

Centers for Disease Control

National Center on Birth Defects and Developmental Disabilities

Documentation and Use of Follow-up Diagnostic and Intervention Services Data through the Maintenance and Enhancement of the Early Hearing Detection and Intervention Information System (EHDI-IS)

CDC-RFA-DD17-1701

Application Due Date: 03/06/2017

Documentation and Use of Follow-up Diagnostic and Intervention Services Data through the Maintenance and Enhancement of the Early Hearing Detection and Intervention Information System (EHDI-IS)

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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-DD17-1701. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

Centers for Disease Control and Prevention (CDC) / Agency for Toxic Substances and Disease Registry (ATSDR)

B. Funding Opportunity Title:

Documentation and Use of Follow-up Diagnostic and Intervention Services Data through the Maintenance and Enhancement of the Early Hearing Detection and Intervention Information System (EHDI-IS)

C. Announcement Type: New - Type 1

This announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be considered. For this purpose, research is defined at https://www.gpo.gov/fdsys/pkg/CFR-2007-title42-vol1/pdf/CFR-2007-title42-vol1-sec52-2.pdf. Guidance on how CDC interprets the definition of research in the context of public health can be found at http://www.cdc.gov/od/science/integrity/docs/cdc-policy-distinguishing-public-health-research-nonresearch.pdf.

D. Agency Funding Opportunity Number:

CDC-RFA-DD17-1701

E. Catalog of Federal Domestic Assistance (CFDA) Number:

93.314

F. Dates:

1. Due Date for Letter of Intent (LOI):	**01/30/2017**
2. Due Date for Applications:	**03/06/2017**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

Funding Opportunity Announcement (FOA) information will be available for potential applicants on two separate conference calls, conducted by the Centers for Disease Control and Prevention Early Hearing Detection and Intervention (CDC EHDI) Team as follows:

The first call is scheduled for Thursday, January 19, 2017 from 1-2pm, EST. The second call is scheduled for Thursday, January 19, 2017 from 7-8pm, EST.

1. Click on the following link to join the **visual** portion of the conference:

Participant Link.

2. Audio Information

Use the information below to connect:

Toll-free: +1 (877) 874-5447

Participant code: 136111 #

……..

First Time Users

To save time before the meeting, check your system to make sure it is ready to use Microsoft Office Live Meeting.Pre-Application Conference Calls:

Captioning service is available. If you would like the captioning service, please contact Steve Richardson at SRichardson4@cdc.gov promptly to allow time for testing system compatibility. This service is provided at no charge.

The purpose of the conference calls is to 1) help potential applicants understand the scope and intent of the FOA for the *Documentation and Use of Follow-up Diagnostic and Intervention Services Data through the Maintenance and Enhancement of the Early Hearing Detection and Intervention Information System (EHDI-IS) and 2) become familiar with the Public Health Services funding policies and application and review procedures.* Since this is a competitive selection process, applicants should follow the requirements as laid out in the FOA and any related amendments. If potential applicants have questions or need clarification prior to this call please see **II.Full Text, Section G. Agency Contacts** for contact information.

G. Executive Summary:

1. Summary Paragraph:

The Centers for Disease Control and Prevention announces availability of funds for funding opportunity announcement (FOA), Documentation and Use of Follow-up Diagnostic and Intervention Services Data through the Maintenance and Enhancement of the Early Hearing Detection and Intervention Information System (EHDI-IS). The award's purpose is to support jurisdictions that have screened 90% or more of infants in calendar year 2015, have routinely identified deaf and hard of hearing (D/HH) infants, and have demonstrated challenges in providing and documenting follow-up testing and intervention. The FOA involves using five types of strategies: surveillance to implement a complete EHDI-IS; training and support to provide training and technical assistance to address the needs of state partners involved in the EHDI reporting processes; partnership to promote and support coordination and collaboration around capturing data; communication and dissemination to support targeted dissemination of data and information among stakeholders; and monitoring, analysis and evaluation to maintain data quality and guide programmatic improvement. Expected project period outcomes are: Improve the documentation of timely follow-up diagnostic testing and early intervention services, in order to support the early identification of D/HH infants and help address potential developmental delays.

a. Eligible Applicants:	Open Competition
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	42
(42 Core Activities and up to 6 Optional Expanded Activities)	
d. Total Project Period Funding:	$20,700,000
e. Average One Year Award Amount:	$150,000
f. Total Project Period Length:	3
g. Estimated Award Date:	06/01/2017
h. Cost Sharing and / or Matching Requirements:	N

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

Congenital hearing loss affects one to three of every 1,000 live-born infants and has been referred to as a neuro-developmental emergency. When left undetected hearing loss can negatively impact children through delays in speech, language, social, and emotional development. Jurisdictions have established Early Hearing Detection and Intervention (EHDI) programs to ensure all D/HH infants are identified early and receive intervention services. National benchmarks call for hearing screening no later than 1 month of age, diagnostic audiologic testing no later than 3 months of age (for infants not passing the screening), and enrollment in intervention no later than 6 months of age for those identified as D/HH, and form what is known as the EHDI 1-3-6 plan. For more information on the EHDI 1-3-6 plan, go to https://www.cdc.gov/ncbddd/hearingloss/screening.html or http://www.asha.org/Articles/Early-Hearing-Detection-and-Intervention/.

The Health Resources and Services Administration (HRSA) has awarded grants to support implementation and growth of jurisdictional EHDI programs. The CDC complements their efforts by providing cooperative agreements to develop EHDI Information Systems (EHDI-IS), which serve as a powerful tool to help programs to ensure that all infants receive a hearing screening and recommend follow-up diagnostic and intervention services. Previously, jurisdictions were able to pursue a broad range of activities related to developing an EHDI-IS. These activities often focused on the ability to document the provision of initial hearing screening services, which usually occur before a newborn is discharged from a birthing facility and is the first step in the EHDI process. While screening results are consistently reported to EHDI programs, the same cannot be said for the diagnostic test results, intervention enrollment and outcome data. Jurisdictions continue to face challenges in documenting the receipt of follow-up services. Without the recommended follow-up services D/HH infants cannot be identified early and are at risk for developmental delays. Furthermore, the benefits of newborn hearing screening are severely diminished when recommended and timely follow-up services are not provided to infants in need. To address these challenges, this FOA focuses on supporting jurisdictions in improving their capacity to document the provision of timely follow-up diagnostic testing and early intervention services, in order to support the early identification of D/HH infants and help address potential developmental delays.

Given the varying capacities of EHDI-IS across programs and to further support progress, **this FOA will include required Core and Optional Expanded** activities.

The Core activities will support jurisdictions to improve the capacity of their current EHDI-IS to collect complete, accurate, and valid data on follow-up hearing screening, diagnostic testing and early intervention, in accordance with Goals 2-8 of the CDC EHDI-IS Functional Standards. Awardees will work towards meeting all of the "SHALL" requirements of Goals 2-8 listed in: www.cdc.gov/ncbddd/hearingloss/ehdi-is-functional-standards-.html, and are eligible to receive funding up to a maximum $150,000 per year.

The Optional Expanded activities will further strengthen and expand the capacity of jurisdictional EHDI programs and their existing EHDI-IS to capture, report, analyze, and use individual level EHDI data. Jurisdictions that apply and are selected for the expanded activities are 1) responsible for completing the Core activities and 2) eligible to receive additional funding beyond the Core level of up to $100,000 per year.

b. Statutory Authorities

This program is authorized under section 399M (b) (1) of the Public Health Service Act. [42 USC 280g-1 (b)(1)].

c. Healthy People 2020

This program addresses the "Healthy People 2020" focus area(s) of Hearing and other Sensory or Communication Disorders (ENT-VSL 1):

- Increase the proportion of newborns who are screened for hearing loss by no later than age 1 month, have audiologic evaluation by age 3 months, and are enrolled in appropriate intervention services no later than age 6 months.

d. Other National Public Health Priorities and Strategies

This FOA aligns with CDC strategic directions to strengthen the tracking and surveillance capacity of state public health programs, as well as collaboration and data exchange between public health departments and health care services. It also aligns with the CDC public health priorities of early identification and ensuring the receipt of recommended services. In addition, this FOA aligns with the Joint Committee on Infant Hearing Position Statement, which recommends that states implement data management and tracking systems as part of an integrated child health information system. These systems are to monitor the quality of services and provide a link between health and education professionals and help determine the outcomes of children with hearing loss. The 2007 Joint Committee on Infant Hearing Position Statement is available at http://pediatrics.aappublications.org/content/120/4/898.full?ijkey=oj9BAleg21OIA&;keytype=ref&;siteid=aapjournals and link to the EI Supplement is http://pediatrics.aappublications.org/content/131/4/e1324.full?ijkey=3R4Jv9oSZOj8.&;keytype=ref&;siteid=aapjournals.

The 2013 Position Statement that supplements the 2007 statement is available at: http://pediatrics.aappublications.org/content/131/4/e1324

e. Relevant Work

CDC EHDI has awarded previous cooperative agreements that have supported jurisdictions in implementing a broad range of EHDI activities. These activities have included developing an EHDI-IS and supporting integration with other child health data systems. These efforts have, helped ensure that over 95% of newborns are screened, and have contributed to identifying over 45,000 D/HH infants early since 2005.

