

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Nutrition Strategies to Address Micronutrient Deficiencies
CDC-RFA-DP16-1603
Application Due Date: 12/29/2015

Nutrition Strategies to Address Micronutrient Deficiencies

CDC-RFA-DP16-1603

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Part I. Overview Information

A. Federal Agency Name:

Centers for Disease Control and Prevention

B. Funding Opportunity Title:

Nutrition Strategies to Address Micronutrient Deficiencies

C. Announcement Type:

This announcement is only for non-research international activities supported by CDC. If research is proposed, the application will not be considered. Research for this purpose is defined at:

http://www.cdc.gov /od /science /integrity /docs /cdc -policy -distinguishing -public -health -research -nonresearch.pdf.

D. Agency Funding Opportunity Number:

CDC-RFA-DP16-1603

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

93.649

F. Dates:

1. Due Date for Letter of Intent: **N/A**

2. Due Date for Applications: **12/29/2015**

3. Date for Informational Conference Call: **N/A**

G. Executive Summary:

1. Summary Paragraph:

The purpose of this FOA is to help assure optimal health among vulnerable populations and reduce the worldwide burden of micronutrient deficiencies by improving micronutrient nutrition. This will be done by working collaboratively with an established organization that has a presence in most, if not all, countries throughout the world and is actively involved in the implementation of nutrition and micronutrient programs globally focused on infant/young child nutrition issues. In cooperation with CDC, this organization will provide leadership, expertise, and support in helping vulnerable populations receive and consume adequate amounts of necessary vitamins and minerals. Major functions to be performed include providing leadership to develop recommendations and inform country-specific nutrition strategies; program design and nutrition monitoring and evaluation; and building in-country capacity to implement standardized national nutrition programs and micronutrient interventions. Key strategies include collaborating with ministries of health (MOH) and other key implementers in developing countries; developing models and tools to guide and implement program monitoring, evaluation and surveillance systems; providing training and technical assistance at national and regional levels. It is expected that this work will result in implementation and evaluation of methods to ascertain and improve nutritional/micronutrient status, and of promising food based fortification and complementary feeding strategies, and improved dietary intake of undernourished populations, particularly infants, young children and reproductive age women. Over the course of the 5 year collaboration, work will focus on several key activities to improve micronutrient status including food fortification, use of home fortification products, micronutrient supplementation during pregnancy, vitamin A supplementation, and promotion of community based infant and young child feeding strategies.

a. Eligible Applicants: United Nations Children's Fund (UNICEF)

b. FOA Type: Cooperative Agreement

c. Approximate Number of Awards: 1

d. Total Project Period Funding: $3,750,000

e. Average One Year Award Amount: $750,000

f. Number of Years of Award: 5

g. Approximate Date When Awards will be Announced: January 2, 2016

h. Cost Sharing and/or Matching Requirement: Cost sharing or matching funds are not required for this program

Part II. Full Text

A. Funding Opportunity Description

1. Background

CDC's International Micronutrient Malnutrition Prevention and Control (IMMPaCt) Program works with global partners by providing CDC's skills and resources to eliminate vitamin and mineral deficiencies (micronutrient malnutrition) among vulnerable populations and build evidence for programs that are effective both in the U.S. and throughout the world. Established by the CDC in 2000, the program focuses primarily on helping eliminate deficiencies in iron, vitamin A, iodine, folate, and zinc, deficiencies which affect nearly one-third of the world's population with devastating consequences. The burden of micronutrient deficiencies faced in the world today is enormous:

- Iron deficiency is a leading cause of global disease, robbing more than 2 billion children of intellectual development, lowering IQ, and contributing to 25% of maternal deaths in developing countries.
- Iron deficiency is a problem in the U.S. as well with an estimated 20% of low income children aged 1-2 years and 16% of pregnant women estimated as iron deficient.
- Iodine deficiency is the leading cause of preventable mental retardation and causes brain damage in nearly 18 million newborns each year.
- Vitamin A deficiency produces blindness in about 500,000 children and claims the lives of almost 670,000 children aged 5 years and younger.
- Folate deficiency causes severe birth defects in approximately 150,000 newborns each year
- Approximately 1/3 of the world's population lives in areas of high-risk for zinc deficiency, which contributes to as many as 800,000 child deaths per year.
- Poor Infant/Young Child Nutrition (IYCN) and breastfeeding practices contribute to poor nutrition and micronutrient status and higher rates of infection in children 0-59 months.

CDC's goal is to work collaboratively to achieve optimal health among vulnerable populations (especially infants, young children, and pregnant women) by improving micronutrient nutrition globally, with a particular focus on iron, vitamin A, iodine, folate and zinc. This FOA helps carry out the program's goals by supporting the planning and implementation of assessments of the burden of micronutrient deficiencies in select countries, the implementation of country-specific interventions, and the design and implementation of systems to monitor and evaluate interventions, using the monitoring data to improve the function and success of these programs. It also provides support for updating recommendations, and translating them into guidance, developing frameworks, and providing leadership and support to improve the function of important global initiatives, such as the Iodine Global Network, in order to eliminate micronutrient deficiencies.

In an examination of economic solutions to ten of the world´s biggest challenges, the 2008 Copenhagen Consensus concluded that combating malnutrition in undernourished children, specifically providing vitamin A and zinc, provides the most beneficial return on investment. Every dollar spent creates benefits worth $17. In addition, the *2013 Lancet Series on Maternal and Child Nutrition* looked at the impact of scaling 10 nutrition-specific interventions, such as micronutrient supplementation and promotion of breastfeeding, targeted to reduce under-nutrition in women and children. The *Lancet* series documented that if these 10 interventions were scaled-up to 90% population coverage, an estimated 900,000 lives could be saved in 34 countries with high burden of nutritional deficiencies; the prevalence of stunting could be reduced by 20%; and the number of children with stunted growth and development would be reduced by 33 million.

There are numerous evidence-based interventions that can be used in combatting micronutrient deficiencies, including fortification of staple foods items, provision of multiple micronutrient supplementation to pregnant women, provision of home fortification products such as multiple micronutrient powders (MNPs) or pastes to be added to children's' foods, and proper introduction of appropriate infant and young child nutrition practices.

Despite the development and existence of evidence-based global strategies to reduce micronutrient malnutrition, there are major challenges to implementing these. More needs to be done to improve the implementation of programs that scale up these evidence-based strategies and increase both access and reach, to significantly decrease the consequences and burden of

micronutrient malnutrition.

The capacity to implement high quality micronutrient deficiency reduction programs varies across countries but is often inadequate in countries with the highest burden of deficiencies. Through this FOA countries will be identified and supported, based on a demonstration of need, interest, and commitment to develop and implement country based burden assessments, interventions, and monitoring and surveillance systems. This FOA will be used to identify the main knowledge gaps, to develop resources to fill those gaps, and to develop replicable models for monitoring and evaluation.

References:

Black RE, et al the Maternal and Child Nutrition Study Group. Maternal and child undernutrition and overweight in low-income and middle-income countries. *The Lancet*. 2013; 382(9890): 427-451.

Black, Robert E et al. Maternal and child undernutrition: global and regional exposures and health consequences. *The Lancet*. 2008; 371(9608): 243 – 260.

