

Centers for Disease Control

National Center for Environmental Health

Enhancing Innovation and Capabilities of the Environmental Public Health Tracking Network
CDC-RFA-EH17-1702
Application Due Date: 05/31/2017

Enhancing Innovation and Capabilities of the Environmental Public Health Tracking Network
CDC-RFA-EH17-1702
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Part I. Overview Information

Applicants must go to the synopsis page of this announcement at www.grants.gov and click on the "Send Me Change Notifications Emails" link to ensure they receive notifications of any changes to CDC-RFA-EH17-1702. Applicants also must provide an e-mail address to www.grants.gov to receive notifications of changes.

A. Federal Agency Name:

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

B. Funding Opportunity Title:

Enhancing Innovation and Capabilities of the Environmental Public Health Tracking Network

C. Announcement Type: New - Type 1

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

Cooperative Agreement

D. Agency Funding Opportunity Number:

CDC-RFA-EH17-1702

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

93.070

F. Dates:

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

2. Due Date for Applications: **05/31/2017**, 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov.

3. Date for Informational Conference Call:

TBD

G. Executive Summary:

1. Summary Paragraph:

The purpose of the Environmental Public Health Tracking Program is to provide information from a nationwide network of environmental health data to help drive actions to improve the health of communities. The information is shared via a network of people and the Environmental Public Health Tracking Network, a web-based system of integrated health and environmental data with components at the national, state, and local levels. The Tracking Program will build on existing state and local public health capacity and expertise in environmental health surveillance to empower public health practitioners, healthcare providers, community members, policy members, and others to make information-driven decisions that affect their health.

Amendment:

Page 37: Section H. Other Information:

2 bullets were added under the "Optional attachments, as determined by CDC programs":

- Workplan
- Additional Supporting Information

a. Eligible Applicants:	Open Competition
b. FOA Type:	Cooperative Agreement
c. Approximate Number of Awards:	26
d. Total Project Period Funding:	$104,000,000
e. Average One Year Award Amount:	$785,000
f. Total Project Period Length:	5
g. Estimated Award Date:	08/01/2017
h. Cost Sharing and / or Matching Requirements:	N

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

Part II. Full Text

A. Funding Opportunity Description

Part II. Full Text

1. Background

a. Overview

In September, 2000, the Pew Environmental Health Commission issued a report entitled America's Environmental Health Gap: Why the Country Needs a Nationwide Health Tracking Network. In this report, the Commission documented that the existing environmental health systems were inadequate and fragmented and recommended a "Nationwide Health Tracking Network for disease and exposures." In response to the report, Congress appropriated funds in the fiscal year 2002's budget for the CDC to establish National Environmental Public Health Tracking Program (Tracking Program) and Network and has appropriated funds each year

thereafter to continue this effort.

Environmental Public Health Tracking (Tracking) is the integrated surveillance of health, exposure, and hazard information and data from a variety of national, state, and local sources. The Tracking Network is unique in that it provides the United States with accurate and timely standardized data and supports ongoing efforts within the public health and environmental sectors to improve data collection, accessibility, and dissemination as well as analytic and response capacity. Data that were previously collected for different purposes and stored in separate systems are now available in a nationally standardized format allowing programs to begin bridging the gap between health and the environment. Having accurate and timely tracking data enables public health authorities to determine temporal and spatial trends in disease and potential environmental exposures, identify populations most affected, and develop and assess the environmental public health policies and interventions aimed at reducing or eliminating diseases associated with environmental factors. The availability of these types of data in a standardized network provide researchers, public health authorities, healthcare practitioners, and the public to have a better understanding about the possible associations between the environment and adverse health effects, and to assist them with decision making.

The concept of using Tracking data and other program resources to inform public health action is explicit in the Tracking Program's mission, with the ultimate goal of reducing the burden of environmentally related health conditions. Since 2005, one approach in monitoring Tracking Program performance is by gathering information on how the Tracking Program has been able to drive public health actions within funded jurisdictions. These public health actions include using Tracking data to: identify populations at risk; responding to outbreaks, clusters, and emerging threats; identify, reduce, and prevent environmental hazards; and informing policy makers, communities and other regarding potential environmental health risks. Since the end of 2015, over 340 public health actions have been documented by current state and local grantees.

With rapid changes in information technology and tools; changing data and information needs; changes in the population, disease, and environment, as well as the ability to continue to meet the growing needs of public health practitioners, researchers, and others, it is critical that the existing expertise, resources, and technical infrastructure in the Tracking Program and Tracking Network continue to support and enhance the availability, quality, timeliness, compatibility, and utility of existing hazard, exposure, and health effect data.

b. Statutory Authorities

This program is authorized under Sections 311 and 317(k)(2) of the Public Health Service Act, [42 U.S.C. Sections 243 and 247b(k)(2)], as amended.

c. Healthy People 2020

This program addresses the "Healthy People 2020" focus area(s) of Environmental Health (http ://www.healthypeople.gov/ 2020/topicsobjectives2020/overview.aspx?topicid=12) and Public Health Infrastructure (http://www.healthypeople.gov/ 2020/topicsobjectives2020/overview .aspx?topicid=35) in addition to CDC's Vision of "Health Protection…Health Equity" by collaborating with partners to create the expertise, information, and tools that people and communities need to protect their health – through health promotion, prevention of disease, injury and disability, and preparedness for new health threats.

d. Other National Public Health Priorities and Strategies

This announcement is consistent with priorities and strategies in the Department of Health and Human Services, U.S. Environmental Protection Agency, National Aeronautics and Space Administration (http://www.cdc.gov/nceh/tracking/partners.htm), and other CDC programs including the National Asthma Control Program, the Climate and Health Program, and ATSDR's Program to Promote Localized Efforts To Reduce Environmental Exposure http://www.cdc.gov/nceh/tracking/related.htm). These programs address core public health areas such as environmental health, chronic disease, and health communication that contribute to prevention and health promotion efforts utilizing Tracking data.

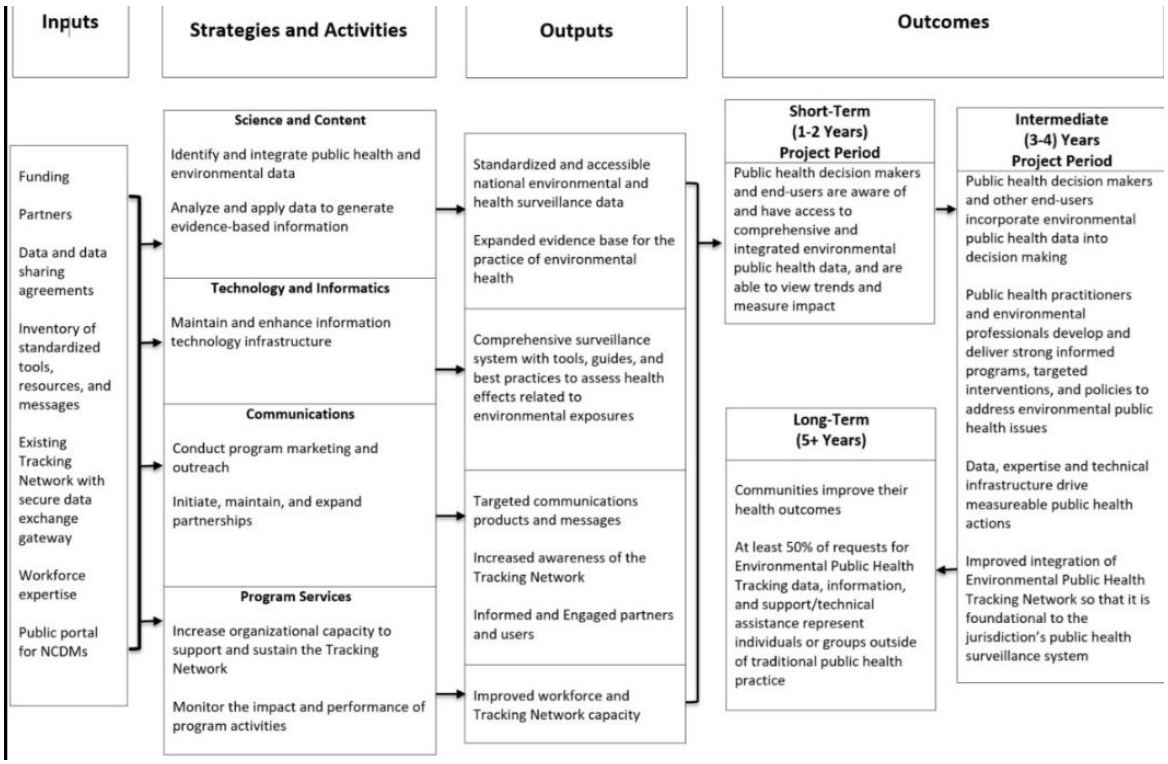
e. Relevant Work

CDC-RFA-EH17-1702 builds on activities conducted under previous FOAs, including the original work under Program Announcement 02179. Each applicant should have first-hand experience of building a state or local tracking program and network based on CDC's standards including 1) developing an IT infrastructure and processes to disseminate environmental and health data via a public web-based application that comply with standards defined by Tracking, 2) building and maintaining an IT infrastructure--including web-based portals that follow Tracking metadata, data and functional standards--that allows for controlled access to and exchange of data with CDC's Tracking Program, and 3) conducting analyses using tracking data and expertise to address environmental health issues at the state and local levels.

