



Request for Proposals

HRAD: Harm Reduction and Academic Detailing 2023-2024

Date of release: October 2, 2023

Proposals are due by 11:59 pm E.T. on November 6, 2023

Summary Information

Project Title: HRAD: Harm Reduction and Academic Detailing

Proposal Due Date and Time: November 6, 2023, at 11:59 pm E.T.

Selection Announcement Date: On or around November 20, 2023

Source of Funding: Centers for Disease Control and Prevention

NOA Award No.:

5NU38OT000306-03-00

6 NU38OT000306-04-01

6 NU38OT000306-05-05

Maximum Funding Amount: Up to \$60,000 per site.

Estimated Period of Performance: December 1, 2023 – July 15, 2024. Projects should plan to end by July 15, 2024, as no cost extensions will not be an option.

Point of Contact for Questions Regarding this Proposal: Audrey Eisemann

(aeisemann@naccho.org) and Bailey McInnes (bmcinnes@naccho.org)

Proposal Submission: Please submit all proposals and supporting materials using the [online submission form](#) by November 6, 2023 at 11:59 pm ET. **Please note that you will need to create a free MyNACCHO account to access the form.**

RFP Office Hours: NACCHO will host weekly office hours for interested applicants to join and ask questions about the RFP. Alternately, you can reach out to Audrey Eisemann (aeisemann@naccho.org) and Bailey McInnes (bmcinnes@naccho.org) with any questions outside of these times. These office hours will be:

- **Friday, October 6, 1-2pm ET**
- **Friday, October 13, 1-2pm ET**
- **Friday, October 20, 1-2pm ET**
- **Friday, October 27, 1-2pm ET**
- **Friday, November 3, 1-2pm ET**

Please use [this zoom link](#) to join office hours. If you have trouble joining, please contact Audrey Eisemann (aeisemann@naccho.org) and Bailey McInnes (bmcinnes@naccho.org).

I. Background and Funding Overview

The National Association of County and City Health Officials (NACCHO) represents the nation's nearly 3,000 local health departments (LHDs), which work to protect and improve the health of all people and all communities. NACCHO provides resources to help LHD leaders develop public health policies and programs to ensure that communities have access to the vital programs and services people need to keep them protected from disease and disaster.

With support from the Centers for Disease Control and Prevention (CDC), NACCHO is pleased to offer a funding opportunity for health departments or government, nonprofit, academic, or other organizations to develop key messages on harm reduction that can be delivered through academic detailing. Through this project, selected sites will identify a population that would benefit from detailing on harm reduction and overdose prevention and response, and has meaningful engagement with the priority population of people who use drugs. Sites will then develop specific key messages for this population, and pilot the key messages. The population should be a population of the sites' choosing and is not limited to those within the medical profession; sites can choose to

provide academic detailing on any population of their choosing (emergency room physicians, social workers, faith leaders, EMS, etc.).

The United States is experiencing unprecedented levels of overdose deaths, with synthetic opioids, and increasingly stimulants, driving a significant portion of both fatal and nonfatal overdoses.^{1,2} While overdose deaths continue to increase among all groups, Black and Indigenous communities are disproportionately impacted, and exacerbated by social determinants of health, such as income inequality.³ Harm reduction strategies are critical to reducing the morbidity and mortality of people who use drugs and encompass a broad array of practices and services that can reduce substance use, connect people to treatment, and prevent overdoses.⁴ Additionally, developing and investing in interventions and services to support [populations historically underserved and disproportionately impacted by the overdose epidemic](#) is critical to achieving lasting and equitable progress.⁵

Academic detailing is an established technique that has been shown to change behavior of providers.⁶ The technique uses one-on-one interactions between an academic detailer and a provider, establishing a relationship in which the detailer shares up to date and accurate information that can benefit providers and their patients. This pilot aims to determine whether academic detailers and detailing sessions can assist a variety of populations (each applicant will identify the population that will receive the detailing in their respective jurisdiction) in enhancing their knowledge of harm reduction; improving their ability to incorporate harm reduction into services they provide; and/or increasing referrals for people who use drugs to harm reduction services in their community.

