-month Timeline.	Project title, problem statement, and objectives Detailed proposed approach, strategies, activities 1-5, and timeline for completing work. List key staff (number and type(s)) readily available to deliver services with experience in areas defined in the RFP.	50 Points

	<p>Feasibility of proposed project plan.</p> <p>Detailed description of any fellow partnerships or collaborations with other national or regional HIV prevention organizations that will be utilized to complete project work.</p>	
Clear outputs, outcomes, and expected impact	<p>Description of direct, tangible results of project activities</p> <p>Detailed deliverables (outputs) specific to the proposed project</p> <p>Description of changes or conditions anticipated to occur as a result of the activities and outputs by the end of the grant term for CSOs</p> <p>Description of the expected impact on CSOs and the communities they serve as a result of project activities</p>	25 Points
Detailed Budget Narrative	<p>Detailed budget narrative that complies with CDC Budget Preparation Guidelines</p> <p>Budget must correspond to anticipated funds per activity detailed in section 5.2.</p>	10 points
Total		100 points

8. [HELPFUL RESOURCES AND ATTACHMENTS](#)

- Attachment A: Budget Narrative Template (Word Document)
- Attachment B: Budget Template (Excel sheet)
- Attachment C: [CDC Budget Preparation Guidelines](#)
- Attachment D: CDC_17 Funded Organizations_NOFO PS19-1904_PDF