2. CDC Project Description

a. Approach

Bold indicates project period outcome.



i. Purpose

This FOA will support grantees to conduct environmental health surveillance which guides public health actions to prevent or mitigate impacts of environmental hazards. Since 2002, grantees have worked with CDC to develop and build a Tracking network that allows health practitioners and others to improve understanding of how the environment impacts health. This FOA allows grantees continued access to network data, provides tools and methods for using the data, and advances the ability to use data to help reduce the burden of environmentally related exposures and diseases on the U.S. population.

ii. Outcomes

The logic model displays the outcomes that are expected to result from recipient efforts in the short, mid, and long-term. As noted in the logic model, these key outcomes are expected to result during the project period:

Short-Term (1-2 years)

- Public health decision makers and end-users are aware of and have access to comprehensive and integrated environmental public health data, and are able to view trends and measure impact

Intermediate (3-4 years)

- Public health decision makers and other end-users incorporate environmental public health data into decision making
- Public health practitioners and environmental professionals develop and deliver strong informed programs, targeted interventions, and policies to address environmental public health issues
- Data, expertise and technical infrastructure drive measureable public health actions
- Improved integration of Environmental Public Health Tracking Network so that it is foundational to the jurisdiction's public health surveillance system

Long-term (5+ years)

- At least 50% of requests for Environmental Public Health Tracking data, information, and support/technical assistance represent individuals or groups outside of traditional public health practice
- Communities improve their health outcomes

iii. Strategies and Activities

Activities in this funding opportunity announcement fall into four broad categories: Science and Content, Technology and Informatics, Communications, and Program Services. Ongoing activities in each category should be informed by work across the entire program and grantee's priorities. For example, Communications activities should be tailored to reflect current activities in Science and Content. These activities should lead to the Outputs listed in the logic model.

Applicants need to demonstrate that 75% of the core activities are currently in place for their application. The application must also present a strategy for implementing 100% of the core activities by the end of year 1. Awardees must maintain all core activities each year. Awardees must select and implement at least 2 new advanced activities per year. All advanced activities must be implemented and maintained by the end of year 5.

Science and Content Strategy I: Identify and integrate public health and environmental data

- **Core Activities**
  - SC1.A Identify and evaluate the strengths and limitations of health, exposure, environmental, and other data for the Network, in addition to work conducted as part of the Content Workgroup
  - SC1.B Integrate data into grantee's Tracking Network and ensure the availability and accessibility of data as appropriate for program staff and internal and external partners

- SC1.C Maintain existing and newly adopted Nationally Consistent Data and Measures requirements including maintenance of NCDM data within the grantee tracking network, submission of NCDM data to CDC, and dissemination of required NCDM measures via grantee's Tracking Network **https://www.cdc.gov/nceh/tracking/foa.htm**
- SC1.D Disseminate additional indicators and measures to address grantee's priorities, optional NCDMs or other agreed-upon standards
- SC1.E Collaborate with CDC, data stewards, data users, and other tracking grantees to improve existing NCDMs and, adopt new and optional NCDMs as developed by the Content Workgroup

- **Advanced Activities**
  - SC1.F Address gaps or limitations in available data by collaborating with state and local programs to optimize data collection and ensure the inclusion of data elements relevant to environmental public health tracking; integrating novel or non-traditional data determined to be relevant and of sufficient quality (e.g., electronic health record data); conducting analyses and activities that either fills the identified data gap or extends the applicability of the available data; or expanding the availability and utility of sub-county data and measures

Science and Content Strategy II: Analyze and apply data to generate evidence-based activities

- **Core Activities**
  - SC2.A Conduct routine descriptive analysis of Tracking data to evaluate quality and completeness of data; to examine state and local environmental public health issues; or to generate information for other state and local programs, state and local decision makers, and the general public
  - SC2.B Use Tracking data to identify and prioritize the jurisdiction's environmental public health concerns and priorities, and need for action to help direct Tracking program activities including but not limited to those listed in this FOA
- **Advanced Activities**
  - SC2.C Conduct routine analyses using Tracking data for the discovery of spatial, temporal, and demographic patterns of diseases, exposures, or environmental hazards; the timely identification of unusual events signaling the need for further investigation; or the non-research purposes of analyzing or linking health, exposure, and hazard data to help provide new insights or solutions to environmental health issues
  - SC2.D Apply and interpret Tracking data to inform the development and evaluation of public health actions

Technology and Informatics Strategy I: Maintain and enhance information technology infrastructure

- **Core Activities**
    - TI1.A Maintain a web-based publicly available environmental health tracking system that complies with CDC grantee portal requirements
    - TI1.B Develop tools and processes to improve and promote the quality, usefulness, availability, and timeliness of data
    - TI1.C Evaluate informatics needs and conduct a gap analysis to address barriers to the effective use of data for environmental public health decision making (or by environmental public health decision makers)
    - TI1.D Maintain the technology infrastructure and resources to submit Tracking NCDMs to CDC during scheduled data calls
    - TI1.E Work with informatics and IT resources within the grantee's organization to ensure program informatics/IT activities align with organizational strategies and objectives
- **Advanced Activities**
    - TI1.F Establish repeatable, reliable, and readily accessible electronic access to data sources, including tools and processes to increase the availability and accessibility of timely and locally relevant data (e.g., sub-county and real time data) and any needs discovered as the result of the gap analysis
    - TI1.G Increase data management efficiency by developing state/local standard operating procedures and increasing the use of routine, reusable, and electronic processes and scripts for obtaining, validating, and disseminating data, including use of application programming interfaces

Communications Strategy I: Conduct program marketing and outreach

- **Core Activities**
    - C1.A Develop and implement an annual communication plan that includes a risk communication plan; specific, measurable, achievable, realistic, time-bound (SMART) objectives; and targets key tracking audiences including data stewards, state and local health department staff, policymakers, technical advisory group, relevant community groups or non-governmental organizations
    - C1.B Participate in one coordinated, program-wide communication activity (e.g., Tracking Awareness Week) each year
    - C1.C Provide regular, periodic updates and announcements (at least quarterly) about grantee tracking activities to partners and stakeholders via email distribution (e.g., list-serv, e-newsletter) or other mechanism
    - C1.D Utilize social media (e.g., Facebook, Twitter, blogs) at least quarterly, either from program accounts, agency accounts, or partner accounts
    - C1.E Present information about the Tracking Program (national and grantee), national and local Tracking Networks, data, data use (e.g., public health actions), and activities annually including: exhibiting at a meeting or conference; conducting at least one webinar to an external (outside the health department) audience; and presenting at national, regional, or local meetings or conferences
    - C1.F Maintain existing and add new content/messaging about NCDM and other data as needed to Tracking Network websites in order to provide plain

language interpretations of data and results to target audiences
    - C1.G Disseminate existing Tracking communication messages and products (e.g., grantee profile, data highlights, community health reports, communication toolkits) to appropriate audiences
- **Advanced Activities**
    - C1.H In the communications plan, include at least one collaborative communication activity, in addition to the program-wide activity, with one or more Tracking grantees (e.g., co-presenting at a meeting; coordinated communication about a specific topic or awareness event)
    - C1.I Conduct a needs assessment with target audience(s) to inform development of at least two custom communication products (e.g., messages, tools) to communicate Tracking data and information. Products may include, but are not limited to fact sheets, environmental health snapshots, infographics, newsletter articles, and social media posts

Communications Strategy II: Initiate, maintain, and expand partnerships

- **Core Activities**
    - C2.A Develop and implement a partnership plan to engage new/innovative external partners (e.g., accountable care organizations, big data providers, new commercial technology and service providers in consumer-driven healthcare); and non-traditional public sector organizations (e.g., Tribal Nations, Department of Transportation)
    - C2.B Maintain Technical Advisory Group to inform decisions about Tracking Program data, data analysis, communication messages and products, etc. (minimum of one meeting per year)
    - C2.C Establish and maintain relationship with at least one university/college program. Possible collaborations could include, but are not limited to, guest lecturing; mentoring students; co-presenting (webinar/meeting/conference); collaborating on GIS, data analysis, or other project
- **Advanced Activities**
    - C2.D Establish and maintain relationship with local media (i.e., newspapers, magazines, TV) to promote Tracking through earned media
    - C2.E Co-present/Co-sponsor a national or regional meeting/conference or webinar with other grantees or partners