As part of the technical assistance CDC provides to states, relevant work has been made to support the implementation of this FOA:

1. **EHDI-IS Functional Standards** were developed to support jurisdictions to identify operational, programmatic and technical criteria that all jurisdictions EHDI program should implement during the processes of developing, using and evaluating the EHDI-IS. This document summarizes recommendations made by the 2015 National EHDI-IS Functional Standard Working Group (FSWG), on the functional requirements for a complete jurisdictional EHDI-IS. The FSWG consisted of members of the CDC EHDI team and program managers/data system experts from nine jurisdictions. Intended users of these standards include state and territorial EHDI program managers, EHDI-IS developers/vendors, and system evaluators (www.cdc.gov/ncbddd/hearingloss/ehdi-is-functional-standards-.html).
    - As part of the application jurisdictions are required to provide information about the functional standards that the current EHDI-IS does and does not currently meet. This information can be provided using the EHDI System Self Evaluation Tool (ESSET), which is available at: http://www.cdc.gov/ncbddd/hearingloss/partners.html The activities in the work plan should address meeting the Goals 2-8 of the functional standards that are not yet met by the current EHDI-IS as

indicated in the ESSET

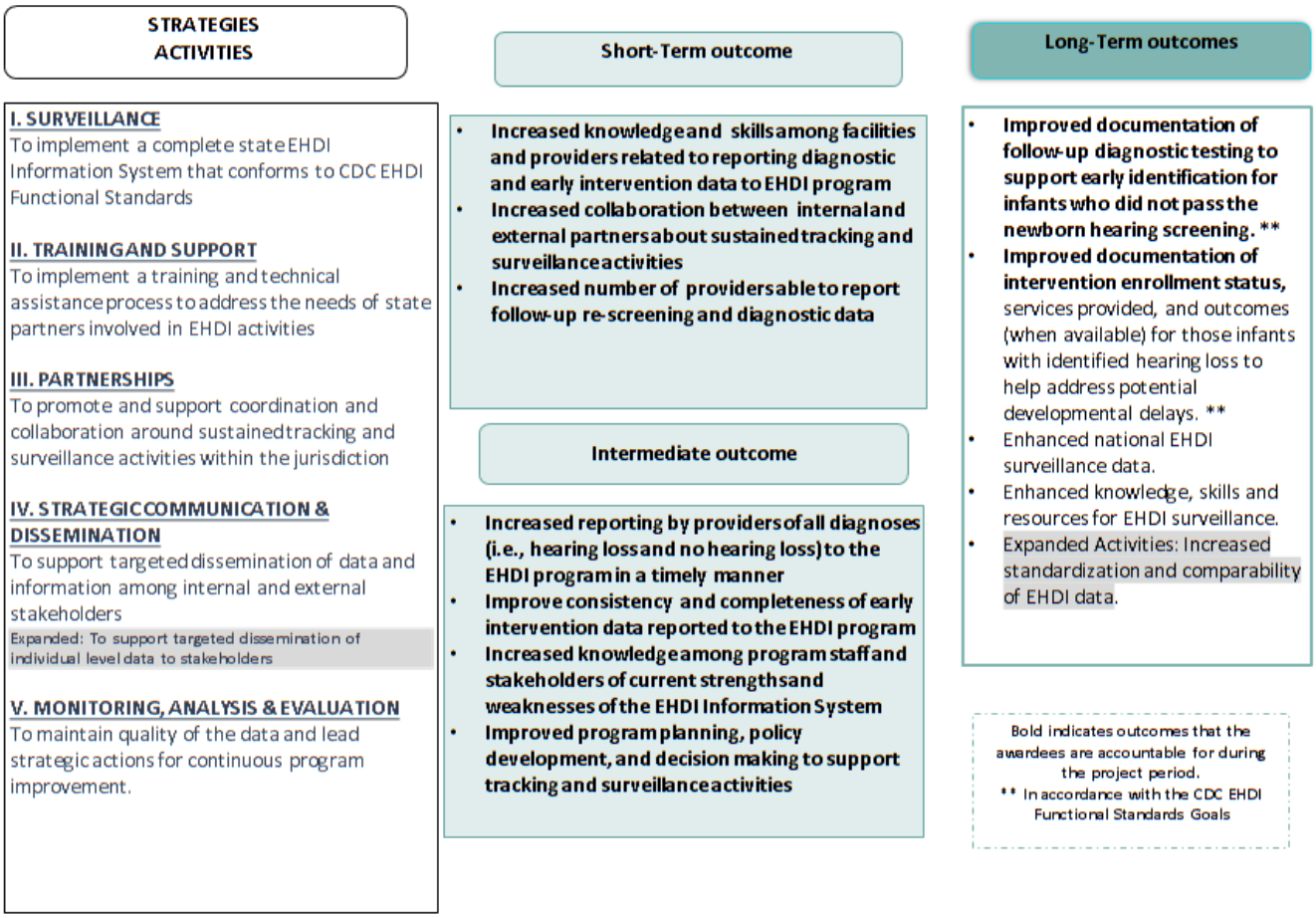
2. The CDC EHDI Team has developed a new Guidance Manual named: "**How to Make Your EHDI Data System a Useful Tool:** ***A practical guide to moving beyond the basics"*** to provide jurisdictions with relevant information to support their EHDI programs and EHDI-IS. The manual is available at: http://www.cdc.gov/ncbddd/hearingloss/partners.html

2. CDC Project Description

a. Approach

Bold indicates project period outcome.

The logic model shown for **"Documentation and Use of Follow-up Diagnostic and Intervention Services Data through the Maintenance and Enhancement of the Early Hearing Detection and Intervention Information System (EHDI-IS)"** describes the relationships between the project activities addressed in this FOA and the intended outcomes. The bolded text in the logic model indicates outcomes that the awardees are accountable for during the project period. The activities and strategies outlined in this FOA are organized into five areas: 1) Surveillance; 2) Training and Support; 3) Partnerships; 4) Strategic Communication and Dissemination; and 5) Monitoring, Analysis and Evaluation.



i. Purpose

The purpose of this funding is to support jurisdictions that have routinely identified D/HH infants, and have demonstrated challenges in providing and documenting follow-up testing and early intervention services (see glossary). This will be achieved by assisting jurisdictions in the identification and implementation of approaches to strengthen their capacity to capture and use complete and accurate follow-up diagnostic and early intervention related data on all infants not passing the initial hearing screening.

ii. Outcomes

The following key outcomes are expected to be achieved by the end of the project period, **for both core and expanded** activities.

Short –Term Outcomes

- Increased knowledge and skills among facilities and providers related to reporting diagnostic and early intervention data to the jurisdictional EHDI program
- Increased collaboration between internal and external partners about sustained tracking and surveillance activities
- Increased number of providers able to report follow-up re-screening and diagnostic data

Intermediate Outcomes

- Increased reporting by providers of all diagnoses (i.e., hearing loss and no hearing loss) to the EHDI program in a timely manner
- Improved consistency and completeness of early intervention data reported to the EHDI program
- Increased knowledge among program staff and stakeholders of current strengths and weaknesses of the EHDI-IS
- Improved program planning, policy development, and decision-making to support tracking and surveillance activities

Long-Term Outcomes

- Improved documentation of follow-up diagnostic testing to support early identification for infants who did not pass the newborn hearing screening
- Improved documentation of intervention enrollment status, to help address potential developmental delays.

As noted in the Logic Model, long-term outcomes were created in accordance to CDC EHDI-IS Functional Standards (http://www.cdc.gov/ncbddd/hearingloss/ehdi-is-functional-standards-.html). The EHDI-IS Functional Standards contains information and recommendations for configuring an EHDI-IS and are intended to identify operational, programmatic and technical criteria that all jurisdictions EHDI program should incorporate. In order to evaluate EHDI-IS on its performance, the following system attributes from the Updated Guidelines for Evaluating Public Health Surveillance Systems (http://www.cdc.gov/mmwr/preview /mmwrhtml/rr5013a1.htm) have been adapted for use: data quality, acceptability, usefulness and simplicity.

iii. Strategies and Activities

This FOA will include the required Core and Optional Expanded activities:

All applicants are required to apply for Core activities to be considered for funding.
The Core activities will support jurisdictions in improving the capacity of their current EHDI-IS to collect complete, accurate, and valid follow-up screening, diagnostic and intervention data, in accordance with Goals 2-8 of the CDC EHDI-IS Functional Standards: www.cdc.gov/ncbddd/hearingloss/ehdi-is-functional-standards-.html.

1. **Surveillance Activities**: These include ongoing activities essential to implement a jurisdictional EHDI-IS. While many of these activities represent traditional project functions, awardees should focus on infrastructure resources to enhance the capacity of the existing EHDI-IS to improve the collection, management and efficient use of diagnostic and intervention data, in accordance with Goal 2-8 of the CDC EHDI-IS Functional Standards: www.cdc.gov/ncbddd/hearingloss/ehdi-is-functional-standards-.html. Awardees will work towards meeting all "SHALL" requirements under these goals. In addition, under this group of activities, all awardees will need to maintain both the collection and management of the hearing screening data, and the electronic exchange of demographic data between EHDI-IS and Vital Records. Awardees need to propose a plan for sustaining the project after the period of federal funding ends. Awardees are expected to sustain key elements of the project, (for example surveillance strategies), which have been effective in improving documentation of follow-up diagnostic testing for infants who did not pass the newborn hearing screening.The individuals identified in the Leadership and Surveillance capacity *(described under the organizational capacity of this FOA)* will attend and participate in an extended in-person Kick-off and planning meeting in Atlanta, GA.
2. **Training and Support:** These activities will provide support, technical assistance, and training to data reporters, as well as address the needs of jurisdictional partners involved in EHDI activities. Training should be targeted toward new diagnostic facilities with substantial change in personnel and providers (i.e., audiologist, ears, nose, and throat specialist (ENTs)) reporting data.
3. **Partnerships:** Key partners and stakeholders are crucial components for successful implementation of the EHDI-IS. Potential organizations for collaboration include: other state and territories, early intervention programs, birthing hospitals, home birth facilities, audiologists, diagnostic facilities, pediatric clinicians, health care systems and healthcare provider groups, and other organizations to aid in minimizing loss to follow-up and loss to documentation; reducing delays in receiving diagnostic evaluation for infants not passing the hearing screening; and increasing enrollment in early intervention (EI) for infants confirmed to have a hearing loss. All collaborations proposed, must include sufficient details in the letters of support, and, if available MOUs/MOAs describing what will be done as part of the collaboration must be included in the application package.
4. **Strategic Communication & Dissemination**: Strategic communication and dissemination of information is crucial to support and increase the usefulness of the EHDI-IS. Findings from data analyses and evaluation conducted by the applicant should be regularly disseminated to key stakeholders and partners. Findings and lessons may be shared through various communication modes, such as reports, presentations, webinars and websites. In addition, applicants are expected to improve EHDI-IS visibility (e.g., publish and disseminate fact sheets, reports, briefs, newsletters, or other materials as needed to support project activities). Applicants should consider presenting at state, regional and national meetings and conferences, such as those held by the American Academy of Audiology, American Speech-Language-Hearing Association, and the National EHDI Meeting.
5. **Monitoring, Analysis and Evaluation:** This group of activities will lead to strategic actions for program improvement (e.g., processes to reduce errors, eliminate duplicate records, and ensure accuracy and validity of the data reported). Data analysis plan (trend analysis, analysis to identify demographic groups that should be targeted to reduce LFU/LTD, or similar analysis) will be implemented. The attributes of the EHDI-IS to be evaluated for both the **Core** and the **Expanded** activities include:
    - Data quality (accuracy, completeness, uniqueness and timelines) of the diagnostic and early intervention data.
    - Acceptability of the EHDI-IS among the data reporters (audiologist and/or diagnostic centers).
    - Usefulness and simplicity attributes of the EHDI-IS among the program and stakeholders.