Bhutta Z, Evidenced-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? *The Lancet*. 2013; 382 (9890): 452 – 477.

Copenhagen Consensus Center. Copenhagen Consensus 2012 – Outcomes. Denmark: Copenhagen Business School. http://www.copenhagenconsensus.com.

www.cdc.gov/immpact

a. Statutory Authorities

Public Health Service Act , Title 42, Sections 307 and 301 U.S.C. 241I and 241(a).

b. Healthy People 2020

This FOA contributes to the Healthy People 2020 focus area to improve public health and strengthen U.S. national security through global disease detection, response, prevention, and control strategies (https://www.healthypeople.gov/2020/topics-objectives/topic/global-health).

c. Other National Public Health Priorities and Strategies

N/A

d. Relevant Work

This FOA builds on current CDC program activities being conducted under CDC-RFA-DP09-0911 Cooperative Agreement number DP-002282 in improving nutrition status to eliminate micronutrient malnutrition in countries around the globe through the reduction of vitamin and mineral deficiencies.

2. CDC Project Description

A.2.a. Approach

The below logic model (and attached) is a depiction of the FOA's general approach. The strategies and outcomes of the logic model are stated broadly to capture the variety of activities and outcomes that are associated with the projects of this FOA. Activities listed in each project can be associated with one or more strategies presented in the logic model.

*These are outcomes for which the awardee will be held responsible.

Strategies	Functions/Activities	Short Term Outcomes	Intermediate Outcomes	Long Term Outcomes
Program strategies will primarily be evidence-based global nutrition interventions that can be performed in-country by awardee in collaboration with CDC. Key nutrition program strategies for the reduction of micronutrient deficiencies in infants, young children, and women of reproductive age include: • Home fortification (i.e. micronutrient powders) • Infant and Young Child Nutrition (i.e. community IYCN programs) • Staple food fortification • Vitamin A supplementation • Iron and folic acid supplementation or multiple micronutrient supplementation for pregnant women • Salt iodization	**Function 1: Leadership:** • Co-convene with global partners to develop and disseminate recommendations, guidelines, frameworks • Actively participate in key global nutrition initiatives to inform the direction of micronutrient and infant and young child nutrition (IYCN) focused strategies within countries (including breastfeeding and complementary feeding) **Function 2: Program design and monitoring and evaluation (M&E):** • Develop and implement micronutrient interventions and monitoring and evaluation systems • Develop and implement infant and young child nutrition (IYCN) interventions and assessments • Assist countries to conduct high quality micronutrient and nutrition assessments and develop monitoring systems • Develop replicable M&E models **Function 3: Capacity Building:** • Facilitate and develop workshops and webinars for scaling-up micronutrient and IYCN interventions • Develop toolkits, manuals and other resources • Document key global micronutrient strategies (including peer reviewed publications)	**Leadership:** • Global nutrition collaborations strengthened and key micronutrient and IYCN interventions promoted and adopted within countries* • Guidelines and frameworks utilized by multiple countries globally* **Program design and monitoring and evaluation (M&E):** • High quality programs (which includes high coverage and adherence) with a focus on M&E, surveillance, and assessments implemented in select priority countries* **Capacity Building:** • Availability and reach of technical resources increased for use globally by program implementers* • Knowledge base of micronutrient interventions increased among program implementers and other health practitioners*	**Leadership:** • Increased reach of key nutrition program strategies* **Program design and monitoring and evaluation (M&E):** • Replicable country models for M&E, surveillance and assessments for micronutrient and infant and young child nutrition (IYCN) program improvement implemented* **Capacity Building:** • Capacity to implement micronutrient and infant and young child nutrition (IYCN) programs enhanced at in-country national and regional levels *	More effective utilization of resources at country and global level Sustainable monitoring and evaluation and surveillance systems Improved intake and diminished loss of vitamins and minerals at the population level Improved nutritional status of population Improved development, performance, and productivity of individuals

i. Problem Statement

At least half of children worldwide ages 6 months to 5 years suffer from one or more micronutrient deficiency, and globally more than 2 billion people are affected. Effective micronutrient interventions aimed at reducing the morbidity and mortality linked to chronic under-nutrition, fostering optimal growth and development, and improving nutritional status in populations, particularly in the most vulnerable groups, are needed and are being implemented or planned at various levels in many countries.

Diets which lack adequate amounts of essential vitamins and minerals, such as iron, iodine, vitamin A, folate and zinc lead to these deficiencies with devastating consequences. There are a variety of reasons why intake of these key nutrients is insufficient, including a lack of diverse and high quality foods and poor infant and young child nutrition practices (IYCN), such as early initiation of complementary feeding and inadequate feeding frequency. In addition to inadequate intakes of micronutrient-rich foods, impaired absorption or utilization of nutrients in these foods is due partly to infection and parasitic infestation, which also increase metabolic needs for many micronutrients. Malnutrition contributes substantially to the global burden of disease, causing 3.1 million child deaths annually or 45% of all child deaths.

There is a critical need to address micronutrient malnutrition in vulnerable populations to help prevent and control chronic diseases and other conditions. Key nutrition program strategies include micronutrient supplementation, food fortification (including home-based fortification efforts), and infant and young child nutrition programs. Based on lessons learned, this FOA seeks to improve the intake of micronutrients through strengthening global nutrition collaborations, the development of guidelines and frameworks for interventions, and implementation of strategies that impact maternal and child under-nutrition outcomes, to increase access and coverage of key programs. Additionally, there is a need to develop replicable models for program monitoring and evaluation, surveillance, and assessments to improve program quality and facilitate scale-up.

References:

Bhutta Z, Evidenced-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? The Lancet. 2013; 382 (9890): 452 – 477.

www.cdc.gov/immpact

ii. Purpose

The purpose of this FOA is to reduce the worldwide burden of micronutrient deficiencies by helping vulnerable populations receive and consume adequate amounts of necessary micronutrients (vitamins and minerals). This FOA aims to work collaboratively with an established organization that is recognized for its presence in most, if not all, countries throughout the world and is actively involved in the implementation of nutrition and micronutrient programs globally focused on infant/young child nutrition issues to assure optimal health among vulnerable populations by improving micronutrient nutrition and thus reducing the worldwide burden of micronutrient deficiencies.

iii. Outcomes

As reflected in the logic model, the awardee is expected to show measureable progress made toward short-term and intermediate outcomes for this five-year project period. Each activity focuses on one or more of these outcomes, as specified in the "Outcomes" section of the program descriptions in the attached logic model.

