Updated Supplement Guidance 07/14/2026

Updates are highlighted in yellow

Instructions for Preparing a Supplement Application
Centers for Disease Control and Prevention (CDC)
Office of Financial Resources

Assistance Listing Number: 93.940
Notice of Funding Opportunity Number (NOFO): CDC-RFA-PS-24-0047

High-Impact HIV Prevention and Surveillance Programs for Health Departments
National Center for HIV, Viral Hepatitis, STD and TB Prevention (NCHHSTP)
Division of HIV Prevention (DHP)

Purpose:

The purpose of this updated supplemental guidance is to include activities to support partnerships with community-based organizations (CBOs).

The purpose of this supplemental guidance is to announce the non-competitive availability of additional funding for the current recipients of CDC-RFA-PS-24-0047: High-Impact HIV Prevention and Surveillance Programs for Health Departments. This funding opportunity supports expanding, enhancing, and bringing to scale HIV testing and pre-exposure prophylaxis (PrEP) activities within high-priority, often difficult to reach communities, while advancing the accuracy, completeness, and timely submission of HIV surveillance data to health departments and to CDC. All recipients are required to implement activities to expand HIV testing and improve HIV surveillance data reporting under this supplement. Additionally, recipients with an Ending the HIV Epidemic (EHE) jurisdiction(s) are required to implement expanded and/or enhanced PrEP activities that incorporate elements to increase HIV non-occupational post-exposure prophylaxis (PEP) and doxycycline post-exposure prophylaxis (doxy-PEP) awareness and use. Finally, all recipients may propose to enhance, expand, bring to scale, and/or advance other approved programmatic activities.

This supplemental funding is intended to support activities during the current budget period of June 1, 2026, through May 31, 2027.

Eligibility:

Supplemental funds are intended only for recipients with current awards under the NOFO.

Anticipated Funding Level:

For this award, all recipients are required to prepare their supplemental budget based on **25%** of the current year's award amount. Recipients must designate a **minimum of $100,000** to support surveillance activities Additionally, EHE recipients are encouraged to designate a minimum of $250,000 to support PrEP activities.

Please see the table at the end of this guidance for each recipient's anticipated supplemental funding amount. This one-time supplemental funding is intended to support activities during the current budget period and is subject to the availability of funds.

For the implementation of Activity 1 and Activity 3, recipients are encouraged to provide a minimum of 10% of the supplemental funding to support partnerships with community-based organizations (CBOs). EHE jurisdictions are encouraged to provide a minimum of 25% of funding resources that should support community-based organizations (CBOs).

National Strategic Priorities:

Proposed work must align with CDC's core priorities by demonstrating a commitment to gold-standard science,

transparency, and evidence-based practices.

Projects must support CDC's mission to:

- Protect Americans from infectious and chronic diseases.
- Strengthen public health systems.
- Advance innovation in health data and infrastructure.

Additionally, applicants must show how their work:

- Contributes to rapid, science-driven responses to health threats.
- Promotes global health leadership.
- Adheres to principles of integrity, accountability, and compliance with applicable laws and federal priorities.

For more information about CDC's priorities, see CDC priorities statement.

Applicable Regulatory Provisions: Prior to October 1, 2025, this award was subject to 45 CFR 75 except for eight flexibilities from 2 CFR 200 adopted by HHS on October 1, 2024. After October 1, 2025, this award is subject to any applicable provisions of 2 CFR 200 and 2 CFR 300.

Termination: This award is subject to the termination provisions at 2 CFR 200.340. Pursuant to 2 CFR 200.340, the recipient agrees by accepting this award that continued funding for the award is contingent upon the availability of appropriated funds, recipient satisfactory performance, compliance with the Terms and Conditions of the award, and may also otherwise be terminated, to the extent authorized by law, if the agency determines that the award no longer effectuates program goals or agency priorities.

Application Submission:

Applications must be submitted through www.grantsolutions.gov as an amendment following the steps below:

1. **Go to:** www.grantsolutions.gov
2. **Access**: My Grants List Screen
3. **Click the Link:** "Manage Amendments"
4. **Click the Button:** "New"
5. **Select Amendment Type**: Supplement
6. **Click the Button**: "Create Amendment"

Updated supplement applications must be submitted by 07/21/2026, *11:59pm Eastern Standard Time. Please coordinate with your assigned Grants Management Specialist (GMS) regarding the submission process for the updated application. If you encounter any difficulties submitting your supplement application through www.grantsolutions.gov, please contact the GrantSolutions helpdesk at 866-577-0771 or email help@grantsolutions.gov prior to the submission deadline. If you need further information regarding the supplement, please contact the assigned Grants Management Specialist. For programmatic information, please contact your Program Development and Implementation Branch (PDIB) Project Officer at PS24-0047@cdc.gov.