Through this funding opportunity, NACCHO will award up to eight (8) applicants. **Applicants are defined as Local or State Health Departments, non-profit organizations, academic institutions, or other entities that have the capacity to provide academic detailing.** Project proposals must detail prior academic detailing experience and capacity to pilot the academic detailing projects. The project period shall begin upon both parties' full execution of the contract (on or about December 1, 2023) and will end July 15, 2024. Proposals must be submitted via the [online submission form](#) no later than 11:59pm on **November 6, 2023**.

In fairness to all applicants, NACCHO will not accept late submissions. The applicant must designate one main point of contact to submit the proposal and communicate directly with NACCHO

¹ Jones, C. M., Einstein, E. B., & Compton, W. M. (2018). Changes in synthetic opioid involvement in drug overdose deaths in the United States, 2010-2016. *JAMA*, 319(17), 1819-1821

² Friedman, J. & Shover, C. L. (2023). Charting the fourth wave: geographic, temporal, race/ethnicity and demographic trends in polysubstance fentanyl overdose deaths in the United States, 2010–2021. *J. Addict.*, <https://onlinelibrary.wiley.com/doi/10.1111/add.16318>.

³ Kariisa M, Davis NL, Kumar S, et al. Vital Signs: Drug Overdose Deaths, by Selected Sociodemographic and Social Determinants of Health Characteristics — 25 States and the District of Columbia, 2019–2020. *MMWR Morb Mortal Wkly Rep* 2022;71:940–947. DOI: <http://dx.doi.org/10.15585/mmwr.mm7129e2>.

⁴ CDC. (2019, June 213). *Summary of Information on The Safety and Effectiveness of Syringe Services Programs (SSPs)*. Retrieved December 3, 2019 from <https://www.cdc.gov/ssp/syringe-services-programs-summary.html>.

Bernard, C. L., Owens, D. K., Goldhaber-Fiebert, J. D., & Brandeau, M. L. (2017). Estimation of the cost-effectiveness of HIV prevention portfolios for people who inject drugs in the United States: A model-based analysis. *PLoS Med*, 14(5). doi:10.1371/journal.pmed.1002312.

Coffin, P. O., Behar, E., Rowe, C., Santos, G. M., Coffa, D., Bald, M., & Vittinghoff, E. (2016). Nonrandomized intervention study of naloxone coprescription for primary care patients receiving long-term opioid therapy for pain. *Annals of Internal Medicine*, 165(4), 245-252.

Sherman, S.G., Park, J.N., Glick, J., McKenzie, M., Morales, K., Christensen, T., Green, T.C. (2018) FORECAST Study Summary Report. Johns Hopkins Bloomberg School of Public Health. Retrieved December 3, 2019, from https://americanhealth.jhu.edu/sites/default/files/inline-files/Fentanyl_Executive_Summary_032018.pdf.

⁵ CDC. (2021, Nov. 12). *Promoting Health Equity*. Retrieved September 12, 2022 from <https://www.cdc.gov/drugoverdose/health-equity/info.html#:~:text=Health%20inequities%20can%20contribute%20to,Disadvantaged%20by%20reduced%20economic%20stability>

⁶ Liebschutz, J.M., Xuan, Z., Shanahan, C.W., et al. (2017). Improving adherence to long-term opioid therapy guidelines to reduce opioid misuse in primary care: A cluster-randomized clinical trial. *JAMA Internal Medicine*, 177(9), 1265-72.

subsequently. Applicants will be notified of their selection status by e-mail to the project point of contact on or **around November 20, 2023**. All necessary information regarding the project and proposal process may be found below. All questions should be sent via email to Audrey Eisemann (aeisemann@naccho.org) and Bailey McInnes (bmcinnes@naccho.org).

Applicants are advised to consider the following deadlines and events for this proposal.

Event	Date/Time
Proposal Submission Deadline	November 6, 2023 at 11:59 pm E.T.
Office Hours	Friday, October 6, 1-2pm ET Friday, October 13, 1-2pm ET Friday, October 20, 1-2pm ET Friday, October 27, 1-2pm ET Friday, November 3, 1-2pm ET
Award Notification Date	On or around November 20, 2023
Period of Performance	December 1, 2023 – July 15, 2024

II. Eligibility and Contract Terms

Eligibility requirements: To be considered eligible for this funding opportunity, applicants must:

- Be a local or state health department, non-profit organization, academic institution, or other entity that has experience providing academic detailing; and
- Have an existing partnership or plan to develop a partnership with a state or local harm reduction services organization/coalition **AND/OR** people with lived/living experience.
 - Lived experience is described as the experiences of people on whom a social issue or combination of issues has had a direct impact.⁶ For the purposes of this project a person with lived/living experience refers to people who have or are currently using one or more substances.⁷

Contract terms: Selected applicants will be required to identify and designate an agency to enter into a contract with NACCHO for the submission of the deliverables specified in the contract and serve as a fiscal agent for the project. NACCHO expects you as the applicant to review and agree to the NACCHO [standard contract language](#). However, if you know in advance that your agency or organization is going to have difficulty accepting any of the provisions in the contract, submit your requested revisions with your proposal materials. If you are an applicant from Florida or Texas, please contact NACCHO immediately for a copy of the Florida or Texas standard contract.

NACCHO will establish a fee-for-service contract with the awarded applicant whereas deliverables will be listed in the recipient contract and payment will be remitted upon submission and acceptance of those items; see Section III for the deliverable schedule.

Project Requirements and Expectations

This funding opportunity is open to all Local or State Health Departments or other organizations/academic institutions who have:

- Prior experience with academic detailing, with at least two trained and experienced academic detailers
 - Academic detailing involves a series of one-on-one interactions between an academic detailer and a provider, establishing a relationship in which the detailer shares up to date and accurate information that can benefit patients/clients.

- Existing relationship(s) with a population, identified by the applicant, that will receive the detailing **OR** a strategy for recruiting the population.
 - The population that receives the academic detailing over the course of this project is not limited to those within the medical community, but it should be a population that:
 - Would benefit from detailing on harm reduction and overdose prevention and response; and
 - Has meaningful engagement with the priority population of people who use drugs.
- Knowledge of harm reduction principles and strategies, as well as local harm reduction resources.
- Have an existing partnership or plan to develop a partnership with a state or local harm reduction services organization/coalition **AND/OR** with people with lived/living experience.

All awardees will be required to conduct the following activities throughout the project period:

- **Kick-off Call:** Sites will attend a kick-off call with NACCHO and CDC to meet other sites and review the goals and expectations of the project.
- **Key Message Development:** As part of the academic detailing pilot, sites will develop 4-5 key messages that incorporate harm reduction principles and strategies into the practices and activities of the population that will be detailed. Sites will pilot these key messages and then will refine them as a result of the pilot. An example of key messages on harm reduction developed for providers can be found [here](#). *Key messages developed over the course of this project are subject to review and feedback by NACCHO, CDC, and other project partners.*
- **Identification and/or Development of Action Kits:** Sites will identify or develop resources to create action kits that provide to the population being detailed. Sites can choose to create new materials or use/adapt existing materials. This could include, but is not limited to, a [local resource guide](#), data supporting key messages, tools to practice behaviors in the messages (e.g. conversation starters), etc. An example of some of these materials can be found in NACCHO's [Harm Reduction as a Trauma Informed Approach: A Guide for Primary Care Providers](#), the New York City Department of Health and Mental Hygiene's [Public Health Detailing Action Kits](#).
- **Key Message and Resource Feedback:** Sites will engage people with lived/living experience on the key messages. This could include, but is not limited to, surveys, focus groups, key informant interviews, etc. NACCHO must approve all surveys, focus group guides, and key informant interview guides and will provide feedback or approval within one week of receiving them. It is recommended to engage multiple people with a diverse set of experiences with substance use, recovery, incarceration, etc. **It is strongly suggested that any activities that solicit input from people with lived/living experience compensate those individuals for their time.**

Note: The drug supply has changed significantly in recent years, so while people in long-term recovery have important insight to share, they may have a very different experience and insight as compared to people who currently use drugs. Additionally, it is important to consider intersecting identities and experiences and how that influences the insight of people with lived/living experience. People who use(d) drugs who have also been incarcerated, diagnosed with a mental illness, experienced homelessness, etc. often have

key insight into ways in which programs and policies need to be adapted to meet complex and interconnected needs.