The short-term outcomes to be achieved include:

•Global nutrition collaborations strengthened and key micronutrient and Infant and Young Child Nutrition (IYCN) interventions promoted and adopted within countries

•Guidelines and frameworks utilized by multiple countries globally

•High quality programs (which includes high coverage and adherence) with a focus on monitoring and evaluation (M&E), surveillance, and assessments implemented in select priority countries

•Availability and reach of technical resources increased

•Knowledge base of micronutrient interventions increased

The intermediate outcomes to be achieved during this project period include:

•Increased reach of key nutrition program strategies

•Replicable models for M&E, surveillance and assessments for micronutrient and infant and young child nutrition (IYCN) program improvement implemented in selected countries

•Capacity to implement micronutrient and infant and young child nutrition (IYCN) programs enhanced at national and regional levels

iv. Funding Strategy

N/A

v. Strategies and Activities

Despite the enormity of the problem, there are many evidence-based interventions that can drastically reduce the burden of micronutrient deficiencies. Strategies under this FOA include micronutrient supplementation, food fortification (including home-based fortification efforts), and infant and young child nutrition programs. Key program interventions to improve micronutrient status include vitamin A supplementation for children 6-59 months, salt iodization, zinc supplementation for children suffering from diarrhea, fortification of staple food vehicles with micronutrients (for example, wheat flour with iron and folic acid), and iron or multiple micronutrient supplementation for pregnant women. Specific approaches in Infant and Young Child Nutrition (IYCN) programs include community-based strategies to promote exclusive and continued breastfeeding through two years of age and appropriate introduction of complementary foods, optimal frequency of feeding and dietary diversification of complementary foods. A key strategy within IYCN is home fortification as the addition of micronutrient powders or pastes to a child's food improve the nutritional composition of their diet, improves growth, and leads to increase in nutritional status. This section provides examples of work that will be carried out during the project timeframe. The awardee will work with CDC to define the exact activities and work plan on an annual basis. All the strategies and activities broadly focus on the areas outlined in the logic model and fall under three main functions: Leadership, Program Design/Monitoring and Evaluation (M&E), and Capacity Building. Evidence-based nutrition strategies that have been shown to reduce micronutrient deficiencies include, but are not limited to:

•Home fortification (e.g. micronutrient powders)

•Infant and Young Child Nutrition (e.g. community IYCN programs)

•Staple food fortification (such as flour, oil, rice, sugar, maize, country specific staples and condiments)

•Vitamin A and zinc supplementation

•Iron and folate supplementation or multiple micronutrient supplementation for pregnant women

•Salt iodization

The main types of activities expected to be conducted under the three major functions over the course of the 5-year project period include:

Function 1: Leadership

1. Co-convene with global partners to develop recommendations, guidelines, frameworks

Major activities should include identifying key areas where further guidance is needed to help improve the quality of the micronutrient-focused programs being implemented globally, organizing the necessary meetings and consultations, and coordinating the development of the guidance documents and the wide dissemination of such products. An example of the kind of consultation and guidance needed might be on the identification of better and more affordable field methods for iodine status. Such work could greatly enhance selected countries' abilities to more effectively monitor their programs if there are better and more affordable field methods available.

2. Actively participate in key global nutrition initiatives to influence the direction of micronutrient and infant and young child nutrition focused strategies

CDC actively participates and provides support to several networks and technical advisory groups that address micronutrient deficiencies and nutrition. Through the cooperative agreement, the awardee will work with and through the main global networks, such as, but not limited to, the Food Fortification Initiative (FFI), the Home Fortification Technical Advisory Group (HFTAG), the Iodine Global Network (IGN), Global Alliance on Vitamin A (GAVA) to further strengthen and promote effective strategies more widely to reduce micronutrient deficiencies and increase access to and coverage of well designed, effective programs. The awardee will be expected to actively participate in these kinds of prominent networks, have a leadership presence, and provide significant experience and expertise in helping to strengthen and guide such nutrition initiatives.

Function 2: Program design and monitoring and evaluation(M&E)

3. Develop and implement nutrition and micronutrient interventions and their program monitoring and evaluation systems

Activities include working with CDC to identify, prioritize and support countries, particularly countries where there is a higher burden of micronutrient deficiencies, to support the implementation of high quality nutrition and micronutrient interventions. Work may involve a) an analysis of quantitative and qualitative data to determine micronutrient status and needs of the populations identified, b) conduct feasibility assessments, c) assess relevant knowledge, attitudes and practices of target populations, health professionals and other relevant entities, d) assess the infrastructure needed for various intervention strategies and delivery platforms, e) conduct formative work to aid program design and develop any necessary behavior change intervention components, f) develop and implement a robust monitoring system, and g) conduct baseline and end line surveys to assess the impact of the intervention on the nutritional and micronutrient status of the population.

4. Provide technical assistance to conduct high quality micronutrient and nutrition assessments, and develop and implement monitoring systems

In countries identified and supported by the awardee and CDC, provide technical assistance to support the design and implementation of robust systems to monitor and evaluate the progress of the intervention and their impact on the micronutrient status of the population. Selected countries should a) implement or have existing population based micronutrient deficiency programs in the core areas identified above and b) demonstrate national/regional support to maintain monitoring systems after the initial development.

5.Develop replicable Monitoring and Evaluation models

One long term outcome of the cooperative agreement is to develop M&E models for various interventions (e.g., home fortification) that have been successfully implemented in several countries and enable programs to be scaled up and be sustainable. Countries should also be selected with this outcome in mind. Function 3: Capacity building

6. Facilitate and develop workshops and webinars for scaling-up micronutrient and IYCN interventions

In order to effectively increase the number of high quality programs being implemented and achieve the goal of improving micronutrient status of populations, building capacity across organizations and in countries is critical. Major activities will include a) providing technical assistance to identified, priority countries, b)developing workshops and webinar series on topics such as planning effective interventions, how to scale up programs, developing behavior change interventions, and designing monitoring and evaluation systems. Specific workshops and webinars may also be needed to respond to issues that might arise, for example formulation issues related to home fortification products. Workshop series on broader areas, such as monitoring and evaluation may also be necessary, to be able to provide assistance on more specific areas within a topic. The awardee will work together with CDC to determine what workshops and webinars are needed to build capacity in the most critical areas.

7. Develop toolkits, manuals and other resources

In addition to workshops and webinars where more direct and interactive technical assistance can be provided, technical assistance resources such as toolkits and manuals will also be developed. Once replicable monitoring systems have been designed and implemented, resource materials to enable other countries to implement similar systems will need to be developed and disseminated.

8. Document key global micronutrient and IYCN strategies

All activities implemented as part of the cooperative agreement will need to be documented and disseminated. Documentation can be in the form of a) case studies, b) peer-reviewed papers/communications, c) guidelines, d) proceedings, or) reports. Where possible multiple forms of documentation should be used to increase the visibility, document lessons learned, and facilitate use of the information/knowledge generated.

1. Collaborations

a. With CDC-funded programs:

This is not applicable to this FOA.

b. With organizations external to CDC:

The awardee must involve at least two of the following global private sector or institutional organizations as critical and core partners: the Micronutrient Initiative, WHO, Global Alliance for Improved Nutrition (GAIN), Emory University, (where the secretariat of the Food Fortification Initiative is housed), Micronutrient Forum, Global Alliance for Vitamin A (GAVA), USAID, World Food Programme (WFP), CDC Foundation, Scaling Up Nutrition (SUN) or SPRING. The proposed alliance must leverage and mobilize private sector assets, expertise, resources and contributions. Where possible applicants should enclose MOU and/or MOA to verify existing collaborations with any of the aforementioned partners.