Program Services Strategy I: Enhance organizational capacity to support and sustain the Tracking Network

- **Core Activities**
    - PS1.A Lead, support, and maintain existing Environmental Public Health Tracking Program within state and/or local jurisdictions
    - PS1.B Identify and prioritize technical and capacity needs among state and local Tracking Program staff to inform provision of more targeted resources and

training opportunities
    - PS1.C Support and facilitate training of the state and local public health workforce and partners on basic Tracking principles to establish a common understanding of the Tracking Program
- **Advanced Activities**
    - PS1.D Develop and implement program-specific training opportunities, through Web-based or in-person training modules or other product (e.g., video tutorial) and internships/fellowships/mentorships for students in environmental public health tracking

Program Services Strategy II: Monitor the impact and performance of program activities

- **Core Activities**
    - PS2.A Document and submit public health actions quarterly (if available), but at a minimum of twice a year, to show program impact
    - PS2.B Develop and implement an annual evaluation plan, based on CDCs provided template, that clearly identifies accomplishments and guides implementation efforts
    - PS2.C Assist the CDC Tracking Program in conducting annual portal reviews
    - PS2.D Collect and submit two times a year a report of website statistics on the public Tracking website using standard web statistics established by the Tracking Program

Emerging Topical Activities (to submit if funding is available):

Additional funding may be available on an annual basis for new, innovative, and emerging topics, scientific methods, or processes that link environmental public health surveillance with topical issues in health care, and demonstrate the health impact of Tracking. These activities should advance the growth, development and use of the state/local and national networks. These activities should reflect the state of the science, and will focus on emerging priorities for the Tracking Program. When supplemental funds are available, information about these activities will be provided in the annual continuation guidance.

Activity 1: Geocoding Sub-County Data. The expected outcomes of this activity are the increased utility of sub-county data for grantees, an improved understanding of the process and resources needed for geo-coding, and the increased availability of sub-county data to support future national consistent sub-county data standards and collection. Awardees will geocode (either directly or through collaboration with the data steward) at least the most recent five years of data for one of the required Nationally Consistent Data and Measures datasets. Awardees should demonstrate how these data will be utilized to benefit their Tracking program.

Activity 2: Water boundary mapping. Awardees participating in this activity must collect, maintain and share geographic information on public drinking water system customer service areas. Customer service areas are the geographic boundaries that help to identify the population served by the drinking water purveyor. The awardee will examine the feasibility of mapping and regularly updating the geographic boundaries of public water systems, and determine how to integrate such PWS displays into state networks using best practices.

Activity 3: Electronic Health Records (EHR). Awardees will help demonstrate the utility of EHR data in providing more detailed information in environmental public health tracking. For this activity, focus will be on exploring the specific use of EHRs for surveillance of exposures to environmental hazards, and the core data elements needed to apply this data to Tracking. Activities will also identify processes and methods that can help to overcome barriers in accessing EHR data for public health surveillance. Barriers could include ethical, technical, or administrative challenges such as: data privacy, confidentiality and security concerns, and health data exchange between providers/EHR/health information exchanges and public health agencies.

1. Collaborations

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

Awardees are required to collaborate with other CDC-funded programs within their jurisdictions that focus on related issues when interests and activities align. These may include, but are not limited to, participants in the Healthy Homes and Lead Poisoning Prevention Program, National Asthma Control Program, the Division of Birth Defects and Developmental Disabilities, the Safe Water System, the Division of Cancer Prevention and Control, the Climate and Health Program and ATSDR's Program to Promote Localized Efforts To Reduce Environmental Exposure, for the purposes of sharing data; developing consistent definitions and measures; and creating maps, tables, or other appropriate tools for demonstrating alignment between surveillance findings and program efforts.

b. With organizations not funded by CDC:

Awardees are required to collaborate with several key partners, including their state environmental agencies. These established relationships may also benefit awardees by further enhancing their activities. When possible, awardees should incorporate external partners (e.g., accountable care organizations, big data providers, new commercial technology and service providers in consumer-driven healthcare); and non-traditional public sector organizations (e.g., Tribal Nations, Department of Transportation) into their workplan.

An important component of this announcement is to build partnerships among environmental and health agencies, their subordinate departments and staff, county health departments, and public health laboratories. Therefore, applicants must demonstrate that their program will be a collaborative effort by including the following with their application:

1. A letter of collaboration signed by both the state (or local) Secretary/Director of Health or equivalent and the state (or local) Secretary/Director of Environmental Quality/Protection/Natural Resources or the equivalent agency/department confirming that partnership exists or will be developed within 90 days from receiving funds:

- Between Health and Environmental Agencies/Departments to exchange and/or share data, provide technical expertise on data interpretation. Evidence of a partnership may be a confirmation of an existing memorandum of understanding (MOU) between Health and Environment that covers activities related to this FOA.
- Between appropriate organizational units within each Agency/Department (within the Health Department this may include birth defect programs, cancer registries, vital statistics, lead programs, environmental epidemiology, the state laboratory, chronic disease, and others).
- If Health and Environment are organized under one state agency/department, a letter of intent from the Secretary/Director or equivalent of that agency/department confirming that partnership exists or will be developed across appropriate organizational units within the Agency/Department as required.

2. A letter designating a public health liaison within the environmental agency/department and an environmental liaison within the health agency/department, describing their roles and responsibilities respectively.

3. Eligible local health departments must provide a letter from responsible state authority assuring that activities related to this program will be coordinated with the State Health Department, and that the state will cooperate in providing relevant data to support NCDMs on the local and CDC network portals.

4. A letter of collaboration from the awardee's Public Health and/or Environment Health Laboratory director to confirm their collaboration with the awardee throughout the funding period.

5. A letter of commitment from awardee's information technology management office indicating intent for collaboration and coordination on all IT focused activities listed under "Recipient Activities."

2. Target Populations

The collection, exploration, visualization, and analysis of Tracking data assists grantees in identifying populations most at-risk for specific environmental health concerns.

a. Health Disparities

N/A

iv. Funding Strategy

N/A

b. Evaluation and Performance Measurement

i. CDC Evaluation and Performance Measurement Strategy

Evaluation and performance measurements help demonstrate achievement of program outcomes, build a stronger practice base for specific program strategies, and support continuous program improvement. Evaluation and performance measurement can also determine if program activities are scalable and effective at reaching their target populations. The Tracking Program's evaluation strategy is grounded in CDC's Evaluation Framework for Public Health, MMWR, September 18, 1999, Vol. 48/ No. RR-11, (http://www.cdc.gov/mmwr/PDF/RR/RR4811.pdf) as well as in the surveillance system focused approach described in CDC's Updated Guidelines for Evaluating Public Health Surveillance Systems, MMWR, July 27, 2001, Vol. 50/ RR-13, (http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm). Ultimately, CDC's Tracking Program will be evaluated by how well it has documented and identified the environment's impact on health and the extent to which the Tracking Program has effectively leveraged its resources to improve the public's health.

CDC Evaluation and Performance Measurement Strategy:

CDC will use information collected from awardees to help evaluate the Tracking Program's impact on the public health by focusing on these outcomes:

- Public health decision makers and other end-users are aware of and have access to comprehensive and integrated public health and environmental data, and are able to view trends and measure impact
- Public health decision makers and other end-users incorporate environmental public health data into decision making
- Public health and environmental professionals develop and deliver strong informed programs, targeted interventions, and policies to address environmental health issues

ii. Applicant Evaluation and Performance Measurement Plan

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

- How applicant will collect the performance measures, respond to the evaluation questions, and use evaluation findings for continuous program quality improvement.
- How key program partners will participate in the evaluation and performance measurement planning processes.
- Available data sources, feasibility of collecting appropriate evaluation and performance data, and other relevant data information (e.g., performance measures proposed by the

applicant)
- Plans for updating the Data Management Plan (DMP), if applicable, for accuracy throughout the lifecycle of the project. The DMP should provide a description of the data that will be produced using these NOFO funds; access to data; data standards ensuring released data have documentation describing methods of collection, what the data represent, and data limitations; and archival and long-term data preservation plans. For more information about CDC's policy on the DMP, see https://www.cdc.gov/grants/additionalrequirements/ar-25.html.

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

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

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

The 9 key evaluation questions are restated from the strategies in the 'Strategies and Activities' section above. At minimum, recipients will conduct evaluation in conjunction with CDC to answer these questions.