The Optional Expanded activities will complement the Core activities and will focus on assisting qualified jurisdictions to expand the capacity of their EHDI-IS to analyze, report and use individual level EHDI data.

- Collaborate with CDC to develop and implement a protocol for the pseudonymization of individual level EHDI data that will be transmitted to CDC.

- The individuals identified in the Leadership, Surveillance, and Data Analysis capacity *(described in the organizational capacity of this FOA)* will attend and participate in an extended in-person Kick-off and planning meeting in Atlanta, GA.
- Construct, validate, and submit limited* data sets of information from the EHDI-IS using data specifications and format specified by CDC.
- Collaborate with CDC to conduct detailed analysis on the transmitted limited data set to identify data errors and factors related to the successful receipt of timely services, and loss to follow-up (LFU).
- Identify methods to improve data quality and the reporting process.

***Technical Notes:**

- Information in a limited data set is not directly identifiable and excludes 18 elements that could be used to identify the individual or of relatives, employers, or household members of the individual as specified in 45 CFR §;164.514 (e)(2).
- According to 45 CFR §164.514 (e)(2), a limited data set is protected health information that excludes the following direct identifiers of the individual or of relatives, employers or household members: names, postal address, telephone numbers, fax numbers, electronic mail addresses, social security numbers, medical record numbers, health plan beneficiary numbers, account numbers, certificate/license numbers, vehicle identifiers and serial numbers, device identifiers and serial numbers, web universal resource locators, internet protocol address numbers, biometric identifiers including fingerprints and voice, and full face photographic images and any comparable images.
- De-identification methods should be used to ensure that the data had successfully undergone pseudonymization before a data file is transmitted.
- For more information on the de-identification methods, refer to Chapter 5 of the EHDI Guidance Manual at http://www.cdc.gov/ncbddd/hearingloss/partners.html.

1. Collaborations

a. With other CDC programs and CDC-funded organizations:

The CDC will assist jurisdictions with improving the collection, management, and use of diagnostic and intervention data. The earlier children with hearing loss are identified and receive intervention services, the more likely they will reach their full potential. Collaboration is therefore strongly encouraged for the reasons described above. Awardees are required to collaborate with CDC to achieve the outcomes of this FOA. Selected applicants are required to attend and participate in an in-person kick-off and planning meeting in Atlanta, as well as attend the annual National EHDI conference for the purpose of sharing the latest information and collaborating with other experts in the field of early hearing loss on best practices in early hearing detection and surveillance.

b. With organizations not funded by CDC:

Applicants should collaborate with other programs as needed, to collect and use complete and accurate data. Collaborations with strategic partners who are essential to the effective implementation of their selected strategies will facilitate strengthening information exchange between health information systems. Potential organizations for collaboration include: Early Intervention (EI) programs, audiologists, clinicians, health care systems and healthcare provider groups, and other organizations to aid in minimizing loss to follow-up and loss to documentation; reducing delays in receiving diagnostic evaluation for infants not passing the hearing screening; and increasing enrollment in EI services for infants confirmed to have a hearing loss.
All collaborations proposed, must include sufficient details in the letters of support, and if available, MOUs/MOAs describing what will be done as part of the collaboration must be included in the application package.

2. Target Populations

The target populations for the proposed project are as follows:

- Infants not passing the initial hearing screening and referred for diagnostic testing
- Infants identified as D/HH and referred for intervention

Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description. Applicants will describe the specific target population(s) in their jurisdiction, and explain how they will achieve the goals of the award and/or alleviate health disparities.

a. Health Disparities

Applicants should strive to improve the documentation of timely follow-up diagnostic testing and early intervention services in order to support the early identification of Deaf and Hard of Hearing (D/HH) infants for the entire population, and seek to reduce gaps in those services by targeting underserved populations. Disparities by race, ethnicity, socioeconomic status, access, primary language, health literacy, education, and other relevant dimensions (e.g., rurality, tribal communities) should be considered. Applicants should address how specific populations will be included as described in the Approach section.

iv. Funding Strategy

NA

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurements help demonstrate achievement of project outcomes; build a stronger practice base for specific project strategies; clarify applicability of the evidence-based interventions to different populations, settings, and contexts; and support continuous program improvement. Evaluation and performance measurements also can determine if program activities are scalable and effective at reaching target populations. The EHDI-IS evaluation strategies can be supported by the "Updated Guidelines for Evaluating Public health Surveillance Systems" July 27, 2001/50(RR13); 1-35 available at: www.cdc.gov /mmwr/preview/mmwrhtml/rr5013a1.htm and the document: Planning an Evaluation of an EHDI Information System available at: www.cdc.gov/ncbddd/hearingloss/documents/planning-an-evaluation.pdf

The Performance Measures section, presents how CDC and awardees will monitor the degree to which the strategies were effectively implemented and the degree to which short-term, mid-term and long-term outcomes for the logic model have been achieved. All awardees must develop a draft evaluation plan and performance measurement plan as part of this application. If selected for funding, CDC EHDI will work with the awardees within six months of award to finalize project-specific measurements. The targets are to be achieved by awardees on or before the completion of this award. The following process and outcome measures should be collected and reported at the aggregate level to CDC at the end of each budget period. Awardees are expected to submit this aggregate data, which provide information that demonstrates achievement of project goals and intended outcomes, as well as indicates progress in the ability to document and provide EHDI services.The format will be specified in post-award guidance.

SURVEILLANCE STRATEGIES	PROCESS MEASURES
Maintain the collection and management of the hearing screening data	Percentage screening overall • Expected Baseline: 90% Percentage screening before one (1) month of age

	• Expected Baseline: 90% Number of newborns documented by the EHDI-IS (as compared to the total occurrent Births in the Vital Records)
Maintain electronic exchange of demographic data between EHDI-IS and Vital Records	Percentage of the records that contains all maternal demographics information
Expand the EHDI-IS capacity to capture diagnostic and early intervention data in a timely manner	Percentage of functional standards achieved by the end of the funding cycle
TRAINING AND SUPPORT STRATEGIES	PROCESS MEASURES
Provide training and/or technical assistance to address the needs of state partners involved in EHDI process	Documented list of training sessions completed among audiologist and diagnostic facilities and/or capacity sessions with Early Intervention facilities
PARTNERSHIPS STRATEGIES	PROCESS MEASURES
Promote and support coordination and collaboration around sustained tracking and surveillance activities within the jurisdiction	Number of and description of meetings to promote EHDI-IS and educate high-level decision makers about the importance of early hearing detection and intervention reporting, and supporting EHDI related activities. Additional description: Meeting day; desired outcome of collaboration; meeting outcome/next-steps
STRATEGIC COMMUNICATION & DISSEMINATION STRATEGIES	PROCESS MEASURES
Data disseminated to CDC	Submit Hearing Screening and Follow-up Survey (HSFS) without error messages to CDC (annually) Percent completion of Part I, Part II, and Part III HSFS submitted to CDC (annually)
Key information disseminated to internal and external stakeholders	Number and type of communication activities (e.g. reports sent to data reporters); Presentations;Publications, others
MONITORING, ANALYSIS AND EVALUATION STRATEGIES	PROCESS MEASURES

Monitor Data	Description of the processes to identify and correct data issues (e.g. deduplications, data matching, and data validation)
Analyze data	Description of data analysis performed and action taken during the reporting period to maintain quality of the data collected.
Evaluate EHDI Information System	Number of evaluation meetings to discuss evaluation planning and dissemination of findings Number of evaluation plans in place Number of evaluation reports in place
SHORT-TERM OUTCOMES	OUTCOME MEASURES
Increased knowledge and skills among facilities and providers related to reporting data to EHDI program (diagnostic and early intervention data)	Pre/post evaluation of knowledge and skills
Increased collaboration between internal and external partners about sustained tracking and surveillance activities	Number of signed MOU/MOA/ new relationship, policies, events situation etc. with potential for expanding EHDI capacity in collecting diagnosis and early intervention data.
Increased number of providers able to report follow-up re-screening and diagnostic data.	Document the number of audiologists reporting over time and/or affiliated facility
INTERMEDIATE OUTCOMES	OUTCOME MEASURES
Increased reporting by providers of all diagnoses (i.e.hearing loss and no hearing loss) in a timely manner to the EHDI program	Document the percentage of audiologists reporting all diagnostic results
Improve consistency and completeness of Early Intervention data reported to the EHDI program	Documentation of enrollment day Defined by CDC as Individual Family Service Plan (IFSP) date
Increased knowledge among program staff and stakeholders of current strengths and weaknesses of the EHDI Information System	Description of actions taken during the reporting period to improve program activities and increase program effectiveness based on evaluation findings, and data analysis

Improved program planning, policy development, and decision making to support tracking and surveillance activities	New policy, event, situation as a result of data utilization and extensive collaboration with stakeholders, which support the accomplishment of the EHDI-IS goals
LONG -TERM OUTCOMES	OUTCOME MEASURES
Improved documentation of follow-up diagnostic testing for infants who did not pass the newborn hearing screening	**Diagnostic Services** LFU/LTD for Diagnosis • **Baseline:** Current percent LFU/LTD for diagnosis reported by applicant (2015 data) • **Target:** Decrease by 30% from the baseline *Formula 1* *Percentage LFU/LTD (Diagnosis)* **Numerator:** #Unable to Contact + #Unresponsive + #Unknown (for diagnosis) **Denominator:** Total that did not pass final/most recent hearing screen Receiving Diagnostic Assessment • **Baseline**: Current percent diagnosed reported by applicant (2015 data) • **Target**: Increase by 30% from the baseline *Formula 2* *Percentage Diagnosed Overall* **Numerator:** Total diagnosed (no hearing loss + hearing loss) **Denominator:** Total that did not pass final/most recent hearing screen *Formula 3* *Percentage Diagnosed before three (3) months.* **Numerator:** Total diagnosed before (3) months of age (no hearing loss before 3 months of age + hearing loss before 3 months of age) **Denominator:** Total that did not pass final/most recent hearing screen

Improved documentation of intervention enrollment status for those infants with identified hearing loss	**Early Intervention Services** LFU/LTD for Early Intervention • **Baseline:** Current percent LFU/LTD for intervention reported by applicant (2015 data) • **Target:** Decrease by 20% from the baseline *Formula 1* *Percentage LFU/LTD (Early Intervention)* **Numerator:** #Unable to Contact + #Unresponsive + #Unknown (for early intervention) **Denominator:** Total diagnosed with permanent hearing loss Receiving Early Intervention • **Baseline**: Current percent enrolled in Part C and non-Part C early intervention reported by applicant (2015 data) • **Target:** Increase by 20% from the baseline. *Formula 2* *Percentage enrolled in Early Intervention Overall* **Numerator:** Total enrolled in early intervention (Part C & non-Part C) **Denominator**: Total diagnosed with permanent hearing loss *Formula 3* *Percentage enrolled in Early Intervention before 6 (six) month of age* **Numerator**: Total enrolled in early intervention (before 6 months, part C & non-part C) **Denominator**: Total diagnosed with permanent hearing loss

ii. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these FOA funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-49

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Awardees will be required to submit a more detailed Evaluation and Performance Measurement plan, including a DMP, within the first 6 months of award, as described in the Reporting Section of this FOA.