2. Target Populations

High priority target populations are infants, young children and women of reproductive age (with a focus on pregnant and lactating women), within countries identified as having a high burden of micronutrient malnutrition. These groups tend to be the most vulnerable to micronutrient malnutrition. Infants and young children are particularly at risk for micronutrient malnutrition, because of their high nutrient needs and vulnerability due to infection. For many micronutrients, including the main five (iron, vitamin A, iodine, zinc and folate), the focus of many programs such as fortification and supplementation is targeted towards these groups.

The awardee will need to select evidence based programmatic approaches that are capable of addressing micronutrient and nutritional deficiencies suitable for the populations identified above. Approaches will also need to take into consideration any environmental, social and geographical factors that may impact the success of the program.

Inclusion:

This FOA contributes to the Healthy People 2020 focus area to improve public health and strengthen U.S. national security through global disease detection, response, prevention, and control strategies.

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Applicants will be required to submit a draft evaluation and performance measurement plan as part of the funding application. The awardee must provide a more detailed evaluation plan within the first year of programmatic funding with assistance and support from CDC. The evaluation and performance measurement plan will focus on the extent to which strategies are implemented as planned (process evaluation) and progress on short-term and intermediate-term outcomes as reflected in the FOA logic model. It will include a limited number of process and outcome performance measures identified by CDC that awardees will be required to report on annually. Awardees may propose additional performance measures to report on as part of their evaluation and performance measurement plan. It is expected that the applicant will develop performance measures for each accountable outcome as outlined in the logic model.

The evaluation and performance measurement plan will be designed to answer the following questions:

1) What was the increased reach of the key nutrition program strategies implemented?

2) How many countries were able to implement models for assessments, M&E and surveillance systems for key program strategies with the potential to be replicated in other countries?

3) How was capacity to implement micronutrient and infant and young child nutrition (IYCN) programs enhanced at national and regional levels?

ii. Applicant Evaluation and Performance Measurement Plan

c. Organizational Capacity of Awardees to Execute the Approach

Applicant(s) must possess the capacity to provide programming that utilizes evidence-based and/or best practices to inform global nutrition policy, guidelines, and recommendations. Applicant(s) should be experienced in methods employed to monitor nutritional indicators and to strengthen the use and value of nutritional surveillance systems that feed into other informational systems at global and national levels. Applicant(s) should possess the capability to sustain some or all project activities after Federal financial assistance has ended. The Applicant(s) should be a key partner in global initiatives such as Scaling Up Nutrition (SUN), the Standing Committee on Nutrition (SCN), and Renewed Effort Against Child Hunger (REACH). Applicant(s) must have a platform for reaching all countries interested and/or involved in global under-nutrition strategies and offices and/or presence in UN countries and regions. Organizational capacity includes skill sets to carry out activities and strategies such as program and performance management, vitamin and mineral expertise, data linkage, epidemiologic expertise, communication/material development, evaluation, performance monitoring, financial reporting, management of travel requirements, development of staffing plans, workforce development and training, management of direct assistance, and experience in implementing scalable and sustainable programs. While the Applicant(s) will have significant presence globally in the area of infant and young child and maternal nutrition and micronutrients, they should also have experience working with other sectors, such as Education, Water, Sanitation and Hygiene, and Social Protection as all of these often have a nutrition/micronutrient dimension.

d. Work Plan

Applicant(s) should provide a work plan that includes objectives of the cooperative agreement, with specified strategies and activities under each objective, and indicators, timeline and responsible parties for each activity. For the first year a detailed work plan should be submitted, and applicant must also provide a general summary of work plan activities for Years 2-5 in narrative form.

At a minimum, the work plan should demonstrate how the outcomes, strategies, activities, timelines, and staffing/collaborations work together. Additional information on performance measures, data sources, and target population can also be included. At the end of the budget year, the awardee will be expected to report on the extent to which proposed short-term objectives have been achieved; the progress of any products against established schedules and indicators; the efficiency and effectiveness of project implementation; the short and long-term sustainability of the results; and any measurable impact.

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). HHS grants policy specifies the following HHS expectations for post-award monitoring for grants and cooperative agreements:

- Tracking awardee progress in achieving the desired outcomes.
- Insuring 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:

- 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 objectives within stated timeframes.
- Working with awardees on adjusting the work plan based on achievement of objectives and changing budgets.
- Monitoring performance measures (both programmatic and financial) to assure satisfactory performance levels.

Other activities deemed necessary to monitor the award, if applicable.
These may include monitoring and reporting activities as outlined in HHS grants policy that assists grants management staff (e.g., grants management officers and specialists, and project officers) in the identification, notification, and management of high-risk grantees.

All these activities should be included in routine and ongoing communication between CDC and awardee.

f. CDC Program Support to Awardees

CDC will provide substantial involvement beyond site visits and regular performance and financial monitoring during the project period. Substantial involvement means that the awardee can expect a programmatic partnership in carrying out the effort under the award.

CDC will work in partnership with the awardee to enable the success of the cooperative agreement in the following areas:

Technical assistance:

CDC staff will work in collaboration with the awardee on each of the activities defined in the work plan. Depending on the nature of the project CDC will ensure that people assigned from CDC have specific subject matter expertise, for example in program monitoring, technical assistance, or laboratory skills. CDC staff will also provide assistance in the developing of the annual work plans and in monitoring progress towards the strategic plan.

CDC will provide technical assistance to the awardee and in-country staff on data collection and analysis, as well as guidance on any lab related activities such as specimen collection needed in micronutrient assessments. CDC will help to identify global lab capabilities, plan and provide necessary trainings and support, and build capacity where required.

Information sharing:

CDC will facilitate the sharing of lessons learned throughout the 5-year cooperative agreement. Program information, such as case studies, lessons learned, evaluation results will be shared through reports, guidance developed, peer-reviewed publications, conferences and other meetings, working groups etc.

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. Funding Activity Category:	HL
3. Fiscal Year:	2016
Estimated Total Funding:	$3,750,000
4. Approximate Total Fiscal Year Funding:	$750,000
5. Approximate Project Period Funding:	$3,750,000
6. Total Project Period Length:	5 year(s)
7. Expected Number of Awards:	1

Single Eligibility Justification (SEJ) submitted for United Nation's Children's Fund (UNICEF). Approved SEJ is attached in supporting documents.

8. Approximate Average Award:	$750,000 Per Budget Period
9. Award Ceiling:	$1,000,000 Per Budget Period
10. Award Floor:	$0 Per Budget Period
11. Estimated Award Date:	12/15/2015
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. Funds Tracking

The funds will be tracked by BAC number and CAN number at the division OD admin code level. The CAN number will be provided by FMO when funds are received and will be tracked through the IRIS budget system and NIH Impac II commitment system. The NIH eTA system (ImpacII) is a reporting and estimation tool that supports daily budgetary tasks and provides up-to-the-minute access to grant information and budget data.

14. Direct Assistance

Direct assistance is not available through this FOA.

15. Indirect Costs

Indirect Costs are an allowable cost through this FOA.

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). The CDC will not reimburse indirect costs unless the recipient has an indirect cost rate covering the applicable activities and period.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category: Others (see text field entitled "Additional Information on Eligibility" for clarification)

2. Special Eligibility Requirements

Single Eligibiliity Justification (SEJ) was submitted and approved for United Nations Children's Fund (UNICEF). Signed SEJ approval is attached in the supporting documents.