The evaluation questions fall into four broad categories: Science and Content, Technology and Informatics, Communications, and Program Services. They are:

Science and Content:

- To what extent has the program identified and integrated public health and environmental data?
- To what extent has the program analyzed and applied data to generate evidence-based information?

Technology and Informatics:

- To what extent has the program maintained and enhanced information technology infrastructure?

Communications:

- To what extent has the program conducted program marketing and outreach?
- To what extent has the program initiated, maintained, and expanded partnerships?

Program Services:

- To what extent has the program increased organizational capacity to support and sustain the Tracking Network?
- To what extent has the program monitored the impact and performance of program activities?

Environmental Health Tracking Program:

- To what extent has the Environmental Public Health Tracking surveillance data been integrated with other existing state/local health department surveillance systems?
- To what extent has Environmental Public Health Tracking data, information, and expertise assisted users who are outside of traditional public health practice?

To answer these questions, CDC will use a standardized evaluation approach that all awardees will be required to follow. Awardees will be required to 1) collect and report required process and outcome measures on a quarterly or annual basis, specified in the table below; 2) develop and implement jurisdiction-based evaluation plans and share findings with CDC if necessary; 3) participate in refining CDC's evaluation and performance measurement strategy as necessary.

The following performance measures should be collected for each budget year and reported to CDC by the end of the budget year. The format for submission will be specified in post-award guidance. CDC will work with awardees in the first year of the cooperative agreement to establish and implement the required performance measures. Awardees may develop additional measures as necessary, but it is not required.

Awardees must report annually on the following measures:

Science and Content:

1. Number of public health actions submitted per year
2. Number of new measures and indicators developed for state/local network
3. Number of new measures and indicators developed that are not NCDM's
4. Description of new routine analyses conducted to improve and/or evaluate program activities

Technology and Informatics:

1. Number of new tools and processes developed to improve the quality, usefulness, availability, and timeliness of data
2. List and description of integration of Environmental Public Health Tracking surveillance data with other state/local public health surveillance system(s)

Communications:

1. Number of trainings given with number of participants in each
2. Number of presentations given (live or webinar) with number of participants in each
3. Number of social media posts with number of impressions for each Twitter post and reach for each Facebook post
4. Number of program announcements/updates disseminated via listserv, e-newsletter, etc.
5. Number of exhibiting events with number of visitors at each
6. Number of internal and external partners (listed by name)

Program Services:

1. Number, role and title of workgroups and subgroups that your program is participating in to increase organizational capacity
2. Number of personnel supported directly and in-kind under this program
3. Number of program training opportunities for student interns or fellows
4. Number of activities that are developed in response to requests for data needs, support, and/or expertise by individuals or groups outside of traditional public health practice
5. Summary of standardized website statistics

Additionally, awardees will be required to collect and submit public health actions on a quarterly basis (if available), but at least two times a year, as an outcome performance measure. CDC will use submitted public health actions to demonstrate program impact on an awardee's jurisdiction. CDC will work with awardees to identify and provide feedback on submitted public health actions.

CDC will develop annual, aggregate performance measure reports to be disseminated to awardees and other stakeholders as appropriate. CDC will use evaluation findings to identify the overall impact of the Tracking Network and provide recommendations for continuous program quality improvement.

To ensure program resources are used effectively, CDC will work with awardees to review required performance measures and discontinue any that provide information with limited use.

c. Organizational Capacity of Awardees to Implement the Approach

Applicants must have demonstrated ability to implement CDC program requirements and meet project period outcomes. Applicants must describe their current capacity to successfully conduct program strategies and activities in the areas of science and content, technology and informatics, communication, and program services.

Applicants should describe the following:

Science and Content Capacity

- The ability of the applicant to analyze and apply data to generate evidence-based activities including:
    - Conducting routine descriptive analyses of Tracking data to evaluate its quality and completeness, identify and prioritize environmental health issues in their jurisdiction, and respond to requests for technical assistance from other programs and decision makers.
    - Collecting, analyzing, and using environmental health data to target public health action or inform public health decision making specific to the jurisdiction.

Information Technology Capacity

- Evidence of a state/city-based Tracking Network consistent with CDC's portal and data requirements. Letters of commitment or evidence of existing relationships with required data stewards.
- The extent to which the applicant describes their ability to maintain required data flows to CDC through regularly scheduled data calls. If staff outside the immediate organizational unit are responsible for maintaining data flows, the applicant should provide a letter of support or other documentation detailing their commitment to submitting required data in the specified format.

Communications Capacity

- Evidence of engaging key Tracking audiences including data stewards, state and local health department staff, policymakers, technical advisory groups, and relevant community or nongovernmental organizations.
- Experience disseminating Tracking communications messages and products to target audiences

Program Services Capacity

- Experience conducting evaluation activities to identify accomplishments and guide continuous program improvement.

- The extent to which the applicant can provide leadership and environmental public health tracking expertise to key partners, including Tracking projects and workgroups.

Staffing Plan and Project Management Structure

- A staffing plan and project management structure with (a) a distribution of project management, epidemiology, information technology or data management, communications expertise, and evaluation appropriate for carrying out proposed activities; (b) clearly defined staff roles; (c) an organizational chart.
- A staffing plan with at least 0.5 dedicated IT staff member either within the program or directly available from a contractor or other agency program, that is responsible for developing and maintaining their Tracking Network.
- A staffing plan with at least one 0.5 FTE staff with a background in risk communications, marketing, or other experience related to communicating complex environmental public health information.
- Position descriptions and resumes indicating that each staff member has the qualifications, knowledge, training, and experience to perform assigned duties.

d. Work Plan

Applicants must submit a work plan that covers the first year of the five-year project period. Applicants may include a high level summary of activities for subsequent project years if space allows.

Work plans must include and identify strategies and selected activities with their associated performance measures (including data sources, targets, and timeframe for completion). Selected strategies and activities should identify the person, organizational unit, or contractor responsible for implementation. The work plan should clearly identify the required core activities and selected advanced activity for each strategy.

An example work plan template is available below. Applicants are not required to use this template, but should incorporate all of the required elements.

Work Plan Template						
Project Title	Task	Strategy and Activity	Output	Outcome	Performance Measure	Timeline

e. CDC Monitoring and Accountability Approach

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

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

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

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

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

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

CDC will provide substantial involvement beyond site visits and regular performance and finance monitoring during project periods. Areas of support include technical assistance, information sharing between awardees, as well as other areas of support. Activities include:

1. Maintain and revise the National Tracking Network Architecture as Tracking/PHIN standards evolve in order to meet the awardee's needs.

2. Manage and maintain the National Tracking Network based on specifications in the Technical Network Implementation Plan (TNIP - **https://www.cdc.gov/nceh/tracking/foa.htm**), with input from awardees and other Tracking partners.

3. Maintain the CDC gateway of the National Tracking Network.

4. Maintain and revise Tracking standards for the portal and NCDMs.

5. Review public health actions and maintain a repository of approved public health actions.

6. Foster collaboration with:

- CDC's National Center of Environmental Health's Office of the Director, as needed, to maintain and facilitate the creation of any emerging Tracking-related technical and data standards.
- CDC's Office of Public Health Scientific Services (OPHSS), as needed, to maintain and facilitate the creation of any new Tracking-related technical and data standards.
- CDC's Office of Public Health Preparedness and Response (OPHPR), as needed, to maintain and facilitate the creation of any emerging Tracking-related technical and data standards.
- Federal data partners such as the U.S. Environmental Protection Agency (EPA), the U.S. Geological Survey (USGS), National Aeronautics and Space Administration (NASA), and National Oceanic and Atmospheric Administration (NOAA) to further the use of environmental data, fill data gaps, and develop methods and tools for use in Tracking.
- Awardees on projects to (a) improve the quality of data provided to CDC for the National Tracking Network Portals, and (b) explore methods and best practices for linking and analyzing health and environmental data.
- National data stewards and other professional organizations to facilitate data and information sharing and improvements in data quality that will support the awardees' Tracking activities.
- Tribal organizations to develop environmental health capacity and assess tribal environmental health priorities within grantee jurisdictions.

7. Coordinate:

- Technical assistance to awardees in work plan development; design and implementation of program activities, including analysis and presentation of data; and facilitation of regional trainings.
- Awardee data submissions and develop/maintain tools to assist awardees during the data submission process.
- With EPA and OPHSS to ensure interoperability between CDC's PHIN and EPA's National Environmental Information Exchange Network.
- Identification, development, and/or maintenance of appropriate methods and

tools for use in the National Tracking Network and facilitate license agreements, where appropriate, to provide broad access among Tracking partners to these tools.
- Activities at the national level among Centers, Institutes and Offices at CDC and the Agency for Toxic Substances and Disease Registry as well as other federal partners, national data organizations, and national partners.