Applicants must provide an overall jurisdiction specific evaluation and performance measurement plan that is consistent with the CDC's evaluation and performance measurement strategy section of the CDC Project Description of this FOA. Data collected must be used for ongoing monitoring of the award to evaluate its effectiveness and for continuous program improvement. The plan must

- Describe how key project staff and partners will be engaged in the evaluation and performance measurement planning processes;
- Describe potential evaluation questions;
- Describe potentially available evaluation data sources and the feasibility of accessing them; and
- Describe how evaluation findings will be used for continuous program and quality improvement.

Throughout the three-year project period, CDC will work individually and collectively with each of the funded jurisdictions for both core and expanded activities to evaluate its own EHDI-IS by using the following potential evaluation questions to assess EHDI –IS system attributes:

1. **Data Quality:**

- To what extent does the EHDI-IS contain accurate, complete, unique and timely diagnostic data?
- To what extent does the EHDI-IS contain accurate, complete, unique and timely early intervention data?

2. **Acceptability:**

- To what extent do audiologists in the state know about the jurisdictional EHDI program and use the

EHDI data reporting module system?
- What barriers prevent audiologist from reporting diagnostic data?
- Is the data reporting system or paper form user-friendly for audiologists to report diagnostic results?
- How could the EHDI program increase the awareness among the audiology community about the importance of documenting and communicating the results?

3. **Usefulness & Simplicity:**

- Did the collected EHDI data lead to strategic actions that benefitted the program or stakeholders?
- How easy of an operation is the EHDI-IS for managing data and generating reports?

While not necessary, if the applicant chooses to include a new logic model, it must align with the logic model provided in this FOA.

c. Organizational Capacity of Awardees to Implement the Approach

Applicants must demonstrate that they have the capacity to meet the project requirements and successfully complete the activities defined in this CDC funding announcement. To help ensure successful completion of this project applicants for the **Core* and Expanded*** activities must have the following capacity. Award funds can be used to pay for part of these key roles, up to the specified limit for each Full-time Equivalent (FTE) position:

Leadership Capacity (Up to 0.30 FTE):

- Project Director (PD) (Up to 0.05 FTE): A PD is the primary individual(s) responsible for the scientific, technical or programmatic aspects of the CDC cooperative agreement. The PI/PD serves a key role in providing administrative oversight, budget management, and meeting project goals. This individual should have project management and supervisory experience.
- Project Manager (Up to 0.25 FTE): A project manager is the person responsible for leading the project and the day-to-day management of the project. He/she is responsible for the planning, implementing, and completing project tasks. Key tasks include management of the CDC cooperative agreement, developing and monitoring the project's work plan, preparation of reports, development and maintaining of partnerships with stakeholders, communication with partners and CDC, and overseeing evaluation activities. This individual should have training and/or experience in project management.

Surveillance Capacity (Up to 0.50 FTE for Core Only / 0.25 FTE for Core + Expanded)

- Performs a variety of tasks to assure the quality and integrity of EHDI follow-up data and support evaluation activities. His/her primary responsibility is to improve the documentation of diagnostic and early intervention data. This includes monitoring the EHDI follow-up data collection processes and providing interim and summary reports to improve tracking and surveillance activities. In addition, this individual may be responsible for the management of the data system, as well as providing technical assistance or training, designing and compiling summary statistics report on diagnostic and early intervention data. This individual should have knowledge of research methodology, experience in data collection, management, analysis and interpersonal skills.

Evaluation and Performance Monitoring Capacity (Up to 0.15 FTE)

- Responsible for conducting evaluation activities, including the development, coordination, and implementation of an EHDI-IS evaluation plan in close collaboration with stakeholders, and using evaluation findings to support program improvements. This individual should be familiar with evaluation methods and have training and/or prior experience conducting an evaluation. He/she should also be able to present evaluation findings and conclusions to a variety of audiences.

Applicants for the **Expanded** activities must also have the following additional capacity.

Data Analysis and Quality Assurance Capacity (e.g. Epidemiologist) (Up to 0.75 FTE)

- Collects and analyzes data, and disseminates findings with the team and relevant stakeholders. Key tasks include: (1) identifying data elements affecting data quality and ways to improve data collection; (2) using epidemiological and statistical methods to identify sections of the population at greatest risk for loss to follow-up (LFU) or loss to documentation (LTD); (3) determining key epidemiological indicators of the EHDI program including: average age of hearing loss identification, average age of enrollment into EI; (4) determining the strengths and weaknesses of the EHDI-IS to establish priorities for updates and improvements; (5) supporting evaluation of the effectiveness of the EHDI-IS; and (6) disseminating relevant, detailed EHDI data to stakeholders to support and improve diagnostic and early intervention data collection and use. The person serving in this role should have knowledge of epidemiological methods, statistical skills to evaluate and interpret data, and experience in preparing and presenting technical and non-technical information to diverse audiences.

Health Informatics (Up to 0.25 FTE), if needed: Assist in ensuring standardized data definitions are applied, the preparing and validation of data files submitted to CDC and the identifying and resolving of any data errors. The person serving in this role should have experience working on large public health datasets.

Notes

1. A resume/CV that reflects the necessary training and experience for each individual that will serve in these defined roles is required.
2. Each of these positions (up to four positions under Core and six positions under Core and Optional Expanded) is designated as a key role under this FOA and prompt notification about changes to individuals serving in any of these key roles is required to be provided to the Office of Grant Services (OGS) at the CDC Office of Financial Resources (OFR).

d. Work Plan

Applicants must submit a work plan that covers the first year of the three-year project period, and a summary of activities for Years 2-3. Proposed strategies must be in alignment with the FOA logic model. Required elements in a work plan include strategies and their associated performance measures (with data sources, targets, and timeframes), as well as major activities and the person responsible for each activity. Applicants should insert "N/A" for any strategies they do not intend to implement in a given year. A work plan template is available at www.cdc.gov/ncbddd/hearingloss/partners.html. Applicants are not required to use this work plan template, but any plan submitted must include all of the elements in the template.

Project Period Outcome: *[from logic model]*		**Outcome Measure:** *[from Evaluation and Performance Measurement section]*	
Strategies and Activities Description	**Process Measure** *[from Evaluation and Performance Measurement section]*	**Program staff responsible**	**Timeframe**
1.			
2.			
3.			

e. CDC Monitoring and Accountability Approach

Monitoring activities include routine and ongoing communication between CDC and awardees, site visits, and awardee reporting (including work plans, performance, and financial reporting). Consistent with applicable grants regulations and policies, CDC expects the following to be included in post-award monitoring for grants and cooperative agreements:

- Tracking awardee progress in achieving the desired outcomes.
- Ensuring the adequacy of awardee systems that underlie and generate data reports.
- Creating an environment that fosters integrity in program performance and results.

Monitoring may also include the following activities deemed necessary to monitor the award:

- Ensuring that work plans are feasible based on the budget and consistent with the intent of the award.
- Ensuring that awardees are performing at a sufficient level to achieve outcomes within stated timeframes.
- Working with awardees on adjusting the work plan based on achievement of outcomes, evaluation results and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Monitoring and reporting activities that assist grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

f. CDC Program Support to Awardees (THIS SECTION APPLIES ONLY TO COOPERATIVE AGREEMENTS)

Core Activities

CDC staff involved with this cooperative agreement will provide substantial involvement beyond site visits and regular performance and financial monitoring during the project period. Substantial involvement means that awardees can expect federal programmatic partnership in carrying out the effort under the award. The CDC program will work in partnership with awardees to ensure the success of the cooperative agreement by:

- Supporting awardees in implementing cooperative agreement requirements and advancing program activities to meet outcomes.
- Providing technical assistance to revise annual work plans and budgets.
- Providing consultation and guidance on enhancing and expanding existing EHDI surveillance activities, including the collection and analysis of data.
- Collaborating with awardees to develop and implement strategic and individual evaluation plans and use evaluation findings.
- Providing technical assistance to define and operationalize performance measures and implement awardees' performance measurement plans.
- Planning and convening in-person meetings to provide awardees with the opportunity to exchange resources, share lessons learned, and address common issues.
- Participating in meetings, committees, conference calls, and working groups relevant to achieving the goals of the cooperative agreement.
- Translating and disseminating lessons learned by awardees to build a stronger practice base for EHDI-IS strategies.

Optional Expanded Activities

CDC will collaborate with awardees to prepare, validate, and submit files with individual level data. CDC will

work with grantees to conduct detailed analyses of the reported data to assess progress and identify factors related to loss to follow-up (LFU), and help apply findings to support the tracking and surveillance work of each awardee. This work will also include identifying ways to improve data quality and the reporting process and sharing findings with stakeholders. Through this expanded activity awardees will be able to 1) strengthen their capacity for data analysis and 2) identify additional ways they can use data and their EHDI-IS to assist D/HH children.

B. Award Information

1. Funding Instrument Type: Cooperative Agreement

CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.

2. Award Mechanism: UR3

3. Fiscal Year: 2017

4. Approximate Total Fiscal Year Funding: $6,900,000

5. Approximate Project Period Funding: $20,700,000

This amount is subject to the availability of funds.