Checklist of required contents of application packet:

1. SF-424 Application for Federal Domestic Assistance Version 4 (online form)
2. **SF-424A Budget Information-Non-Construction (online form) and Budget Narrative Justification (attachment) * update as appropriate**
3. Indirect Cost Rate Agreement, if applicable (attachment)
4. **Project Abstract Summary (online form)*update as appropriate**
5. **Performance Narrative*update as appropriate**
6. SF-LLL Disclosure of Lobbying Activities (online form and instructions), if applicable[1], are located at

https://www.grants.gov/forms/forms-repository/post-award-reporting-forms

1. **SF-424 Application for Federal Domestic Assistance-Version 4:**

   Instructions for completing SF-424 Application for Federal Domestic Assistance Version 4
   https://www.grantsolutions.gov/gs/pdf/SF424V4_Instructions.pdf

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2. **SF-424A Budget Information and Justification:**

[1] The form has instructions that indicate when the form is required.

- Instructions for completing SF-424A Budget Information-Non-Construction online form are located at https://www.grantsolutions.gov/gs/pdf/ophs-1_SF424A_Instruction.pdf
- The proposed supplement budget should be based on the federal funding level, which is stated on page one of this document (Anticipated Funding Level).
- In a separate narrative, provide a detailed, line-item budget justification of the funding amount requested, including any request to use unobligated funds, to support the activities to be carried out with those funds. Attach and title it "**Supplement Budget Narrative".**
- The budget justification must be prepared in the general form, format, and to the level of detail as described in the CDC Budget Preparation Guidelines. The guidelines are provided on CDC's internet at: http://www.cdc.gov/grants/applying/application-resources.html and the GrantSolutions application control checklist.
- For any new, proposed subcontracts, provide the information specified in the Budget Preparation Guidelines.
- When non-federal matching is required, provide a line-item list of non-federal contributions including source, amount, and/or value of third-party contributions proposed to meet a matching requirement.
- **The budget must reflect proposed activities based on the supplemental guidance, to include funding support to community-based organizations.**

3. **Indirect Cost Rate Agreement:**

- If indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those recipients under such a plan.
- Clearly describe the method used to calculate indirect costs. Make sure the method is consistent with the Indirect Cost Rate Agreement.
- To be entitled to use indirect cost rates, a rate agreement must be in effect at the start of the budget period.
- If applicable, attach and name the document, "Indirect Cost Rate."
- If applicable, the recipient's indirect costs are based on a rate of up to fifteen percent of modified total direct costs (MTDC) as defined for the de minimis indirect rate in 2 CFR Part 200.414(f).
- Note: For institutions of higher education, indirect costs are based on the negotiated indirect cost rate agreement used for the first-year award, and rates in that agreement are to be used for the remainder of the competitive segment in accordance with Appendix III to Part 200 Title 2. Indirect cost/facilities and administration rates for subcontracts will be treated in the same manner as those for the recipient, if the subcontractor is covered by 2 CFR Part 200.
- Note: For grants awarded to foreign organizations and foreign public entities and performed fully outside of the territorial limits of the U.S., indirect costs are based on a fixed rate of eight percent of MTDC exclusive of tuition and related fees, direct expenditures for equipment, and subawards in excess of **$25,000** in accordance with 2 CFR 300.414(b).
- If there is no Indirect Cost Rate Agreement or the agreement has expired, indirect costs may:

- Be charged as direct if (1) this practice is consistent with the recipient's/applicant's approved accounting practices; and (2) if the costs are adequately supported and justified.
- Be charged up to fifteen percent of the de minimis rate of modified total direct costs in accordance with 2 CFR Part 200.414(f).

4. **Project Abstract Summary:**
   - Complete the online form as part of the application in GrantSolutions.
   - The project abstract will be subject to review prior to issuance of a Notice of Award.

5. **Performance Narrative**

Supplement Proposed Objectives and Activities Workplan

The Performance Narrative must include the following:

- Overview – A description of how the recipient will execute all supplemental activities, as described in this guidance.
- Work Plan – A detailed work plan for executing all supplemental activities during the 8-month period of performance.
  - Provide specific, measurable, achievable, realistic, and time-based (SMART) objectives with corresponding action steps, timelines, parties responsible, performance and outcome measures, desired deliverables, and other pertinent information.
  - Recipients may use the same format as the core work plan previously submitted for the NOFO.

5a. Measures (including outcomes):

For a complete description of applicable performance monitoring and evaluation requirements, please refer to the NOFO.