8. Facilitate the development of Tracking-specific communication and outreach strategy guidelines with input from awardees and other Tracking partners, and the criteria to evaluate the effectiveness of the activities in the guidelines.

9. Provide specific NCDMs from federal partners for use on state and local network portals as appropriate and in compliance with CDC data sharing agreements.

10. Facilitate:

- A monthly forum for principal investigators via teleconference to promote the discussion of key Tracking issues and exchange of ideas.
- A National Tracking Program meeting approximately once every other year, and up to two grantee meetings annually.

11. Implement and participate in projects and workgroups as needed to address specific program issues. Work with awardees on workgroups as needed to solicit input from state/local partners, academic partners, and other stakeholders on issues relevant to the implementation of the state and national Tracking networks.

12. Conduct program evaluation activities including but not limited to annual or semi-annual portal evaluations for all recipients. Program evaluation activities will also include: 1) comprehensive program assessment of overall progress made toward network development at the state and national levels; 2) training activities; 3) data utilization; 4) partnership, outreach and communication activities.

13. Securely maintain, manage, and disseminate data provided by grantees and other partners as described in the Tracking Programs Data Re-Release Plan https://www.cdc.gov/nceh/tracking/foa.htm

B. Award Information

1. Funding Instrument Type:	Cooperative Agreement CDC's substantial involvement in this program appears in the CDC Program Support to Awardees Section.
2. Award Mechanism:	UE1

UE1 - Studies of Environmental Hazards and Health Effects - Cooperative Agreements to Develop or Improve Facets of the Public Health Information

3. Fiscal Year:	2017
4. Approximate Total Fiscal Year Funding:	$20,800,000

5. Approximate Project Period Funding:	$104,000,000

This amount is subject to the availability of funds.

Estimated Total Funding:	$104,000,000
6. Total Project Period Length:	5 year(s)
7. Expected Number of Awards:	26
8. Approximate Average Award:	$785,000 Per Budget Period
9. Award Ceiling:	$1,200,000 Per Budget Period

This amount is subject to the availability of funds.

10. Award Floor:	$600,000 Per Budget Period
11. Estimated Award Date:	08/01/2017
12. Budget Period Length:	12 month(s)

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

13. Direct Assistance

Direct Assistance (DA) is available through this FOA.
Direct Assistance (DA) is available through this FOA.

An official state, tribal nation, local or territorial government applicant may request that CDC provide Direct Assistance (DA) in the form of federal personnel as a part of the grant awarded through this FOA. If your request for DA is approved as a part of your award, CDC will reduce the funding amount provided directly to you as a part of your award. The amount by which your award is reduced will be used to provide DA; the funding shall be deemed part of the award and as having been paid to you, the awardee.

C. Eligibility Information

1. Eligible Applicants

Eligibility Category:	Unrestricted (i.e., open to any type of entity above), subject to any clarification in text field entitled "Additional

Information on Eligibility"

Additional Eligibility Category:

2. Additional Information on Eligibility

1. A letter of collaboration signed by both the state (or local) Secretary/Director of Health or equivalent and the state (or local) Secretary/Director of Environmental Quality/Protection/Natural Resources or the equivalent agency/department confirming that partnership exists or will be developed within 90 days from receiving funds:
* Between Health and Environmental Agencies/Departments to exchange and/or share data, provide technical expertise on data interpretation. Evidence of a partnership may be a confirmation of an existing memorandum of understanding (MOU) between Health and Environment that covers activities related to this FOA.
* Between appropriate organizational units within each Agency/Department (within the Health Department this may include birth defect programs, cancer registries, vital statistics, lead programs, environmental epidemiology, the state laboratory, chronic disease, and others).
* If Health and Environment are organized under one state agency/department, a letter of intent from the Secretary/Director or equivalent of that agency/department confirming that partnership exists or will be developed across appropriate organizational units within the Agency/Department as required.
2. A letter designating a public health liaison within the environmental agency/department and an environmental liaison within the health agency/department, describing their roles and responsibilities.
3. Eligible local health departments must provide a letter from responsible state authority assuring that activities related to this program will be coordinated with the State Health Department, and that the state will cooperate in providing relevant data to support NCDMs on the local and CDC portals.
4. A letter of collaboration from the awardee's Public Health and/or Environment Health Laboratory director to confirm their collaboration with the awardee throughout the funding period.
5. A letter of commitment from awardee's IT management office indicating intent for collaboration and coordination on all IT focused activities listed under "Recipient Activities."

3. Justification for Less than Maximum Competition

N/A

4. Cost Sharing or Matching

Cost Sharing / Matching Requirement: No

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

5. Maintenance of Effort

Maintenance of effort is not required for this program.

D. Application and Submission Information

1. Required Registrations

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

a. Data Universal Numbering System:

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

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

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

b. System for Award Management (SAM):

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

c. Grants.gov:

The first step in submitting an application online is registering your organization at www.grants.gov, the official HHS E-grant Web site. Registration information is located at the "Get Registered" option 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 follow the instructions to obtain your	1-2 Business Days	To confirm that you have been issued a new DUNS number check online at (http:// fedgov.dnb.com/

		DUNS 9-digit # 4. Request appropriate staff member(s) to obtain DUNS number, verify & update information under DUNS number		webform) or call 1-866-705-5711
2	System for Award Management (SAM) formerly Central Contractor Registration (CCR)	1. Retrieve organizations DUNS number 2. Go to www.sam.gov and designate an E-Biz POC (note CCR username will not work in SAM and you will need to have an active SAM account before you can register on grants.gov)	3-5 Business Days but up to 2 weeks and must be renewed once a year	For SAM Customer Service Contact https://fsd.gov/fsd-gov/home.do Calls: 866-606-8220
3	Grants.gov	1. Set up an individual account in Grants.gov using organization new DUNS number to become an authorized organization representative (AOR) 2. Once the account is set up the E-BIZ POC will be notified via email 3. Log into grants.gov using the password the E-BIZ POC received and create new password 4. This authorizes the AOR to submit applications on behalf of the organization	Same day but can take 8 weeks to be fully registered and approved in the system (note, applicants MUST obtain a DUNS number and SAM account before 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 for Federal Assistance, package associated with this notice of funding opportunity at www.grants.gov. If Internet access is not available, or if the online forms cannot be accessed, applicants may call the CDC OGS staff at 770-488-2700 or e-mail OGS ogstims@cdc.gov for assistance. Persons with hearing loss may access CDC telecommunications at TTY 1-888-232-6348.

4. Submission Dates and Times

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

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

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

b. Application Deadline

Due Date for Applications: **05/31/2017** , 11:59 p.m. U.S. Eastern Standard Time, at www.grants.gov. If Grants.gov is inoperable and cannot receive applications, and circumstances preclude advance notification of an extension, then applications must be submitted by the first business day on which grants.gov operations resume.

Date for Information Conference Call

TBD

5. CDC Assurances and Certifications

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

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

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

Duplication of Efforts

Applicants are responsible for reporting if this application will result in programmatic, budgetary, or commitment overlap with another application or award (i.e. grant, cooperative agreement, or contract) submitted to another funding source in the same fiscal year. Programmatic overlap occurs when (1) substantially the same project is proposed in more than one application or is submitted to two or more funding sources for review and funding

consideration or (2) a specific objective and the project design for accomplishing the objective are the same or closely related in two or more applications or awards, regardless of the funding source. Budgetary overlap occurs when duplicate or equivalent budgetary items (e.g., equipment, salaries) are requested in an application but already are provided by another source. Commitment overlap occurs when an individual's time commitment exceeds 100 percent, whether or not salary support is requested in the application. Overlap, whether programmatic, budgetary, or commitment of an individual's effort greater than 100 percent, is not permitted. Any overlap will be resolved by the CDC with the applicant and the PD/PI prior to award.
Report Submission: The applicant must upload the report in Grants.gov under "Other Attachment Forms." The document should be labeled: "Report on Programmatic, Budgetary, and Commitment Overlap."

6. Content and Form of Application Submission

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

7. Letter of Intent

LOI is not requested or required as part of the application for this FOA.