3. Justification for Less than Maximum Competition

This is a re-compete of an expiring FOA with United Nations Children's Fund (UNICEF) that was previously approved as a single eligibility award. Micronutrient malnutrition is pervasive throughout the developing world, and no organization, other than UNICEF, has the operational mission, structure, and recognition to carry out micronutrient activities in virtually every affected country.

There is a critical need to address micronutrient malnutrition in vulnerable populations to help prevent and control chronic diseases and other conditions. Key nutrition program strategies include micronutrient supplementation, food fortification (including home-based fortification efforts), and infant and young child nutrition programs. Based on lessons learned, this FOA seeks to improve the intake of micronutrients through strengthening global nutrition collaborations, development of guidelines and frameworks for interventions, implementation of strategies that impact maternal and child under-nutrition outcomes, and increasing access and coverage of key programs. Additionally, there is a need to develop replicable models for program monitoring and evaluation, surveillance, and assessments to improve program quality and facilitate scale-up.

This work cannot successfully accomplished without working with UNICEF, an established organization that is uniquely positioned within the United Nations (UN), has a presence in most, if not all, countries throughout the world, and is actively involved in the implementation of nutrition and micronutrient programs globally focused on infant/young child nutrition issues. UNICEF has a unique position as the technical agency for maternal and child health within the United Nations, with access to all national health promotion and disease prevention programs and potential program sites through its regional offices located in 7 regions (Central and Eastern Europe and the Commonwealth of Independent States, East Asia and the Pacific, Eastern and Southern Africa, Latin America and Caribbean, Middle East and North Africa, South Asia, West and Central Africa), located in over 190 country offices

throughout the world.

The UNICEF country-based offices are able to support direct development, implementation, delivery, monitoring and evaluation of public health programs and services in nearly every developing country in the world. They establish formal ties with the host governments, including the Ministry of Health, through agreements that contain mutually-agreed upon priorities and commitments of UNICEF and the host government.

The UNICEF regional offices guide this work and provide technical assistance to country offices as needed. They also provide a structure and focal point for the development and evaluation of cross-country activities to address problems and needs common to multiple countries in the region thus providing an established structure through which CDC resources can be used effectively and efficiently.

UNICEF has previously developed various guidelines, monitoring systems and tools, and conducted and coordinated surveillance and best practice initiatives, disseminated information and expertise on nutritional deficiencies, recommended and advocated for improved policies and programs that have specific relevance to the objectives of this program announcement and which have the potential to advance knowledge that benefits the United States of America and other countries around the globe. UNICEF also has extensive experience working in the specific area of micronutrient malnutrition.

CDC has limited ability to change micronutrient deficiencies on a global scale on its own. A key strategy of CDC is to leverage the strength and resources that UNICEF has, that CDC does not have. This includes UNICEF's: (1) recognition among the world agencies as the technical agency for maternal and child health - key in the ability to work main global networks and help gain attention and inform change, (2) alliance with host governments, including Ministries of Health - key in the ability to build bridges to work in and sustain interventions in countries with high burdens of micronutrient deficiencies; and, 3) active involvement in infant/young child nutrition issues - key in understanding the complex issue of malnutrition and micronutrient deficiencies and coordinating a multisectoral response to deliver solutions.

UNICEF offers unique opportunities to increase and expand infant and young child micronutrient efforts through its regional and country-specific presence in the world, extensive experience and staff skills in addressing nutrition environments in other countries, and ability to expand the reach or programs to vulnerable populations.

The inability to continue collaborations with UNICEF would stall progress made to date, and cause a loss of credibility and momentum imperative to global progress. It would reduce CDC's continued progress in fighting malnutrition and micronutrient deficiencies - work that is vital to child development, disease prevention, and good health. It would, for example, hamper the ability to develop/adapt culturally appropriate guidelines for high risk countries; eliminate the ability to expand the evidence-based intervention of flour fortification; limit CDC's ability to provide technical assistance to Ministries of Health in monitoring and evaluating health outcomes and the implementation of evidence based interventions; drastically hamper CDC's ability to assist governments to standardize, spread, and sustain successful programs for children 6-59 months of age and women of reproductive age (15-49 years), and limit our ability to continue to build the evidence for programs that are effective in the U.S. and throughout the world.

4. Other

CDC will accept and review applications with budgets greater than the ceiling of the award range.

5. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

6. Maintenance of Effort

Maintenance of Effort (MOE) 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 at www.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 folllow 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 (CRR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not 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 www.fsd.gov/US 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 applying on grants.gov)	Register early! Log into grants.gov and check AOR status until it shows you have been approved

2. Request Application Package

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

3. Application Package

Applicants must download the SF-424 application package associated with this funding opportunity from www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC PGO staff at 770-488-2700 or e-mail PGO PGOTIM@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. PGO 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 PGO.
If Grants.gov cannot receive applications due to an emergency or other unanticipated event (and circumstances preclude advance notification of an extension), then applications must be submitted by the first business day on which government operations resume.

Due Date for Applications: **12/29/2015**

Electronically submitted applications must be submitted no later than 11:59 p.m., ET, on the listed application due date.

5. CDC Assurances and Certifications

All applicants are required to sign and submit CDC Assurances and Certifications documents that can be found on the CDC Web site:
http://www.cdc.gov/grants/interestedinapplying/applicationprocess.html
Applicants may follow either of the following processes:

- Applicants must name this file "Assurances and Certifications" and upload as a PDF on www.grants.gov.
- Complete the applicable assurances and certifications and submit them directly to CDC on an annual basis at http:// www.cdc.gov/od/pgo/ funding/grants/ foamain.shtm

Assurances and certifications submitted directly to CDC will be kept on file for 1 year and will apply to all applications submitted to CDC within one year of the submission date.

6. Contents and Form of Applications Submission

Applicants are required to submit all of the documents outlined below as their application package on www.grants.gov.

7. Letter of Intent (LOI)

LOI is not requested or required as part of the application for this FOA. A letter of intent is not applicable to this funding opportunity announcement.

8. Table of Contents

(No page limit, not included in project narrative page limit). 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 of 1 page, single spaced, 12 point font, 1-inch margins). 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

(Maximum of 18 pages single spaced, Calibri 12 point, 1-inch margins, number all pages, content beyond 18 pages will not be reviewed). The Project Narrative must include all of the bolded headings shown in this section. 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.
Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov.

a. Background

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

b. Approach

i. Problem Statement

Applicants must describe the core information relative to the problem for the jurisdictions or populations they serve. The core information should help reviewers understand how the applicant's response to the FOA will address the public health problem and support public health priorities. (See CDC Project Description).

ii. Purpose

Applicants must describe specifically how their application will address the problem as described in the CDC Project Description.

iii. Outcomes

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

iv. Strategy and Activities

The applicant must provide a clear and concise description of the strategies and activities they will use to achieve the project period outcomes. Whenever possible, applicants should use evidence-based program strategies as identified by the Community Guide (or similar reviews) and reference it explicitly as a source. Applicants may propose additional strategies and activities to achieve the outcomes. Applicants should select existing evidence-based strategies that meet their needs, or describe the rationale for developing and evaluating new strategies or practice-based innovations. (See CDC Project description: Strategies and Activities section).

c. Applicant Evaluation and Performance Measurement Plan
Applicants must provide an evaluation and performance measurement plan that is consistent with the CDC 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 program partners will be engaged in the evaluation and performance measurement planning processes.
- Describe the type of evaluations to be conducted (i.e. process and/or outcome).
- Describe key evaluation questions to be answered.
- Describe other information, as determined by the CDC program (e.g., performance measures to be developed by the applicant) that should be included.
- Describe potentially available data sources and feasibility of collecting appropriate evaluation and performance data.
- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation and performance measurement will contribute to development of that evidence base, where program strategies are being employed that lack a strong evidence base of effectiveness.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first 6 months of the project, as outlined in the reporting section of the FOA.

