



***CDC-RFA-PS21-2105: National Viral Hepatitis Education, Awareness, and Capacity Building for Communities and Providers***

Presenters:

**Carolyn Wester, MD, MPH**  
Director, Division of Viral Hepatitis

**Karina Rapposelli, MPH**  
Associate Director for Policy and Communications, Division of Viral Hepatitis

**March 23, 2021**

# Overview

- Welcome
- Purpose & Long-Term Outcomes
- Eligibility & Funding
- Part A: Community Education, Awareness, and Capacity Building
- Part B: Professional Education/Training
- Information on Submission and Selection
- Important Dates
- Questions and Answers

## PS21-2105: General Information

- The application deadline is Friday, May 14, 2021 at 11:59 PM, EST
- Full and open competition
- Applicants may apply to Part A, Part B, or both; separate applications are needed if applying to both
- Applicants should focus their efforts on developing their Work Plans and responding to the evaluation criteria
- CDC-RFA-PS21-2105 website:  
<https://www.cdc.gov/hepatitis/policy/FO-CDC-RFA-PS21-2105.htm>

# PS21-2105 Purpose

- **Part A:**

- To lead, maintain, and grow existing coalitions of diverse US-based public and private organizations that provide culturally responsive hepatitis B and/or hepatitis C virus infection education and services to priority populations (people who inject drugs (PWID), Asian/Pacific Islanders, American Indians/Alaska Natives, and non-Hispanic Blacks), thereby increasing hepatitis B and/or hepatitis C virus infection awareness, testing, and treatment.
- To increase hepatitis B and/or hepatitis C virus infection awareness through amplifying CDC's national hepatitis B and hepatitis C campaign(s).

- **Part B:**

- To maintain an existing web-based, free training platform for healthcare professionals to improve clinical management of hepatitis B and hepatitis C.

# PS21-2105 Long-term Outcomes

- More people with chronic hepatitis B and chronic hepatitis C able to make informed health decision and obtain proper care and treatment, if appropriate
- Decreased morbidity and mortality from chronic hepatitis B and chronic hepatitis C

# PS21-2105 Eligibility and Funding

- **Eligibility**

- Open competition

- **Funding (anticipated)**

- Part A: \$275,000 to one recipient
- Part B: \$275,000 to one recipient

# Part A – Community Education, Awareness, and Capacity Building

- Anticipated award: \$275,000 / year
- 1 award

# Part A: Community Education, Awareness, and Capacity Building

## ■ 4 required elements

- A1. Lead, maintain, and grow an existing coalition of diverse public and private organizations serving priority populations (PWID, Asian/Pacific Islanders, American Indians/Alaska Natives, and non-Hispanic Blacks) with high rates of hepatitis B and/or hepatitis C virus infection
- A2. Provide technical assistance and training to coalition members to deliver culturally competent hepatitis B and/or hepatitis C virus infection educational outreach to selected priority population(s)
- A3. Build capacity of coalition members to conduct hepatitis B and/or C virus infection testing among members of the selected priority population(s) and, as appropriate and feasible, link to care and treatment
- A4. Amplify CDC's national viral hepatitis education campaign(s) at the community level



# Part A: Logic Model

## Part A: Community Education, Awareness, and Capacity Building

<i>Strategies and Activities</i>	<i>Short-term Outcomes</i>	<i>Intermediate Outcomes</i>
<p>A1. Lead, maintain, and grow an existing coalition of diverse public and private organizations serving priority populations (PWID, Asian/Pacific Islanders, American Indians/Alaska Natives and non-Hispanic Blacks) with high rates of hepatitis B and/or hepatitis C virus infection</p>	<p>Increased capacity of coalition members to deliver culturally competent and appropriate hepatitis B and/or hepatitis C virus infection educational outreach to priority populations</p>	<p>Increased awareness among priority populations of hepatitis B and/or hepatitis C virus infection prevention, testing, care and treatment</p>
<p>A2. Provide technical assistance and training to coalition members to deliver culturally competent hepatitis B and/or hepatitis C virus infection educational outreach to selected priority population(s)</p>	<p>Increased testing for hepatitis B and/or hepatitis C virus infection among priority populations</p>	<p>Increased awareness among people living with chronic hepatitis B and/or chronic hepatitis C virus of their infection</p>
<p>A3. Build capacity of coalition members to conduct hepatitis B and/or C virus infection testing among members of the selected priority population(s) and, as appropriate and feasible link to care and treatment.</p>	<p>Increased reach of and exposure to CDC's national viral hepatitis education campaign materials</p>	
<p>A4. Amplify CDC's national viral hepatitis education campaign(s) at the community level</p>		

# Viral Hepatitis Coalition

- Working with a coalition is required in Part A
- Part A recipient will have demonstrated experience in leading, maintaining, and growing a coalition and providing their coalition with culturally responsive training, capacity building, and technical assistance activities for the proposed priority populations and geographic areas
- Applicants encouraged to submit letters of support, MOUs / MOAs