8. Table of Contents

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

9. Project Abstract Summary

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

10. Project Narrative

(Unless specified in the "H. Other Information" section, maximum of 20 pages, single spaced, 12 point font, 1-inch margins, number all pages. This includes the work plan. Content beyond the specified page number will not be reviewed.)
Applicants must submit a Project Narrative with the application forms. Applicants must name this file "Project Narrative" and upload it at www.grants.gov. The Project Narrative must include **all** of the following headings (including subheadings): Background, Approach,

Applicant Evaluation and Performance Measurement Plan, Organizational Capacity of Applicants to Implement the Approach, and Work Plan. The Project Narrative must be succinct, self-explanatory, and in the order outlined in this section. It must address outcomes and activities to be conducted over the entire project period as identified in the CDC Project Description section. Applicants should use the federal plain language guidelines and Clear Communication Index to respond to this Notice of Funding Opportunity. Note that awardees should also use these tools when creating public communication materials supported by this NOFO. Failure to follow the guidance and format may negatively impact scoring of the application.

a. Background

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

b. Approach

i. Purpose

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

ii. Outcomes

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

iii. Strategies and Activities

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

1. Collaborations

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

Applicants should refer back to the Collaboration section requirement stated in the Project Description section of the FOA.

2. Target Populations and Health Disparities

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

Populations and Health Disparities requirements as described in the CDC Project Description.

c. Applicant Evaluation and Performance Measurement Plan

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

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

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

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

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

d. Organizational Capacity of Applicants to Implement the Approach

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

11. Work Plan

(Included in the Project Narrative's page limit)
Applicants must prepare a work plan consistent with the CDC Project Description Work Plan

section. The work plan integrates and delineates more specifically how the awardee plans to carry out achieving the project period outcomes, strategies and activities, evaluation and performance measurement.

12. Budget Narrative

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

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

Indirect costs could include the cost of collecting, managing, sharing and preserving data. Indirect costs will not be reimbursed under grants to foreign organizations, international organizations, and foreign components of grants to domestic organizations (does not affect indirect cost reimbursement to the domestic entity for domestic activities).
For guidance on completing a detailed budget, see Budget Preparation Guidelines at: http:// www.cdc.gov /grants /interested in applying /application resources.html.
If applicable and consistent with the cited statutory authority for this announcement, applicant entities may use funds for activities as they relate to the intent of this NOFO to meet national standards or seek health department accreditation through the Public Health Accreditation Board (see: http://www.phaboard.org). Applicant entities to whom this provision applies include state, local, territorial governments (including the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, the Commonwealth of the Northern Marianna Islands, American Samoa, Guam, the Federated States of Micronesia, the Republic of the Marshall Islands, and the Republic of Palau), or their bona fide agents, political subdivisions of states (in consultation with states), federally recognized or state-recognized American Indian or Alaska Native tribal governments, and American Indian or Alaska Native tribally designated organizations. Activities include those that enable a public health organization to deliver public health services such as activities that ensure a capable and qualified workforce, up-to-date information systems, and the capability to assess and respond to public health needs. Use of these funds must focus on achieving a minimum of one national standard that supports the intent of the NOFO. Proposed activities must be included in the budget narrative and must indicate which standards will be addressed.
Applicants must name this file “Budget Narrative” and upload it as a PDF file

at www.grants.gov. If requesting indirect costs in the budget, a copy of the indirect cost-rate agreement is required. If the indirect costs are requested, include a copy of the current negotiated federal indirect cost rate agreement or a cost allocation plan approval letter for those Grantees under such a plan. Applicants must name this file "Indirect Cost Rate" and upload it at www.grants.gov.

13. Funds Tracking

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

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

14. Intergovernmental Review

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

15. Pilot Program for Enhancement of Employee Whistleblower Protections

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

protections under 41 U.S.C. 4712.

16. Copyright Interests Provisions

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

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

17. Funding Restrictions

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

- Awardees may not use funds for research.
- Awardees may not use funds for clinical care except as allowed by law.
- Awardees may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, awardees may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the awardee.
- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
    - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
    - the salary or expenses of any grant or contract recipient, or agent acting for such

recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body

- See Additional Requirement (AR) 12 for detailed guidance on this prohibition and additional guidance on lobbying for CDC awardees.
- The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.

18. Data Management Plan

As identified in the Evaluation and Performance Measurement section, applications involving data collection must include a Data Management Plan (DMP) as part of their evaluation and performance measurement plan. The DMP is the applicant's assurance of the quality of the public health data through the data's lifecycle and plans to deposit data in a repository to preserve and to make the data accessible in a timely manner. See web link for additional information:
https://www.cdc.gov/grants/additionalrequirements/ar-25.html

19. Other Submission Requirements

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

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

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

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

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

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

d. Technical Difficulties: If technical difficulties are encountered at www.grants.gov, applicants should contact Customer Service at www.grants.gov. The www.grants.gov Contact Center is available 24 hours a day, 7 days a week, except federal holidays. The Contact Center is available by phone at 1-800-518-4726 or by e-mail at support@grants.gov. Application submissions sent by e-mail or fax, or on CDs or thumb drives will not be accepted. Please note that www.grants.gov is managed by HHS.

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

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

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

E. Review and Selection Process

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

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

b. Phase II Review

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

i. Approach — Maximum Points:40

Evaluate the extent to which the applicant addresses the items below:

Purpose

- Identifies a purpose and associated outcome consistent with the strategies outlined in the FOA and the logic model presented in the CDC Project Description

Strategies and Activities

- The extent to which the applicant demonstrates that 75% of the core activities are currently in place for their application
- The extent to which the applicant presents their strategy for implementing 100% of the core activities by the end of year 1
- The extent to which the applicant describes their approach to select and implement at least 2 new advanced activities per year

Work Plan

- The extent to which the applicant presents a work plan that is clearly aligned with proposed strategies/activities, outcomes, and performance measures in the approach and is consistent with the content and format proposed by CDC

ii. Evaluation and Performance Measurement — Maximum Points:25

Evaluate the extent to which the applicant addresses the items below:

- The extent to which the applicant describes mechanisms to collect data from identified data sources to report on required CDC performance measures
- Describes a commitment to collecting and reporting data for performance measures
- Commits to submitting performance measures in a format prescribed by CDC
- Describes a process for engaging stakeholders in the evaluation process
- Describes how findings from evaluation activities will be used to ensure continuous quality and program improvement
- Describes how the applicant will disseminate the results of any evaluation to stakeholders and CDC

iii. Applicant's Organizational Capacity to Implement the Approach — Maximum Points:35

Evaluate the extent to which the applicant addresses the items below:

Science and Content Capacity

- Evidence of the applicant's capacity to conduct routine descriptive analyses of Tracking data to evaluate its quality and completeness, identify and prioritize environmental heal issues in their jurisdiction, and respond to requests for technical assistance from other programs and decision makers.
- Evidence of collecting, analyzing, and using environmental health data sets to target public health action or inform public health decision making specific to the jurisdiction.

Technology and Informatics Capacity

- Evidence of a state-based Tracking Network consistent with CDC's portal and data requirements. Letters of commitment or evidence of existing relationships with required data stewards.
- The extent to which the applicant describes their ability to maintain required data flows to CDC through regularly scheduled data calls. If staff outside the immediate organizational unit are responsible for maintaining data flows, the applicant should provide a letter of support or other documentation detailing their commitment to submitting required data in the specified format.
- The extent to which the applicant can maintain and innovate their state-based Tracking Network. Applicants should explicitly describe who is responsible for developing and maintaining their Tracking Network (e.g. internal staff, or a contractor). If the applicant relies on staff outside the immediate organizational unit of Tracking (e.g. a state-based information technology office), the applicant should provide a letter of support or other documentation detailing their commitment to implementing Information Technology strategies in conjunction with the applicant.

Communications Capacity

- Evidence of engaging key Tracking audiences including data stewards, state and local health department staff, policymakers, technical advisory groups, and relevant community or nongovernmental organizations.
- Experience disseminating Tracking communications messages and products to target audiences

Program Services Capacity

- Experience conducting evaluation activities to identify accomplishments and guide continuous program improvement.
- The extent to which the applicant can provide leadership and environmental public health tracking expertise to key partners, including Tracking projects and workgroups.

Staffing Plan and Project Management Structure

- A staffing plan and project management structure with (a) a distribution of project management, epidemiology, information technology or data management, communications expertise, and evaluation appropriate for carrying out proposed activities; (b) clearly defined staff roles; (c) an organizational chart.
- It is highly recommended that the program have at least 0.5 dedicated IT staff member either within the program or directly available from a contractor or other agency program.
- A staffing plan with at least one 0.5 FTE staff with a background in risk communications, marketing, or other experience related to communicating complex environmental public health information.
- Position descriptions and resumes indicating that each staff member has the qualifications, knowledge, training, and experience to perform assigned duties.

Budget

Budget – *Reviewed but not scored.* Although the budget is not scored, applicants should consider the following when developing their budget:

• Is the project's budget itemized, and is the budget's justification reasonable and consistent with stated objectives and planned program activities?

• Does the budget allow for a minimum of two project staff and for management staff to attend two yet-undetermined CDC hosted meetings or training sessions for each budget year?