Awardees will be required to submit a more detailed evaluation and performance measurement plan within the first six months of the project, as outlined in the reporting section of the FOA.

d. Organizational Capacity of Applicants to Implement the Approach
Applicant must address the organizational capacity requirements as described in the CDC Project Description.

11. Work Plan

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, including key milestones.
Applicants must name this file "Work Plan" and upload it as a PDF file at www.grants.gov.

12. Budget Narrative

Applicants must submit an itemized budget narrative, which may be scored as part of the Organizational Capacity of Awardees to Execute the Approach. 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
- Alterations and Renovations
- Other categories
- Contractual costs
- Total Direct costs
- Total Indirect costs

For guidance on completing a detailed budget, see Budget Preparation Guidelines at: http://www.cdc.gov/grants/interestedinapplying/applicationresources.html
Applicants should name this file "Budget Narrative" and upload it as a PDF file to www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement must have been made less than 12 months earlier. Applicants must name this file "Indirect Cost Rate" and upload it to www.grants.gov.

Applicant must submit all required information for the budget narrative.

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 The Pro-Children Act, 20 U.S.C. 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/ chronicdisease/resources/ guidelines/food-service-guidelines.htm

14. Intergovernmental Review

Executive Order 12372 does not apply to this program.

15. 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 only use funds for reasonable program purposes, including personnel, travel, supplies, and services (such as contractual).
- Generally, awardees may not use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. Any such proposed spending must be clearly identified in the budget in accordance with CDC's budget guidelines.
- Reimbursement of pre-award costs is not allowed.
- 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.

16. Other Submission Requirements

a. Electronic Submission: Applications must be submitted electronically at www.grants.gov. The application package can be downloaded from www.grants.gov. Applicants can complete the application package off-line, and then submit the application by uploading it at www.grants.gov website. 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 PGO TIMS staff.
Applications must be submitted electronically by using the forms and instructions posted for this funding opportunity on www.grants.gov.
If Internet access is not available or if the forms cannot be accessed on-line, applicants may contact the PGO TIMS staff at 770- 488-2700 or by e-mail at pgotim@cdc.gov, Monday through Friday, 7:30 am–4:30 pm Eastern Standard Time (EST), except federal government holidays. Electronic applications will be considered successful if they are available to PGO TIMS staff for processing from www.grants.gov on the deadline date.
Do not use "special characters (i.e. %, &, * etc.) on the cover page of your application (form SF 424 – Application for Federal Assistance) as special characters are not recognized by the electronic system. Use of special characters may result in your application being rejected. When copy/paste is used on application documents, the grantee should ensure that text only is pasted. When extra, blank spaces at the end of the original are pasted into the new document it causes the system to reject the document.

b. Tracking Number: Applications submitted through www.grants.gov, are time/date stamped electronically and assigned a tracking number. The Authorized Organization Representative (AOR) will receive an email notice of receipt when www.grants.gov receives the application. The tracking number serves to document that the application has been submitted and initiates the electronic validation process before the application is made available to CDC.

c. Validation Process: Application submission is not concluded until successful completion of the validation process. After submission of the application package, applicants will receive a "submission receipt" email generated by www.grants.gov. A second email 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 (2) business days. Applicants are strongly encouraged to check the status of their application to ensure submission of their package is complete 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 Application User Guide, Version 3.0, page 57.

d. Technical Difficulties: If the applicant encounters technical difficulties with www.grants.gov, the applicant should contact www.grants.gov Customer Service. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, with the exception of Federal Holidays. You can reach the www.grants.gov Contact Center at 1-800-518-4726 or by email at support@www.grants.gov. Submissions sent by email, fax, CD's or thumb drives of applications 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@www.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 or call 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 postmarked 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, PGO 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. Application Review Information

1. Review and Selection Process

a. Phase I Review

All applications will be reviewed initially for completeness by the CDC's Procurement and Grants Office (PGO) staff and will be reviewed jointly for eligibility by the CDC National Center for Chronic Disease Prevention and Health Promotion and PGO. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance to Phase II review. Applicants will be notified that the application 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" section of the FOA.
Not more than 30 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: 50

Evaluate the extent to which the applicant's plan addresses the purpose, objectives and activities stated in the funding announcement.

• Does the plan address all of the required awardee activities and include appropriate time lines?

• Is the plan adequate to carry out the proposed evidence-based and appropriate activities to achieve the outcomes and objectives of the project? • Does the plan involve appropriate and sufficient global non-profit, private sector, or institutional partner organizations as partners?

• Does the applicant include any linkages with other country specific based efforts?

• Has the applicant a history of working with nutrition related national and global organizations?

• Describes clear monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities.

ii. Evaluation and Performance Measurement	Maximum Points: 20

Evaluate to what extent the evaluation plan describes useful and appropriate questions, strategies and approaches to monitor, report and improve the quality, effectiveness, and efficiency of this project?

iii. Applicants Organizational Capacity to Implement the Approach	Maximum Points: 30

Evaluate the extent the applicant has the capacity to carry out the approach.

• Does the applicant have demonstrated access to data, resources, and contacts in global public health, nutrition, infant and young child nutrition, and program planning in order to engage a national country-level audience?

• Does the applicant and their key staff have the necessary and appropriate experience to carry out the described approach?

• Does the applicant provide evidence of leveraging other resources?

• Does the applicant provide a description of how they plan to sustain their workforce development?

• Demonstrate its capacity to influence global nutrition policy, guidelines, & recommendations at the highest levels (i.e. UN), as well as expertise in vitamin and mineral malnutrition – both scientific and programmatic.

• Demonstrate its ability to reach all countries interested and/or involved in global under-nutrition strategies. 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.

c. Phase III Review
Applications will be funded in order by score and rank determined by the review panel unless funding preferences or other considerations stated in this FOA apply. Final selection and approval of activities will be prioritized in collaboration with CDC.
In addition, the following factors may affect the funding decision:

The award will be announced on www.grants.gov and the anticipated award date is December 15, 2015.

CDC will provide justification for any decision to fund out of rank order.

2. Anticipated Announcement and Award Dates

PGO will inform the grantee via a Notice of Award (NOA). The award date is anticipated to be January 2, 2016.

F. Award Administration Information

1. Award Notices

Awardees will receive an electronic copy of the Notice of Award (NoA) from the CDC PGO. 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 program director.
Any application awarded 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 the results of the application review by email with delivery receipt or by mail.