5b. Supplemental Activities:

Activity 1: Enhance and expand HIV testing for higher impact (required)

Recipients are required to enhance and expand HIV testing for improved

- Identification of individuals at high risk for HIV, particularly those who rarely seek routine health care and may be living with undiagnosed HIV,
- Tailoring of testing approaches to meet local needs,
- Strategic deployment of approaches within hospital emergency departments in high HIV morbidity areas and other clinical settings where people with HIV receive care, and
- Equitable access to prevention and care services.

Recipients have the flexibility to implement supplemental activities aligned with any of the above outcomes and most appropriate for the jurisdiction's prevention program. Recipients may select from the listed example activities and/or propose new activities.

Activities to enhance and/or expand HIV testing include, but are not limited to:

- **When applicable, partner with community-based organizations within your jurisdiction to provide, enhance, or expand HIV testing services.**
- Determine approaches to expand access to HIV testing, accelerate early diagnosis, and strengthen pathways to care for people who are often missed by traditional public health systems.

- Normalize HIV testing and identify undiagnosed infections by integrating opt-out screening into routine health care emergency department workflows.
- Identify priority emergency departments and hospitals in high HIV morbidity zip codes (based on local epidemiologic data) and establish or strengthen opt-out HIV testing.
- Implement Social Network Recruitment and HIV Self-Testing, leveraging trusted relationships within high-risk networks to reach individuals who avoid or distrust traditional health care settings.
- Offer multiple testing pathways:
- In-person testing with incentives
- HIV self-testing kits for individuals who prefer privacy or face barriers to clinic-based testing.
- Support linkage to care for individuals with a reactive self-test, ensuring confirmatory testing and immediate access to treatment or prevention services.
- Support community health workers or other staff leveraging telehealth to bridge service gaps for hard to reach, underserved populations by eliminating barriers like transportation, distance and time off work, etc.

Activity 2: Improve timely receipt, processing, and submission of HIV surveillance data to health departments and CDC (required)
Recipients are required to improve complete and timely receipt, processing, and submission of HIV surveillance data by

- Improving the completeness and timeliness of HIV case and laboratory reporting,
- Strengthening electronic reporting systems,
- Modernizing surveillance infrastructure,
- Building reporting partnerships with laboratories and providers, and/or
- Increasing workflow efficiency.

Recipients have the flexibility to implement supplemental activities aligned with any of the above outcomes and most appropriate for the jurisdiction's surveillance program. Using the 2026 Standard Evaluation Report (SER) completeness and timeliness indicators for case ascertainment and laboratory test result reporting, recipients may select from the listed example activities and/or propose new activities.

Activities to improve timely receipt, processing, and submission of HIV surveillance date include, but are not limited to:

- Identify factors that delay timeliness of reporting, determine strategies to mitigate it, and propose approaches to how improvement will be measured.
- Implement automated data pipelines or dashboards to monitor and evaluate data attributes in Electronic HIV/AIDS Reporting System (eHARS).
- Expand Electronic Case Reporting (eCR) and Electronic Laboratory Reporting (ELR) through onboarding providers, enhancing data content, and collaboration with the Council of State and Territorial. Epidemiologists (CSTE) and Reportable Conditions Knowledge Management System (RCKMS).
- Partner with laboratories to implement strategies that improve completeness and timelines of reporting and reduce reporting delays.
- Conduct activities to improve quality of workflows, reduce processing times, and

resolve backlogs – including entering laboratory test results into eHARS upon receipt, even if health care provider reports or epidemiologist follow ups are pending.

Activity 3: Enhance and expand PrEP and PEP programs, policies, partnerships, and practices (required for EHE recipients)

Recipients have the flexibility to implement supplemental activities that 1) increase PrEP access and uptake among populations disproportionately affected by HIV and low PrEP prescriptions, 2) help further eliminate the barriers that prevent equitable access to PrEP and 3) increase awareness of and access to HIV PEP and doxy-PEP, including activities with clinicians, non-clinical CBOs, and persons at risk for HIV acquisition.