- **Detailee Recruitment:** After key messages are developed, sites will begin recruitment efforts for the pilot by connecting with members of the population that will be detailed.
- **Monthly Individual Technical Assistance Calls:** Sites will participate in a monthly, one-hour TA call with NACCHO and CDC. The purpose of these calls will be to discuss progress towards goals, identify challenges, and provide additional materials to assist detailers in their work.
- **Academic Detailing**
 - Sites will aim to provide **three academic detailing visits to 15 members of the target population** in the local community (for a total of 45 visits).
 - Development of a **project workplan** to ensure all aspects of the pilot are completed.
 - Participation with the project's **evaluation materials** including provider visit tracking and feedback and provider feedback surveys.
- **Evaluation:** Towards the end of the pilot, academic detailer and program managers will provide feedback on a survey to share successes, challenges, and feedback on the pilot project.

The following outlines the deliverables to be produced by each awardee; however, a finalized scope of work will be agreed upon post awardee selection.

Invoice number	Primary Task/Deliverable	Payment Schedule
Invoice 1	1a. Complete capacity assessment provided by NACCHO. (1.1)	10%
	1b. Develop key messages to incorporate harm reduction practices and referrals into the provision of care related to substance use disorders by site-specific populations (1.2)	10%
Invoice 2	2a. Identify or develop action kits to provide to the population being detailed. Sites can choose to create new materials or use/adapt existing materials. This could include, but is not limited to, a local resource guide, data supporting key messages, tools to practice behaviors in the messages (e.g. conversation starters), etc. (2.1)	10%
	2b. Engagement of people with lived/living experience in developmentt of key messages. Submit documentation of engagement strategy such as, focus group guides, survey questions, key informant interview guide, or other similar documentation that is agreed upon between the awardee and NACCHO. (2.2)*	10%
Invoice 3	3a. Pilot academic detailing key messages to incorporate harm reduction practices and referrals into the provision of care by site-specific populations and provide surveys to detailees. Provide monthly data tracking submission for first two months of pilot. (3.1)	20%
Invoice 4	4a. Pilot academic detailing key messages to incorporate harm reduction practices and referrals into the provision of care by site-specific populations and provide surveys to detailees. Provide monthly data tracking submission for second two months of pilot. (4.1)	20%
Invoice 5	5a. Provide feedback through participation in a survey on the challenges, successes, considerations, and lessons learned of the academic detailing for the site-specific populations. (5.1)	10%
	5b. Develop final site-specific academic detailing key messages using results from the pilot. (5.2)	10%

Please note: NACCHO reserves the right to make changes to the project timeline and payment schedule if necessary.

* Will be determined in conjunction with the applicants who receive the award.

III. Proposal Instructions

To apply for this funding opportunity:

- Review the requirements and expectations outlined in this RFP.
- Review NACCHO's [standard contract language](#) and provide a copy to the individual with signing authority for the LHD (or entity that would be contracting with NACCHO, e.g., city government), including any relevant financial or legal offices for advanced consideration. *Do not sign or send back the contract with the proposal.*
- Please submit all proposals and supporting materials using the [online submission form](#) by November 6, 2023 at 11:59 pm ET. **Please note that you will need to create a free MyNACCHO account to access the form.** Submissions after this deadline will not be considered. All questions may be directed to Audrey Eisemann at aeisemann@naccho.org and Bailey McInnes bmcinnes@naccho.org.
- The proposal must include the following items to be deemed complete:

- Narrative that addresses the domains described below:
 - Community Context
 - Academic Detailing Project Plan
 - Harm Reduction
 - Proposed Approach and Partnerships
 - Community Engagement
- Budget and budget narrative (templates provided in Section V)
- Completed attachments (see Section V)

Applicants will be notified of their selection status by e-mail to the project point of contact **on or around November 20, 2023**. Selected applicants will be required to confirm participation and agreement with the contract scope of work after receiving a notification. The designated point of contact for selection must be available to receive and respond to the notification in a timely manner.

IV. Selection criteria

Proposals will be reviewed by NACCHO and CDC and scored based on the following criteria. The budget will not be included in the scoring criteria but is required for complete proposal submissions. NACCHO will not review incomplete proposals.