# Part B – Professional Education/Training

- Anticipated award = \$275,000 / year
- 1 award

## Part B: Professional Education/Training

- **3 required elements**

- B1. Provide free comprehensive web-based, accurate, on-demand supportive resources, and trainings for health care professionals about hepatitis B and hepatitis C virus infection
- B2. Offer free continuing education credits for hepatitis B and hepatitis C virus infection training
- B3. Actively market and promote hepatitis B and hepatitis C virus infection training and supportive resources to ensure maximum reach

# Part B: Logic Model

Part B: Professional Education/Training		
<i>Strategies and Activities</i>	<i>Short-term Outcomes</i>	<i>Intermediate Outcome</i>
<p>B1. Provide free comprehensive web-based, accurate, on-demand supportive resources, and trainings for health care professionals about hepatitis B and hepatitis C virus infection</p> <p>B2. Offer free continuing education credits for hepatitis B and hepatitis C virus infection training</p> <p>B3. Actively market and promote hepatitis B and hepatitis C virus infection training and supportive resources to ensure maximum reach</p>	<p>Increased healthcare professionals' knowledge of populations affected by viral hepatitis focusing on U.S. hepatitis B virus &amp; hepatitis C virus epidemics</p> <p>Increased healthcare professionals' knowledge of CDC's hepatitis B and hepatitis C screening and vaccination recommendations</p> <p>Increased healthcare professionals' skills to conduct risk assessments for viral hepatitis; screen for and diagnose viral hepatitis; and stage and monitor chronic viral hepatitis</p> <p>Increased healthcare professionals' skills to evaluate and prepare for treatment of chronic viral hepatitis, including care for priority populations and management of complication</p>	<p>Increased number of healthcare professionals' evaluating and providing viral hepatitis treatment, treatment of chronic hepatitis, and treatment of priority populations and management of complications</p>

# PS21-2105: Attachments

## ▪ Required attachments

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications
- Risk Questionnaire Supporting Documents – Procurement Policy
- Report on Programmatic, Budgetary, and Commitment Overlap
- Table of Contents for Entire Submission
- Organizational charts
- Indirect Cost Rate, if applicable

## ▪ Optional attachments / strongly encouraged

- Letters of Support
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)

# PS21-2105: Review & Selection Criteria

- **Part A and Part B will be reviewed separately and have different scoring criteria**
  - Approach (35 points)
  - Evaluation and performance measurement (25 points)
  - Organizational capacity to implement the approach (40 points)
- **A budget is required and will be reviewed**

# PS21-2105: Important Dates

- **Application Deadline**

- May 14, 2021 by 11:59pm (U.S. Eastern Standard Time) at [www.grants.gov](http://www.grants.gov)

- **Award Date**

- September 30, 2021



# Frequently Asked Questions

## PS21-2105: Questions (i)

- **What is the anticipated start date of the project?**
  - Successful applicants can anticipate a project start date of September 30, 2021.
- **What organizations are eligible to apply for PS21-2105?**
  - This NOFO provides full and open competition; please refer to the section titled NOFO Eligibility Information.
- **Are foreign entities allowed to apply?**
  - The scope of PS21-2105 is to build national U.S. capacity for community viral hepatitis awareness and testing and to train U.S. health care providers on hepatitis B and hepatitis C. Any applicant meeting eligibility criteria and able to fulfill this scope may apply.

## PS21-2105: Questions (ii)

- **What is the period of performance for PS21-2105?**
  - The period of performance is five (5) years.
- **How many awards will be made?**
  - It is anticipated that there will be one (1) award made under Part A and one (1) award under Part B.
- **What is the total funding over the period of performance?**
  - It is anticipated that \$2,750,000 will be available over the five-year period of performance.

## PS21-2105: Questions (iii)

- **What is the expected yearly award?**
  - It is anticipated that the yearly award will be \$275,000 for Part A and \$275,000 for Part B. These amounts are subject to availability of funds.
- **On page 30, does the Data Management Plan (DMP) apply to Part A applicants?**
  - No, in section 2. CDC Project Description under b. i. CDC Evaluation and Performance Measurement Strategy, language is included to note that this program does not involve the generation or collection of public health data and therefore a DMP is not required. This applies to both Part A and Part B.

## PS21-2105: Questions (iv)

- **Are letters of support required? Is there a limit to how many letters of support may be submitted?**
  - As noted in the section titled “Organizational Capacity of Recipients to Implement the Approach,” letters of support are required for documenting organizational capacity, and a maximum of five can be submitted.
- **Are letters of intent to apply required?**
  - Applicants are encouraged but not required to send a letter of intent to apply by April 7, 2021. Additional details are included in the NOFO.

# Q&A

Please submit your questions in the Chat.

For more information or questions, please direct your inquiries to  
dvhpolicy@cdc.gov.

CDC-RFA-PS21-2105 website:

[https://www.cdc.gov/hepatitis/policy/FO -CDC-RFA-PS21-2105.htm](https://www.cdc.gov/hepatitis/policy/FO-CDC-RFA-PS21-2105.htm)

Thank you.

For more information, contact CDC  
1-800-CDC-INFO (232-4636)  
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