Activities to enhance and/or expand PrEP and PEP awareness, access, and uptake include, but are not limited to:

- **When applicable, partner with community-based organizations within your jurisdiction to provide, enhance, or expand PrEP services.**
- Create or expand upon an 'HIV Prevention PrEP and PEP Action Plan' to guide the implementation of a coordinated and comprehensive approach to maximizing the uptake of PrEP and PEP
- Establish, expand, or contract with an online, remote, telehealth option(s) for secure, HIPAA compliant access to PrEP/PEP services, with a focus on populations who can most benefit from PrEP/PEP, populations with least current uptake and/or areas with a lack of PrEP/PEP providers in the jurisdiction.
- Establish or expand a PrEP Navigator/Case Management Program designed to address the needs of populations with who can benefit from PrEP/PEP that are currently underserved by PrEP.
- Establish, expand, or contract with a medical education contractor to conduct PrEP detailing with local/state primary care and infectious disease providers, local public health departments, emergency room and hospital staff as well as social support agencies providing services to populations that could benefit from PrEP and PEP.
- Develop or expand social marketing or media campaigns to increase awareness, availability, access, and use of PrEP and/or PEP.
- **Expand the jurisdiction's comprehensive PrEP program by paying for PrEP services and medication, as the payer of last resort. The use of supplemental funds to pay for PrEP-related clinical care, medicines, and/or laboratory testing, jurisdictions should not dramatically shift or reduce other fundamental PrEP, PEP, and other prevention services provided in the community. If the costs related to this activity are projected to be more than 15% of this supplement, jurisdictions should notify CDC and work with program staff to analyze this investment in the full context of their HIV prevention portfolio for approval. This may include:**
    - **Cost of PrEP/PEP medications or co-pays for PrEP/PEP medications**
    - **Cost of PrEP/PEP-related laboratory testing**
    - **Cost of PrEP/PEP-related office visits and preventive counseling visits.**

Activity 4: Enhance, expand, bring to scale, and/or advance other approved programmatic activities. (optional)

Recipients may propose implementing other supplemental activities that meet programmatic needs within the jurisdiction. With remaining supplemental funding, recipients may propose to enhance, expand, bring to scale, and/or advance approved activities including, but not limited to:

- Linkage to care,
- Viral suppression,
- PrEP and PEP services, and
- Cluster detection and response.

Recipient Anticipated Funding Levels

The following table provides anticipated supplemental funding amounts, subject to the availability of funds.

Recipient	**Anticipated Supplemental Funding Amount**
Alabama Department of Public Health	$1,510,614
Alaska Department of Health and Social Services	$327,081
Arizona Department of Health Services	$2,084,157
Arkansas Department of Health	$1,128,097
Baltimore Department of Health	$1,586,945
California Department of Health	$8,218,507
Chicago Department of Health	$2,801,191
Colorado Department of Public Health and Environment	$1,116,142
Connecticut Department of Health	$941,713
Delaware Department of Health	$357,030
District of Columbia Department of Health	$1,952,642
Florida Department of Health	$11,909,591
Georgia Department of Public Health	$6,469,144
Hawaii State Department of Health	$344,775
Houston Department of Health	$2,953,125
Idaho Department of Health and Welfare	$272,461
Illinois Department of Health	$1,184,612

Indiana State Department of Health	$1,670,086
Iowa Department of Public Health	$339,813
Kansas Department of Health and Environment	$324,218
Kentucky Department of Health	$1,255,071
Los Angeles Public Health Department	$4,947,169
Louisiana Department of Health	$2,757,518
Maine Department of Health and Human Services	$337,360
Maryland Department of Health	$3,003,162
Massachusetts Department of Public Health	$2,307,795
Michigan Department of Health	$2,088,213
Minnesota Department of Health	$822,945
Mississippi State Department of Health	$1,296,779
Missouri Department of Health	$1,749,875
Montana Department of Health	$326,779
Nebraska Dept of Health & Human Services	$344,797
New Hampshire Department of Health & Human Services	$333,766
New Jersey Department of Health	$4,020,309
New Mexico Department of Health	$358,259
New York City Department of Health	$10,385,699
New York State Department of Health/ Health Research Inc	$2,684,665
Nevada Department of Health and Human Services	$1,541,918
North Carolina Department of Health and Human Services	$3,456,115
North Dakota Department of Health	$298,641
Ohio Department of Health	$3,293,128

Oklahoma State Health Department	$1,181,020
Oregon Department of Health	$675,670
Pennsylvania Department of Health	$1,726,397
Philadelphia Department of Health	$2,004,419
Puerto Rico Department of Health	$2,116,528
Rhode Island Department of Health	$348,348
San Francisco Department of Health	$1,763,789
South Carolina Department of Health & Environmental Control	$2,198,230
South Dakota Department of Health	$326,682
Texas Department of State Health Services	$7,490,177
Utah Department of Health and Human Services	$356,413
Vermont Department of Health	$253,112
Virgin Islands Department of Health	$325,052
Virginia Department of Health	$1,994,678
Washington State Department of Health	$1,857,936
West Virginia State Department of Health	$341,314
Wisconsin Department of Health	$622,137
Wyoming Department of Health	$297,531