

## FOA PS06 606 Pre-Application Questions and Answers

These are additional questions answered on the December 12, 2005 Pre-application conference call. This includes questions received by email after the December 1, 2005 Pre-application conference call and questions raised during the December 12, 2005 call.

Please note, to avoid any possibility of changing the meaning of the questions, the emailed questions are printed exactly as they were received, without correcting any typographical errors.

### General Questions

1. Can rent for PTC staff offices be included in the budget

**Yes, funds may be used for reasonable program purposes, including personnel, equipment, rent, travel, and supplies. (See application section IV.5 – Funding Restrictions.)**

2. Must all documents in the appendix be in 12 point font?

**Documents that contain charts or figures and documents from other sources, such as letters of support and examples of existing program materials are not required to be in 12-point font.**

3. Section III.3 states that documentation of the structured agreement between the organization that can bring state-of-the-art research findings and the training organization should include a letter or memorandum of agreement. Can this be in the form of a detailed Letter of Support or does it need to be a formal memorandum of understanding? The reason I ask is that a MOU might be difficult to get reviewed, approved and signed prior to the deadline.

**A detailed letter of support is acceptable.**

4. The announcement mentions that we need to have collaborations with institutions that can assist in program development and needs assessment, etc. Does this mean that we may request funding to support a part-time grad student (like Denver did with Kitty's group or a MPH student) to assist with evals, needs assessment, etc?

**Yes.**

5. The RFA states that applicants must provide documentation that their organization and/or their partner organization has developed & delivered state-of-the-art STD/HIV prevention education and training courses for health professionals based on current research findings and relevant CDC guidance and policy. What suffices for developed vs. delivery of courses? And what suffices for documentation that courses are based on CDC guidance and policy?

**You may use examples of course curricula and educational materials developed by your organization and/or your partner organization to document development. You may use promotional materials, such as course schedules, calendars, and brochures, as well as annual reports describing courses delivered and materials distributed to document delivery of courses.**

**To document that courses are based on CDC guidance and policy, you should indicate the specific CDC guidance and policy used to develop your courses. You should include examples illustrating the use of specific CDC guidance and policy in your courses. When possible, you should include examples of information statements in your course materials that indicate the specific CDC guidance and policy your courses are based on. For example, a statement in the introduction or acknowledgements section of a course guide stating that the course was developed using a specific CDC guidance or policy document, such as, the 2002 CDC STD Treatment Guidelines, the**

**Advancing HIV Prevention Initiative, the 1998 HIV Partner Counseling and Referral Services Guidance, the CDC Program Operations Guidelines for STD Prevention, etc.**

6. Under "special requirements" it says to list "documentation" that training space has certain facilities and is cost-effective - what does document mean - is it a narrative or is something more formal required?

**A narrative description of your training facilities and your capacity to provide cost-efficient training over the entire coverage area is acceptable.**

7. Do you have any suggestions on how we can submit all of the information requested in the limited space allotted?

**Use the number of points assigned to the evaluation criteria in determining how much space to allot to each section. Use appendices for supporting information.**

8. Under V.1., #6. (page 34 of 40) Training Objectives - This section asks for educational objectives. Are we to include non-educational objectives, such as objectives related to reaching targeted audiences, and covering a geographic area? For example, in the past, Part II PTCs were asked to save a certain percentage of training of seats for CBOs.

**Training objectives are defined as specific, measurable, time-phased, realistic educational objectives. The General and Part-Specific Training Plan sections (Sections V.1.4 and V.1.5) address specific training plan criteria. The Part II criterion regarding training of CBOs is addressed in Section V.1.5.b.ii.**

9. How would you suggest reducing the number of objectives to a manageable number yet cover all of the essential information required?

**Since this is a new and competitive announcement, past PTC grantees are not obligated to use any or all of the objectives developed for previous announcements. (Also see question 8.)**

10. Under IV.2. (page 21 of 40) examples of documents are listed as additional information that may be included in the application appendices (including the last bullet): "Examples of Existing Program Materials, Protocols, and Records." Does this apply to the Part IIs, and if so could you please share a few examples?