• If the applicant requests 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 should have been made less than 12 months earlier. The indirect cost-rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting online. The applicant can obtain guidance for completing a detailed justified budget on the CDC Web site, at *http://www.cdc.gov/od/pgo/funding/budgetguide.htm*

c. Phase III Review

Applications will be funded in order by score and rank determined by the review panel.

Review of risk posed by applicants.
Prior to making a Federal award, CDC is required by 31 U.S.C. 3321 and 41 U.S.C. 2313 to review information available through any OMB-designated repositories of government-wide eligibility qualification or financial integrity information as appropriate. See also suspension and debarment requirements at 2 CFR parts 180 and 376.
In accordance 41 U.S.C. 2313, CDC is required to review the non-public segment of the OMB-designated integrity and performance system accessible through SAM (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)) prior to making a Federal award where the Federal share is expected to exceed the simplified acquisition threshold, defined in 41 U.S.C. 134, over the period of performance. At a minimum, the information in the system for a prior Federal award recipient must demonstrate a satisfactory record of executing programs or activities under Federal grants, cooperative agreements, or procurement awards; and integrity and business ethics. CDC may make a Federal award to a recipient who does not fully meet these standards, if it is determined that the information is not relevant to the current Federal award under consideration or there are specific conditions that can appropriately mitigate the effects of the non-Federal entity's risk in accordance with 45 CFR §75.207.
CDC's framework for evaluating the risks posed by an applicant may incorporate results of the evaluation of the applicant's eligibility or the quality of its application. If it is determined that a Federal award will be made, special conditions that correspond to the degree of risk assessed may be applied to the Federal award. The evaluation criteria is described in this Notice of Funding Opportunity.
In evaluating risks posed by applicants, CDC will use a risk-based approach and may consider any items such as the following:
(1) Financial stability;
(2) Quality of management systems and ability to meet the management standards prescribed in this part;
(3) History of performance. The applicant's record in managing Federal awards, if it is a prior recipient of Federal awards, including timeliness of compliance with applicable reporting requirements, conformance to the terms and conditions of previous Federal awards, and if applicable, the extent to which any previously awarded amounts will be expended prior to future awards;
(4) Reports and findings from audits performed under subpart F 45 CFR 75 or the reports and findings of any other available audits; and
(5) The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on non-Federal entities.
CDC must comply with the guidelines on government-wide suspension and debarment in 2 CFR part 180, and require non-Federal entities to comply with these provisions. These provisions restrict Federal awards, subawards and contracts with certain parties that are debarred, suspended or otherwise excluded from or ineligible for participation in Federal programs or activities.

2. Announcement and Anticipated Award Dates

Awards will be announced at the earliest possible date. Awardees will receive an electronic copy of the Notice of Award (NOA) from CDC OFR, and unsuccessful applicants will be notified by e-mail.

F. Award Administration Information

1. Award Notices

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

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

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

2. Administrative and National Policy Requirements

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

Awardees must comply with the administrative requirements outlined in 45 C.F.R. Part 74 or Part 92, as appropriate. Brief descriptions of relevant provisions are available at http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm.

The following Administrative Requirements (AR) apply to this project:
• AR-7: Executive Order 12372
• AR-8: Public Health System Reporting Requirements
• AR-9: Paperwork Reduction Act
• AR-10: Smoke-Free Workplace
• AR-11: Healthy People 2020
• AR-12: Lobbying Restrictions
• AR-13: Prohibition on Use of CDC Funds for Certain Gun Control Activities
• AR-14: Accounting System Requirements
• AR-24: Health Insurance Portability and Accountability Act
• AR-25: Release and Sharing of Data
• AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving," October 1, 2009
• AR-30: Compliance with Section 508 of the Rehabilitation Act of 1973

• AR-33: Plain Writing Act of 2010
• AR-34: Patient Protection and Affordable Care Act (e.g., a tobacco-free campus policy and a lactation policy consistent with S4207)

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

3. Reporting

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

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

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

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.

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

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

Performance Measurement

• Performance measures and targets
• The frequency that performance data are to be collected.

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

Evaluation

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

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

b. Annual Performance Report (APR) (required)

The awardee must submit the APR via www.Grantsolutions.gov no later than120 days prior to the end of the budget period. This report must not exceed 45 pages excluding administrative reporting. Attachments are not allowed, but weblinks are allowed.
This report must include the following:

- **Performance Measures:** Awardees must report on performance measures for each budget period and update measures, if needed.
- **Evaluation Results:** Awardees must report evaluation results for the work completed to date (including findings from process or outcome evaluations).
- **Work Plan:** Awardees must update work plan each budget period to reflect any changes in project period outcomes, activities, timeline, etc.
- **Successes**
    - Awardees must report progress on completing activities and progress towards achieving the project period outcomes described in the logic model and work plan.
    - Awardees must describe any additional successes (e.g. identified through evaluation results or lessons learned) achieved in the past year.
    - Awardees must describe success stories.
- **Challenges**
    - Awardees must describe any challenges that hindered or might hinder their

ability to complete the work plan activities and achieve the project period outcomes.
    - Awardees must describe any additional challenges (e.g., identified through evaluation results or lessons learned) encountered in the past year.
- **CDC Program Support to Awardees**
    - Awardees must describe how CDC could help them overcome challenges to complete activities in the work plan and achieving project period outcomes.
- **Administrative Reporting** (No page limit)
    - SF-424A Budget Information-Non-Construction Programs.
    - Budget Narrative – Must use the format outlined in "Content and Form of Application Submission, Budget Narrative" section.
    - Indirect Cost Rate Agreement.

The carryover request must:

- Express a bona fide need for permission to use an unobligated balance;
- Include a signal, dated, and accurate Federal Financial Report (FFR) for the budget period from which funds will be transferred (as much as 75% of unobligated balances);
- and Include a list of proposed activities, an itemized budget, and a narrative justification for those activities.

The awardees must submit the Annual Performance Report via www.Grantsolutions.gov no later than 120 days prior to the end of the budget period.

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

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

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

following:

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

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

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

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

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

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

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

assistance funds"). Outlined below are the specifics of this requirement:

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

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

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

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

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

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

G. Agency Contacts

CDC encourages inquiries concerning this notice of funding opportunity.

Program Office Contact

For programmatic technical assistance, contact:

Joseph Ralph, Project Officer

Department of Health and Human Services
Centers for Disease Control and Prevention
Telephone: 770.488.0539
Email: cmq8@cdc.gov

Grants Staff Contact

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

Wanda Tucker, Grants Management Specialist
Department of Health and Human Services
Office of Grants Services
2960 Brandywine Road, MS-E01

Atlanta, Georgia 30341-4146

Telephone: (770) 488-5056
Email: KNA9@cdc.gov

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

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

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

H. Other Information

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

- Project Abstract
- Project Narrative
- Budget Narrative
- CDC Assurances and Certifications

- Report on Programmatic, Budgetary and Commitment Overlap
- Table of Contents for Entire Submission

For international NOFOs:

- SF424
- SF424A
- Funding Preference Deliverables

Optional attachments, as determined by CDC programs:

- Resumes / CVs
- Position descriptions
- Letters of Support
- Organization Charts
- Non-profit organization IRS status forms, if applicable
- Indirect Cost Rate, if applicable
- Memorandum of Agreement (MOA)
- Memorandum of Understanding (MOU)
- Bona Fide Agent status documentation, if applicable