2. Administrative and National Policy Requirements

Awardees must comply with the administration requirements outline in 45 Code of Federal Regulations (CFR) Part 74 or Part 92, as appropriate. To view brief descriptions of relevant provisions visit the CDC website at:http://www.cdc.gov/grants/additionalrequirements/index.html

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The following administrative requirements apply to this project:

Awardees must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92 and the HHS Grants Policy Statement, as appropriate.

The HHS Grants Policy Statement is available at: http://www.hhs.gov/asfr/ogapa/aboutog/hhsgps107.pdf. To view brief descriptions of relevant provisions visit the CDC website at: http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

The following additional requirements apply to this project:

• AR-10: Smoke-Free Workplace

• AR-11: Healthy People 2020

• AR-12: Lobbying Restrictions

• AR-14: Accounting System Requirements

• AR-16: Security Clearance Requirement

• AR-25: Release and Sharing of Data

• AR-33: Plain Writing Act of 2010

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will have a condition of award that applies to 48 CFR section 3.908 requiring grantees to inform their employees in writing of employee whistleblower rights and protections under 41. U.S.C 4712 in the predominant native language of the workforce.

If applicable, award recipients will be required to submit an electronic version of the final, peer-reviewed manuscript of any work developed under this award upon acceptance for publication. Additional information will be provided in the award terms.

For more information on the Code of Federal Regulations, visit the National Archives and Records Administration at: http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

Pilot Program for Enhancement of Employee Whistleblower Protections: All applicants will have a condition of award that applies to 48 CFR section 3.908 requiring grantees to inform their employees in writing of employee whistleblower rights and protections under 41. U.S.C 4712 in the predominant native language of the workforce. If applicable, award recipients will be required to submit an electronic version of the final, peer-reviewed manuscript of any work developed under this award upon acceptance for publication. Additional information will be provided in the award terms. For more information on the Code of Federal Regulations, visit the National Archives and Records Administration at: http://www.access.gpo.gov/nara/cfr/cfr-table-search.html

3. Reporting

a. CDC Reporting Requirements
Reporting allows for 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 applicants, particularly for cooperative agreements;
- Provides CDC with periodic data to monitor awardee progress towards meeting the FOA outcomes and overall performance;
- Allows CDC to track performance measures and evaluation findings for continuous program improvement throughout the project period and todetermine applicability of evidence-based approaches to different populations, settings, and contexts; and
- Enables the assessment of the overall effectiveness and impact of the FOA.

As described in the following text, awardees must submit an annual performance report, ongoing performance measures data, administrative reports, and a final performance and financial report. A detailed explanation of any additional reporting requirements will be provided in the Notice of Award to successful applicants.

b. Specific Reporting Requirements

i. Awardee Evaluation and Performance Measurement Plan
Awardees must provide a more detailed evaluation and performance measurement plan within the first six months of the project. This more detailed plan should be developed by awardees as part of first-year project activities, with support from CDC. This more detailed plan should build on the elements stated in the initial plan, and should be no more than 25 pages. At a minimum, and in addition to the elements of the initial plan, this plan must:

- Indicate the frequency that evaluation and performance data are to be collected.
- Describe how data will be reported.
- Describe how evaluation findings will be used to ensure continuous quality and program improvement.
- Describe how evaluation and performance measurement will yield findings that will demonstrate the value of the FOA (e.g., effect on improving public health outcomes, effectiveness of FOA as it pertains to performance measurement, cost-effectiveness, or cost-benefit).
- Describe dissemination channels and audiences (including public dissemination).
- Describe other information requested and as determined by the CDC program.

When developing evaluation and performance measurement plans, applicants are encouraged to use the Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide, available at: http://www.cdc.gov/eval/guide/index.htm

ii. Annual Performance Report
This report must not exceed 45 pages excluding administrative reporting; attachments are not allowed, but web links are allowed.The awardee must submit the Annual Performance Report via www.grants.gov 120 days before the end of the budget period. In addition, the awardee must submit an annual Federal Financial Report within 90 days after the end of the calendar quarter in which the budget year ends.

This report must include the following:

- **Performance Measures (including outcomes)** – 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 any impact data).
- **Work Plan (maximum of 25 pages)** – Awardees must update work plan each budget period.
- **Successes**
  - Awardees must report progress on completing activities outlined in the 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 should describe any challenges that hinder achievement of both annual and project period outcomes, performance measures, or their ability to complete the activities in the work plan
  - 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 describe how CDC could assist them in overcoming the challenges to achieve both annual and project period outcomes and performance measures, and complete activities outlined in the work plan
- **Administrative Reporting** (not subject to page limits)
  - SF-424A Budget Information-Non-Construction Programs
  - Budget Narrative – Must use the format outlined in Section D. Content and Form of Application Submission, Budget Narrative Section
  - Indirect Cost Rate Agreement

The deadline date for submitting the Annual Performance Report is 120 days before the end of the budget period. Send an electronic copy to CDC Project Officer (PO) with attention to the GMS and PO. The contact information for the GMS and PO is listed in the "Agency Contacts" section of the FOA

iii. Performance Measure Reporting
CDC programs must require awardees to submit performance measures annually at a minimum, and may require reporting more frequently. Performance measure reporting should be limited to the collection of data. When funding is awarded initially, CDC programs should specify reporting frequency, required data fields, and format.

iv. Federal Financial Reporting
The annual FFR form (SF-425) is required and must be submitted through eRA Commons within 90 days after the end of the calendar quarter in which the budget year ends. The report should include only those funds authorized and disbursed during the timeframe covered by the report. The final report must indicate the exact balance of unobligated funds, and may not reflect any unliquidated obligations. The final FFR expenditure data and the Payment Management System's (PMS) cash transaction data must correspond; no discrepancies between the data sets are permitted. Failure to submit the required information by the due date may affect adversely 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 and include the date by which the information will be provided.

v. Final Performance and Financial Report
At the end of the project period, awardees must submit a final report to include a final financial and performance report. This report is due 90 days after the end of the project period.
At a minimum, this report must include the following:

- Performance Measures (including outcomes) – Applicants must report final performance data for all performance measures for the project period.
- Evaluation results – Applicants must report final evaluation results for the project period
- Impact of Results – Applicants must describe the effects or results of the work completed over the project period, including success stories.
- Additional forms as described in the Notice of Award, including Equipment Inventory Report and Final Invention Statement.
- FFR (SF-425)

CDC awardees must adhere to the above requirements.

Awardees should e-mail the report to the CDC PO and the GMS listed in the "Agency Contacts" section of the FOA.

4. Federal Funding Accountability and Transparency Act of 2006
Federal Funding Accountability And Transparency Act Of 2006 (FFATA), Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), 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, 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:

- http:// frwebgate.access.gpo.gov/ cgi-bin/getdoc.cgi? dbname=109_ cong_ bills&docid= f:s2590enr.txt.pdf
- https:/ /www.fsrs.gov/ documents/ffata_ legislation_ 110_ 252. pdf
- http:// www.hhs.gov/asfr/ ogapa/aboutog/ Grants%20Management% 20Information/ffata_ guidelines.html.