1. Project Narrative

- **Community Context (20%)**
 - Describe the overdose burden in the target jurisdiction include relevant background and community context. Additionally, describe community needs and/or gaps in knowledge, support, and practices related to harm reduction, which the proposed academic detailing project will address.
(2500 characters, including spaces)
 - Describe the populations impacted by the epidemic in the target jurisdiction (including, populations that are disproportionately affected by substance use-related harms or historically underserved). Please note there is a [difference between disproportionately affected and people who are underserved by services and resources](#).
(2500 characters, including spaces)
- **Academic Detailing Project Plan (20%)**
 - Identify the population that will be receiving the academic detailing on harm reduction and describe why you selected this population. Applicants may choose to focus on a population within the medical profession or a population outside of the medical profession that engages with people who use drugs and does not traditionally receive academic detailing. Describe the behaviors that you would like to see the population change as a result of the detailing.
(3000 characters, including spaces)
 - Explain how your proposed approach seeks to be responsive to the challenges identified in the community context, in particular how your proposed approach seeks to reduce any disproportionate burden of the overdose epidemic in your jurisdiction. *(2500 characters, including spaces)*
 - Complete [key message template](#).

- **Harm Reduction (20%)**
 - Describe how the project proposal aligns with [harm reduction principles](#) and/or existing harm reduction efforts in the community. *(2500 characters, including spaces)*
 - If applicant does not directly provide harm reduction services and/or provide direct services to people who use drugs, please upload a LOS from an organization that does.

- **Proposed Approach and Partnerships (20%)**
 - Identify and provide an overview of the existing academic detailing program, including *(1500 characters, including spaces)*:
 - number of full-time and part-time staff; and
 - previous detailing on topics related to overdose response and prevention and harm reduction.

 - Describe your engagement with the selected population on academic detailing or other projects in the past. *(1500 characters, including spaces)*

 - Describe your outreach and recruitment strategy to the population that will be detailed. Include relevant information about how you will connect to this population and promote the detailing. If incentives are offered, include that information (e.g. gift cards, CEU credits, etc.) *(1500 characters, including spaces)*
 - *Include a LOS from an organization/agency related to the population that will be detailed (e.g. professional association, coalition, committee, healthcare system, etc.). If the population you plan to detail is unable to provide a LOS, please provide a brief explanation explain why.*

 - Provide resumes or curriculum vitae of all key project staff, highlighting relevant knowledge, expertise/qualifications, and experience. These items do not count towards page/character limit.

 - Complete [workplan template](#).

- **Community Engagement (20%)**
 - Describe your plan for getting feedback from people with lived/living experience on your key messages. It is recommended to engage multiple people with a diverse set of experiences with substance use, recovery, incarceration, etc. **It is strongly suggested that any activities that solicit input from people with lived/living experience compensate those individuals for their time.** If you plan to use HRAD funding to compensate people with lived/living experience, please include that as a line item in your budget and budget narrative. If you do not include this in the budget for this project but plan to use other funding sources to compensate people with lived/living experience, please indicate so in this narrative section. *(2000 characters, including spaces)*

Note: The drug supply has changed significantly in recent years, so while people in long-term recovery have important insight to share, they may have a very different experience and insight as compared to people who currently use drugs.

Additionally, it is important to consider intersecting identities and experiences and how that influences the insight of people with lived/living experience. People who use(d) drugs who have also been incarcerated, diagnosed with a mental illness, experienced homelessness, etc. often have key insight into ways in which programs and policies need to be adapted to meet complex and interconnected needs.

2. Budget and Budget Narrative (templates provided; not scored)

- Refer to the [Budget](#) and [Budget Narrative](#) templates. Each complete proposal must also include a budget justification using the sample budget template, with the funding period to begin on 12/1/2023. Each applicant may request up to **\$60,000** to support project activities. Please note that the final budget amount cannot be changed after submission.
- The budget will not be included in the scoring criteria but is required for complete proposal submissions. The purpose of the line-item budget is to demonstrate that the applicant has considered appropriate funding needed to accomplish the proposed work.
- Items that may be included in the request for funds include, but are not limited to:
 - staff salaries and fringe benefits
 - supplies
 - indirect costs to support the completion of the deliverables within the project period
 - training for staff on this project
- Activities supported directly by project funding will be constrained by allowable costs under CDC guidelines. Funds may not be used for equipment purchases in excess of \$5,000 per item.
- If you wish to include incentives in your project, please include them in your budget and specify the type being requested (e.g. gift cards), along with a [justification form](#) for how this is necessary to support your project's goals in the budget narrative.
- **Include a budget narrative** (one page or less) to explain each line-item and how the amounts were derived. See detailed guidance below.
 - Personnel: List all staff positions by title (both current and proposed). Give the annual salary or hourly rate of each position, the percentage of each position's time devoted to the project, and the activities you anticipate these staff persons to conduct.
 - Fringe Benefits and Indirect Rates: Provide a breakdown of the amounts and percentages that comprise fringe benefit costs such as health insurance, etc. We require a copy of your federally approved rate for our records. If your rate isn't federally approved, please provide a signed letter on letterhead that provides a detailed breakdown and allocation for expenses incorporated as the indirect rate in your budget. **Note:** If your organization charges an indirect cost recovery rate greater than 10%, additional documentation will be required justifying the rate and showing a breakdown of what goes into the pool. If you use the 10% *de minimis* rate, no additional documentation is needed.
 - Travel: Specify the purpose and details of the travel.