**This is a general list and may include materials from existing programs, such as documents related to existing training activities.**

Part I Specific- Questions

11. Regarding 130 hours for Part I training - does the 130 hours refer to trainer hours? We offer a 3 day course which consists of two days didactic, one day of clinical, but students have the option of just completing the two days of didactics. CDC has assigned us two different course IDs for the 3 day vs. 2 day even when they occur at the same time. Can we count the trainer hours for the two day in addition to the 3 day, or are we only allowed to count the hours for the 3 day?

**You should count only the number of actual hours the trainer spends providing training.**

12. Clarification re: definition of hands-on experiential training. Is a course that includes a demonstration of a physical exam on a surrogate patient conducted by a preceptor and observed by 2 students considered "hands on experiential training" for those 2 students or does each student need to actually conduct the exams for it to be considered experiential?

**Students must conduct the physical exams for this activity to fit the definition of experiential training.**

13. I'd like to know how we may count hours for online courses. Specifically, how many hours towards our total annual didactic hours may we count for an online course that takes two hours to complete? (We do collect BB1 data on participants for this course).

**For the purposes of the application, you may calculate on-line course hours based on the estimated number of hours it takes a participant to complete the course material one time. This may be included in the applicant's plan to deliver didactic training hours for the first 12 months of the project. Course and participant data reporting parameters will be discussed in greater detail at the post-award meeting.**

14. For the NNPTC Online STD Case Series, can individual PTCs count the participants from their respective regions as didactic course participants? Since many PTCs have contributed to this effort and PTCs market the website regionally, I was wondering if we can count the folks who go through it through in our regions?

**For the purposes of the application, an applicant who has collaborated with other organizations to develop an enduring or self-study training material, such as the NNPTC Online STD Case Series, should describe the material, their contribution, and the total number and type of participants the material reached in the Program Description and Training Capability section (Section V.1.2). The General and Part-Specific Training Plan evaluation criteria (sections V.1.4 and V.1.5) do not require applicants to quantify the number of participants projected to attend didactic courses. For the purposes of the application, each Part I applicant who collaborated in the development of an enduring or self-study STD/HIV training material for which participants complete registration forms that include CDC-required data elements may include the estimated number of hours it takes to complete the material one time; this may be included in the applicant's plan to deliver didactic training hours for the first 12 months of the project. Course and participant data reporting parameters will be discussed in greater detail at the post-award meeting.**

15. Please clarify, can family and internal medicine residents be counted as part of the 20 percent of total participants receiving experiential training that are permitted to be health professions students?

**Yes.**

16. Do the Model STD Clinic "current STD morbidity statistical tables by disease, sex, age and race/ethnicity that demonstrate client volume and profile" need to compare clinic-level data to the data for reportable STDs for the state as a whole?

**You must include STD morbidity statistical tables to demonstrate that your model clinic has a client volume and profile that reflects regional disease trends and allows for diverse clinical training opportunities. The appropriate tables and clinic information to use in demonstrating this training capability is the applicant's decision**

17. In one of the responses to a Part 1 specific question, you said that Seventy-five students attending a one-hour experiential training activity taught by three trainers qualifies as three experiential training hour (3 trainers x 1 hour). If a student attends an 8 hour practicum and works with 3 different preceptors/trainers, does this count for 8 hours of training or 24 hours of training?

**Three preceptors working for part of the 8 hours with one student would equal 8 hours of trainer time.**

**Example: Preceptor A spends 2.5 hours with Student X; Preceptor B spends 2.5 hours with Student X; and Preceptor C spends 2.5 hours with Student X.**

**Three preceptors each working for a total of 8 hours with 3 students would equal 24 hours of trainer time.**

**Example: Preceptor A spends 2.5 hours with Student X, 2.5 hours with Student Y, and 2.5 hours with Student Z; Preceptor B spends 2.5 hours with Student X, 2.5 hours with**

**Student Y, and 2.5 hours with Student Z; and Preceptor C spends 2.5 hours with Student X, 2.5 hours with Student Y, and 2.5 hours with Student Z.**

### **Clarification of 12-01-05 Pre-Application Conference Call Question 12**

Question 12 stated: Under "Part-Specific Training Plan", it states to have a plan to deliver a minimum of 70 experiential training hours to 75 students. Can you clarify this statement? Does this mean that if we had 75 students go through experiential training, each student could have one hour of experiential training?