Estimated Total Funding: $20,700,000

6. Total Project Period Length: 3 year(s)

7. Expected Number of Awards: 42

(42 Core Activities and up to 6 Optional Expanded Activities)

8. Approximate Average Award: $150,000 Per Budget Period

9. Award Ceiling: $250,000 Per Budget Period

This amount is subject to the availability of funds.

Jurisdictions that apply and are selected for only the **Core** activities are eligible to receive funding of up to a award ceiling of **$150,000** per year for the first 12 months. Jurisdictions that apply and are also selected for the **Optional Expanded** activities are eligible to receive additional funding of up to **$100,000** per year. Jurisdictions previously funded under the iEHDI project (Iowa, Indiana, and Nebraska) are eligible to receive additional funding of up to a maximum of **$75,000** per year. The award ceiling for the **Core plus the Optional Expanded** activities is **$250,000**. CDC will consider any application requesting an award higher than this amount as nonresponsive and it will receive no further review.

10. Award Floor: $0 Per Budget Period

11. Estimated Award Date: 06/01/2017

12. Budget Period Length: 12 month(s)

Throughout the project period, CDC will continue the award based on the availability of funds, the evidence of satisfactory progress by the awardee (as documented in required reports), and the determination that continued funding is in the best interest of the federal government. The total number of years for which federal support has been approved (project period) will be shown in the "Notice of Award." This information does not constitute a commitment by the federal government to fund the entire period. The total project period comprises the initial competitive segment and any subsequent non-competitive continuation award(s).

13. Direct Assistance

Direct Assistance (DA) is not available through this FOA.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: State governments

Additional Eligibility Category:

Government Organizations:

State governments or their bona fide agents (includes the District of Columbia)
Territorial governments or their bona fide agents in the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.

2. Additional Information on Eligibility

The award ceiling for the FOA is $250,000 (see Section B. Award Information, 9. Award Ceiling). CDC will consider any application requesting an award higher than this amount as nonresponsive and it will receive no further review.

If Applicant is applying as Bona Fide agent of a state or local government, a legal, binding agreement from the state or local government as documentation of the status is required.

Jurisdictions may apply and be selected for either Core activities or Core plus the Optional Expanded activities. CDC will consider any application requesting an award higher than the ceiling amount specified in the Award Information section as nonresponsive, and it will receive no further review.

The following eligibility requirements provide instructions for the applicants for the Optional Expanded Activities:

- Have at least 20,000 annual, occurrent births.
- Currently meet the "SHALL" level requirements for the following items under Functional Standards Goals 1 and 5.
    - 1.1 Provide unique patient record for each newborn child born in the jurisdiction
    - 1.2 Receive and document information about patient's birth encounter and newborn admission information in a timely manner
    - 1.3 Receive and document patient's maternal demographic information
    - 1.4 Receive and document all individual newborn hearing screening procedures and results, in a timely manner

- 1.6 Review incoming and existing patient records and document the most recent newborn hearing screening status and outcome of the patient
- 1.7 Receive and document information on the reason why an infant hearing screening is not performed or completed
- List the minimum, core, and extended data items that the EHDI-IS currently collects and provide and explanation for if and how any items not being collected can be captured during the project period. A list of the minimum, core and extended data items are available in the EHDI-IS Functional Standards **Appendix A** (Data item list and data definitions of categorical data items) at https://www.cdc.gov/ncbddd/hearingloss/ehdi-is-functional-standards.html

- Attend and participate in an extended in-person Kick-off and planning meeting in Atlanta, GA.

3. Justification for Less than Maximum Competition

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

Cost sharing or matching funds are not required for this program. Although no statutory matching requirement for this FOA exists, leveraging other resources and related ongoing efforts to promote sustainability is strongly encouraged.

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

An organization must be registered at the three following locations before it can submit an application for funding at www.grants.gov.

a. Data Universal Numbering System:

All applicant organizations must obtain a Data Universal Numbering System (DUNS) number. A DUNS number is a unique nine-digit identification number provided by Dun & Bradstreet (D&B). It will be used as the Universal Identifier when applying for federal awards or cooperative agreements.

The applicant organization may request a DUNS number by telephone at 1-866-705-5711 (toll free) or internet at http:// fedgov.dnb. com/webform/ displayHomePage.do. The DUNS number will be provided at no charge.

If funds are awarded to an applicant organization that includes sub-awardees, those sub-awardees must provide their DUNS numbers before accepting any funds.

b. System for Award Management (SAM):

The SAM is the primary registrant database for the federal government and the repository into which an entity must submit information required to conduct business as an awardee. All applicant organizations must register with SAM, and will be assigned a SAM number. All information relevant to the SAM number must be current at all times during which the applicant has an application under consideration for funding by CDC. If an award is made, the SAM information must be maintained until a final financial report is submitted or the final payment is received, whichever is later. The SAM registration process can require 10 or more business days, and registration must be renewed annually. Additional information about registration procedures may be found at ***www.SAM.gov***.

c. Grants.gov:
The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option atwww.grants.gov.
All applicant organizations must register at www.grants.gov. The one-time registration process usually takes not more than five days to complete. Applicants should start the registration process as early as possible.

Step	System	Requirements	Duration	Follow Up
1	Data Universal Number System (DUNS)	1. Click on http://fedgov.dnb.com/webform 2. Select Begin DUNS search/request process 3. Select your country or territory and follow the instructions to obtain your DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http://fedgov.dnb.com/webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before	Register early! Log into grants.gov and check AOR status until it shows you have been approved

			applying on grants.gov)	

2. Request Application Package

Applicants may access the application package at www.grants.gov.

3. Application Package

Applicants must download the SF-424, Application for Federal Assistance, package associated with this funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

If the application is not submitted by the deadline published in the FOA, it will not be processed. Office of Grants Services (OGS) personnel will notify the applicant that their application did not meet the deadline. The applicant must receive pre-approval to submit a paper application (see Other Submission Requirements section for additional details). If the applicant is authorized to submit a paper application, it must be received by the deadline provided by OGS.

a. Letter of Intent Deadline (must be emailed or postmarked by)

Due Date for Letter of Intent: **01/30/2017**

b. Application Deadline

Due Date for Applications: **03/06/2017** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

Funding Opportunity Announcement (FOA) information will be available for potential applicants on two separate conference calls, conducted by the Centers for Disease Control and Prevention Early Hearing Detection and Intervention (CDC EHDI) Team as follows:

The first call is scheduled for Thursday, January 19, 2017 from 1-2pm, EST. The second call is scheduled for Thursday, January 19, 2017 from 7-8pm, EST.

1. Click on the following link to join the **visual** portion of the conference:

Participant Link.

2. Audio Information

Use the information below to connect:

Toll-free: +1 (877) 874-5447

Participant code: 136111 #

……..

First Time Users

To save time before the meeting, check your system to make sure it is ready to use Microsoft Office Live Meeting.Pre-Application Conference Calls:

Captioning service is available. If you would like the captioning service, please contact Steve Richardson

at SRichardson4@cdc.gov promptly to allow time for testing system compatibility. This service is provided at no charge.

The purpose of the conference calls is to 1) help potential applicants understand the scope and intent of the FOA for the *Documentation and Use of Follow-up Diagnostic and Intervention Services Data through the Maintenance and Enhancement of the Early Hearing Detection and Intervention Information System (EHDI-IS) and 2) become familiar with the Public Health Services funding policies and application and review procedures.* Since this is a competitive selection process, applicants should follow the requirements as laid out in the FOA and any related amendments. If potential applicants have questions or need clarification prior to this call please see **II.Full Text, Section G. Agency Contacts** for contact information.

5. CDC Assurances and Certifications

All applicants are required to sign and submit "Assurances and Certifications" documents indicated at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa)) /Homepage.aspx.
Applicants may follow either of the following processes:

- Complete the applicable assurances and certifications with each application submission, name the file "Assurances and Certifications" and upload it as a PDF file with at www.grants.gov
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http://wwwn.cdc.gov/ grantassurances/ (S(mj444mxct51lnrv1hljjjmaa))/ Homepage.aspx

Assurances and certifications submitted directly to CDC will be kept on file for one year and will apply to all applications submitted to CDC by the applicant within one year of the submission date.

6. Content and Form of Application Submission

Applicants are required to include all of the following documents with their application package at www.grants.gov.

7. Letter of Intent

The purpose of an LOI is to allow CDC program staff to estimate the number of and plan for the review of submitted applications.

LOI must be sent via U.S. express mail, delivery service, fax, or email to:

Deidra Green, Project Officer

Department of Health and Human Services

Centers for Disease Control and Prevention

1600 Clifton Rd, MSE-88

Atlanta, GA 30333

Telephone: (404) 498-3034

Fax: (770) 488-0270

Email: deg4@cdc.gov

8. Table of Contents

(There is no page limit. The table of contents is not included in the project narrative page limit.): The applicant must provide, as a separate attachment, the “Table of Contents” for the entire submission package. Provide a detailed table of contents for the entire submission package that includes all of the documents in the application and headings in the "Project Narrative" section. Name the file "Table of Contents" and upload it as a PDF file under "Other Attachment Forms" at www.grants.gov.

9. Project Abstract Summary

(Maximum 1 page)
A project abstract is included on the mandatory documents list and must be submitted at www.grants.gov. The project abstract must be a self-contained, brief summary of the proposed project including the purpose and outcomes. This summary must not include any proprietary or confidential information. Applicants must enter the summary in the "Project Abstract Summary" text box at www.grants.gov.

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file “Project Narrative” and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach, Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

Applicants must provide a description of relevant background information that includes the context of the problem (See CDC Background).

b. Approach

i. Purpose

Applicants must describe in 2-3 sentences specifically how their application will address the public health problem as described in the CDC Background section.

ii. Outcomes

Applicants must clearly identify the outcomes they expect to achieve by the end of the project period, as identified in the logic model in the Approach section of the CDC Project Description. Outcomes are the results that the program intends to achieve and usually indicate the intended direction of change (e.g., increase, decrease).

iii. Strategies and Activities

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Applicants must select existing evidence-based strategies that meet their needs, or describe in the Applicant Evaluation and Performance Measurement Plan how these strategies will be evaluated over the course of the project period. See the Strategies and Activities section of the CDC Project Description.

1. Collaborations

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

Applicants must describe how they will collaborate with programs and organizations either internal or external to CDC. Applicants must address the Collaboration requirements as described in the CDC Project Description.