- Supplies: Identify supplies in the detailed budget and the intended use for these supplies (i.e., what activities will the supplies support).
 - Contractual: Identify each proposed contract and specify its purpose and estimated cost.
- Respond to the following two questions in your proposal:
 - Do you have prior experience in Federal Contracting?
 - Have you completed a Single Audit?

V. Attachments

Please find below, links to additional information, forms, and resources needed for this proposal submission:

- Required: Complete and submit the [Budget](#) and [Budget Narrative](#) templates
- Required: Complete and submit the [Vendor Information Form](#)
- Required: Complete and submit the [Certification of Non-Debarment](#)
- Required: Submit a [W-9](#)
- Required: Proof of active registration with SAM.gov in accordance with UEI number
- Federally approved indirect/fringe rate or a signed letter on letterhead that provides a detailed breakdown and allocation for expenses incorporated as the indirect rate in your budget (as applicable)
- Required for proposals of \$30,000: [FFATA form](#) (if you are not able to complete this by the proposal deadline, you may submit it one week after you have been selected).
- Complete [workplan template](#).
- Complete [key message template](#).

APPENDIX A

Unallowable Cost Guidelines

Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services. NACCHO reserves the right to request a revised cost proposal, should NACCHO and CDC determine applicant's proposed cost as unallowable. Restrictions that must be considered while planning the programs and writing the budget:

- In-kind staffing: Grant management staff time must be included in the budget narrative. Please either include grant management staff salary in your budget request for this funding opportunity (at least 0.1 FTE) or specifically note that staff salary and benefits will be paid through other funding sources. In-kind staff time is not allowed.
- Equipment costing over \$5,000 per individual items.
- Naloxone/Narcan
- Syringes and pipes.
- HIV/HCV/other STD/STI testing.
- If you wish to include incentives in your project, please include them in your budget and specify the type being requested (e.g. gift cards), along with a [justification form](#) for how this is necessary to support your project's goals in the budget narrative.
- Drug disposal programs and supplies. This includes implementing or expanding drug disposal programs or drug take-back programs, drug drop box, drug disposal bags.
- Gift cards individually worth over \$25 in value.
- Vehicles.
- Food and beverage requests will be approved on a case-by-case basis and will require the submission of further documentation.
- Prohibition on certain telecommunications and video surveillance services or equipment (Pub. L. 115-232, section 889): Recipients and subrecipients are prohibited from obligating or expending grant funds (to include direct and indirect expenditures as well as cost share and program funds) to:
 - Procure or obtain, Extend or renew a contract to procure or obtain; or
 - Enter into contract (or extend or renew contract) to procure or obtain equipment, services, or systems that use covered telecommunications equipment or services as a substantial or essential component of any system, or as critical technology as part of any system. As described in Pub. L. 115-232, section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).
 - For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).
 - Telecommunications or video surveillance services provided by such entities or using such equipment. iii. Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise, connected to the government of a covered foreign country. President's Emergency Plan for AIDS Relief (PEPFAR) funding is exempt from the prohibition under Pub. L. 115-232, section 889 until September 30, 2022.

During the exemption period, PEPFAR recipients are expected to work toward implementation of the requirements

- Travel Costs – Hotel, meals and incidentals generally are unallowable if they exceed on a daily basis the Federal Travel Per Diem Rates published by the General Services Administration. There are many rules and exceptions in applying this rule. Please contact NACCHO with specific questions about these exceptions.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
 - Publicity or propaganda purposes,
 - For the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
 - The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body