G. Agency Contacts

CDC encourages inquiries concerning this FOA.

Program Office Contact

For programmatic technical assistance, contact:

Rafael Flores-Ayala

CDC

NCCDPHP

Phone: (770) 488-5226

Email: RNF2@cdc.gov

Grants Staff Contact

For **financial, awards management, or budget assistance,** contact:

Lakita Reid

CDC

Procurement and Grants Office

Phone: (770) 488-8382

Email: LReid3@cdc.gov

For assistance with **submission difficulties related to www.grants.gov,** contact:

www.grants.gov Contact Center: 1-800-518-4726.

Hours of Operation: 24 hours a day, 7 days a week. Closed on Federal holidays.

For all other **submission** questions, contact:

Technical Information Management Section
Department of Health and Human Services
CDC Procurement and Grants Office
2920 Brandywine Road, MS E-14
Atlanta, GA 30341
Telephone: 770-488-2700
Email: pgotim@cdc.gov

CDC Telecommunications for individuals with hearing loss is available at: TTY 1.888.232.6348.

H. Other Information

Following is a list of acceptable attachments that applicants can upload as PDF files 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
- Work Plan
- Table of Contents for Entire Submission

I. Glossary

Administrative and National Policy Requirements, Additional Requirements (ARs): The Administrative requirements found in 45 CFR Part 74 and Part 92 and other requirements as mandated by statute or CDC policy. CDC programs must indicate which ARs are relevant to the FOA. All ARs are listed in the template for CDC programs. Awardees must then comply with the ARs listed in the FOA. To view brief descriptions of relevant provisions visit the CDC website at: http://www.cdc.gov/grants/additional requirements/index.html

Authority: Legal authorizations that outline the legal basis for the components of each individual FOA. An Office of Global Council (OGC) representative may assist in choosing the authorities appropriate to any given program.

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 recipient.

Budget Period/Year: the duration of each individual funding period within the project period. Traditionally, budget period length is 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 forward to another budget period to cover allowable costs of that budget period (whether as an offset or additional authorization). Obligated, but unliquidated, funds are not considered carryover.

Catalog of Federal Domestic Assistance (CFDA): A catalog published twice a year which describes domestic assistance programs administered by the federal government. This government-wide compendium of Federal programs lists projects, services, and activities which provide assistance or benefits to the American public. https:// www.cfda.gov/index?s= agency&mode =form&id= 0bebbc3b3261e25 5dc82002b83094717&tab= programs&tabmode= list&subtab=list& subtabmode=list.

CDC Assurances and Certifications: Standard government-wide grant application forms.

CFDA Number: The CFDA number is a unique number assigned to each program/FOA throughout its lifecycle that enables data and funding tracking and transparency.

Competing Continuation Award: An award of financial assistance which adds funds to a grant and extends one or more budget periods beyond the currently established project period.

Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.

Contracts: An award instrument establishing a binding legal procurement relationship between CDC and a recipient obligating the latter to furnish a product.

Cooperative Agreement: An award of financial assistance that is used to enter into the same kind of relationship as a grant; and is distinguished from a grant in that it provides for substantial involvement between the Federal agency and the awardee in carrying out the activity contemplated by the award.

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

Direct Assistance: assistance given to an applicant such as federal personnel or supplies. See http:// www.cdc.gov/ stltpublichealth/ GrantsFunding/ direct_assistance.html.

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

Fiscal Year: The year that budget dollars are allocated to fund program activities. The fiscal year starts October 1st and goes through September 30th.

Grant: A legal instrument used by the Federal government to enter into a relationship, the principal purpose of which is to transfer anything of value to a recipient to carry out a public purpose of support or stimulation authorized by statute. The financial assistance may be in the form of money, or property in lieu of money. The term 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 individuals. The main difference between a grant and a cooperative agreement is that there is no anticipated substantial programmatic involvement by the Federal Government under an award.

Grants.gov: A "storefront" web portal for use in electronic collection of data (forms and reports) for Federal grant-making agencies through the www.grants.gov site, www.grants.gov.

Health Disparities: are differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.

Healthy People 2020: Provides national health objectives for improving the health of all Americans by encouraging collaborations across sectors, guiding individuals toward making informed health decisions, and measuring the impact of prevention activities.

Inclusion: Inclusion refers to both the meaningful involvement of community members in all stages of the program process, and maximum involvement of the target population in the benefits of the intervention. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.

Indirect Costs: Those costs that are incurred for common or joint objectives and therefore cannot be identified readily and specifically with a particular sponsored project, program, or activity but are nevertheless necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries are generally treated as indirect costs.

International public health work: For purposes of this template, is defined as work conducted internationally for the benefit of a foreign entity or jurisdiction.

Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions or Executive Orders ("legislation or other orders"), or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation or other orders and which are directed to members of staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of 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.

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

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

New FOA: Any FOA that is not a continuation or supplemental award.

Non-Governmental Organization: A non-governmental organization (NGO) is any non-profit, voluntary citizens' group which is organized on a local, national or international level.

Notice of Award: The only binding, authorizing document between the recipient and CDC confirming issue of award funding. The NoA will be signed by an authorized Grants Management Officer, and provided to the recipient fiscal officer identified in the application.

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 individuals responsible for making award decisions.

OGC: Office of the General Counsel (OGC) is the legal team for the Department of Health and Human Services (HHS), providing representation and legal advice on a wide range of national issues. OGC supports the development and implementation of HHS's programs by providing legal services to the Secretary of HHS and the organization's various agencies and divisions.

Outcome: The observable benefits or changes for populations and/or public health capabilities that will result from a particular program strategy.

Performance Measures: Performance measurement is the ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals. It is typically conducted by program or agency management. Performance measures 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: The Plain Writing Act requires federal agencies to communicate with the public in plain language to make information and communication more accessible and understandable by intended users, especially people with limited health literacy skills or limited English proficiency. www.plainlanguage.gov

Procurement and Grants Office (PGO): PGO is the only entity within CDC which can obligate federal funds. PGO provides non-programmatic management for all CDC financial assistance activities (grants and cooperative agreements) and manages and awards all CDC contracts.

Program Strategies: Public health interventions or public health capabilities.

Program Official: The person responsible for developing the FOA – whether a project officer, program manager, branch chief, division leadership, policy official, center leadership, or similarstaff member.

Project Period Outcome: An outcome that will result by the end of the FOA period of funding.

SAM: The System for Award Management (SAM) is the primary vendor database for the U.S. Federal Government. SAM validates applicant information and electronically shares the secure and encrypted data with the Federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). The SAM stores organizational information, allowing www.grants.gov to verify your identity and to pre-fill organizational information on grant applications.

Statute: An act of a legislature that declares, proscribes, or commands something; a specific law, expressed in writing. A statute is a written law passed by a legislature on the state or federal level. Statutes set forth general propositions of law that courts apply to specific situations.

Statutory Authority: A legal statute that provides the authority to establish a Federal financial assistance program or award.

Technical Assistance: The providing of advice, assistance, and training pertaining to the development, implementation, maintenance, and/or evaluation of programs.

Work Plan: The summary of annual strategies and activities, personnel and/or partners who will complete them, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.