All collaborations proposed must include sufficient details about established and proposed partnerships, e.g., current letters of support or other documents describing what will be done as part of the collaboration or result from the collaboration.

2. Target Populations and Health Disparities

Applicants must describe the specific target population(s) in their jurisdiction and explain how such a target will achieve the goals of the award and/or alleviate health disparities. The applicants must also address how they will include specific populations that can benefit from the program that is described in the Approach section. Applicants must address the Target Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

Applicants must provide an evaluation and performance measurement plan that demonstrates how the awardee will fulfill the requirements described in the CDC Evaluation and Performance Measurement and Project Description sections of this FOA. At a minimum, the plan must describe:

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement. The Paperwork Reduction Act of 1995 (PRA): Applicants are advised that any activities involving information collections (e.g., surveys, questionnaires, applications, audits, data requests, reporting, recordkeeping and disclosure requirements) from 10 or more individuals or non-Federal entities, including State and local governmental agencies, and funded or sponsored by the Federal Government are subject to review and approval by the Office of Management and Budget. For further information about CDC's requirements under PRA seehttp://www.hhs.gov/ ocio/policy/collection/.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, data management plan (DMP), and other relevant data information (e.g., performance measures proposed by the applicant).

Where the applicant chooses to, or is expected to, take on specific evaluation studies, they should be directed to:

- Describe the type of evaluations (i.e., process, outcome, or both).
- Describe key evaluation questions to be addressed by these evaluations.
- Describe other information (e.g., measures, data sources).

Awardees will be required to submit a more detailed Evaluation and Performance Measurement plan (including the DMP elements) within the first 6 months of award, as described in the Reporting Section of this FOA.

d. Organizational Capacity of Applicants to Implement the Approach

Applicants must address the organizational capacity requirements as described in the CDC Project Description.

Applicants must name this file "CVs/Resumes" or "Organizational Charts" and upload it at www.grants.gov

11. Work Plan

(Included in the Project Narrative's page limit)

Applicants must prepare a work plan consistent with the CDC Project Description Work Plan section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement.

Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov. A work plan template is available at www.cdc.gov/ncbddd/hearingloss/partners.html. Applicants are not required to use this work plan template, but any plan submitted must include all of the elements in the template.

12. Budget Narrative

Applicants must submit an itemized budget narrative. When developing the budget narrative, applicants must consider whether the proposed budget is reasonable and consistent with the purpose, outcomes, and program strategy outlined in the project narrative. The budget must include:

- Salaries and wages
- Fringe benefits
- Consultant costs
- Equipment
- Supplies
- Travel
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

Indirect costs could include the cost of collecting, managing, sharing and preserving data.

Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities).

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: http:// www.cdc.gov /grants /interested in applying /application resources.html.

If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this FOA to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the FOA. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.

Applicants must name this file "Budget Narrative" and upload it as a PDF file at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the 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 Grantees under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

Award funds for the Leadership, Surveillance and Evaluation roles defined in section *A.2.iv. Organizational Capacity of Awardees to implement the Approach*, can only be used to pay for a combined total of 0.95 FTE if applying for Core only activities. Depending on organizational structure and qualifications, a single individual may serve in more than one role(e.g., one individual serves as both the Project Director (PD) and the Project Manager). In this example a maximum of 0.30 FTE(0.05 Project Director + 0.25 Project Manager) for one person can be supported with award funds if he/she will serve as both the PD and the Project Manager.

Award funds for the surveillance role can only be used to pay for up to 0.25 FTE (instead of up to 0.50 FTE under Core only) if applying for Core and Optional Expanded activities. Depending on organizational structure the same individual may serve in both the Surveillance (0.25 FTE) and the Data Analysis/Quality Assurance (0.75 FTE) role and be funded up to 1.0 FTE.

Award funds do not have to be used to support these key roles, but individuals must be identified to serve in the roles, the funding source (e.g., in-kind) must be stated in this section and all key roles whether in-kind or funded must be included in the budget narrative.

Award funds can be used to support these key roles up to the FTE limit for Core and Optional Expanded activities whether position is a state funded, consultant or contract position.

Award funds can be used to support additional roles beyond those specified as key positions however written justification is required for each additional role.

13. Tobacco and Nutrition Policies

Awardees are encouraged to implement tobacco and nutrition policies.
Unless otherwise explicitly permitted under the terms of a specific CDC award, no funds associated with this FOA may be used to implement the optional policies, and no applicants will be evaluated or scored on whether they choose to implement these optional policies.
CDC supports implementing evidence-based programs and policies to reduce tobacco use and secondhand smoke exposure, and to promote healthy nutrition. CDC encourages all awardees to implement the following optional recommended evidence-based tobacco and nutrition policies within their own organizations. The tobacco policies build upon the current federal commitment to reduce exposure to secondhand smoke, specifically Pro-Children Act of 2001, 20 U.S.C. Sections 7181-7184, that prohibits smoking in certain facilities that receive federal funds in which education, library, day care, health care, or early childhood development services are provided to children.

Tobacco Policies:

1. Tobacco-free indoors: Use of any tobacco products (including smokeless tobacco) or electronic cigarettes is not allowed in any indoor facilities under the control of the awardee.
2. Tobacco-free indoors and in adjacent outdoor areas: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities, within 50 feet of doorways and air intake ducts, and in courtyards under the control of the awardee.
3. Tobacco-free campus: Use of any tobacco products or electronic cigarettes is not allowed in any indoor facilities or anywhere on grounds or in outdoor space under the control of the awardee.

Nutrition Policies:

1. Healthy food-service guidelines must, at a minimum, align with HHS and General Services

Administration Health and Sustainability Guidelines for Federal Concessions and Vending Operations. These guidelines apply to cafeterias, snack bars, and vending machines in any facility under the control of the awardee and in accordance with contractual obligations for these services (see: http:// www.gsa.gov/ graphics/ pbs/ Guidelines_ for_ _ Federal_ Concessions_ and_ Vending_ _ Operations.pdf).

2. Resources that provide guidance for healthy eating and tobacco-free workplaces are:

http://www.cdc.gov/ nccdphp/dnpao/hwi/ toolkits/ tobacco/index.htm
http://www. thecommunityguide.org/ tobacco/index.html
http:// www.cdc.gov /obesity /strategies /food-serv-guide.html

14. Funds Tracking

Proper fiscal oversight is critical to maintaining public trust in the stewardship of federal funds. Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC to set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities and drawdown instructions will be identified on the Notice of Award in a newly established PMS subaccount (P subaccount). Grantees will be required to draw down funds from award-specific accounts in the PMS. Ultimately, the subaccounts will provide grantees and CDC a more detailed and precise understanding of financial transactions. The successful applicant will be required to track funds by P-accounts/sub accounts for each project/cooperative agreement awarded.
Applicants are encouraged to demonstrate a record of fiscal responsibility and the ability to provide sufficient and effective oversight. Financial management systems must meet the requirements as described 2 CFR 200 which include, but are not limited to, the following:

- Records that identify adequately the source and application of funds for federally-funded activities.
- Effective control over, and accountability for, all funds, property, and other assets.
- Comparison of expenditures with budget amounts for each Federal award.
- Written procedures to implement payment requirements.
- Written procedures for determining cost allowability.
- Written procedures for financial reporting and monitoring.

15. Health Insurance Marketplaces

A healthier country is one in which Americans are able to access the care they need to prevent the onset of disease and manage disease when it is present. The Affordable Care Act, the health care law of 2010, creates new Health Insurance Marketplaces, also known as Exchanges, to offer millions of Americans affordable health insurance coverage. In addition, the law helps make prevention affordable and accessible for Americans by requiring health plans to cover certain recommended preventive services without cost sharing. Outreach efforts will help families and communities understand these new options and provide eligible individuals the assistance they need to secure and retain coverage as smoothly as possible. For more information on the Marketplaces and the health care law, visit: www.HealthCare.gov.

16. Intergovernmental Review

The application is subject to Intergovernmental Review of Federal Programs, as governed by Executive Order 12372, which established a system for state and local intergovernmental review of proposed federal assistance applications. Applicants should inform their state single point of contact (SPOC) as early as possible that they are applying prospectively for federal assistance and request instructions on the state's process. The current SPOC list is available at: http://www.whitehouse.gov/omb/grants_spoc/.

17. Pilot Program for Enhancement of Employee Whistleblower Protections

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will be subject to a term and condition that applies the terms of 48 Code of Federal Regulations (CFR) section 3.908 to the award and requires that grantees inform their employees in writing (in the predominant native language of the workforce) of employee whistleblower rights and protections under 41 U.S.C. 4712.

18. Copyright Interests Provisions

This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

19. Funding Restrictions

Restrictions that must be considered while planning the programs and writing the budget are:

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the awardee.
- 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
- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in

carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

20. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-49

21. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded at www.grants.gov. Applicants can complete the application package off-line and submit the application by uploading it at www.grants.gov. All application attachments must be submitted using a PDF file format. Directions for creating PDF files can be found at www.grants.gov. File formats other than PDF may not be readable by OGS Technical Information Management Section (TIMS) staff.

Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity at www.grants.gov.

If Internet access is not available or if the forms cannot be accessed online, applicants may contact the OGS TIMS staff at 770- 488-2700 or by e-mail at ogstims@cdc.gov, Monday through Friday, 7:30 a.m.–4:30 p.m., except federal holidays. Electronic applications will be considered successful if they are available to OGS TIMS staff for processing from www.grants.gov on the deadline date.

b. Tracking Number: Applications submitted through www.grants.gov are time/date stamped electronically and assigned a tracking number. The applicant's Authorized Organization Representative (AOR) will be sent an e-mail notice of receipt when www.grants.gov receives the application. The tracking number documents that the application has been submitted and initiates the required electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until the validation process is completed successfully. After the application package is submitted, the applicant will receive a "submission receipt" e-mail generated by www.grants.gov. A second e-mail message to applicants will then be generated by www.grants.gov that will either validate or reject the submitted application package. This validation process may take as long as two business days. Applicants are strongly encouraged to check the status of their application to ensure that submission of their package has been completed and no submission errors have occurred. Applicants also are strongly encouraged to allocate ample time for filing to guarantee that their application can be submitted and validated by the deadline published in the FOA. Non-validated applications will not be accepted after the published application deadline date.