- Work plan
- Additional Supporting Information

I. Glossary

Activities: The actual events or actions that take place as a part of the program.
Administrative and National Policy Requirements, Additional Requirements (ARs): Administrative requirements found in 45 CFR Part 75 and other requirements mandated by statute or CDC policy. All ARs are listed in the Template for CDC programs. CDC programs must indicate which ARs are relevant to the NOFO; awardees must comply with the ARs listed in the NOFO. To view brief descriptions of relevant provisions, see http:// www.cdc.gov/ grants/ additional requirements/ index.html. Note that 2 CFR 200 supersedes the administrative requirements (A-110 & A-102), cost principles (A-21, A-87 & A-122) and audit requirements (A-50, A-89 & A-133).
Approved but Unfunded: Approved but unfunded refers to applications recommended for approval during the objective review process; however, they were not recommended for funding by the program office and/or the grants management office.
Award: Financial assistance that provides support or stimulation to accomplish a public purpose. Awards include grants and other agreements (e.g., cooperative agreements) in the form

of money, or property in lieu of money, by the federal government to an eligible applicant.
Budget Period or Budget Year: The duration of each individual funding period within the project period. Traditionally, budget periods are 12 months or 1 year.
Carryover: Unobligated federal funds remaining at the end of any budget period that, with the approval of the GMO or under an automatic authority, may be carried over to another budget period to cover allowable costs of that budget period either as an offset or additional authorization. Obligated but liquidated funds are not considered carryover.
Catalog of Federal Domestic Assistance (CFDA): A government-wide compendium published by the General Services Administration (available on-line in searchable format as well as in printable format as a .pdf file) that describes domestic assistance programs administered by the Federal Government.
CFDA Number: A unique number assigned to each program and NOFO throughout its lifecycle that enables data and funding tracking and transparency.
CDC Assurances and Certifications: Standard government-wide grant application forms.
Competing Continuation Award: A financial assistance mechanism that adds funds to a grant and adds one or more budget periods to the previously established project period (i.e., extends the "life" of the award).
Continuous Quality Improvement: A system that seeks to improve the provision of services with an emphasis on future results.
Contracts: An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.
Cooperative Agreement: A financial assistance award with the same kind of interagency relationship as a grant except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.
Cost Sharing or Matching: Refers to program costs not borne by the Federal Government but by the awardees. It may include the value of allowable third-party, in-kind contributions, as well as expenditures by the awardee.
Direct Assistance: A financial assistance mechanism, which must be specifically authorized by statute, whereby goods or services are provided to recipients in lieu of cash. DA generally involves the assignment of federal personnel or the provision of equipment or supplies, such as vaccines. DA is primarily used to support payroll and travel expenses of CDC employees assigned to state, tribal, local, and territorial (STLT) health agencies that are recipients of grants and cooperative agreements. Most legislative authorities that provide financial assistance to STLT health agencies allow for the use of DA. http:// www.cdc.gov /grants /additionalrequirements /index.html.
DUNS: The Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number is a nine-digit number assigned by Dun and Bradstreet Information Services. When applying for Federal awards or cooperative agreements, all applicant organizations must obtain a DUNS number as the Universal Identifier. DUNS number assignment is free. If requested by telephone, a DUNS number will be provided immediately at no charge. If requested via the Internet, obtaining a DUNS number may take one to two days at no charge. If an organization does not know its DUNS number or needs to register for one, visit Dun & Bradstreet at http://fedgov.dnb.com/ webform/displayHomePage.do.
Evaluation (program evaluation): The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies,

and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.
Evaluation Plan: A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the awardee and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.
Federal Funding Accountability and Transparency Act of 2006 (FFATA): Requires that information about federal awards, including awards, contracts, loans, and other assistance and payments, be available to the public on a single website at www.USAspending.gov.
Fiscal Year: The year for which budget dollars are allocated annually. The federal fiscal year starts October 1 and ends September 30.
Grant: A legal instrument used by the federal government to transfer anything of value to a recipient for public support or stimulation authorized by statute. Financial assistance may be money or property. The definition does not include a federal procurement subject to the Federal Acquisition Regulation; technical assistance (which provides services instead of money); or assistance in the form of revenue sharing, loans, loan guarantees, interest subsidies, insurance, or direct payments of any kind to a person or persons. The main difference between a grant and a cooperative agreement is that in a grant there is no anticipated substantial programmatic involvement by the federal government under the award.
Grants.gov: A "storefront" web portal for electronic data collection (forms and reports) for federal grant-making agencies at www.grants.gov.
Grants Management Officer (GMO): The individual designated to serve as the HHS official responsible for the business management aspects of a particular grant(s) or cooperative agreement(s). The GMO serves as the counterpart to the business officer of the recipient organization. In this capacity, the GMO is responsible for all business management matters associated with the review, negotiation, award, and administration of grants and interprets grants administration policies and provisions. The GMO works closely with the program or project officer who is responsible for the scientific, technical, and programmatic aspects of the grant.
Grants Management Specialist (GMS): A federal staff member who oversees the business and other non-programmatic aspects of one or more grants and/or cooperative agreements. These activities include, but are not limited to, evaluating grant applications for administrative content and compliance with regulations and guidelines, negotiating grants, providing consultation and technical assistance to recipients, post-award administration and closing out grants.
Health Disparities: Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.
Health Equity: Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.
Health Inequities: Systematic, unfair, and avoidable differences in health outcomes and their determinants between segments of the population, such as by socioeconomic status (SES), demographics, or geography.
Healthy People 2020: National health objectives aimed at improving the health of all Americans by encouraging collaboration across sectors, guiding people toward making

informed health decisions, and measuring the effects of prevention activities.
Inclusion: Both the meaningful involvement of a community's members in all stages of the program process and the maximum involvement of the target population that the intervention will benefit. Inclusion ensures that the views, perspectives, and needs of affected communities, care providers, and key partners are considered.
Indirect Costs: Costs that are incurred for common or joint objectives and not readily and specifically identifiable with a particular sponsored project, program, or activity; nevertheless, these costs are necessary to the operations of the organization. For example, the costs of operating and maintaining facilities, depreciation, and administrative salaries generally are considered indirect costs.
Intergovernmental Review: Executive Order 12372 governs applications subject to Intergovernmental Review of Federal Programs. This order sets up a system for state and local governmental review of proposed federal assistance applications. Contact the state single point of contact (SPOC) to alert the SPOC to prospective applications and to receive instructions on the State's process. Visit the following web address to get the current SPOC list: http://www.whitehouse.gov/omb/ grants_spoc/.
Letter of Intent (LOI): A preliminary, non-binding indication of an organization's intent to submit an application.
Lobbying: Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and which is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of, or opposition to, proposed or pending legislative proposals.
Logic Model: A visual representation showing the sequence of related events connecting the activities of a program with the programs' desired outcomes and results.
Maintenance of Effort: A requirement contained in authorizing legislation, or applicable regulations that a recipient must agree to contribute and maintain a specified level of financial effort from its own resources or other non-government sources to be eligible to receive federal grant funds. This requirement is typically given in terms of meeting a previous base-year dollar amount.
Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA): Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. It is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.
Nonprofit Organization: Any corporation, trust, association, cooperative, or other organization that is operated primarily for scientific, educational, service, charitable, or similar purposes in the public interest; is not organized for profit; and uses net proceeds to maintain, improve, or expand the operations of the organization. Nonprofit organizations include institutions of higher educations, hospitals, and tribal organizations (that is, Indian entities other than federally recognized Indian tribal governments).
Notice of Award (NoA): The official document, signed (or the electronic equivalent of

signature) by a Grants Management Officer that: (1) notifies the recipient of the award of a grant; (2) contains or references all the terms and conditions of the grant and Federal funding limits and obligations; and (3) provides the documentary basis for recording the obligation of Federal funds in the HHS accounting system.

Objective Review: A process that involves the thorough and consistent examination of applications based on an unbiased evaluation of scientific or technical merit or other relevant aspects of the proposal. The review is intended to provide advice to the persons responsible for making award decisions.

Outcome: The results of program operations or activitIes; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, reduced morbidity and mortality.

Performance Measurement: The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A "program" may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

Plain Writing Act of 2010: The Plain Writing Act of 2010 requires that federal agencies use clear communication that the public can understand and use. NOFOs must be written in clear, consistent language so that any reader can understand expectations and intended outcomes of the funded program. CDC programs should use NOFO plain writing tips when writing NOFOs.

Program Strategies: Strategies are groupings of related activities, usually expressed as general headers (e.g., Partnerships, Assessment, Policy) or as brief statements (e.g., Form partnerships, Conduct assessments, Formulate policies).

Program Official: Person responsible for developing the NOFO; can be either a project officer, program manager, branch chief, division leader, policy official, center leader, or similar staff member.

Project Period Outcome: An outcome that will occur by the end of the NOFO's funding period.

Public Health Accreditation Board (PHAB): A nonprofit organization that works to promote and protect the health of the public by advancing the quality and performance of public health departments in the U.S. through national public health department accreditation http://www.phaboard.org.

Social Determinants of Health: Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Statute: An act of the legislature; a particular law enacted and established by the will of the legislative department of government, expressed with the requisite formalities. In foreign or civil law any particular municipal law or usage, though resting for its authority on judicial decisions, or the practice of nations.

Statutory Authority: Authority provided by legal statute that establishes a federal financial assistance program or award.

System for Award Management (SAM): The primary vendor database for the U.S. federal government. SAM validates applicant information and electronically shares secure and encrypted data with federal agencies' finance offices to facilitate paperless payments through Electronic Funds Transfer (EFT). SAM stores organizational information,

allowing www.grants.gov to verify identity and pre-fill organizational information on grant applications.
Technical Assistance: Advice, assistance, or training pertaining to program development, implementation, maintenance, or evaluation that is provided by the funding agency.
Work Plan: The summary of project period outcomes, strategies and activities, personnel and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

NOFO-specific Glossary and Acronyms