**These are two separate measures. The 70-hour requirement refers to the amount of time trainers/preceptors spend providing experiential training. The 75-participant requirement refers to the number of participants attending the experiential activity. (See section V.I.5.a.ii – Part I Part-Specific Training Plan).**

**Seventy-five students attending a one-hour experiential training activity taught by one trainer qualifies as one experiential training hour (1 trainer x 1 hour) and 75 participants.**

**Example: Instructor A teaches 20 minutes of the course, Instructor B teaches 20 minutes of the course, and Instructor C teaches 20 minutes of the course.**

**Seventy-five students attending an experiential training activity in which each of three trainers teaches for one-hour qualifies as three experiential training hour (3 trainers x 1 hour) and 75 participants.**

**Example: Instructor A teaches 60 minutes of the course, Instructor B teaches 60 minutes of the course, and Instructor C teaches 60 minutes of the course.**

### **Calculating Part III course hours:**

**The Part III Training Plan should include at least 500 course hours in the following categories:**

**Eighty percent devoted to standardized partner services courses, including at least four ISTD courses and five PCRS courses and twenty percent devoted to program support courses.**

**Your training plan should include at least: 400 hours devoted to standardized partner services courses with 234 ISTD training hours, 97.5 PCRS training hours, and 69 hours of other standardized partner services courses; and 100 hours devoted to program support courses.**

**One ISTD course equals 58.5 training hours (6.5 training hours per day for nine days)  
One PCRS course equals 19.5 training hours (6.5 training hours per day for three days)  
Four ISTD courses equals 234 training hours (4 courses X 6.5 training hours X 9 days)  
Five PCRS courses equals 97.5 training hours (5 courses X 6.5 training hours X 3 days)**

### **Clarification of 12-12-05 Pre-Application Conference Call questions:**

**Clarification of spacing requirement: Application narratives should be double-spaced.**

**The application submission instructions concerning the number of copies to submit and acceptable ways to hold the application together do not apply to electronically submitted applications.**

**The progress report requirements will be discussed at the post-award meeting.**

**For the purposes of the application, new applicants (applicants that were not PTC grantees during the 2000-2006 funding period) should describe a training plan for the first 12-months**

of the project that provides at least the minimum number and types of training hours listed in the General and Part-Specific Training Plan sections of the Application Review Criteria (Sections V.1.4 and V.1.5).

Part I applicants should provide a description of all proposed training sites that includes all the information listed in Section V.1.2.iv. The description of each model STD clinic that will serve as a clinical training site should include all the information listed in Section V.1.2.b.i-viii.

Currently the CDC is diffusing a course titled "Foundations of HIV PCM." This course is a national-level standardized behavioral intervention course that supports CDC's DEBI program and AHP initiative. CDC also funds Part II PTCs to provide program support courses that have a focused approach to PCM such as "Stage-Based Prevention Case Management."

Therefore, whether a Part II applicant categorizes a PCM course as a standardized, national-level course or as a program support course depends on the specific PCM course being described.

### **Questions Received By 12-12-05 Close of Business**

1. is it permissible to include in our budget, costs for refreshments for participants that attend our trainings?

**CDC funds may be used for light snacks such as coffee, tea, and cookies served during training activities and conferences without breaks. The costs should be listed as incentives, not refreshments, in the "Other" category of the budget. The costs must be reasonable and should include the cost per participant.**

2. The instructions say to number all pages in the document sequentially, including the appendices. Can each appendix be numbered as individual documents, as A1.1, A2.1, A3.1, or must the appendices be considered all a part of the document so that you have a total page count of the complete document? Some of our supporting documents were received as hard copies only and it will require that we type over the document in order to renumber the complete document.

**Supporting documents received as hard copies only may be numbered as individual documents, such as Appendix A or Attachment A. The appendix or attachment number and page number should appear on each page of the document.**