If you do not receive a "validation" e-mail within two business days of application submission, please contact www.grants.gov. For instructions on how to track your application, refer to the e-mail message generated at the time of application submission or the Grants.gov Online User Guide.
http:// www.grants.gov/help/html/help/index.htm? callingApp=custom#t= Get_Started%2FGet_Started. htm

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a

day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

e. Paper Submission: If technical difficulties are encountered at www.grants.gov, applicants should call the www.grants.gov Contact Center at 1-800-518-4726 or e-mail them at support@grants.gov for assistance. After consulting with the Contact Center, if the technical difficulties remain unresolved and electronic submission is not possible, applicants may e-mail CDC GMO/GMS, before the deadline, and request permission to submit a paper application. Such requests are handled on a case-by-case basis.
An applicant's request for permission to submit a paper application must:

1. Include the www.grants.gov case number assigned to the inquiry
2. Describe the difficulties that prevent electronic submission and the efforts taken with the www.grants.gov Contact Center to submit electronically; and
3. Be received via e-mail to the GMS/GMO listed below at least three calendar days before the application deadline. Paper applications submitted without prior approval will not be considered.

   If a paper application is authorized, OGS will advise the applicant of specific instructions for submitting the application (e.g., original and two hard copies of the application by U.S. mail or express delivery service).

E. Review and Selection Process

1. Review and Selection Process: Applications will be reviewed in three phases

a. Phase 1 Review
All applications will be initially reviewed for eligibility and completeness by CDC Office of Grants Services. Complete applications will be reviewed for responsiveness by the Grants Management Officials and Program Officials. Non-responsive applications will not advance to Phase II review. Applicants will be notified that their applications did not meet eligibility and/or published submission requirements.

b. Phase II Review

A review panel will evaluate complete, eligible applications in accordance with the criteria below.
i. Approach
ii. Evaluation and Performance Measurement
iii. Applicant's Organizational Capacity to Implement the Approach
Not more than thirty days after the Phase II review is completed, applicants will be notified electronically if their application does not meet eligibility or published submission requirements.

i. Approach	Maximum Points:35

Core Activities:

Reviewers will assess the degree to which applicant clearly describe:

- Background and Problem Statement
  - Provides a clear explanation of the extent of the issue of D/HH infants being born in the jurisdiction, including providing the number of infants not passing the hearing screening and referred for diagnostic testing and the number of D/HH infants identified early among newborns born in years 2012, 2013, 2014, and 2015. **(3 Points)**
  - Provides a clear description of the EHDI-IS background and the context of the problem as stated in the CDC background section (challenges and barriers, documenting the receipt of follow-up services) **(2 points)**

- Overall strategies and activities consistent with the CDC Project Description and logic model
    - Describes the strategies to maintain the collection and management of the hearing screening data **(3 points)**
    - Describes the strategies and methods to maintain the electronic receipt of demographic data by the EHDI-IS from the jurisdictional program responsible for collecting and maintaining vital records **(3 points)**
    - Describes mechanisms to address the challenges, barriers, and problems in order to improve the documentation of follow-up diagnostic and early intervention services **(4 points)**
    - Describes current and future strategies for quality assurance e.g. (reduce errors, eliminate duplicate records, ensure accuracy, completeness, validity) of the diagnostic and early intervention data reported **(5 points)**
    - Specify how the applicant will provide technical assistance and/or training to address the needs of jurisdictional partners involved in reporting data to EHDI-IS **(4 points)**
    - Describes a process to engage relevant stakeholders to promote the coordination and reporting of diagnostic and early intervention data **(4 points)**
    - Specify the communication approach and strategy for tailoring information to key audiences to explain the role of the EHDI-IS, the information collected, current data findings, and evaluation results **(4 points)**
- Presents a work plan that is aligned with the strategies/activities, outcomes, and performance measures in the approach and addresses achieving the functional standards that are not yet met by the current EHDI-IS **(3 points)**

ii. Evaluation and Performance Measurement — Maximum Points:25

Reviewers will assess the degree to which applicant:

- Describes mechanisms to collect data on the process and outcome performance measures specified by CDC in the project description and presented by the applicant in their approach. **(5 points)**
- Describes a process for engaging program staff and key partners in the development of the evaluation plan. **(5 points)**
- Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities. **(7 points)**
- Describes how performance measurement and evaluation findings will be reported, and used to demonstrate the outcomes of the applicant’s proposed work plan and for continuous program quality improvement. **(8 points)**

iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points:40

Reviewers will assess the degree to which applicant:

- Describe the **staffing capacity** that would enable them to conduct the proposed activities. **(20 points)**
    - Provides a staffing plan and structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles.
    - Provides an organizational chart
- Describe the **surveillance capacity** of the program that would enable them to conduct the proposed activities. **(10 points)**
    - The applicant describe the EHDI-IS that is currently in place, how initial newborn hearing screening services are documented for all infants born in the jurisdiction, and what Functional standards are currently being met by the EHDI-IS
- Describe the **collaboration capacity (10 points)**

- Provides letters of support from key internal and external government leaders and partners, as described earlier in this FOA.

c. Phase II Review - Optional Expanded Activities: (Maximum Points 100)

i. Approach (45 Points)

Reviewers will assess the degree to which applicant has:

Addressed all Core activities described in the Approach section including **(10 points)**:

- (a) a clear description of the EHDI-IS background and problem statement;
- (b) overall strategies and activities consistent with the CDC Project Description and logic model; and
- (c) a work plan that is aligned with strategies/activities, outcomes, and performance measures described in the Approach and addresses the functional standards that are not yet met by their current jurisdictional EHDI-IS.

In addition to the Core activities specified above, describes the **surveillance capacity** of the program that would enable them to conduct the proposed activities.

Have at least 20,000 annual, occurrent births. **(5 points)**

Currently meet the "SHALL" level requirements for the following items under Functional Standards Goal 1.

- 1.1 Provide unique patient record for each newborn child born in the jurisdiction **(5 points)**
- 1.2 Receive and document information about patient's birth encounter and newborn admission information in a timely manner **(5 points)**
- 1.3 Receive and document patient's maternal demographic information **(5 points)**
- 1.4 Receive and document all individual newborn hearing screening procedures and results, in a timely manner **(5 points)**
- .6 Review incoming and existing patient records and document the most recent newborn hearing screening status and outcome of the patient **(5 points)**
- 1.7 Receive and document information on the reason why an infant hearing screening is not performed or completed **(5 points)**

ii. Evaluation and Performance Measurement (20 Points)

Reviewers will assess the degree to which the applicant has:

Addressed all Core activities described in the Evaluation and Performance Measurement section including:

- (a) mechanisms used to collect data on the process and outcome performance measures specified by CDC in the Project Description and presented by the applicant in their approach;
- (b) process to engage program staff and key partners in the development of an evaluation plan;
- (c) clear monitoring and evaluation procedures and description of how evaluation and performance measurement are used in planning, implementing, reporting project activities; and
- (d) the reporting of performance measures and evaluation findings to demonstrate the outcomes of the applicant's proposed work plan and continuous program quality improvement.

iii. Organizational Capacity to Implement the Approach (35 Points)

Reviewers will assess the degree to which the applicant:

Addressed all Core activities in the Organizational Capacity section and the following:

- Describe the **staffing capacity** that would enable them to conduct the proposed activities and provides a staffing plan and structure that will be sufficient to achieve the project outcomes and which clearly defines staff roles **(10 points)**
- Describe the anticipated changes to the reporting functions and, if applicable, other areas of the

EHDI-IS that will be required to undertake this expanded activity **(10 points)**

- Describe the minimum, core, and extended data items that the EHDI-IS currently collects (per EHDI-IS Functional Standards) **(5 points)**
- Explain how the work and/or program changes will be sustainable after the end of this FOA **(10 points)**

Budget

c. Phase III Review

Review of risk posed by applicants.

Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.

In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.

CDC’s framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this funding opportunity announcement.

In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:

(1) Financial stability;

(2) Quality of management systems and ability to meet the management standards prescribed in this part;

(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;

(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and

(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.

CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards,

subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

TBDL

F. Award Administration Information

1. Award Notices

Awardees will receive an electronic copy of the Notice of Award (NOA) from CDC OGS. The NOA shall be the only binding, authorizing document between the awardee and CDC. The NOA will be signed by an authorized GMO and emailed to the Awardee Business Officer listed in application and the Program Director.

Any applicant awarded funds in response to this FOA will be subject to the DUNS, SAM Registration, and Federal Funding Accountability And Transparency Act Of 2006 (FFATA) requirements.

Unsuccessful applicants will receive notification of these results by e-mail with delivery receipt or by U.S. mail.

2. Administrative and National Policy Requirements

Awardees must comply with the administrative and public policy requirements outlined in 45 CFR Part 75 and the HHS Grants Policy Statement, as appropriate.
Brief descriptions of relevant provisions are available at http://www.cdc.gov/grants/additionalrequirements/index.html#ui-id-17.
The HHS Grants Policy Statement is available at http://www.hhs.gov/sites/default/files/grants/grants/policies-regulations/hhsgps107.pdf.

- AR-7: Executive Order 12372 Review
- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2020
- AR-12: Lobbying Restrictions (June 2012)
- AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
- AR-14: Accounting System Requirements
- AR-20: Conference Support
- AR-24: Health Insurance Portability and Accountability Act Requirements
- AR-27: Conference Disclaimer and Use of Logos
- AR-29: Compliance with EO13513, “Federal Leadership on Reducing Text Messaging while Driving”, October 1, 2009
- AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973
- AR-34: Language Access for Persons with Limited English Proficiency

For more information on the CFR visit http://www. access.gpo.gov/ nara/cfr/cfr-table- search.html

3. Reporting

Reporting provides continuous program monitoring and identifies successes and challenges that awardees encounter throughout the project period. Also, reporting is a requirement for awardees who want to apply for yearly continuation of funding. Reporting helps CDC and awardees because it:

- Helps target support to awardees;
- Provides CDC with periodic data to monitor awardee progress toward meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous quality and program improvement throughout the project period and to determine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables CDC to assess the overall effectiveness and influence of the FOA.

The table below summarizes required and optional reports. All required reports must be sent electronically to GMS listed in the "Agency Contacts" section of the FOA copying the CDC Project Officer.

Report	When?	Required?
Awardee Evaluation and Performance Measurement Plan	6 months into award	Yes
Annual Performance Report (APR)	No later than 120 days before end of budget period. Serves as yearly continuation application.	Yes
Data on Performance Measures	CDC program determines. Only if program wants more frequent performance measure reporting than annually in APR.	No
Federal Financial Reporting Forms	90 days after end of calendar quarter in which budget period ends	Yes
Final Performance and Financial Report	90 days after end of project period.	Yes

a. Awardee Evaluation and Performance Measurement Plan (required)

With support from CDC, awardees must elaborate on their initial applicant evaluation and performance measurement plan. This plan must be no more than 20 pages; awardees must submit the plan 6 months into the award. HHS/CDC will review and approve the recipient's monitoring and evaluation plan to ensure that it is appropriate for the activities to be undertaken as part of the agreement, for compliance with the monitoring and evaluation guidance established by HHS/CDC, or other guidance otherwise applicable to this Agreement.

Awardee Evaluation and Performance Measurement Plan (required): This plan should provide additional detail on the following:

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.
• How performance data will be reported.
• How quality of performance data will be assured.

• How performance measurement will yield findings to demonstrate progress towards achieving FOA goals (e.g., reaching target populations or achieving expected outcomes).
• Dissemination channels and audiences.
• Other information requested as determined by the CDC program.

Evaluation

• The types of evaluations to be conducted (e.g. process or outcome evaluations).
• The frequency that evaluations will be conducted.
• How evaluation reports will be published on a publically available website.
• How evaluation findings will be used to ensure continuous quality and program improvement.
• How evaluation will yield findings to demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA, cost-effectiveness or cost-benefit).
• Dissemination channels and audiences.

HHS/CDC or its designee will also undertake monitoring and evaluation of the defined activities within the agreement. The recipient must ensure reasonable access by HHS/CDC or its designee to all necessary sites, documentation, individuals and information to monitor, evaluate and verify the appropriate implementation the activities and use of HHS/CDC funding under this Agreement.

b. Annual Performance Report (APR) (required)
The awardee must submit the APR via www.grants.gov no later than 120 days before the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.
This report must include the following:

- **Performance Measures:** Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Awardees must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Awardees must update work plan each budget period to reflect any changes in project period outcomes, activities, timeline, etc.
- **Successes**
    - Awardees must report progress on completing activities and progress towards achieving the project period outcomes described in the logic model and work plan.
    - Awardees must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Awardees must describe success stories.
- **Challenges**
    - Awardees must describe any challenges that hindered or might hinder their ability to complete the work plan activities and achieve the project period outcomes.
    - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
    - Awardees must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving project period outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

The awardees must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period.

c. Performance Measure Reporting (optional)
CDC programs may require more frequent reporting of performance measures than annually in the APR. If this is the case, CDC programs must specify reporting frequency, data fields, and format for awardees at the beginning of the award period.

d. Federal Financial Reporting (FFR) (required)
The annual FFR form (SF-425) is required and must be submitted 90 days after the end of the calendar quarter in which the budget period ends. The report must include only those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. Failure to submit the required information by the due date may adversely affect the future funding of the project. If the information cannot be provided by the due date, awardees are required to submit a letter of explanation to OGS and include the date by which the Grants Officer will receive information.

e. Final Performance and Financial Report (required)
This report is due 90 days after the end of the project period. CDC programs must indicate that this report should not exceed 40 pages. This report covers the entire project period and can include information previously reported in APRs. At a minimum, this report must include the following:

- Performance Measures – Awardees must report final performance data for all process and outcome performance measures.
- Evaluation Results – Awardees must report final evaluation results for the project period for any evaluations conducted.
- Impact/Results/Success Stories – Awardees must use their performance measure results and their evaluation findings to describe the effects or results of the work completed over the project period, and can include some success stories.
- A final Data Management Plan that includes the location of the data collected during the funded period, for example, repository name and link data set(s)
- Additional forms as described in the Notice of Award (e.g., Equipment Inventory Report, Final Invention Statement).

4. Federal Funding Accountability and Transparency Act of 2006 (FFATA)

Federal Funding Accountability and Transparency Act of 2006 (FFATA), P.L. 109–282, as amended by section 6202 of P.L. 110–252 requires full disclosure of all entities and organizations receiving Federal funds including awards, contracts, loans, other assistance, and payments through a single publicly accessible Web site, http://www.USASpending.gov.
Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by applicants: 1) information on executive compensation when not already reported through the SAM, and 2) similar information on all sub-awards/subcontracts/consortiums over $25,000.
For the full text of the requirements under the FFATA and HHS guidelines, go to:

- https://www.gpo.gov/fdsys/pkg/PLAW-109publ282/pdf/PLAW-109publ282.pdf,
- https://www. fsrs.gov/documents /ffata_legislation_ 110_252.pdf
- http://www.hhs.gov/grants/grants/grants-policies-regulations/index.html#FFATA.

5. Reporting of Foreign Taxes (International/Foreign projects only)

A. Valued Added Tax (VAT) and Customs Duties – Customs and import duties, consular fees, customs surtax, valued added taxes, and other related charges are hereby authorized as an allowable cost for costs incurred for non-host governmental entities operating where no applicable tax exemption exists. This waiver does not apply to countries where a bilateral agreement (or similar legal document) is already in place providing applicable tax exemptions and it is not applicable to Ministries of Health. Successful applicants will receive information on VAT requirements via their Notice of Award.

B. The U.S. Department of State requires that agencies collect and report information on the amount of taxes assessed, reimbursed and not reimbursed by a foreign government against commodities financed with funds appropriated by the U.S. Department of State, Foreign Operations and Related Programs Appropriations Act (SFOAA) ("United States foreign assistance funds"). Outlined below are the specifics of this requirement:

1) Annual Report: The grantee must submit a report on or before November 16 for each foreign country on the amount of foreign taxes charged, as of September 30 of the same year, by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant during the prior United States fiscal year (October 1 – September 30), and the amount reimbursed and unreimbursed by the foreign government. [Reports are required even if the grantee did not pay any taxes during the reporting period.]

2) Quarterly Report: The grantee must quarterly submit a report on the amount of foreign taxes charged by a foreign government on commodity purchase transactions valued at 500 USD or more financed with United States foreign assistance funds under this grant. This report shall be submitted no later than two weeks following the end of each quarter: April 15, July 15, October 15 and January 15.

3) Terms: For purposes of this clause:
"Commodity" means any material, article, supplies, goods, or equipment;
"Foreign government" includes any foreign government entity;
"Foreign taxes" means value-added taxes and custom duties assessed by a foreign government on a commodity. It does not include foreign sales taxes.

4) Where: Submit the reports to the Director and Deputy Director of the CDC office in the country(ies) in which you are carrying out the activities associated with this cooperative agreement. In countries where there is no CDC office, send reports to VATreporting@cdc.gov.

5) Contents of Reports: The reports must contain:
a. grantee name;
b. contact name with phone, fax, and e-mail;
c. agreement number(s) if reporting by agreement(s);
d. reporting period;
e. amount of foreign taxes assessed by each foreign government;
f. amount of any foreign taxes reimbursed by each foreign government;
g. amount of foreign taxes unreimbursed by each foreign government.

6) Subagreements. The grantee must include this reporting requirement in all applicable subgrants and other subagreements.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:
Deidra Green, Project Officer
Department of Health and Human Services
Centers for Disease Control and Prevention
1600 Clifton Rd, MSE-88
Atlanta, GA 30333
Telephone: (404) 498-3034
Email: deg4@cdc.gov

Telephone: (404) 498-3034
Email: deg4@cdc.gov

Grants Staff Contact

For **financial, awards management, or budget assistance,** contact:
Daryl Barksdale, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
Email: xxj8@cdc.gov

For assistance with **submission difficulties related to** www.grants.gov, contact the Contact Center by phone at 1-800-518-4726.
Hours of Operation: 24 hours a day, 7 days a week, except on federal holidays.

For all other **submission** questions, contact:
Technical Information Management Section
Department of Health and Human Services
CDC Office of Financial Resources
Office of Grants Services
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
E-mail: ogstims@cdc.gov

CDC Telecommunications for persons with hearing loss is available at: TTY 1-888-232-6348

H. Other Information

Following is a list of acceptable attachments **applicants** can upload as PDF files as part of their application at www.grants.gov. Applicants may not attach documents other than those listed; if other documents are attached, applications will not be reviewed.

- Project Abstract
- Project Narrative
- Budget Narrative

- CDC Assurances and Certifications
- Table of Contents for Entire Submission

For international FOAs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Letters of Support

As part of the application jurisdictions are required to provide information about the functional standards that the current EHDI-IS meets. This information can be provided using EHDI System Self Evaluation Tool (ESSET), which is available at: http://www.cdc.gov/ncbddd/hearingloss/partners.html

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the FOA; awardees must comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
CFDA Number: A unique number assigned to each program and FOA throughout its lifecycle that enables data and funding tracking and transparency.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a

grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.

Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.

DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.

Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The FOA evaluation plan is used to describe how the awardee and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.

Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.

Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.

Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.

Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.

Grants Management Specialist (GMS): A federal staff member who oversees the business and other

non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.

Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.

Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making informed health decisions, and measuring the effects of prevention activities.

Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.

Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.

Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.

Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.

Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.

Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.

Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).

Notice of Award (NoA): The official document, signed (or the electronic equivalent of signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.
Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.
Outcome: The results of program operations or activitIes; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.
Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.
Plain Writing Act of 2010: Plain Writing Act of 2010, Public Law 111-274 requires federal agencies to communicate with the public in plain language to make information more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. The Plain Writing Act is available at www.plainlanguage.gov.
Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).
Program Official: Person responsible for developing the FOA; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.
Project Period Outcome: An outcome that will occur by the end of the FOA's funding period.
Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.
Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.
Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.
Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.
System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information, allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of project period outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

FOA-specific Glossary and Acronyms

Early Intervention services (EIS): Infants identified with a permanent hearing loss who were enrolled in jurisdictional Part C early intervention services (e.g., services coordination, speech-language pathology, audiology services, etc), which support eligible young children from birth through age two. Enrollment in Part C early intervention is defined as documentation of these infants with hearing loss having a signed Individual Family Service Plan (IFSP).

Follow-up testing: Described as short-term follow-up or long-term follow-up. Short-term follow-up is confirmatory diagnosis for newborns who did not pass the screens and referral and connection of infants and their families to treatment. Long-term follow-up is ongoing medical management through the medical home, evidence-based treatment, continuous program evaluation and quality improvement, and new knowledge discovery.